

THE STATE OF THE AMERICAN VETERAN:

The Orange County Veterans Study

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Acknowledgements

We are truly grateful for the talents that were convened to make this work possible. We would like to thank the Center for Innovation and Research on Veterans & Military Families (CIR) team and all of the students and volunteers who made valuable contributions to this project. Special thanks to Diana Ray-Letourneau, Alice Kim, Laura Mosedale, Adam Renteria, Chris Munch, Claudia Bustamante, Sara Ozuna, Samantha King, Luci Ursich, John Echeto, Jamie Fenton, Megan Hooser, Craig Norris, Gaylle Macmillan, Adam Archiable, Andrew Haacke, Tayler Henderson, Kirsteen Payne, Christopher Saldivar, Jane Song and Harold Valdes. We are especially grateful for our generous foundation and corporate sponsors: Orange County Community Foundation, UniHealth Foundation (Mary Odell), and Prudential (the late Stephen Robinson and Raymond Weeks); without them this project isn't possible. Finally, we are indebted to the veterans from Orange County who participated in the study, who opened up their lives to us, and through their self-disclosure enable us to help other veterans.

WE SALUTE YOU!

This study and report were made possible by the generous support of



On behalf of the Orange County Community Foundation, we are honored to introduce the results of the first-ever comprehensive study of the needs of Orange County's veterans and their families. We are deeply grateful to The Nicholas Endowment, the UniHealth Foundation, and the Michael B. O'Donoghue Foundation Fund for their partnership and support in bringing this important work to Orange County.

We were pleased to partner with USC's Center for Innovation and Research on Veterans and Military Families on this landmark project. Their in-depth assessment of more than 1,200 veterans and spouses not only provides an unprecedented window into the challenges experienced by local veterans, but points to the areas where our collective action is needed most.

Our hope is that this data will inform and inspire businesses, philanthropists and community leaders to work together to move the needle on the critical issues illuminated in this report.

The Orange County Community Foundation is committed to this path, and will be working with donors, business leaders and our community partners to ensure that Orange County's heroes receive the homecoming they deserve.



Vicki Ueberroth Booth
Board Chair



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Table of Contents

Executive Summary	6
Background	8
Study Overview and Findings	10
Transitioning Out of the Military	14
Employment and Finances	16
Housing	22
Health and Well-Being	24
Family	33
Veteran Service Utilization and Needs.....	34
Discussion of Key Findings and Recommendations.....	38
Appendix A: Los Angeles County Recommendations	44
Appendix B: Study Measures.....	50
Appendix C: References	52

Executive Summary

The Orange County Veterans Study, conducted by the USC School of Social Work Center for Innovation and Research on Veterans & Military Families (CIR), is an effort to provide data-driven recommendations for serving the population of veterans residing in Orange County, California. Service members encounter a series of needs as they transition out of the military into civilian communities. These include securing employment and housing, addressing physical or mental health issues and adjusting their self-identity to the civilian culture. The ease through which this transition is made has a profound impact on post-service well-being. In an effort to examine how Orange County veterans have managed this transition as well as the current state of their overall needs, the Orange County Veterans Study surveyed over 1,200 veterans living in Orange County. Focused groups were also conducted in an effort to supplement the themes represented in the survey. The sampling approach and methodology used in this effort mirrored those used in the Los Angeles County Veterans Study, allowing for comparisons to be made between the two samples.

Many service members leaving the military and relocating to Orange County are not prepared for the transition. Many leave the service without a job, without permanent housing being identified, and with significant unmet physical and psychological health issues. Further a significant minority of service members leave the military with legal and financial issues. Presently, there is not a single veteran support agency that can adequately meet such a wide range of veteran needs. In both Los Angeles County and Orange County, veteran support organizations are not organized to provide holistic support to current or returning veterans. Instead, veteran support organizations, both governmental and non-governmental, tend to focus on one or two veteran needs, with other veteran needs either left unaddressed or addressed by some other veteran support agency. Finally, most veteran support organizations tend to focus entirely on meeting acute and chronic needs of veterans, such as homelessness, immediate or severe health care issues, or acute or chronic unemployment. Very little attention is given to preventing these conditions or proactively intervening early to prevent them from becoming chronic.

If the government and communities want to get ahead of many of these military transition issues, much more attention will need to be placed on better preparing the separating service member for success. A holistic approach focused on prevention and early intervention, with both governmental and non-governmental agencies working together will be required. Separating service members need enhanced preparation for their military transition that goes beyond the current military transition programs operated by the U.S. Department of Labor, including enhanced roles for the U.S. Departments of Defense, Veterans Affairs, Education, and Housing and Urban Development. To better serve new veterans, community non-governmental veteran support agencies need to continue to press for access to and awareness of separating service members who will be joining their communities. Bringing awareness of separating service members joining local communities, effective outreach efforts targeting family members, friends and employers of separating service members and veterans needs to be undertaken.

While many of the findings found among Orange County veterans are consistent with those seen among Los Angeles County veterans, there were some notable exceptions. First, the primary issues facing veterans, both pre- and post-9/11 veterans, in Orange County are psychological health issues. Second, the psychological health issues of pre-9/11 veterans are also associated with homelessness, which continues to be a major issue for this cohort of veterans, requiring significant attention. Third, the psychological health issues seen in post-9/11 veterans are accompanied by relatively high rates of suicidality, representing a major concern for Orange County veteran support agencies. Employment issues also remain an important issue for post-9/11 veterans needing urgent attention. Thus, while both pre- and post-9/11 veterans continue to require post-military transition support, each cohort of veterans requires a different type and level of support. Community assessments allow for resources to be organized and prioritized in order to address the unique and most pressing needs of their veteran populations.

Background

The United States has been at war for more than a decade, with conflicts in Iraq and Afghanistan representing the longest in our nation's history. Persistent instabilities in the Middle East, North Africa and Asia are likely to keep American forces engaged in combat and/or peacekeeping operations for many years to come. The influx of Iraq and Afghanistan war veterans returning to U.S. civilian communities has yet to peak, but is clearly underway. Given current trends, each year approximately 6,500 military veterans will settle in Orange County, California as they transition out of the military, joining the approximately 130,000 veterans currently residing in Orange County. The timing of the study could not be more critical given the numerous concerns raised regarding the health and well-being of today's veterans. These concerns include employment challenges, physical and mental health issues, homelessness, financial stability and substance use. Many communities are beginning to examine how they might take ownership in providing services that adequately address the needs of veterans. As these community programs, services and supports continue to roll out to meet the emerging needs of the community veteran, all will be ineffective without a comprehensive model, a convening of community organizations and leaders, that is driven by local veteran data, resulting in targeted intervention leading to collective impact. The Orange County Community Foundation, partnered with the University of Southern California (USC) School of Social Work Center for Innovation and Research on Veterans & Military Families (CIR), has spearheaded such a model in Orange County through the Orange County Veterans Study.

The Orange County Veterans Study utilized military transition theory to identify specific outcomes that could evaluate the state of Orange County veterans. A component of the military transition theory describes the process through which service members transition from military to civilian life. Transitioning out of the military often includes a series of adjustments, i.e., geographic location, career, relationships, family roles, support systems, social networks, community and culture may all change. Service members transition from a military environment structured to provide many fundamental needs, such as housing, healthcare, employment and community, while also providing a sense of identity rooted in what it means to serve the nation. As service members transition from the military community, they are faced with the challenge of finding new avenues for meeting these needs while also navigating a civilian community very unfamiliar to them and often ill-equipped to receive them. This transition has tremendous implications for post-service well-being and functioning.

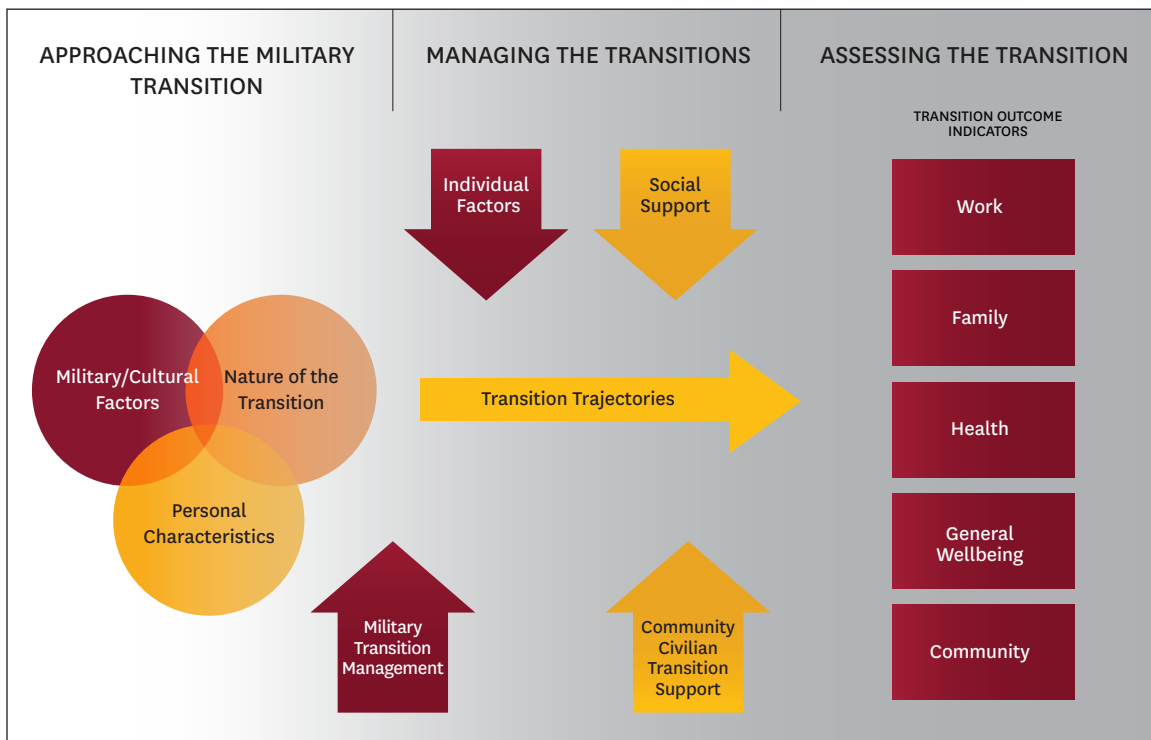


Figure 1. Military transition theory

Military transition theory (see Figure 1) is defined by three interacting and overlapping components. The first theory segment, *Approaching the Military Transition*, outlines the personal, cultural and transitional factors that create the base of the transition trajectory. These include military cultural factors, such as type of military discharge and combat history; personal characteristics like health, expectations and personal preparedness; and lastly, factors describing the nature of the transition, i.e., predictable or unpredictable, positive or negative.

The second segment, *Managing the Transition*, refers to factors impacting the individual progression from service member to civilian. Individual adjustment factors, such as coping styles, attitudes and beliefs, all impact how transition is managed. Social support in varying forms, such as family, friends, community and society, may also effect transition. Military transition management includes navigating the resources provided by the military, i.e., Veteran Affairs (VA) benefits, education benefits and career planning. Finally, community and civilian transition support describes those factors the civilian population can utilize in supporting transitioning service members.

The final segment, *Assessing the Transition*, describes outcomes associated with transition. These outcomes are measured through the categories of work, family, health, general well-being and community. More specifically, these include whether the transitioning service member secured adequate employment, the re-acclimation to family life and adjustment to new family roles, physical and psychological health, adoption of new social networks and engagement in the community. Outcomes are interconnected as they impact one another. For example, challenges to physical health may create challenges in finding employment. However, success or failure in one outcome does not indicate success or failure in overall transition.

Study Overview and Findings

Data Collection Procedures

Veterans represent a hidden population in America. Thus, a targeted recruitment strategy was used to achieve maximum representativeness of the veteran population in Orange County. The first strategy utilized a state agency with contact information for veterans who reported residence in California during their transition out of the military. Those veterans residing within Orange County were identified and contacted through email by the agency, and invited to participate in the study by completing the survey utilizing an online survey link. The second sampling strategy used an Orange County information and referral center by identifying potential participants through their initial call screening. Callers who self-identified as former service members were asked permission to be contacted regarding the research study. Those who agreed to participate were sent either a paper survey copy or the online survey link. The third approach utilized a national veteran organization which identified Orange County members through zip codes. Members living within the sampling area were emailed by the organization and invited to complete the survey using an online survey link.

The fourth sampling strategy involved partnering with agencies which serve Orange County veterans, as well as college veteran agencies. Two methods were used to collect agency data. The first method utilized an online survey approach by which the agency would send out an invitation and survey link to veterans within their database. The second method used an on-the-ground survey approach by which agencies would work with the researchers to organize data-collection events within their agencies. The final sampling strategy used television and print advertisements, a public service announcement and social media to build a presence within the Orange County community. Avenues such as Facebook, Twitter, LinkedIn, mass emails and the survey website promoted the survey opportunity to potential participants. The survey took approximately 30 to 90 minutes to complete. All participants received a \$15 gift card. When available, instruments with established validity and reliability were used to measure survey constructs (see Appendix A).

In an effort to supplement the findings represented in the survey data, three focused group interviews were conducted comprising 35 total veterans. Participants were recruited from the pool of survey respondents who agreed to be re-contacted regarding future research. Focused group interviews lasted approximately 90 minutes. Participants were asked a series of questions regarding their transition out of the military and their experience as a veteran. Quotes from these focused group interviews are presented throughout the report. All data-collection procedures were approved by the University of Southern California Institutional Review Board.

