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

Foreword

"Those who have served this nation as veterans," Secretary Erick Shinseki of the U.S. Department of Veterans Affairs (VA) has said, "should never find themselves on the streets, living without care and without hope." This commitment is one shared by the federal agencies that make up the United States Interagency Council on Homelessness (USICH).

Many veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) are returning home with serious challenges stemming from their experiences. Nearly one in five (19.5 percent) of the service members returning from Iraq or Afghanistan has experienced traumatic brain injury, and nearly as many (18.5 percent) struggle with posttraumatic stress disorder or depression (Tanielian et al., 2008). Between 2005 and 2009, members of the Armed Forces were taking their own lives at a rate of one suicide every 36 hours (Department of Defense Task Force, 2010). These behavioral health issues also contribute to the factors that place some of the nation's returning veterans at high risk of homelessness.

Supporting these veterans in making a successful return to community life and a stable home requires coordination and cooperation at every level of government. USICH and its federal partners—including the U.S. Department of Health and Human Services (HHS), the U.S. Department of Veterans Affairs (VA), and the Departments of Housing and Urban Development (HUD), Labor (DOL), Defense (DOD) and 14 other federal agencies—have come together to forge *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (USICH, 2010). The plan sets the goal of ending homelessness among veterans by 2015 by addressing five key themes:

1. Collaborative leadership
2. Housing
3. Employment and income
4. Health and well-being
5. Transforming homeless services

To this end, the Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS partnered with VA and USICH to invite thought leaders with expertise in the issues that lead to homelessness among veterans of OEF, OIF, and OND to come together to share their knowledge and engage in an informed, facilitated discussion. The report that follows is the result of that exchange of views and information. It offers hard-won insight that can be used by federal agencies and professionals in the field. USICH and SAMHSA are grateful for the contributions, hard work, and insights of the panel members in helping the nation work together to meet the goal of ending veteran homelessness by 2015.

Please note that the following report summarizes the contributions of the Expert Panel. It does not constitute federal policy or the conclusions of any federal agency relative to preventing and ending veteran homelessness.

Executive Summary

In August 2011, a group of federal partners—led by the United States Interagency Council on Homelessness (USICH), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Department of Health and Human Services, and the Departments of Veterans Affairs (VA), Housing and Urban Development (HUD), and Defense (DOD)—sponsored an expert panel 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 and recommendations to address homelessness among veterans. The panel suggested that all levels of government—as well as community-based providers, nonprofit agencies, and funders—consider these principles and recommendations as they plan, implement, and monitor programs to help veterans rejoin their families and communities.

Understanding the Problem. Panelists stressed that the weak economy and the troop drawdown, along with the unique stresses of recent wars, increase the risk of homelessness for veterans of these wars. Veterans' family members can play a significant role in preventing homelessness and in helping veterans address behavioral health care needs, but they are often ill-informed about resources that might help. Sometimes, community-based programs cannot meet the needs of veterans and their families, in part because clinicians may not understand military culture and may not be prepared to deal with the horrific stories some veterans have to tell. In addition, they may lack the capacity to fully meet the needs of the veterans in their communities. For rural and frontier veterans, it may be difficult to access care that is offered in locations far from their homes.

Women veterans may experience challenges and trauma in ways that differ from the experiences of male soldiers. They are much more vulnerable to military sexual trauma, a devastating injury that is difficult to discuss. In addition, they often have family obligations such as caring for children as single mothers or for elderly family members.

Effective service to another unique population, American Indian veterans in Tribal communities, may also be hampered by a lack of understanding of the particular needs and nuances of their situation. Reservations may not offer some of the benefits available to other soldiers, including permanent supportive housing. In addition, Tribal communities are often found in under-resourced rural areas that struggle with poverty, substance abuse, and youth suicide, adding to the risks faced by veterans returning with behavioral health issues.

Risk for Homelessness. Panel members identified factors that may help protect individual veterans from becoming homeless, including strong connections to military service (for example, fellow soldiers and resources for veterans) and a relatively high level of education. They also named risk factors that increase the potential for homelessness, including substance abuse, unemployment, behavioral health disorders, military sexual trauma, and a troubled family life.

Panelists acknowledged that the current level of knowledge does not allow service providers to identify *which veterans* are most at risk for homelessness. However, there are certain risk factors that may be responsive to prevention and early intervention. These include age, race, gender, poverty, social isolation, precarious living conditions, health care issues, and unemployment.

Community Response to Veterans' Needs. Panelists stressed the need to better prepare communities to serve veterans, including educating them about military life. Local providers who have experience serving veterans can help in this process. Community organizations can increase their effectiveness through the use of peers who have "instant credibility." Housing resources within the community, with supportive services as needed, are critical to preventing homelessness.

Need for Collaboration across Public and Private Sectors. Veterans benefit from government and private programs that offer economic support, health care, food and nutrition, employment, and housing. Panelists noted the need for collaboration at the federal, state, and local level to ensure that veterans and their families are aware of available benefits and receive help accessing them.

Themes. Panelists and audience members identified 12 themes relevant to preventing homelessness among veterans of recent wars. A set of principles and recommendations for each theme is described in more detail in this report. These themes are:

1. ***Prevention and Early Intervention.*** Preventing homelessness among veterans and intervening at the earliest possible stage for those who do become homeless 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. ***Transition to Civilian Life.*** 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. ***Supporting Veterans through community-based organizations.*** 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 and Collaboration.*** 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. ***Health Reform.*** 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 mean more veterans will be eligible for health care.

6. ***Unique Needs of Populations.*** 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 must be taken into account; and veterans in rural and frontier areas face unique difficulties accessing services and support.

7. ***Family Involvement.*** The involvement of families 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. ***Employment.*** Veterans—**r**egardless 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. ***Evidence-Based Practices*****.** 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. ***Housing.*** 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. ***Military Sexual Trauma.*** 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 discussing it.

12. ***Research.*** 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.

