

# CRS Report for Congress

## Veterans and Homelessness

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# Veterans and Homelessness

## Summary

The current conflicts in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. The Department of Veterans Affairs (VA) estimates that it has served approximately 400 returning veterans in its homeless programs and has identified over 1,500 more as being at risk of homelessness. Both male and female veterans are overrepresented in the homeless population, and as the number of veterans increases due to the current wars, there is concern that the number of homeless veterans could rise commensurately.

Congress has created numerous programs that serve homeless veterans specifically, almost all of which are funded through the Veterans Health Administration. These programs provide health care and rehabilitation services for homeless veterans (the Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs), employment assistance (Homeless Veterans Reintegration Program and Compensated Work Therapy program), transitional housing (Grant and Per Diem and Loan Guarantee programs) as well as other supportive services. Through an arrangement with the Department of Housing and Urban Development (HUD), approximately 1,000 veterans currently use dedicated Section 8 vouchers for permanent housing, with supportive services provided through the VA. These are referred to as HUD-VASH vouchers. In FY2007, it is estimated that approximately \$270 million was used to fund programs for homeless veterans.

Several issues regarding veterans and homelessness have become prominent, in part because of the current conflicts. One issue is the need for permanent supportive housing for low-income and homeless veterans. With the exception of HUD-VASH vouchers, there is no source of permanent housing specifically for veterans. In FY2007, the Veterans Benefits, Health Care, and Information Technology Act (P.L. 109-461) authorized funding for additional HUD-VASH vouchers. Although these vouchers were not initially funded, the FY2008 Consolidated Appropriations Act (P.L. 110-161) includes \$75 million for Section 8 vouchers for homeless veterans. In addition, proposed legislation in the 110<sup>th</sup> Congress would both fund additional vouchers and provide resources for the acquisition, rehabilitation, and construction of permanent supportive housing for very low-income veterans and their families.

A second emerging issue is the concern that veterans returning from Iraq and Afghanistan who are at risk of homelessness may not receive the services they need. Efforts are being made to coordinate services between the VA and Department of Defense to ensure that those leaving military service transition to VA programs. Another emerging issue is 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 abuse than women in the general population and are more likely than male veterans to be single parents. Few homeless programs for veterans have the facilities to provide separate accommodations for women and women with children.

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# Veterans and Homelessness

## Introduction

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

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 are overrepresented in the homeless population. The second section of this report summarizes the available research regarding the overrepresentation of both male and female veterans, who are 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 are overrepresented.

In response to the issue of homelessness among veterans, the federal government has created numerous programs to fund services and transitional housing specifically for homeless veterans. The third section of this report discusses nine of these programs. The majority of programs are funded through the Department of Veterans Affairs (VA). Within the VA, the Veterans Health Administration (VHA), which is responsible for the health care of veterans, operates all but one of the programs for homeless veterans. The Veterans Benefits Administration (VBA), which is responsible for compensation, pensions, educational assistance, home loan guarantees, and insurance, operates the other. In addition, the Department of Labor operates one program for homeless veterans. In FY2007, approximately \$270 million funded the majority of 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 emerging issues. The first is the need for permanent supportive housing for homeless and low-income veterans. A second issue is ensuring that an adequate transition process exists for returning veterans to assist them with issues that might put them at risk of homelessness. Third is the concern that adequate services might not exist to serve the needs of women veterans. This report will be updated when new statistical information becomes available and to reflect programmatic changes.

## Overview of Veterans and Homelessness

Homelessness has always existed in the United States, but only in recent decades has the issue come to prominence. In the 1970s and 1980s, the number of homeless persons increased, as did their visibility. Experts cite various causes for the increase in homelessness. These include the demolition of single room occupancy dwellings in so-called “skid rows” where transient single men lived, the decreased availability of affordable housing generally, the reduced need for seasonal unskilled labor, the reduced likelihood that relatives will accommodate homeless family members, the decreased value of public benefits, and changed admissions standards at mental hospitals.<sup>1</sup> The increased visibility of homeless persons was due, in part, to the decriminalization of actions such as public drunkenness, loitering, and vagrancy.<sup>2</sup>

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.<sup>3</sup> First, the transitionally homeless 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, the chronically homeless are those who are homeless continuously for a period of one year or have at least four episodes of homelessness in three years. Chronically homeless individuals often suffer from mental illness and/or substance abuse disorders. Although veterans experience all types of homelessness, they are thought to be chronically homeless in higher numbers than nonveterans.<sup>4</sup>

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

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<sup>1</sup> 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.

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

<sup>3</sup> 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.

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

dying) on the street.<sup>5</sup> 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.<sup>6</sup>

## Definition of “Homeless Veteran”

Although the term “homeless veteran” might appear straightforward, it contains two layers of definition.<sup>7</sup> First, the definition of “veteran” for purposes of Title 38 benefits (the Title of the United States Code that governs veterans benefits) is a person who “served in the active military, naval, or air service” and was not dishonorably discharged.<sup>8</sup> In order to be a “veteran” who is eligible for benefits according to this definition, at least four criteria must be met. (For a detailed discussion of these criteria see CRS Report RL33113, *Veterans Affairs: Basic Eligibility for Disability Benefit Program*, by Douglas Reid Weimer.)

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

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

## Counts of Homeless Veterans

**The Department of Veterans Affairs.** The exact number of homeless veterans is unknown, although attempts have been made to estimate their numbers. In every year since 1994, the VA has included estimates of the number of homeless

<sup>5</sup> 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.

<sup>6</sup> *Ibid.*, pp. 64-65.

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

<sup>8</sup> 12 U.S.C. §101(2).

<sup>9</sup> 38 U.S.C. §2002(1). The McKinney-Vento definition of homeless individual is codified at 42 U.S.C. 11302(a).

veterans receiving services in its “Community Homelessness Assessment, Local Education and Networking Groups” (CHALENG) report to Congress.<sup>10</sup> The estimates are made as part of the CHALENG process, through which representatives from each local VA medical center called “points of contact” (POCs) coordinate with service providers from state and local governments and nonprofit organizations to determine the needs of homeless veterans and plan for how to best deliver services.

In the first six years of CHALENG estimates (FY1998 through FY2003), the VA asked POCs to estimate the number of veterans homeless *at any time during the year*. Starting in FY2004 and continuing through FY2006, the VA changed its methodology, and asked POCs from each medical center to provide estimates of the highest number of veterans who are homeless on *any given day during the year*. The new methodology used in the FY2004-FY2006 CHALENG estimates is a point-in-time count and is not meant to reflect the total number of veterans who might experience homelessness at some time during the year.<sup>11</sup> The VA considers the estimates from FY2004 to FY2006 to be more reliable.<sup>12</sup>

Various sources are used to arrive at the CHALENG estimates. The most recent CHALENG report noted the percentage of POCs that use each source; because 83% of POCs used more than one source to arrive at their estimates in the 2006 count, the total adds to more than 100%. These sources include estimates from Department of Housing and Urban Development (HUD) Continuum of Care counts (56% of POCs),<sup>13</sup> U.S. Census data (13%), VA low-income population estimates (7%), local homeless census studies (51%), VA client data (31%), estimates from local homeless assistance providers (71%), and VA staff impressions (53%).<sup>14</sup> In its most recent CHALENG report, for FY2006, the VA estimated that there were 195,827 homeless

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<sup>10</sup> For the most recent CHALENG report, see John Nakashima, Craig W. Burnette, James F. McGuire, and Amanda Sheely, *The Thirteenth Annual Progress Report on Public Law 105-114: Services for Homeless Veterans Assessment and Coordination* (Draft), U.S. Department of Veterans Affairs, April 15, 2007, Appendix 5, available at [[http://www1.va.gov/homeless/docs/CHALENG\\_REPORT\\_FY2006\\_DRAFT.pdf](http://www1.va.gov/homeless/docs/CHALENG_REPORT_FY2006_DRAFT.pdf)] (hereafter *Thirteenth Annual CHALENG Report*). Congress required the VA to issue the report as part of the Veterans Benefits Improvement Act of 1994, P.L. 103-446 (38 U.S.C. §2065).

