



Veterans and Homelessness

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November 29, 2013

Congressional Research Service

7-5700

www.crs.gov

RL34024

CRS Report for Congress

Prepared for Members and Committees of Congress

Summary

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. Researchers have found both male and female veterans to be 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 2007-2009 recession and the subsequent slow economic recovery also 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 of the Department of Veterans Affairs (VA). 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), and transitional housing (Grant and Per Diem program) as well as supportive services (the Supportive Services for Veteran Families program). 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, the VA and HUD have collaborated on a homelessness prevention demonstration program.

Several issues regarding veterans and homelessness have become prominent, in part because of the Iraq and Afghanistan wars. One issue is ending homelessness among veterans. In November 2009, the VA announced a plan to end homelessness within five years. Both the VA and HUD have taken steps to increase housing and services for homeless veterans. Funding for VA programs has increased in recent years (see **Table 5**) and Congress has appropriated funds to increase available units of permanent supportive housing through the HUD-VASH program (see **Table 6**). Congress has appropriated \$425 million to support initial funding of HUD-VASH vouchers in each year from FY2008 through FY2013, enough to fund nearly 58,000 vouchers.

Another issue is the concern that veterans returning from Iraq and Afghanistan who are at risk of homelessness may not receive the services they need. In addition, concerns have arisen 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. Historically, few homeless programs for veterans have had the facilities to provide separate accommodations for women and women with children. In recent years, Congress and the VA have made changes to some programs in an attempt to address the needs of female veterans, including funding set asides and efforts to expand services.

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Introduction

The wars in Iraq and Afghanistan 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, transitional housing, and permanent 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 VA's plan to end homelessness among 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. 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 use disorders. Although veterans experience all types of homelessness, some evidence exists that they may 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 the homeless veteran programs governed by Title 38 of the U.S. Code, veterans must meet the definition of “homeless veteran.” The term 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 For a detailed discussion of the criteria required to receive veterans benefits, see CRS Report R42324, “*Who is a Veteran?*”—*Basic Eligibility for Veterans’ Benefits*, by Umar Moulta-Ali.

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 For example, see U.S. Department of Housing and Urban Development, *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*, October 2011, p. 4, <https://www.onecpd.info/resources/documents/2010AHARVeteransReport.pdf>.

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).

Second, veterans are considered homeless if they meet the definition of “homeless individual” codified as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77).⁹ Specifically, the statute defining homeless veteran refers to Section 103(a) of McKinney-Vento. McKinney-Vento lays out several ways in which someone may be considered homeless.

Literal Homelessness: An individual or family is homeless if they lack a fixed, regular, and adequate nighttime residence, defined to mean:

- Having a primary nighttime residence that is a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings. These may include a car, park, abandoned building, bus or train station, or campground.
- Living in a supervised publicly or privately operated shelter designed to provide temporary living accommodations. These include transitional housing and hotels or motel rooms paid for by charitable institutions or government entities.
- Exiting an institution (such as a jail or hospital) after a stay of 90 days or less, and having resided in an emergency shelter or place not meant for human habitation prior to entering the institution.

Imminent Loss of Housing: Individuals and families who meet all of the following criteria are considered homeless:

- 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 is evidenced by an eviction notice 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 or support networks needed to obtain other permanent housing.

Other Federal Definitions: Unaccompanied youth and homeless families with children who are defined as homeless under other federal statutes are considered homeless if they meet all of the following criteria:

- They have experienced a long-term period (defined in regulation as 60 days¹⁰) without living independently in permanent housing.
- They have experienced instability as evidenced by frequent moves (two moves or more during the 60-day period).

⁹ The definition of “homeless veteran” is at 39 U.S.C. § 2002. The McKinney-Vento definition of homeless individual is codified at 42 U.S.C. §11302(a).

¹⁰ U.S. Department of Housing and Urban Development, “Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homeless”,” *76 Federal Register* 75996, December 5, 2011.

- They 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.

Domestic Violence: Note that the domestic violence provision of the McKinney-Vento definition *does not* apply to VA programs. When the McKinney-Vento statute was amended in 2009, Section 103(b) was added to the law. The section includes as homeless anyone who is fleeing a situation of domestic violence or some other life-threatening condition. The VA definition of homeless veteran only refers to subsection 103(a) of McKinney-Vento. As a result, unless the reference to “homeless veteran” in Title 38 is changed to include subsection (b), this part of the definition is not part of the definition of homeless veteran. Two bills in the 112th Congress, H.R. 4287 and S. 3049, would have updated the definition of homeless veteran to include Section 103(b) of McKinney-Vento.

Estimates of the Number of Homeless Veterans

The exact number of homeless veterans is unknown, although the methods used to estimate their numbers have been improving in recent years. Through 2009, both the VA and HUD conducted separate assessments of the number and percentage of homeless veterans over a period of years (the VA beginning in 1998, and HUD in 2006). However, beginning in 2011, the two agencies announced that they would coordinate their efforts to produce estimates.¹¹ HUD produces two types of estimates, with the VA collaborating on those involving veterans. The first is a point-in-time count and the second is an estimate of the total number of people who experience homelessness at some point during the year.

The point-in-time counts began in 2005, with HUD requiring local jurisdictions called “Continuums of Care” (CoCs)¹² to conduct a count of sheltered and unsheltered homeless persons on one night during the last week of January every other year (though many CoCs conduct counts every year). As part of these point-in-time counts, CoCs are to collect information about homeless individuals, including veteran status. For the last five years, from 2009 through 2013, HUD has released point-in-time counts of homeless veterans.¹³

¹¹ U.S. Department of Housing and Urban Development, *Guidance for Counting Veterans During 2011 Point-in-Time Counts of Homeless People*, p. 2, <http://www.hudhre.info/documents/2011PITVetGuidance.pdf>.

¹² 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.

¹³ The 2009 and 2010 counts were published as part of HUD’s Veterans Supplements to the Annual Homeless Assessment Reports to Congress. See U.S. Department of Housing and Urban Development and U.S. Department of Veterans Affairs, *Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress*, January 2011, <http://www.hudhre.info/documents/2009AHARVeteransReport.pdf> (hereinafter *2009 Veterans Supplement to the AHAR*) and U.S. Department of Housing and Urban Development and U.S. Department of Veterans Affairs, *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress*, October 2011, <http://www.hudhre.info/documents/2010AHARVeteransReports.pdf> (hereinafter *2010 Veterans Supplement to the AHAR*). The 2011 through 2013 point-in-time counts are available at U.S. Department of Housing and Urban Development, *The 2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report*, December 2011, http://www.hudhre.info/documents/PIT-HIC_SupplementalAHARReport.pdf (hereinafter *2011 Point-in-Time Count*); U.S. Department of Housing and Urban Development, *The 2012 Point-in-Time Estimates of Homelessness: Volume 1 of the 2012 Annual Homeless Assessment Report*, November 2012, https://www.onecpd.info/resources/documents/2012AHAR_PITestimates.pdf (hereinafter *2012 Point-in-Time Count*); and U.S. Department of Housing and Urban Development, *The 2013 Annual Homeless* (continued...)

The estimates of people who experience homelessness at some point during the year are released as part of HUD's Annual Homeless Assessment Reports (AHARs) to Congress. HUD uses a sample of homelessness data from CoCs across the country to arrive at an estimate. HUD and the VA have issued two Veteran-Specific AHARs to Congress, for 2009 and 2010, which contain estimates of the number of veterans who experienced homelessness at any point during the year.¹⁴ The 2011 AHAR contains a separate section with estimates of homeless veterans.¹⁵ Each of the estimates—point-in-time and full year—has caveats and limitations in what they represent. These include differences in the time periods in which estimates are made, the living situations of those who are considered homeless, and the method used to arrive at a number.

Point-in-Time Count:

- **Time Period:** The point-in-time counts generally occur on one night during the last week of January. Therefore the counts are a snapshot of the number of people who are homeless on a given day, and they are not meant to represent the total number of people who experience homelessness over the course of a year.
- **Living Situation:** The point-in-time estimates are meant to capture all homeless individuals and families who are unsheltered (living on the street or other place not meant for human habitation), as well as those living in emergency shelters and transitional housing. Note that until 2011, communities were not required to count unsheltered individuals, although most communities did (approximately 84% conducted both a sheltered and unsheltered count in 2010).¹⁶ Beginning in 2011, all communities were required to count those living on the streets or other places not meant for human habitation.¹⁷
- **Method of Arriving at a Number:** In general, the point-in-time count is meant to capture all individuals who are homeless and is not an estimate based on a sample. However, HUD has adjusted the number to account for (1) cases where beds for homeless veterans were missing from HUD's inventory of service providers, (2) instances where data on sheltered veteran status were missing, (3) instances where CoCs did not count sheltered veterans, and (4) instances of missing data on unsheltered veterans or reports of zero unsheltered veterans.¹⁸

Estimate of the Number of People Homeless at Any Point During the Year:

(...continued)

Assessment Report, Part 1 Point-in-Time Estimates of Homelessness, November 2013, <https://www.onecpd.info/resources/documents/AHAR-2013-Part1.pdf> (hereinafter *2013 Point-in-Time Count*).

¹⁴ See *2009 Veterans Supplement to the AHAR* and *2010 Veterans Supplement to the AHAR*.

¹⁵ U.S. Department of Housing and Urban Development, *The 2011 Annual Homeless Assessment Report to Congress, Revised*, November 2012, p. 55, <https://www.onecpd.info/resources/documents/2010HomelessAssessmentReport.pdf> (hereinafter *2011 AHAR*).

¹⁶ U.S. Department of Housing and Urban Development, *The 2010 Annual Homeless Assessment Report to Congress*, June 2011, p. 5, <https://www.onecpd.info/resources/documents/2010HomelessAssessmentReport.pdf>.

¹⁷ *Guidance for Counting Veterans During 2011 Point-in-Time Counts of Homeless People*, p. 2. See footnote 11 for full citation.