Expert Panel on Homelessness among Veterans

On August 18, 2011, panelists and invited guests representing community-based organizations, advocacy groups, the research community, and federal agencies came together to address the problem of homelessness among veterans of recent wars. Together, they sought ways to prevent homelessness among these veterans or, if it does occur, to ensure early intervention to end it rapidly. The panel focused on veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). The *Expert Panel on Emerging Populations: Homeless Veterans of OEF, OIF, OND* was sponsored by U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA). Partners included*:*

- United States Interagency Council on Homelessness (USICH)
- U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Department of Veterans Affairs (VA)
- Department of Housing and Urban Development (HUD)
- Department of Defense (DOD)

The panel consisted of 12 thought leaders who were selected for their expertise and experience in defining and addressing the needs of veterans of recent conflicts who are homeless or at risk of homelessness. Panelists provided input on what they have learned about the factors that place veterans at risk of homelessness and the strategies that help mitigate that risk. They included:

Expert Panelists	**Agency or Program**
Jennifer Ho (Facilitator)	United States Interagency Council on Homelessness
Susan Angell, Ph.D., M.S.W.	Department of Veterans Affairs
Michael Fisher	Veteran of recent wars
Stephanie Birdwell	VA Office of Tribal Government Relations
Michael Blecker, J.D.	Swords to Plowshares, San Francisco
Baylee Crone	National Coalition for Homeless Veterans (NCHV)
Risa Greendlinger, M.P.A	The National Center of Family Homelessness
Anthony Love	United States Interagency Council on Homelessness
Stephen Metraux, Ph.D.	University of the Sciences in Philadelphia
Stephanie Moles	I Support Vets
Stephen Peck, M.S.W.	U.S. VETS
Joyce Wessel Raezer	National Military Family Association
Robert Rosenheck, M.D.	Yale University

The expert panel was facilitated by USICH Deputy Director Jennifer Ho. The discussion focused on three general themes:

- *What is known about the veterans of recent conflicts?*
- *What can be distilled from this knowledge?*
- *What are the implications?*

These questions provided the framework for a far-reaching conversation. Panelists explored emerging needs documented by research, observation, and data. They also discussed best practices, promising community programs, prevention models, research, and federal initiatives that seek to meet these needs. Panelists were encouraged to "think outside the box" and envision solutions they believed would work, without attempting to analyze the feasibility and likelihood of each solution being implemented.

In the morning, panelists engaged in a facilitated discussion. The audience was composed of approximately 50 representatives from numerous federal agencies. In addition to the event sponsors, federal agencies represented at the meeting included the Departments of Agriculture, Education, and Labor; the Centers for Medicare and Medicaid Services; the Health Resources and Services Administration; and the Social Security Administration. Representatives of the National Coalition for Homeless Veterans; the Riverside County, California, Housing Authority; and the Senate Committee on Veterans Affairs also attended. (Participating federal agencies are listed in Attachment B.)

During the afternoon session, federal partners and the expert panelists came together in small groups to identify principles that could be used to guide and inform prevention and intervention initiatives at multiple levels. Panelists and audience members worked collaboratively to develop recommendations that reflect these principles. The recommendations suggest specific courses of action that would be consistent with the identified principles and that federal and community leaders believed would contribute to successfully prevent and end homelessness among this emerging population of veterans.

This report highlights the conversation of the invited panelists in these critical areas, reinforced by input from knowledgeable agency representatives. The report does *not* constitute a statement of federal policy or predict the direction any particular federal program will take.

The Scope of the Problem

As a group, veterans are especially vulnerable to homelessness. Though veterans represent less than eight percent of the total U.S. population (HUD & VA NCHV, 2009), they represent 14 percent of all adults identified as homeless on a single night in January 2011 (HUD, 2011). During 2009, approximately 136,000 veterans used an emergency homeless shelter or transitional housing, including more than 11,300 younger veterans (age 18-30) (HUD & VA NCHV, 2009).

The latest generation of veterans—those who served in Iraq and Afghanistan—may be at even higher risk of homelessness than their predecessors. They have endured repeated and extended deployments marked by violent urban combat, as well as the accompanying disruption of family life. Recent wars have also placed unprecedented reliance on members of the National Guard and Reserves. Due to the

evolving nature of modern warfare, technology, and deployment cycles, service members may experience prolonged exposure to operations and wartime trauma, which are associated with post-traumatic stress disorder (PTSD) (Defense Board Task Force, 2007).

More women have been engaged in active combat than at any other time in the nation's history, and many of them must cope with military sexual trauma as a result of attacks from their fellow soldiers. Medical and technological advances have also increased the survivability of combat injuries. As a result, veterans may live long-term with the effects of traumatic brain injury (TBI) and other severely debilitating conditions (such as amputations) (Gawande, 2004). Finally, this generation of veterans is coming home to a nation with a difficult economy and high unemployment rates.

A New Kind of War

Insurgent attacks and ill-defined battlefields have characterized Operations Enduring Freedom, Iraqi Freedom, and New Dawn (Bender, 2009). Improvised explosive devices (IEDs) are the leading cause of casualties and injuries for American troops. Every location within these theaters of war, including military bases, has been rife with unrelenting and life-threatening danger. Exposure to risk and witnessing violence can result in PTSD for some veterans, characterized by feelings of helplessness, anxiety, and hyper-vigilance (Friedman, 2006). Soldiers from recent wars are also more likely to survive explosions that create sudden changes of pressure, producing concussions, contusions, or air emboli that travel to the brain (National Center on Family Homelessness, 2010). They may suffer TBI, which is often difficult to diagnose but can have profound implications for the veteran's future. Rates of PTSD and TBI are higher than they have been in other wars, with an estimated one-third of troops suffering from PTSD (Bender, 2009).

Prevalence studies suggest that approximately 14 percent of service members who deployed in support of OIF or OEF screen positive for PTSD, and 14 percent for major depression. Even more (19 percent) report a probable TBI during deployment, and about a third has at least one of these conditions. Even so, of those reporting a probable TBI, 57 percent had not been evaluated by a physician for brain injury and only about half (53 percent) of those who met criteria for PTSD or major depression had sought help (Tanielian et al., 2008; VA National Center for PTSD, 2010).

Together, PTSD and TBI can cause significant disruption to a veteran's life upon return to civilian status. Veterans with PTSD or TBI are more likely to engage in intimate partner violence (National Center on Family Homelessness, 2010). High rates of PTSD and TBI among OEF/OIF/OND veterans may result in difficulties with concentration, memory, ability to maintain social relationships, and ability to control anger or impulses—all of which can create barriers to employment and stable relationships (USICH, 2010). Similarly, adverse effects of PTSD, including substance abuse, interpersonal difficulties, and unemployment have been associated with veterans' homelessness (Rosenheck, Leda, & Gallup, 1992). Finally, if an individual meets diagnostic criteria for PTSD, he or she is likely to have co-morbid conditions, including major affective disorders, dysthymia, alcohol or substance use disorders, anxiety disorders, or personality disorders (Davidson, 1993).

