

VETERAN HOMELESSNESS PREVENTION PLATFORM

In October 2006, the National Coalition for Homeless Veterans (NCHV) participated in the National Symposium on the Needs of Young Veterans hosted by AMVETS in Chicago. As a subject matter expert on veterans at risk of homelessness, NCHV engaged in discussions with community-based service providers to identify the most critical needs of veterans returning from Operations Iraqi Freedom and Enduring Freedom (Afghanistan), and their recommendations on government and community interventions that would reduce those veterans' risks of becoming homeless.

The U.S. Department of Veterans Affairs, Department of Labor and their community-based service partners represented by NCHV have developed a nationwide network of assistance programs that has reduced the number of homeless veterans on the streets of America by more than 40% since 2005. The Chicago symposium, however, was one of the earliest national assemblies convened to explore strategies to prevent homelessness among combat veterans returning from war. The insights, client challenges and recommendations of those service providers still serve as the foundation of a comprehensive Veteran Homelessness Prevention Platform.

The recommendations in this document do not necessarily represent NCHV's position on specific legislative initiatives, but are presented to help frame the discussion and development of an effective veteran homelessness prevention strategy.

Causes of Homelessness

Homelessness is the end result of problems that an individual cannot resolve without assistance. Generally, these problems can be grouped into three categories – health issues, economic hardships and lack of affordable housing.

These issues impact all homeless individuals, but veterans face additional challenges when trying to overcome these obstacles: prolonged separation from traditional supports such as family and close friends; highly stressful training and occupational demands that can affect their personality, self esteem and ability to communicate with people in the civilian sector after their separation from military service; and non-transferability of some military occupational specialties into the civilian work force.

NCHV believes the key to veteran homelessness prevention is to help service members plan for their separation from the military – accounting for their health, employment and housing needs – well before their discharge. Just as critical is providing access to assistance to veterans who need help before they lose control of their lives and, ultimately, their homes and families.

Health Care Initiatives

Mental Health – The VA reports that nearly 30% of the veterans of Iraq and Afghanistan who have sought VA medical care since separating from the military have exhibited potential symptoms of mental and emotional stress. Close to one-half of those have a possible diagnosis of post-traumatic stress disorder (PTSD).

Of equal concern was the Government Accountability Office (GAO) report that a large percentage of Iraq War veterans whose Post-Deployment Survey responses indicated they were at risk of developing PTSD were not referred to Department of Defense or VA facilities for mental health screening and counseling (*GAO Report, May 16, 2006*).

Primary and Long-term Rehabilitative Care – While the VA has greatly increased the capacity and services of its nationwide health care system, many communities are under-served by VA programs. Many low-income veterans cannot afford health insurance, and many small and independent businesses do not offer health insurance coverage. These veterans and their families are one major medical problem

removed from severe economic hardship that may, and often does, result in an increased risk of homelessness.

Recommendations:

- There should be a national "open door" policy that ensures access to immediate primary and mental health services to OIF/OEF veterans for five years after discharge in (1) areas that are under-served by VA facilities, (2) for immediate family members of OIF/OEF veterans, and (3) for long-term rehabilitative care. Fee-for-service policies, contracts with approved community and private health care providers in under-served areas or those with insufficient VA capacity to meet demand, and reimbursement by VA to those care providers must not place additional burdens on OIE/OEF veterans and their families.
- All VA medical centers and community-based outpatient clinics (CBOC) should have access to emergency mental health services on a 24/7 basis, whether on site or through approved community mental health programs. This critical support must be real-time, face-to-face.
- Implement universal enrollment in the VA Health Care System *before* discharge from active duty status, including eligible National Guard and Reserve personnel deployed to Iraq and Afghanistan. Ensure that a copy of a service member's medical records be transmitted to the VA Medical Center serving that veteran's home of record.
- All service members separating from active duty after deployment to Iraq, Afghanistan, or any combat theater, should receive mandatory mental health assessments and be screened for possible traumatic brain injury (TBI), Hepatitis-C, TB, HIV and other illnesses *before* discharge. Follow-up mental health assessments should be mandatory at six-month and one-year intervals after discharge. The VA medical center serving the veteran's home of record should be responsible for ensuring these follow-up assessments are scheduled, and recording the veteran's response.
- Service members who, on their Post-Deployment Assessment surveys, are identified as exhibiting signs of emotional or mental strains that could increase their risk of developing PTSD should be advised of that fact so they may ask for and receive proper supports to reduce that likelihood.
- National Veteran Health Insurance Program – Create a program based on a premium sliding scale to make health insurance available and affordable to all veterans and their families regardless of income status.
- Require the VA and Department of Defense to produce public service announcements (PSA) for television, radio, newspapers and magazines informing veterans where they can find assistance, coined as a benefit earned through their military service. Many veterans have no idea what benefits or assistance they are eligible for after their discharge; some are unsure of their veteran status.
- Congress should ensure funding of the VA "Resource Call Center" so that veterans – and their family members – who need assistance receive accurate, helpful information and referrals to VA and community resources in their area on a 24/7 basis.

