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Summary

The wars in Iraq and Afghanistan 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 increased due to these conflicts, there was 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—a Department of Labor 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 4**), Congress has appropriated funds to increase available units of permanent supportive housing through the HUD-VASH program (see **Table 5**), and the number of veterans served in many programs has increased (see **Table 6**). Congress has appropriated a total of $575 million to support initial funding of HUD-VASH vouchers in each year from FY2008 through FY2015, enough to fund approximately 79,000 vouchers. Since the VA announced its plan, the HUD and VA point-in-time estimates of the number of veterans experiencing homelessness has fallen from 73,367 in 2009 to 47,725 in 2015 (see **Table 1**).

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 surveyed as part of HUD's Annual Homeless Assessment Report to Congress.

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 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, Congress 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. 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.

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"

While the statutory definition of "homeless veteran" may seem straightforward, there has been some confusion in recent years over veteran eligibility for VA programs targeted to homeless veterans. Title 38 of the United States Code defines the term "homeless veteran" as "a veteran who is homeless (as that term is defined in section 103(a) of the McKinney-Vento Homeless Assistance Act)."[7] The following subsections discuss the meaning of the terms veteran and homeless.

A Veteran

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,

[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.hudexchange.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] 38 U.S.C. §2002(1).

and who was discharged or released therefrom under conditions other than dishonorable."[8] In addition, there may be more specific length-of-service and character-of-discharge criteria required for veterans to qualify for VA benefits and health care.

- Certain minimum length-of-service requirements apply to people who enlisted on or after September 8, 1980. The general requirement is the "full period" for which the servicemember was called or ordered to active duty or, if less, 24 months of continuous active duty.[9] (For more information, see CRS Report R42324, *Who Is a "Veteran"?—Basic Eligibility for Veterans' Benefits*, by Scott D. Szymendera.)
- Regarding discharge status, the VA accepts discharges that are characterized as honorable or general (under honorable conditions) as "other than dishonorable" for VA benefit purposes. A dishonorable discharge disqualifies a veteran from eligibility for benefits. In between honorable and dishonorable discharges are other-than-honorable or bad-conduct discharges adjudicated by a special court martial, for which VA may make a character-of-discharge determination about a veteran's eligibility for benefits and health care. (For more information, see CRS Report R43928, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, by Umar Moulta-Ali and Sidath Viranga Panangala.)

Both length-of-service and character-of-discharge criteria have become issues in determining veteran eligibility for two VA homeless veteran programs administered by public entities or private nonprofit grantees (versus direct VA administration): the Homeless Providers Grant and Per Diem (GPD) program and the Supportive Services for Veteran Families (SSVF) program. In 2014, the VA office of General Counsel advised that VA GPD providers not serve homeless veterans unless they met eligibility criteria for VA health care (including length-of-service and character-of-discharge criteria).[10] Similar guidance had been given to SSVF grantees.[11] Previously, these criteria had not been required in determining eligibility for the GPD program, with the GPD program handbook basing eligibility on the definition of veteran and not further specifying length-of-service or character-of-discharge criteria.[12]

For about a month in 2014, the VA imposed a moratorium that only allowed veterans who qualified for VA health care to participate in the GPD program.[13] Advocacy groups raised concerns that veterans most needing assistance, including those whose discharges may have resulted from mental health issues, would no longer have access to services.[14] The VA quickly lifted the moratorium while awaiting an opinion from the Office of General Counsel about eligibility for the GPD program. As of the date of this report, the VA had not released an opinion as to eligibility.

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[8] 38 U.S.C. §101(2).

[9] 38 U.S.C. §5303A(b).

[10] VA Office of Inspector General, *Veterans Health Administration Audit of Homeless Providers Grant and Per Diem Case Management Oversight*, June 29, 2015, p. 3, http://www.va.gov/oig/pubs/VAOIG-14-01991-387.pdf.

[11] Ibid., p. 7.

[12] Ibid, p. 5. See also *VHA Handbook 1162.01(1), Grant and Per Diem Program*, amended on June 30, 2014, p. 23, http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3009.

[13] *Veterans Health Administration Audit of Homeless Providers Grant and Per Diem Case Management Oversight*, p. 6.

[14] See, for example, Amy Fairweather, *VA Reverses Moratorium*, Swords to Ploughshares, April 1, 2014, http://www.swords-to-plowshares.org/2014/04/01/va-reverses-moratorium/.

In both the 113th and 114th Congresses, legislation has been introduced to clarify veteran eligibility for the GPD and SSVF programs.[15] In the 114th Congress, S. 1731, the Homeless Veterans Services Protection Act, which has been passed by the Senate, would waive the minimum continuous period of active duty requirement and allow other-than-honorably discharged veterans to qualify for services through the GPD and SSVF programs.

Who Is Homeless

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).[16] 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 fewer, 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:

[15] See the Homeless Veterans Services Protection Act, S. 2179 in the 113th Congress and S. 1731 in the 114th Congress.

[16] The definition of "homeless veteran" is at 38 U.S.C. §2002. The McKinney-Vento definition of homeless individual is codified at 42 U.S.C. §11302(a).

- They have experienced a long-term period (defined in regulation as 60 days)[17] without living independently in permanent housing.
- They have experienced instability as evidenced by frequent moves (two moves or more during the 60-day period).
- 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. At least three bills in the 114th Congress, H.R. 627, H.R. 2256, and S. 1885, contain provisions that would update 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.[18] 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)[19] 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 seven years, from 2009 through 2015, HUD has released reports containing point-in-time counts of homeless veterans.[20]

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 issued two Veteran-Specific AHARs to Congress, for 2009 and 2010, which contain estimates

[17] 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.

[18] U.S. Department of Housing and Urban Development, *Guidance for Counting Veterans During 2011 Point-in-Time Counts of Homeless People*, p. 2, https://www.hudexchange.info/resources/documents/2011PITVetGuidance.pdf.

[19] 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.

[20] Each of the reports containing point-in-time count data is available on the HUD Exchange website at https://www.hudexchange.info/hdx/guides/ahar/.

of the number of veterans who experienced homelessness at any point during the year.[21] After 2010, estimates of homeless veterans have been included as separate sections within the AHARs.

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 day 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).[22] Beginning in 2011, all communities were required to count those living on the streets or other places not meant for human habitation.[23]
- **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.[24]

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

- **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).

[21] These are the *2009 Veterans Supplement to the Annual Homeless Assessment Report (AHAR)* and the *2010 Veterans Supplement to the AHAR*.