Sample Demographics

The final sample included 1,227 veterans living in Orange County. As this report focuses specifically on veterans, participants currently serving in the National Guard or as Reservists were excluded from the analyses. Respondents who reported living outside of Orange County were also excluded. Participants in the sample were identified for comparison as having served before and after the September 11, 2001 terrorist attacks. Within the sample, 60% identified as serving before 9/11 (pre-9/11 veterans), while 36% identified as having served after 9/11 (post-9/11 veterans), with 4% not providing service dates. All service branches were represented in the sample. The Army was the most represented branch for pre-9/11 (38%) veterans, while the Marines were most represented in post-9/11 (36%) participants. The largest group of pre-9/11 participants were male (90%) and aged between 51 and 70 (63%). The majority of post-9/11 participants were also male (85%) and were aged between 26 and 40 (64%). Forty-two percent of pre-9/11 participants and 37% of post-9/11 participants reported having at least a four-year degree. Table 1 presents the sample characteristics for both pre- and post-9/11 participants.

Table 1. Sample Characteristics

		PRE-9/11	N	POST-9/11	N
AGE	18-20	0.0%	0	3.2%	14
	21-25	0.0%	0	14.4%	63
	26-30	0.0%	0	28.0%	123
	31-40	3.7%	27	35.8%	157
	41-50	14.3%	106	9.1%	40
	51-60	24.5%	181	7.1%	31
	61-70	38.0%	281	2.3%	10
	OVER 71	19.5%	144	0.2%	1
SEX	MALE	90.3%	659	84.9%	366
	FEMALE	9.6%	70	15.1%	65
MARITAL STATUS	SINGLE	13.2%	97	34.6%	151
	MARRIED	60.5%	444	46.3%	202
	DIVORCED	17.7%	130	11.0%	48
	SEPERATED	3.0%	22	6.0%	26
	WIDOWED	4.4%	32	0.7%	3
	DOMESTIC PARTNER	1.2%	9	1.4%	6
RACE / ETHNICITY	WHITE	74.8%	553	50.3%	221
	BLACK	7.4%	55	5.7%	25
	HISPANIC/LATINO	11.8%	87	31.4%	138
	ASIAN	2.6%	19	10.5%	46
	AMERICAN INDIAN OR ALASKA NATIVE	3.4%	25	2.7%	12
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0.7%	5	1.1%	5

		PRE-9/11	N	POST-9/11	N
RACE / ETHNICITY	OTHER / MORE THAN ONE	3.4%	25	3.0%	13
EDUCATION	SOME HIGH SCHOOL	1.5%	11	0.2%	1
	GED	1.2%	9	0.2%	1
	HIGH SCHOOL DIPLOMA	7.2%	53	8.0%	35
	SOME COLLEGE	27.3%	201	36.2%	159
	TRADE CERTIFICATE	5.2%	38	2.7%	12
	ASSOCIATES	14.1%	104	14.8%	65
	4 YEAR COLLEGE DEGREE	22.9%	169	25.5%	112
	MASTERS	16.0%	118	10.7%	47
	DOCTORATE	3.1%	23	0.5%	2
	OTHER	1.5%	11	1.1%	5
SERVICE BRANCH	AIR FORCE	14.3%	105	6.2%	27
	ARMY	38.4%	282	34.4%	151
	COAST GUARD	1.6%	12	4.3%	19
	MARINE CORPS	21.1%	155	36.0%	158
	NAVY	24.6%	181	19.1%	84
DISCHARGE STATUS	HONORABLE	93.2%	676	87%	381
	GENERAL, UNDER HONORABLE CONDITIONS	4.7%	34	6.6%	29
	BAD CONDUCT / DISMISSAL / UNCHARACTERIZED / OTHER	2%	15	6.4%	28

“ On one hand it was very easy for me to retire. I have a good retirement, good benefits, my wife’s taken care of, the whole nine yards. Then on the other hand, having to take the uniform off for the last time is very difficult for me. There was a lot of anxiety about what I would face in the civilian world. Because I had interfaced with the civilian world but not a whole lot. ”

TRANSITIONING OUT OF THE MILITARY

Adjusting to Civilian Life

Post-9/11 veterans reported more difficulty adjusting to civilian life, with 61% of veterans who served after 9/11 reporting adjustment challenges compared to 30% of pre-9/11 veterans. Veterans from both eras indicated that part of this adjustment included determining what they would do post-service (see Figure 2). Nearly 45% of pre-9/11 veterans and 61% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life. Focused groups revealed that many veterans had not realized how much their military service had changed them, and how different they were from their civilian counterparts. In many respects, veterans expressed superiority to their civilian counterparts in terms of values, work ethics and life experiences, but at the same time felt that their service left them years behind their peers in terms of career and professional development.

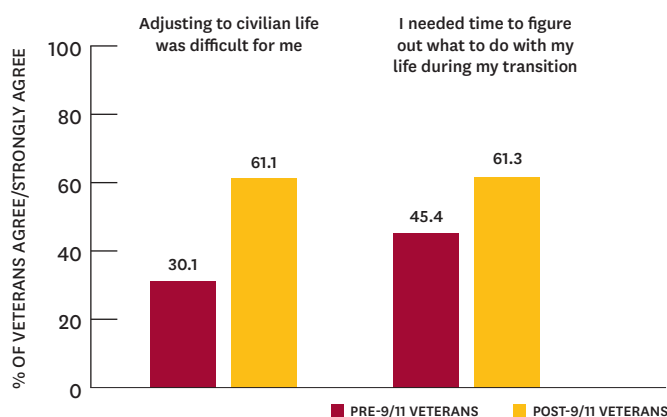


Figure 2. Percent of pre-9/11 and post-9/11 veterans indicating difficulties adjusting to civilian life

“When I came back, I was in combat one day and two days later I was in San Francisco going home. That was it. Dropped my rifle off, my sea-bag, and two days later I was dropped off in San Francisco. And I had to find my way home ... No money.”

Life Satisfaction

In general, both pre- and post-9/11 veterans reported moderate levels of life satisfaction, with approximately 59% of pre-9/11 veterans and 49% of post-9/11 veterans reporting being satisfied with their life; with about 63% of pre-9/11 and 53% of post-9/11 veterans agreeing that they have gotten the important things they wanted in life (see Figure 3). However, in the focused groups, nearly all veterans, regardless of whether they were Vietnam veterans or veterans of the Iraq and Afghanistan wars, said that they would join/serve in the military again. Many veterans expressed their belief that all U.S. citizens should be required to serve.

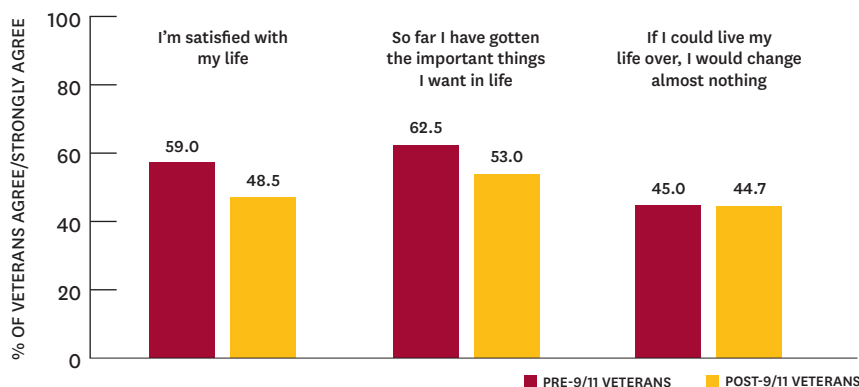


Figure 3. Percent of pre-9/11 and post-9/11 veterans reporting life satisfaction

“I think the only thing that I noticed the most is that when you transition back into, when I go back to my civilian job, you know I’m used to working around a lot of military people and adhering to certain standards. And when you go back into civilian business, there’s no accountability, there’s no discipline. And that’s probably the toughest transition I had. I expected a lot more out of the people I worked with in my civilian job, because that’s what I got when I was in the military.”

“Most guys or gals that want to work, especially when they come out of the military, they think, ‘I’ll go, I’m going to talk to somebody, and I’m going to get a definitive decision right there. Either I’m going to go to the next higher level interview or I’m going to be hired.’ And that’s not how it’s working today.”

EMPLOYMENT AND FINANCES

Employment Post-Transition

Nearly 70% of pre-9/11 and 74% of post-9/11 veterans did not have a job when they left the military (see Figure 4). There was little difference between pre-9/11 and post-9/11 veterans in civilian job status when leaving the military. In focused groups, nearly every veteran reported knowing where he/she was relocating after military separation, so uncertainty over geographical location appeared not to be a factor for why service members leaving the military had not secured employment. Indeed, many veterans reported that they expected little difficulty in finding a job, and were generally surprised when they encountered employment struggles, as they had been told “by everyone” that they would be highly sought after by civilian employers. Some veterans did not seek post-military employment because they planned to enroll in higher education soon after separation. It should be noted that this group represented a relatively small percentage of the surveyed population, less than 10%.

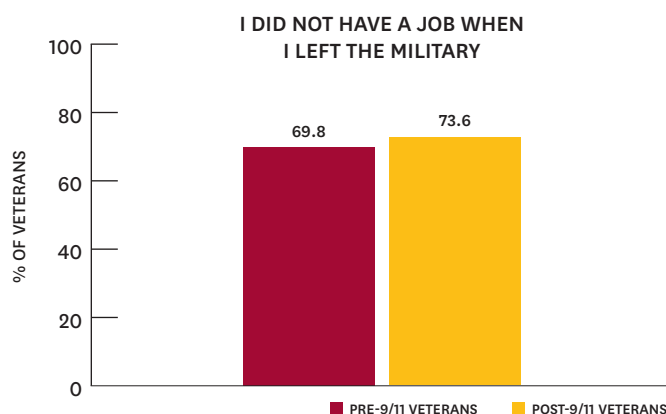


Figure 4. Percent of pre-9/11 and post-9/11 veterans reporting they did not have a job when they left the military

Employment Status

Post-9/11 veterans are nearly twice as likely as pre-9/11 veterans to be employed full-time, yet only half of post-9/11 veterans surveyed reported working full-time (see Figure 5). While 50% of post-9/11 veterans are employed full-time, only 30% of pre-9/11 veterans are employed full-time. Post-9/11 veterans are also over twice as likely to be working part-time (10%) as pre-9/11 veterans (5%). It should be noted that pre-9/11 veterans are over ten times more likely to report being retired (34%) than are pre-9/11 veterans (3%). There was also a difference between pre- and post-9/11 veterans in terms of being unemployed and looking for work, 18% compared to 28%, respectively; although there were no differences in being unemployed and NOT looking for work, 3% and 4%, respectively. In addition to the relatively high unemployment rates of veterans, with over one-quarter reporting being unemployed and looking for work, the majority of these veterans reported receiving no help in finding a job, 69% for pre-9/11 veterans and 71% for post-9/11 veterans (see Figure 6). During the focused groups, veterans expressed their frustration with being referred from one employment website to another, without much success. Veterans wanted to speak directly with employers, as opposed to continually being referred to websites focused on hiring veterans. Veterans quickly became discouraged after spending hours filling out countless online applications, and still not being able to find adequate employment. Many veterans reported feeling betrayed by countless veteran employment initiatives that ultimately did not lead to any substantial job prospects.

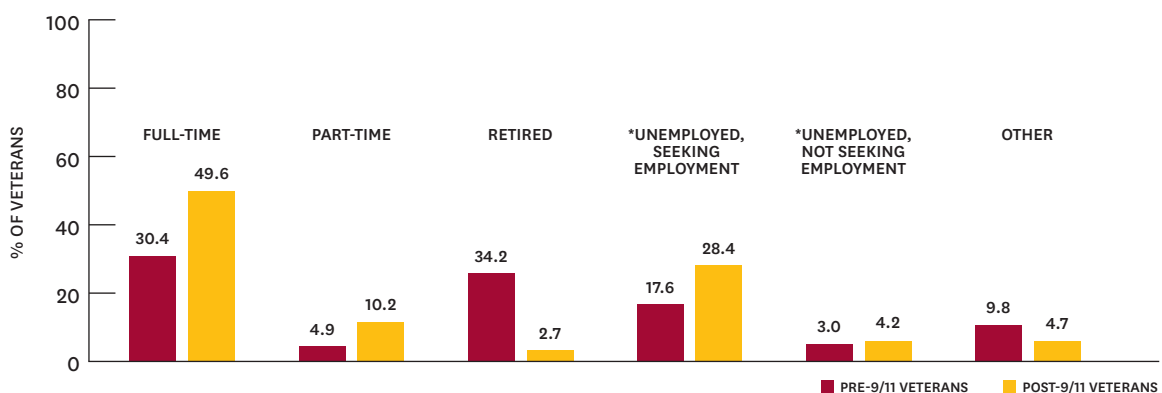


Figure 5. Percent of pre-9/11 and post-9/11 veterans reporting working full-time, part-time, retired, unemployed, seeking employment, unemployed and not seeking employment, or other
 *(Participants with disability ratings of 50% or more have been removed from this category.)

“I got the impression that people who were hiring had no idea what the military was about.”

