



# Veterans Homelessness Prevention Demonstration Evaluation

Final Report



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# Veterans Homelessness Prevention Demonstration Evaluation

Final Report

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## Foreword

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This report documents the outcomes of Veterans served by the Veterans Homelessness Prevention Demonstration program (VHPD), one element of the Obama administration’s signature initiative to end Veteran homelessness. It describes the housing, employment, and health of Veterans before they entered VHPD and 6 months after leaving the program. It discusses the lessons learned through VHPD, strongly emphasizing how important it is to reach out to Veterans in ways that appeal to them (including peer-to-peer outreach and having Veterans on staff) and the benefits of bringing together housing assistance, case management, and employment services.

Implemented in 2011, the 3-year demonstration was intended to shed light on the potential to prevent or quickly end homelessness, coordinating the efforts and resources of the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA), and the U.S. Department of Labor (DOL) to serve those at risk in the growing population of newer (post-September 11, 2001) Veterans—a group that includes more women, parents, and members of the National Guard and Reserves than ever before. VHPD offered short-term financial assistance (including assistance for rent, utilities, and arrears), case management by VA social workers, and DOL employment services.

Congress funded the VHPD to include a program evaluation so that VHPD’s lessons could be shared. The evaluation’s Interim Report (Cunningham, 2013) describes implementation of the VHPD in its five sites. In contrast, the report you are now reading is about Veterans’ outcomes. Key findings include the following:

- Housing stability increased—at program entry, about 74 percent of clients were at risk of homelessness and 26 percent were homeless, but by program exit, 85 percent were stably housed.
- Employment increased—only 25 percent of VHPD clients were working at program entry, compared to 43 percent at the follow-up interview 6 months after leaving the VHPD.
- Income increased—average monthly income increased from \$1,076 at program entry to \$1,519 at the follow-up interview, partly due to improved or increased access to VA benefits.

The VHPD evaluation also draws general lessons. Homeless and at-risk Veterans need providers and services that recognize their experiences as Veterans, including having peer-to-peer programs and Veterans on staff. They also benefit from the local-level coordination of HUD, VA, and DOL services, a feature of VHPD that was fostered by the Federal collaboration that took place from the beginning of planning through implementation of the VHPD. As one provider interviewed for this study explained, “It takes a community to serve a Veteran.”

When launched, the VHPD filled a critical gap in services. By offering short-term assistance, it complemented more intensive programs like the VA Grant and Per Diem Program and HUD-VASH. Now the VA runs the Supportive Services for Veteran Families (SSVF) program, which is designed to provide services similar to those offered by VHPD; for example, short-term assistance for Veterans and their families, including case management and financial assistance.

As of this writing, our focus is on literal homelessness but as the number of homeless Veterans decreases, our focus will turn toward prevention. The findings of the VHPD can inform these future prevention efforts.

In closing, we remember President Barack Obama’s declaration that “Until we reach a day when not a single Veteran sleeps on our nation’s streets, our work remains unfinished.”



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## Executive Summary

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Concerned about the increasing risk of homelessness among veterans returning from the recent wars in Afghanistan and Iraq, in 2009 Congress authorized the Veterans Homelessness Prevention Demonstration (VHPD), a joint program of the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA), and the U.S. Department of Labor (DOL). Part of the Obama Administration's plan to end veteran homelessness by 2016, VHPD was one of the first homelessness prevention programs to exclusively serve homeless and at-risk veterans and their families.

VHPD provided short- to medium-term housing assistance (up to 18 months), including security deposits, rent, rental arrearages (up to 6 months back rent), moving cost assistance, and utilities; case management; and referrals to community-based services and supports. Service providers could also use VHPD funds for childcare, credit repair, and transportation expenses. In addition to providing these supports, VHPD intended to connect veterans to needed health services through the VA's healthcare system and employment services through local workforce agencies, so the program could provide veterans with a more comprehensive set of supports and better prepare them to sustain housing on their own.

HUD, in consultation with VA and DOL, selected the following five military bases and their surrounding communities to participate in VHPD:

1. Camp Pendleton in San Diego, California (San Diego).
2. Fort Hood in Killeen, Texas (Central Texas).
3. Fort Drum in Watertown, New York (Upstate Northern New York),
4. Joint Base Lewis-McChord in Tacoma, Washington (Tacoma).
5. MacDill Air Force Base in Tampa, Florida (Tampa).

HUD allocated \$10 million in demonstration funds (\$2 million for each site) directly to the largest Continuums of Care (also called CoCs) in the geographic areas covered by the VHPD programs. VA also awarded \$5 million to VA grantees to provide case management and outreach services to veterans served by VHPD. DOL did not receive specific VHPD funding but was directed to serve VHPD veterans through its existing veteran employment programs. The 3-year demonstration program operated from 2011 to 2014. During that time, the program served 4,824 adults and children, including 2,023 veterans, in 1,976 households.<sup>1</sup>

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<sup>1</sup> These numbers are derived from HUD Annual Performance Report (APR) data submitted by the grantees. Three APRs were not submitted: Tampa Year 2, Tacoma Year 3, and Upstate Northern New York Year 3. Because Tampa and Tacoma submitted all of their quarterly reports, the research team was able to approximate the number served for the missing year based on the quarterly reports. These numbers, however, do not include those served by Upstate Northern New York in Year 3, because the site also failed to submit 4 of 12 quarterly reports, making imputation impossible in this case. For more details on the imputation process, see appendix L.

## VHPD Evaluation

HUD contracted with Silber & Associates and the Urban Institute to evaluate VHPD. The evaluation examined the following research questions.

- Were the services provided through VHPD effective for veterans served?
- What happened to program participants after receiving VHPD program benefits? Did program participants avoid homelessness? Did they experience housing stability?
- Did program participants increase employment, earnings, and income (including VA pensions, other VA benefits, and other mainstream benefits)?

To answer these research questions, the research team enrolled 509 study participants from September 2012 to October 2013. Team members collected information from program administrative data on the status of VHPD study participants when they entered the program (program entry) and exited the program (program exit). In addition, study participants responded to a baseline survey (N=424) shortly after entering the program and a follow-up survey (N=315) at least 6 months after exiting the program. With data collected from program reconnaissance, two waves of site visits, program administrative data, and data from baseline and follow-up surveys, this final report describes outcomes from VHPD.

## VHPD Target Populations

The VHPD program provided rapid re-housing and homelessness prevention services to veterans at risk of homelessness and veterans who were homeless for less than 90 days. The program targeted specific populations: recent veterans who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND); female veterans; and veterans with children. Overall, VHPD programs successfully engaged those target populations.

- Across all the sites, more than one-half (55 percent) of all study participants served were veterans of OEF, OIF, or OND, more than three times the share of the overall veteran population (16 percent; Byrne et al., 2014).
- Veterans with children also made up a substantial portion of those served under VHPD. Approximately 43 percent of VHPD study participants had children in their household.
- VHPD was successful in targeting women veterans, with women constituting more than one-fourth (27 percent) of VHPD study veterans, considerably more than their 8-percent share of the veteran population overall.

## Characteristics of Military Experience

- Almost all VHPD veterans (96 percent) were former active-duty members in the Armed Forces of the United States, and about 4 percent of veterans served by VHPD were activated National Guard members and Reservists.
- Approximately 41 percent of veterans had been exposed to combat, and, of those exposed, 56 percent reported a high level of exposure to friendly and/or unfriendly fire and about one-half (48 percent) had been deployed to combat zones two or more times. VHPD veterans served for an average of 6 years before being discharged.

## Demographic Characteristics

- About one-half (51 percent) of the veterans served by VHPD were White, and about 43 percent were African-American. About 10 percent identified as Hispanic, 3 percent identified as Alaska Native or Native American, and 2 percent identified as multiracial.
- Few VHPD veterans (about 5 percent) were very young—ages 18 to 24—at program enrollment, indicating they began and ended military service recently. The largest share (46 percent) of VHPD clients were between the ages of 25 and 40, 19 percent were between the ages of 41 and 50, and 28 percent were between the ages of 51 and 64. A very small share (3 percent) of clients were 65 years of age or older.
- Roughly one-third (32 percent) of VHPD clients were married, and another one-third (31 percent) were single and had never been married. The remaining one-third were either divorced (27 percent) or separated (9 percent).
- Educational attainment among VHPD veterans was relatively high: almost all veterans (98 percent) had at least a high school diploma or General Educational Development credential (commonly known as the GED®), and the majority (61 percent) had some college or an associate’s degree. A much smaller subset (10 percent) had a bachelor’s degree or higher.