Female Veterans

Compared to veterans who are homeless from other service eras, a much higher percentage of OEF/OIF/OND veterans who are homeless are women. Women comprise 14 percent of all active duty service members, 18 percent of National Guard and Reserve personnel, and 20 percent of all new recruits (VA, 2010). In 2010, women comprised 8 percent of the sheltered homeless veteran population and 7 percent of the total population of veterans who are homeless (HUD, VA, & National Center on Homelessness among Veterans, 2010.)

Compared to their male counterparts, female veterans are more likely to be single parents responsible for the care and support of their children (Foster & Vince, 2009). Women veterans typically have lower incomes and experience higher rates of unemployment than civilian women (VA, 2006; Foster & Vince, 2009). Female veterans are also less likely than their male counterparts to obtain needed medical and mental health services or to receive entitlements (United States Government Accountability Office, 2010). Finally, because women tend to earn less than their male counterparts, female veterans are more likely to experience severe housing cost burdens, a situation exacerbated by the fact that as single parents, they often need to shoulder the burden of paying for childcare as well.

Women are more likely than their male counterparts to have histories of sexual trauma or serious mental illness, though they are less likely than their male counterparts to have serious substance abuse problems (USICH, 2010). At least 20 percent of female OEF/OIF veterans have experienced military sexual trauma (VA, 2010). Military sexual trauma typically occurs in a setting where the victim lives and works, meaning that victims must continue to live and work closely with perpetrators. This can lead to a heightened sense of helplessness and powerlessness, as well as the potential for additional victimization. Military groups are generally highly cohesive, and while this can be positive, this organizational cohesion can compound the negative psychological effects of sexual harassment and assault. Divulging negative information about a fellow soldier is considered taboo, so victims may be even more reluctant to report sexual trauma. Those who do report such incidents may encounter disbelief or pressure to remain silent (Street & Stafford, 2009).

Veterans and Homelessness

A perfect storm has conspired to spotlight homelessness among veterans. The recession, high unemployment rates (even higher among veterans), and a surge of returning troops have all contributed to a growing population of veterans who are homeless or at high risk of homelessness. At the same time, there is already disproportionate representation of veterans among persons without homes. Economic instability among veterans and their families combines with an insufficient supply of affordable housing nationwide. Many veterans have physical health issues and disabilities that make employment difficult. Mental health problems and substance use disorders, often stemming from repeated, destabilizing periods of deployment, combine to put some members of the most recent generation of veterans at risk for homelessness. A USICH Briefing Paper (June, 2010) on homelessness among veterans offers a statistical snapshot:

- The January 2011 Point-In-Time (PIT) count identified 67,495 veterans who are homeless. Although the PIT count provides a valuable snapshot of homelessness, it cannot be considered a census.
- Half of veterans who are homeless on a single night are located in four states: California (26 percent), Florida (nine percent), New York (eight percent), and Texas (seven percent). These states have a similar combined share of all sheltered homeless people (45 percent), but only 28 percent of the total veteran population nationwide.
- Up to one-third of adult men who are homeless are veterans, or about one-quarter of all individuals who are homeless in the United States.
- The majority of veterans who are homeless are single, increasing the chance of the social isolation typical of homelessness.
- About half of veterans who are homeless have serious mental illnesses; 70 percent have substance use disorders; about half have other health problems.
- Half of veterans who are homeless have been involved with the legal system; nine percent of people in jail are veterans. An estimated 20 percent of veterans in jail were homeless prior to incarceration.

Families and Friends

Veterans who return to their families and friends after separation from military service experience multiple stressors. Increased economic, physical, and behavioral health distress, as well as interpersonal conflict, has been widely described by researchers (Grieger et al., 2006). PTSD and TBI are both associated with higher than average rates of physical aggression and domestic violence (Jordan et al., 1992). Suicide rates are also elevated (Mills, 2008). Even without the presence of a disability, the stress of returning to civilian life often takes a toll on families. While initial reunification is typically joyous, interpersonal tensions can occur as families adjust to being back together again, often after significant periods of time (Owen et al., 2009).

Recent studies have examined family function among military personnel who had been deployed to Iraq and Afghanistan. In a sample of veterans referred for mental health evaluation, 75 percent of those with partners reported at least one family adjustment issue, and 54 percent reported shouting, shoving, or pushing current or former partners (Nelson, Crow, Reisbig, & Hamilton, 2007). Divorce among service members is above the national average, in part due to lengthy and multiple deployments (Nelson, Crow, Reisbig, & Hamilton, 2007). These issues adversely impact the veteran, undermine families, and increase the risk of homelessness.

Panel Discussion, Principles, and Recommendations

Panelists explored the problem of homelessness among veterans of OEF, OIF, and OND. They discussed the urgency of the problem, including factors unique to this population that precipitate or sustain homelessness.

Factors Preventing Homelessness

The vast majority of returning veterans will never be homeless. Protective factors that make veterans *less* likely to be homeless include:

- Connections to the service: the protective value of this relationship has been observed since the Civil War.
- Educational attainment is a factor, since higher education can be helpful in securing employment.

The presence of PTSD may actually result in the veteran receiving supportive services earlier than other veterans at risk for homelessness because the presence of obvious symptoms may prompt the veteran to seek support.

Factors Predicting Homelessness

There is no science that allows a confident prediction of who is most likely to become homeless or is at high risk of homelessness. There are, however, a variety of factors that increase the likelihood of homelessness among this young population of veterans, including behavioral health conditions, economic status, gender, race, trauma history, and employment status.

Substance Abuse. Research conducted at Yale University, reported by the principal investigator, indicates that the strongest single predictor of homelessness among veterans is a diagnosis of substance use and abuse, whether among all VA services users, mental health service users only, or service-connected veterans of OEF/OIF. Veterans who abuse substances are roughly seven times more likely than non-abusers to become homeless, though it is not possible to predict *which* veterans who abuse substances will become homeless.

Substance abuse can result in dismissal from the military and may lead to involvement with the criminal justice system. Panelists suggested that criminalization of substance use by military veterans—some of whom turn to drugs to cope with service-related distress—contributes to incarceration and deters stable employment and housing. Jail diversion initiatives are an important element of prevention for veterans, many of whom need assistance with legal problems.

Other Behavioral Health Conditions. According to the same research, among *all* veterans receiving services, other factors with lesser but still positive and significant risk include diagnosis of (in descending order) bipolar disorder, major depression, dementia, PTSD, or an anxiety disorder. Among OEF/OIF veterans using mental health services, the greatest risk factors are diagnoses of substance abuse or schizophrenia, personality disorder, alcohol abuse, bipolar disorder, or major depression.

Unemployment. Unemployment is higher among veterans of recent wars than among members of the general population. Difficult economic times and high unemployment rates compound the problem.