<sup>11</sup> For the FY2007 estimate, which has not yet been released, VA medical centers were asked to estimate the highest number of veterans experiencing homelessness on any given day during the last week of January. This is meant to bring the VA estimate in line with Department of Housing and Urban Development estimates of homeless persons.

<sup>12</sup> Government Accountability Office, *Homeless Veterans Programs: Improved Communications and Follow-up Could Further Enhance the Grant and Per Diem Program*, GAO-06-859, September 2006, p. 13, available at [<http://www.gao.gov/new.items/d06859.pdf>].

<sup>13</sup> Continuums of Care are local jurisdictions — typically cities, counties, or combinations of both. Beginning in 2005, HUD requires these Continuums of Care to conduct counts of homeless persons every other year.

<sup>14</sup> See *Thirteenth Annual CHALENG Report*, p. 12.

veterans at a given point-in-time during the fiscal year.<sup>15</sup> Data regarding the entire homeless population vary; a point-in-time estimate of homeless individuals nationwide taken from a January 2005 count was 754,147. In a report released in November 2007, the National Alliance to End Homelessness used the FY2006 CHALENG results to estimate that approximately 336,627 veterans experience homelessness at some point during the year. (For more information about attempts to count homeless persons, see CRS Report RL33956, *Counting Homeless Persons: Homeless Management Information Systems*, by Libby Perl.)

**The Department of Housing and Urban Development.** In addition to the VA CHALENG process, HUD is engaged in an ongoing process to attempt to count homeless persons, including homeless veterans, through its Homeless Management Information Systems (HMIS). Local jurisdictions called “Continuums of Care” (CoCs) — typically cities, counties, or combinations of both — collect and store information about homeless individuals they serve, and the information is aggregated in computer systems at the CoC level. In February 2007, HUD released its first Annual Homeless Assessment Report (AHAR) to Congress, in which it used HMIS data to estimate the number of sheltered homeless individuals nationwide during a three-month period, from February 1 to April 30, 2005.<sup>16</sup> These estimates did not include homeless persons who were not residing in emergency shelters or transitional housing during the relevant time periods. The AHAR estimated that 18.7% of adults who were homeless during the three-month period were veterans (while 12.6% of the general population were veterans). Based on the data provided in the AHAR, this means that approximately 101,785 veterans were homeless during this time period.<sup>17</sup> The report noted, however, that 35% of records were missing information on veteran status.<sup>18</sup> In addition, because this number did not include unsheltered homeless individuals,<sup>19</sup> chronically homeless veterans may be underrepresented.

## Characteristics of Homeless Veterans

Homeless male veterans differ from homeless men who are nonveterans in a variety of ways. According to data from several studies during the 1980s, homeless male veterans were more likely to be older and better educated than the general population of homeless men.<sup>20</sup> However, they were found to have more health problems than nonveteran homeless men, including AIDS, cancer, and

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<sup>15</sup> Ibid., Appendix 5.

<sup>16</sup> U.S. Department of Housing and Urban Development, *The Annual Homeless Assessment Report to Congress*, February 2007, available at [<http://www.huduser.org/Publications/pdf/ahar.pdf>].

<sup>17</sup> CRS estimate using 704,146 total homeless persons from February to April, 2005, 64.3% of whom were unaccompanied adults and 13% of whom were adults with children.

<sup>18</sup> *The Annual Homeless Assessment Report to Congress*, p. 31.

<sup>19</sup> Ibid., p. 32.

<sup>20</sup> “Homeless Veterans,” pp. 104-105.



hypertension.<sup>21</sup> They also suffered from mental illness and alcohol abuse at higher rates than nonveterans. A study published in 2002 found similar results regarding age and education. Homeless male veterans tended to be older, on average, than nonveteran homeless men.<sup>22</sup> Homeless veterans were also different in that they had reached higher levels of education than their nonveteran counterparts<sup>23</sup> and were more likely to be working for pay. They were also more likely to have been homeless for more than one year, and more likely to be dependent on or abuse alcohol. Family backgrounds among homeless veterans tended to be more stable, with veterans experiencing less family instability<sup>24</sup> and fewer incidents of conduct disorder,<sup>25</sup> while also being less likely to have never married than nonveteran homeless men.

Homeless women veterans have also been found to have different characteristics than nonveteran homeless women. Based on data collected during the late 1990s, female veterans, like male veterans, were found to have reached higher levels of education than nonveteran homeless women, and also more likely to have been employed in the 30 days prior to being surveyed.<sup>26</sup> They also had more stable family backgrounds, and lower rates of conduct disorder as children.

## **Overrepresentation of Veterans in the Homeless Population**

Research regarding homeless veterans, beginning in the 1980s, has found that both male and female veterans are overrepresented among homeless individuals and that, overall, veterans are more likely to be homeless than their nonveteran counterparts.<sup>27</sup> This has not always been the case, however. Although veterans have always been present among the homeless population, the birth cohorts that served in

<sup>21</sup> Ibid., p. 105.

<sup>22</sup> Richard Tessler, Robert Rosenheck, and Gail Gamache, "Comparison of Homeless Veterans with Other Homeless Men in a Large Clinical Outreach Program," *Psychiatric Quarterly* 73, no. 2 (Summer 2002): 113-114.

<sup>23</sup> Veterans averaged 12.43 years of education completed, versus 11.21 for nonveterans.

<sup>24</sup> Family instability is measured by factors that include parental separation or divorce and time spent in foster care.

<sup>25</sup> Conduct disorder is measured by factors such as school suspensions, expulsions, drinking, using drugs, stealing, and fighting.

<sup>26</sup> Gail Gamache, Robert Rosenheck, and Richard Tessler, "Overrepresentation of Women Veterans Among Homeless Women," *American Journal of Public Health* 93, no. 7 (July 2003): 1133-1134 (hereafter "Overrepresentation of Women Veterans Among Homeless Women").

<sup>27</sup> 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 (hereafter "The Proportion of Homeless Veterans Among Men: A Decade Later"). "Overrepresentation of Women Veterans Among Homeless Women," p. 1134.

the military more recently, from the Vietnam<sup>28</sup> and post-Vietnam eras, have been found to be overrepresented. Veterans of World War II and Korea are less likely to be homeless than their nonveteran counterparts.<sup>29</sup> (The same cohort effect is not as evident for women veterans.) Four studies of homeless veterans, two of male veterans and two of female veterans, provide evidence of this overrepresentation and increased likelihood of experiencing homelessness.

## Overrepresentation of Male Veterans

Two national studies — one published in 1994 using data from 1986-1987, and the other published in 2001 using data from 1996 — 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.<sup>30</sup> During both periods of time, the odds of a veteran being homeless was highest for veterans who had enlisted after the military transitioned to an all-volunteer force (AVF) in 1973. These veterans were age 20-34 at the time of the first study, and age 35-44 at the time of the second study.

In the first study, researchers found that 41% of adult homeless men were veterans, compared to just under 34% of adult males in the general population. Overall, male veterans were 1.4 times as likely to be homeless as nonveterans.<sup>31</sup> Notably, though, those veterans who served after the Vietnam War were four times more likely to be homeless than nonveterans in the same age group.<sup>32</sup> 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 1** 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.<sup>33</sup> However, the same post-Vietnam birth cohort as that in the 1994 study was most at risk of homelessness; those in the cohort were over three times as likely to be homeless as nonveterans in their age cohort. Younger veterans, those age 20-34 in 1996, were two times as

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<sup>28</sup> Generally, the Vietnam era is defined as the period from 1964 to 1975. 38 U.S.C. §101(29)(B).

<sup>29</sup> 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.

<sup>30</sup> 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 (hereafter “The Proportion of Homeless Veterans Among Men”); “The Proportion of Veterans Among Homeless Men: A Decade Later,” p. 481.