## Housing Stability

- At program entry, about one in four (26 percent) veterans across all five sites were literally homeless.
- Overall, VHPD served more veterans who were at some level of homelessness risk, with most (72 percent) being judged by providers to be imminently at risk of losing their housing or unstably housed.

## Income Level and Employment Status

- Most adults (75 percent) served by VHPD were unemployed at the time of the baseline survey, 15 percent had full-time employment, and 11 percent had part-time employment.
- A large share (23 percent) of VHPD clients had no income at program entry. The others reported monthly incomes as follows: 27 percent reported between \$1 and \$999, 20 percent reported between \$1,000 and \$1,499, 16 percent reported between \$1,500 and \$1,999, and 14 percent reported \$2,000 or more.

## Physical and Mental Health Conditions

- On a scale of poor, fair, good, very good, and excellent, a substantial share (44 percent) of VHPD clients rated their health as poor or fair across all sites. This rate of poor or fair health is remarkably high, especially when compared with the general population in which fewer than 1 in 10 people are in fair or poor health (Adams, Kirzinger, and Martinez, 2013).
- A substantial share (43 percent) of veterans reported being prevented from working because of a disability. Of those veterans, the majority (74 percent) said the disability was related to their military service.

- A large subset of veterans reported serious mental health problems. Two-thirds of VHPD veterans indicated experiencing serious depression, anxiety, and/or tension. About 43 percent of VHPD veterans said they experienced symptoms of posttraumatic stress disorder (commonly known as PTSD), and 12 percent were dealing with the repercussions of a head injury or a traumatic brain injury (also known as a TBI). Further, about one-half (51 percent) reported “being easily startled, not being able to relax your guard,” and a similar share (46 percent) said they had “trouble understanding, concentrating, or remembering.”

## VHPD Services, Length of Stay, and Program Costs

At program entry, most (74 percent) of the veteran households were at risk of homelessness, and about 26 percent were homeless. While in the program, the households received a mix of financial assistance and case management for varying lengths of participation. Median length of stay in the program was 84 days, but it ranged appreciably by site, from 39 days at one site to 146 days at another. Per-household HUD-funded costs varied significantly by site, ranging from \$3,513 to \$5,626. The amount of direct financial assistance per household also varied, ranging from \$2,513 to \$3,837. Site costs reflect differences in program design, including length of stay and intensity of services provided, local cost of living, and housing costs.

## VHPD Outcomes

VHPD aimed to help veterans and their families become stably housed and sustain that housing after VHPD assistance ended by increasing their income from employment or connecting them to the benefits for which they were eligible. As such, this evaluation focused on outcomes in three areas: (1) housing stability, (2) income, and (3) employment.

## Housing Stability

As households exited VHPD, program staff categorized their housing status into one of the following four categories defined by HUD:

1. Literally homeless: The individual or family lacked a fixed regular or adequate nighttime residence.
2. Imminently at risk of losing housing: The individual or family was currently housed but at imminent risk of losing housing and without subsequent options or the resources or support networks needed to remain in current housing or obtain other temporary or permanent housing
3. Unstably housed: The individual or family was currently housed but experiencing housing instability, with one or more other temporary housing options but lacking the resources or support networks to retain or obtain permanent housing.
4. Stably housed: The individual or family was not at risk of losing housing and did not meet the criteria for any of the previous housing categories.

By analyzing program administrative data and the study follow-up survey, the research team found the following housing outcomes for VHPD veterans:



- At program exit the vast majority (95 percent) of VHPD veteran households were in housing (85 percent were stably housed and 10 percent were unstably housed).
- Only 5 percent of veteran households were either literally homeless or at imminent risk of losing housing when they exited VHPD.
- At the time of the follow-up interviews, most of which occurred between 6 and 12 months after program exit, the majority (76 percent) of veteran households lived in their own homes or apartments. The second most common arrangement (18 percent) was for veterans to be staying with friends or family. A small percentage (6 percent) of veterans were homeless at follow-up. Across sites, 10.5 percent of those interviewed at follow-up reported experiencing homelessness at some point since their baseline interview (this includes those homeless at follow-up).
- Overall, very few veteran households returned to shelter or transitional housing within 180 days of their program exit: only six veterans total had a return to emergency shelter or transitional housing.
- At follow-up, most veterans reported being able to pay housing-related expenses. Of those paying rent, only about 24 percent were struggling to meet that obligation each month, and only 13 percent of those paying utilities struggled to do so.

Overall, the program, which came for many veterans at a point of crisis, showed positive results in helping the VHPD clients get back on their feet. One veteran said, “I just want to say I was really down. I didn’t know what to do, and they gave me help. Basically, they saved me. They helped me with my rent, with my bills. They gave me information. Like [my veterans’ employment representative], he taught me how to get jobs.”

## Income and Employment

To sustain stable housing requires a reliable and adequate income. Most of the veterans served by VHPD had obstacles to employment, including physical and mental health disabilities that prevented them from working. It was also difficult for young returning veterans, who lacked job search experience and often had gone straight from school into the military, to apply military skills to civilian employment. One VHPD participant said, “When you come out of the military, there’s acronyms and roles and titles that don’t exist in the civilian world. It was really difficult to try to take your [Noncommissioned Officer Evaluation Report] and turn it into a résumé.”

In part, VHPD focused on increasing income through employment for those who could work and through connection to benefits for those who could not. By analyzing program administrative data and the study follow-up survey, the researchers found the following income and employment outcomes for VHPD veterans:

- Between program entry and exits, veterans increased their income by about \$460: the mean household monthly income at program exit was \$1,535 across all five sites, up from \$1,076. Between program exit and the 6-month follow-up survey, mean income had declined slightly to \$1,519, but it was up from \$991 at baseline, and the mean difference was an increase of \$525.

- Between program entry and the follow-up survey, the veterans' employment rate increased from 25 to 43 percent. Further, at follow-up, a larger share of veterans reported income from a job and veterans pension payments, and a smaller share of veterans reported income from unemployment.

## Conclusion

Overall, the results from VHPD are promising. After leaving the program, veterans had low rates of return to homeless shelters in their community, high rates of housing stability, and increased rates of employment and income, although a subset of those living on their own still struggled to pay rent, and many were living with friends or family. Because of the lack of a comparison group, the researchers cannot say what would have happened absent the VHPD program, so they cannot fully attribute the results, but the evaluation suggests that VHPD was helpful to veterans who participated.

In addition to understanding if homelessness prevention programs are effective, this study examined the question *Is serving veterans and their families different from serving nonveterans?* The study reveals that veterans' needs, in many ways, are similar to those of nonveterans who are at risk of homelessness: they need short-term help paying for housing and some mix of supportive services. The VHPD evaluation also highlights ways veterans are different. VHPD used different outreach strategies than homeless service programs, and service providers highlighted that veterans have greater physical and mental health needs and different employment assistance needs. At the same time, compared with nonveterans, veterans have more benefits available to them through the VA. Finally, it is very important for service providers to have veteran "cultural competency"—that is, to have staff who are familiar with how members of the military experience civilian life. Veterans are accustomed to being part of a team. In the military, they relied on their team members; now, outside the military, they naturally turn to other veterans for support. A service provider can build the cultural competency to communicate effectively with veterans by hiring veteran caseworkers and providing opportunities for peer-to-peer support. These efforts are critical to meeting the needs of veterans at risk of homelessness.

## Chapter 1. Ending Homelessness Among Veterans

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The Veterans Homelessness Prevention Demonstration (VHPD), a five-site pilot of a homelessness prevention and rapid re-housing program, operated from 2011 to 2014. As one component of the Obama Administration’s plan to end veteran homelessness by 2016, VHPD was innovative both in whom it served and how it intended to serve them. It was one of the first homelessness prevention programs to target veterans, and it was among the first homelessness programs of any type to target post–September 11, 2001 (post-9/11) veterans. In addition to its focus on recent veterans, the program also targeted women veterans and paid special attention to the homelessness risk of members of the National Guard and Reserve (see appendix A for definitions of these terms and others used in this report). The program was designed as a collaboration among the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA), and the U.S. Department of Labor (DOL) to provide a comprehensive suite of services, including housing assistance, health care, and employment services, to put veterans on paths for long-term housing sustainability.

### Efforts To End Veteran Homelessness

President Obama made ending homelessness among veterans a national priority, noting his administration’s “zero tolerance” policy for veterans sleeping on the street or in a shelter.<sup>2</sup> His administration established Opening Doors, a plan that set the target of ending homelessness among veterans by 2016 (USICH, 2013a). One key component of the Opening Doors plan was increasing programs specific to homeless veterans. To accomplish this, Congress initiated and expanded several programs that target veterans across different federal agencies, including the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, the Supportive Services for Veteran Families (SSVF) program, and the Homeless Veteran Reintegration Program, in addition to VHPD.