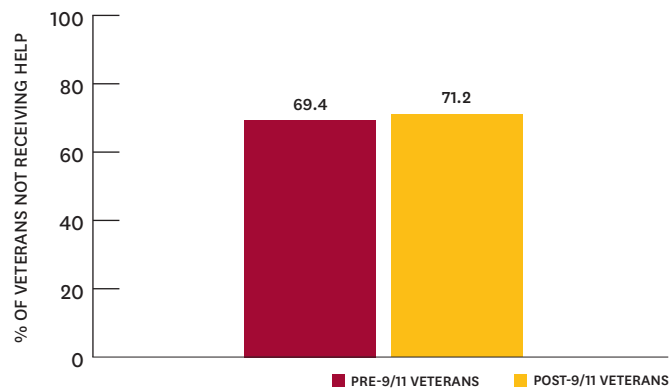


Figure 6. Percent of unemployed veterans who are not receiving assistance in finding a job

Veteran Median Income

The earnings picture of veterans in Orange County is mixed. For 76% of post-9/11 veterans working full-time, the annual salary is below the California median income level of approximately \$67,000 (see Figure 7). More than one in three post-9/11 veterans have an annual income below or near the U.S. national household poverty level guidelines for 2014 (\$23,850). For pre-9/11 veterans, 62% earn less than the California median income, and 27% earn at or below the national poverty level. Thirty-eight percent of pre-9/11 veterans and 24% of post-9/11 veterans earn above \$60,000 a year.

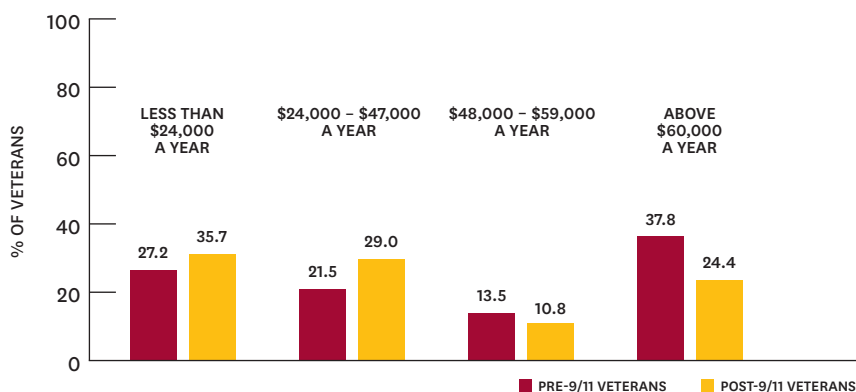


Figure 7. Median annual household gross (before taxes) income for pre-9/11 and post-9/11 veterans working full-time

Combat Arms versus Support Military Specialties

Veterans from combat occupational skills were less likely to be employed compared to veterans from non-combat occupational skills, e.g., medical, transportation, maintenance or radar technicians (see Figure 8). For example, veterans who were infantry, armor or field artillery service members were less likely to be employed full-time than veterans who were from medical, communication or maintenance specialties.

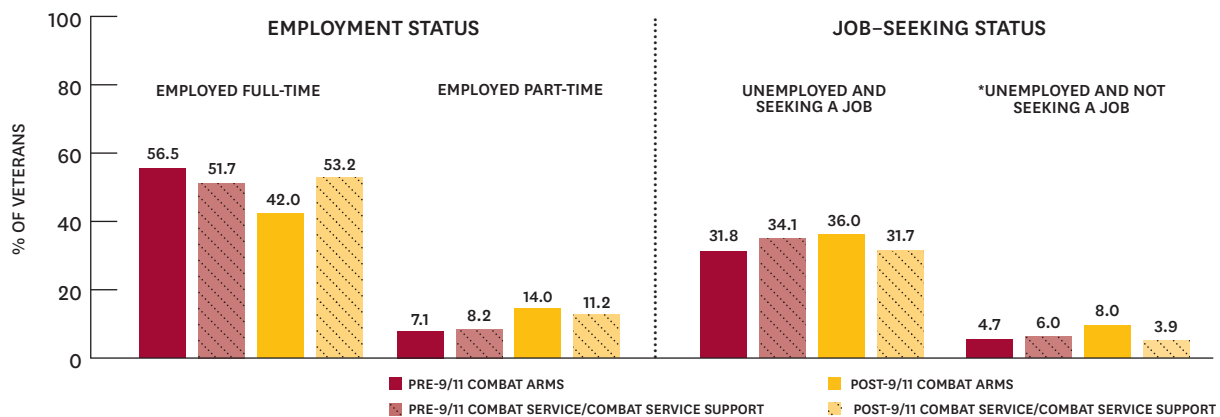


Figure 8. Employment status of pre-9/11 and post-9/11 veterans as of military occupation (combat arms or combat service support)
 *(Participants with disability ratings of 50% or more have been removed from this category.)

Financial Difficulties

More post-9/11 veterans than pre-9/11 veterans reported having financial difficulties in the last year, with 28% of post-9/11 veterans and 17% of pre-9/11 veterans reporting financial trouble (see Figure 9). Only slight differences were seen in the use of payday loans, 5% of pre-9/11 and 7% of post-9/11, as well as gambling, with 5% and 8% of pre- and post-9/11 veterans reporting gambling with money they could not afford to lose. During the focused group interviews, many veterans did note that once they left the military they realized how little they really knew about how much things cost “in the civilian world,” such as housing, utilities, and transportation costs resulting from living outside a close proximity to where they work. The veterans were nearly unanimous in agreement that service members need more training and awareness of everyday expenses and how to manage a budget, something that many service members have little experience doing while on active duty. Female veterans, in particular, noted the difficulties they encountered financially when they left the military, and advised younger female veterans how to do proper financial planning, and to have adequate savings to meet daily expenses, including rent money for housing, before leaving the military.

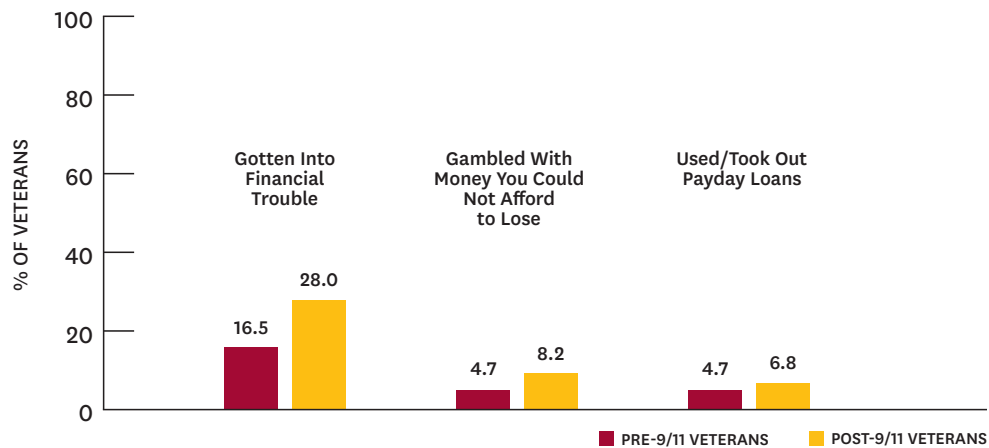


Figure 9. Percent of pre-9/11 and post-9/11 veterans reporting financial difficulties in the past year

Veteran Perceptions of Civilian Employers

Both pre-9/11 and post-9/11 veterans reported significant issues and concerns about civilian employers, with post-9/11 veterans reporting significantly higher rates of concerns than pre-9/11 veterans (see Figure 10). For example, 63% of post-9/11 veterans reported that employers don't understand or are insensitive to the needs of military veterans. And 60% of post-9/11 veterans reported that employers think veterans don't have adequate skills. Over 40% of post-9/11 veterans reported that employers think veterans are dangerous (44%) and physically broken (40%), while only 24% and 21% of pre-9/11 veterans, respectively reported these to be the case. Similarly, over 40% percent of post-9/11 veterans believe that employers don't want to hire a veteran (42%), compared to 22% for pre-9/11 veterans. These findings were confirmed in focused group interviews in which many veterans expressed their belief that civilians really did not want to hire veterans.

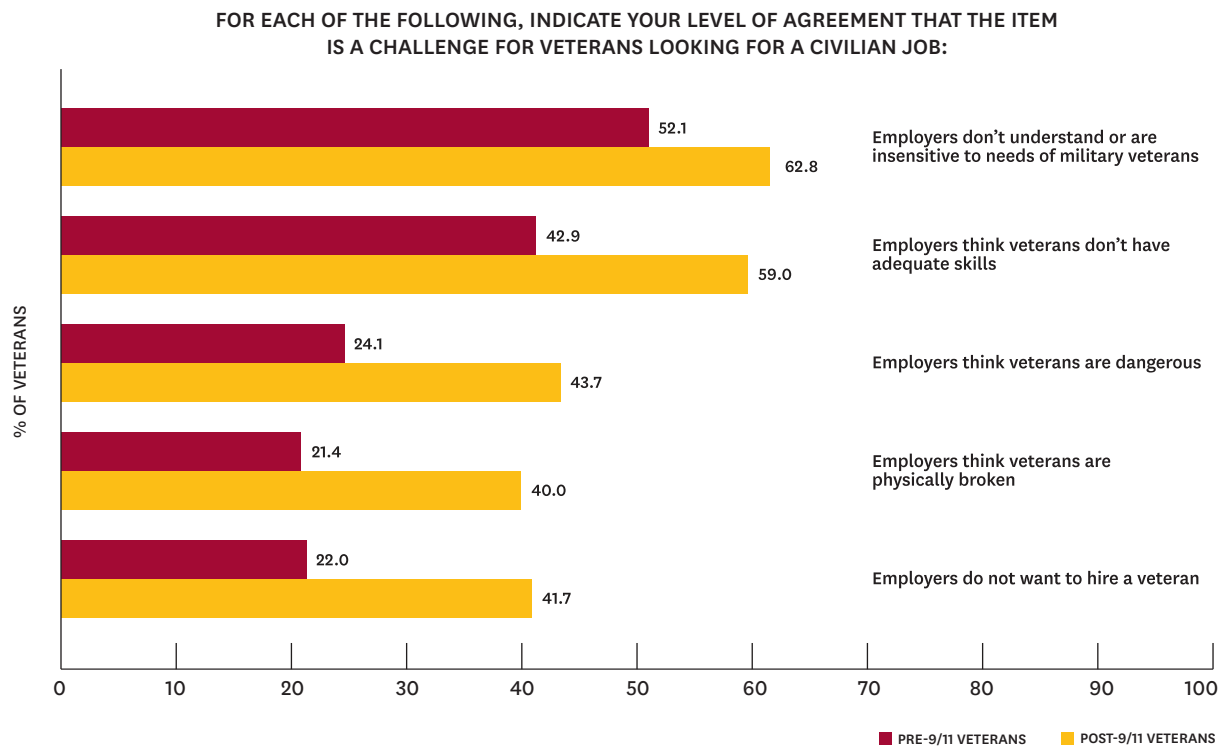


Figure 10. Pre-9/11 and post-9/11 veterans' perceptions of civilian employers

“Homelessness. I can talk from experience on that because I’ve been homeless. It’s not a pleasant experience, and there’s too many of us on the streets . . . It’s heartbreaking.”

HOUSING

Housing during Military Transition

Upon military separation, many veterans did not have a permanent place to live as they transitioned out of the military (see Figure 11). Twenty-nine percent of pre-9/11 veterans and 35% of post-9/11 veterans had not lined up housing. In the focused groups, it was revealed that even for those veterans who “had a permanent place to live,” many of them moved back home with their parents or a family member. Several veterans also reported moving in with their girlfriends. They were nearly unanimous in their views that if it were not for family, relatives or friends, they would have been homeless.

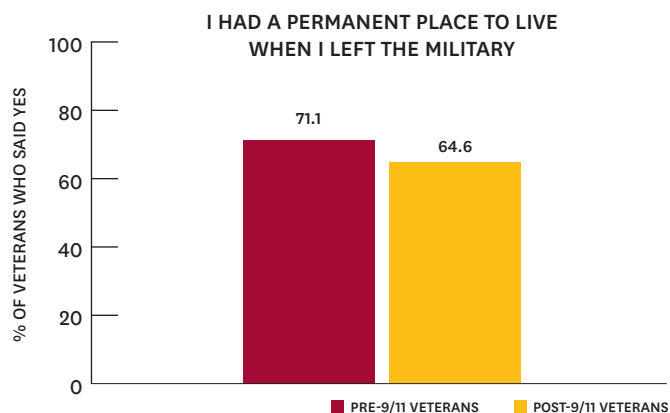


Figure 11. Percent of pre-9/11 and post-9/11 veterans reporting permanent housing arrangements upon leaving the military

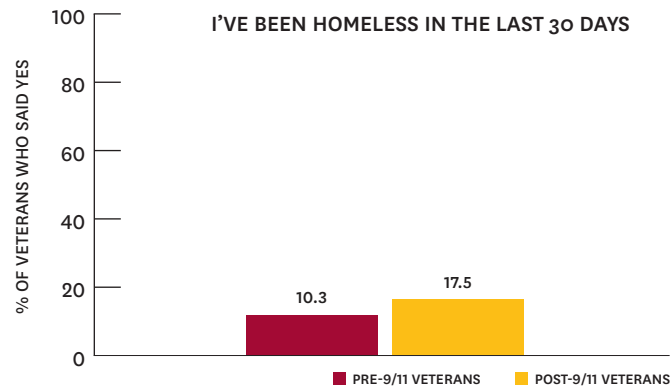


Figure 12. Percent of pre-9/11 and post-9/11 veterans reporting being homeless in the past year

Homelessness

Ten percent of pre-9/11 veterans reported being homeless in the past year, compared to 18% of post-9/11 veterans (see Figure 12). For this report, a veteran was considered homeless if at any time they slept in a shelter, sober living facility, transitional living facility, public place, abandoned building, in their car or truck, outside (e.g., in a park or under a bridge), or with a stranger. Excluded were situations in which the veteran stayed with a relative or family member, at a friend's home, hotel/motel, jail, hospital, or the home of someone with whom they were in a relationship. Most importantly, 14% of pre-9/11 veterans and 19% of post-9/11 veterans reported a lack of consistent housing during the past two months, during which they owned or rented as part of a household, placing them at increased risk for future homelessness (see Figure 13). During the focused groups, many veterans reported fear of eviction or losing their housing as a major stressor.