¹⁸ As part of the 2009 and 2010 point-in-time counts, HUD described the way in which it adjusted the data. See *2009 Veterans Supplement to the AHAR*, Appendix A and *2010 Veterans Supplement to the AHAR*, Appendix A. The point-in-time counts for 2011 and 2012 were not released as part of HUD's Annual Homeless Assessment Reports, and do not go into the same level of methodological detail, so it is unclear whether the same adjustments were made.

- **Time Period:** The second HUD estimate is an ongoing process to produce an *annual* estimate of the number of people who are homeless, including homeless veterans, through Homeless Management Information Systems (HMIS). As part of the HMIS initiative, local jurisdictions collect and store information about homeless individuals they serve, and the information is aggregated in computer systems at the community level. The estimates based on HMIS data differ from point-in-time estimates in that they are based on a full year’s worth of information (rather than one day).
- **Living Situation:** The estimates only include individuals who were residing in emergency shelters or transitional housing during the relevant time periods (i.e., estimates do not include those persons living on the street or in similar places not meant for human habitation).
- **Method of Arriving at a Number:** The estimates are based on a sample of communities (rather than an aggregation of all communities). For example the 2010 estimate used data from a sample of 320 communities.¹⁹ The data reported by local CoCs were adjusted to account for sheltered adults whose veteran status was unknown and for emergency shelters and transitional housing facilities that did not report data to the local HMIS.²⁰

Table 1, below, contains estimates of homeless veterans from 2009 through 2013. The first columns of the table contain results of the annual point-in-time counts of homeless veterans and, using that number, the percentage of homeless adults who are homeless veterans. The last columns of the table contain the results of the HMIS estimates of homeless veterans from FY2009 through FY2011, as well as the percentage in the adult homeless population.

Table 1. HUD Estimates of Homeless Veterans, 2009-2013

Year	Point-in-Time Count		Full-Year Estimate	
	# of Homeless Veterans	% of Adult Homeless Population	# of Homeless Veterans	% of Adult Homeless Population
2009	75,609 ^a	16% ^b	136,334 ^c	10% ^b
2010	76,329 ^d	16% ^e	144,842 ^f	13% ^e
2011	67,495 ^g	14%	141,449	^h
2012	62,619 ⁱ	13%	^j	^j
2013	57,849 ^k	12%	^j	^j

Source: 2009 Veterans Supplement to the AHAR, 2010 Veterans Supplement to the AHAR, 2011 Point-in-Time Count, 2012 Point-in-Time Count, and 2013 Point in Time Count. See footnote 13 for complete citations.

¹⁹ 2010 Veterans Supplement to the AHAR, p. 3.

²⁰ Ibid., Appendix A.

- a. Of the 75,609 homeless veterans counted in 2009, a reported 57% were sleeping in emergency shelter or transitional housing and 43% were on the street or in other places not meant for human habitation. See *2009 Veterans Supplement to the AHAR*, p. 5.
- b. In both the 2009 point-in-time and full-year estimates, veterans were overrepresented in the homeless population. According to the point-in-time estimate, veterans represented 16% of the adult homeless population (compared to 8% of the total population), and in the full-year estimate veterans were about 10% of the homeless population. See *2009 Veterans Supplement to the AHAR*, p. 6.
- c. The estimate is from the time period October 1, 2008, through September 30, 2009. The 95% confidence interval is 78,765 to 193,901. See *2009 Veterans Supplement to the AHAR*, p. 6.
- d. Of the 76,329 homeless veterans in the 2010 point-in-time count, a reported 57% were sleeping in emergency shelter or transitional housing and 43% were on the street or in other places not meant for human habitation. See *2010 Veterans Supplement to the AHAR*, p. 3.
- e. In both the 2010 point-in-time and full-year estimates, veterans were overrepresented in the homeless population. According to the point-in-time estimate, veterans represented 16% of the adult homeless population (compared to 9.5% of the total adult population), and in the full-year estimate veterans were about 13% of the adult homeless population. See *2010 Veterans Supplement to the AHAR*, p. 4.
- f. The 2010 estimate is from the time period October 1, 2009, through September 30, 2010. The 95% confidence interval is 111,476 to 178,208. See *2010 Veterans Supplement to the AHAR*, p. 4.
- g. Of the 67,495 veterans who were homeless in the 2011 point-in-time count, an estimated 59% were living in shelter and 41% on the street or other place not meant for human habitation. See *2011 Point-in-Time Count*, p. 6.
- h. The 2011 AHAR did not appear to include a figure for veterans as a percentage of the adult homeless population.
- i. Of the 62,619 homeless veterans counted in the 2012 point-in-time count, a reported 56% were sleeping in emergency shelter or transitional housing and 44% were on the street or in other places not meant for human habitation. See *2012 Point-in-Time Count*, p. 15.
- j. HUD has not yet released full-year estimates for 2012 and 2013.
- k. Of the 57,849 homeless veterans counted in the 2013 point-in-time count, a reported 60% were sleeping in emergency shelter or transitional housing and 40% were on the street or in other places not meant for human habitation. See *2013 Point-in-Time Count*, p. 38.

Demographic Characteristics of Homeless Veterans

Until recently, the best data available regarding the demographics of homeless veterans preceded the wars in Iraq and Afghanistan. However, HUD and the VA, in the Veterans Supplements to the Annual Homeless Assessment Reports to Congress, include demographic data about veterans living in shelter (the data don't include information about those living on the streets or other places not meant for human habitation). In addition, characteristics about individuals served through VA homeless programs are available from annual VA reports. The next two sections present some of this information.

Demographic Characteristics Reported in the Annual Homeless Assessment Report

The 2011 AHAR provided demographic information about veterans experiencing homelessness who were living in shelter, and who were included in local Homeless Management Information Systems (HMIS) efforts to learn more about those who are homeless.²¹

- **Gender:** Homeless veterans are predominantly men (90.2%), with women making up 9.8% of homeless veterans (compared to 7.2% of all veterans).
- **Race and Ethnicity:** African American veterans make up 35.5% of the homeless veteran population, compared to 11.0% of all veterans.²² Hispanic veterans comprise 8.3% of homeless veterans compared to 5.3% of all veterans. Non-Hispanic White veterans made up 51.0% of homeless veterans (compared to 80.5% of all veterans).
- **Age:** While more than half of all veterans are age 62 and older (51.8%), veterans in the 31-50 and 51-61 age groups have the greatest percentages of homeless veterans. They are each almost equally represented at 39.1% and 42.3% of the homeless veteran population, respectively. Veterans between 18 and 30 make up 9.1%, and veterans age 62 and older make up 9.5% of the homeless veteran population.

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), the Compensated Work Therapy/Therapeutic Residences Program, and the HUD/VA Supported Housing Program (HUD-VASH), 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 the VA 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 and/or receive services.

Exact comparisons of the veteran population in general are not available for each demographic category, but based on available data, some differences between homeless veterans served in VA programs and veterans in general include the following:

- African American veterans are over-represented among veterans served in homeless programs, making up 11.4% of the veteran population in 2010 (according to VA data) but representing more than 40% of those served in each program.²³

²¹ 2011 AHAR, pp. 55-62.

²² The 2011 AHAR used 2008-2010 American Community Survey data to arrive at total veterans.

²³ See the National Center for Veteran Analysis and Statistics, <http://www1.va.gov/VETDATA/docs/Demographics/51.xls>.

- As previous studies have found, veterans who served in the post-Vietnam era but prior to the Gulf War era are also over-represented among those served in the VA homeless programs, ranging from 37% to 54% of veterans served, depending on the program.²⁴
- Veterans served in homeless programs have higher unemployment rates (ranging between 19% and 29%) compared to veterans in general (8.7% in 2010).²⁵
- Both male and female veterans were married at a higher rate than veterans served in the VA's homeless programs—68% of men and 47% of women compared to between 5% and 9% of those served in VA programs.²⁶

Table 2, below, summarizes data about veterans served in VA homeless programs. Note that veterans may participate in more than one program.

Table 2. Information About Veterans Served in VA Homeless Programs

Data from FY2008 through FY2010

Characteristics	Health Care for Homeless Veterans (HCHV)	Domiciliary Care for Homeless Veterans (DCHV)	Compensated Work Therapy Program/Therapeutic Residences (CWT/TR)	HUD/VA Supported Housing Program (HUD-VASH)
Veteran Population Surveyed	42,858 ^a	6,197 ^b	759 ^c	23,654 ^d
Year Data Collected	FY2010	FY2010	FY2009	FY2008-FY2010
Average Age	51.0	49.8	48.6	50.4
Marital Status				
% Married	7.1	6.3	5.6	8.5
% Divorced/Separated/Widowed	63.4 ^e	63.3	62.0	60.5
% Never Married	29.6	30.4	32.4	25.5
Gender				
% Men	94.3	95.1	95.4	88.5
% Women	5.7	4.9	4.6	11.5
Race/Ethnicity				
% White, Non-Hispanic	47.5	50.9	48.7	38.1
% African American	42.4	40.8	43.9	46.0
% Hispanic	5.3	5.5	3.8	7.1
% American Indian/Alaskan	1.3	1.8	— ^f	1.3
% Asian/Pacific Islander	0.7	0.3	— ^f	0.8

²⁴ In 2010, veterans who served between the Vietnam and Gulf War eras comprised 15.1% of veterans. See <http://www.va.gov/VETDATA/docs/Demographics/21.xls>.

²⁵ Bureau of Labor Statistics, *Employment Situation of Veterans 2010*, March 11, 2011, http://www.bls.gov/news.release/archives/vet_03112011.pdf.

²⁶ The marriage rates of veterans generally is from U.S. Department of Veterans Affairs, *Profile of Veterans 2009*, January 2011, p. 7, http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2009_FINAL.pdf.