The HUD-VASH program combines VA services, including case management and clinical care, with HUD housing choice vouchers for rental assistance. Since 2008, the first year vouchers were awarded, HUD-VASH has awarded nearly 70,000 vouchers to jurisdictions across the country to help house homeless veterans (HUD, n.d.). Its federal appropriation for case management has increased over the length of the program, reaching \$321 million in 2015 (USICH, 2015). A rigorous evaluation of HUD-VASH found that the program improves housing stability for veterans compared with standard care and case management-only models (Rosenheck et al., 2003).

SSVF funds local nonprofits to provide supportive services and limited financial assistance to low-income veterans and their families as they try to access permanent housing. For fiscal year (FY) 2012 and FY 2013 combined, SSVF served nearly 100,000 individuals, including nearly 60,000 veterans, and its federal appropriation expanded from \$60 million in FY 2011 to \$300 million in FY 2013 (Byrne et al., 2014; USICH, 2013b). Results from SSVF show great promise: only a small share of veterans became homeless

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<sup>2</sup> <https://www.whitehouse.gov/blog/2014/08/07/president-obama-signs-bill-give-va-resources-it-needs>

after exiting SSVF. Single veterans and veterans who received rapid re-housing services (those who were homeless at entry) were more likely to become homeless after exiting SSVF than those who received prevention services (Byrne et al., 2014). To be specific, within the first year after exiting the program, 7 percent of veterans in families receiving prevention services and 9 percent of veterans in families receiving rapid re-housing services became homeless, as compared with 10 percent of single veterans receiving SSVF prevention services and 16 percent of single veterans receiving SSVF rapid re-housing services. Within 2 years after exiting the program, the shares of veterans experiencing homelessness increased to 11 percent of veterans in families receiving prevention services, 16 percent of veterans in families receiving rapid re-housing services, 18 percent of single veterans receiving prevention services, and 27 percent of single veterans receiving rapid re-housing services (Byrne et al., 2014).

In 2010, the Obama Administration reauthorized the Homeless Veterans' Reintegration Program, which aimed to help homeless veterans gain meaningful employment and connections to mainstream benefits and opportunities for education and also to foster a more effective service system for homeless veterans. Homeless Veteran Reintegration Program grantees provided veterans with job placement services, career counseling, job-training programs and workshops, education and literacy workshops, and resume-writing assistance within the context of a "client-centered case-management approach" that also focused on linking veterans to the other services and supports for which they are eligible (USICH, n.d.). Although VHPD programs more commonly worked with employment staff funded through other veterans employment programs, such as the Disabled Veterans' Outreach Program and Local Veterans' Employment Representatives program, more than one-half of the Homeless Veteran Reintegration Program grantees also operated SSVF programs, providing an avenue for veterans eligible for both programs to receive both employment and housing supports (Shaheen, Lacourte-Klein, and Rio, 2013).

Amid support for these other veterans homelessness programs, Congress launched VHPD in 2009 to test the efficacy of homelessness prevention and rapid re-housing programs that target veterans. According to HUD, "the purpose of VHPD is to explore ways for the Federal Government to offer early intervention homelessness prevention, primarily to veterans returning from wars in Iraq and Afghanistan" (HUD, 2009). The demonstration was innovative because it was designed to be a collaborative effort of three federal agencies (HUD, VA, and DOL) that aimed to provide veterans who were either already experiencing short-term homelessness or at risk of homelessness with the housing, healthcare, and employment supports needed to help them sustain their housing in the long term. HUD received \$10 million to conduct the demonstration, the VA received \$5 million to provide case management and supportive services, and DOL helped veterans access employment and job-training programs through its existing veterans employment specialists located in One-Stop Career Centers, but without additional staff or resources. The program was also one of the first homelessness prevention programs to target veterans and among the first homelessness programs of any type to target veterans serving in the post-9/11 era.

In addition to establishing and expanding housing and homeless programs that target veterans, the Obama Administration in 2014 increased its efforts to eradicate homelessness by launching the 25 Cities Campaign. The 25 Cities Campaign is a collaboration among the VA, HUD, and the U.S. Interagency Council on Homelessness to provide support and technical assistance to cities with many veterans experiencing chronic homelessness. Coinciding with the 25 Cities Campaign, in June 2014, Michelle Obama announced the Mayors' Challenge to End Veteran Homelessness, which is a national challenge to mayors to end

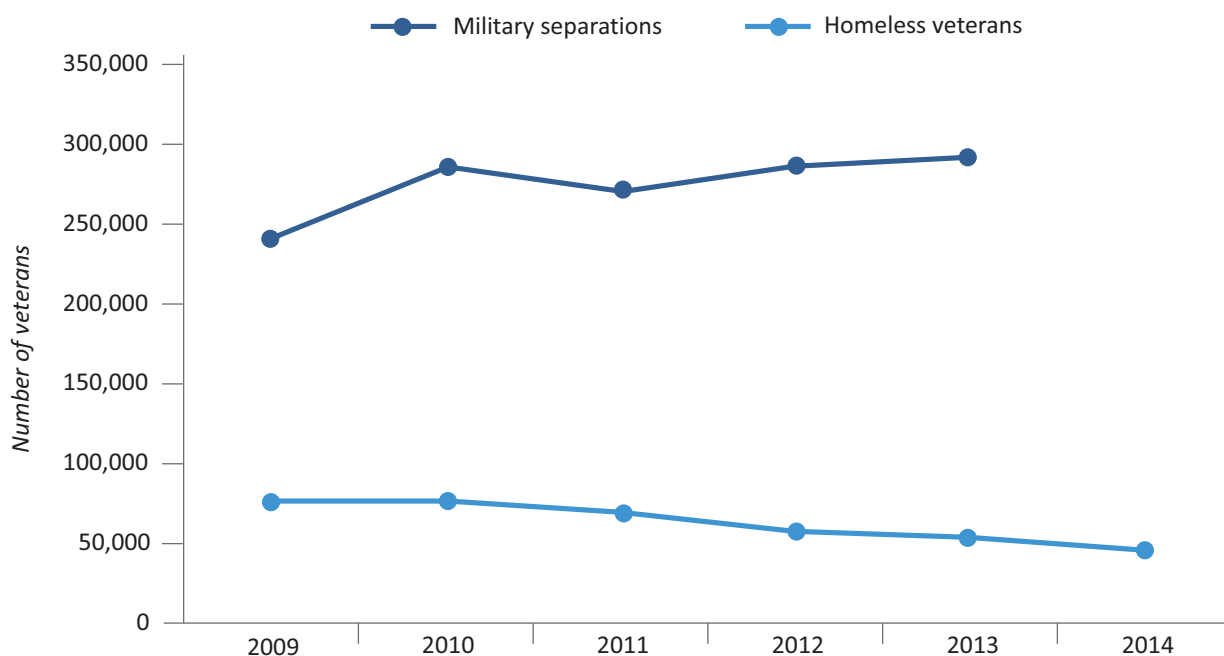
veteran homelessness within their cities. By the end of July 2014, 182 local leaders had signed on to the challenge and pledged to end veteran homelessness within their cities by the end of 2015.

In 2009, the VA launched the National Center on Homelessness Among Veterans, which supports the implementation of Opening Doors. The center is tasked with examining the prevalence of veteran homelessness, determining best practices for serving homeless veterans, and examining ways to take these practices to scale. Its work involves four main strategic activities: (1) policy analysis, (2) model development and implementation, (3) education and dissemination, and (4) research and methodology. These activities enable the National Center on Homelessness Among Veterans to produce more reliable estimates of the prevalence of veteran homelessness, identify predictors of homelessness among veterans, and create an evidence base for interventions targeted toward this population.

## Progress in the Plan To End Homelessness

HUD's *Annual Homeless Assessment Report to Congress* monitors trends in veteran homelessness over time. HUD's *2014 Annual Homeless Assessment Report to Congress: Part I*, released in October 2014 (HUD, 2014a), provides data from the 2014 point-in-time count conducted in January 2014 and historical data from previous point-in-time counts. Point-in-time counts revealed that on a single night in January 2014, approximately 49,933 veterans were homeless (figure 1.1). Despite about 245,000 to 285,000 active-duty service members separating from the military each year between 2009 and 2013, the number of homeless veterans has declined steadily in recent years from a high of 74,770 veterans in 2010, which represents a 33-percent decline between 2010 and 2014 (HUD, 2014a).