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

[23] *Guidance for Counting Veterans During 2011 Point-in-Time Counts of Homeless People*, p. 2. See footnote 18 for full citation.

[24] For example, 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 through 2015 do not go into the same level of methodological detail, so it is unclear whether the same adjustments were made.

- **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 other 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). Data may be excluded for providers with low reporting rates, may be adjusted for missing data, and finally, the data are weighted.[25]

Table 1, below, contains estimates of homeless veterans from 2009 through 2015. 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 FY2014, as well as the percentage in the adult homeless population.

Table 1. HUD Estimates of Homeless Veterans, 2009-2015

	Point-in-Time Count		Full-Year Estimate	
	One-Day Count of Veterans Living in Shelter, on the Street, or Other Place Not Meant for Human Habitation		Estimate of Veterans Living in Shelter at Some Point During the Fiscal Year	
Year[a]	# of Homeless Veterans[b]	% of Adult Homeless Population	# of Homeless Veterans	% of Adult Homeless Population
2009	73,367	16%	149,635	
2010	74,087	16%	144,842	13%
2011	65,455	14%	141,449	[c]
2012	60,579	13%	137,995	12%
2013	55,619	12%	139,857	13%
2014	49,689	11%	131,697	11%
2015	47,725	11%		

Source: HUD Annual Homeless Assessment Reports, available at https://www.hudexchange.info/hdx/guides/ahar/.

a. The full-year estimates are based on the federal fiscal year, from October 1 through September 30.

b. The reported number of homeless veterans in the 2009-2013 point-in-time counts were revised in the 2014 point-in-time count, and again in the 2015 point-in-time count. In 2014 HUD reported that reductions reflect "an adjustment to the estimates of unsheltered homeless veterans submitted by the Los Angeles City and County CoC" during those years, and an increase in homeless veterans reported by the Phoenix/Mesa/Maricopa County Regional CoC in 2013. See *2014 Annual Homeless Assessment Report, Part 1, Point-in-Time Estimates of Homelessness*, p. 40. In 2015, HUD reported that the reductions reflect "an adjustment made to the estimates of unsheltered homelessness submitted by the Las Vegas Continuum of Care." See *2015 Annual Homeless Assessment Report, Part 1, Point-in-Time Estimates of Homelessness*, p. 6.

c. The 2011 AHAR did not appear to include a figure for veterans as a percentage of the adult homeless population in the full-year estimates.

[25] For more information, see U.S. Department of Housing and Urban Development, *The 2014 Annual Homeless Assessment Report to Congress: Data Collection and Analysis Methodology*, November 2015, https://www.hudexchange.info/onecpd/assets/File/2014-AHAR-Data-Collection-and-Analysis-Methodology.pdf.

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 Annual Homeless Assessment Reports to Congress, include demographic data about veterans living in shelter (the data do not include information about those living on the streets or other places not meant for human habitation).[26]

The 2014 AHAR presented 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.[27] See **Table 2**.

- **Gender:** Homeless veterans are predominantly men (91.6%), with women making up 8.4% of homeless veterans. These percentages are similar to the overall percentages of men and women veterans (91.5% and 8.5% respectively).
- **Race and Ethnicity:** African American veterans make up 36.2% of the homeless veteran population, compared to 11.1% of all veterans.[28] Hispanic veterans represent 6.9% of homeless veterans compared to 6.0% of all veterans. Non-Hispanic white veterans make up 52.4% of homeless veterans (compared to 79.3% of all veterans).
- **Age:** While more than half of all veterans are age 62 and older (54.5%), veterans in the 31-50 and 51-61 age groups have the greatest percentages of homelessness. They represent 33.9% and 43.5% of the homeless veteran population, respectively. Veterans between 18 and 30 make up 9.1%, and veterans age 62 and older make up 13.5% of the homeless veteran population.

Table 2. Information About Sheltered Homeless Veterans in the HUD Annual Homeless Assessment Report (AHAR)

(FY2014)

Characteristic	Homeless Veterans in Shelter	All Veterans
Gender		
% Male	91.6	91.5
% Female	8.4	8.5
Age		
% 18-30	9.1	6.3
% 31-50	33.9	21.0
% 51-61	43.5	18.1
% 62 and older	13.5	54.5

[26] Until FY2012, the VA published comprehensive reports to Congress about veterans served in each program. More recently, however, the VA has issued only one report summarizing these programs, the *Congressionally Mandated Annual Report on Specialized Programs Offering Assistance to Homeless Veterans*, and available data are limited. As a result, information in this section of the report is not as detailed as it might have been in previous versions.

[27] *2014 AHAR*, pp. 5-8 to 5-14.

[28] The *2014 AHAR* used American Community Survey data to arrive at total veterans.

Characteristic	Homeless Veterans in Shelter	All Veterans
Race[a]		
% White, Non-Hispanic	52.4	79.3
% African American	36.2	11.1
% Hispanic	6.9	6.0
% Other Race	3.4	3.6
% Multiple Races	3.1	1.7
Disability Status[b]		
% With a Disability	55.9	27.8
% Without a Disability	44.1	72.2
Living Arrangement Prior to Entering Shelter		
% Already Homeless	48.1	—
% Own Housing	9.7	—
% Family or Friend	20.6	—
% Institutional Setting	14.3	—
Substance Abuse Treatment Center	*5.0*	—
Correctional Facility	*3.7*	—
Hospital	*3.0*	—
Psychiatric Facility	*2.6*	—
% Hotel/Motel	4.0	—
% Other	3.3	—

Source: U.S. Department of Housing and Urban Development, *The 2014 Annual Homeless Assessment Report (AHAR) to Congress, Part 2, Estimates of Homelessness in the United States*, November 2015, https://www.hudexchange.info/onecpd/assets/File/2014-AHAR-Part-2.pdf.

a. Percentages do not sum to 100 because Hispanic status is reported separately and is included in one or more racial categories. In addition, the AHAR included the category "white, Hispanic" which is not included here.

b. Disability status is self-reported.

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.[29]
- 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.[30] The data from the NSHAPC and Urban Institute surveys 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.[31]

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.[32] 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 Vietnam[33] and post-Vietnam eras were overrepresented while veterans of World War II and Korea were less likely to be homeless than their nonveteran counterparts.[34] The VA study using 2009 HMIS data also found that Vietnam and post-Vietnam veterans were overrepresented.

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[29] 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, http://www.huduser.org/publications/homeless/homeless_tech.html.

[30] 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).

[31] 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.

[32] 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.

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

[34] 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.