Trauma. PTSD, military sexual trauma, and disorders related to trauma can make veterans more vulnerable to homelessness. Traumatic events leading to PTSD and other disorders may also affect

veterans' ability to compete for jobs. For women especially, military sexual trauma is more common among veterans who become homeless. All veterans seen at the Veterans Health Administration facilities are screened for military sexual trauma. These rates cannot be used to estimate the rate of military sexual trauma among all serving in the U.S. military because they apply only to veterans who have accessed VA health care. Even so, one in five women and one in 100 men acknowledge experiencing military sexual trauma (DOL, 2011).

Pathways to Prevention. Panelists identified a number of pathways to improved prevention of homelessness among these veterans. They include:

- Improved coordination among providers, especially during the transition to civilian life;
- Provision of information at different points in the service person's career;
- Knowledge of available services and trust in providers' ability to help;
- Effective and timely outreach to identify those who need help;
- Improved incentives to work;
- Improved processing of claims;
- Prompt access to clinical support;
- Outreach to veterans who are ineligible for service-connected benefits;
- Increased use of alternatives to incarceration; and
- Enhanced access to a variety of housing options and the means to maintain a stable living situation.

Principles and Recommendations

Panelists joined with audience members to articulate principles they believed could guide homelessness prevention and intervention efforts on behalf of veterans of OEF, OIF, and OND. Analyzing the reports of the various groups to find commonalities, they identified 12 overarching themes:

1. Prevention and early intervention
2. Transition to civilian life
3. Supporting veterans through community-based organizations
4. Coordination and collaboration
5. Health reform
6. Unique needs of populations
7. Family involvement
8. Employment
9. Evidence-based practices
10. Housing
11. Military sexual trauma
12. Research

Within each of these themes, principles and recommendations were identified and agreed on by the group as a whole. The following sections summarize panel discussions in each area and provide the corresponding principles and recommendations.

Prevention and Early Intervention

Prevention and early intervention require a comprehensive approach that links programs and establishes a continuum of care. Mainstream services must be engaged in early interventions targeted to at-risk veterans. Panelists agreed that the weak economy and high unemployment rates are adding to the number of veterans at risk of homelessness. Nonprofit organizations and community agencies that could serve as supports and offer assistance to veterans are struggling with limited resources and a dwindling workforce. At the same time, the drawdown of troops engaged overseas is increasing the numbers of returning veterans. Although programs are available for veterans who become homeless, panelists stressed the importance of intervening before veterans become homeless by coordinating across multiple agencies to help veterans prepare for reentry to civilian life.

Principles:

- No single agency can end homelessness among veterans.
- Prevention of homelessness among veterans requires a comprehensive approach in which programs are linked and a continuum of care is established.
- Mainstream services should be engaged in early interventions to prevent homelessness.

Recommendations:

Agencies at all levels that serve veterans could:

- Refine early interventions that help ensure positive outcomes for returning veterans and families through strategic planning at the national, state, and local levels.
- Increase programs to appropriately divert veterans from prisons and jails.
- Increase communication and outreach about available programs and services to veterans, families, and community providers.
- Expand programs and services to include the veteran's caregiving network.
- Use emerging social marketing tools to reach and engage the newest generation of veterans, including establishing electronic communities of interest and using "edutainment" (engaging online materials, including video).

Transition to Civilian Life

Factors that increase the likelihood of veterans becoming homeless should be addressed during and after the transition to civilian life. Outreach and assessment are vital. Families dealing with the day-to-day challenges of military life may be unprepared for the transition when their service member returns home. An assessment of veterans' needs before they leave the military could help 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. 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.

Principles:

- The transition between military and civilian life must be "softened" to the extent possible.
- During and after the transition, attention must be given to risk factors that increase the likelihood of veterans becoming homeless.

Recommendations:

- Agencies could strive to ease the transition of returning veterans to civilian life through improved coordination.
- An assessment prior to separation from the service could consider risk factors for homelessness and offers resources and referrals as needed. For example*:*
    - *What are the veteran's job skills?*
    - *Does he or she know how to translate those skills into civilian terms?*
    - *Is the veteran returning to a stable living situation?*
    - *Does he or she have a network of support?*
- Government programs could ensure that family readiness centers and military charitable organizations are educated in all the available government services, and that all active duty personnel and reservists learn to identify and access the services. This information could be conveyed to military personnel at multiple points in their service.
- Government programs could provide opportunities for veterans to learn essential skills, such as how to translate their military experience into applicable experience for civilian jobs and financial literacy.

Supporting Veterans through Community-Based Organizations

Services for veterans within their communities are critically needed. It is important to connect young veterans to community providers who can meet their needs, as well as to develop effective integrated care networks. However, community-based organizations often lack the necessary funding to serve veterans and military families seeking help in the community.

In addition, although many community-based organizations 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. Recognizing the various responses to trauma and the often-subtle symptoms of TBI 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 by identifying veterans who need assistance, helping them navigate systems of care, and supporting their transition to

civilian life. They can also help community-based organizations understand the experiences common to many veterans of recent wars.

Some veterans may be reluctant to receive services designed for active duty military or veterans for fear of stigma or a desire to distance themselves from the military as they struggle to reenter civilian life. Community-based organizations can fill this need, but only if they provide services that are relevant and that understand and respect veterans' needs.

Panelists expressed concern about the large number of veterans who are not eligible for services. This includes those dismissed for using illegal substances, those who were in the National Guard but never deployed, and those who were dismissed from service, in some cases because of behavioral disorders or behaviors resulting from service-related experiences and trauma. This is another area where community-based organizations can provide needed support to veterans.

Principles:

- 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 help prevent homelessness.
- Community reintegration is not a linear process. Supports should be provided within a continuum of care and be flexible enough to address changing needs of families and individuals.
- All care and services should be recovery based.

Recommendations:

- Community-based organizations that are not yet prepared to meet veterans' needs should be able to access educational materials so they better understand the needs of veterans and military culture. For example, educators should be aware of the value of veterans' clubs on campus; employment agencies should understand the transferability of skills; and behavioral health providers should be prepared to provide trauma-informed care.
- Community-based organizations and government agencies could incorporate veteran-to-veteran support strategies to better serve OEF, OIF, and OND veterans, including outreach, mentoring, and assistance with issues such as employment, education, and trauma.
- Trauma-informed care should be readily available from community providers.

