

## More Than a House: Ending Veteran Homelessness by Addressing Failed Transition Policies

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In 2009, President Barack Obama and then-Secretary of Veterans Affairs Eric Shinseki announced the goal of ending veteran homelessness by the end of 2015. Since that time, it has been reduced nationwide by 33 percent (VA, 2014). In fiscal year 2014, the VA dedicated more than \$1.4 billion to specialized homeless programs and more than \$5.4 billion to healthcare for homeless veterans. This summer, Los Angeles Mayor Eric Garcetti, joined by First Lady Michelle Obama, further committed to this national goal to end veteran homelessness by 2015, bringing renewed energy and resources to addressing the societal issue in both local and national efforts.

*“Without addressing the underlying causes of this societal issue, we bear the burden of repeating it.”*

While this surge of goodwill is welcomed and needed in the present situation, the increased focus on veteran homelessness illustrates an increasing trend among policymakers to focus on the symptoms of failed military transitions rather than the etiology of the problems that arise from unprepared and unplanned military service members transitioning to civilian life. Veteran homelessness is the present example of policies and communities that have, to date, been unprepared and unaware of the challenges associated with transitioning veterans home from war. Recent local and national efforts to address these concerns have included expanding intervention efforts through increasing veteran housing programs (United Way-Coordinated Entry System), increased Veterans Affairs Supportive Housing (VASH) vouchers, and millions placed into Department of Veterans Affairs funding

for Supportive Services for Veteran Families (SSVF) program and HUD-VASH addressing chronic homelessness, with little focus on the factors that account for these drastic measures (NCVAS, 2014). Without addressing the underlying causes of this societal issue, we bear burden of repeating it.

### History and Background of Veteran Homelessness

Since Vietnam, American wars have increasingly lost the implicit agreement between citizens and the state—citizens have increasing felt disconnected from the consequences and loss of war (Bacevich, 2013). In addition, the all-volunteer and isolated force—less than 1 percent of the population—has led to further distance between those who wear the uniform and those they serve. This growing divide, coupled with the increasing survival rates, have led to service members feeling increasingly disconnected from the communities they swore to protect. Any approach to addressing the untreated and ignored symptoms of war (e.g. homelessness), must take into account the factors that drive isolation and the failing of a society to transition service members home after service.

Today’s American veterans still experience the same difficulties readjusting as their historical counterparts, including health concerns, economic difficulties and homelessness. Recent estimates of the homeless count in Los Angeles County set the current number of homeless veterans near 5,000, down from 6,248 in 2013 (LAHSA, 2013). National and local efforts have rallied to end veteran homelessness by 2015. In Los Angeles, it is now standard practice for the VA and Coordinated Entry Systems in the county’s Service Planning Areas to host outreach events where hundreds of partners work tirelessly to bring homeless veterans off the streets. Yet, among the service providers in the Los Angeles area, it is increasingly common that veteran case managers and housing and mental health providers see younger and younger veterans at their door. The simple fact that influxes

of newly homeless veterans are appearing on the streets of Los Angeles should suggest that the systemic issues that have driven increases in homelessness are not extinct.

## Current Policy

The magnitude of veteran homelessness in Los Angeles and the complexity of the issue call for a collective and comprehensive approach (Hassan, 2013). Los Angeles Mayor Eric Garcetti and the United Way have led the approach to funnel resources toward a Coordinated Entry System leveraging community partners around services needed to house veterans off the streets. This approach, while addressing chronic homelessness, does little to tackle the systemic issues which created the thousands of homeless veterans and those on the brink of becoming homeless.

In recent years, the policy and programmatic efforts focused on housing-first interventions present considerable problems for developing the long-term outcome of successfully transitioning veterans back into the community. While these models have demonstrated great success in getting veterans off the street, they fail to address the systemic issues that put them there. Senge, Hamilton, and Kania suggest that short-term efforts to improve the symptoms of a societal problem often go awry without a coordinated and long-term approach—a systemic approach to change (2014). The systems driving the etiology of veteran homelessness must be addressed through a measured and holistic model, supported by policy and key community partners able to engage the source of the problem. Policies that do not incorporate a high-level understanding of these factors drive duplication, incoordination and waste vital resources.