<sup>31</sup> “The Proportion of Homeless Veterans Among Men,” p. 467.

<sup>32</sup> *Ibid.*

<sup>33</sup> “The Proportion of Homeless Veterans Among Men: A Decade Later,” p. 483.

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 1**.)

## **Overrepresentation of Female Veterans**

Like male veterans, women veterans are more likely to be homeless than women who are not veterans. A study published in 2003 examined two surveys, one of mentally ill homeless women, and one of homeless persons generally, and found that 4.4% and 3.1% of those homeless persons surveyed were female veterans, respectively (compared to approximately 1.3% of the general population).<sup>34</sup> 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.<sup>35</sup> 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 was not consistent between the two surveys. (See **Table 1** for a breakdown of likelihood of homelessness by birth cohort.)

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<sup>34</sup> “Overrepresentation of Women Veterans Among Homeless Women,” p. 1133.

<sup>35</sup> *Ibid.*, p. 1134.

**Table 1. Results from Four Studies: Veterans as a Percentage of the Homeless Population and Likelihood of Experiencing Homelessness**

| Veteran Group                     | Veterans as a Percentage of the General Population <sup>a</sup> | Veterans as a Percentage of the Homeless Population | Odds Ratio (Likelihood of Homelessness among Veterans vs. Nonveterans) |
|-----------------------------------|---|---|--|
| Men (data 1986-87) <sup>b</sup>   | 33.6  | 41.2  | 1.38   |
| Age 20-34                         | 10.0  | 30.6  | 3.95   |
| Age 35-44                         | 36.9  | 37.2  | 1.01   |
| Age 45-54                         | 44.8  | 58.7  | 1.75   |
| Age 55-64                         | 69.9  | 61.7  | 0.69   |
| > Age 64                          | 46.3  | 37.4  | 0.71   |
| Men (data 1996) <sup>c</sup>      | 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 <sup>f</sup>  |
| > Age 64                          | 62.6  | 59.5  | 0.88 <sup>f</sup>  |
| Women (data 1994-98) <sup>d</sup> | 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 <sup>f</sup>  |
| Women (data 1996) <sup>e</sup>    | 1.2   | 3.1   | 2.71   |
| Age 20-34                         | —   | —   | 1.60 <sup>f</sup>  |
| Age 35-44                         | —   | —   | 3.98   |
| Age 45-54                         | —   | —   | 2.00 <sup>f</sup>  |
| Age 55 and Older                  | —   | —   | 4.40   |

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

- a. Data are from the Current Population Survey.
- b. Data are from four community surveys conducted during 1986 and 1987.
- c. Data are from the National Survey of Homeless Assistance Providers and Clients (NSHAPC).
- d. Data are from the Access to Community Care and Effective Services and Supports sample of women with mental illness.
- e. Data are from the NSHAPC.
- f. Not statistically significant.

## Why Are Veterans Overrepresented in the Homeless Population?

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

Most of the evidence about factors associated with homelessness among veterans comes from The National Vietnam Veterans Readjustment Study (NVVRS) conducted from 1984 to 1988.<sup>36</sup> Researchers for the NVVRS surveyed 1,600 Vietnam theater veterans (those serving in Vietnam, Cambodia, or Laos) and 730 Vietnam era veterans (who did not serve in the theater) to determine their mental health status and their ability to readjust to civilian life. The NVVRS did not specifically analyze homelessness. However, a later study, published in 1994, used data from the NVVRS to examine homelessness specifically.<sup>37</sup> Findings from both studies are discussed below.

**Factors Present During and After Military Service.** Although researchers have not found that military service alone is associated with homelessness,<sup>38</sup> it may be associated with other factors that contribute to homelessness. The NVVRS found an indirect connection between the stress that occurs as a result of deployment and exposure to combat, or "war-zone stress," and homelessness. Vietnam theater and era veterans who experienced war-zone stress were found to have difficulty readjusting to civilian life, resulting in higher levels of problems that included social isolation, violent behavior, and, for white male veterans, homelessness.<sup>39</sup>

The 1994 study of Vietnam era veterans (hereafter 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

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<sup>36</sup> The NVVRS was undertaken at the direction of Congress as part of P.L. 98-160, the Veterans Health Care Amendments of 1993.

<sup>37</sup> 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 (hereafter "A Model of Homelessness Among Male Veterans of the Vietnam War Generation").

<sup>38</sup> See, for example, Alvin S. Mares and Robert Rosenheck, "Perceived Relationship Between Military Service and Homelessness Among Homeless Veterans With Mental Illness," *Journal of Nervous and Mental Disease* 192, no. 10 (October 2004): 715.

<sup>39</sup> Richard A. Kulka, John A. Fairbank, B. Kathleen Jordan, and Daniel S. Weiss, *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study* (Levittown, PA: Brunner/Mazel, 1990), 142.

readjustment period, and the post-military period subsequent to readjustment.<sup>40</sup> 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 abuse disorders, and (4) being unmarried (including separation and divorce). Each of these four post-military variables, in turn, contributed directly to homelessness.<sup>41</sup> 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.<sup>42</sup>

**Post-Traumatic Stress Disorder (PTSD).** Researchers have not found a direct relationship between PTSD and homelessness. The Rosenheck/Fontana study “found no unique association between combat-related PTSD and homelessness.”<sup>43</sup> Unrelated research has determined that homeless combat veterans were no more likely to be diagnosed with PTSD than combat veterans who were not homeless.<sup>44</sup> However, the NVVRS found that PTSD was significantly related to other psychiatric disorders, substance abuse, problems in interpersonal relationships, and unemployment.<sup>45</sup> These conditions can lead to readjustment difficulties and are considered risk factors for homelessness.<sup>46</sup>

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<sup>40</sup> 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.

<sup>41</sup> “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 424.

<sup>42</sup> *Ibid.*, p. 425.

<sup>43</sup> “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 425.

<sup>44</sup> Robert Rosenheck, Catherine A. Leda, Linda K. Frisman, Julie Lam, and An-Me Chung, “Homeless Veterans” in *Homelessness in America*, ed. Jim Baumohl (Phoenix, AZ: Oryx Press, 1996), 99 (hereafter “Homeless Veterans”).

<sup>45</sup> 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.

<sup>46</sup> “Homeless Veterans,” p. 98.

**Factors that Pre-Date Military Service.** According to research, factors that predate military service also play a role in homelessness among veterans. The Rosenheck/Fontana study found that three variables present in the lives of veterans before they joined the military had a significant direct relationship to homelessness. These were exposure to physical or sexual abuse prior to age 18; exposure to other traumatic experiences, such as experiencing a serious accident or natural disaster, or seeing someone killed; and placement in foster care prior to age 16.<sup>47</sup> The researchers also found that a history of conduct disorder had a substantial indirect effect on homelessness.<sup>48</sup> 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.<sup>49</sup>

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.”<sup>50</sup> 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.<sup>51</sup>

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<sup>47</sup> “A Model of Homelessness Among Male Veterans of the Vietnam War Generation,” p. 426.

<sup>48</sup> Ibid.

<sup>49</sup> 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 (hereafter “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective”).

<sup>50</sup> Testimony of Robert Rosenheck, M.D., Director of Northeast Program Evaluation Center, Department of Veterans Affairs, Senate Committee on Veterans’ Affairs, 103<sup>rd</sup> Cong., 2<sup>nd</sup> sess., February 23, 1994.

<sup>51</sup> “Homeless Veterans of the All-Volunteer Force: A Social Selection Perspective,” p. 510.

## 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,<sup>52</sup> 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 Projects. Also around this time, the first (and only) national group dedicated to the cause of homeless veterans, the National Coalition for Homeless Veterans, was founded by service providers that were concerned about the growing number of homeless veterans.