Coordination and Collaboration

Homelessness prevention for veterans requires a community solution with full participation by mainstream services. Panelists suggested that federal partners could combine their resources to conduct more effective outreach to veterans of modern wars. Additionally, panelists suggested focusing efforts on improving coordination across service-connected and community resources to overcome common cross-agency "silos" that make it harder for veterans to receive coordinated services.

Principles:

- Coordination of efforts, including shared data and reports, is necessary at federal, state, and local levels.
- A comprehensive approach is necessary to prevent and end veteran homelessness. Resources must be leveraged to achieve maximum impact.
- Homelessness prevention for veterans requires community solutions that include the full engagement and commitment of mainstream services. Essential agencies include those that offer income supports, education, employment, housing, banking, food, behavioral health, primary health care, and domestic abuse services and shelter.

Recommendations:

- Public and private agencies should prioritize collaboration and linkages.
- Veteran-serving agencies could implement consistent data standards, service definitions, and eligibility criteria. This would expedite provision of a full complement of services to veterans.
- Existing vehicles (e.g., interagency councils and Continuums of Care) may provide vehicles for coordination. The current collaboration between SAMHSA and the National Guard could serve as a template for expanded efforts.
- Federal contractors could be encouraged to train and hire qualified veterans, including those who are homeless.
- Agencies at all levels that serve veterans should plan and implement interventions to prevent homelessness among veterans and ensure rapid rehousing for veterans who become homeless.

Health Reform

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. The Affordable Care Act will have a positive impact on access to care for some veterans, particularly those who are not eligible for service-connected health benefits. Veterans who have not had access to Medicaid may now be able to secure benefits without waiting for a positive determination of disability. Affordable insurance exchanges will offer subsidized health insurance. Panelists stressed the need to educate local providers on health reform and ensure that everyone who works with veterans understands the opportunities it offers for this population.

Principles:

- In 2014, the Affordable Care Act will enhance access to Medicaid-reimbursed medical and behavioral health care, as well as Medicaid long-term services and supports for homeless individuals and families who experience homelessness. Agencies that serve veterans should be prepared to help guide them through these changes.

Recommendations:

- Providers that serve veterans who are homeless or at risk of becoming homeless can position themselves to help veterans access all health care benefits for which they are eligible.

Unique Needs of Populations

Some veterans belong to populations with special 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 must be taken into account. This is particularly true for those who live in rural and frontier areas, where fewer services may be available and veterans may have to travel long distances to access care.

Female Veterans. Women experience multiple traumas that differ from those experienced by men. More than 40 percent of female veterans have children and about 30,000 female service members are single mothers (U.S. Department of Labor, 2011). Women with children who become homeless often have difficulty finding shelters that will also accept their children. Many women avoid homelessness—in the sense of being literally on the street—by living with parents, friends, or with violent partners. They may have difficulty translating service-related skills to the civilian job market.

Principles:

- Because female veterans are at higher risk of military sexual trauma, unique screening and supports are required.
- Because women veterans face unique challenges at higher rates than their male counterparts, services and supports should be culturally competent, gender specific, and trauma informed.

Recommendations:

- Raise awareness of military sexual trauma, while devising and implementing strategies to prevent, identify, and address assault.
- Create mechanisms to ensure women service members feel safe enough to report military sexual trauma.
- Ensure that interventions are individualized and trauma informed. Establish clear and separate protocols for treatment and prevention. Consider which agency or agencies could best address treatment and prevention.
- Help women demonstrate how skills gained in the military can be transferred to civilian jobs.

American Indians. Difficulties in understanding and meeting the needs of veterans in Tribal areas stem from a variety of factors, including lack of resources and infrastructure, deep poverty, and isolation. These are complicated by complex political and legal issues stemming from the fact that many American Indian Reservations are sovereign nations under the law and must be addressed on a government-to-government basis. Many officials offering help literally and figuratively “don’t speak the language.” It is important to engage Tribal leaders and seek their insights on how best to provide services and assistance.

Principles:

- American Indians have unique needs, challenges, cultural supports, and channels for collaboration that are often misunderstood or ignored. For example, veterans who are homeless living on a reservation might meet their housing needs by doubling or tripling up with extended family members.
- Because American Indian Reservations are sovereign nations under the law, and because each Tribe has its own unique cultural protocols and traditions, it is important to involve Tribal leadership in any discussions about solutions for American Indian veterans.

Recommendations:

- Federal partners and Tribal leaders could meet to build awareness of the housing and other needs of American Indian veterans and to seek viable solutions that make sense within the context of their needs in reservation and urban settings.
- Agencies at all levels that serve veterans could increase the cultural competency of agencies and providers with respect to serving American Indian veterans.
- Agencies and providers at all levels must be prepared to better understand, engage, and be responsive to the needs of American Indian veterans and to work in a culturally competent manner with Tribal leadership.

Family Involvement

Family involvement is essential to preventing homelessness among returning veterans. Panel members noted the need to bolster services for families and better publicize their availability. The transition back to civilian life can be especially difficult for the veteran and his or her family.

TBI, PTSD, and other problems that affect interpersonal relations place added stress on families and make it difficult to sustain healthy relationships. Violence within the family may 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 often are the ones that seek support. Community-based organizations need funding to care for the whole family, especially children and partners who are struggling. 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.

Principles:

- Families (however defined by the individual veteran) are the primary supports for returning veterans. They need to be informed about the services and resources available for veterans.
- Family involvement is essential to preventing and ending homelessness among returning veterans of OEF, OIF, and OND.
- Community-based organizations that serve veterans and veterans' families must provide outreach to veterans and family members to educate them about available benefits and help them access those for which they are eligible.

Recommendations:

- Programs and services available to veterans need to be extended to include a veteran's caregiving network, which is often the family.
- Outreach efforts should be more robust and systems more transparent for veterans and their families.
- Federal agencies could provide education and technical assistance to community-based organizations around outreach, engagement, and available benefits for veterans.

Employment

Employment is a strong protective factor that helps to prevent homelessness. Veterans—regardless of gender, occupation, and whether or not they have disabilities—bring valuable skills to employers and the community. Many veterans need help effectively translating their military experience into language accessible to the civilian sector. Others may have been disabled during their military service, making it difficult for them to work full time or even at all. Timely access to benefits is critical.

The only income support available to many veterans is Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Panelists stressed the importance of facilitating access to appropriate Social Security disability benefits for those who need them.

Some Veterans Integrated Service Networks have programs that help veterans demonstrate their eligibility for this financial assistance, in many cases using the SSI/SSDI Outreach, Access, and Recovery (SOAR) tools. SOAR is an HHS technical assistance initiative dedicated to helping individuals who are homeless and who have a disability access SSI or SSDI benefits. SOAR-trained case managers work with potentially eligible individuals to complete applications for benefits. Panel members noted that some veterans may fear losing the security of disability payments. SSA work incentives are designed to help ease this transition.