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.[35] 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 likely to be homeless as nonveterans.[36] Notably, though, veterans who served after the Vietnam War were four times more likely to be homeless than nonveterans in the same age group.[37] 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.[38] 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.[39] **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

[35] 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.

[36] "The Proportion of Homeless Veterans Among Men," p. 467.

[37] Ibid.

[38] "The Proportion of Homeless Veterans Among Men: A Decade Later," p. 483.

[39] Prevalence and Risk of Homelessness Among U.S. Veterans, Table 2.

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).[40] 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.[41] 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.)

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.[42] 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.[43]

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

[40] "Overrepresentation of Women Veterans Among Homeless Women," p. 1133.

[41] Ibid., p. 1134.

[42] Prevalence and Risk of Homelessness Among U.S. Veterans, Table 2.

[43] 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 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
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 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.

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 has been 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.[44]

Until recently, most of the evidence about factors associated with homelessness among veterans came from The National Vietnam Veterans Readjustment Study (NVVRS), conducted from 1984 to 1988, and did not include veterans of the wars in Afghanistan and Iraq.[45] However, in 2013 researchers from the VA released an examination of risk factors for homelessness among veterans separated from service between July 1, 2005, and September 30, 2006.[46]

The first two subsections below discuss the findings from the 2005-2006 separation data and NVVRS data. The third subsection specifically addresses Post Traumatic Stress Disorder (PTSD) as a risk factor.

[44] 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*).

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

[46] Stephen Metraux, Limin X. Clegg, and John D. Daigh et al., "Risk Factors for Becoming Homeless Among a Cohort of Veterans Who Served in the Era of the Iraq and Afghanistan Conflicts," *American Journal of Public Health*, vol. 103, no. S2 (December 2013), pp. S248-S254.

Risk Factors Based on Data Collected in 2005-2006

The VA examined outcomes of 310,685 veterans aged 17 to 64 who were separated from the military in 2005 and 2006, did not have evidence of a homeless episode in Department of Defense (DOD) or VA records, and who used DOD or VA services after separation. The sample included those in the Reserves and National Guard who did not serve on active duty. In a five-year period, 1.8% of veterans in the sample experienced a homeless episode (indicated either by lack of stable housing or receiving homeless services from the VA).

Researchers broke down risk factors for homelessness by gender and whether veterans had served as part of Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq. Following is a list of a number of factors that had a statistically significant relationship to homelessness for at least one of the four groups (OEF/OIF male veterans, OEF/OIF female veterans, non-OEF/OIF male veterans, and non-OEF/OIF female veterans).[47]

- **Military Pay Grade:** There was a statistically significant relationship between pay grade and risk of homelessness for all categories of veterans, male and female with and without OEF/OIF service; those in the lowest pay grades were at greater risk of homelessness than those in higher pay grades.
- **Active Duty Service:** OEF/OIF male and female veterans who were in the Reserves or National Guard had a reduced risk of homelessness compared to those who served on active duty.
- **Traumatic Brain Injury** increased the risk of homelessness for male non-OEF/OIF veterans.
- **Psychotic Disorders[48] and Substance Use** increased the risk of homelessness for all four veteran categories.
- **Adjustment Disorders and Mood Disorders** increased the risk of homelessness for both categories of male veterans (those with and without OEF/OIF service) and non-OEF/OIF female veterans.
- **Anxiety Disorders** increased the risk of homelessness among non-OEF/OIF male veterans, while **Personality Disorders** increased risk for male veterans in both categories.
- **Post-Traumatic Stress Disorder** increased the risk of homelessness for male and female OEF/OIF veterans.

Risk Factors Based on Data Collected in 1984-1988

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

[47] The study also reported statistically significant risks of homelessness based on character of service (e.g., honorable discharge, etc.), branch of service, and age. The results in these categories were reported for multiple subcategories and were not easily summarized. As a result, they are not reported here.

[48] Behavioral health disorders, including psychotic disorders, substance use, adjustment disorders, mood disorders, and anxiety disorders are based on definitions in the Diagnostic and Statistical Manual of Mental Disorders. For example, psychotic disorders include Schizophrenia and psychosis, adjustment disorders involve response to a distressing event, mood disorders include major depression and bipolar disorder, and anxiety disorders include generalized anxiety disorder and obsessive compulsive disorder, among others.

specifically analyze homelessness. However, a later study, published in 1994, used data from the NVVRS to examine homelessness specifically.[49] Findings from both studies are discussed below.

Factors Present During and After Military Service

The 1994 study of Vietnam era veterans (hereinafter referred to as the Rosenheck/Fontana study) evaluated 18 variables that could be associated with homelessness. The study categorized each variable in one of four groups according to when they occurred in the veteran's life: pre-military, military, the one-year readjustment period, and the post-military period subsequent to readjustment.[50] Variables from each time period were found to be associated with homelessness, although their effects varied. The two military factors—combat exposure and participation in 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.[51] In fact, social isolation, measured by low levels of support in the first year after discharge from military service, together with the status of being unmarried, had the strongest association with homelessness of the 18 factors examined in the study.[52]

Factors that Predate Military Service

According to the Rosenheck/Fontana study, factors that predate military service also play a role in homelessness among veterans. It 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.[53] The researchers also found that a history of conduct disorder had a substantial indirect effect on homelessness.[54] 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.[55]

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[49] 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").

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

[51] "A Model of Homelessness Among Male Veterans of the Vietnam War Generation," p. 424.

[52] Ibid., p. 425.

[53] Ibid., p. 426.

[54] Ibid.

[55] 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").

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."[56] 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.[57]

Post-Traumatic Stress Disorder (PTSD)

Findings on the relationship between PTSD and homelessness depend on both the sample and time period of service.

Among the group of veterans separated from the military in 2005 and 2006 who were included in the VA analysis, post-traumatic stress disorder increased the risk of homelessness among male and female veterans who served in OEF/OIF. However, there was not an increased risk among veterans, male or female, who did not serve in OEF/OIF.

The Rosenheck/Fontana study "found no unique association between combat-related PTSD and homelessness."[58] However, the NVVRS found that PTSD was significantly related to other psychiatric disorders, substance abuse, problems in interpersonal relationships, and unemployment.[59] These conditions can lead to readjustment difficulties and are considered risk factors for homelessness.[60]

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,[61] 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.

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.[62] The Veterans Benefits

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[56] 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.

[57] "Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective," p. 510.

[58] "A Model of Homelessness Among Male Veterans of the Vietnam War Generation," p. 425.

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

[60] "Homeless Veterans," p. 98.