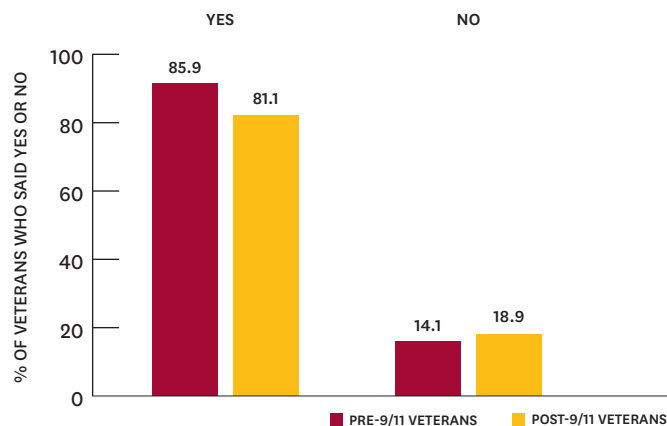


Figure 13. Percent of pre-9/11 and post-9/11 veterans reporting stable housing in the past two months

“The reason for denial they gave me was that I wasn’t within two weeks of being out on the streets. And I corrected their math and said, ‘The date you sent the letter, I was nine days away from it. Today it’s one week.’... I present myself too well, I think. So now I’m paying rent with a credit card.”

HEALTH AND WELL-BEING

Physical Health

A majority of veterans reported their health status to be good or excellent, with pre- and post-9/11 veterans reporting similar perceived health (see Figure 14). Around 70% of both pre- and post-9/11 veterans reported good or excellent health. Surprisingly, however, post-9/11 veterans reported more physical health problems on the Patient Health Questionnaire (PHQ-15) than did pre-9/11 veterans (see Figure 15). Twenty-five percent of post-9/11 veterans and 9% of pre-9/11 veterans indicated severe physical health symptoms. Both pre- and post-9/11 veterans reported the same top three physical health problems: pain or problems with arms, legs or joints (31% and 45%, respectively); back problems (29% and 41%, respectively) and trouble sleeping (24% and 40%, respectively). For every somatic symptom, post-9/11 veterans reported more concerns, including pain or problems with arms, legs, and joints; trouble sleeping; back problems; feeling tired; suffering from headaches, nausea, bowel problems, stomach problems, racing heart, dizziness, chest pain and fainting; and for female veterans, menstrual cramps and difficulties. The higher reports of physical health problems by post-9/11 veterans were present despite the fact that these veterans were significantly younger than the pre-9/11 veterans; post-9/11 veterans were mostly aged between 26 and 40 years old (64%), while pre-9/11 veterans were 51-70 years old (63%). Even physical health symptoms typically associated with aging, such as back problems, chest pains, bowel problems and racing heart, occurred with higher frequency in the younger post-9/11 veterans. An important topic of considerable discussion which emerged during the focused groups is that many veterans reported being physically and emotionally exhausted upon leaving the military and simply needed to time to rest and recover. These findings relating to the physical health status of post-9/11 veterans suggest that many service members are leaving the military today with significant unmet physical health issues. For many veterans, the extent and/or severity of their physical health needs are often not recognized until after they leave the military.

“ I think that physically we were all in good shape, you know you had to be ... But mentally, I know a lot of friends who did have somewhat serious mental issues and some not so serious. But in the military, you’re actually discouraged from seeking help.”

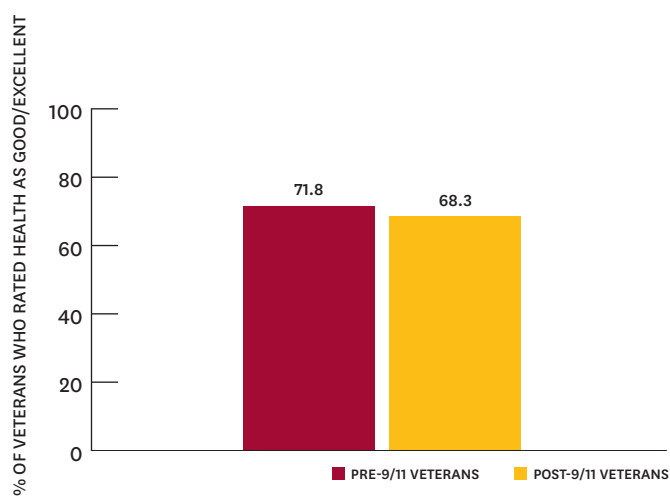


Figure 14. Pre-9/11 and post-9/11 veterans self-rating of overall health

“ You get into the civilian world, and I found out very rapidly that although the military said I was in top shape and everything else, I got a civilian doctor and she was very up front: ‘You’re a mess.’ ”

“When I got out nothing bothered me; even the accidents I was in, they didn’t bother me. But later in life they came back to haunt me with a raging vengeance, so I’m dealing with that now.”

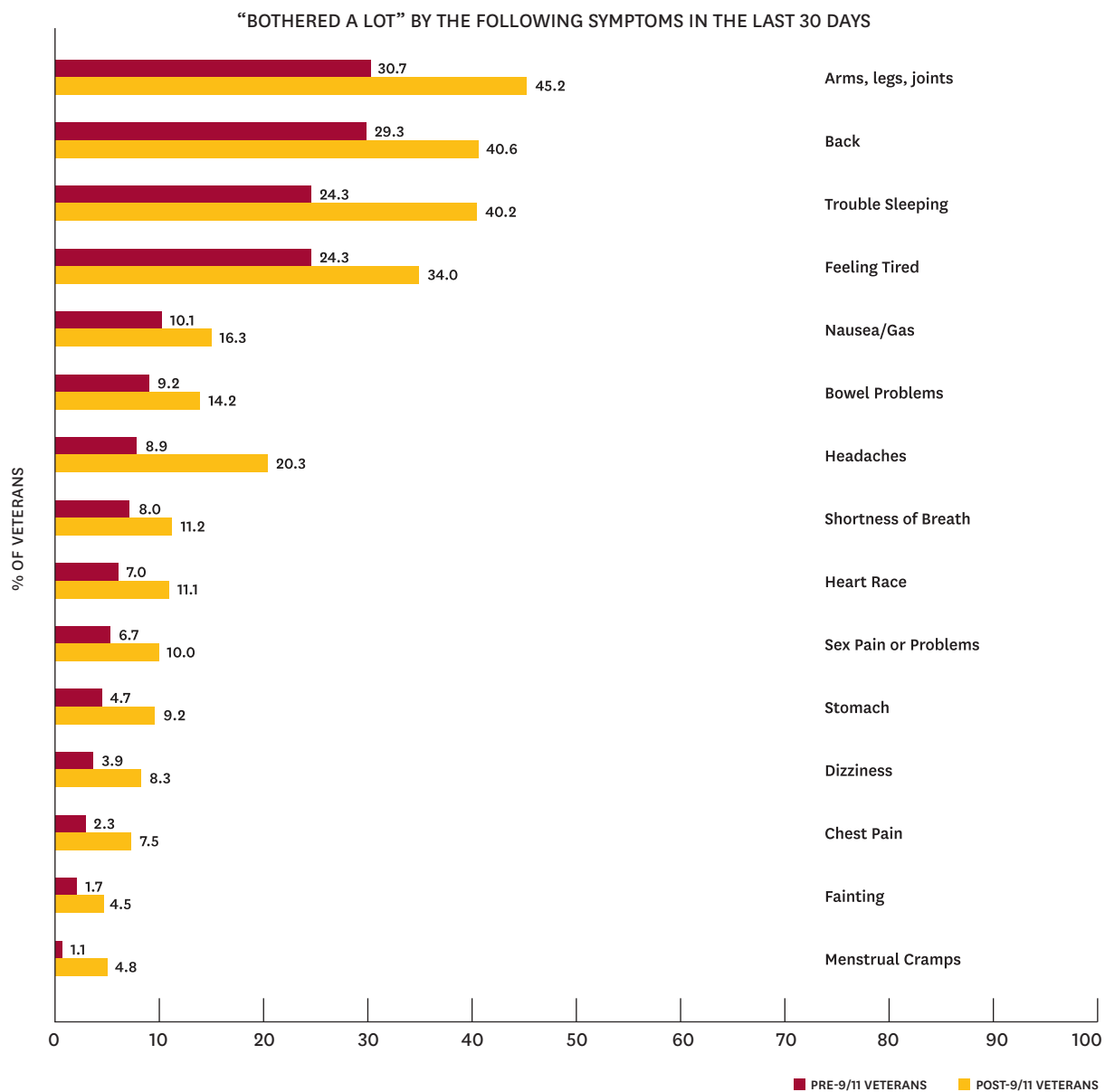


Figure 15. Pre-9/11 and post-9/11 veteran physical health symptoms in the past 30 days

“It’s been a few years since I got out ... Depression has been a serious thing in the last several months. And as far as I can recall I don’t really think I dealt with it, to a serious degree. But within the past probably year or so I’ve been going through bouts of depression and they seem to be getting worse as it goes on.”

Mild Traumatic Brain Injury

Mild traumatic brain injury (mTBI) was assessed using the Department of Defense mTBI screen. Briefly, more post-9/11 veterans screened positive for an mTBI than did pre-9/11 veterans (see Figure 16). While over a quarter (26%) of post-9/11 veterans screened positive for mTBI, one-fifth (20%) of pre-9/11 veterans screened positive for mTBI. Three times as many post-9/11 veterans (12%) received an mTBI diagnosis than pre-9/11 veterans (4%). This discrepancy in mTBI diagnosis between pre- and post-9/11 veterans might indicate a diagnostic bias within the VA, or more likely, this discrepancy might exist because post-9/11 veterans were more likely to have received mTBI diagnosis while on active duty. Receiving an mTBI diagnosis while on active duty would have been extremely rare for pre-9/11 veterans. In the focused groups, concussions or head injuries did not figure prominently, yet clearly represent a major health concern.

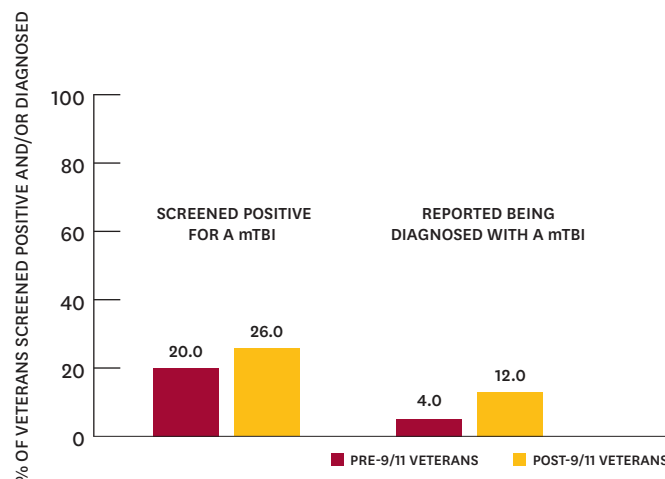


Figure 16. Percent of pre-9/11 and post-9/11 veterans who screened positive and/or received a diagnosis for mTBI

Psychological Health

Posttraumatic Stress Disorder (PTSD) and depression were assessed using the PTSD Checklist – Military Version (PCL-M) and the Patient Health Questionnaire (PHQ-9), respectively. Post-9/11 veterans were more likely to screen positive for PTSD and depression than pre-9/11 veterans (see Figure 17). While 44% of post-9/11 veterans screened positive for PTSD, only 24% of pre-9/11 veterans screened positive for PTSD. Similarly, while 46% of post-9/11 veterans screened positive for depression, just 27% of pre-9/11 veterans screened positive. In terms of suicidality, there was also a difference between pre-9/11 veterans and post-9/11 veterans in terms of considering to attempt suicide (11% versus 19%) or in making a suicide plan (8% versus 17%). During the focused groups, nearly all of the veterans noted thinking when they left the military that they were mentally fine. However, typically less than a month or so after leaving the military, they realized that they had significant issues that they either ignored or “pushed back into their mind.” All of them expressed the opinion that all service members leaving the military today should “get checked out mentally.”

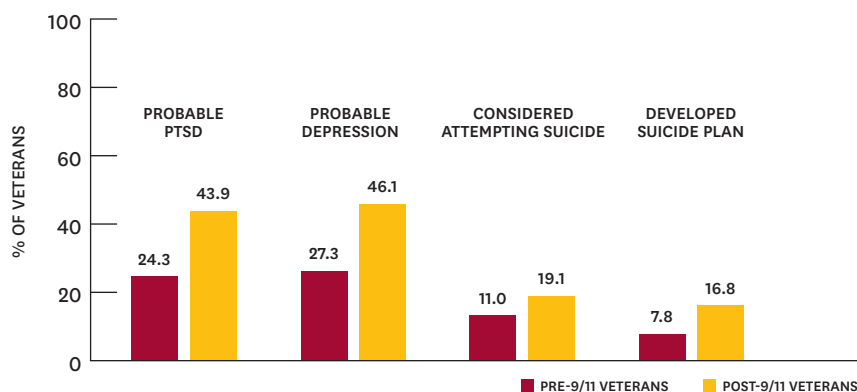


Figure 17. Percent of pre-9/11 and post-9/11 veterans who screened positive for PTSD and depression; and percent of veterans who considered suicide or developed a plan to die by suicide

“I think if I had it to do over again I would do things differently, but I have no regrets ... I was young, I was following the guy in front of me, trying to make my family proud, all these things. And certain things happened while I was in there that turned me to drinking and things that didn’t help me in the way that I would hope.”

