



Supportive Housing for Veterans: An Overview of Key Considerations

VETERANS AND HOMELESSNESS

Veterans of the United States' armed forces are disproportionately likely to be homeless; about 26% of all homeless persons are veterans although only 11% of the U.S. population over age 18 have served in the armed forces. According to the National Alliance to End Homelessness, in 2006, there were approximately 195,827 homeless veterans on a given night and about 336,627 veterans experienced homelessness over the course of the year.¹ The Veterans Administration (VA) reported in March 2008 that the number of homeless veterans on a given night had dropped to about 154,000, with perhaps twice that many experiencing homelessness during the course of a year.²

The vast majority of homeless veterans are single males and many come from poor, disadvantaged backgrounds. Nearly half of homeless veterans are experiencing mental illness, half struggle with substance use and addictions,³ and about one third have co-occurring mental illnesses and substance abuse disorders.⁴ Veterans may be more likely to meet the criteria for "chronic" homelessness than homeless non-veterans. One study found that 32% of homeless veterans reported that their last homeless episode lasted for 13 months or longer, compared to 17% of homeless non-veterans.⁵ In addition, research has found that homeless veterans are distinct from other homeless persons in other ways:⁶

- Homeless veterans are more likely to abuse alcohol than homeless non-veterans.
- Homeless veterans are better educated than homeless non-veterans - 85% have graduated high school or have a GED.
- Homeless veterans are more likely to be working for pay than are homeless non-veterans.

Findings from a random survey of homeless veterans service providers conducted in November 2005 by the National Coalition for Homeless Veterans (www.nchv.org) suggest that the composition of the homeless veteran population in the United States is undergoing significant changes. The survey results identify three sub-populations that may present significantly increased needs for housing and services in the immediate future: 1) aging Vietnam veterans; 2) female veterans (about 10% of veterans will be female by 2010)⁷; and 3) combat veterans of current military operations in Iraq and Afghanistan.

THE EFFECTIVENESS OF PERMANENT SUPPORTIVE HOUSING FOR HOMELESS VETERANS

Studies have demonstrated the effectiveness of permanent supportive housing in ending homelessness for persons with multiple barriers to housing stability such as mental illness and substance abuse disorders. A study by Rosenheck et al. (2003) evaluated the effectiveness of supportive housing specifically for veterans with psychiatric and/or substance abuse disorders. The HUD-VA Supported Housing (HUD-VASH) program provided tenants with housing rental subsidies through Section 8 vouchers, along with intensive case management services to address their service needs. The study found that the HUD-VASH program resulted in a significant increase in housing stability - the veterans who received both housing and intensive case management services had 36.2% fewer days homeless than a group of veterans who received standard treatment and had 35.8% fewer days homeless than a group of veterans who only received case management services.⁸

EFFECTIVE HOUSING AND SERVICE STRATEGIES

Services needed by formerly homeless veterans include crisis intervention services, employment services, educational services, physical health care, substance abuse services, mental health services, benefits advocacy and community building activities. Important considerations for designing the services strategies

within permanent supportive housing projects serving formerly homeless veterans include:

- **Understanding the Impact of Military Service:** For many homeless veterans, their service in the military (whether during wartime or not) and their re-entry into the civilian world are defining aspects of their life experiences. Their military service plays a powerful role in shaping their adult identity, and their sense of place within the community. Therefore, it is important to design service programming that respects and values the contributions that veterans have made, and is responsive to veterans' particular needs. Many veterans' service organizations place a strong emphasis on incorporating peer-to-peer (veteran-to-veteran) support models within their programming to help ensure that their services reflect a thorough understanding of veterans' experiences.
- **Facilitating Access to Veteran-Specific Public Benefits:** Many veterans, especially those who did not serve during wartime, are not aware of or have not accessed VA pension or health care benefits - only 25% of homeless veterans have used VA Homeless services. These resources, and other public benefits, can provide critical supports to formerly homeless veterans living in supportive housing.
- **Understanding the Prevalence of Specific Mental Illnesses:** Veterans come from all walks of life, and can be expected to experience mental illnesses at rates proportional to the general population. However, the experience of military service, especially during wartime, may make veterans especially vulnerable to some mental health issues, such as Post-Traumatic Stress Disorder. In addition, the rate of Anti-Social Personality Disorder has been found to be 5-6 times higher among veterans than among non-veterans.⁹ These mental health issues may significantly impact veterans' rates of homelessness and their experience of homelessness.
- **Understanding the Prevalence of Traumatic Brain Injury (TBI):** According to a recent report in the *New England Journal of Medicine*, one quarter of soldiers evacuated from Iraq and Afghanistan have suffered serious head and neck trauma.¹⁰ Symptoms of traumatic brain injury – which is correlated with post-traumatic stress disorder – can be hard to detect. Symptoms vary widely from person to person but may include poor concentration, lack of organization, difficulty making decisions, slowed thinking, memory deficits, headaches, dizziness, fatigue, impulsivity, irritability and sleep problems.¹¹ Since some of these symptoms may be similar to symptoms of mental illness (such as depression) or may appear to be the consequences of substance abuse, it is important for veterans to receive an assessment for TBI, in order to ensure that they receive appropriate treatment.
- **Employment Services:** Providers of supportive services for veterans often focus on employment, since veterans report that unemployment is one of their primary challenges. Employment can play a key role in ending homelessness, by helping veterans gain self-respect and a sense of purpose and by generating income that can assist them to pay for housing and other necessities. Furthermore, employment is an integral, stabilizing part of the recovery process for veterans with mental illnesses and/or substance abuse issues. The prospect of a good job can help motivate a veteran to develop new habits and routines, to establish new social networks, and to identify other meaningful goals. Best practices for employment services include: offering numerous and varied job opportunities (including opportunities to start working right away); tailoring job duties to create a mutually beneficial situation for employers and veterans with disabilities; and offering ongoing job retention supports to veterans.