[61] 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, pp. 2-6.

[62] For more information about the VHA, see CRS Report R42747, *Health Care for Veterans: Answers to Frequently*

Administration (VBA), which is responsible for compensation and pensions,[63] education assistance,[64] home loan guarantees,[65] 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).[66] The VHA operates hospitals and outpatient clinics across the country through 21 Veterans Integrated Service Networks (VISNs). Each VISN oversees between 5 and 11 VA hospitals as well as outpatient clinics, nursing homes, and domiciliary care facilities. 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.[67] 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.[68] The law was 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.[69] 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

Asked Questions, by Sidath Viranga Panangala.

[63] For more information about veterans benefits, see CRS Report RS22804, *Veterans' Benefits: Pension Benefit Programs*, by Scott D. Szymendera and Carol D. Davis and CRS Report RL34626, *Veterans' Benefits: Disabled Veterans*, by Scott D. Szymendera et al.

[64] 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 Cassandria Dortch and CRS Report R42785, *GI Bills Enacted Prior to 2008 and Related Veterans' Educational Assistance Programs: A Primer*, by Cassandria Dortch.

[65] 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.

[66] 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.

[67] 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.

[68] 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 U.S.C. §§2031-2034.

[69] 38 U.S.C. §2031, §2034.

program's enactment, 43 VA Medical Centers had initiated programs to find and assist mentally ill homeless veterans.[70] Currently, about 132 VA sites have implemented HCHV programs.[71] The HCHV program is authorized through FY2016.[72]

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).[73] Local funding for residential treatment facilities continues to be provided by some VA medical center locations, however. According to data from the VA, in FY2014 there were 4,061 beds available and 15,696 veterans stayed an average of 73 days.[74] The HCHV program as a whole served approximately 185,949 veterans in that same year.[75]

Domiciliary Care for Homeless Veterans

Domiciliary care consists of rehabilitative services for physically and mentally ill or aged veterans who need assistance, but are not in need of the level of care offered by hospitals and nursing homes. Congress first provided funds for the Domiciliary Care program for *homeless* veterans (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.

The DCHV program operates at 45 VA medical centers and has 2,367 beds available.[76] In FY2013, the number of veterans completing treatment was 7,177 with an average length of stay of about three months.[77] Veterans received medical, psychiatric, and substance abuse treatment, as well as vocational rehabilitation during their time in the DCHV program.

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

[70] 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.

[71] Wesley J. Kasprow, 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*).

[72] The program was most recently authorized in the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-58).

[73] FY2004 VA Budget Justifications, p. 2-163.

[74] FY2016 VA Budget Justifications, pp. VHA-115 to VHA-116.

[75] Ibid., p. VHA-115.

[76] U.S. Department of Veterans Affairs, *Congressionally Mandated Annual Report on Specialized Programs Offering Assistance to Homeless Veterans Fiscal Year (FY) 2013*, p. 13 (hereinafter *FY2013 VA Report on Homeless Veterans Programs*).

[77] Ibid.

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

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 FY2012, nearly 49% of veterans in the CWT program worked for the VA),[81] finds work for veterans at other federal agencies, or enters into contracts with private companies or nonprofit organizations that then provide veterans with work opportunities. Veterans must be paid wages commensurate with those wages in the community for similar work, and through the experience the goal is that participants will improve their chances of living independently and reaching self-sufficiency. In 2003, the Veterans Health Care, Capital Asset, and Business Improvement Act (P.L. 108-170) added work skills training, employment support services, and job development and placement services to the activities authorized by the CWT program.

In 1991, as part of P.L. 102-54, the Veterans Housing, Memorial Affairs, and Technical Amendments Act, Congress added the Therapeutic Transitional Housing component to the CWT program. The housing component is authorized through FY2016.[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 FY2013, the VA operated 42 transitional housing facilities with 579 beds.[85] During that same year, 1,056 veterans completed treatment with an average stay of five months.

In FY2012, 17,407 veterans were admitted into the CWT program, 55% 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 FY2012 suffered from serious mental illness and substance use disorders. Of those admitted to the CWT program, 62% of veterans had a substance use disorder, 63% had serious mental illness, and nearly 41% were dually diagnosed (i.e., had both a substance use disorder and mental illness).[86] In addition, 79% of participants were found to have a disabling

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., *Sixteenth Progress Report on the Compensated Work Therapy (CWT) Program, Fiscal Year 2012*, Department of Veterans Affairs Northeast Program Evaluation Center, Table 1.2 (hereinafter, *Sixteenth Progress Report on the Compensated Work Therapy (CWT) Program*).

[82] The program was last authorized as part of the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-58). See 38 U.S.C. §2031.

[83] The VA's authority to operate therapeutic transitional 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] *FY2013 VA Report on Homeless Veterans Programs*, p. 13.

[86] *Sixteenth Progress Report on the Compensated Work Therapy (CWT) Program*, Table 1.2.

medical condition, with nearly all participants (97%) having a psychiatric disorder or disabling medical condition or both.[87]

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.[88]

The Grant and Per Diem program is authorized at $250 million for FY2015 and each fiscal year thereafter (P.L. 113-175). Prior to 2011, the program had been permanently authorized at $150 million per year (P.L. 110-387). However, Congress increased the authorization level in subsequent years to comport with amounts that the VA estimated were needed for the program in each of these fiscal years.[89]

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.[90] The capital grants will fund up to 65% of the costs of acquisition, construction, expansion, or remodeling of facilities.[91] 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.[92] 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."[93] 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.[94]

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[87] Ibid.

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

[89] See, for example, VA Budget Justifications for FY2012 and FY2013.

[90] 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.

[91] 38 U.S.C. §2011(c).

[92] 38 CFR §61.1.

[93] 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.

[94] 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.

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.[95] 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 FY2014 rate was $43.32 per day.[96] 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 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.[97] 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. The VA issued a report to Congress in October 2013. The report analyzed current per diem rates and recommended that an "alternate methodology be developed in establishing the annual maximum per diem rate so that it is commensurate with the cost of care to providers."[98] However, the report did not recommend tying reimbursement to geographic areas, noting that some areas receiving the maximum reimbursement rate are not necessarily high-cost areas, and that reimbursement rates may depend on a provider's ability to access other sources of funding.[99]

According to VA data, more than 650 Grant and Per Diem programs were funded in FY2013. These providers had more than 15,500 beds available for veterans and discharged 23,039 veterans during the fiscal year with an average length of stay of 188 days (approximately six months).[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] Of those discharged, 60% moved to permanent housing, and 25% had full- or part-time employment.[102]

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

[95] 38 CFR §61.33.