Functionality and Disability

Post-9/11 veterans were more likely to receive a VA disability rating above 40% compared to pre-9/11 veterans (see Figure 18), which was consistent with the finding that post-9/11 veterans reported greater physical health problems than pre-9/11 veterans (see Figure 15). However, pre-9/11 veterans were more likely to receive a VA disability of 100%. Surprisingly, they were also more likely not to have a disability rating.

When assessed by the World Health Organizational Disability Assessment Schedule Short Form (WHODAS 2.0), post-9/11 veterans were more likely to report moderate and severe functioning difficulties than pre-9/11 veterans (see Figure 19).

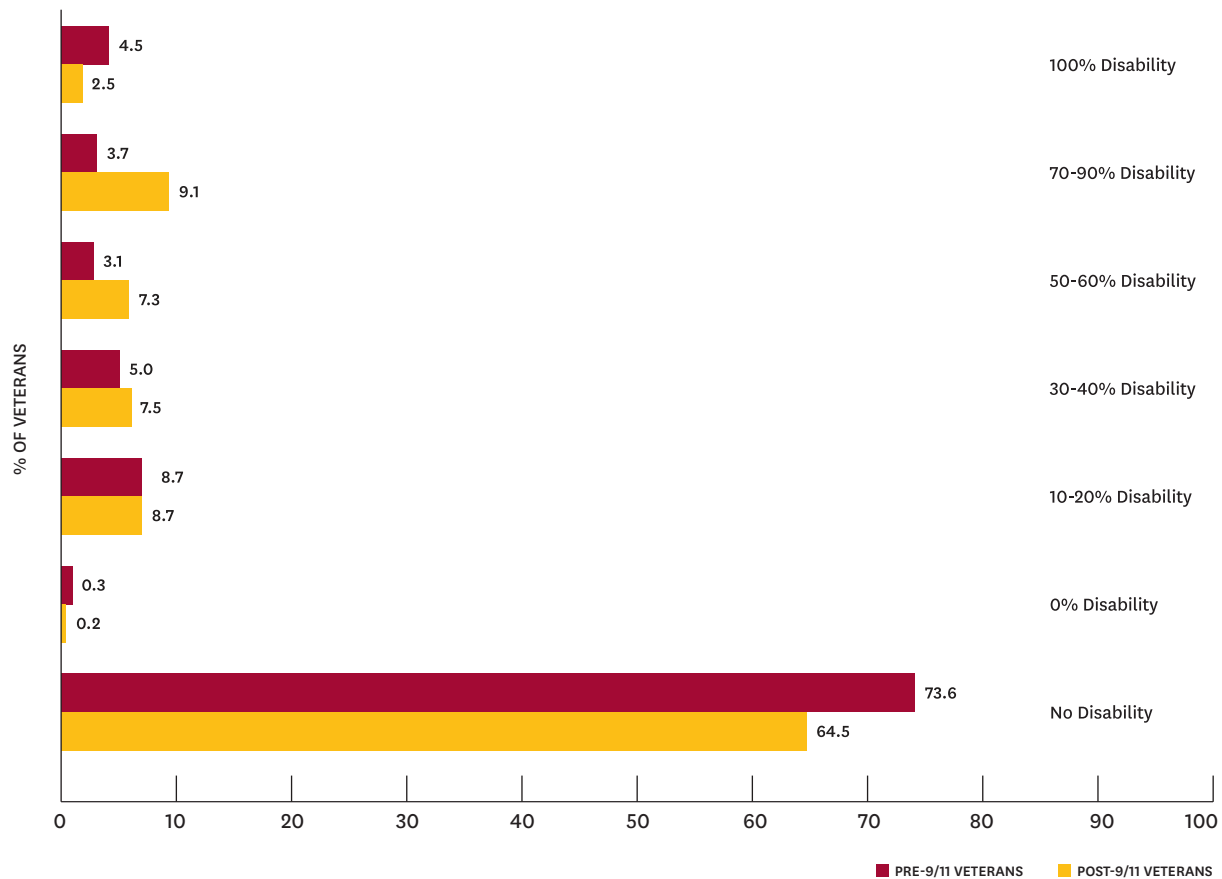


Figure 18. VA disability rating for pre-9/11 and post-9/11 veterans.

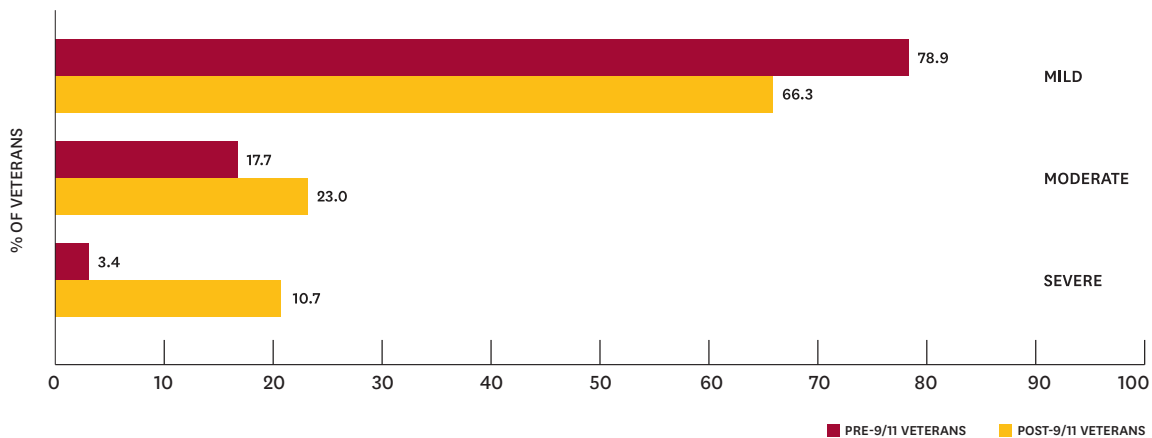


Figure 19. WHODAS rating for pre-9/11 and post-9/11 veterans

Risk-Tasking Behaviors

Post-9/11 veterans compared to pre-9/11 veterans are more likely to engage in a wide variety of risk-taking behaviors (see Figure 20). Post-9/11 veterans are three times as likely as pre-9/11 veterans to drive after drinking (21% versus 7%), carry a weapon outside of work duties (12% versus 5%), and over three times as likely to look to start a fight (19% versus 6%). Post-9/11 veterans are three times as likely than pre-9/11 veterans to engage in sexual activities with high risk of contracting a sexually transmitted disease (13% versus 4%), as well as take unnecessary risks to their health (16% versus 9%) and life (18% versus 8%). Several veterans in the focused group interviews did report initial alcohol and drug problems upon leaving the military, which they attributed to impairing their transition.

As determined by the Alcohol Use Disorders Identification Test (AUDIT) consumption subscale, post-9/11 veterans were almost two and a half times more likely to screen positive for significant alcohol use than were pre-9/11 veterans, 34% for post-9/11 veterans compared to 15% for pre-9/11 veterans (see Figure 21).

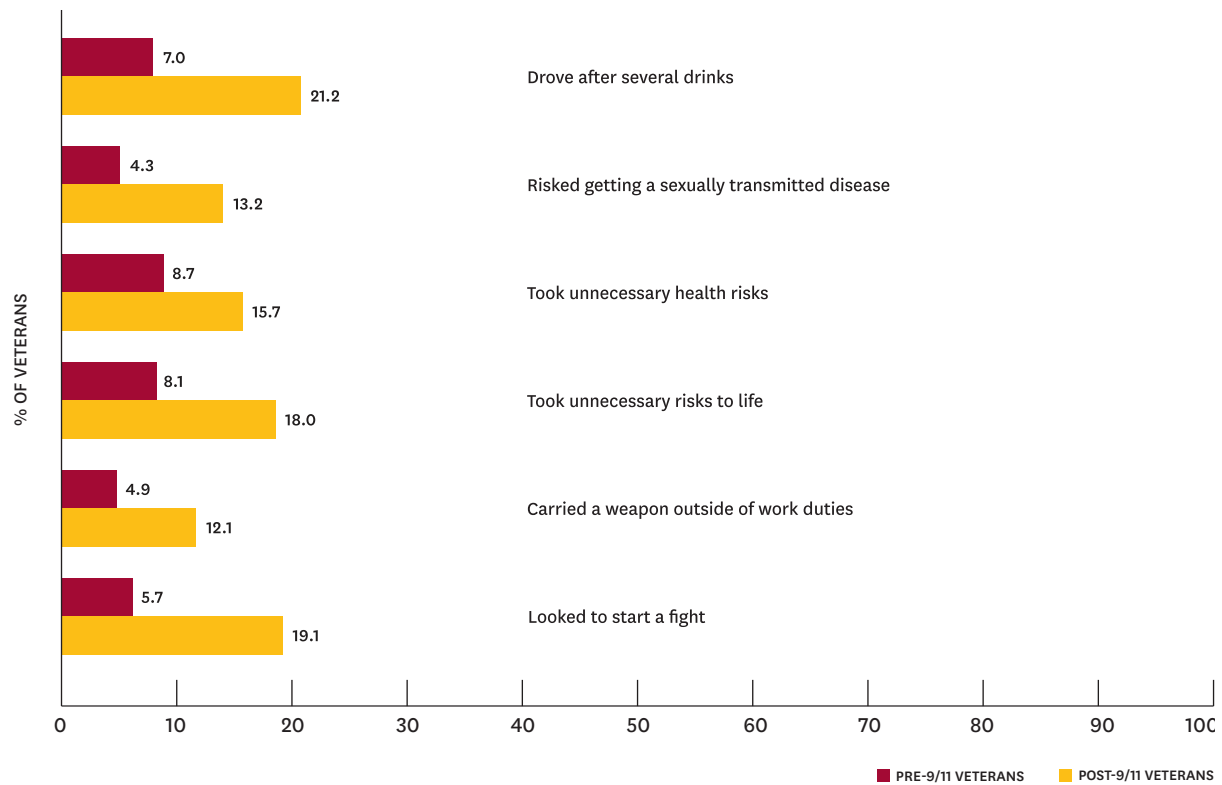


Figure 20. Percent of pre-9/11 and post-9/11 veterans who engaged in various risk-taking behaviors in the last 12 months

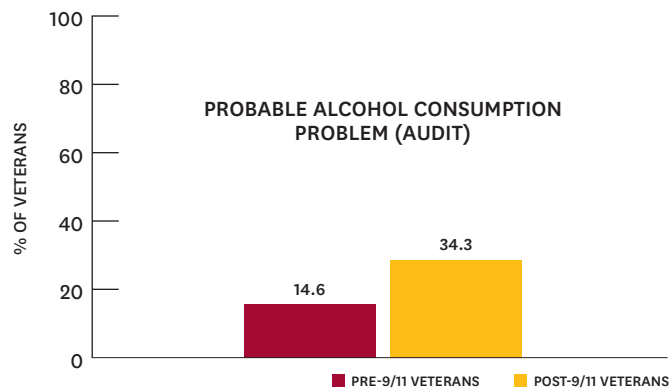


Figure 21. Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale

Military Sexual Trauma (MST)

Sexual harassment and sexual assault were determined using the VA military sexual trauma two-item screen. Not unexpected, the reports of sexual harassment and sexual assault were high for female veterans (see Figure 22). Two-thirds of female pre-9/11 veterans (66.2%) and 56% of female post-9/11 veterans reported being sexually harassed while serving in the military. Reports of sexual assault for female veterans were also high, with 40% of pre-9/11 veterans and 22% of post-9/11 veterans reporting being sexually assaulted. Reports of sexual harassment and assault were considerably lower for male pre- and post-9/11 veterans. Eight percent of male pre- and post-9/11 veterans reported being sexually harassed while in the military, with 4% of both pre- and post-9/11 male veterans reporting being sexually assaulted. Although sexual harassment and sexual assault remain a significant problem in the military, the overall lower rates of sexual assault for post-9/11 female veterans might represent early indicators that the military's efforts at preventing sexual assault are making significant progress; however, this decrease was not seen in rates of male sexual harassment and assault.

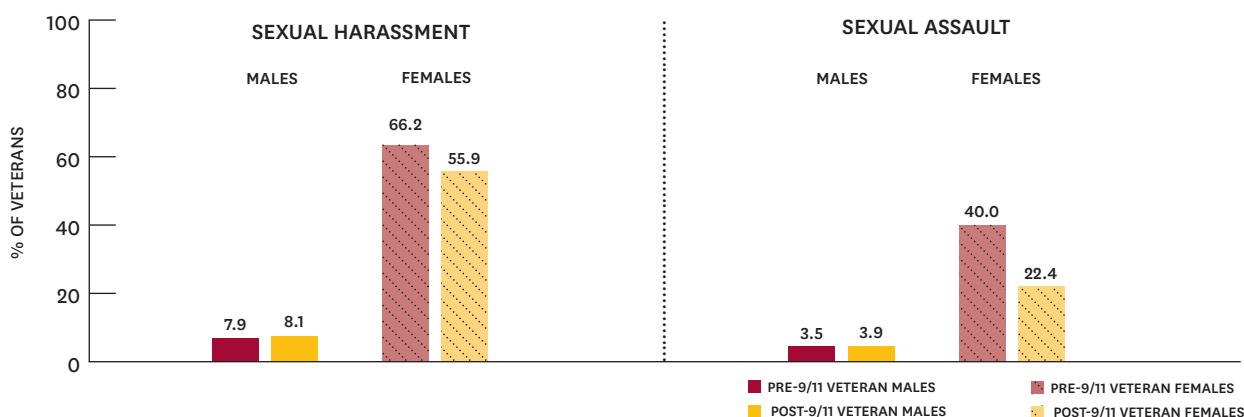


Figure 22. Percent of male and female pre-9/11 and post-9/11 veterans who were sexually harassed or assaulted during military service

“The way it comes out is, if these things happen to you {sexual harassment or assault} then you are the problem.”