Characteristics	Health Care for Homeless Veterans (HCHV)	Domiciliary Care for Homeless Veterans (DCHV)	Compensated Work Therapy Program/ Therapeutic Residences (CWT/TR)	HUD/VA Supported Housing Program (HUD-VASH)
% Other	0.7	0.6	3.6	1.1
Era Served				
% Prior to Vietnam Era	3.1 ^g	1.2 ^h	0.3 ⁱ	2.6
% Vietnam	33.6	28.6	26.0	33.6
% Post-Vietnam	43.3	49.8	53.7	37.2
% Persian Gulf (1991-Present) ^j	20.1	20.3	20.0	20.6
Recent Theaters of Operation				
% Operation Desert Storm	7.1	5.8	—	—
% Operation Enduring Freedom	1.8	1.6	—	—
% Operation Iraqi Freedom	5.2	5.0	—	—
Employment Pattern over the Previous Three Years				
% Employed Full Time	18.2	33.3	45.8	24.4
% Employed Part Time	25.8	20.7	30.8	15.0
% Unemployed	28.6	25.7	20.1	19.3
% Retired or with Disability	25.4	19.3	2.8	32.7
% Other	2.0 ^k	1.0	0.5	2.8 ^l
Mental Health and Substance Use Issues				
% Substance Use Disorder	58.7	89.3	96.4	60.2
% Serious Psychiatric Diagnosis	54.6	69.6	59.4	42.2
% Dually Diagnosed ^m	35.5	62.2	56.5	26.7

Sources: Wesley J. Kaspro, Rani Desai, Diane DiLello, Leslie Cavallaro, and Nicole Harelak, *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report* (HCHV program report), U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 31, 2011; Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Rani Desai, *Twenty-Second Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2010* (DCHV program report), U.S. Department of Veterans Affairs Northeast Program Evaluation Center, April 19, 2011; Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Timothy Cuerdon, *Compensated Work Therapy/Transitional Residence (CWT/TR) Program FY2009* (CWT/TR program report), Department of Veterans Affairs, Northeast Program Evaluation Center, June 2010, and U.S. Department of Veterans Affairs Northeast Program Evaluation Center, *Department of Housing and Urban Development-Department of Veterans Affairs Supported Housing Program (HUD-VASH)*, summary for period June 1, 2008—September 30, 2010.

- a. The HCHV program report provides demographic information on clients assessed for program participation. HCHV report, p. 47.
- 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. 11.
- c. The CWT/TR program report provides demographic information on clients admitted into the program.
- d. The HUD-VASH information is for veterans who participated in VA case management for the program.
- e. The HCHV program report separately breaks out the percentage of veterans separated (13.8%), divorced (45.6%), and widowed (4.0%).

- f. This information is not provided.
- g. For the HCHV program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates five eras: pre-WWII (0.3%), WWII (0.2%), pre-Korea (0.1%), Korea (0.8%), and pre-Vietnam (1.7%). See HCHV report, p. 48.
- h. For the DCHV program, the line showing the percentage of veterans serving prior to the Vietnam era aggregates four eras: WWII (0.0%), pre-Korea (0.0%), Korea (0.2%), and pre-Vietnam (1.0%). See DCHV report, p. 41.
- i. 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 (0.3%).
- j. The HCHV, DCHV, and CWT/TR programs use intake forms that specify the Persian Gulf Era as August 1990 to the present. See HCHV program report, p. 352; DCHV program report, p. 21; and the CWT program report, p. 15. The HUD-VASH program separately reports Persian Gulf as ending on September 10, 2001 (18.7%) and service since September 11, 2001 (1.9%).
- k. The HCHV program report categorizes those assessed as student/service.
- l. The HUD VASH report includes categories for military (1.0%) and student (1.8%).
- m. Dual diagnosis refers to having both a substance use disorder and a serious psychiatric diagnosis.

Overrepresentation of Veterans in the Homeless Population

Until the advent of the Veterans Supplement to the Annual Homeless Assessment Report, research that captures information about homeless veterans had not been conducted on a regular, systematic basis. However, in addition to HUD's ongoing efforts to collect information about homeless individuals, the VA's relatively new National Center for Homelessness Among Veterans is conducting a variety of research studies. One of the studies released by the VA research center builds on earlier research about whether veterans are overrepresented in the homeless population using 2009 data from Homeless Management Information Systems (HMIS). This section discusses previous studies regarding the overrepresentation of veterans in the homeless population and the VA's more recent findings.

There are several prominent homelessness surveys from which much of the data regarding homeless veterans is drawn.

- Possibly the most comprehensive national data collection effort regarding persons experiencing homelessness prior to HMIS 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.²⁷
- 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.²⁸ The data from the NSHAPC and Urban Institute surveys

²⁷ 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.

²⁸ 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).

served as the basis for more in-depth research regarding homeless veterans, but did not include veterans of the conflicts in Iraq and Afghanistan.

- In 2012, the VA released research using 2009 HMIS data from seven communities, called “Continuums of Care,” which included veterans from the wars in Iraq and Afghanistan.²⁹

Results from a total of five studies using these and other data are presented here. The studies all looked at veterans as a percentage of the general population compared to veterans as a percentage of the homeless population and determined the likelihood of veterans to be homeless compared to non-veterans. The data in each of the studies relied on samples of homeless individuals, and adjustments were made for such factors as age and race.

In each of the studies, both male and female veterans were more likely to be homeless than their nonveteran counterparts.³⁰ This was not always the case, however. Although veterans have always been present among the homeless population, the studies from the 1980s and 1990s found that cohorts serving in the Vietnam³¹ and post-Vietnam eras were overrepresented while veterans of World War II and Korea were less likely to be homeless than their nonveteran counterparts.³² The VA study using 2009 HMIS data also found that Vietnam and post-Vietnam veterans were overrepresented.

Overrepresentation of Male Veterans

Two earlier 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.³³ During both periods of time, the odds of a veteran being homeless were 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

²⁹ See Jamison Fargo, Stephen Metraux, and Thomas Byrne, et al., “Prevalence and Risk of Homelessness Among U.S. Veterans,” *Preventing Chronic Disease*, vol. 9 (January 26, 2012), http://www.cdc.gov/pcd/issues/2012/11_0112.htm (hereinafter *Prevalence and Risk of Homelessness Among U.S. Veterans*). In addition, preliminary information had been made available on the National Center on Homelessness Among Veterans website, http://www.va.gov/HOMELESS/docs/Center/Prevalence_Final.pdf.

³⁰ 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; and *Prevalence and Risk of Homelessness Among U.S. Veterans*, Table 2.

³¹ Generally, the Vietnam era is defined as the period from 1964 to 1975. 38 U.S.C. §101(29)(B).

³² 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.

³³ 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 Among Men”); “The Proportion of Veterans Among Homeless Men: A Decade Later,” p. 481.

likely to be homeless as nonveterans.³⁴ Notably, though, veterans who served after the Vietnam War were four times more likely to be homeless than nonveterans in the same age group.³⁵ 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.³⁶ However, the same post-Vietnam cohort as that in the 1994 study was most at risk of homelessness; those veterans in the cohort were more than 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**.)

The study produced by the VA using 2009 HMIS data from seven jurisdictions similarly found higher rates of homelessness for male veterans than their presence in the general population would indicate (13.6% of homeless adult men were veterans compared to 13.4% of the general population), and that they were 1.3 times more likely to be homeless than males generally. In addition, the study noted similar cohort effects to the earlier research. Veterans age 45-54, those who served in the early years of the AVF, were generally at a higher risk of homelessness compared to male veterans in other cohorts—African American veterans age 45-54 were 1.4 times more likely to be homeless, and non-Black veterans were 2.0 times as likely to be homeless as their nonveteran counterparts.³⁷ **Table 3** contains results from the VA study, broken down by age, race, and gender.

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 homeless persons surveyed were female veterans, respectively (compared to approximately 1.3% of the general population).³⁸ 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.³⁹ 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.)

³⁴ “The Proportion of Homeless Veterans Among Men,” p. 467.

³⁵ *Ibid.*

³⁶ “The Proportion of Homeless Veterans Among Men: A Decade Later,” p. 483.

³⁷ Prevalence and Risk of Homelessness Among U.S. Veterans, Table 2.

³⁸ “Overrepresentation of Women Veterans Among Homeless Women,” p. 1133.

³⁹ *Ibid.*, p. 1134.

The VA study that used 2009 HMIS data to determine the likelihood of homelessness among veterans contains more detailed data on women veterans, including risk of homelessness broken down by age and race (Black and non-Black). All women veterans, regardless of age or race, face an increased risk of homelessness, according to the study. Overall, women veterans are 2.1 times more likely to be homeless than their nonveteran counterparts.⁴⁰ While women veterans of older ages were more likely to be homeless than their age-group counterparts, researchers found that, in general, younger women veterans, especially African American women, were more likely to be homeless than older women veterans.⁴¹

Table 3. Results from Five 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 65 and Older	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 65 and Older	62.6	59.5	0.88 ^f
Non-Black Men (data 2009) ^g	13.6	13.4	1.3
Age 18-29	2.1	2.7	1.3
Age 30-44	5.9	7.6	1.3
Age 45-54	9.8	19.6	2.0
Age 55-64	27.6	30.6	1.1
Age 65 and Older	45.4	33.7	0.7
Black Men (data 2009) ^g	11.8	13.7	1.4
Age 18-29	1.9	3.8	2.0
Age 30-44	7.3	8.2	1.1
Age 45-54	14.7	21.0	1.4
Age 55-64	23.0	31.9	1.4

⁴⁰ Prevalence and Risk of Homelessness Among U.S. Veterans, Table 2.

⁴¹ Ibid., Discussion section.