[96] U.S. Department of Veterans Affairs website, State Homes – Payment Rate Information, November 4, 2014, http://www.nonvacare.va.gov/state-homes-payment-rate.asp.

[97] *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*).

[98] U.S. Department of Veterans Affairs, *Study and Report on Making Per Diem Payments to Providers for Homeless Veterans*, October 2013, p. 16.

[99] Ibid.

[100] *FY2013 VA Report on Homeless Veterans Programs*, p. 14.

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

[102] *FY2013 VA Report on Homeless Veterans Programs*, p. 14.

Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154). The program was most recently authorized at $5 million per year through FY2016 as part of the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-58).

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 residing in permanent housing, making the transition from homelessness to housing (sometimes called rapid rehousing), 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 outreach; case management; assistance with rent, utility, and moving costs; and help applying for VA and mainstream benefits such as health care services, daily living services, financial planning, transportation, legal assistance, child care, and housing counseling. Most recently, the program was authorized at $300 million through FY2015 as part of the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-58).

Since the Supportive Services for Veteran Families (SSVF) program was enacted, the VA has awarded grants available for use from FY2011 through FY2016 for a total of more than $1.3 million to grantees in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. In FY2012 and FY2013, the SSVF program served more than 59,000 veterans and their family members (totaling nearly 98,000 people and 61,000 households).[103] The majority of households (39,000) received rapid rehousing assistance, with 23,000 households receiving assistance for homelessness prevention.[104] The VA allowed grantees to use 50% of funding for temporary financial assistance for veteran families. The majority of financial assistance in each year went for rental assistance (57% and 61%).[105]

Dental Care for Homeless Veterans

The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) provided that dental care for certain homeless veterans shall be considered medically necessary (and therefore provided by the VA) if needed to gain employment, relieve pain, or treat certain conditions.[106] Veterans are eligible if they are receiving care in the Domiciliary Care for Homeless Veterans program, the Compensated Work Therapy Transitional Housing program, in Community Residential Care Facilities, or in a Grant and Per Diem program. Congress authorized dental care based on surveys of VA staff and community providers as part of the VA CHALENG report indicating that dental care was one of homeless veterans' greatest unmet needs.[107]

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[103] U.S. Department of Veterans Affairs, *Supportive Services for Veterans Families (SSVF) FY2013 Annual Report*, p. 2, http://www1.va.gov/HOMELESS/ssvf/docs/SSVFUniversity/SSVF_Annual_Report_FY_2013.pdf.

[104] Note that a small number of households received assistance in both categories.

[105] *Supportive Services for Veterans Families (SSVF) FY2013 Annual Report*, p. 9.

[106] 38 U.S.C. §2062.

[107] U.S. Congress, House Committee on Veterans' Affairs, *''Stuart Collick—Heather French Henry Homeless Veterans Assistance Act*, report to accompany H. 2716, 107th Cong., 1st sess., October 16, 2011, H.Rept. 107-241, p. 21, https://www.congress.gov/107/crpt/hrpt241/CRPT-107hrpt241-pt1.pdf.

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. Prior to 2012, and 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 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 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 FY2016.[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.

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[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.

[113] The program was most recently authorized in the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-58). The program is codified at 38 U.S.C. §2041.

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

Early Years of 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.

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.[116] 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.

HUD-VASH from FY2008 to the Present

The FY2008 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

[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] 42 U.S.C. §1437f(o)(19).

vouchers in each year from FY2009 through FY2015 as well, appropriating $75 million each of those years except FY2011, when $50 million was appropriated.

Language in each of the appropriations acts specifies that the VA and HUD 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. In a notice dated March 23, 2012, HUD reported three data sources that the two agencies rely on in distributing vouchers: (1) HUD point-in-time estimates of veteran homelessness, (2) VA medical center data on contacts with homeless veterans, and (3) performance data from local Public Housing Authorities and VA medical centers.[117]

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]

For the number of new vouchers funded in each fiscal year, see **Table 5**.

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 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.[121] 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

[117] U.S. Department of Housing and Urban Development, "Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-VA Supportive Housing Program," 77 *Federal Register* 17086-17090, March 23, 2012.

[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] 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.

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.

HUD has set aside project-based vouchers in five fiscal years: FY2010, FY2011, FY2013, FY2014, and FY2015. In each case, the vouchers were awarded competitively. In FY2010, 676 vouchers were awarded to PHAs in 18 states.[122] Another three PHAs that had applied for vouchers from the FY2010 appropriation received 99 vouchers funded through the FY2011 allocation.[123] In FY2013 956 vouchers were awarded to PHAs in 16 states,[124] in FY2014 730 vouchers to PHAs in 15 states,[125] and in FY2015, 821 vouchers were awarded to PHAs in 15 states.[126]

HUD-VASH Demonstration for Native American Veterans

In the FY2015 Consolidated and Further Continuing Appropriations Act (P.L. 113-235), Congress directed that a portion of funds be used to support a demonstration program for Native American veterans living on or near reservations or Indian areas. Veterans who are homeless or at risk of homelessness are eligible for rental assistance and supportive services. The demonstration program addresses the fact that Indian tribes are not eligible to administer Section 8 vouchers and have not participated in HUD-VASH. The appropriations language provides that the funds for rental assistance are to be administered by Indian tribes and Alaska Native villages that are eligible to receive block grants pursuant to the Native American Housing Assistance and Self-Determination Act (NAHASDA).[127] On October 21, 2015, HUD released a notice setting out program requirements and the application process for vouchers.[128]

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.

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[122] 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.

[123] 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.

[124] U.S. Department of Housing and Urban Development, "HUD and VA Announce Vouchers to Help Nearly 1,000 Homeless Veterans Find Permanent Homes," press release, August 6, 2014, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-094.

[125] U.S. Department of Housing and Urban Development, "HUD and VA Team Up to Help More Than 9,000 Homeless Veterans Find Permanent Homes," press release, October 1, 2014, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-119.

[126] U.S. Department of Housing and Urban Development, "HUD and VA Team Up to Help Homeless Veterans Find Permanent Homes," press release, November 10, 2015, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUDNo_15-142.

[127] For more information about NAHASDA, see CRS Report R43307, *The Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA): Background and Funding*, by Katie Jones.

[128] U.S. Department of Housing and Urban Development, "Implementation of the Tribal HUD–VA Supportive Housing Program," 80 *Federal Register* 63822, October 21, 2015.