**FIGURE 1.1**  
**Total Number of Military Separations and Homeless Veterans in the United States, 2009–2014**



Sources: Number of homeless veterans from point-in-time count data (HUD, 2014b); number of returning veterans data from U.S. Department of Veterans Affairs, Office of Policy and Planning (Special tabulations produced at the request of the Urban Institute for this report)

HUD also reports on homeless service use by using Homeless Management Information System data from a nationally representative sample of Continuums of Care for each fiscal year. The most recent data available at the time of reporting were for FY 2013 (October 1, 2012, to September 30, 2013; HUD, 2014b). According to HUD's analysis, 139,857 veterans received emergency shelter or transitional housing services in FY 2013. This number represents a slight increase from 2012, when 137,995 veterans stayed in shelter or transitional housing, but the number is still much less than the 149,635 veterans served by these programs in 2009, the first year for which data are available (HUD, 2014b). Further, HUD found that four of the five states involved in VHPD had the largest populations of homeless veterans nationwide: California, with 12,096 homeless veterans; Florida, with 4,552; Texas with 2,718; and New York, with 2,542 (HUD, 2014a).

## Homeless Veterans' Characteristics

Veterans are overrepresented in the homeless population: although they make up only 8 percent of the total U.S. population, they comprised about 11 percent of all homeless adults counted in the January 2014 point-in-time counts (HUD, 2014a). According to data for FY 2013, veterans made up 12.7 percent of the adult homeless population (HUD, 2014b).

Although HUD does not report data on the demographic characteristics of homeless veterans and other subgroups of homeless people based on the point-in-time counts that include the unsheltered population, it does publish these characteristics for the sheltered population by using annualized data. As is true for the overall homeless population, African-Americans and Latinos are overrepresented among the sheltered homeless veteran population: in FY 2013, about 39 percent of homeless veterans were African-American compared with 11 percent of all veterans, and about 7 percent of homeless veterans were Hispanic compared with 5 percent of all veterans (HUD, 2014b). Among those using shelters or transitional housing, veterans were also more likely than the nonveteran homeless population to be single individuals: in the 2009-to-2013 period, the share of homeless veterans who were single ranged from 97.4 to 97.9 percent, but, in 2013, single individuals accounted for only 64 percent of homeless nonveterans (HUD, 2014b).

The majority (54.3 percent) of sheltered homeless veterans were older than age 50 in 2013—old enough that many are still likely to be struggling with the devastating and enduring effects of serving in Vietnam. The share of homeless veterans older than age 50 has been shifting slowly upward, from 47.1 percent of the sheltered population in 2009 to a high of 54.5 percent in 2012, a pattern that suggests that already-homeless veterans are getting older (HUD, 2013). In 2013, more than one-third (36.1 percent) of the sheltered homeless veteran population was between the ages of 31 and 50, and only 9.6 percent of the homeless veterans were young (between the ages of 18 and 30). Although young veterans made up a small portion of the overall sheltered homeless veteran population, they are overrepresented in comparison with their share (5.6 percent) of the general veteran population (HUD, 2014b).

The number of women in the military has increased substantially during the past decade. The National Center on Homelessness Among Veterans more recently reported that, in FY 2013, 10 percent of veterans were women (Byrne et al., 2014). HUD annualized Annual Homeless Assessment Report data

show that, despite declines in the overall homeless veteran population, the number of homeless women veterans is growing: 1,891 more women veterans received emergency shelter or transitional housing services in 2013 than in 2012 (HUD, 2014b). Further, women are growing as a share of the sheltered population: in 2009, women made up 7.5 percent of sheltered homeless veterans, and, by 2013, they comprised 9 percent of the population (HUD, 2014b). Women represent a growing subpopulation of homeless veterans, with unique obstacles and barriers to stable housing.

Although the Department of Defense was still in the process of integrating women fully into front-line combat positions at the time of this report, women were exposed to combat-related situations in the recent wars in the Middle East, including defending military bases against attacks from insurgents (Patten and Parker, 2011). Further, women are also more likely to experience military sexual trauma (MST), which the Veterans Health Administration describes as “severe or threatening forms of sexual harassment and sexual assault sustained in military service” (Kimerling et al., 2007: 2160). According to VA administrative records, a substantial share of women veterans (22 percent, or nearly 30,000 patients) who completed an MST screening reported experiencing MST (Kimerling et al., 2007: 2160).<sup>3</sup> The study found that reports of MST were correlated with mental health issues, including posttraumatic stress disorder (PTSD), some of which have been found to increase homelessness risk (Metraux et al., 2013).

Veterans tend to experience homelessness for slightly longer periods than nonveterans (100,000 Homes, 2011). Some evidence suggests that homeless veterans may face more challenges in finding affordable housing than their nonveteran counterparts. HUD’s affordable housing programs, for example, serve a smaller share of eligible veterans (11 percent) than eligible nonveterans (19 percent), although the reasons for this discrepancy are unclear (GAO, 2007). Veterans are also more likely than nonveterans to have PTSD, mental health conditions related to traumatic brain injury, and substance abuse issues that require special attention (USICH, 2010). These factors contribute to high rates of incarceration among veterans; according to the most recent survey by the Bureau of Justice Statistics, in 2004 about 140,000 veterans accounted for 10 percent of state and federal inmates (Noonan and Mumola, 2007). These statistics are notable not only for their large numbers but also because people leaving prison are at high risk for homelessness (Elbogen et al., 2013).

Reports show that a small number of veterans who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) are trickling into homeless shelters across the country. In 2010, the most recent year for which data are available, the VA identified 12,700 OEF/OIF/OND veterans as homeless (National Coalition for Homeless Veterans, n.d.).

Returning veterans face a host of challenges, including reentering life with friends and family and finding employment (Institute of Medicine, 2010). According to a Pew Research Center survey of 1,842 veterans, 44 percent of veterans who served after 9/11 say that reentry was difficult (Morin, 2011). The

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<sup>3</sup> This study, reported in the *American Journal of Public Health*, examined administrative records collected by the Veterans Health Administration, which has a universal screening program for MST. The authors found that 70 percent of Veterans Health Administration patients were screened for MST.

VA faces severe shortages in mental healthcare professionals and long backlogs for accessing disability benefits, leaving many veterans vulnerable (Institute of Medicine, 2010). According to the Bureau of Labor Statistics, veterans also experience higher rates of unemployment: about 12 percent for veterans who served in the military after 9/11 compared with about 8 percent for nonveterans (DOL, 2013). It is not surprising, then, that, as research suggests, veterans are at greater risk of homelessness than their civilian counterparts.

## Reasons for Homelessness

Many factors that affect the general population's risk of homelessness also affect veterans; in addition, veterans have some unique experiences that may increase their risks for homelessness. Understanding causes and risk factors for homelessness among veterans is important for developing identification strategies and homelessness prevention programs.

Structural factors, such as the loss of affordable housing, rising unemployment, unprecedented numbers of foreclosures, and an erosion of the safety net, contribute to homelessness among veterans and the general population alike. In addition, a single event (for example, health problem, job loss, rent burden, eviction) may often precipitate homelessness. Although veteran renters were somewhat more likely to have cost burden than nonveteran renters, a subgroup—approximately one-half million low-income veteran renters—had severe housing cost burden in 2005 (Cunningham, Henry, and Lyons, 2007; GAO, 2007). With no room for basic necessities in their monthly budget, let alone unexpected expenses because of job loss or troubles related to physical or mental health problems, households paying a large share of income for rent are at risk of becoming homeless. Individual risk factors, including poverty, mental and physical health, substance use, and incarceration, are associated with greater risk of homelessness (Burt, 2001).

For programs providing homelessness prevention services, such as VHPD, the ability to predict who is most likely to become homeless is critically important for targeting services to those veterans most in need. A review of the research literature (Burt, 2001; Burt et al., 1999; Shinn and Baumohl, 1999; Shinn et al., 2013) suggests narrowing down the pool to veterans with one or more of the following risk factors:

- Living in overcrowded units.
- Excessive housing cost burden (more than 50 percent of income).
- Recent loss of income or unemployment.
- Young households, pregnant, or with children under age 5.
- Recent homelessness.
- Health problems or chronic illness.
- Traumatic life event.

Even among veterans with these risk factors, however, some will become homeless and some will not. Predicting homelessness is extremely difficult. As Shinn and colleagues wrote, “attempts to identify individuals at risk are inefficient, targeting many people who will not become homeless for each person who will” (Shinn, Baumohl, and Hopper, 2001: 95).