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)
Age 65 and Older	33.2	32.3	1.0
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
Non-Black Women (data 2009) ^g	0.9	1.6	2.1
Age 18-29	0.5	1.0	2.0
Age 30-44	0.8	1.3	1.6
Age 45-54	1.2	3.1	2.5
Age 55-64	1.0	3.1	3.1
Age 65 and Older	1.1	2.4	2.1
Black Women (data 2009) ^g	1.1	2.0	1.9
Age 18-29	0.6	1.0	1.7
Age 30-44	1.6	3.2	1.9
Age 45-54	1.7	2.7	1.6
Age 55-64	0.9	1.8	1.9
Age 65 and Older	0.6	1.4	2.6

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; and Jamison Fargo, Stephen Mettraux, and Thomas Byrne, et al., "Prevalence and Risk of Homelessness Among U.S. Veterans," *Preventing Chronic Disease*, vol. 9 (January 26, 2012), http://www.cdc.gov/pcd/issues/2012/11_0112.htm.

- 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.

- g. Data are from the American Community Survey and from seven Continuums of Care: New York City; San Jose/Santa Clara County, CA; Columbus/Franklin County, OH; Denver, CO; Tampa/Hillsborough County, FL; Phoenix/Maricopa County, AZ; and Lansing/Ingham County, MI.

Why Are Veterans Overrepresented in the Homeless Population?

While data collection regarding the number and prevalence of veterans in the homeless population has improved, information about why homeless veterans are more likely to be homeless than nonveterans is less investigated. The recent VA report about the risk and prevalence of homelessness among veterans noted that

[t]he presence of additional risk for homelessness specifically associated with Veteran status is puzzling in that it occurs among a population that shows better outcomes on almost all socioeconomic measures and that has exclusive access to an extensive system of benefits that include comprehensive healthcare services, disability and pension assistance, and homeless services. Explanations to account for this risk go beyond the basic demographic factors explained here, and underscore the need for identifying other correlates of homelessness among the Veteran population as the basis for prevention efforts.⁴²

While researchers have attempted to explain why veterans are homeless in higher proportions than their numbers in the general population, as with some of the studies already discussed in this report, findings are somewhat dated and do not include veterans of Iraq and Afghanistan. However, previous research, which has found that factors present both prior to military service and those that developed during or after service are associated with veterans' homelessness, could also be applicable to today's returning veterans.

Most of the evidence about factors associated with homelessness among veterans comes from The National Vietnam Veterans Readjustment Study (NVVRS) conducted from 1984 to 1988.⁴³ 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.⁴⁴ 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,⁴⁵ it may be associated with other factors that contribute to homelessness. The

⁴² The quote appeared in preliminary VA research using the 2009 HMIS data. See Jamison Fargo, Stephen Metraux, and Thomas Byrne, et al., *Prevalence and Risk of Homelessness Among U.S. Veterans: A Multisite Investigation*, U.S. Department of Veterans Affairs, August 2011, p. 24, http://www.va.gov/HOMELESS/docs/Center/Prevalence_Final.pdf (hereinafter *Prevalence and Risk of Homelessness Among U.S. Veterans: A Multisite Investigation*).

⁴³ The NVVRS was undertaken at the direction of Congress as part of P.L. 98-160, the Veterans Health Care Amendments of 1983.

⁴⁴ 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").

⁴⁵ 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 (continued...)

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.⁴⁶

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.⁴⁷ 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 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 use disorders, and (4) being unmarried (including separation and divorce). Each of these four post-military variables, in turn, contributed directly to homelessness.⁴⁸ 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.⁴⁹

Post-Traumatic Stress Disorder (PTSD)

Researchers examining factors related to homelessness have not found a *direct* relationship between PTSD and homelessness. The Rosenheck/Fontana study “found no unique association between combat-related PTSD and homelessness.”⁵⁰ An unrelated study determined that homeless combat veterans were no more likely to be diagnosed with PTSD than combat veterans who were not homeless.⁵¹ However, the NVVRS found that PTSD was significantly related to other psychiatric disorders, substance abuse, problems in interpersonal relationships, and unemployment.⁵² These conditions can lead to readjustment difficulties and are considered risk factors for homelessness.⁵³

(...continued)

(October 2004): 715.

⁴⁶ 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.

⁴⁷ 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.

⁴⁸ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 424.

⁴⁹ *Ibid.*, p. 425.

⁵⁰ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 425.

⁵¹ 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”).

⁵² Robert Rosenheck, Catherine Leda, and Peggy Gallup, “Combat Stress, Psychosocial Adjustment, and Service Use (continued...)”

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 16.⁵⁴ The researchers also found that a history of conduct disorder had a substantial indirect effect on homelessness.⁵⁵ 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.⁵⁶

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 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.”⁵⁷ 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.⁵⁸

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,⁵⁹ 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 Program. Also around this time, the first 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.

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Among Homeless Vietnam Veterans,” *Hospital and Community Psychiatry* 42, no. 2 (February 1992): 148.

⁵³ “Homeless Veterans,” p. 98.

⁵⁴ “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 426.

⁵⁵ Ibid.

⁵⁶ 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”).

⁵⁷ 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.

⁵⁸ “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” p. 510.

⁵⁹ 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.

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.⁶⁰ The Veterans Benefits Administration (VBA), which is responsible for compensation and pensions,⁶¹ education assistance,⁶² home loan guarantees,⁶³ 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.

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).⁶⁴ 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.⁶⁵ 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.⁶⁶ The law was

⁶⁰ For more information about the VHA, see CRS Report R41944, *Veterans' Medical Care: FY2012 Appropriations*, by Sidath Viranga Panangala.

⁶¹ For more information about veterans benefits, see CRS Report RS22804, *Veterans' Benefits: Pension Benefit Programs*, by Umar Moulta-Ali and Carol D. Davis and CRS Report RL34626, *Veterans' Benefits: Disabled Veterans*, by Umar Moulta-Ali et al.

⁶² For more information about educational assistance, see CRS Report R42755, *The Post-9/11 Veterans Educational Assistance Act of 2008 (Post-9/11 GI Bill): Primer and Issues*, by Cassandra Dortch; and CRS Report R42785, *GI Bills Enacted Prior to 2008 and Related Veterans' Educational Assistance Programs: A Primer*, by Cassandra Dortch.

⁶³ For more information about the VA Loan Guaranty, see CRS Report R42504, *VA Housing: Guaranteed Loans, Direct Loans, and Specially Adapted Housing Grants*, by Libby Perl.

⁶⁴ 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>.

⁶⁵ 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.

⁶⁶ 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 made permanent in the Veterans Benefits Act of 1997 (P.L. 105-114). The HCHV program is now codified at 38 (continued...)

amended in 2012 so that all homeless veterans, whether suffering from mental illness or not, are eligible for the program (P.L. 112-154). Through the HCHV program, VA medical center staff conduct outreach to homeless veterans, provide care and treatment for medical, psychiatric, and substance use disorders, and refer veterans to other needed supportive services.⁶⁷ 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.⁶⁸ Currently, 132 VA sites have implemented HCHV programs.⁶⁹ The HCHV program is authorized through December 31, 2013.⁷⁰

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).⁷¹ Local funding for residential treatment facilities continues to be provided by some VA medical center locations, however. According to data from the VA, 3,083 veterans stayed in residential treatment facilities in FY2010, with an average stay of about 72 days.⁷² The HCHV program as a whole treated approximately 85,369 veterans in that same year.⁷³

Of veterans screened for admission to HCHV, 55% had a serious psychiatric problem, about 60% were dependent on alcohol and/or drugs, and 36% had both a psychiatric problem and a substance use disorder.⁷⁴ The VA reports housing and employment outcomes for veterans who participated in HCHV and lived in residential treatment facilities. See **Table 4** for outcomes reported in 2010.

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*

(...continued)

U.S.C. §§2031-2034.

⁶⁷ 38 U.S.C. §2031, §2034.

⁶⁸ 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.

⁶⁹ Wesley J. Kasrow, Rani Desai, Diane DiLello, Leslie Cavallaro, and Nicole Harelik, *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 31, 2011, p. 3 (hereinafter, *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*).

⁷⁰ The program was most recently authorized in the VA Major Construction Authorization and Expiring Authorities Extension Act of 2012 (P.L. 112-191).

⁷¹ FY2004 VA Budget Justifications, p. 2-163.

⁷² *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*, pp. 123-124.

⁷³ *Ibid.*, p. 25. Note that the number of veterans treated differs from the number of new veterans assessed for participation in the program; this number was 42,858 in FY2010.

⁷⁴ *Ibid.*, p. 28.

veterans (DCHV) 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.

Program Data

The DCHV program operates at 43 VA medical centers and has 2,233 beds available.⁷⁵ In FY2010, the number of veterans completing treatment was 6,197.⁷⁶ Of those admitted to DCHV programs, 89.3% were diagnosed with a substance use disorder, more than two-thirds (69.6%) were diagnosed with serious mental illness, and 62.2% had both diagnoses.⁷⁷ The average length of stay for veterans in FY2010 was about 114 days, during which they received medical, psychiatric, and substance abuse treatment, as well as vocational rehabilitation. The VA reports housing and employment outcomes for veterans who participate in DCHV. See **Table 4** for outcomes reported in 2010.

Compensated Work Therapy/Transitional Residence Program

The Compensated Work Therapy (CWT) Program has existed at the VA in some form since the 1930s.⁷⁸ 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.⁷⁹ The CWT program is permanently authorized through the VA’s Special Therapeutic and Rehabilitation Activities Fund.⁸⁰

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 FY2010, 48.6% of veterans in the CWT program worked for the VA⁸¹), 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,

⁷⁵ Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Rani Desai, *Twenty-Second Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2010*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, April 19, 2011, p. 2 (hereinafter, *Twenty-Second Progress Report on the Domiciliary Care for Homeless Veterans Program*).

⁷⁶ *Ibid.*, p. 36. The VA has two numbers for the number of veterans who were treated and discharged from the DCHV program in FY2010. The 6,197 number is based on completion of a particular form (Form Z) by domiciliary locations. When that number is augmented by patient treatment files coded as domiciliary care, the number is 7,880. Characteristics of veterans treated in the DCHV program are based on the 6,197 for which Form Z was completed.

⁷⁷ *Ibid.*, p. 45.