While homeless veterans are eligible for and receive services through programs that are not designed specifically for homeless veterans, the VA funds multiple programs to serve homeless veterans. The majority of homeless programs are run through the Veterans Health Administration (VHA), which administers health care programs for veterans.<sup>53</sup> The Veterans Benefits Administration (VBA), which is responsible for compensation and pensions,<sup>54</sup> education assistance,<sup>55</sup> home loan guarantees,<sup>56</sup> and insurance, operates one program for homeless veterans. In addition, the Department of Labor (DOL) is responsible for one program that provides employment services for homeless veterans. In FY2007, funding of approximately \$270 million was provided for homeless veterans programs,<sup>57</sup> nine of which are summarized in this section. **Table 2**, below, shows historical funding levels for the five homeless veterans programs that receive the most funding.

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<sup>52</sup> Senate Committee on Veterans Affairs, *Veterans' Administration FY1988 Budget, the Vet Center Program, and Homeless Veterans Issues*, 100<sup>th</sup> Cong., 1<sup>st</sup> sess., S.Hrg. 100-350, February 18 & 19, 1987, p. 2-6.

<sup>53</sup> For more information about the VHA, see CRS Report RL33993, *Veterans' Health Care Issues*, by Sidath Viranga Panangala.

<sup>54</sup> For more information about veterans benefits, see CRS Report RL33985, *Veterans Benefits: Issues in the 110<sup>th</sup> Congress*, coordinated by Carol Davis.

<sup>55</sup> For more information about educational assistance see CRS Report RL33281, *Montgomery GI Bill Education Benefits: Analysis of College Prices and Federal Student Aid Under the Higher Education Act*, by Charmaine Mercer and Rebecca R. Skinner.

<sup>56</sup> For more information about VA home loan guarantees see CRS Report RS20533, *VA-Home Loan Guaranty Program: An Overview*, by Bruce E. Foote and Meredith Peterson.

<sup>57</sup> The amount of funding is based on VA estimates of FY2007 obligations for its homeless programs and the amount appropriated for the Department of Labor's Homeless Veterans Reintegration Program.



**Table 2. Funding for Selected Homeless Veterans Programs,  
FY1988-FY2007**  
(dollars in thousands)

| Fiscal Year       | Obligations<br>(VA Programs)                   |  |  |                            | Budget Authority<br>(DOL Program)       |
|-------------------|--|--|--|----------------------------|---|
|                   | Health Care for Homeless Veterans <sup>a</sup> | Domiciliary Care for Homeless Veterans | Compensated Work Therapy/Therapeutic Residence | Grant and Per Diem Program | Homeless Veterans Reintegration Program |
| 1988              | \$12,932                                       | \$15,000 <sup>b</sup>                  | NA   | NA                         | \$1,915                                 |
| 1989              | 13,252   | 10,367                                 | NA   | NA                         | 1,877                                   |
| 1990              | 15,000   | 15,000                                 | NA   | NA                         | 1,920                                   |
| 1991              | 15,461 <sup>c</sup>                            | 15,750                                 | — <sup>c</sup>                                 | NA                         | 2,018                                   |
| 1992              | 16,500 <sup>c</sup>                            | 16,500                                 | — <sup>c</sup>                                 | NA                         | 1,366                                   |
| 1993              | 22,150   | 22,300                                 | 400  | NA                         | 5,055                                   |
| 1994              | 24,513   | 27,140                                 | 3,051  | 8,000                      | 5,055                                   |
| 1995              | 38,585 <sup>d</sup>                            | 38,948                                 | 3,387  | — <sup>d</sup>             | 107 <sup>e</sup>                        |
| 1996              | 38,433 <sup>d</sup>                            | 41,117                                 | 3,886  | — <sup>d</sup>             | 0                                       |
| 1997              | 38,063 <sup>d</sup>                            | 37,214                                 | 3,628  | — <sup>d</sup>             | 0                                       |
| 1998              | 36,407   | 38,489                                 | 8,612  | 5,886                      | 3,000                                   |
| 1999              | 32,421   | 39,955                                 | 4,092  | 20,000                     | 3,000                                   |
| 2000              | 38,381   | 34,434                                 | 8,068  | 19,640                     | 9,636                                   |
| 2001              | 58,602   | 34,576                                 | 8,144  | 31,100                     | 17,500                                  |
| 2002              | 54,135   | 45,443                                 | 8,028  | 22,431                     | 18,250                                  |
| 2003              | 45,188   | 49,213                                 | 8,371  | 43,388                     | 18,131                                  |
| 2004              | 42,905   | 51,829                                 | 10,240   | 62,965                     | 18,888                                  |
| 2005              | 40,357   | 57,555                                 | 10,004   | 62,180                     | 20,832                                  |
| 2006              | 56,998   | 63,592                                 | 19,529   | 63,621                     | 21,780                                  |
| 2007 <sup>f</sup> | \$59,278                                       | \$72,702                               | \$20,310                                       | \$92,180                   | \$21,809                                |

**Sources:** Department of Veterans Affairs Budget Justifications, FY1989-FY2008, VA Office of Homeless Veterans Programs, Department of Labor Budget Justifications FY1989-FY2008, House Appropriations Committee Tables, FY2007 budget.

- 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. 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.
- c. 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.
- d. 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.
- e. Congress appropriated \$5.011 million for HVRP in P.L. 103-333. However, a subsequent rescission in P.L. 104-19 reduced the amount.
- f. The obligation amounts for FY2007 are estimates.

## 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).<sup>58</sup> The VHA operates hospitals and outpatient clinics across the country through 21 Veterans Integrated Service Networks (VISNs). Each VISN oversees between five and eleven VA hospitals as well as outpatient clinics, nursing homes, and domiciliary care facilities. In all, there are 157 VA hospitals, 750 outpatient clinics, 134 nursing homes, and 42 domiciliary care facilities across the country. Many services for homeless veterans are provided in these facilities. In addition, the VBA has made efforts to coordinate with the VHA regarding homeless veterans by placing Homeless Veteran Outreach Coordinators (HVOCs) in its offices in order to assist homeless veterans in their applications for benefits.

**Health Care for Homeless Veterans.** The first federal program to specifically address the needs of homeless veterans, Health Care for Homeless Veterans (HCHV), was initially called the Homeless Chronically Mentally Ill veterans program.<sup>59</sup> 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.<sup>60</sup> Through the HCHV program, VA medical center staff conduct outreach to homeless veterans, provide care and treatment for medical, psychiatric, and substance abuse disorders, and refer veterans to other needed supportive services.<sup>61</sup> Although P.L. 100-6 provided priority for veterans whose illnesses were service-connected, veterans with non-service-connected disabilities were also made eligible for the program. Within two months of the program's enactment, 43 VA Medical Centers had initiated programs to find and assist mentally ill homeless veterans.<sup>62</sup> The HCHV program is currently authorized through December 31, 2011.<sup>63</sup>

**Program Data.** The HCHV program itself does not provide housing for veterans who receive services. However, the VA was initially authorized to enter

<sup>58</sup> For more information about the organization of the VA, see U.S. Department of Veterans Affairs, *Organizational Briefing Book*, May 2006, available at [<http://www.va.gov/ofcadmin/ViewPDF.asp?fType=1>].

<sup>59</sup> 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.

<sup>60</sup> 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.

<sup>61</sup> 38 U.S.C. §2031, §2034.

<sup>62</sup> 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.

<sup>63</sup> The program was most recently authorized in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461).

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 report).<sup>64</sup> Local funding for residential treatment facilities continues to be provided by some VA medical center locations, however. According to the most recent data available from the VA, 1,131 veterans stayed in residential treatment facilities in FY2006, with an average stay of about 58 days.<sup>65</sup> The HCHV program treated approximately 60,857 veterans in that same year.<sup>66</sup>

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

**Program Data.** Currently the DCHV program operates at 38 VA medical centers and has 1,991 beds available.<sup>67</sup> In FY2006, the number of veterans completing treatment was 5,282.<sup>68</sup> Of those admitted to DCHV programs, 92.7% were diagnosed with a substance abuse disorder, more than half (56.7%) were diagnosed with serious mental illness, and 52.5% had both diagnoses.<sup>69</sup> The average length of stay for veterans in FY2006 was 104.4 days, in which they received medical, psychiatric and substance abuse treatment, as well as vocational rehabilitation.