“I just felt so alone. I mean anything could’ve happened to me. Somebody could’ve come in in the middle of the night. I mean, I was confused. Even though I was a part of a unit I was still not a part of a unit. And that was hard for me.”

“My perception is that the civilian world thinks of sexual harassment as something that’s obvious, when you go whistle at somebody...or some comment somewhere along the way. The military doesn’t have to do that. All they have to do is ruin your career with a single evaluation, and you’re done.”

FAMILY

Over half of both pre- (58%) and post-9/11 (53%) veterans reported they were happy in their relationships. (Note that 18% of pre-9/11 veterans and 15% of post 9/11 veterans indicated they were not currently in a relationship.) The biggest relationship challenges reported for pre-9/11 veterans were dealing with mood changes (17%), followed by sexual challenges (14%). Post-9/11 veterans also reported dealing with mood changes as the biggest challenge (29%), followed by balancing household responsibilities. Eighteen percent of pre-9/11 veterans and 29% of post 9/11 veterans reported they are receiving help for their relationship issues. Over twice as many post-9/11 veterans reported wanting help with relationship problems than did pre-9/11 veterans (20% versus 9%).

While pre-9/11 veterans were more likely to have children than post-9/11 veterans (76% versus 46%), post 9/11 veterans were much more likely to be financially supporting children (86% versus 44%). Overall concerns about child behavior were low for both groups (10% of pre-9/11 and 9% of post-9/11), with the biggest concern being emotional problems (depression, anxiety, anger, etc.). Over 70% of both pre- and post-9/11 veterans report that their children’s school is not aware that their child is military connected (78% of pre- and 72% of post-9/11).

VETERAN SERVICE UTILIZATION AND NEEDS

Help-Seeking Behavior

A considerable number of veterans with significant mental and physical health needs are not receiving care (see Figure 23). In particular, post-9/11 veterans are less likely than pre-9/11 veterans to seek treatment for physical or psychological issues. For example, half of post-9/11 veterans who have considered attempting suicide (49%) or who have made a plan to die by suicide (52%) have not received help. For pre-9/11 veterans, 41% of those have considered attempting suicide and 27% who made a plan to die by suicide have not received psychological care. Veterans are even less likely to receive help for a probable mental health disorder. Almost 60% of post-9/11 veterans do not receive care for a mental health issue, and over 40% of pre-9/11 veterans do not receive help. Veterans are more likely to seek treatment for a physical health condition, yet over one-quarter of pre-9/11 veterans don't receive help for a physical health problem (28%); 45% of post-9/11 veterans don't receive care for a physical health condition.

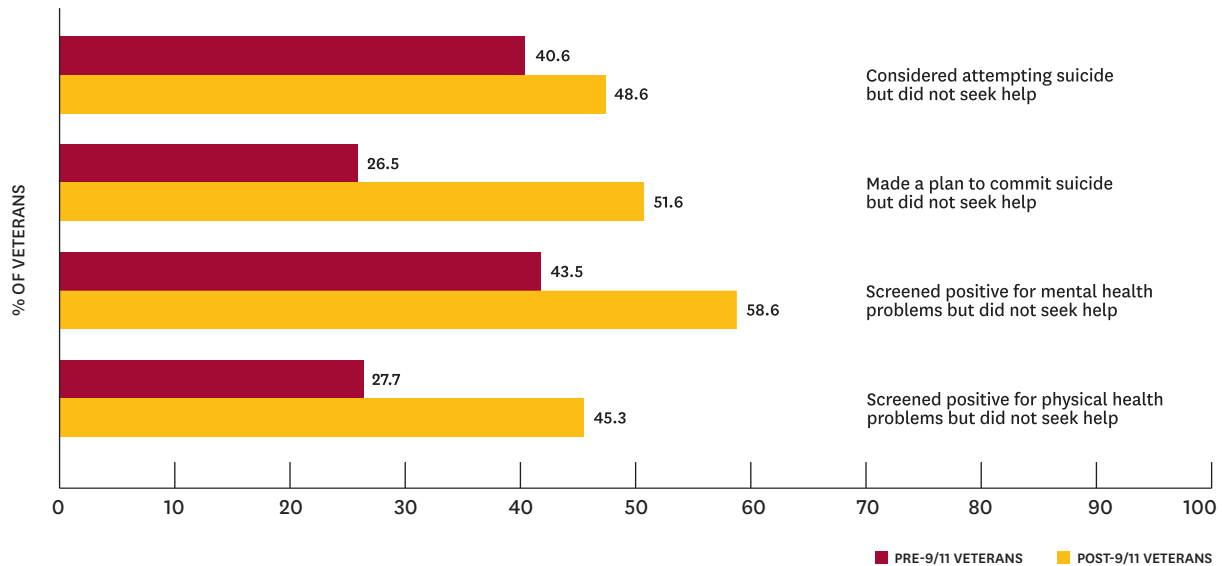


Figure 23. Percent of pre-9/11 and post-9/11 veterans who screened positive for a mental or physical health issue and did not seek care

Barriers to Care

There are significant barriers that prevent veterans from receiving help. Post-9/11 veterans are more likely than pre-9/11 veterans to report barriers to care (see Figure 24). Forty-four percent of post-9/11 veterans and 26% of pre-9/11 veterans report that they do not know where to go to get help. Around 24% of both groups believe they can handle the problem on their own. One in five post-9/11 veterans also report difficulty scheduling an appointment while 18% of pre-9/11 veterans report they are not eligible for benefits. One in seven post-9/11 veterans report concerns that treatment will not remain confidential (15%) or that seeking care might harm their career (14%). While some pre-9/11 veterans share similar concerns, these concerns are not as great as those expressed by post-9/11 veterans.

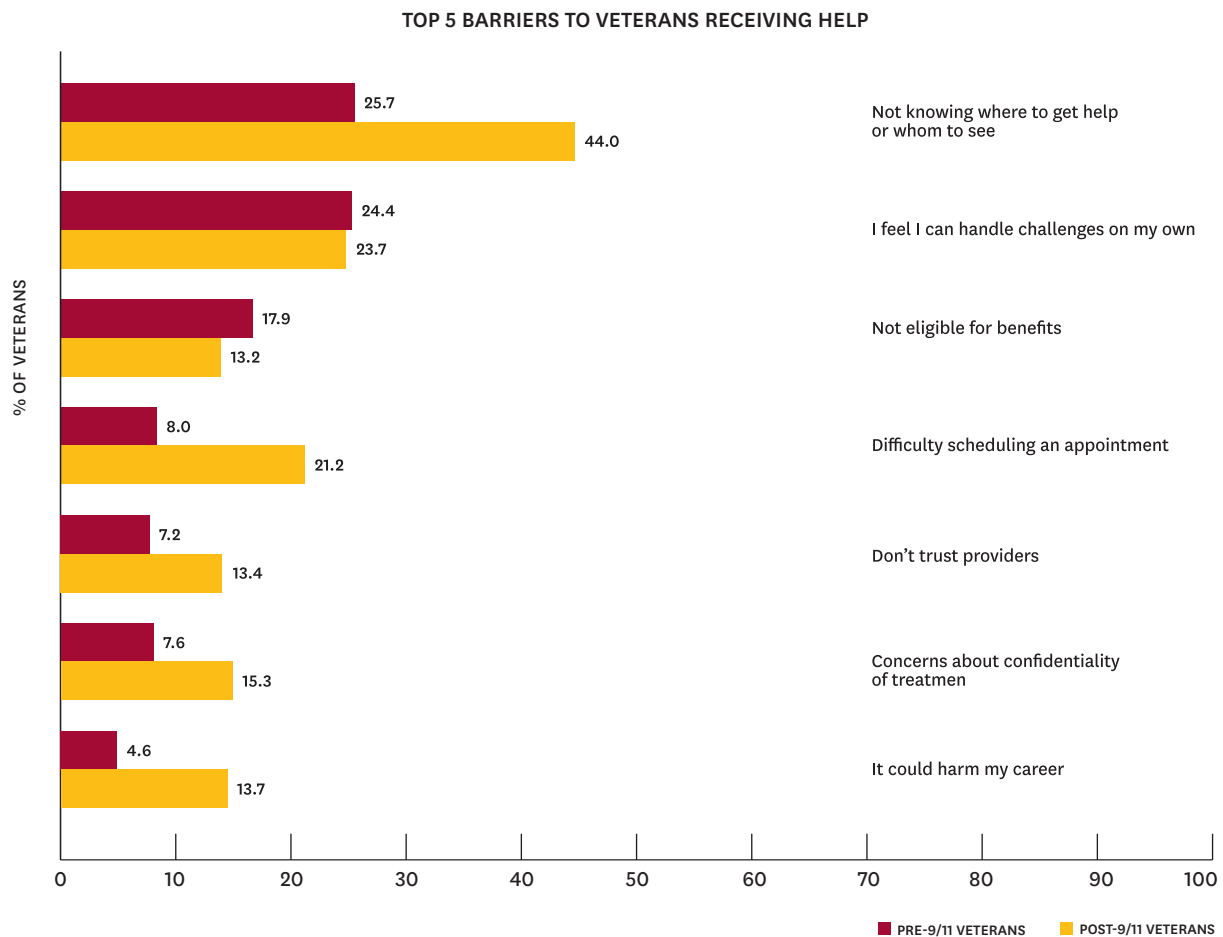


Figure 24. Barriers reported by pre-9/11 and post-9/11 veterans that prevent them from seeking care or support

“There’s no women veterans {resources} down here in Orange County. We have to go up to Long Beach for it. And then Long Beach refers you to West LA. And that’s far.”

Service Needs

Across the board, veterans endorsed a high number of service needs, with 61% of veterans indicating that they needed at least five of the services. (see Figure 25). The greatest needs reported by post-9/11 veterans were VA service assistance (50%), healthcare assistance (47%), educational assistance (43%) and employment assistance (43%). The greatest needs reported by pre-9/11 veterans were educational assistance (32%), VA service assistance (30%) and health care assistance (27%). It should be appreciated that the needs of veterans are wide-ranging and varied, indicating the need for a comprehensive approach to meeting veteran needs.

“You need counseling. You need to counsel people and sit down one-on-one or in small groups like this and say, ‘Okay, what you’re about to experience when you get out is going to be a lot different than while you were here.’ You’ve got to tell them that it’s not going to be like the military.”

“The average military person getting out, who do you turn to? They’re overwhelmed.”

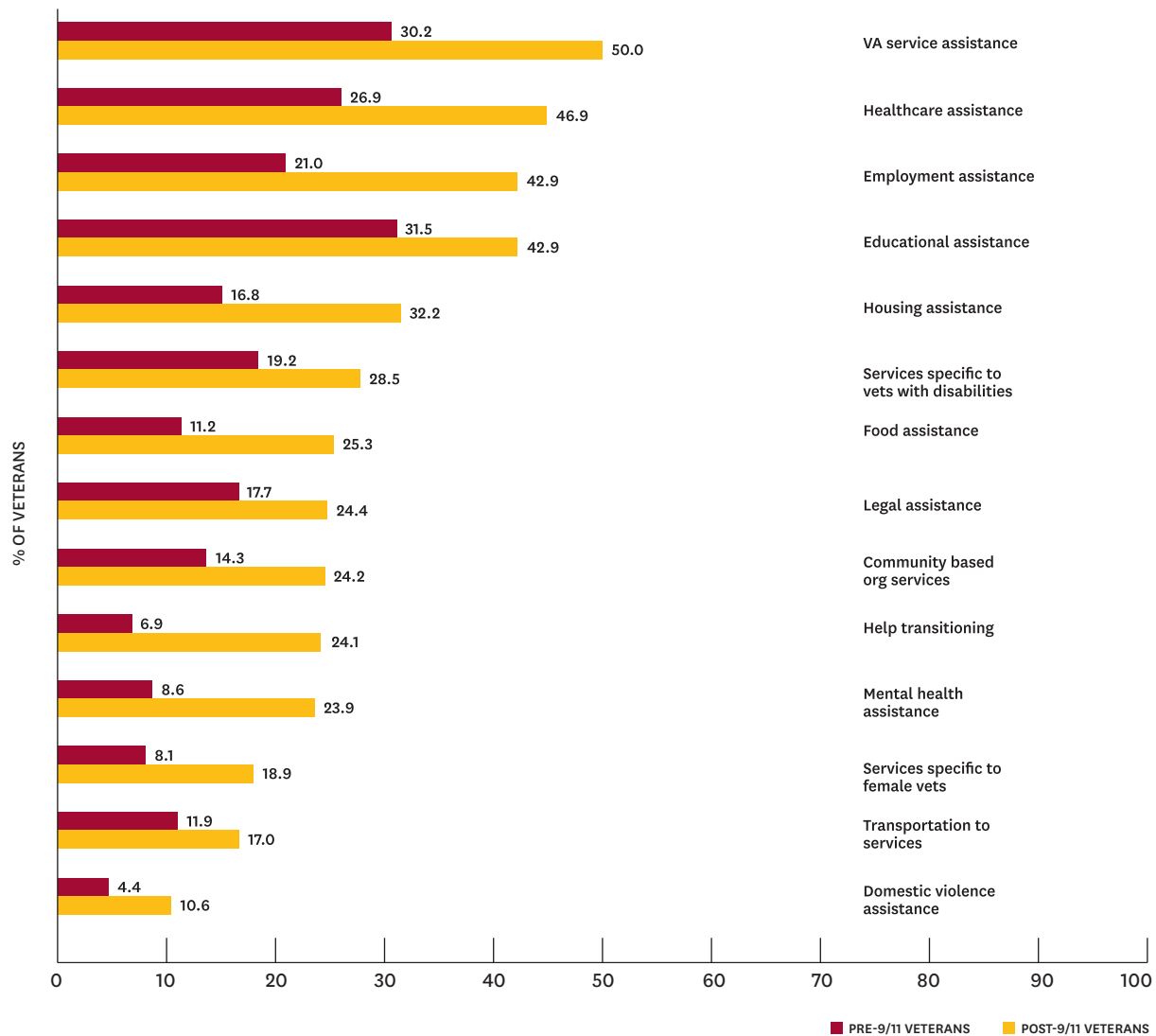


Figure 25. Percent of pre-9/11 and post-9/11 veterans indicating a specific service needed

Discussion of Key Findings and Recommendations

The findings from the current study closely mirror those observed from the Los Angeles County Veterans Study (Castro, Kintzle & Hassan, 2014). The detailed findings and recommendations from the Los Angeles County Veterans Study can be found in Appendix A so they won't be capitulated here. Instead, the broader findings from the Orange County Veterans Study will be presented, along with a broad set of recommendations, followed by detailed findings and recommendations from the Orange County Veterans Study. In instances where the recommendations would be similar to those suggested from the Los Angeles County Veterans Study we note those and refer the reader to Appendix A.