Despite these challenges, recent research focused specifically on the veteran population has made strides in identifying the characteristics of veterans at risk of homelessness. Some studies find that military service alone does not increase risk for homelessness (Mares and Rosenheck, 2004), but a more recent study by Metraux et al. (2013), which used VA administrative data on 310,685 veterans who separated from the military between July 1, 2005, and September 30, 2006, found that serving in OEF/OIF increased homelessness risk after military separation. The study looked at risk factors separately for different subgroups: men who served in OEF/OIF, women who served in OEF/OIF, men who did not serve in OEF/OIF, and women who did not serve in OEF/OIF. The researchers calculated 5-year adjusted homeless incidence rates for veterans who served in OEF/OIF to be about 5 percent (4.8 percent for women and 4.9 percent for men); the same rates for non-OEF/OIF veterans were slightly lower at around 4 percent (4.1 percent for women and 3.7 percent for men). They found that for all four groups, low pay grade in the military and younger age (ages 25 to 34) were significant risk factors for homelessness after separation. Among OEF/OIF veterans only, being diagnosed with PTSD at discharge was a significant risk factor for homelessness, increasing homelessness risk by a modest amount. Further, serving in OEF/OIF was a significant risk factor for homelessness, increasing risk by 34 percent. The study found that gender did not affect homelessness risk.

Another study (Elbogen et al., 2013) showed that money mismanagement—defined as writing bad checks, forging checks, falling victim to a money scam, or going over one’s credit limit—also significantly increased the odds of being homeless after separating from the military, controlling for other factors. Studies using data from the VA’s homelessness screening clinical reminder, which screens all veterans accessing healthcare services through the Veterans Health Administration for homelessness and risk of homelessness, found that women had higher rates of homelessness and risk for homelessness than men and that veterans living in nonrural areas had higher rates of homelessness and risk for homelessness than those living in rural areas (Montgomery, 2014). Information gathered upon rescreening veterans who previously indicated homelessness or risk of homelessness showed that most veterans were able to resolve their homelessness quickly. Those who remained homeless for longer periods typically fell into four categories: (1) older veterans with mental health issues, (2) older veterans with physical health issues, (3) older veterans with a mix of mental and physical health issues who were not receiving VA service-connected disability payments, and (4) younger veterans making the transition from military service to the civilian workforce (Fargo et al., 2014).

Recent research has identified risk factors for subsequent homelessness among veterans served by SSVF after they leave the program. Byrne (2014) found that having a prior history of homelessness increased risk of subsequent homelessness among single veterans, and Byrne et al. (2014) created models for four subpopulations of veterans who participated in SSVF: (1) veterans living alone (singles) who were housed at entry and received homelessness prevention services, (2) singles who were homeless at program entry and received rapid re-housing services, (3) veterans living as part of a household (families) who received prevention services, and (4) veterans in families who received rapid re-housing services. They found that having received VA homeless services before the veteran’s involvement with SSVF (indicating a prior history of homelessness) increased the veteran’s risk of becoming homeless after leaving SSVF services for three of the four subgroups: singles who received prevention services, singles who received

rapid re-housing services, and families who received prevention services. Veterans who exited to HUD-VASH or other permanent housing destinations, which included unsubsidized rental housing and other subsidized housing situations, had a lower risk of becoming homeless after exit (Byrne, 2014). Among single veterans, men were at greater risk for homelessness than women, but no gender differences were indicated for veterans in families (Byrne et al. 2014). Income at program entry did not affect post-SSVF homelessness risk (Byrne, 2014).

## Conclusion

Efforts to end homelessness among veterans are working, at the federal level and in communities around the country. Homelessness among veterans is decreasing; however, even if homeless service providers across the country helped every currently homeless veteran find housing, homelessness for this group would not end. New episodes of homelessness would occur. The recurrent nature of the problem and new entrants into homelessness are why preventing homelessness is critical to ending homelessness among veterans. VHPD was one of the first homelessness prevention programs to target veterans, and it was among the first homeless assistance programs of any type to target post-9/11 veterans. The researchers know that the number of OEF/OIF/OND veterans and women veterans grew significantly because of the country's involvement in Middle East conflicts. The data also indicate that homelessness among these populations is increasing as well. The VHPD evaluation helps to fill in some of the research gaps on the pathways to homelessness and identifying risk factors, including barriers to employment, that leave these veterans vulnerable. The evaluation also provides insight into how to best identify veterans for prevention services and what types of services should be provided to be effective.

## Chapter 2. Study Overview

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The Veterans Homelessness Prevention Demonstration (VHPD) was among the first homelessness prevention and rapid re-housing programs to specifically target veterans. Many gaps exist in what is known about promoting housing stability and sustainability among homeless or at-risk veterans. This chapter highlights how the VHPD evaluation contributes to closing gaps in that knowledge by providing the research questions and study methodology.

### Study Research Questions

This study asks the following research questions.

- Implementation questions:
  - What are effective ways to identify and reach veterans who are at risk for homelessness or experiencing short-term homelessness? Are there important differences between subgroups of veterans, in particular women, families, and veterans of conflicts in Afghanistan and Iraq? How do these methods differ from those used to reach nonveterans?
  - What barriers exist to providing homelessness prevention and rapid re-housing services to veterans, and, among them, to women, families, and veterans of conflicts in Afghanistan and Iraq? Are these barriers different from those faced when serving nonveterans?
  - How well did the U.S. Department of Veterans Affairs (VA), the U.S. Department of Labor, and the U.S. Department of Housing and Urban Development (HUD) work together in each site?
- Program effectiveness questions:
  - Were the services provided through VHPD effective for veterans served?
  - What happened to program participants after receiving VHPD program benefits? Did program participants avoid homelessness? Did they experience housing stability?
  - Did program participants increase employment, earnings, and income (including veterans pensions, other VA benefits, and other mainstream benefits)?

### Research Design

To answer these questions, the research team adopted a mixed-methods research approach that included several data collection activities for the process study and outcomes evaluation. To answer the implementation questions presented in the previous section, the research team conducted a program reconnaissance, conducted interviews with key informants involved in program design and service delivery, and completed focus groups with veterans. Findings on implementation are described in the evaluation interim report (Cunningham et al., 2013). While the process study focused on questions regarding program design and implementation, the outcomes component answered the question of whether VHPD prevents homelessness among veterans and helps veterans increase income so they can

sustain housing over time. To be specific, the researchers examined (1) housing stability (for example, housing status at program exit, returns to homelessness within 6 months, and housing stability at 6 months) and (2) employment and income (for example, employment and income at program exit, employment and income at follow-up). They collected Homeless Management Information System (HMIS) and VA administrative data and completed baseline and follow-up surveys to measure these outcomes.

One of the biggest challenges to understanding program effects in nonexperimental designs such as the VHPD evaluation is selection bias. To understand the true impact of VHPD on program participants, it would have been necessary to create a counterfactual that answered this question: All things equal, what would have happened without the VHPD intervention? Creating such a counterfactual would have required selecting samples of one or more groups that did not receive VHPD but that looked similar to the group of program participants who did receive services. The researchers explored the feasibility of constructing a comparison group of similar veterans and identified a comparison group that was not served by VHPD but was served by VA homeless services. After creating the comparison group, however, it was not possible to access the outcomes data needed to make comparisons. As a result, the evaluation does not include a comparison group, which limits the findings (this limitation is described in more detail in the section “Comparison Group Strategy”). In addition to answering questions of effectiveness, the research team wanted to compare characteristics of veterans served by VHPD to characteristics of veterans and nonveterans served by other homeless service programs, specifically the Homelessness Prevention and Rapid Re-housing Program (HPRP). As described in the following Data Collection section, the researchers collected data on participants served through the HPRP program to make these comparisons.

## Data Collection

Congress directed HUD to conduct an evaluation of program outcomes. HUD contracted with Silber & Associates and the Urban Institute to describe program models at each of the five VHPD programs, evaluate VHPD’s efficacy in preventing homelessness among veterans, and provide policymakers with greatly needed knowledge on how to design effective prevention programs. The evaluation began in September 2011. The challenge for the VHPD outcomes evaluation was to compensate for the fact that the VHPD programs had been serving veteran households for more than a year before the evaluation team had Office of Management and Budget clearance. It would have been ideal to begin recruiting households for the study at the moment the VHPD programs began their recruitment; however, that was not possible given the study start date.

Recruitment for study participants occurred between September 12, 2012, and October 7, 2013. All study participants for whom signed informed consent forms were received were contacted to complete the baseline survey as soon as possible after program enrollment. All baseline interviews were completed by December 31, 2013. Study participants were contacted for the follow-up survey starting from the date 6 months after they exited the VHPD program as reported to the research team by local VHPD program staff. All follow-up interviews were completed by October 31, 2014. During this time, the research team also conducted two waves of site visits to the five programs. The first wave of visits was completed between April and May 2012, during which time the researchers conducted key informant

interviews with program staff and community stakeholders. The second wave of visits was completed between July and November 2013, during which time they conducted key informant interviews with staff and focus groups with program participants.