**Compensated Work Therapy/Therapeutic Residence Program.** The Compensated Work Therapy (CWT) Program has existed at the VA in some form

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<sup>64</sup> FY2004 VA Budget Justifications, p. 2-163.

<sup>65</sup> Wesley J. Kaspro, Robert A. Rosenheck, Diane DiLello, Leslie Cavallaro, and Nicole Hareluk, *Healthcare for Homeless Veterans Programs: Twentieth Annual Report*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 31, 2007, pp. 117-118 (hereafter *Healthcare for Homeless Veterans Programs: Twentieth Annual Report*).

<sup>66</sup> *Ibid.*, p. 25.

<sup>67</sup> Sandra G. Resnick, Robert Rosenheck, Sharon Medak, and Linda Corwel, *Eighteenth Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2006*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 2007, p. 1.

<sup>68</sup> *Ibid.*, p. 9.

<sup>69</sup> *Ibid.*, p. 10.

since the 1930s.<sup>70</sup> In the most current version of the program, the VA enters into contracts with private companies or nonprofit organizations that then provide disabled veterans with work opportunities.<sup>71</sup> 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. Most CWT positions are semiskilled or unskilled, and include work in clerical, retail, warehouse, manufacturing, and food service positions.<sup>72</sup> 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. The VA estimates that approximately 14,000 veterans participate in the CWT program each year.<sup>73</sup> The CWT program is permanently authorized through the VA's Special Therapeutic and Rehabilitation Activities Fund.<sup>74</sup>

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 purpose of the program is to provide housing to participants in the CWT program who have mental illnesses or chronic substance abuse disorders and who are homeless or at risk of homelessness.<sup>75</sup> 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.<sup>76</sup> The housing is transitional — up to 12 months — and veterans who reside there receive supportive services. As of September 2006, the VA operated 66 transitional housing facilities with 520 beds.<sup>77</sup>

**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

<sup>70</sup> Senate Veterans Affairs Committee, report to accompany S. 2908, 94<sup>th</sup> Cong., 2<sup>nd</sup> sess., S.Rept. 94-1206, September 9, 1976.

<sup>71</sup> The Compensated Work Therapy program was authorized in P.L. 87-574 as “Therapeutic and Rehabilitative Activities.” It was substantially amended in P.L. 94-581, and is codified at 38 U.S.C. §1718.

<sup>72</sup> VA Veterans Industry/Compensated Work Therapy web pages, available at [<http://www1.va.gov/vetind/>].

<sup>73</sup> VA Fact Sheet, “VA Programs for Homeless Veterans,” September 2006, available at [<http://www1.va.gov/opa/fact/docs/hmlssfs.doc>] (hereafter “VA Programs for Homeless Veterans”).

<sup>74</sup> 38 U.S.C. §1718(c).

<sup>75</sup> The VA's authority to operate therapeutic housing is codified at 38 U.S.C. §2032.

<sup>76</sup> The provision for nonprofits was in P.L. 102-54, but was repealed by P.L. 105-114, Section 1720A(c)(1).

<sup>77</sup> “VA Programs for Homeless Veterans.”

to provide services and transitional housing to homeless veterans.<sup>78</sup> For the last four fiscal years (FY2004-FY2007) the Grant and Per Diem program has received more funding than any of the other eight VA programs that are targeted to homeless veterans (see **Table 2**). The Grant and Per Diem program is permanently authorized at \$130 million (P.L. 109-461).

The program has two parts: grant and per diem. Eligible grant recipients may apply for funding for one or both parts. The grants portion provides capital grants to purchase, rehabilitate, or convert facilities so that they are suitable for use as either service centers or transitional housing facilities. The capital grants will fund up to 65% of the costs of acquisition, expansion or remodeling of facilities.<sup>79</sup> 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.<sup>80</sup> Organizations may apply for per diem funds alone (without capital grant funds), as long as they would be eligible to apply for and receive capital grants.

**Program Rules and Data.** The per diem portion of the Grant and Per Diem program pays organizations for the housing that they provide to veterans at a fixed dollar rate for each bed that is occupied.<sup>81</sup> 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 FY2007 rate is \$31.30 per day.<sup>82</sup> 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, however organizations cannot be reimbursed for both housing and services provided to the same individual. Organizations are paid by the hour for each veteran served for up to eight hours per day. Any per diem payments are offset by other funds that the grant recipient receives. Legislation has been introduced in the 110<sup>th</sup> Congress that would make changes to the way in which grant recipients are reimbursed. For more information about proposed legislation, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, by Libby Perl et al.

According to the most recent data available from the VA, in FY2006 the Grant and Per Diem program funded more than 300 service providers. These providers had

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<sup>78</sup> The Grant and Per Diem program is codified at 38 U.S.C. §§2011-2013.

<sup>79</sup> 38 U.S.C. §2011(c).

<sup>80</sup> 38 CFR §61.1.

<sup>81</sup> 38 CFR §61.33.

<sup>82</sup> U.S. Department of Veterans Affairs, Department of Geriatrics and Extended Care, Description of the State Veterans Home Program, available at [<http://www1.va.gov/geriatricsshg/docs/FY07STATEVETHOMEPROGRAMHistory.doc>].

a total of 8,200 beds available and served more than 15,000 homeless veterans.<sup>83</sup> According to a 2006 Government Accountability Office report, an additional 9,600 Grant and Per Diem transitional beds are needed to meet the demand.<sup>84</sup> The VA has stated that an additional 3,000 beds are expected to become available once construction and renovation of various facilities is completed.<sup>85</sup>

**Grant and Per Diem for Homeless Veterans with Special Needs.** In 2001, Congress created a demonstration program to target grant and per diem funds to specific groups of veterans (P.L. 107-95). These groups include women, women with children, the frail elderly, those veterans with terminal illnesses, and those with chronic mental illnesses. The program was initially authorized at \$5 million per year for FY2003 through FY2005. P.L. 109-461, enacted on December 22, 2006, reauthorized the program for FY2007 through FY2011 at \$7 million per year.

**HUD-VASH.** Beginning in 1992, through a collaboration between HUD and the VA, funding for approximately 1,753 Section 8 vouchers was made available for use by homeless veterans with severe psychiatric or substance abuse disorders.<sup>86</sup> Section 8 vouchers are subsidies used by families to rent apartments in the private rental market.<sup>87</sup> According to the VA, 1,028 of these vouchers were still used by veterans in FY2006.<sup>88</sup> Through the program, called HUD-VA Supported Housing (HUD-VASH), local Public Housing Authorities (PHAs) administer the Section 8 vouchers while local VA medical centers provide case management and clinical services to participating veterans. HUD distributed the vouchers to PHAs through three competitions, in 1992, 1993, and 1994. Prior to issuing the vouchers, HUD and the VA had identified medical centers with Domiciliary Care and Health Care for Homeless Veterans programs that were best suited to providing services. PHAs within the geographic areas of the VA medical centers were invited to apply for vouchers. In the first year that HUD issued vouchers, 19 PHAs were eligible to apply, and by the third year the list of eligible VA medical centers and PHAs had expanded to 87.<sup>89</sup>

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<sup>83</sup> *Healthcare for Homeless Veterans Programs: Twentieth Annual Report*, p. 154.

<sup>84</sup> Government Accountability Office, *Homeless Veterans Programs: Improved Communications and Follow-up Could Further Enhance the Grant and Per Diem Program*, September 2006, p. 12, available at [<http://www.gao.gov/new.items/d06859.pdf>].