In July 2010, HUD issued a notice of implementation of the new demonstration program.[129] 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); (3) Watertown, NY (Fort Drum); (4) Tacoma, WA (Joint Base Lewis-McChord); and (5) Tampa, FL (MacDill Air Force Base).

The prevention program operates 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.[130] 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.[131] To be eligible, veterans and their families must meet the following criteria:[132]

- 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.

Program Data

In 2013, HUD released an interim report on the Homelessness Prevention Demonstration.[133] During the program's first year, 574 households were served at the five sites (lower than was expected). The demonstration program served a high percentage of younger veterans, with 50% between ages 25 and 44 (compared to 19% of veterans who are in this age group), and a high

[129] U.S. Department of Housing and Urban Development, *Notice of FY2009 Implementation of the Veterans Homelessness Prevention Demonstration Program*, July 14, 2010, https://www.hudexchange.info/resources/documents/VetsHomelessPreventionDemo.pdf.

[130] Ibid., pp. 9-11.

[131] Ibid., p. 11.

[132] Ibid., pp. 13-14.

[133] Mary Cunningham, Martha Burt, and Jennifer Biess, et al., *Veterans Homelessness Prevention Demonstration Interim Report*, U.S. Department of Housing and Urban Development, September 2013, http://www.huduser.org/portal/publications/pdf/HUD519_VHPD_InterimReport.pdf.

percentage of women veterans, 26% (compared to 8% of the veteran population).[134] Of households served, 45% were families with children.[135] At the time of program entry, 76% of adult participants were unemployed and 38% had no income.[136] Of the households served, 14% were homeless at the time they entered the program, 68% were at imminent risk of losing their housing with no resources for temporary or permanent housing, and 18% were considered unstably housed (but having options for temporary housing).[137]

In the first year, 82% of households received assistance with homelessness prevention and 19% received rapid rehousing.[138] The most common direct financial assistance provided was rental assistance, received by 85% of households. Other assistance included help with utilities (44% of households), security and utility deposits (38% of households), hotel and motel vouchers (9% of households), and moving costs (5% of households).[139] Households also received supportive services, including outreach (18% of households), case management (98% of households), help with housing search (11% of households), and legal assistance and credit repair (each at less than 1%).[140]

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 (HVRP)

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 FY2016 as part of the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-58). 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 through FY2016 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 nonprofit organizations.[141] Grantees receive funding for one year, with the possibility for two additional years of funding

[134] Ibid., p. 19.

[135] Ibid.

[136] Ibid., p. 25.

[137] Ibid., p. 29.

[138] Ibid., p. 60.

[139] Ibid., p. 62.

[140] Ibid., p. 63.

[141] 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.

contingent on performance and fund availability.[142] 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.[143]

In program year (PY) 2012 (from July 1, 2012, through June 30, 2013), grantees through the HVRP program served a total of 17,480 homeless veterans, of whom 11,317 (or 65%) were placed in employment.[144] The average wage of veterans who were placed in employment was $11.22 per hour, and the average cost of placing a veteran in employment was $3,034.

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.[145] The Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387) 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 program was most recently authorized through FY2016 as part of the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-58).

Stand Downs for Homeless Veterans

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

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[142] Ibid., p. 18.

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

[144] U.S. Department of Labor, Office of the Assistance Secretary for Veterans' Employment and Training, *Annual Report to Congress, FY2013*, p. 14, http://www.dol.gov/vets/media/FY2013_Annual_Report_to_Congress.pdf.

[145] 38 U.S.C. §2023.

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.[146]

Funding for Homeless Veterans Programs

Table 4, below, shows historical funding levels for seven programs that target services to homeless veterans. Following **Table 4**, **Table 5** 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 4**, then, it is not possible to provide annual budget authority or obligations for HUD-VASH. **Table 5** contains information regarding the initial budget authority needed to support the vouchers in the first year of appropriations.

Table 4. Funding for Selected Homeless Veterans Programs, FY1988-FY2015

(dollars in thousands)

	Obligations (VA Programs)						Budget Authority (DOL Program)
Fiscal Year	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]	Supportive Services for Veteran Families	Homeless Veterans Reintegration Program
1988	12,932	15,000[c]	NA	NA	NA	NA	1,915
1989	13,252	10,367	NA	NA	NA	NA	1,877
1990	15,000	15,000	NA	NA	NA	NA	1,920
1991	15,461[d]	15,750	—[d]	NA	NA	NA	2,018
1992	16,500[d]	16,500	—[d]	NA	2,300	NA	1,366
1993	22,150	22,300	400	NA	2,000	NA	5,055
1994	24,513	27,140	3,051	8,000	3,235	NA	5,055
1995	38,585[e]	38,948	3,387	—[e]	4,270	NA	107[f]
1996	38,433[e]	41,117	3,886	—[e]	4,829	NA	0
1997	38,063[e]	37,214	3,628	—[e]	4,958	NA	0
1998	36,407	38,489	8,612	5,886	5,084	NA	3,000
1999	32,421	39,955	4,092	20,000	5,223	NA	3,000
2000	38,381	34,434	8,068	19,640	5,137	NA	9,636
2001	58,602	34,576	8,144	31,100	5,219	NA	17,500

[146] See the FY2015 DOL Budget Justifications, p. VETS-36, http://www.dol.gov/dol/budget/2015/PDF/CBJ-2015-V3-05.pdf.

	Obligations (VA Programs)						Budget Authority (DOL Program)
Fiscal Year	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]	Supportive Services for Veteran Families	Homeless Veterans Reintegration Program
2002	54,135	45,443	8,028	22,431	4,729	NA	18,250
2003	45,188	49,213	8,371	43,388	4,603	NA	18,131
2004	42,905	51,829	10,240	62,965	3,375	NA	18,888
2005	40,357	57,555	10,004	62,180	3,243	NA	20,832
2006	56,998	63,592	19,529	63,621	5,297	NA	21,780
2007	71,925	77,633	21,514	81,187	7,487	NA	21,809
2008	77,656	96,098	21,497	114,696	4,854	NA	23,620
2009	80,219	115,373	22,206	128,073	26,601	218	26,330
2010	109,727	175,979	61,205	175,057	71,137	3,881	36,330
2011	200,808	221,938	73,420	148,097	119,603	60,541	36,257[g]
2012	118,889	218,962	73,067	208,046	169,873	99,974	38,185[h]
2013	128,500	245,228	71,687	200,329	288,107	299,921	36,188[i]
2014	139,714	246,258	91,055	214,468	340,806	299,902	38,109
2015[j]	157,853	183,362	60,565	214,990	373,668	300,000	38,109

