



SAMHSA's Expert Panel on Homeless Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn

WHAT WE HEARD: GUIDING PRINCIPLES

1. **Prevention and early intervention require a comprehensive approach in which programs are linked and a continuum of care is established.** No one agency can end Veteran homelessness. Mainstream services must be engaged in early interventions targeted to at-risk Veterans.
2. **The transition between military and civilian life must be "softened."** During and after the transition, factors that increase the likelihood of Veterans becoming homeless should be addressed. Outreach and assessment are vital.
3. **Services for Veterans within their communities are critically needed.** Employing, teaching, and providing services to Veterans requires competency in military culture and a thorough understanding of trauma. Many community-based organizations need additional skills and knowledge to meet the needs of Veterans of recent wars and to help prevent homelessness.
4. **Coordination of efforts, including shared data and reports, is necessary at federal, state, and local levels.** Homelessness prevention for Veterans requires a community solution with full participation by mainstream services.
5. **Agencies that serve Veterans should be prepared to help guide them through changes in access to care that will occur as a result of health reform.** Major policy shifts are expected as reforms proceed.
6. **Some Veterans belong to populations that have unique needs that must be addressed.** Female Veterans are at a higher risk of Military Sexual Trauma; homelessness among American Indian tribes is not well understood and their unique needs and channels for collaboration must be taken into account; and Veterans in rural and frontier areas face unique difficulties accessing supports.
7. **Family involvement is essential to preventing homelessness among returning Veterans.** Families should be included in programs intended to smooth transitions. Organizations that serve Veterans must reach out to *both* Veterans and family members.
8. **Veterans—regardless of gender, occupation, and disabilities—have valuable skills to offer employers.** However, some Veterans need help translating their military experience effectively into language meaningful to the private sector.
9. **Care and services for Veterans should be evidence-based, recovery-focused, and address the specific needs of Veterans who are homeless or at risk of homelessness.** People must be "met where they are": recovery is not a linear process.
10. **Interventions for Veterans who are homeless should focus on providing housing.** Veterans need policies and programs that prioritize their need for housing based on their service to their country.
11. **Both women and men experience Military Sexual Trauma.** Unique screening and supports are needed for women because they are at higher risk, but men who have experienced sexual trauma may have even more difficulty bringing it to light.
12. **Interventions to prevent homelessness among Veterans of recent wars should be guided by research.** More information is needed on how to identify Veterans most at risk of homelessness, the barriers to seeking help, and what interventions work best for specific subpopulations.

In August 2011, USICH, SAMHSA, the Office of the Assistant Secretary for Planning and Evaluation at HHS, and the Departments of Veterans Affairs, Housing and Urban Development, and Defense sponsored an expert panel and discussion on what is known about how to prevent and respond to homelessness among Veterans. The panel documented research-based knowledge, field experience, and best practices in meeting the needs of Veterans returning from recent wars.

Panelists and audience members developed 12 guiding principles to address homelessness among Veterans. The panel suggests that all levels of government, as well as community-based providers, nonprofit agencies, and funders consider them as they plan, implement, and monitor programs to assist Veterans who are rejoining their families and communities.

Please note that the information presented here summarizes the contributions of the Expert Panel. It does not constitute federal policy or the conclusions of any federal agency.

WHAT WE HEARD: WHAT WE NEED TO DO

Panelists and researchers highlighted the importance of focusing attention on the often-difficult transition from military to civilian life. An assessment of Veterans' needs before they leave the military would help to identify factors that may place certain Veterans at risk—for example, the lack of a stable living situation or of the ability to identify and describe the Veteran's valuable job skills. Government agencies can help by educating Veterans, families, and the organizations that serve them about available resources. This needs to be done at several points and with the involvement of family members. They may remember what is said better than the Veterans themselves, who are often not ready to focus on future needs when the crucial information is offered. It is important to engage mainstream services in early interventions, conduct outreach to identify those in need of help, and ensure that a strong continuum of care is in place.

Effective Strategies to Prevent Homelessness among Veterans of recent wars

- ✓ **Coordinate during the transition to civilian life.** The “silos” that divide agencies impede needs assessment and connection with vital resources.
- ✓ **Divert Veterans with substance abuse and mental health problems from jail or prison to treatment.** *Substance abuse is the most powerful predictor of homelessness among Veterans.* Programs such as the Veterans Justice Advocacy Program provide excellent models.
- ✓ **Increase providers' understanding of military culture and the experience of war.** Peers and training can enhance credibility and trust.
- ✓ **Reach out to Veterans and their families and publicize available programs.** Peers can help identify Veterans who need support. Many Veterans are unaware of resources that could help them.

Prepare Community-Based Organizations to Serve Veterans

While many Community-Based Organizations (CBOs) have long focused on meeting the needs of Veterans, others are not well prepared to serve at-risk Veterans. Clinicians may be uncomfortable hearing stories of atrocities and horrors and may lack an understanding of military culture. They may not recognize the prevalence of Military Sexual Trauma or know how to ensure Veterans feel comfortable telling these stories as well. Recognizing the various responses to trauma and the often-subtle symptoms of Traumatic Brain Injury also require training and education. Communities should be aware of Veterans' needs for housing, economic support, health care, and employment. Well-prepared peers can play a vital role in outreach to identify Veterans who need help, in helping to navigate systems of care, and in supporting fellow Veterans. They can also help community-based organizations understand the experiences common to many Veterans of recent wars.

Target more support to Veterans' Families

The injuries and problems Veterans bring home with them stress families and make it difficult to sustain healthy relationships. Violence rather than loving support can be the result, and divorce is common. A family in crisis is one predictive factor for homelessness, but families can also play a critical role in the prevention of homelessness and are often the ones who seek support. Community-based organizations need funding to care for children in trouble, as well as struggling partners. In addition, it is important to pay attention to the role of siblings, parents, and family friends who may keep some Veterans from homelessness by hosting them during transitions. This invisible network also should be recognized and supported.