⁷⁸ Senate Veterans Affairs Committee, report to accompany S. 2908, 94th Cong., 2nd sess., S.Rept. 94-1206, September 9, 1976.

⁷⁹ The CWT program is codified at 38 U.S.C. §1718.

⁸⁰ 38 U.S.C. §1718(c).

⁸¹ Sandra D. Resnick, Richard Kaczynski, Debbie Sieffert, et. al., *Fourteenth Progress Report on the Compensated Work Therapy (CWT) Program, Fiscal Year 2010*, Department of Veterans Affairs Northeast Program Evaluation Center, Table 3.4(1) (hereinafter, *Fourteenth Progress Report on the Compensated Work Therapy (CWT) Program*).

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, 2013.⁸² The purpose of the program is to provide housing to participants in the CWT program who have mental illnesses or chronic substance use disorders and who are homeless or at risk of homelessness.⁸³ 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.⁸⁴ The housing is transitional—up to 12 months—and veterans who reside there receive supportive services. As of FY2009, the VA operated 42 transitional housing facilities with 633 beds.⁸⁵

Program Data

In FY2010, 11,277 veterans were admitted into the CWT program, 54% of whom were homeless. Similar to those veterans who enter into the VA's Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs, large percentages of veterans engaged in the CWT program in FY2010 suffered from serious mental illness and substance use disorders. Of those admitted to the CWT program, 72.1% of veterans had a substance use disorder, 66.5% had serious mental illness, and 45.7% were dually diagnosed (i.e., had both a substance use disorder and mental illness).⁸⁶ In addition, 80.3% of participants were found to have a disabling medical condition, with nearly all participants (99.5%) having a psychiatric disorder or disabling medical condition or both.⁸⁷

Of those who were discharged from the program (11,267 veterans), more than half (57.4%) left through a mutually agreed upon or planned discharge.⁸⁸ The VA reports housing and employment outcomes for all veterans who were admitted to CWT. See **Table 4** for outcomes reported in 2010.

⁸² The program was last authorized as part of the VA Major Construction Authorization and Expiring Authorities Extension Act of 2012 (P.L. 112-191). See 38 U.S.C. §2031.

⁸³ The VA's authority to operate therapeutic housing is codified at 38 U.S.C. §2032.

⁸⁴ The provision for nonprofits was in P.L. 102-54, but was repealed by P.L. 105-114, §1720A(c)(1).

⁸⁵ Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Timothy Cuerdon, *Compensated Work Therapy/Transitional Residence (CWT/TR) Program Fiscal Year 2009*, Department of Veterans Affairs, Northeast Program Evaluation Center, June 2010, report summary.

⁸⁶ *Fourteenth Progress Report on the Compensated Work Therapy (CWT) Program*, Table 1.4.

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*, Table 1.5.

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.⁸⁹

The Grant and Per Diem program is authorized at \$250 million for FY2013 and \$150 million for each fiscal year thereafter (P.L. 112-154). Prior to 2001, the program had been permanently authorized at \$150 million per year (P.L. 110-387). However, Congress increased the authorization level in FY2010 through FY2012 (P.L. 112-37) and FY2013 (P.L. 112-154) to comport with amounts that the VA estimated were needed for the program in each of these fiscal years.⁹⁰

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 acquire, construct, expand, or remodel facilities so that they are suitable for use as either service centers or transitional housing facilities.⁹¹ The capital grants will fund up to 65% of the costs of acquisition, construction, expansion, or remodeling of facilities.⁹² 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.⁹³ 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.

As part of the FY2012 Grant and Per Diem application process, the VA encouraged providers to enter into a new arrangement with veterans called “transition in place.”⁹⁴ Rather than dedicating transitional housing to homeless veterans who move on after 24 months, under the transition in place concept, providers own or lease apartments that are used by eligible veterans, with the idea that veterans remain there and take over the lease once the transition period ends. The VA awarded grants to 31 organizations that plan to use the transition in place model.⁹⁵

⁸⁹ The Grant and Per Diem program is codified at 38 U.S.C. §§2011-2013.

⁹⁰ VA Budget Justifications for FY2012 and FY2013.

⁹¹ The Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154) made construction an eligible use of funds.

⁹² 38 U.S.C. §2011(c).

⁹³ 38 CFR §61.1.

⁹⁴ U.S. Department of Veterans Affairs, “Fund Availability Under VA’s Homeless Providers Grant and Per Diem Program,” 77 *Federal Register* 12648, March 1, 2012.

⁹⁵ U.S. Department of Veterans Affairs, “VA Approves \$28 Million in Grants for Homeless Veterans,” press release, September 19, 2012, http://www.va.gov/HOMELESS/docs/GPD/GPDProgram_press_release_09192012.pdf.

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.⁹⁶ 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 current rate is \$41.90 per day.⁹⁷ 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.⁹⁸ The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154) directed VA to study the per diem payment method, and develop "more effective and efficient procedures" for grantees' fiscal control and fund accounting, as well as for adequately reimbursing grantees that provide services to homeless veterans. In developing new procedures, the VA may take into account other funds that grantees receive (whether federal, local, or private). The VA is to report to Congress within a year of the enactment of P.L. 112-154 (the President signed the law on August 6, 2012).

According to VA data, more than 400 Grant and Per Diem programs were funded in FY2010. These providers had a total of 12,378 beds available for veterans and admitted 18,801 veterans during the fiscal year.⁹⁹ Veterans stayed an average of 179 days in Grant and Per Diem transitional housing.¹⁰⁰ 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."¹⁰¹ Majorities of veterans admitted into the program and later discharged during FY2010 reported alcohol problems (64.0%), drug problems (64.2%), and mental illness (59.4%).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

⁹⁶ 38 CFR §61.33.

⁹⁷ U.S. Department of Veterans Affairs website, GPD Program Description, accessed January 23, 2013, <http://www.va.gov/homeless/gpd.asp>.

⁹⁸ *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*).

⁹⁹ *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*, Table 5-1, p. 220.

¹⁰⁰ *Ibid.*, p. 196.

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

¹⁰² *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*, Table 5-11, p. 258.

goals.”¹⁰³ Of those discharged, 53.1% were living in an apartment, room, or house,¹⁰⁴ and 24.1% had full- or part-time employment.¹⁰⁵ See **Table 4**.

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). The groups initially included women, women with children, frail elderly veterans, veterans with terminal illnesses, and those with chronic mental illnesses. Later, male veterans with children were added as part of the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154). The program was authorized at \$5 million per year through FY2013 as part of the same legislation.

Table 4. Selected Outcomes for Veterans Served in VA Homeless Programs
FY2010

Outcomes	Health Care for Homeless Veterans (HCHV)	Domiciliary Care for Homeless Veterans ^a (DCHV)	Compensated Work Therapy Program (CWT)	Grant and Per Diem Program (GPD)
Veteran Population Surveyed	3,083 ^b	6,197 ^c	11,267 ^d	17,642 ^e
Housing Outcomes				
% Apartment, Room, House	35.5	54.8	64.5	53.1
<i>Own Housing</i>	—	30.2	45.2	—
<i>Family or Friend</i>	—	24.6	19.3	—
% Halfway House/Transitional Housing	29.4	21.8	19.5	18.5
% Hospital, Nursing Home, Domiciliary Care	—	5.7 ^f	3.0 ^h	—
% None Identified	9.0	6.5 ^g	3.4	7.2
% Prison or Jail	—	1.2	— ^h	—
% Unknown	18.1	7.2	9.5	21.2
Employment Outcomes				
% Full-Time Employment	8.2	15.7	21.1	16.0
% Part-Time Employment	5.2	4.6	6.2	8.1
% Veterans Industries/CWT	8.4 ⁱ	16.7	5.2 ^j	—
% Retired or with Disability	36.9	24.8	14.3	34.2
% Unemployed	34.8	27.8	46.6	27.8
% Training, Volunteer, Student	0.5	2.7	8.7	5.5
% Unknown	5.9 ^k	6.1	13.0	8.3

¹⁰³ Ibid., p. 196.

¹⁰⁴ Ibid., Table 5-11, p. 258.

¹⁰⁵ Ibid.

Source: *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*, Table 4-9 (HCHV) and Table 5-11 (GPD), *Twenty-Second Progress Report on the Domiciliary Care for Homeless Veterans Program*, FY2010, Table 9; and *Thirteenth Progress Report on the Compensated Work Therapy (CWT) Program*, Table 1.6.

- a. In both housing and employment outcomes, the DCHV report is the only one of the four to contain an “other” category. For housing, this category was 3.0% of the total, and for employment it was 1.6%.
- b. HCHV program outcomes are for veterans who resided in and were discharged from residential treatment facilities.
- c. DCHV outcomes are for veterans who were discharged from the program.
- d. The CWT program reports outcomes for individuals discharged from the program.
- e. Those in the GPD program include all individuals discharged.
- f. The DCHV further breaks this information down into those discharged to hospitals or nursing homes (3.4%) and those who enter another domiciliary care program (2.3%).
- g. DCHV reports this category as “shelter/outdoors.”
- h. CWT includes those in jail with hospitals and nursing homes.
- i. HCHV refers to veterans working in “veterans industries.”
- j. For the CWT program, this category is for veterans engaged in the Incentive Therapy program.
- k. HCHV includes “other” with unknown employment outcome.

Supportive Services for Veteran 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. Entities eligible for funds are private nonprofit organizations and consumer cooperatives, and funds are made available through a competitive process. Organizations that assist families transitioning from homelessness to permanent housing are given priority for funding under the law. 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.

The first grants awarded under the program were announced on July 26, 2011, with \$60 million distributed to 85 nonprofit organizations in 40 states and the District of Columbia.¹⁰⁶ The VA announced FY2012 awards totaling \$100 million in grants to 151 agencies in 49 states, the District of Columbia, and Puerto Rico on July 17, 2012.¹⁰⁷ As of the date of this report, grants for FY2013 had not been awarded.

The Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154) authorized the program through FY2013 at \$300 million for that year.