ADDITIONAL RESOURCES

The Corporation for Supportive Housing has a wide variety of resources available through our website at www.csh.org. Resources containing information focused on supportive housing for veterans and other populations include:

- [Guidebook on Developing Permanent Supportive Housing for Homeless Veterans \(2008\)](#): The goal of this Guidebook is to assist veteran housing and service organizations to develop permanent supportive housing for homeless veterans.
- [Ending Homelessness Among Veterans through Permanent Supportive Housing \(2007\)](#): This report is a product of a Policy Leadership Dialogue convened by CSH, the National Coalition for Homeless Veterans and Volunteers of America. The report highlights permanent supportive housing as an effective tool for preventing and ending homelessness among veterans.
- [Toolkit for Developing and Operating Supportive Housing \(2006\)](#): This online toolkit contains more than 150 informational pieces, tools, and sample documents that can help organizations address key challenges in the planning, development and operation of permanent supportive housing projects.
- [Toolkit for Connecting Supportive Housing Tenants to Employment \(2008\)](#): CSH's newest web-based toolkit provides easy access to more than 100 tools and resources to help supportive housing organizations, workforce partners, and employers address key challenges in the planning, implementation, and on-going provision of employment-related services and programs for tenants living in supportive housing.
- [CSH Financing Supportive Housing Guide](#): This online guide contains information about sources of funding for capital, operating, and services financing, including information regarding sources of funding for veterans' housing programs.

¹ National Alliance to End Homelessness. "Vital Mission: Ending Homelessness Among Veterans." (2007) www.endhomelessness.org.

² U.S. Department of Veterans Affairs, Michael E. DeBakey VA Medical Center. "Number of Homeless Vets Drops 21 Percent." March 6, 2008. http://www.houston.va.gov/pressreleases/News_20080306b.asp.

³ National Coalition for Homeless Veterans website: www.nchv.org/background.cfm (accessed October 2, 2008).

⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. "Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders." (2002) <http://www.samhsa.gov/reports/congress2002/chap4hrp.htm>.

⁵ U.S. Census Bureau. "National Survey of Homelessness Assistance Providers and Clients" (NSHAPC). (1996, updated 1999).

⁶ Tessler, R., Rosenheck, R., & Gamache, G, "Comparison of homeless veterans with other homeless men in a large clinical outreach program," *Psychiatric Quarterly*, 73 (2002):2.

⁷ National Alliance to End Homelessness. "Vital Mission: Ending Homelessness Among Veterans." (2007) www.endhomelessness.org.

⁸ Rosenheck, R. et al. "Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness", *Archives of General Psychiatry*. (2003) 60, 940-951.

⁹ Rosenheck, R., Frisman, L., & Chung, A, "The Proportion of Veterans Among Homeless Men," *American Journal of Public Health* 84 (1994): 3.

¹⁰ Hoge C.W., MCGurk, D., Thomas, J.L., et al. (2008). "Mild Traumatic Brain Injury in U.S.Soldiers Returning from Iraq", *New England Journal of Medicine*, 358(5), 453-463.

¹¹ Health Care for the Homeless, Healing Hands Clinicians Network. "Traumatic Brain Injury: Emerging Tools for Assessment and Care."(2008) www.nhchc.org.