Principles

- Veterans bring valuable experience to employers and the community, but they may need help translating their skills to work in the civilian sector.
- Employment works.

Recommendations:

- Public and private organizations receiving federal funds could be held accountable for employing veterans.
- Financial incentives for employers who employ veterans, especially veterans who were previously homeless, could be created and publicized.

Evidence-Based Practices

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, panel members pointed out. Evidence-based and promising practices can be adopted or adapted to support veterans experiencing or at risk for homelessness. In particular, evidence-based practices related to trauma (trauma-informed care overall, as well as use of trauma-specific interventions); housing (e.g., permanent supportive housing, Housing First); and employment (supported employment) can help all veterans, including groups with special needs, such as women and American Indians.

Principles:

- Care and services should be recovery based.
- Evidence-based practices should be taken to scale where they are most needed.
- Supports should be focused on a continuum of services and flexible enough to address the changing needs of families and individuals.

Recommendations:

Agencies at all levels that serve veterans could:

- Identify, replicate, and take to scale evidence-based practices; use what works.
- Incorporate life skills training based on known risk factors for veteran homelessness.
- Disseminate best practices and data to the field.
- Adapt interventions designed to assist the general population of persons who are homeless to better address the specific needs of veterans of OEF, OIF, and OND conflicts.

Housing

Veterans need policies and programs that prioritize their need for housing based on their service to their country. The HUD/VA initiative that provides HUD-VASH (Veterans Affairs Supportive Housing) vouchers was universally lauded by panelists as helpful. The program is a collaboration of HUD and VA designed to help veterans with serious mental illnesses and other disabilities obtain and maintain housing. VA provides case management and health services for veterans who receive HUD vouchers. Veterans' families have the freedom to choose where to live. Because the housing is embedded within the community, local resources can be leveraged to meet veterans' needs. Unfortunately, there are not enough vouchers to provide for all who need them. Subsidized housing is helpful for veterans who live in poverty, but housing supports that provide wraparound care for veterans who need this level of assistance are not available in all communities.

Principles:

- Veterans need access to a broader array of permanent housing options.

- Housing vouchers or subsidies are the best option, with links to services on an as-needed basis.

Recommendations:

- Policy makers could consider waiving some requirements and reconsidering existing policies in order to address the housing needs of veterans (e.g., income requirements).
- Stakeholders could advocate for changes in policy that would prioritize housing for veterans (e.g., giving priority to veterans on waiting lists for housing).

Military Sexual Trauma

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 find it even more shameful and difficult to admit and discuss. Many women and men unable to share the experience of military sexual trauma have difficulty finding support in healing from this trauma. Panelists suggested that the number of veterans who have experienced sexual trauma is underreported and clinicians need to be prepared to appropriately handle this sensitive issue. DOL has developed the *Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers* (2011) to help community providers meet the needs of women veterans.

Principles:

- Women *and* men experience military sexual trauma.

Recommendations:

- Agencies at all levels that serve veterans could:
    - Raise awareness of military sexual trauma, while devising and implementing strategies to prevent, identify, and address assault.
    - Improve treatment options within and outside the system.
    - Create mechanisms to ensure service members feel safe enough to report military sexual trauma.
    - Share data to better track military sexual trauma claims.
- Community-based organizations working with veterans need to be cognizant of—and develop the skills to recognize and address—military sexual trauma among their clients, male and female.

Research

Interventions to prevent homelessness among veterans of recent wars should be guided by research, panel members said. 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.

Principles:

- Interventions to prevent homelessness among veterans of recent wars should be guided by research and incorporate evidence-based practices.

Recommendations:

To better serve veterans of recent wars, research in the following areas may prove fruitful:

- Conduct an epidemiological study of risk factors that predict veteran homelessness.
- Conduct community-based research to better understand the reasons veterans choose not to seek community services, even when there is significant need.
- Determine factors that specifically put women veterans at risk of homelessness, including factors linked to race, poverty, and ethnicity. Determine salient differences between the needs and issues for male and female veterans.
- Determine antecedents of homelessness among veterans and compare to non-veteran control groups. Determine which aspects of veterans' experiences correlate with a predisposition to homelessness.
- Conduct comparative effectiveness research to determine what interventions work best and for which subpopulations they are most likely to work well. Ensure the sample size is sufficient to determine variations related to race and ethnicity.
- Conduct an epidemiological study of risk factors for veterans, examining the impact of such variables as the length of service and the age at deployment.

Conclusion

Panel members and the federal partners who participated in this conversation expressed universal agreement that no man or woman who serves his or her country should ever suffer the indignity of homelessness. Collaboration among the private and public sectors is essential to prevent homelessness for veterans at risk and to rapidly rehouse those who become homeless. Specific risk factors, including TBI, PTSD, and military sexual trauma, need to be identified and addressed. The needs of specific groups of veterans, such as women and American Indians, have to be understood more fully. Panel members noted the importance of employment in helping veterans reintegrate into their communities, the need to educate and support military families, and the role that evidence-based practices can play. Research into many of these areas will be critical in the years ahead as more veterans with invisible wounds of war return to cash-strapped communities.

As Susan Angell, Ph.D., Executive Director of the VA Homeless Veterans Initiative said, "These are the tools we will use to bring America's heroes home—not to the streets, and not to shelters, but to real homes, in the country they served, the U.S.A." The time to begin is now.

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Attachment A. Agenda

Addressing the Needs of Homeless Veterans

of Operations Enduring Freedom, Iraqi Freedom, and New Dawn

EXPERT PANEL EVENT: THURSDAY AUGUST 18, 2011		
OPENING	Call to Order	Ann Denton, Project Director, Services in Supportive Housing contract
	Introduction	Jayme Marshall, Branch Chief, Homeless Programs Branch, SAMHSA
	Opening and welcome	Kathryn Power, Director, Center for Mental Health Services
	Process review	Jennifer Ho, Deputy Director, United States Interagency Council on Homelessness
	Introductions	
	Framing the issue: the VA perspective	Dr. Susan Angell, Executive Director, VA Homeless Veterans Initiative
Emerging Needs: Research and Data	Key Questions • What is emerging about the needs of the veterans of OEF, OIF, and OND in terms of physical and behavioral health, and what is emerging as most urgent? • Are OEF/OIF/OND Veterans' behavioral health needs similar to—or different from—those of other populations? What are the implications for service delivery systems, including community health centers?	Initial Panelists • *Dr. Stephen Metraux*, Associate Professor, Department of Health Policy and Public Health at the University of the Sciences, Philadelphia • *Dr. Robert Rosenheck*, Yale University.