¹⁰⁶ U.S. Department of Veterans Affairs, “VA Launches New Prevention Initiative to Serve 22,000 Veteran Families at Risk of Homelessness,” press release, July 26, 2011, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2139>.

¹⁰⁷ U.S. Department of Veterans Affairs, “VA Announces New Grants to Help End Veterans Homelessness: Initiative Targets 42,000 Homeless and At-Risk Vets and Families,” press release, July 17, 2012, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2355>.

Enhanced Use Leases

The law governing Enhanced Use Leases (EULs), long a method for the VA to make productive use of underutilized real property, was changed in 2012 to make homeless veterans and veterans at risk of homelessness the sole beneficiaries of the program. Beginning in 1991, Congress gave the VA the authority to enter into EULs with outside developers to improve, maintain, and make use of VA property for a period of time. The arrangement was made possible as part of the Veterans' Benefits Programs Improvement Act (P.L. 102-86).¹⁰⁸

Until 2012, the VA was able to enter into any lease that furthered the mission of the VA and enhanced the use of the property or that would result in the improvement of medical care and services to veterans in the geographic area.¹⁰⁹ The maximum lease term was 75 years, and the VA was to charge "fair consideration" for the lease, including in-kind payment.¹¹⁰ While EULs involved non-housing purposes (e.g., child care centers, golf courses, and parking facilities), a number of the EULs awarded prior to 2012 involved housing for homeless veterans.¹¹¹

In 2012, as part of the Honoring America's Veterans and Caring for Camp Lejeune Families Act (P.L. 112-154), Congress limited the circumstances under which the VA may enter into EULs to "the provision of supportive housing." Supportive housing is defined as housing combined with supportive services for veterans or their families who are homeless or at risk of homelessness. Among the types of housing that qualify are transitional, permanent, and single room occupancy housing, congregate living, independent living, or assisted living facilities. Leases that were entered into prior to January 1, 2012, will be subject to the law as it existed previously. While the VA does not have to receive consideration for an EUL under the amended law, if it does receive consideration, it may only be "cash at fair value," and not in-kind payment. Each year, the VA is to release a report about the consideration received for EULs.

Even prior to enactment of P.L. 112-154, the VA had made a commitment to use the EUL process to benefit homeless veterans through the Building Utilization Review and Repurposing (BURR) Initiative, the purpose of which is to provide housing for homeless veterans by identifying underutilized VA properties. The VA has identified 34 properties suitable for use as transitional or permanent housing for homeless veterans in which it will enter into EULs.¹¹²

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 Program Improvements and Property Rehabilitation Act of 1987 (P.L. 100-198). The current

¹⁰⁸ 38 U.S.C. §§8161-8169.

¹⁰⁹ 38 U.S.C. §8162.

¹¹⁰ *Ibid.*

¹¹¹ See Awarded Enhanced Use Lease Projects As of December 31, 2011, <http://www.va.gov/oaem/docs/awardedEulProjects.pdf>.

¹¹² U.S. Department of Veterans Affairs, "VA to Expand Housing for Homeless Veterans and Their Families," press release, June 8, 2011, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2113>.

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, 2013.¹¹³

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.

VA and HUD Collaborations

HUD-VASH

The HUD-VA Supported Housing (HUD-VASH) program began in 1992 as a collaboration between the VA and HUD whereby HUD provided housing to homeless veterans through a set-aside of tenant-based Section 8 vouchers and the VA provided supportive services. (Section 8 vouchers are a portable housing subsidy where tenants find rental housing on the private market and HUD pays a portion of their rent.) The program targeted veterans with severe psychiatric or substance use disorders and distributed approximately 1,753 Section 8 vouchers to veterans over three years.¹¹⁴ Through the program, local Public Housing Authorities (PHAs) administered the Section 8 vouchers while local VA medical centers provided case management and clinical services to participating veterans. After the initial voucher distributions, no new vouchers were made available to homeless veterans for approximately 15 years—until FY2008—when HUD-VASH was revived by Congress. This section of the report discusses the program’s progression.

HUD initially distributed Section 8 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 87.¹¹⁵ HUD has not separately tracked these Section 8 vouchers, and, over the years, when veterans have left the program and returned their vouchers to PHAs, the vouchers have not necessarily been 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 active in HUD-VASH case management.¹¹⁶

¹¹³ The program was most recently authorized in the VA Major Construction Authorization and Expiring Authorities Extension Act of 2012 (P.L. 112-191). The program is codified at 38 U.S.C. §2041.

¹¹⁴ The first announcement of voucher availability was made 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,” 57 *Federal Register* no. 55, p. 9955, March 20, 1992.

¹¹⁵ 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,” 59 *Federal Register* no. 134, p. 36015, July 14, 1994.

¹¹⁶ *Healthcare for Homeless Veterans Programs: Twenty-Second Annual Report*, p. 279.

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 FY2006.¹¹⁷ 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 to fund Section 8 vouchers for homeless veterans for one year (after the first year, funding for the vouchers is absorbed into the tenant-based Section 8 account). Congress continued to fund new vouchers in FY2009 (P.L. 111-8), FY2010 (P.L. 111-117), FY2011 (P.L. 112-10), FY2012 (P.L. 112-55), and FY2013 (P.L. 113-6) as well, appropriating \$75 million in both FY2009 and FY2010, \$50 million in FY2011, and another \$75 million in FY2012 and FY2013. Language in each of the 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. Each law also provided that the vouchers must be given to another veteran upon turnover.

The appropriations laws for HUD-VASH allow HUD to waive any statutory or regulatory provision regarding the vouchers if it is necessary for the “effective delivery and administration” of assistance.¹¹⁸ Pursuant to this provision, in the notice implementing the HUD-VASH program, HUD waived the statutory requirement that vouchers be made available only to veterans with mental illnesses and substance use disorders.¹¹⁹ In administering the vouchers, local VA medical centers determine veteran eligibility for the program and veterans are then referred to partnering PHAs. The PHAs review applicants only for income eligibility and to ensure that they are not subject to lifetime sex offender registration.

The VA provides case management and services to participating veterans. The VA may also contract with state or local government agencies, tribal organizations, or nonprofits to help veterans find suitable housing and supportive services. The contract between the VA and the outside service provider may occur in circumstances where (1) there is a shortage of affordable rental housing and a veteran needs more assistance than the VA can provide, (2) a veteran does not live near a local VA facility and it is impractical for the VA to provide assistance, or (3) veterans in the area have lower than average success in obtaining housing when compared to veterans participating in HUD-VASH overall.¹²⁰

According to the VA, as of August 2013, 44,168 vouchers were under lease, with another nearly 4,000 veterans undergoing program approval or searching for housing.¹²¹ For the number of vouchers funded in each fiscal year, see **Table 6**.

Project-Based HUD-VASH Vouchers

HUD allows PHAs to project base their 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

¹¹⁷ 42 U.S.C. §1437f(o)(19).

¹¹⁸ The exceptions are provisions involving fair housing, nondiscrimination, labor standards, and the environment.

¹¹⁹ 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.

¹²⁰ See the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154).

¹²¹ VA summary of HUD-VASH voucher performance provided to CRS.

vouchers, and it may be a more efficient arrangement for providing supportive services. Initially, HUD limited the number of project-based vouchers to 50% of a PHA's total VASH allocation, but on September 15, 2011, HUD released a notice removing the 50% limit.¹²² However, PHAs must still adhere to the requirements that the funding allocated for project-based vouchers does not exceed 20% of the PHA's total tenant-based voucher budget (for all vouchers, not just those used by veterans), and that the local VA medical center must agree 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.¹²³ Funding for these project-based vouchers was awarded competitively, and any PHA that received an allocation of HUD-VASH vouchers in FY2008, FY2009, or FY2010 was eligible to apply. On June 13, 2011, HUD announced the award of 676 vouchers to PHAs in 18 states.¹²⁴ Another three PHAs that had applied for vouchers from the FY2010 appropriation received 99 vouchers funded through the FY2011 allocation. The VA announced the award on September 19, 2011, stating that the award was made “to fund additional applications that received high scores through HUD and VA’s review process.”¹²⁵

Program Data and Evaluations

The VA has released demographic data about veterans participating in VA case management for the HUD-VASH housing program between June 1, 2008, and September 30, 2010.¹²⁶ Of veterans who entered into HUD-VASH case management, 88.5% were men and 11.5% were women, exceeding the percentage of women in the veteran population.¹²⁷ While the average age of all participants was 50, the average age for women was lower (46) than men (51). As with most homeless veterans programs, the majority of participants served in the Vietnam (33.6%) or post-Vietnam (37.2%) eras. For more information about participants, see **Table 2**.

Among veterans who participated in the earlier stages of HUD-VASH (receiving vouchers in the 1990s), long-term evaluations of the program have shown both improved housing and improved substance use outcomes among veterans who received the vouchers over those who did not.¹²⁸

¹²² U.S. Department of Housing and Urban Development, Notice PIH 2011-50, *Project-Basing HUD-Veterans Affairs Supportive Housing Vouchers*, September 15, 2011, <http://portal.hud.gov/hudportal/documents/huddoc?id=11-50pihn.doc>.

¹²³ 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.

¹²⁴ U.S. Department of Housing and Urban Development, “HUD, VA to Provide Permanent Housing, Case Management to Nearly 700 Homeless Veterans Across the U.S.,” press release, June 13, 2011, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2011/HUDNo.11-118.

¹²⁵ U.S. Department of Veterans Affairs, “HUD, VA to Provide Permanent Housing, Case Management to Nearly 100 Homeless Veterans,” press release, September 19, 2011, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2173>.

¹²⁶ U.S. Department of Veterans Affairs, Northeast Program Evaluation Center, *Housing and Urban Development - Department of Veterans Affairs Supported Housing Program (HUD-VASH): Summary for Period June 1, 2008 - September 30, 2010*.

¹²⁷ *Ibid.*, Table 4.

¹²⁸ 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 (continued...)