<sup>85</sup> Statement of Pete Dougherty, Director, Homeless Veterans Programs, Department of Veterans Affairs, House Committee on Veterans' Affairs, Subcommittee on Health, *U.S. Department of Veterans Affairs Grant and Per Diem Program*, 110<sup>th</sup> Cong., 1<sup>st</sup> sess., September 27, 2007.

<sup>86</sup> The first announcement of voucher availability was announced in the Federal Register. See U.S. Department of Housing and Urban Development, "Invitation for FY1992 Section 8 Rental Voucher Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders," *Federal Register* vol. 57, no. 55, p. 9955, March 20, 1992.

<sup>87</sup> For more information about Section 8 in general, see CRS Report RL32284, *An Overview of the Section 8 Housing Programs*, by Maggie McCarty.

<sup>88</sup> *Healthcare for Homeless Veterans Programs: Twentieth Annual Report*, p. 267.

<sup>89</sup> U.S. Department of Housing and Urban Development, "Funding Availability (NOFA) for (continued...)

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.<sup>90</sup> However, funding was not provided for these vouchers. A bill enacted at the end of the 109<sup>th</sup> Congress (P.L. 109-461) also provided the authorization for additional HUD-VASH vouchers: 500 in FY2007, 1,000 in FY2008, 1,500 in FY2009, 2,000 in FY2010, and 2,500 in FY2011. Funding for additional vouchers was not requested by the President or provided by Congress in FY2007. However, the FY2008 Consolidated Appropriations Act (P.L. 110-161), includes \$75 million for Section 8 vouchers for homeless veterans. In addition, legislation has been introduced in the 110<sup>th</sup> Congress that would provide funds for additional HUD-VASH vouchers. For more information about proposed legislation, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, by Libby Perl et al.

**Program Evaluations.** Long-term evaluations of the HUD-VASH program have shown both improved housing and improved substance abuse outcomes among veterans who received the vouchers over those who did not.<sup>91</sup> Veterans who received vouchers experienced fewer days of homelessness and more days housed than veterans who received intensive case management assistance or standard care through VA homeless programs alone.<sup>92</sup> Analysis also found that veterans with HUD-VASH vouchers had fewer days of alcohol use, fewer days on which they drank to intoxication, and fewer days of drug use.<sup>93</sup> HUD-VASH veterans were also found to have spent fewer days in institutions.<sup>94</sup>

**Loan Guarantee for Multifamily Transitional Housing Program.** The Veterans Programs Enhancement Act of 1998 (P.L. 105-368) created a program in which the VA guarantees loans to eligible organizations so that they may construct, rehabilitate or acquire property to provide multifamily transitional housing for homeless veterans.<sup>95</sup> Eligible project sponsors may be any legal entity that has

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<sup>89</sup> (...continued)

the Section 8 Set-Aside for Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders,” *Federal Register* vol. 59, no. 134, p. 36015, July 14, 1994.

<sup>90</sup> 42 U.S.C. §1437f(o)(19).

<sup>91</sup> Robert Rosenheck, Wesley Kaspro, Linda Frisman, and Wen Liu-Mares, “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness,” *Archives of General Psychiatry* 60 (September 2003): 940 (hereafter “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness”). An-Lin Cheng, Haiqun Lin, Wesley Kaspro, and Robert Rosenheck, “Impact of Supported Housing on Clinical Outcomes,” *Journal of Nervous and Mental Disease* 195, no. 1 (January 2007): 83 (hereafter “Impact of Supported Housing on Clinical Outcomes”).

<sup>92</sup> “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness,” p. 945.

<sup>93</sup> “Impact of Supported Housing on Clinical Outcomes,” p. 85.

<sup>94</sup> *Ibid.*

<sup>95</sup> 38 U.S.C. §§2051-2054.

experience in providing multifamily housing.<sup>96</sup> The law requires sponsors to provide supportive services, ensure that residents seek to obtain and maintain employment, enact guidelines to require sobriety as a condition of residency, and charge veterans a reasonable fee.<sup>97</sup> Veterans who are not homeless, and homeless individuals who are not veterans, may be occupants of the transitional housing if all of the transitional housing needs of homeless veterans in the project area have been met.<sup>98</sup>

Supportive services that project sponsors provide include outreach; food and nutritional counseling; health care, mental health services, and substance abuse counseling; child care; assistance in obtaining permanent housing; education, job training, and employment assistance; assistance in obtaining various types of benefits; and transportation.<sup>99</sup> Not more than 15 loans with an aggregate total of up to \$100 million may be guaranteed under this program. The VA has committed loans to two projects and released a notice of funding availability for additional applications.<sup>100</sup> One project, sponsored by Catholic Charities of Chicago, opened in January 2007 with 141 transitional units for homeless veterans.<sup>101</sup> A second project in San Diego is also expected to provide 144 transitional housing units.<sup>102</sup> According to the VA, the agency has been slow to implement the program due to service providers' concerns that they may not be able to operate housing for such a needy population and still repay the guaranteed loans.<sup>103</sup>

**Acquired Property Sales for Homeless Veterans.** The Acquired Property Sales for Homeless Veterans program is operated through the Veterans Benefits Administration (VBA). The program was enacted as part of the Veterans Home Loan Guarantee and Property Rehabilitation Act of 1987 (P.L. 100-198). The

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<sup>96</sup> U.S. Department of Veterans Affairs, *Multifamily Transitional Housing Loan Guarantee Program: Program Manual*, April 6, 2007, p. 9, available at [[http://www1.va.gov/homeless/docs/Loan\\_Guarantee\\_Program\\_Manual\\_4-6-07.pdf](http://www1.va.gov/homeless/docs/Loan_Guarantee_Program_Manual_4-6-07.pdf)].

<sup>97</sup> 38 U.S.C. §2052(b).

<sup>98</sup> *Ibid.*

<sup>99</sup> *Multifamily Transitional Housing Loan Guarantee Program: Program Manual*, p. 10.

<sup>100</sup> The Notice of Funding Availability is available at *Federal Register* 71, no. 10, April 12, 2006, p. 18813.

<sup>101</sup> See U.S. Department of Veterans Affairs, "Multifamily Transitional Housing Loan Guarantee Program: Program Overview," Presentation by Claude B. Hutchinson, Jr., July 2007, available at [[http://www1.va.gov/homeless/docs/Loan\\_Guarantee\\_Informational\\_Video\\_Slides.ppt](http://www1.va.gov/homeless/docs/Loan_Guarantee_Informational_Video_Slides.ppt)].

<sup>102</sup> Statement of Pete Dougherty, Director, Homeless Veterans Programs, Senate Veterans Affairs Committee, *Looking At Our Homeless Veterans Programs: How Effective Are They?*, 109<sup>th</sup> Cong., 2<sup>nd</sup> sess., March 16, 2006.

<sup>103</sup> Testimony of Pete Dougherty, Director, Homeless Veterans Programs, Department of Veterans Affairs, House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110<sup>th</sup> Cong., 1<sup>st</sup> sess., March 8, 2007.



current version of the program was authorized in P.L. 102-54 (a bill to amend Title 38 of the U.S. Code), and is authorized through December 31, 2008.<sup>104</sup>

Through the program, the VA is able to dispose of properties that it has acquired through foreclosures on its loans so that they can be used for the benefit of homeless veterans. Specifically, the VA can sell, lease, lease with the option to buy, or donate, properties to nonprofit organizations and state government agencies that will use the property only as homeless shelters primarily for veterans and their families. The VA estimates that over 200 properties have been sold through the program.<sup>105</sup>

## The Department of Labor

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

**Homeless Veterans Reintegration Program.** Established in 1987 as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77), the HVRP was authorized through FY2011 as part of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461). The program has two goals. The first is to assist veterans in achieving meaningful employment, and the second is to assist in the development of a service delivery system to address the problems facing homeless veterans. Eligible grantee organizations are state and local Workforce Investment Boards, local public agencies, and both for- and non-profit organizations.<sup>106</sup> Grantees receive funding for one year, with the possibility for two additional years of funding contingent on performance and fund availability.<sup>107</sup>

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 or 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

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<sup>104</sup> The program was most recently authorized in the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003 (P.L. 108-170). The program is codified at 38 U.S.C. §2041.