Sources: Department of Veterans Affairs Budget Justifications, FY1989-FY2016, VA Office of Homeless Veterans Programs, the Department of Labor Budget Justifications FY1989-FY2016, and the Department of Labor FY2013 Operating Plan.

a. 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."

b. This column contains only the funding allocated from the VA for supportive services and does not include the cost of providing housing.

c. Congress appropriated funds for the DCHV program for both FY1987 and FY1988 (P.L. 100-71), however, the VA obligated the entire amount in FY1988. See VA Budget Summary for FY1989, Volume 2, Medical Benefits, p. 6-10.

d. For FY1991 and FY1992, funds from the Homeless Chronically Mentally Ill veterans program as well as substance abuse enhancement funds were used for the Compensated Work Therapy/Therapeutic Residence program.

e. For FY1995 through FY1997, Grant and Per Diem funds were obligated with funds for the Health Care for Homeless Veterans program. VA budget documents do not provide a separate breakdown of Grant and Per Diem Obligations.

f. Congress appropriated $5.011 million for HVRP in P.L. 103-333. However, a subsequent rescission in P.L. 104-19 reduced the amount.

g. The 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.

h. 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.

i. The FY2013 level for HVRP reflects deductions for sequestration and an across-the-board rescission of 0.2%.

j. The obligation amounts for FY2015 are estimates.

Table 5. Funding for HUD-VASH, New Vouchers

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[j]	956[k]	1
2014	P.L. 113-76	75.0	10,260[l]	730[l]	1
2015	P.L. 113-235	75.0	9,333[m]	821[n]	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. 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. 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. 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.

k. U.S. Department of Housing and Urban Development, "HUD and VA Announce Vouchers to Help Nearly 1,000 Homeless Veterans Find Permanent Homes," press release, August 6, 2014, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-094.

l. U.S. Department of Housing and Urban Development, "HUD and VA Team Up to Help More Than 9,000 Homeless Veterans Find Permanent Homes," press release, October 1, 2014, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-119 and "HUD and VA Team Up to Help Additional 2,000 Homeless Veterans Find Permanent Homes," press release, December 8, 2014, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-151.

m. U.S. Department of Housing and Urban Development, "HUD and VA to Help More Than 9,000 Homeless Veterans Find Permanent Homes," press release, April 20, 2015, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUDNo_15-043.

n. U.S. Department of Housing and Urban Development, "HUD and VA Team Up to Help Homeless Veterans Find Permanent Homes," press release, November 10, 2015, http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUDNo_15-142.

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.[147] 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.[148] In the FY2011 through FY2013 budget documents, the VA laid out plans to expand existing programs and to implement two new programs, the VA-HUD pilot to prevent veteran homelessness and the SSVF program. Since FY2009, VA obligations for targeted homeless veterans programs have increased from approximately $376 million to $1.5 billion in FY2014.[149] During the same period, healthcare obligations for homeless veterans have increased from $2.5 billion to about $4.8 billion.

In October 2015, the U.S. Interagency Council on Homelessness, HUD, and the VA released guidance on what it means for a community to end veteran homelessness.[150] There are five criteria:

[147] 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.

[148] *FY2011 VA Budget Justifications*, p. 1K-11.

[149] See FY2011 and FY2016 VA Congressional Budget Justifications.

[150] U.S. Interagency Council on Homelessness, *Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks*, October 1, 2015, http://usich.gov/resources/uploads/asset_library/Achieving_the_Goal_Ending_Veteran_Homelessness_v3_10_01_15.pdf.

- the community has identified all veterans experiencing homelessness;
- the community provides shelter immediately to any veteran experiencing unsheltered homelessness who wants it;
- the community only provides service-intensive transitional housing in limited circumstances;
- the community has capacity to assist veterans to move swiftly into permanent housing; and
- the community has resources, plans, and system capacity in place should any veteran become homeless or be at risk of homelessness in the future.

During the last several years, estimates of homeless veterans have fallen. The most recent point-in-time count of homeless veterans, from 2015, reported not-quite 48,000 homeless veterans, a reduction of more than 25,000 since 2009. (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.[151] However, in the FY2007 report, permanent housing was the second-highest unmet need, behind child care.[152] In FY2008 and FY2009, it fell to the fourth-highest unmet need,[153] in FY2010, long-term housing was the ninth in the list of unmet needs for veterans,[154] and in FY2011, it was 16th on the list.[155]

One of the reasons that estimates of homeless veterans are declining and that the highest unmet need is no longer housing is 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

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[151] 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*).

[152] 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.

[153] *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.

[154] 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.

[155] Catherine Abshire, John H. Kuhn, John Nakashima, The Eighteenth Annual Progress Report Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans Fiscal Year (FY) 2011, U.S. Department of Veterans Affairs, p. 11, http://www1.va.gov/HOMELESS/docs/chaleng/2011_CHALENG_Report_FINAL.pdf.

leaving transitional housing, veterans competed with other needy groups—including elderly residents, persons with disabilities, and families with young children—for government assisted housing.[156] 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 seven fiscal years. Congress has appropriated $575 million for the program, an amount sufficient to fund 79,000 vouchers for one year.[157] The additional Section 8 vouchers, as well as increased funding through VA program interventions (see **Table 4**), could be making a difference in the number of veterans experiencing homelessness.

In addition to funding increases, the numbers of veterans served in VA homeless programs have increased in the years since the plan was announced, as shown in **Table 6**. In the year prior to the plan's announcement, about 118,000 veterans were served in DCHV, HCHV, CWT/TR, GPD, and HUD-VASH. By FY2013, the number had increased to nearly 223,000. (Note that veterans may have been served by more than one program.)