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.¹²⁹ 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.¹³⁰ HUD-VASH veterans were also found to have spent fewer days in institutions.¹³¹ 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.¹³² Factors that increased the risk of returning to homelessness were alcohol or drug dependence and a diagnosis of PTSD.¹³³ Lower risk was found among those with psychiatric problems, possibly due to supportive services to assist those individuals with their housing.¹³⁴

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 were to have a large number of individuals transitioning from military to civilian life, and at least four of which were to be in rural areas.

In July 2010, HUD issued a notice of implementation of the new demonstration program.¹³⁵ HUD, in consultation with the VA and DOL, selected five geographic areas in which local Continuums of Care (CoCs) would assign a grantee to carry out the prevention program. CoCs are planning entities formed at the local level to determine how the community will address homelessness. 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 were (1) San Diego, CA (Camp Pendleton); (2) Killeen, TX (Fort Hood);

(...continued)

(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").

¹²⁹ "Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness," p. 945.

¹³⁰ "Impact of Supported Housing on Clinical Outcomes," p. 85.

¹³¹ Ibid.

¹³² 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.

¹³³ Ibid., p. 270.

¹³⁴ Ibid., p. 273.

¹³⁵ 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>.

(3) Watertown, NY (Fort Drum); (4) Tacoma, WA (Joint Base Lewis-McChord); and (5) Tampa, FL (MacDill Air Force Base).

The prevention program is to 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.¹³⁶ 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.¹³⁷ To be eligible, veterans and their families must meet the following criteria:¹³⁸

- 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.

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 at \$50 million through FY2013 as part of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154). In 2010, the Veterans' Benefits Act of 2010 (P.L. 111-275) created a separate HVRP for women veterans and veterans with children. The 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

¹³⁶ *Ibid.*, pp. 9-11.

¹³⁷ *Ibid.*, p. 11.

¹³⁸ *Ibid.*, pp. 13-14.

organizations.¹³⁹ Grantees receive funding for one year, with the possibility for two additional years of funding contingent on performance and fund availability.¹⁴⁰ The DOL awards grants separately for urban and non-urban areas.

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.¹⁴¹

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.¹⁴² The program was most recently authorized 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 12, and changed the name slightly to "Referral and Counseling Services: Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions." The FY2013 Department of Labor budget documents state that of the funds requested for HVRP, up to \$4 million would be used for this program.¹⁴³

In program year (PY) 2010 (from July 1, 2010, through June 30, 2011), grantees through the HVRP (including those targeted to serving women veterans) and the Incarcerated Veterans Transition Program served a total of 15,951 homeless veterans, of whom 9,447 (or 59%) were placed in employment.¹⁴⁴ Of those placed, 64% retained employment for six months. The average wage of veterans who were placed in employment was \$10.48 per hour, and the average cost of placing a veteran in employment was \$3,295.

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

¹³⁹ U.S. Department of Labor, Veterans' Employment and Training Service, Solicitation for Grant Applications, Urban and Non-Urban Homeless Veterans' Reintegration Program (HVRP) Grants For Program Year (PY) 2010, March 26, 2010, p. 21, <http://www.dol.gov/vets/grants/2010/HVRP%20PY%202010%20SGA%20%28PDF%29.pdf>.

¹⁴⁰ *Ibid.*, p. 18.

¹⁴¹ "Procedures for Preapplication for Funds; Stewart B. McKinney Homeless Assistance Act, FY1988" *Federal Register* vol. 53, no. 70, April 12, 1988, p. 12089.

¹⁴² 38 U.S.C. §2023.

¹⁴³ U.S. Department of Labor, *FY2013 Congressional Budget Justification*, Volume III, Veterans' Employment and Training Service, p. VETS-26, <http://www.dol.gov/dol/budget/2013/PDF/CBJ-2013-V3-05.pdf>.

¹⁴⁴ U.S. Department of Labor, Office of the Assistance Secretary for Veterans' Employment and Training, *Annual Report to Congress, FY2011*, p. 13, http://www.dol.gov/vets/media/FY2011_Annual_Report_to_Congress.pdf.

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 may award both HVRP grant recipient organizations or other organizations that would be eligible up to \$10,000 to fund stand downs.¹⁴⁵

Funding for Homeless Veterans Programs

Table 5, below, shows historical funding levels for six programs that target services to homeless veterans. Following **Table 5**, **Table 6** shows funding for housing provided through the HUD-VA collaboration known as HUD-VASH. 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 5**, then, it is not possible to provide annual budget authority or obligations for HUD-VASH. **Table 6** contains information regarding the initial budget authority needed to support the vouchers in the first year of appropriations.

Table 5. Funding for Selected Homeless Veterans Programs, FY1988-FY2012
(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

¹⁴⁵ U.S. Department of Labor, Veterans' Employment and Training Service, "FY2011 through FY2013 Stand Down Grant Requests," 76 *Federal Register* 13236-13239, March 10, 2011.

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
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	109,727	175,979	61,205	175,057	71,137	36,330
2011	200,808	221,938	73,420	148,097	119,603	36,257 ^h
2012	118,889	218,962	73,067	208,046	169,873	38,185 ⁱ

Sources: Department of Veterans Affairs Budget Justifications, FY1989-FY2013, VA Office of Homeless Veterans Programs, and Department of Labor Budget Justifications FY1989-FY2013.

- 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.
- 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.
- 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.
- 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.
- 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 FY2012 are estimates.
- h. The FY2011 Department of Defense and Full-Year Continuing Appropriations Act (P.L. 112-10) imposed an across-the-board rescission of 0.2% on all discretionary accounts. The level for HVRP reflects this rescission.
- i. The FY2012 appropriation for the Departments of Labor, HHS, and Education contained an across-the-board rescission of 0.189% on all discretionary accounts. The level for HVRP reflects this rescission.

Table 6. Funding for HUD-VASH

Fiscal Year	Public Law	Amount Provided (dollars in millions)	Tenant-Based Vouchers Supported	Project-Based Vouchers Supported	Number of Years Vouchers Supported with Amount Provided
1992	NA ^a	17.9 ^b	750	—	5
1993	NA ^a	19.1 ^c	750	—	5
1994	NA ^a	18.4 ^d	700	—	5
2008	P.L. 110-161	75.0	10,150 ^e	—	1
2009	P.L. 111-8	75.0	10,290 ^e	—	1
2010	P.L. 111-117	75.0	9,510 ^e	676 ^f	1
2011	P.L. 112-10	50.0	6,815 ^g	99 ^h	1
2012	P.L. 112-55	75.0	10,450 ⁱ	—	1
2013	P.L. 113-6	75.0	9,865 ⁱ	—	1

Source: Sources for each voucher distribution are noted in the table notes, below.

- a. Funding for FY1992 through FY1994 was set aside from Section 8 tenant-based appropriations.
- b. The FY1992 announcement of the amount set aside and number of vouchers available was made 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," 57 *Federal Register* no. 55, pp. 9955-9968, March 20, 1992.
- c. The announcement of the availability of funding and amount of vouchers to be funded in 1993 was made in U.S. Department of Housing and Urban Development, "Notice of Funding Availability (NOFA) for Fiscal Year 1993, for the Section 8 Set Aside for Homeless Veterans With Severe Psychiatric or Substance Abuse Disorders," 58 *Federal Register* no. 188, pp. 51191-51206, September 30, 1993.
- d. The announcement of 1994 vouchers was made in 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," 59 *Federal Register* no. 134, pp. 36007-36015, July 14, 1994.
- e. For a list of how the FY2008 through FY2010 tenant-based vouchers were allocated to local housing authorities, see <http://www.hud.gov/offices/pih/programs/hcv/vash/docs/vash-awards.xls>.
- f. The list of project-based vouchers for FY2010 is available at <http://portal.hud.gov/hudportal/documents/huddoc?id=HUD-VASHPBVFY2010AWARDEES.PDF>. See also, U.S. Department of Housing and Urban Development, "HUD, VA to Provide Permanent Housing, Case Management to Nearly 700 Homeless Veterans Across the U.S.," press release, June 13, 2011, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2011/HUDNo.11-118.
- g. A list showing how FY2011 tenant-based vouchers were distributed is available at <http://portal.hud.gov/hudportal/documents/huddoc?id=HUD-VASH2011CHART.PDF>. See also, U.S. Department of Housing and Urban Development, "HUD, VA to Provide Permanent Housing and Support to Thousands of Homeless Veterans," press release, July 14, 2011, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2011/HUDNo.11-150.

- h. See Department of Veterans Affairs, “HUD, VA to Provide Permanent Housing, Case Management to Nearly 100 Homeless Veterans,” press release, September 19, 2011, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2173>.
- i. See U.S. Department of Housing and Urban Development, “HUD, VA to Provide Permanent Housing and Support to More Than 10,000 Homeless Vets,” press release, March 27, 2012, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2012/HUDNo.12-063 and “HUD, VA to Provide Additional Housing and Support for Homeless Vets,” press release, June 13, 2012, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2012/HUDNo.12-099.
- j. See U.S. Department of Housing and Urban Development, “HUD and VA Team Up to Provide Permanent Housing to 9,000 Homeless Vets,” press release, May 29, 2013, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2013/HUDNo.13-082; “HUD and VA Announce More Vouchers to Help Homeless Vets Get Into Permanent Homes,” press release, August 21, 2013, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2013/HUDNo.13-127; and “HUD and VA Announce More Vouchers to Help Homeless Vets Get Into Permanent Homes,” September 27, 2013, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2013/HUDNo.13-146.