### Process Study Data Collection

For the process study, the research team conducted initial program reconnaissance, key informant interviews with program staff and other stakeholders, focus groups with veterans who received VHPD services, and a review of program documents. Interviews and focus groups were conducted during site visits to each program. Members of the research team visited each VHPD program twice: once about 1 year after implementation began and again about 6 months before the program ended. Process study findings based on program reconnaissance, document review, and the key informant interviews conducted during the first site visit were summarized in the VHPD evaluation's interim report (Cunningham et al., 2013).

### Program Reconnaissance

Beginning in the fall of 2011, the research team conducted a series of telephone calls with VHPD grantees, VA medical centers (VAMCs) working with VHPD, and Continuum of Care (CoC) and HMIS administrators. The team collected information on each site's VHPD program, including what types of data the grantees collected and entered into HMIS, and the written consent and data-sharing protocols the sites currently had in place. Team members also ascertained the capacities and preferences of HMIS systems for providing some or all of the data they would need to answer the study's research questions and the best approach for gaining permission to use the HMIS data for their purposes. Appendix B contains the reconnaissance call protocol.

### Key Informant Interviews

The research team conducted semistructured interviews with program staff and other knowledgeable stakeholders during site visits conducted in April and May 2012 and the summer of 2013. The team interviewed the following types of respondents at each VHPD site:

- VHPD grantee staff (agency director; program director; direct line workers doing intake, assessment, housing search, placement, stabilization, and ongoing case management; and data and management information people).
- VAMC staff (VHPD director, director of all VA homeless assistance, VHPD caseworkers, and clinical staff, as appropriate).
- CoC representatives (convener, HMIS administrator, and others, as appropriate).
- One-Stop Career Centers and workforce development staff (director and staff working directly with VHPD households).
- Other stakeholders suggested or recommended by local informants.

The research team used a field discussion guide to gather information relevant to all the process research questions (see appendix C). Before any site visits occurred, all staff conducting visits participated in field staff training that reviewed the goals and questions outlined in the interview guides and onsite protocols.

During the second site visit, team members reinterviewed key program staff to identify ways the program had changed, challenges the program had faced, ways those challenges were or were not overcome, program successes, and recommendations for how the program could be improved. Again, all researchers used the same interview protocol during the interviews to ensure that the same types of information were gathered in each interview and in each site. The interview protocol for the second round is in appendix D.

### Focus Groups

During the second site visit to each program, the research team conducted at least one focus group with VHPD program participants. When possible, team members conducted two focus groups and held homogeneous groups of certain VHPD target populations, including (1) veterans who cared for minor children, (2) single adults, (3) female veterans, and (4) Operation Enduring Freedom and Operation Iraqi Freedom veterans. Researchers recruited focus group participants by phone from the group of veterans who had agreed to participate in the study. For more details, see appendix B.

Conducting focus groups enabled the research team to collect perspectives directly from veterans about the housing barriers they faced and the efficacy of VHPD in helping them to overcome those barriers. Focus group questions were open ended, allowing for more complicated answers and personal narratives. The focus groups concentrated on (1) participants' own reasons for their housing instability and pathways to VHPD; (2) participants' own experiences with VHPD, the services they received, and the effectiveness of those services (that is, what they thought did and did not help them); and (3) participants' prospects for the future. Within these three topics, the researchers developed a focus group discussion guide (see appendix E) that included probes to keep the conversations going, made certain they covered relevant aspects of each topic, and discussed challenges specific to each of the identified subgroups.

Focus groups were held at VHPD program offices and lasted no more than 2 hours. Participants received an incentive of \$50 as a thank you for their participation. Focus groups were audio recorded and transcribed.

### Document Review

During the program reconnaissance and site visit activities, the research team collected examples of forms and other documents that the programs used to administer the VHPD program. Examples of documents collected include program screening forms, intake and assessment forms, program service plans, and budgeting worksheets. The research team used this information in addition to interview notes from the first round of site visits to understand program operations and procedures.

## Outcomes Study Data Collection

### Baseline And Follow-Up Surveys

The research team conducted baseline and follow-up telephone interviews with VHPD participants who had consented to participate in the study. VHPD program staff at each of the five sites began recruiting veterans to participate in the outcomes evaluation (that is, to complete the baseline and follow-up telephone surveys) in mid-September 2012. The study recruitment continued until October 7, 2013.

Veterans were contacted within a few weeks of agreeing to participate in the study to complete the baseline survey, and again 6 months after they exited the program to complete the follow-up survey. The baseline survey data collection period ended on December 31, 2013, and the follow-up survey data collection period ended on October 31, 2014.

The surveys cover the major areas on which VHPD interventions were expected to have an impact or that were important baseline characteristics for understanding veterans' situations at intake and how those situations might affect their experience with and outcomes from VHPD. The team specifically asked about—

- Housing status, including nature of current housing, housing stability (for example, number of recent moves), housing costs, brief homeless history.
- Veteran's status, including active duty, period served, stationed in a war zone, ever exposed to combat, exposed to friendly or unfriendly fire, multiple tours of duty, challenges since leaving the military, impact of military on housing situation.
- Household composition.
- Income level, sources, and noncash benefits for head of household and all other adults.
- Employment, including current and brief history; completed education and any current or recent education, including training and certifications.
- Presence of mental health issues, use of VA healthcare services, and health insurance.

Interviews were about 30 minutes in duration. Participating veterans were paid \$30 for their time for each interview. The baseline interview was conducted as soon as possible after program enrollment, and the follow-up interview was conducted 6 months after the veteran exited the VHPD program. More details on the baseline survey methods are in appendix F, and the survey instrument is in appendix G. More information on the follow-up survey methods is in appendix H, and the instrument is in appendix I. More information on the survey data cleaning and survey timing is in appendix J.

The research team recruited 509 veterans into the study, of whom 424 completed the baseline survey, a response rate of 83 percent. Of those who completed the baseline survey, 315 also completed the follow-up survey, a response rate of 74 percent (table 2.1).<sup>4</sup> Although the research team's goal was to recruit 100 veterans from each site, the program enrollment pace at the five sites varied. Some sites (Central Texas, San Diego, and Tampa) were able to recruit more than 100 participants, but other sites (Tacoma and Upstate Northern New York) recruited fewer veterans.

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<sup>4</sup> An analysis of nonresponders for those veterans who did not consent to be in the study and for those who did not complete a follow-up interview is included in appendix L.

**TABLE 2.1**  
**Survey Response Statistics**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Number of study participants	509	129	128	84	100	68
Baseline survey						
<i>Interviews completed (N)</i>	424	113	100	70	89	52
<i>Response rate (%)</i>	83.3	87.6	78.1	83.3	89.0	76.5
Follow-up survey						
<i>Interviews completed (N)</i>	315	85	75	49	63	43
<i>Response rate (%)</i>	74.3	75.2	75.0	70.0	70.8	82.7

### Administrative Data

The research team also collected administrative data from the HMIS of local CoCs and the VA's Homeless Registry. Administrative data from the local CoCs and the National Center on Homelessness Among Veterans were gathered in the summer and fall of 2014. These data were used to supplement the data collected in the surveys, provide information on homelessness after VHPD program exit, create comparison groups, and conduct nonresponse analysis. The types of administrative data the researchers collected from HMIS and the VA are described in the following sections. The full list of indicators is in appendix K.

### HMIS Data

*VHPD program data entered into HMIS for VHPD study participants.* The research team collected identified HMIS universal and program-specific data elements from each lead VHPD CoC and attached the data to the survey data files. Team members obtained consent to collect identified HMIS data from study participants in the consent form veterans signed to enroll in the study. The team specifically collected the following indicators: race, ethnicity, gender, age, veteran status, presence of children in the individual's household, disabling condition, physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health, substance abuse, income at VHPD entry, income at VHPD exit, housing status at VHPD entry, housing status at VHPD exit, HPRP program entry date, HPRP program exit date, VHPD program entry date, VHPD program exit date, and any emergency shelter and transitional housing entry and exit dates.

*VHPD program data entered into HMIS for VHPD program participants who did not participate in the study.* The researchers collected deidentified data from all five lead CoCs for veterans who did not participate in the VHPD evaluation in order to conduct nonresponse analysis. They collected the same indicators they collected for the study participants listed in the previous paragraph.

*Shelter and transitional housing use data entered into HMIS for VHPD study participants.* The team also collected emergency shelter and transitional housing entry and exit dates for VHPD study participants from CoCs that were with the VHPD program catchment area but were not the lead CoC—the one to



which the VHPD program submitted its program data. Team members provided these CoCs with a list of names and birthdates for study participants so they could find these veterans in their HMIS and identify their homeless service use from August 28, 2012, to July 31, 2014, an activity for which the researchers got consent from the study participants.