Table 6. Veterans Served in Select VA Homeless Programs

(FY2009 and FY2013)

Program	FY2009	FY2013
Domiciliary Care for Homeless Veterans[a]	6,311	7,177
Health Care for Homeless Veterans[b]	77,696	146,477
Compensated Work Therapy/Transitional Residences[c]	455	1,056
Grant and Per Diem[d]	15,906	23,039
HUD-VASH[e]	18,050	45,153

Source: Catherine Leda Seibyl, Sharon Medak, and Linda Baldino, et al., *The Twenty-First Progress Report on the Department of Veterans Affairs Domiciliary Care for Homeless Veterans Program: Fiscal Year 2009*, U.S. Department of Veterans Affairs, March 24, 2010, Table 1a.; Wesley J. Kasprow, Timothy Cuerdon, and Diane DiLella, et al., *Health Care for Homeless Veterans Programs: Twenty-Third Annual Report*, U.S. Department of Veterans Affairs, March 25, 2010, Tables 3-1, 5-8; Catherine Leda Seibyl, Sharon Medak, and Linda Baldino, et al., *Compensated Work Therapy / Transitional Residence (CWT/TR) Program Fiscal Year 2009*, U.S. Department of Veterans Affairs, June 2010, Table 5; U.S. Department of Veterans Affairs, *Housing and Urban Development—Department of Veterans Affairs Supported Housing Program*, p. 15, Table 1; and U.S. Department of Veterans Affairs, *Congressionally Mandated Annual Report on Specialized Programs Offering Assistance to Homeless Veterans Fiscal Year (FY) 2013*.

a. The VA reports completed episodes of treatment for DCHV.

b. The VA reports individuals treated in the HCHV program.

c. The VA reports completed episodes of treatment for the CWT/TR program. For FY2009, this was obtained by applying the percentage of veterans completing treatment to the total number of veterans discharged.

[156] 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, http://www.gao.gov/new.items/d071012.pdf.

[157] 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), the FY2012 Consolidated and Further Continuing Appropriations Act (P.L. 112-55), the FY2013 Consolidated and Further Continuing Appropriations Act (P.L. 113-6), the FY2014 Consolidated Appropriations Act (P.L. 113-76), and the FY2015 Consolidated and Further Continuing Appropriations Act (P.L. 113-235).

d. The VA reports the number of veterans discharged from the GPD program.
e. The number represents veterans and their families housed with HUD-VASH vouchers.

Veterans of the Wars in Iraq and Afghanistan

As veterans return from Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND), just as veterans before them, they face risks that could lead to homelessness.

In FY2013, the VA reported that 14% of the more-than 260,000 veterans served in VA homeless programs were those from OIF/OEF/OND.[158] Approximately 1.76 million OEF/OIF/OND troops have been separated from active duty and become eligible for VA health benefits since 2003.[159] 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.[160]

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.[161] Another study, conducted by the RAND Corporation, found that, of veterans surveyed, 14% reported screening positive for PTSD and 14% for major depression.[162] Veterans returning from Iraq also appear to be seeking out mental health services at higher rates than veterans returning from other conflicts.[163] Research has also found that the length and number of deployments of troops in Iraq result in greater risk of mental health problems.[164] Access to VA health services could be a critical component of reintegration into the community for some veterans, and there is concern that returning veterans might not be aware of available VA health programs and services.[165]

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

[158] *FY2013 VA Report on Homeless Veterans Programs*, p. 2.

[159] 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, OIF, and OND, who have separated from active duty, and become eligible for VA benefits. The current separation data are from FY2002 through December 2013. Note that the total includes veterans who died in-theater (5,838).

[160] 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.

[161] 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.

[162] 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.

[163] 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.

[164] 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, http://www.armymedicine.army.mil/reports/mhat/mhat_v/MHAT_V_OIFandOEF-Redacted.pdf.

[165] 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.

services and to help them make the transition from DOD to VA services.[166] 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.[167]

Women Veterans

The number and percentage of women enlisted in the military have increased since previous wars. In FY2012, approximately 14.3% 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.[168] 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%).[169] In 2010, approximately 1.8 million veterans were women.[170] 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.[171]

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.[172] Additional factors associated with homelessness were screening positive for PTSD, experiencing military sexual trauma, suffering from an anxiety disorder, and having fair or poor health.

Experts have found that female veterans report incidents of sexual assault that exceed rates reported in the general population.[173] One 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

[166] For more information about transition services, see the National Resource Directory, http://www.nationalresourcedirectory.gov/.

[167] 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.

[168] U.S. Department of Defense, Office of the Under Secretary of Defense, Personnel and Readiness, *Population Representation in the Military Services, FY2012*, Appendix D, Table D-13, http://poprep.cna.org/2012/appendixd/d_13.html.

[169] 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, http://www1.va.gov/vetdata/docs/Womenveterans_past_present_future_9-30-07a.pdf.

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

[171] *Women Veterans: Past, Present, and Future*, pp. 8-9.

[172] 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.

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

trauma, MST).[174] Another study of MST among homeless veterans who were using VHA care in FY2010 found that 39.1% of homeless women veterans experienced MST.[175]

In the two studies, women veterans who had experienced military sexual trauma were more likely than other veterans to have been diagnosed with a mental health conditions. In the study of returning OEF/OIF veterans, women veterans were more likely to have been diagnosed with depressive disorders, PTSD, anxiety disorders, alcohol and substance use disorders, and adjustment disorders.[176] In particular, the relationship between military sexual trauma and PTSD among women was stronger than it was for men.[177] In the study of homeless veterans, women veterans who had experienced MST were more likely than women veterans without a history of MST to have depressive disorders, PTSD, substance use disorders, anxiety disorders, bipolar disorders, personality disorders, and behaviors associated with suicide.[178] 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 2012 Annual Homeless Assessment Report, homeless women veterans represented 8% of veterans living in shelter.[179] 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. In FY2010, 4.5% of individuals placed in Grant and Per Diem programs were women[180] while 4.9% of veterans served in the Domiciliary Care for Homeless Veterans program in FY2010 were women.[181] The program that serves the highest percentage of female veterans is HUD-VASH; approximately 11% of veterans who have received vouchers are women.[182]

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.[183] It is also noteworthy that child care was the highest unmet need reported by homeless veterans and service providers in four of the last five VA CHALENG reports (in the most recent CHALENG report, for FY2011, child care is the third-highest unmet need).

In the 110th Congress, the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387) added a provision to the statute governing the Domiciliary Care for Homeless

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[174] 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.

[175] Joanne Pavao, Jessica A. Turchik, and Jenny K. Hyun, et al., "Military Sexual Trauma Among Homeless Veterans," *Journal of General Internal Medicine*, vol. 28, no. S2 (July 2013), pp. S535-S541. The percentage of men reporting a history of MST was 3.3%.

[176] "Military-Related Sexual Trauma Among Veterans Health Administration Patients Returning From Afghanistan and Iraq," 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%.

[177] Ibid.

[178] "Military Sexual Trauma Among Homeless Veterans," p. S538.

[179] *FY2012 AHAR*, p. 4-8.

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

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

[182] 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.

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

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 program, like HVRP, provides job training, counseling, and job placement services, but also provides child care for participants. The program is authorized through FY2016 at $1 million per year.

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