<sup>105</sup> "VA Programs for Homeless Veterans."

<sup>106</sup> Veterans Employment and Training Service Program Year 2007 Solicitation for Grant Applications, *Federal Register* vol. 72, no. 71, April 13, 2007, p. 18682.

<sup>107</sup> *Ibid.*, p. 18679.

HVRP, it has been required that at least one employee of grantee organizations be a veteran who has experienced homelessness.<sup>108</sup>

**Program Data.** In program year (PY) 2004, from July 1, 2004 to June 30, 2005 (the most recent year for which information is available), HVRP grantees served a total of 12,516 homeless veterans, of whom 8,087, or 65%, were placed in employment.<sup>109</sup> Of those who became employed in PY2004, an estimated 64% were still employed after 90 days, and 58% after 180 days.<sup>110</sup> The percentage of HVRP participants placed in employment as well as the average wages they earn have both increased from PY2000. The percentage of participants placed in employment grew from 52.8% in PY2000, to 60.3% in PY2001 and PY2002, 62.7% in PY2003 and 65% in PY2004. The average wage has grown steadily from \$8.73 per hour in PY2000 to \$9.55 per hour in PY2004.

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

Although stand downs are largely supported through donations of funds, goods, and volunteer time, the DOL VETS office allows HVRP grant recipient organizations to use up to \$8,000 of their grants to fund stand downs. The VETS program also awards up to \$8,000 to HVRP eligible organizations that have not received an HVRP grant. According to the most recent data available, \$364,460 was used to serve 10,155 veterans at stand downs in FY2005.<sup>111</sup>

**Incarcerated Veterans Transition Program Demonstration Grants.** The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) instituted a demonstration program to provide job training and placement services to

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<sup>108</sup> “Procedures for Preapplication for Funds; Stewart B. McKinney Homeless Assistance Act, FY1988” *Federal Register* vol. 53, no. 70, April 12, 1988, p. 12089.

<sup>109</sup> U.S. Department of Labor, Office of the Assistance Secretary for Veterans’ Employment and Training, *FY2005 Annual Report to Congress*, March 23, 2007, p. 9, available at [[http://www.dol.gov/vets/media/FY2005\\_Annual\\_Report\\_To\\_Congress.pdf](http://www.dol.gov/vets/media/FY2005_Annual_Report_To_Congress.pdf)].

<sup>110</sup> *Ibid.*

<sup>111</sup> *Ibid.*, p. 12.

veterans leaving prison.<sup>112</sup> By 2005, the program awarded \$1.45 million in initial grants to seven recipients, and extended these seven grants through March 2006 with funding of \$1.6 million.<sup>113</sup> Authorization for the program expired on January 24, 2006 and no additional funding has been provided. However, service providers encourage continued involvement in making arrangements for veterans leaving correctional facilities.<sup>114</sup> And in its report for 2006, the Advisory Committee on Homeless Veterans recommended that both the VHA and VBA be involved in planning for veterans leaving prison.<sup>115</sup> Legislation that would remove the program's demonstration status and authorize it has been introduced in the 110<sup>th</sup> Congress. For more information about pending legislation, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, by Libby Perl et al.

## Emerging Issues

### Permanent Supportive Housing

With the exception of Section 8 vouchers provided through the HUD-VASH program, the federal programs for homeless veterans offer funding only for transitional housing developments; they do not fund permanent supportive housing. The permanent supportive housing model promotes stability by ensuring that residents receive services tailored to their particular needs, including health care, counseling, employment assistance, help with financial matters, and assistance with other daily activities that might present challenges to a formerly homeless individual. Although veterans are eligible for permanent supportive housing through HUD programs for homeless persons, they are not prioritized above nonveteran homeless individuals. Some members of Congress, service providers, and the VA Advisory Committee on Homeless Veterans support the creation of permanent supportive housing dedicated to veterans. According to local government and community participants in the last five VA CHALENG surveys, permanent supportive housing is the number one unmet need of homeless veterans.<sup>116</sup>

At recent Congressional hearings, witnesses and Committee Members discussed the issue of permanent supportive housing for veterans, including funding for additional HUD-VASH vouchers.<sup>117</sup> According to testimony, permanent housing is

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<sup>112</sup> 38 U.S.C. §2023.

<sup>113</sup> DOL VETS *FY2005 Annual Report to Congress*, p. 13.

<sup>114</sup> See National Coalition for Homeless Veterans, "FY2007 Public Policy Priorities," January 24, 2007, available at [<http://www.nchv.org/content.cfm?id=24>].

<sup>115</sup> U.S. Department of Veterans Affairs, Advisory Committee on Homeless Veterans, *Advisory Committee on Homeless Veterans Fourth Annual Report*, December 2006, p. 16 (hereafter *Advisory Committee on Homeless Veterans Fourth Annual Report*).

<sup>116</sup> *The Thirteenth Annual CHALENG Report*, p. 9.

<sup>117</sup> See, for example, House Financial Services Committee, Subcommittee on Housing and (continued...)

needed because veterans are not always served by housing for low-income households provided by HUD.<sup>118</sup> In a report released in August 2007, the Government Accountability Office (GAO) found that low-income veteran renter households were less likely to receive HUD rental assistance than other low-income households.<sup>119</sup> GAO estimated that 11% of low-income veteran renter households received HUD rental assistance compared to 19% of low-income nonveteran renter households.<sup>120</sup> Limited resources are available to house low-income families, and veterans must compete with other needy groups including elderly and disabled individuals and families with young children. Due to a lack of permanent housing options, when veterans complete programs that have transitional housing components, there is not always a place for them to go. Another concern is that, as Vietnam-era veterans age, there is a reduced chance that they will be able to find employment and support themselves. Permanent supportive housing would serve that population.<sup>121</sup>

As discussed previously, the law currently authorizes the creation of additional HUD-VASH vouchers to provide permanent supportive housing for homeless veterans: 500 in FY2007, 1,000 in FY2008, 1,500 in FY2009, 2,000 in FY2010, and 2,500 in FY2011. Congress did not fund additional vouchers in its FY2007 appropriations law (P.L. 110-5). However, the FY2008 Consolidated Appropriations Act (P.L. 110-161) includes \$75 million for Section 8 vouchers for homeless veterans. In addition, legislation in the 110<sup>th</sup> Congress would provide funds for additional HUD-VASH vouchers, as well as funds for permanent supportive housing for very low-income veterans and their families. For more information about proposed legislation, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, by Libby Perl et al.

## Veterans of the Wars in Iraq and Afghanistan

As veterans return from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), just as veterans before them, they face risks that could lead to homelessness. To date, approximately 400 OEF/OIF veterans have used VA services

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<sup>117</sup> (...continued)

Community Opportunity, *Affordable Housing Needs of America's Low Income Veterans*, 110<sup>th</sup> Cong., 1<sup>st</sup> sess., December 5, 2007; House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110<sup>th</sup> Cong., 1<sup>st</sup> sess., March 8, 2007.

<sup>118</sup> Statement of Michael Blecker, Executive Director, Swords to Plowshares, submitted to the Senate Veterans Affairs Committee, *Looking At Our Homeless Veterans Programs: How Effective Are They?*, 109<sup>th</sup> Cong., 2<sup>nd</sup> sess., March 16, 2006, S.Hrg. 109-533.

<sup>119</sup> Government Accountability Office, *Information on Low-Income Veterans' Housing Needs Conditions and Participation in HUD's Programs*, GAO-07-1012, August 17, 2007, p. 29, available at [<http://www.gao.gov/new.items/d071012.pdf>].

<sup>120</sup> Ibid.