Promising Programs and Constituent Voices	Key Questions • What are we learning from the promising programs and emerging models for community care for veterans and their families? • What can we distill from what we know?	Initial Panelists • *Michael Blecker,* Swords to Plowshares • *Stephanie Moles,* I Support VETS • *Stephanie Birdwell,* VA Office of Tribal Government Relations
Organizations Active in Response	Key Questions • Can stabilizing families through community-based programs (e.g., counseling/support, training and employment) help prevent Veteran homelessness? • If so, should there be an increased focus on outreach and publicity for community based programs for spouses and families as well as veterans of the recent conflicts? • Are there existing or emerging OEF, OIF and OND organizations, senior leadership spouses, (active and retired), or nontraditional responses that can be brought to bear on these issues?	Initial Panelists • *Joyce Wessel Raezer,* National Military Family Association • *Stephen Peck,* U.S. VETS and HUD/VA grantee
Federal Initiatives	Key Questions • What is the federal role in expanding community-based care for veterans? • How can we use lessons learned through the HUD/VASH program to guide the next steps for federal leadership? • What are the implications for next steps in the strategic federal response?	Initial Panelists • *Anthony Love,* United States Interagency Council on Homelessness • *Dr. Susan Angell*, Executive Director, VA Homeless Veterans Initiative
LUNCH: 12:30 P.M.—1:00 P.M.		
Process Introduction	Purpose Provide an overview of the small group process, with expectations for outcomes.	Facilitator, Jennifer Ho
Distilling Guiding Principles for Supporting	Purpose Small facilitated groups, distill some basic principles to guide federal, state, local work on	Small groups, to include all panelists and Participant Observers

Veterans of OEF, OIF, and OND	addressing/ preventing homelessness among recent veterans	
Small Group Report Out	Purpose To share small group work with all participants	Facilitator, Jennifer Ho with small group reporters
Consensus Building	Purpose Merging/categorizing small group work into consensus-based guiding principles.	All participants
Forge Recommendations and Distill Guiding Principles	Purpose Use the consensus-based principles derived from collective work to forge recommendations that can be used to maximize efforts to generate effective policy and to help guide the field.	Facilitator, Jennifer Ho with all participants
Maximizing Impact	Purpose Engage the large group in discussion of how the recommendations and core principles could be used to maximize the impact of work in the field and in federal policy.	Facilitator, Jennifer Ho with all participants

Closing	Purpose Final check-in and thank you to all participants with discussion of next steps, and offer the opportunity to offer up any parting thoughts.	Angela Galloway, Public Health Advisor, Co-occurring and Homeless Activities Branch, SAMHSA

Attachment B. Participants

Expert Panel Participants	
United States Interagency Council on Homelessness	Jennifer Ho (Facilitator)
Department of Veterans Affairs	Susan Angell, Ph.D., M.S.W.
Director of VA Tribal Association	Stephanie E. Birdwell, M.S.W.
Swords to Plowshares, San Francisco-OUT	Michael Blecker, J.D.
National Coalition for Homeless Veterans (NCHV)	Baylee Crone
Veteran of recent wars	Michael Fisher
The National Center of Family Homelessness	Risa Greendlinger, M.P.A.
United States Interagency Council on Homelessness	Anthony Love
University of the Sciences in Philadelphia	Stephen Metraux, Ph.D.
Grace After Fire/I Support VETS	Stephanie Moles
US Vets	Stephen Peck, M.S. W.
National Military Family Association	Joyce Wessel Raezer
Yale University	Robert Rosenheck, M.D.

Federal Agency Representatives	
Department of Agriculture	Pam Phillips
Department of Defense	Judith Deckle, Peter Donovan, and Gerald A. Thomas
Department of Education	Debra Little

Department of Health and Human Services	
• *Office of the Assistant Secretary for Planning and Evaluation*	Gavin Kennedy, Kelsey McCoy, Lisa Patton, Carli Wulff
• *Centers for Medicare & Medicaid Services*	Deborah Hunter, Kathryn King, Jacqueline Wilder
• *Health Resources and Services Administration*	Lynnette Araki, Captain Henry Lopez, Jr., Tiffane Smith
• *Substance Abuse and Mental Health Services Administration*	Brian Altman, Maia Banks-Scheetz, Michelle Daly, Pam Fischer, Angela Galloway, Bryant Goodine, Robert Grace, Clarese Holden, Beth Horwitz, Bill Hudock, Ali Manwar, Jayme Marshall, Steve Mason, Lydia Ramos, Fran Randolph, Elizabeth Sweet, Tison Thomas, and Master Sergeant Stephanie Weaver
Department of Housing and Urban Development	Justin Brock, Don Green, Cynthea High, Mark Johnson, and Kaitlin Nelson
Department of Labor	Kenneth Fenner, Sara Mendano-Diaz, Isamel Ortiz, Jr., Tonya Thompson
Department of Veterans Affairs	Sean Clark, Robert Hallett, Erika Moott, Earl Newsome, Carolyn Tillery
National Coalition for Homeless Veterans	John Driscoll
Riverside County, California Public Housing Authority	Cindy Vroman
Senate Committee on Veterans' Affairs	Victoria Lee, Kathryn Monet
Social Security Administration	

TA Center Staff
Kameisha Bennett, Ann Denton, Sherri Downing, John Kellogg, John Rio, Susan Hills Rose, Phyllis Wolfe, Carl Yonder

Members of the Expert Panel Planning Committee
Justin Brock (HUD), Michelle Daly (SAMHSA/CSAT), Dorrine Gross (SAMHSA/CMHS), Jennifer Ho (USICH), Michelle Hopkins (VA), Gavin Kennedy (HHS/ASPE), Philip Quigley (DOD), Emily Rosenoff (HHS/ASPE), Gerald Thomas (DOD), Carolyn Tillery (VA), Andrea Waterman (DOD)

Attachment C. Examples of Federal Initiatives for Preventing and Ending Veteran Homelessness