Income Supports

For young veterans, economic hardships usually involve employment issues and mounting debt. The cost of housing in most communities makes it unlikely that a single wage earner will be able to afford a comfortable and safe rental unit. The recent housing crisis and economic downturn conspire against

younger veterans in terms of both housing cost burden and employment security. Though many military occupations prepare veterans for the workforce, many combat arms specialties do not, and this affects younger OIF-OEF veterans more than other age cohorts.

According to an analysis of 2000 Census data performed by Rep. Robert Andrews (D-NJ) in 2005, about 1.5 million veterans – nearly 6.3% of the nation's veteran population – have incomes that fall below the federal poverty level, including 634,000 with incomes below 50 percent of the poverty threshold. Many of these veterans have no health insurance or access to education or training programs to increase their earnings potential.

OIF/OEF veterans are entitled to return to their pre-deployment jobs and pay scale under USERRA protection after their discharge, but increasingly many jobs are disappearing because of layoffs and business failures. Veterans who cannot find other employment quickly are in imminent danger of becoming dependent on shared living arrangements or becoming homeless.

Recommendations:

- Expand and Increase Funding for the Jobs for Veterans Act – The Jobs for Veterans Act enables the Department of Labor to provide veterans with employment preparation assistance and job placement services. There are nearly 2,500 employment specialists working with veterans through the Veterans Employment and Training Service (DOL-VETS). Disabled Veteran Outreach Program (DVOP) specialists help homeless veterans and those at-risk of becoming homeless find gainful employment; and Local Veteran Employment Representatives (LVERs) identify employers who are willing to hire veterans. The Act requires that federal contractors and government agencies give veterans a preference in their hiring policies. Additional funding would increase the number of DOL-VETS employment specialists in the field, create more job opportunities for veterans returning from Iraq and Afghanistan, and enhance the program's oversight and enforcement capabilities with respect to veteran preferences.
- Expand the Veterans Workforce Investment Program (VWIP) to all 50 states. Currently less than \$8 million is distributed by the Department of Labor to 12 grant programs in select states to provide unemployed and under-employed veterans with job training and placement assistance. In view of the re-employment needs of OIF/OEF veterans during the current economic downturn, and considering young combat veterans are most impacted by that downturn, funds from the Recovery Act should be made available to VWIP programs in every state proportionate to the number of work-age unemployed OIF/OEF veterans in each state.
- Pass emergency legislation to provide unemployment compensation to OIF/OEF veterans who are not protected by USERRA (due to business failures and layoffs) at a percentage of their base military pay for a period of up to 12 months, rather than the current prevailing local rates. Employment protection is one of the guarantees that men and women consider when volunteering to serve in this nation's military – they should not be penalized for making that sacrifice.
- Implement a program through the Department of Veterans Affairs to provide grants to community organizations providing services to low-income veterans –and their families – in supportive housing. Eligible uses could include child care assistance, counseling and case management, employment supports such as uniforms and training fees, transportation for VA appointments, emergency aid with utility bills, etc.