Many service members leaving the military and relocating to Orange County are not prepared for the transition. Many leave the service without a job, without permanent housing being identified, and with significant unmet physical and psychological health issues. Further, a significant minority of service members leave the military with legal and financial issues. Presently, there is not a single veteran support agency that can adequately meet such a wide range of veteran needs. In both Los Angeles County and Orange County, veteran support organizations are not organized to provide holistic support to current or returning veterans. Instead, veteran support organizations, both governmental and non-governmental, tend to focus on one or two veteran needs, with other veteran needs left unaddressed. Finally, most veteran support organizations tend to focus entirely on meeting acute and chronic needs of veterans, such as homelessness, immediate or severe health care issues, or acute or chronic unemployment. Very little attention is given to preventing these conditions or proactively intervening early to prevent them from becoming chronic.

Clearly, if government and communities want to get ahead of many of these military transition issues, much more attention will need to be placed on better preparing the separating service member for success. A holistic approach focused on prevention and early intervention, with both governmental and non-governmental agencies working together will be required. While the military Transition Assistance Program (TAP)/Goals, Plans and Success (GPS) is an excellent start, it is not sufficient for ensuring a successful transition. The major outcome of the TAP/GPS needs to move from having a written plan for getting a job to actually having a job offer in hand prior to leaving the military. The TAP/GPS needs to be expanded to include an assessment and plan for establishing permanent housing. Prior to and during TAP/GPS, financial and legal issues should be identified, with concrete steps put in place to resolve them, preferably before the service member leaves active duty. During the TAP/GPS, complete health assessments of all separating service members must be conducted, with all health issues documented and copies provided to the service member. The Department of Labor should continue to manage the TAP/GPS, with expanded roles for the Department of Defense, the Department of Veteran Affairs, the Department of Housing and Urban Development, the Department of Education and other governmental agencies, as deemed necessary.

To better serve new veterans, community non-governmental veteran support agencies need to continue to press for access to and awareness of separating service members who will be joining their communities. Bringing awareness of separating service members joining local communities, effective outreach efforts targeting family members, friends and employers of separating service members and veterans should be undertaken. Community veteran support agencies within Orange County need to focus their care and support equally to both newer veterans and elderly veterans, as both groups have significant unmet needs. Indeed, veteran support agencies that only provide assistance to one group of veterans over the other only serve to widen the divide amongst veterans. Finally, the veteran support agencies within Orange County need to organize and integrate their activities to meet the most pressing needs of the veteran. While veteran bike rides and expeditions to the North Pole might appeal to fundraisers and generate “feel-good” reactions among participants and civilians, these types of activities do very little to address many of the more serious issues impacting military transitions.

TRANSITIONING OUT OF THE MILITARY

Specific Findings from Orange County:

- Post-9/11 veterans reported difficulty adjusting to civilian life, with 61% of veterans who served after 9/11 reporting adjustment challenges compared to 30% of pre-9/11 veterans.
- Nearly 45% of pre-9/11 veterans and 61% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life.

DISCUSSION AND RECOMMENDATIONS:

Similar to findings seen in the Los Angeles County Veterans Study, veterans from Orange County also report difficulties in adjusting to civilian life and needing time to figure out what they want to do with their life, with post-9/11 veterans in particular struggling with these issues. Several recommendations for similar findings from the Los Angeles County Veterans Study are also applicable for Orange County (see Appendix A, Recommendation 1). An assumption that many people make regarding separating service members and veterans is that veterans want to do the same or a similar job that they performed in the military. While this might be true for many separating service members and veterans, for others this is not the case. Many veterans might be looking to explore their options, and veteran support organizations should determine if this is the case, without assuming that all veterans wish to continue performing a job similar to what they did in the military.

EMPLOYMENT AND FINANCES

Specific Findings from Orange County:

- Nearly 70% of pre-9/11 and 74% of post-9/11 veterans did not have a job when they left the military.
- While 50% of post-9/11 veterans are employed full-time, only 30% of pre-9/11 veterans are employed full-time. Post-9/11 veterans are also over twice as likely to be working part-time (10%) as pre-9/11 veterans (5%).
- There was also a difference between pre- and post-9/11 veterans in terms of being unemployed and looking for work, 18% compared to 28%; although there was virtually no difference in being unemployed and NOT looking for work, 3% and 4%, respectively.
- For 76% of post-9/11 veterans who work full-time, the annual salary is below the California median income level of approximately \$67,000.
- More than one in three post-9/11 veterans have an annual income below or near the U.S. national household poverty level guidelines for 2014 (\$23,850).
- For pre-9/11 veterans, 62% earn less than the California median income, and 27% earn at or below the national poverty level.
- Thirty-eight percent of pre-9/11 veterans and 24% of post-9/11 veterans earn above \$60,000 a year.

- More post-9/11 veterans than pre-9/11 veterans reported having financial difficulties in the past year, with 28% of post-9/11 veterans and 17% of pre-9/11 veterans reporting financial trouble.
- Sixty-three percent of post-9/11 veterans reported that employers don't understand or are insensitive to the needs of military veterans. And 60% of post-9/11 veterans reported that employers think veterans don't have adequate skills.

DISCUSSION AND RECOMMENDATIONS

Overall, the employment status of Orange County veterans is better than that of Los Angeles County veterans, yet much remains to be done. Half of employed Orange County veterans are working full time, with 10% working part-time. Unfortunately, over a quarter (28%) of Orange County veterans are unemployed. In general, the jobs that Orange County veterans obtain are not high-paying, with over three-quarters (76%) of post-9/11 veterans earning below the California median income level, of which one-third earn at or below the national poverty level. A number of recommendations based on similar findings were provided in the Los Angeles County Veterans Study, which are also applicable here (see Appendix A, Recommendation 2). For instance, Orange County veteran support organizations focused on employment should provide separating service members/veterans opportunities to work in a variety of jobs facilitated by local communities. A community employment strategy for returning veterans should consider leveraging community temporary employment agencies and alternative staffing agencies to enable veterans to work in a variety of positions to help them identify future career opportunities and interests, build skills,

and provide income. Importantly, Orange County veteran support organizations should develop innovative employment strategies for difficult to employ military veterans, especially veterans with enduring physical and psychological health injuries.

Finally, it might be time to consider veteran employment re-training programs for movement into occupations that are higher paying, including post-graduate education support that continues beyond the standard GI Bill educational benefits.

HOUSING

Specific Findings from Orange County:

- Twenty-nine percent of pre-9/11 veterans and 35% of post-9/11 veterans had not lined up housing when they left the military.
- Ten percent of pre-9/11 veterans reported being homeless in the past year, compared to 18% of post-9/11 veterans.

DISCUSSION AND RECOMMENDATIONS

The homelessness rate of pre-9/11 veterans is nearly half of that compared to post-9/11 veterans, 10% compared to 18%. In this regard, post-9/11 veterans have a much more comprehensive need than do pre-9/11 veterans, housing, employment and health, all of which have been shown to be significantly related to homelessness. A number of aggressive and innovative steps can be taken to address veteran homelessness, many of these have been recommended previously (see Appendix A, Recommendations 3 and 4). First, provide transitional housing for separating service members through both public and private partnerships until they obtain permanent

housing. Unlike the Veterans Affairs Supporting Housing (VASH) program for which a veteran must be homeless to qualify, this is a prevention strategy to support veterans in transition as a means of preventing homelessness and housing distress associated with separating from military service. In particular, transitional housing would be extremely valuable to single female separating service members and service members with children.

Second, many veterans have unstable living arrangements, yet don't meet the Department of Housing and Urban Development (HUD) definition of homelessness. Provide housing support to veterans under housing distress (in a holistic framework so they can continue to focus on employment and health) prior to receiving eviction notice or an eviction. Consideration should be given to extending the military housing allowance for separating service members up to 12 to 24 months post-military service. And finally, expand the definition of veteran homelessness so that it encompasses veterans under housing distress or who lack permanent housing. Regardless of the actions adopted to address the veteran homelessness issue, until steps are taken to prevent homelessness occurring in the first place, veteran homelessness will continue.

HEALTH AND WELL-BEING

Specific Findings from Orange County:

- Approximately 70% of both pre- and post-9/11 veterans reported good or excellent health.
- However, 25% of post-9/11 veterans and 9% of pre-9/11 veterans indicated severe physical health symptoms.
- Both pre- and post-9/11 veterans reported the same top three physical health problems: pain or problems with arms, legs or joints (31% and 45%, respectively); back problems (29% and 41%, respectively); and trouble sleeping (24% and 40%, respectively).
- For every somatic symptom, post-9/11 veterans reported more concerns.
- Post-9/11 veterans were more likely to screen positive for PTSD and depression than pre-9/11 veterans. While 44% of post-9/11 veterans screened positive for PTSD, only 24% of pre-9/11 veterans screened positive for PTSD. Similarly, while 46% of post-9/11 veterans screened positive for depression, just 27% of pre-9/11 veterans screened positive.
- In terms of suicidality, there was also a difference between pre-9/11 veterans and post-9/11 veterans in terms of considering attempting suicide (11% versus 19%) and in making a suicide plan (8% versus 17%).

DISCUSSION AND RECOMMENDATIONS:

Perhaps the most pressing issues facing Orange County veterans involve their physical and psychological health. For instance, nearly half of all veterans surveyed screened positive for probable PTSD and/or depression, with pre-9/11 veterans more likely to screen positive for depression and post-9/11 veterans more likely to screen positive for PTSD. These high rates of mental and behavioral health issues are alarming and should represent the highest priority to address amongst veterans within Orange County. Numerous actions exist that can be taken to begin to address this issue (see Appendix A Recommendations 5 and 6). Importantly, it should be noted that mental and behavioral health care issues exist for all veterans. Additionally, post-9/11 veterans reported relatively high rates of suicidality, with one in five reporting thinking about dying by suicide or making a plan to die by suicide. Addressing the mental and behavioral health issues of Orange County veterans could also serve to identify veterans with suicidality issues.

VETERANS SERVICE UTILIZATION AND NEEDS

Specific Findings from Orange County:

- Post-9/11 veterans are less likely than pre-9/11 veterans to seek treatment for physical or psychological issues.
- Half of post-9/11 veterans who have considered attempting suicide (49%) or who have made a plan to die by suicide (52%) have not received help.
- Post-9/11 veterans are more likely than pre-9/11 veterans to report barriers to care.

- Forty-four percent of post-9/11 veterans and 26% of pre-9/11 veterans report that they do not know where to go to get help. Approximately 24% of both groups believe they can handle the problems on their own.
- The greatest needs reported by post-9/11 veterans were VA service assistance (50%), healthcare assistance (47%), educational assistance (43%) and employment assistance (43%).
- The greatest needs reported by pre-9/11 veterans were educational assistance (32%), VA service assistance (30%) and health care assistance (27%).

DISCUSSION AND RECOMMENDATIONS:

Veterans in Orange County have significant health care, employment and educational needs that are not being met. In particular, post-9/11 veterans report significant unmet health care needs, with many not knowing where to go to get help. Interestingly, post-9/11 veterans identify assistance with accessing the VA as their greatest need. Establishing comprehensive support to veterans which covers a range of needs, particularly the needs of post-9/11 veterans should be an Orange County priority (see Appendix A, Recommendation 8). Develop and utilize a peer-to-peer strategy through the creation of civilian military transition mentors. Additionally, improving awareness of how and where to access VA support is equally important. Regardless of where the OC veteran accesses services, attention should be given to ensuring all mental and physical health care needs of OC veterans are met, in particular all veteran support organizations should screen for suicidality.