*HMIS data for a comparison group of HPRP participants.* To determine how veterans experiencing short-term homelessness or risk for homelessness differed from nonveterans, the researchers collected deidentified data on all HPRP participants from the lead VHPD CoC. They specifically collected the following indicators: race, ethnicity, gender, age, veteran status, presence of children in the individual's household, disabling condition, physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health, substance abuse, income at VHPD entry, income at VHPD exit, housing status at VHPD entry, housing status at VHPD exit, HPRP program entry date, HPRP program exit date, VHPD program entry date, VHPD program exit date, and any emergency shelter and transitional housing entry and exit dates. The research team used these data to compare characteristics of veterans and nonveterans served by HPRP.

### **VA Data**

*VA Homeless Registry, VA Homeless Operations Management and Evaluation System, and other VA homeless data for a comparison group of veterans who did not receive VHPD.* To create a comparison group of veterans who would have been eligible for VHPD services but did not receive them, the research team collected data on veterans served by the VHPD VAMCs who were short-term homeless or unstably housed before the start of the VHPD program. The research design called for comparing returns to homelessness in HMIS and VA homeless services. The researchers were successful in creating a comparison group with these data, but they had some challenges with outcomes data, which made this comparison unusable. These data challenges and limitations are outlined in the next section.

### **Comparison Group Strategy**

To understand the impact of the VHPD intervention, the research team needed to know what would have happened in the absence of the intervention. Because a randomized control trial was not possible in this case, the researchers instead attempted to create a comparison group by using VA administrative data to answer this question.<sup>5</sup> With the assistance of the National Center on Homelessness Among Veterans, they pulled demographic and VA homeless service use data from the VA Homeless Registry on veterans who completed a Health Care for Homeless Veterans intake form between March 1, 2010, and February 29, 2011, and who were either at risk of homelessness or homeless for a short time (less than 6 months) and from the VAMC service areas for the five VHPD sites. They then used propensity score matching to weight each observation so that in the aggregate the VA group resembled the VHPD study participant group as closely as possible (see appendix L for a complete description of this process). The team had

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<sup>5</sup> A randomized control trial is a design in which study participants are randomly assigned to either the treatment condition (in this case, receiving VHPD assistance) or the control condition (in this case, receiving no VHPD assistance). Because the groups are assigned randomly, this design is intended to rule out the possibility that differences between the groups are driving the differences in outcomes and to provide a truer test of the effect of the intervention. The research team was unable to implement a randomized control trial design for this evaluation because the sites were not expected to enroll and did not enroll a large enough number of veterans during the time period when the research team was able to recruit veterans for the study (September 12, 2012, to October 7, 2013) to have a sufficient number of veterans in the treatment and control groups.

planned to compare the number of nights spent in homeless services between the VA administrative data comparison group and the VHPD study participant group to determine how effective the VHPD program was at helping participants avoid using homeless services, a measure of maintained housing stability.

Although the research team was able to create a comparison group with similar baseline characteristics to its study participant group, the team determined that, for several reasons, the comparison of homeless service use outcomes between the groups was not helpful in understanding the effect of the VHPD intervention. First, the homeless services researchers were examining differed between the study participants and the comparison group. For the study participants, they were only able to obtain data on the use of homeless services that are entered into the HMIS system of the lead VHPD CoC's service area, and, for the comparison group, they were only able to obtain data on the homeless services used from the VA. They were unable to obtain data on the use of a consistent set of homeless services for the two groups because of informed consent issues.<sup>6</sup>

Second, the data on the VA comparison group provided outcomes such as the number of nights spent in VA homeless service programs within 24 months of the Health Care for Homeless Veterans intake date. The outcomes period for the VHPD study participant group was within 6 months of program exit. The different timeframes made the data noncomparable.

Third, the comparison group was intended to measure the effectiveness of the VHPD intervention by approximating what would have happened in the absence of the intervention. Of the weighted comparison group, however, 62 percent were referred to a VA homelessness program at intake. Although the researchers do not know what share of those people were admitted into services in response to that referral, this percentage of referrals suggests that a share of the VA comparison group did receive a homeless service intervention, muddling the comparison with VHPD. For all these reasons, these comparisons cannot inform this evaluation.

In the absence of a control group of veterans who were similarly situated but did not receive any intervention, the research team cannot fully attribute the results presented in this report to VHPD.

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<sup>6</sup> The research team did not ask for consent to obtain identified data from the VA for the study participants because researchers were advised that doing so would deter veterans from agreeing to participate in the study. Team members never came in contact with the members of the VA comparison group because it was pulled from an earlier time period, so they never had an opportunity to ask their consent to get their HMIS data.

## Chapter 3. Program Description and Implementation Challenges

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This chapter describes the Veterans Homelessness Prevention Demonstration (VHPD) program at each site and provides information on the types of assistance provided to participants and how long they stayed in the program. It also briefly summarizes some of the implementation challenges and lessons that were highlighted in the interim report (Cunningham et al., 2013).

### VHPD Program

VHPD was designed to target veterans who were homeless or at risk for homelessness, with a special emphasis on the following subpopulations: recent veterans who served in Afghanistan and Iraq under Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND); female veterans; and veterans with children. Overall, the program served 4,824 adults and children, including 2,023 veterans, in 1,976 households.<sup>7</sup> VHPD provided short- or medium-term housing assistance (up to 18 months), including security deposits, rent, rental arrearages (up to 6 months back rent), moving cost assistance, and utilities, and also case management and referrals to community-based services and supports. Service providers could use VHPD funds for childcare, credit repair, and transportation expenses. VHPD sites were required to spend 65 percent of their grant on housing assistance, but beyond that requirement, they had discretion to develop program activities that reflected local need. VHPD grantees and their subgrantees provided a range of financial, case management, and housing location services to homeless households and those at risk of homelessness.

Grantees had discretion in targeting veterans most in need of homelessness prevention and rapid re-housing. Eligibility criteria set by the U.S. Department of Housing and Urban Development (HUD) included veteran status, eligibility for U.S. Department of Veterans Affairs (VA) health care, and income requirements (household at or below 50 percent of Area Median Income [AMI]). The eligible groups were veterans and veterans with families at risk of homelessness or experiencing short-term homelessness (less than 90 days). Veterans from all periods of service (for example, Vietnam, Persian Gulf) were eligible, but, as noted in the previous paragraph, HUD encouraged focused outreach to OEF/OIF/OND veterans. National Guard members and those who served in the Reserve and served on active duty for 2 years or more were also eligible for the program. HUD required that grantees check to see that all enrollees would have become homeless “but for this assistance” and that they could sustain the cost of housing after the program ended. The household also had to meet at least one of the following “instability criteria”:

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<sup>7</sup> These numbers are derived from HUD Annual Performance Report (APR) data submitted by the grantees. Three APRs were not submitted: Tampa Year 2, Tacoma Year 3, and Upstate Northern New York Year 3. Because Tampa and Tacoma submitted all of their quarterly reports, the research team was able to approximate the number served for the missing year based on the quarterly reports. These numbers, however, do not include those served by Upstate Northern New York in Year 3, because the site also failed to submit 4 of 12 quarterly reports, making imputation impossible in this case. For more details on the imputation process, see appendix M.

- Short-term homelessness (homeless for less than 90 days).
- Rental arrearages (at least 1 month behind in rent).
- Pending eviction in 2 weeks.
- Institutional discharge (within 2 weeks from an institution where the person had been a resident for more than 180 days; for example, prison, mental health institution, or hospital).
- Condemned housing.
- One month of utility arrears.
- Housing cost burden greater than 50 percent of household income.
- Sudden loss of significant income (defined as greater than 25-percent decrease in income).
- Recent traumatic life event (for example, divorce, death of a spouse, or health crisis) that prevented the household from meeting financial obligations.
- Imminent unemployment.
- Mental health or substance use issue (treatment by time in housing encouraged).

### Program Timeline

The Omnibus Appropriations Act of 2009 (Public Law 111-8, signed into law on March 11, 2009) authorized funding for VHPD (HUD, 2009). HUD issued the program notice to the selected Continuums of Care (CoCs) in July 2010, and the CoCs accepted the program by August 2010 and submitted a business plan by October 2010. HUD signed the grant agreements by November 2010. The VHPD programs began enrolling clients in March, April, or May of 2011 (Cunningham et al., 2013), and the VHPD program officially ended on January 31, 2014.