*“Future policies need to facilitate coordination ... for the entire continuum of needs for veterans, not just housing”*

## Future Policy

The end state for veterans is not merely to be housed; it is to successfully transition into the community. The recent focus on housing, while needed, must not distract the community from the long-term goals of successful transition. Policy that addresses the symptoms of the lack of local and national policy for transitioning veterans must adapt to take a long-term approach to fully reintegrate veterans after their service (Hassan, Flynn, & Astor, 2013). In Los Angeles County, one in four veterans fear being homeless in the next 60 days and more than half of veterans did not know where they would live when they left the military (Cas-

tro, Kintzle & Hassan, 2014). Future policy efforts must aim at strengthening the housing and community systems that address the homeless epidemic to include better supports for veterans in housing distress.

A considerable strength of the United Way approach to ending homelessness is its coordinated effort across agencies and funding streams. This approach has garnered support from public and private sectors on a national scale—coordinating systems that that did not work well with each other previously. While this approach may be effective at addressing the immediate need of housing for veterans, a more holistic model is needed to support veterans across the whole continuum of need by expanding efforts to include more holistic preventative models. A collaborative and holistic model holds the indisputable power of resources and diverse perspectives to yield the necessary change to support veterans in their transition (Armistead, Pettigrew, & Aves, 2007). Future policies need to facilitate coordination across private, public and governmental agencies for the entire continuum of needs for veterans, not just housing.

## Policy Recommendations

### **Expand services to provide holistic support for veterans that includes individuals under housing distress past 14 days.**

Currently, policy aimed at supporting veterans provides minimal supports unless they are in immediate need of housing—requiring an individual or family be 14 days from eviction, have secured shelter for no longer than 14 days, and have no identifiable residence (VA, 2014). Providing access to services before the situation becomes irreversible allows for a less costly and tailored approach supporting veterans in a successful transition. Preventive and early intervention supports should receive similar resources and attention as those meant for chronic issues. To date, policies aimed at ending veteran homelessness have done little to address the systemic factors that put veterans at risk for homelessness; they still experience situations that place them at a high risk of losing their housing (O’Toole, Pape, & Kane, 2013). Expanding services beyond the 14-day mark will allow veterans to access resources and encourage help-seeking behavior that may lead to long-term success as well as early access to veteran community support networks that can provide social supports needed for successful reintegration into the workforce and civilian life.

**Allow funding to be used flexibly when coupled with accountability for results.** County agencies, appropriation committees and governmental agencies should allow coordinating bodies to use and allocate funding flexibly. This includes mixing funding streams that provide a range of services that address a range of related outcomes on the condition that they be held accountable for achieving specific results (Bockstette, White, Ferber, Gaines & Pittman, 2014). This approach is well documented as a best practice in collective impact literature and allows for the flexibility required to support strategies aimed at aiding veterans throughout the transition into civilian life (Kania, J. & Kramer, 2011). Veterans who transition with different demographics (e.g., age,

race, education level) and differing skill sets (e.g., infantryman or legal) should meet service providers that have the flexibility to provide services that allow for the best long-term outcomes associated with successful transition. Funding streams that are limited to the few programs that an agency can provide (e.g., resume help with no support to buy a suit; rent support with no help for food or utilities) lack the ability to provide needed services that lead to the best long-term outcomes. Allowing flexible funding, tied to long-term outcomes, allows for the greatest good for veterans and their families.

**Provide block grants to veteran community support networks that fuel collaboration and provide a comprehensive plan to support veterans in transition.** The needs of veterans transitioning off the street are complex. They require a comprehensive plan to reintegrate them back into society. The complexities and long-term care needs often require multiple agencies and non-profit services to meet their need. While these agencies often

share similar funding sources, little to no resources are given for interagency and nonprofit collaboration. Warm hand-offs are limited to inner-agency referrals and leave the transitioning veteran on their own to get the help they need from other sectors. Providing block grants to fuel collaboration will incentivize and support agencies to work together to better help veterans in transition, recognizing that successful military transitions can take up to two years.

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