Examples of Federal Initiatives for Preventing and Ending Veteran Homelessness				
Agency	**Division**	**Program**	**Population Served**	**Strategies**
Department of Veteran Affairs (VA)	Homeless Initiative Office	Health Care for Homeless Veterans (HCHV)	Veterans who are homeless with behavioral health disorders (serious mental illness, substance use, or co-occurring disorders)	**Treatment:** "In place" residential treatment assists the most vulnerable veterans. 135 sites nationwide offer extensive outreach, physical and psychiatric health exams, treatment, referrals and ongoing case management.
		HCHV Homeless Providers Grant and Per Diem Program	Veterans who are homeless	**Supportive housing/services:** Funding for community agencies that offer supportive housing (up to 24 months) or service centers for veterans who are homeless. The program promotes the development and provision of community supportive housing and/or services to help veterans who are homeless achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.
		Domiciliary Care for Homeless Veterans (DCHV)	Economically disadvantaged veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits	**Residential treatment:** Rehabilitative treatment in a 24/7 structured, supportive residential environment. Clinical care is provided by interdisciplinary teams in supportive, therapeutic milieus designed to foster functional independence and mutual support networks.
		Veteran Homelessness Prevention Demonstration Program (VHPD)	Recently discharged veterans and their families	**Prevention:** Multi-site, 3-year pilot project offers early preventative intervention. Sites include communities with high concentrations of OEF/OIF soldiers.
		National Center for Homelessness Among Veterans	Homeless and at-risk veterans	**Development**: Conducts policy analysis, model development, research, and evaluation activities in support of the VA's commitment to end homelessness by 2015.
	Compensated Work Therapy	Industry/ Compensated Work-Therapy (CWT) Program	Veterans who are homeless or at risk of becoming homeless who have physical, psychiatric and substance use disorders	**Compensated work therapy:** Addresses mental health issues that serve as barriers to obtaining and retaining employment through structured, paid work opportunities.
		Compensated Work-Therapy /Transitional	Veterans who are homeless or at risk of becoming	**Compensated work therapy with therapeutic housing:** Addresses mental health issues that serve as barriers to obtaining and retaining

		Residence (TR) Program	homeless who have physical, psychiatric and substance use disorders	employment through structured, paid work opportunities and supervised therapeutic housing.
Department of Veteran Affairs (VA)	Prevention Services	Veteran Justice Outreach	Eligible veterans involved with the criminal justice system	**Outreach** decriminalizing mental illness and reducing extended incarceration by ensuring timely access to appropriate VA services and benefits.
		National Call Center for Homeless Vets (NCCHV)	Homeless or at-risk veterans	**Hot Line:** Trained responders provide 24/7 access to information and links to VA, Department of Defense, and other Federal, State, and local partners.
		Health Care for Re-entry (HCRV) Program	Incarcerated veterans preparing for re-entry	**Outreach and transition:** Program goals include preventing homelessness; reducing the impact of medical, psychiatric, and substance abuse problems on community readjustment; and decreasing recidivism. Strategies include: • Outreach and prerelease assessments services for veterans in prison • Referrals and linkages to medical, psychiatric, and social services, including employment services upon release • Short-term case management assistance upon release
		Supportive Services for Veteran Families (SSVF)	Veteran families at risk of – or who have become – homeless	**Prevention and/or rapid rehousing:** Supportive services for veteran families include outreach, case management, assistance in obtaining and coordinating VA, and other benefits. Time-limited financial assistance is also available to help pay rent, utility bills, security deposits and moving costs.
		National Women's Trauma Recovery Program	Women veterans, active duty service members, National Guard, and Reservists with PTSD	**Residential program** geared to trauma recovery. Part of the National Center for PTSD in Menlo Park, California.
		CHALENG for Veterans	Community Homelessness Assessment, Local Education, and Networking Groups (CHALENG) for Veterans	**Collaboration**: VA medical center and regional office directors work with other Federal, State, local, and nonprofit organizations to assess the needs of veterans who are homeless, develop action plans to meet identified needs, and develop directories that contain local community resources for use by veterans who are homeless.
		VBA-VHA Special Outreach and Benefits Assistance	Veterans who are homeless	**Outreach, referral, and additional assistance:** Staff provides dedicated outreach, benefits counseling, referral, and additional assistance to

				eligible veterans applying for VA benefits.
		Veterans Benefits Administration (VBA)	Homeless provider organizations	**Acquired property sales for homeless providers:** Makes all the properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on the market.
		Excess Property for Homeless Veterans Initiative	Veterans who are homeless and provider organizations	**Property distribution:** Provides excess personal property (e.g., hats, parkas, footwear, socks, and sleeping bags) to veterans who are homeless and homeless veteran programs. A Compensated Work Therapy Program employs veterans who were previously homeless who receive, warehouse, and ship goods to VA homeless programs across the country.
VA and HUD		HUD-VA Supported Housing Program (HUD-VASH)	Veterans who are homeless and their families	**Services in Supported Housing**: Permanent supportive housing and dedicated VA case managers. HUD provides housing assistance through the Housing Choice Voucher Program (Section 8); the VA provides clinical and supportive services to veterans.
Department of Labor	Veterans' Employment and Training Service (DOL-VETS)	Homeless Veterans Reintegration Program (HVRP)	Veterans who are homeless	**Reintegration and employment:** HVRP grants address two objectives: (1) provide services to assist in reintegrating veterans who are homeless into meaningful employment, and (2) stimulate the development of effective service delivery systems to address complex needs of veterans who are homeless.
		Stand Down Events	Veterans who are homeless	**One Stop Access Fairs**: One-to-three day events where volunteers offer a combination of services, shelter, meals, clothing, employment services and medical attention.
		Veterans Workforce Investment Program (VWIP)	Veterans with service-connected disabilities, significant employment barriers, who served on active campaign duty, and/or who were discharged within	**Workforce investment activities:** Grant-funded programs can provide for, but are not limited to training (formal classroom or on-the-job training), retraining, job placement assistance, and support services, including testing and counseling. Grantees may choose to supplement the core training by offering other services that also enhance the

			the past 48 months	employability of participants.

Department of Health and Human Services	Substance Abuse and Mental Health Services Administration (SAMHSA)	Veteran Suicide Prevention Hotline	Veterans	**Hotline:** National 24/7 access to counselors trained to help veterans in emotional crisis. Operated in partnership with the VA. Veterans call the Lifeline number, then press "1" to be routed to a veteran counselor.
		Jail Diversion and Trauma Recovery	Justice-involved veterans	**Collaborative Veterans' Initiative:** Partners include **t**he Center for Mental Health Services, the GAINS Center, and the Department of Justice. The initiative supports States, Territories, and Tribes to divert veterans with behavioral health disorders from jail or prison to community services and treatment.
		Support of Behavioral Health Systems	Service members, veterans and their families	**Technical support:** provides support through technical assistance and the promotion of ongoing interagency collaboration.