<sup>121</sup> Testimony of Cheryl Beversdorf, Director, National Coalition for Homeless Veterans, before the House Appropriations Committee, Subcommittee on Military Construction and Veterans Affairs, *FY2008 Appropriations*, 110<sup>th</sup> Cong., 1<sup>st</sup> sess., March 8, 2007.

for homeless veterans, and the VA has classified 1,500 as being at risk of homelessness. The National Coalition for Homeless Veterans, in an informal survey of service providers, estimated that 1,260 veterans of the Iraq War sought assistance from Grant and Per Diem programs in 2006.<sup>122</sup> Approximately 751,273 OEF/OIF troops have been separated from active duty since 2002.<sup>123</sup> If the experiences of the Vietnam War are any indication, the risk of becoming homeless continues for many years after service. After the Vietnam War, 76% of Vietnam era combat troops and 50% of non-combat troops who eventually became homeless reported that at least ten years passed between the time they left military service and when they became homeless.<sup>124</sup>

Among troops returning from Iraq, between 15% and 17% have screened positive for depression, generalized anxiety, and PTSD.<sup>125</sup> Veterans returning from Iraq also appear to be seeking out mental health services at higher rates than veterans returning from other conflicts.<sup>126</sup> There is some concern that the VA may not be able to meet demand. Access to VA health services could be a critical component of reintegration into the community for some veterans. The VA has multiple means of reaching out to injured veterans and veterans currently receiving treatment through the Department of Defense (DOD) to ensure that they know about VA health services and to help them make the transition from DOD to VA services. (For more information about these efforts see CRS Report RL33993, *Veterans' Health Care Issues*, by Sidath Viranga Panangala.) However, for some veterans, health issues, particularly mental health issues, may arise later, and there is concern that they might not be aware of available VA health programs and services.<sup>127</sup> Legislation has been introduced in the 110<sup>th</sup> Congress that would attempt to identify returning members of the armed services who are at risk of homelessness. For more information on this

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<sup>122</sup> Conversation with Cheryl Beversdorf, Director, National Coalition for Homeless Veterans, April 10, 2007 (hereafter "Conversation with Cheryl Beversdorf").

<sup>123</sup> Since October 2003, DOD's Defense Manpower Data Center (DMDC) has periodically (every 60 days) sent VA an updated personnel roster of troops who participated in OEF and OIF, and who have separated from active duty and become eligible for VA benefits. The roster was originally prepared based on pay records of individuals. However, in more recent months it has been based on a combination of pay records and operational records provided by each service branch. The current separation data are from FY2002 through May 2007.

<sup>124</sup> See "Homeless Veterans," p. 105.

<sup>125</sup> 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.

<sup>126</sup> 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.

<sup>127</sup> 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, available at [<http://www.swords-to-plowshares.org/Risk%20and%20Protective%20Factors%20for%20Homelessness%20among%20OIF%20Veterans.pdf>].

legislation and its status, see CRS Report RL30442, *Homelessness: Targeted Federal Programs and Recent Legislation*, by Libby Perl et al.

Another concern is that returning National Guard and Reserve troops may not be able to access services as readily as members of the Army or Marines. Members of the Guard and Reserve do not necessarily live near military bases, where some services for returning personnel are provided. They could be largely separated from support networks. For example, through the Transition Assistance Program (TAP), operated through the Departments of Labor, Defense, and Veterans Affairs, returning service personnel may attend employment workshops at military bases throughout the nation. In addition, veterans of the Guard and Reserve are half as likely to file claims for disability and pension benefits as those in the regular forces.<sup>128</sup>

## Female Veterans

The number and percentage of women enlisted in the military has increased since previous wars. In FY2005, approximately 14.4% 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.<sup>129</sup> The number of women deployed to war is also on the rise. To date, over 165,000 female troops have been deployed to Iraq and Afghanistan,<sup>130</sup> compared to 7,500 in the Vietnam War, and 41,000 in the Gulf War.<sup>131</sup> 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%).<sup>132</sup> The VA anticipates that there will be 1.8 million female veterans in 2010 (8% of the veteran population) and 1.9 million (10%) in 2020. At the same time, the number of male veterans is expected to decline.<sup>133</sup>

Women veterans face challenges that could contribute to their risks of homelessness. Experts have found that female veterans report incidents of sexual

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<sup>128</sup> Veterans for America, Freedom of Information Act Request, “Compensation and Pension Benefit Activity Among 464,144 Veterans Deployed to the Global War on Terror,” January 30, 2006, available at [<http://www.veteransforamerica.org/files/vcs/CPGWOT.pdf>].

<sup>129</sup> U.S. Department of Defense, Office of the Under Secretary of Defense, Personnel and Readiness, *Population Representation in the Military Services, FY2005*, Appendix D, Table D-13, available at [<http://www.defenselink.mil/prhome/poprep2005/contents/contents.html>].

<sup>130</sup> The Joint Economic Committee, *Helping Military Moms Balance Family and Longer Deployment*, May 11, 2007, p. 2, available at [<http://www.jec.senate.gov/Documents/Reports/MilitaryMoms05.11.07Final.pdf>].

<sup>131</sup> U.S. Department of Veterans Affairs.

<sup>132</sup> Robert A. Klein, *Women Veterans: Past, Present, and Future*, U.S. Department of Veterans Affairs, Office of the Actuary, updated September 2007, pp. 8-9, available at [[http://www1.va.gov/vetdata/docs/Womenveterans\\_past\\_present\\_future\\_9-30-07a.pdf](http://www1.va.gov/vetdata/docs/Womenveterans_past_present_future_9-30-07a.pdf)].

<sup>133</sup> Ibid.

assault that exceed rates reported in the general population.<sup>134</sup> The percentage of female veterans seeking medical care through the VA who have reported that they have experienced sexual assault ranges between 23% and 29%.<sup>135</sup> Female active duty soldiers have been found to suffer from PTSD at higher rates than male soldiers.<sup>136</sup> Experience with sexual assault has been linked to PTSD, depression, alcohol and drug abuse, disrupted social networks, and employment difficulties.<sup>137</sup> These factors can increase the difficulty with which women veterans readjust to civilian life, and could be risk factors for homelessness (see earlier discussion in this report).

Women veterans are estimated to make up a relatively small proportion of the homeless veteran population. Among veterans who use VA's services for homeless veterans, women are estimated to make up just under 4% of the total.<sup>138</sup> As a result, programs serving homeless veterans may not have adequate facilities for female veterans at risk of homelessness, particularly transitional housing for women and women with children. Currently, eight Grant and Per Diem programs provide transitional housing for female veterans and their children.<sup>139</sup> The VA Advisory Committee on Homeless Veterans noted in its 2006 report that the Grant and Per Diem programs for women have been "slow to materialize" and recommended that the Special Needs grant be renewed and expanded.<sup>140</sup>

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<sup>134</sup> Jessica Wolfe et al., "Changing Demographic Characteristics of Women Veterans: Results from a National Sample," *Military Medicine* 165, no. 10 (October 2000): 800.

<sup>135</sup> Anne G. Sandler, Brenda M. Booth, Michelle A. Mengeling, and Bradley N. Doebbeling, "Life Span and Repeated Violence Against Women During Military Service: Effects on Health Status and Outpatient Utilization," *Journal of Women's Health* 13, no. 7 (2004): 800.

<sup>136</sup> Laurel L. Hourani and Huixing Yuan, "The Mental Health Status of Women in the Navy and Marine Corps: Preliminary Findings from the Perceptions of Wellness and Readiness Assessment," *Military Medicine* 164, no. 3 (March 1999): 176.

<sup>137</sup> Maureen Murdoch et al., "Women and War: What Physicians Should Know," *Journal of General Internal Medicine* 21, no. s3 (March 2006): S7.

<sup>138</sup> *Healthcare for Homeless Veterans 19<sup>th</sup> Annual Report*, p. 32.

<sup>139</sup> Conversation with Cheryl Beversdorf.

<sup>140</sup> *Advisory Committee on Homeless Veterans Fourth Annual Report*, p. 11.