APPENDIX A

LOS ANGELES COUNTY RECOMMENDATIONS

As the results of the Orange County Veterans Study are similar to the results of those in Los Angeles County, the following recommendations, as reported in *The State of the American Veteran: The Los Angeles County Veterans Study*, are offered here as also relevant to holistically meeting the needs of transitioning veterans. Additional discussions regarding each finding and recommendation can be found in the Los Angeles County report.

FINDINGS AND RECOMMENDATIONS

The transition from military to civilian life can be precarious for service members and is not always negotiated successfully. This study of veterans tells us that we have not effectively engaged them early enough in their transition process. It has become increasingly clear that there is a dire need for support services, employment assistance and health treatment options that engage the veterans early in the transition from military to civilian life.

Below are key findings from the Los Angeles County and Orange County Veteran Studies with specific recommendations for addressing each finding. It should be noted from the outset that for many of the recommendations presented, efforts have already begun and significant progress is being made in assisting service member transitions. For these efforts, we call for an expansion and acceleration so more veterans might benefit from the programs. For other efforts, however, success in meeting the needs of veterans remains elusive. Here, we provide suggestions for changing the process and/or procedures for how support is provided to the service member or veteran in order to meet documented existing needs. For other programs we might be even more critical, calling for a complete overhaul or dissolution of the program. Throughout, the sole focus of the recommendations is to identify ways to meet the needs of veterans, appreciating that there are tremendous on-going efforts to achieve the same goals.

Civilian Transition Difficulties

FINDING 1

Over two-thirds of today's veterans reported difficulties adjusting to civilian life, and report that they do not know where to go or who to contact to get help.

RECOMMENDATION 1

Establish a mechanism that enables support agencies to be aware of service members planning on transitioning into their communities so a proactive outreach plan can be established with service members before they leave active duty. Several strategies exist for establishing this critical connection:

- The Department of Labor or the Department of Defense can collect contact information from each separating service member, inform them of how the information will be shared with the local communities in order to assist them in their military-to-civilian transition, and then provide the information to veteran support agencies residing the local communities in a timely fashion so they can conduct an active outreach to the separating service member.
- Early during the mandated military Transition Assistance Program, (TAP) / Transition, Goals Plan and Success (GPS), service members can opt to share their contact information with the local community to which they plan to move, to proactively plan for assistance with employment, housing or other needs.

- Each community can conduct a public information awareness campaign targeting the family, relatives and friends of service members separating from the military encouraging them to contact a local veteran support agency so they can assist the separating service member in finding employment, housing or meet other needs before they leave active duty service.

Employment Status

FINDING 2

Nearly eight in 10 service members leave the military without a job, expecting to quickly find meaningful employment that provides adequate remuneration once they leave the military. Nearly a quarter of veterans in Orange County with jobs are earning at or below the poverty level. Over three-quarters of those veterans without a job are not receiving assistance in finding a job. At the same time, veterans also report needing time to figure out what they want to do in life once they leave the military.

RECOMMENDATION 2A

Establish having a legitimate job offer as the primary outcome of the new military TAP/Transition GPS program. This can be accomplished if the TAP/Transition GPS program works with local communities where the separating veteran plans to live. While separating service members may engage in the TAPS/Transition GPS system 12 to 24 months prior to separation, such engagement may need to be mandated in order to provide sufficient time to identify meaningful employment that provides sufficient remuneration.

RECOMMENDATION 2B

Provide the separating service member enhanced opportunities, including additional leave, to conduct in-person interviews with prospective employers in their new community before they separate from military service. Where possible provide the separating service member access to virtual interviewing capabilities that involved VTC technologies. Local communities should encourage employers to accept virtual interviews for separating veterans.

RECOMMENDATION 2C

Provide separating service members with a formal course that reorients them to the realities of civilian employment throughout the transition process. Embed this discussion in the larger framework noting differences between military culture and civilian culture, without denigrating either of them.

RECOMMENDATION 2D

Provide separating service members/veterans opportunities to work in a variety of jobs facilitated by local communities. For example, a community employment strategy for returning veterans should consider leveraging community temporary employment agencies and alternative staffing agencies to enable veterans to work in a variety of positions to help them identify future career opportunities and interests, build skills, and provide income.

RECOMMENDATION 2E

Develop innovative employment strategies for difficult to employ military veterans, especially veterans with enduring physical and psychological health injuries.

Living Arrangements Post-Military Service

FINDING 3

A significant number of service members (at least 40%) leave the military without having identified permanent housing.

RECOMMENDATION 3A

Use the new military TAP/Transition GPS program to verify that separating veterans have permanent and sustainable housing when they leave the military. That is to say, provide counseling to the separating service member about the suitability and sustainability of their post-military housing plans.

RECOMMENDATION 3B

Connect the separating service member with the local community where the separating service member plans to live to identify suitable housing options.

RECOMMENDATION 3C

Set realistic expectations about the type of housing a military veteran is likely to be able to afford as a civilian.

RECOMMENDATION 3D

Provide transitional housing for separating service member through both public and private partnerships until they obtain permanent housing. Unlike the Veterans Affairs Supporting Housing (VASH) program for which a veteran must be homeless to qualify, this is a prevention strategy to support veterans in transition as a means of preventing homelessness and housing distress associated with separating from military service. In particular transitional housing would be extremely valuable to single female separating service members and service members with children.

FINDING 4

Prevention of Homelessness. Many veterans have unstable living arrangements, yet don't meet the Department of Housing and Urban Development (HUD) definition of homelessness.

RECOMMENDATION 4A

Provide housing support to veterans under housing distress (in a holistic framework so they can continue to focus on employment and health) prior to receiving eviction notice or an eviction. Consideration should be given to extending the military housing allowance for separating service members up to 12 to 24 months post-military service.

RECOMMENDATION 4B

Expand the definition of veteran homelessness so that it encompasses veterans under housing distress or who lack permanent housing.

FINDING 5

Physical and Psychological Health. Many service members leave active duty with untreated mental and physical health issues. Five in 10 military veterans report a significant physical or mental health issue for which they are not receiving care. One in 10 veterans have considered suicide or made a plan to end their life by suicide.

RECOMMENDATION 5A

Mandate complete psychological and physical health evaluations for all separating service members, regardless of stated health and health screening results, particularly for veterans of the Iraq and Afghanistan wars. Eliminate the optional physical health exam. Ensure that all physical and psychological health needs are documented in service members' medical records to increase likelihood they are service connected.

RECOMMENDATION 5B

Conduct outreach to veterans, encouraging biannual checkups following military separation.

RECOMMENDATION 5C

Provide a military transition mentor for active-duty separating service members who can guide them through the physical and mental health evaluation, documentation and care process.

RECOMMENDATION 5D

Establish civilian military transition mentors within local communities prior to separation to guide the separating service member/veteran through the VA health care system, as well as provide assistance for employment and housing, if needed. Utilize experienced and trained military veterans as military transition members when possible.

FINDING 6

VA Disability Ratings. Pre- 9/11 and post-9/11 veterans reported significant physical and psychological health concerns, as well as impaired functioning, yet appear not to have obtained a commensurate VA disability rating.

RECOMMENDATION 6A

Encourage pre-9/11 and post-9/11 veterans to consult with a veteran service officer (VSO) to advise them in the development of their VA disability application plan.

RECOMMENDATION 6B

Encourage pre-9/11 and post-9/11 veterans to utilize VSOs in the preparation of their VA disability application, and to provide assistance in appeals and reconsideration.

RECOMMENDATION 6C

Ensure that every separating service member obtains a complete copy of their medical record regardless of separation status. Add it to the mandatory clearing check list. Incorporate it into the TAP/Transition GPS program.

Barriers and Access to Care**FINDING 7**

Significant barriers to receiving help exist for pre-9/11 and post-9/11 veterans, with post-9/11 veterans reporting higher perceptions of barriers; resulting in five in 10 veterans not accessing care for needed services. Many veterans indicate preferring to handle problems on their own.

RECOMMENDATION 7A

Tailor community public awareness campaigns that target post-9/11 veterans. Utilize civilian military transition mentors.

RECOMMENDATION 7B

Develop outreach and services that are sensitive to the needs of female veterans.

RECOMMENDATION 7C

Develop outreach approaches that are sensitive to race and ethnicity, in particular Asians and Hispanics. Given that Hispanics represent over one-third of the surveyed population and Asians represent 8% of the surveyed population, outreach approaches should be developed targeting these unique populations.

RECOMMENDATION 7D

Develop a communication strategy to address the concerns regarding barriers and stigma around mental health utilization and benefits. Embed psychoeducation training in the TAP/Transition GPS program and include psychoeducation in local community transition programs to address stigma and barriers to care.

Veteran Service Needs**FINDING 8**

Veterans identified a wide-range of services needed during transition, including employment, healthcare, mental health, housing, and education, amongst others.

RECOMMENDATION 8A

Establish a veteran community support network that can provide a comprehensive and holistic plan to engage and support veterans in transition, recognizing that successful military transitions can take up to two years.

RECOMMENDATION 8B

Utilize a peer-to-peer strategy through the creation of civilian military transition mentors.

Financial Issues

FINDING 9

Over one-third of veterans report financial troubles, many of which began during military service.

RECOMMENDATION 9A

Assess the financial health of service members on an annual basis to enable sufficient time to restore financial health, if needed, prior to military separation.

RECOMMENDATION 9B

During TAP/Transition GPS, conduct detailed financial analyses of separating service members' financial health utilizing trained financial consultants.

Military Identity

FINDING 10

Today's military veterans have very strong personal and social military identities that while admirable and desirable can interfere with a successful civilian transition. While the insularity of military culture promotes unity and resilience for the rigors of war, it can also leave service members less equipped and less comfortable in a civilian environment.

RECOMMENDATION 10A

Develop a comprehensive reorientation program for separating service members that focuses on differences and similarities between the military culture and the civilian culture. Provide realistic employment and housing expectations. Use a peer-to-peer approach as separating service members are more likely to listen to other service members who have been there and done it.

RECOMMENDATION 10B

Structure local community veteran support services so they are integrated to begin where the TAP/Transition GPS program leaves off.

RECOMMENDATION 10C

Encourage and support veterans building new networks and connections with civilians while they are on active military service.

APPENDIX B

STUDY MEASURES

Alcohol Use

Measured by the consumption subscale of the Alcohol Use Disorders Identification Test (AUDIT), a brief screening tool for assessing alcohol misuse. The consumption subscale consists of three items. A score of 6 or above indicated significant consumption (Barbor et al., 2001).

Depression

Measured using the Patient Health Questionnaire-9 (PHQ-9), a brief self- or interviewer-administered instrument measuring the nine diagnostic criteria for DSM-IV depressive disorders (Spitzer et al., 1999). A score of 10 or above indicated a probable diagnosis of depression (Kroenke, Spitzer, & Williams, 2001).

Functionality

Measured using the World Health Organization Disability Assessment Schedule 2.0., a 36-item assessing disability across six domains, including understanding and communicating, getting around, self-care, getting along with people, life activities, and participation in society (World Health Organization, 2004). The complex scoring algorithm was used to provide participants a disability score between 0-100 percent and then categorized into minimal (0-4%), mild (5-24%), moderate (25-44%), moderately severe (45-64%) and severe (65-100%) functionality/disability.

Homelessness

Participants were considered having been homeless in the past 12 months if they answered yes to spending a night in the following places during the past year: shelter, sober living facility, transitional living program, hospital or rehabilitation facility, in a public place, in an abandoned building, outside, with a stranger and/or a group home.

Life Satisfaction

Measured by the five-item Satisfaction with Life Scale designed to measure global cognitive judgments of one's life satisfaction (Diener, Emmons, Larson & Griffin, 1985). This report documents participant's responses to three life satisfaction items.

Disability Ratings Example

VA disability was self-reported by respondents. An example of how these are assessed includes the Global Assessment of Functioning Scale (GAF) designed to measure one's ability to function "at work, socially, and emotionally", where 10-20% disability is mild, 30-40% disability means some trouble functioning socially and at work, 50-60% disability means some impairment in ability to function socially and at work with lack of reliability and productivity, 70-80% means unable to function in most social and work areas with symptoms such as obsessive behaviors, illogical speech, depression and panic, and 100% rating means completely unable to function socially or at work with symptoms such as severely inappropriate behavior, ongoing hallucinations or delusions, consistent threat of harming self or others. (Wadsworth, 2014).

Mild Traumatic Brain Injury

Measured by the four-item Department of Defense mTBI screen. Endorsement of at least two items indicated probably mTBI with any loss of consciousness associated with the injury lasting less than 30 minutes. (U.S. Department of Veterans Affairs Office of Public Health and Environmental Hazards (13A), Force Health Protection (DoD), and the VA-DoD Deployment Health Working Group. 2010)

Military Sexual Harassment and Sexual Trauma

Measured by the two item VA screen for examining sexual harassment and sexual trauma (Department of Veterans Affairs, 2004).

Physical Health

Measured by the Patient Health Questionnaire-15 (PHQ-15), a 15-item self-report questionnaire assessing physical health by measuring the prevalence and severity of common somatic symptoms. A score of 15 or above indicated significant symptom severity (Kroenke, Spitzer and Williams, 2002)

Posttraumatic Stress Disorder (PTSD)

Measured by the PTSD Checklist – Military Version (PCL-M), a military version of the PTSD Checklist, a brief, self-report inventory for assessing the 17 symptoms of PTSD outlined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. A score of 50 or above indicated a probable diagnosis of PTSD (Hoge et al., 2004; Weathers et al., 1993)

Suicide

Adapted measure of a four-question screener using two-item suicidal ideation screen to assess suicidality (thoughts of suicide, made a suicide plan) in a community. (Centers for Disease Control and Prevention (CDC), 2014)

APPENDIX C

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