- Develop a federal certification project for certain trades and occupations that are readily accepted in the states, and DoD and VA should share the cost of certification for OIF/OEF veterans within one year after their discharge.

Access to Housing

According to the 2007 VA Community Homelessness Assessment and Local Education Networking Groups (CHALENG) Report, one of the highest-rated unmet needs among veterans in every region of the country is access to safe, affordable housing. This has been identified as a chronic community problem by many research and public interest groups, as well as government agencies and service providers.

Because of limited public assistance resources, access to public housing is usually subject to a priority system that favors single parents with dependent children, the elderly and persons with disabilities over veterans without an obvious substance abuse, mental illness or other disability. The reality is that in virtually every community in America there is a critical shortage of safe, decent affordable housing for individuals and families with low and extremely low incomes (*National Law Center on Homelessness & Poverty, National Alliance to End Homelessness, the council of Mayors, Harvard University, 2006*). This becomes an even greater challenge in light of the more than 1.5 million veterans who live below the federal poverty level – about 6.3% of the men and women who have served in the military (*2000 U.S. Census*).

Recommendations:

- Continue to increase the HUD-VA Supportive Housing Program (HUD-VASH) with another 20,000 Section 8 vouchers beyond the 20,000 funded since Fiscal Year 2008. The National Alliance to End Homelessness (NAEH) released an analysis of available data that showed up to 65,000 veterans could be classified as "chronically homeless." Those are veterans with serious mental illness, chronic substance abuse issues and other disabilities; and they will need supportive housing over a long period, many for the rest of their lives. At a 40,000 voucher level, only two-thirds of this special population would be served. Due to the time it would take to implement program expansion of this scale, reassessment of the need and the program's success would be ongoing and policy could be revised to reflect that data.
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- Pass the Homes For Heroes Act – Originally introduced in the 110th Congress, in the House by Rep. Al Green (D-TX) and the Senate by Sen. Barack Obama (D-IL), this measure would make available to low- and extremely low-income veterans and their families 20,000 housing vouchers; fund grants to organizations providing services to low-income veterans in supportive housing; and create the position of Veterans Liaison within the Department of Housing and Urban Development to ensure the needs of low-income and homeless veterans are considered in HUD programs. The measure has been reintroduced in the House this year; a companion bill in the Senate has not yet been filed.
- Full implementation of the VA Enhanced Use Lease (EUL) "Mission Driven Housing" initiative – A critical piece of the strategy to develop supportive housing for homeless veterans and those at risk of becoming homeless. The VA has identified surplus or under-utilized properties at 49 sites that will be made available for project development and lease through a streamlined approval process. Thirty-four of those sites are for homeless housing projects only; the 15 others may include homeless housing and services in development proposals. Eight sites have been announced through the RFP process, the others will be announced as the VA is ready to proceed. This is a historic initiative, and one NCHV believes will have a profound impact on reducing and preventing veteran homelessness.

- Create a national prime rate interest home loan program for OIF/OEF veterans – The VA home loan guarantee program has made home ownership a reality for millions of veterans. However, this program does little for young veterans with modest incomes. A special loan account, administered by a corporate partnership, to provide home loans at well-below market rate for OIF/OEF veterans would help these young veterans qualify for home ownership, allow them to build equity to strengthen their financial stability, and effectively reduce their risk of homelessness by reducing their mortgage payments. Funding institutions could be offered federal tax incentives to offset income loss due to the lower interest rates.
- Develop affordable housing programs for low-income veterans – Every community in the nation should incorporate into their 10-year plans a strategy to develop affordable housing stock to prevent homelessness among its low-income and extremely low-income individuals and families, with a set-aside for veterans in proportion to their representation in the homeless and low-income population estimates. Federal, state and local governments should develop incentives to drive this vital component of homelessness prevention through low-income housing tax credits; awarding of project-based Section 8 vouchers for approved developments; project funding support through the National Housing Trust Fund; formation of local and regional community land trusts; infusion of supportive services dollars through Community Development Block Grants and other funding streams; and tax credits for builders and contractors who work on these projects.