Issues Regarding Veterans and Homelessness

The VA Plan to End Veteran Homelessness

On November 3, 2009, the VA announced a plan to end homelessness among veterans within five years.¹⁴⁶ The VA outlined six areas of focus for the new plan in its FY2011 budget justifications: (1) outreach and education, (2) treatment, (3) prevention, (4) housing and supportive services, (5) employment and benefits, and (6) community partnerships.¹⁴⁷ In the FY2011 through FY2013 budget documents, the VA laid out program expansions and implementation of new programs to address homelessness:

- By FY2013, the VA planned to expand some of the existing homeless programs discussed in this report. Specifically, the Grant and Per Diem Program would serve 32,000 veterans (in FY2008, the program discharged 15,511 veterans), the Domiciliary Care for Homeless Veterans program was to open three new 40-bed facilities in FY2012 and planned to open two more in FY2013. HUD-VASH continued to receive appropriations for additional vouchers through FY2012.
- The VA-HUD pilot to prevent veteran homelessness and the SSVF program have both gotten underway, with grants awarded to service providers. The VA expected to serve 1,900 veterans between 2011 and 2014 in the prevention pilot and 42,000 veterans in the SSVF program in FY2012.
- The VA established a National Homeless Registry to keep records of veterans served in homeless-specific programs and measure outcomes achieved. The VA also established a National Call Center for homeless veterans that expects to serve 52,000 veterans in 2013.

During the last several years, estimates of homeless veterans have fallen. VA estimates of the number of veterans who were homeless on a given day fell from 154,000 in FY2007 to 131,000

¹⁴⁶ 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>.

¹⁴⁷ *FY2011 VA Budget Justifications*, p. 1K-11.

in FY2008, and then to 107,000 in FY2009. The most recent point-in-time estimate of homeless veterans, from 2012, reported not-quite 63,000 homeless veterans, a reduction of nearly 5,000 from 2011 and nearly 14,000 from the 76,000 counted in 2010. (For more information, see the section of this report entitled “Estimates of the Number of Homeless Veterans.”)

During this same time period, the need for permanent housing, as reported by homeless veterans and those who provide services, has also declined. The VA’s annual “Community Homelessness Assessment, Local Education and Networking Groups” (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.¹⁴⁸ However, in the FY2007 report, permanent housing was the second-highest unmet need, behind child care.¹⁴⁹ In FY2008 and FY2009, it fell to the fourth-highest unmet need,¹⁵⁰ and in FY2010, long-term housing was the ninth in the list of unmet needs for veterans.¹⁵¹

One of the reasons that estimates of homeless veterans are declining and that the highest unmet need is no longer housing could be an increasing emphasis on permanent supportive housing for veterans. 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.

Historically, homeless programs targeted to veterans did not provide permanent supportive housing (although veterans were eligible for housing through HUD’s homeless programs). Instead, programs such as Grant and Per Diem offered transitional housing to help veterans become stable, find employment, and eventually transition to permanent housing. However, after leaving transitional housing, veterans competed with other needy groups—including elderly residents, persons with disabilities, and families with young children—for government assisted housing.¹⁵² With the advent of HUD-VASH (discussed earlier in this report), tens of thousands of units of permanent supportive housing funded through the federal government have been targeted to homeless veterans for the last five fiscal years. Congress has appropriated \$350 million for the program, an amount sufficient to fund nearly 48,000 vouchers for one year.¹⁵³ The additional

¹⁴⁸ John H. Kuhn and John Nakashima, *The Fifteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, U.S. Department of Veterans Affairs, March 11, 2009, p. 14, (hereinafter *The Fifteenth Annual CHALENG Report*).

¹⁴⁹ John H. Kuhn and John Nakashima, *The Fourteenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, U.S. Department of Veterans Affairs, February 28, 2008, p. 8.

¹⁵⁰ *The Fifteenth Annual CHALENG Report*, p. 10, and 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, p. 12.

¹⁵¹ John H. Kuhn and John Nakashima, *The Seventeenth Annual Progress Report on P.L. 105-114: Services for Homeless Veterans Assessment and Coordination*, U.S. Department of Veterans Affairs, July 5, 2011, p. 12.

¹⁵² According to a 2007 GAO study, veteran households were underrepresented in HUD-assisted housing. GAO estimated that 11% of low-income veteran renter households received HUD rental assistance compared to 19% of low-income nonveteran renter households. 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>.

¹⁵³ See the FY2008 Consolidated Appropriations Act (P.L. 110-161), the FY2009 Omnibus Appropriations Act (P.L. 111-8), the FY2010 Consolidated Appropriations Act (P.L. 111-117), the FY2011 Department of Defense and Full-Year Continuing Appropriations Act (P.L. 112-10), and the FY2012 Consolidated and Further Continuing (continued...)

Section 8 vouchers, as well as increased funding through VA program interventions (see **Table 5**), could be making a difference in the number of veterans experiencing homelessness.

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 FY2010, it assessed about 3,000 veterans who served in the OEF/OIF theaters of operations for participation in its Health Care for Homeless Veterans Program (an increase over the 2,300 assessed in FY2009).¹⁵⁴ Approximately 1.40 million OEF/OIF troops have been separated from active duty and become eligible for VA health benefits since 2003.¹⁵⁵ 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 10 years passed between the time they left military service and when they became homeless.¹⁵⁶

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.¹⁵⁷ Another study, conducted by the RAND Corporation, found that, of veterans surveyed, 14% reported screening positive for PTSD and 14% for major depression.¹⁵⁸ Veterans returning from Iraq also appear to be seeking out mental health services at higher rates than veterans returning from other conflicts.¹⁵⁹ Research has also found that the length and number of deployments of troops in Iraq result in greater risk of mental health problems.¹⁶⁰ Access to VA health services could be a critical component of reintegration into the community

(...continued)

Appropriations Act (P.L. 112-55).

¹⁵⁴ *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*, p. 48.

¹⁵⁵ 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 December 2011. Note that the total includes veterans who died in-theater (5,584).

¹⁵⁶ See 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), p. 105.

¹⁵⁷ 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.

¹⁵⁸ 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.

¹⁵⁹ 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.

¹⁶⁰ 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.

for some veterans, and there is concern that returning veterans might not be aware of available VA health programs and services.¹⁶¹

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.¹⁶² 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.¹⁶³

Women Veterans

The number and percentage of women enlisted in the military have increased since previous wars. In FY2011, approximately 14.2% 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 FY1990.¹⁶⁴ Since 2000, the percentage of women servicemembers has been greater than 14%, reaching 15% in FY2002 and FY2003. 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%).¹⁶⁵ In 2010, approximately 1.8 million veterans were women.¹⁶⁶ The VA predicted that there would be 1.9 million female veterans (10% of the veteran population) in 2020. At the same time, the number of male veterans is expected to decline.¹⁶⁷

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.¹⁶⁸ 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.

¹⁶¹ See, for example, Amy Fairweather, *Risk and Protective Factors for Homelessness Among OIF/OEF Veterans*, Swords to Plowshares' Iraq Veteran Project, December 7, 2006, p. 6.

¹⁶² For more information about transition services, see the National Resource Directory, <http://www.nationalresourcedirectory.gov/>.

¹⁶³ 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.

¹⁶⁴ U.S. Department of Defense, Office of the Under Secretary of Defense, Personnel and Readiness, *Population Representation in the Military Services, FY2011*, Appendix D, Table D-13, http://prhome.defense.gov/rfm/MPP/ACCESSION%20POLICY/PopRep2011/appendixd/d_13.html.

¹⁶⁵ 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.

¹⁶⁶ U.S. Census Bureau, *2012 Statistical Abstract*, Table 521, <http://www.census.gov/compendia/statab/2012/tables/12s0520.pdf>.

¹⁶⁷ *Women Veterans: Past, Present, and Future*, pp. 8-9.

¹⁶⁸ 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.

Experts have found that female veterans report incidents of sexual assault that exceed rates reported in the general population.¹⁶⁹ 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 sexual assault or harassment while in the military (referred to by the VA as military sexual trauma).¹⁷⁰ 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.¹⁷¹ In particular, the relationship between military sexual trauma and PTSD among women was stronger than it was for men.¹⁷² 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%.¹⁷³ 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, but growing, proportion of the homeless veteran population. According to the 2010 Veterans Supplement to the Annual Homeless Assessment Report, homeless women veterans represented 8% of veterans living in shelter.¹⁷⁴ 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,¹⁷⁵ and in FY2010, 4.5% of individuals placed in Grant and Per Diem programs were women¹⁷⁶ while 4.9% of veterans served in the Domiciliary Care for Homeless Veterans program in FY2010 were women.¹⁷⁷ The program that serves the highest percentage of female veterans is HUD-VASH; approximately 11% of veterans who have received vouchers are women.¹⁷⁸

The need for assistance among younger women veterans, in particular, appears to be increasing. A report released by the VA about the risk and prevalence of homelessness among veterans noted the increased risk of homelessness among young, female veterans, and that intervention upon return from service and during the transition to civilian life could benefit this group.¹⁷⁹ It is also

¹⁶⁹ Jessica Wolfe et al., "Changing Demographic Characteristics of Women Veterans: Results from a National Sample," *Military Medicine* 165, no. 10 (October 2000): 800.

¹⁷⁰ 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.

¹⁷¹ *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%.

¹⁷² *Ibid.*

¹⁷³ 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.

¹⁷⁴ *FY2010 AHAR Veterans Supplement*, p. 7.

¹⁷⁵ 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.

¹⁷⁶ *Healthcare for Homeless Veterans Programs: Twenty-Fourth Annual Report*, Table 5-3, p. 229.

¹⁷⁷ *Twenty-Second Annual Progress Report on the Domiciliary Care for Homeless Veterans Program*, p. 8.

¹⁷⁸ U.S. Government Accountability Office, *Homeless Women Veterans: Actions Needed to Ensure Safe and Appropriate Housing*, GAO-12-182, December 2011, p. 28, <http://www.gao.gov/assets/590/587334.pdf>.

¹⁷⁹ *Prevalence and Risk of Homelessness Among U.S. Veterans: A Multisite Investigation*, p. 25.

noteworthy that child care was the highest unmet need reported by homeless veterans and service providers as part of the last four VA CHALENG reports.

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 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 will also provide child care for participants. The program is authorized from FY2011 through FY2015 at \$1 million per year.

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