### VHPD Sites

HUD, in consultation with VA and the U.S. Department of Labor (DOL), selected five military bases and their surrounding communities to participate in VHPD: Camp Pendleton in San Diego, California (San Diego); Fort Hood in Killeen, Texas (Central Texas); Fort Drum in Watertown, New York (Upstate Northern New York); Joint Base Lewis-McChord in Tacoma, Washington (Tacoma); and MacDill Air Force Base in Tampa, Florida (Tampa). HUD demonstration funds were allocated directly to the largest CoCs in the geographic areas covered by the VHPD programs: the City and County of San Diego; Austin, Travis County; Utica and Rome, Oneida County; Tacoma and Lakewood, Pierce County; and Tampa, Hillsborough County.

These five sites were selected based on the following criteria: (1) the number of homeless veterans in the geographic area, (2) the number of unique returned OEF/OIF/OND veterans who accessed health care through the VA between FY 2002 and the first quarter of FY 2009, (3) the number of homeless veterans reported through the VA's CHALENG report, (4) the range and diversity of military represented in the selected sites (for example, all branches, including the National Guard and Reserve), (5) access to and availability of VA health care, (6) overall geographic distribution, and (7) capacity of the community to carry out the demonstration project (Cunningham et al., 2013).

HUD awarded each grantee \$2 million for a period of 3 years; grants went to homeless assistance programs in designated CoCs or to the CoC itself to deliver housing and supportive services in collaboration with VA medical centers (VAMCs) and DOL One-Stop Career Centers (One-Stops). The following sections provide brief descriptions of each selected VHPD grantee program. More detailed information on the VHPD sites is available in the VHPD interim report (Cunningham et al., 2013). Table 3.1 shows several key program characteristics for the five sites.

### Central Texas—Fort Hood

The Austin, Travis County CoC selected the Salvation Army to run the program, which served as the VHPD grantee for Central Texas and received HUD's \$2 million directly; the program had no subgrantees. One of the Salvation Army's VA partners was the Central Texas Veterans Health Care System, the local agency for the VA, located in Killeen. The program also involved another VA partner—the Killeen Heights Vet Center, which did some outreach for VHPD and other programs serving veterans. The program's DOL partner in Central Texas was the Texas Veterans Commission, which oversees the work of veteran-specific employment specialists for disabled and other veterans. Each of the three key partners (the Salvation Army, the Central Texas Veterans Health Care System, and the Texas Veterans Commission) dedicated staff to work together to operate the VHPD program. The three partners worked together to develop a service plan for each veteran, and the veteran was required to meet regularly (that is, weekly from the beginning of the veteran's program involvement) with his or her case manager from each agency.

The VHPD service area in Central Texas was large and included Bell, Coryell, McLennan, Travis, and Williamson Counties. The Salvation Army VHPD staff were based in Austin and at the VA VHPD office in Harker Heights; the Austin-based Salvation Army case manager primarily served program participants in Travis and Williamson Counties, and the Harker Heights–based case manager primarily served participants residing in Bell, Coryell, and McLennan Counties.

### San Diego—Camp Pendleton

The San Diego Regional Continuum of Care Council, the local CoC, was the grantee and recipient of HUD's \$2 million for this program. The CoC named the Veterans Village of San Diego to act as the VHPD grantee on its behalf; Veterans Village of San Diego in turn regranted funds to two local nonprofit organizations, Interfaith Community Services and St. Vincent DePaul Village, to provide the program's direct services as subgrantees. The VA partners included staff at the San Diego VAMC and the San Diego Vet Center. The DOL partner was the regional office of the California Employment Development Department. Although the program's case management component was initially less intensive and mostly involved referrals to other programs, midway through implementation, San Diego began doing more intensive case management.

The VHPD program served all of San Diego County, which includes the City of San Diego—a very large urban center that includes seven military bases, many of which contributed participants in VHPD. For purposes of VHPD program administration, the service area was divided into northern and southern halves, with Interfaith Community Services serving veterans in the northern part and St. Vincent DePaul Village serving those in the southern part of the area.

### **Tacoma—Joint Base Lewis-McChord**

The CoC for Tacoma and Lakewood, Pierce County selected a community agency, Catholic Community Services of Western Washington, to serve as grantee and receive HUD's \$2 million directly. The Washington State Department of Veterans Affairs was a subgrantee to Catholic Community Services, assisting with outreach and facilitating interactions with the state offices that handle discharge status and disability ratings. The American Lake Medical Center, located close to Tacoma, was the VAMC affiliated with the program. The DOL partner in Tacoma was the Washington State Employment Security Department, which oversees and supervises the specialized employment staff at the various One-Stops in the VHPD catchment area whose job is to facilitate veteran employment. Tacoma's VHPD program served veterans living in King, Kitsap, Pierce, and Thurston Counties.

### **Tampa—Macdill Air Force Base**

The Homeless Coalition of Hillsborough County, the local CoC, was the grantee and recipient of HUD's \$2 million for this program. The grantee invited all interested community-based organizations to apply for VHPD funds and worked with two subgrantees, Tampa Crossroads and the Agency for Community Treatment Services. The VA partners included the James A. Haley VAMC and the Tampa Vet Center. The DOL partners were the Tampa Bay Workforce Alliance in Hillsborough County, Polk Works in Polk County, and Career Central in Pasco and Hernando Counties.

The VHPD service area included Hernando, Hillsborough, Pasco, and Polk Counties. Tampa Crossroads served veterans in Hillsborough County, including Tampa, and the Agency for Community Treatment Services served veterans in Hernando, Pasco, and Polk Counties.

### **Upstate Northern New York—Fort Drum**

The Central New York Veterans Outreach Center was the grantee and recipient of HUD's \$2 million in funds for the VHPD program. Because the catchment area is extensive, covering six counties, the grantee sought a partner to serve the northern three counties, including the one where Fort Drum is located. Transitional Living Services of Northern New York was chosen as the subgrantee. VA partners included the Donald J. Mitchell VA Outpatient Clinic in Rome, the Syracuse VAMC, and the Watertown Vet Center. DOL partners included the New York State Department of Labor in Albany, the Utica Workforce Solutions One-Stop Center in Utica, and The Work Place in Watertown.

This site covered Herkimer, Madison, and Oneida Counties at the southern end of the catchment area and Jefferson, Lewis, and St. Lawrence Counties at the northern end. Upstate Northern New York is the only VHPD site classified by HUD as rural.

**TABLE 3.1**  
**Key Program Characteristics**

Site	Rapid Re-housing (%)	Prevention (%)	Median Length of Stay (days)
Central Texas	20.2	79.8	95
San Diego	18.2	81.8	39
Tacoma	28.1	71.9	94
Tampa	31.0	69.0	146
Upstate Northern New York	39.9	60.1	55

*Note:* Percentages for rapid re-housing and prevention are calculated for data on study participants (all veterans) that have been weighted to be reflective of all veterans who enrolled during the study recruitment period (see appendix L for a discussion of the weighting).

*Source:* Veterans Homelessness Prevention Demonstration Homeless Management Information System weighted administrative data

## Program Costs

Understanding how much a program costs is important information for policymakers to evaluate as they are considering the benefits of an intervention. HUD-funded program costs per household for VHPD ranged significantly by site, ranging from \$3,513 in San Diego to \$5,626 in Tacoma. This cost includes everything but program administrative costs. HUD also tracked the amount of financial assistance provided to each household; these costs also ranged by site, from \$2,513 in San Diego to \$3,837 in Tacoma (table 3.2).

**TABLE 3.2**  
**VHPD Assistance Funds Disbursed**

Site	Average Amount of Funds Disbursed per Person Served (\$)	Average Amount of Grant Funds Disbursed per Household Served (\$)	Average Amount of Financial Assistance Provided to Each Household Served (\$)
Central Texas	1,589.11	4,269.37	3,098.70
San Diego	1,579.12	3,513.24	2,512.86
Tacoma	2,165.59	5,626.43	3,836.65
Tampa	1,759.03	4,770.91	3,686.15

VHPD = Veterans Homelessness Prevention Demonstration.

*Notes:* Calculations for Tacoma and Tampa are based on total numbers of people and households served that involved missing data imputation. Data for Upstate Northern New York are not included because the issues with missing data could not be resolved through imputation. See appendix M for more details. Amount of funds disbursed includes grant funds spent on financial assistance, supportive services, and data collection and evaluation. Financial assistance includes rental assistance payments, rental application fees, payments of arrearages, security deposits, utility deposits and payments, and moving cost assistance. Supportive services include costs for case management, outreach and engagement, housing search and placement, credit repair, childcare, and transportation. Data collection and evaluation costs include those for software and user license fees, Homeless Management Information System training and staffing, data collection and entry, and costs to lease or purchase computer equipment.

*Source:* U.S. Department of Housing and Urban Development financial and performance report data

## Implementation Challenges

As part of the data collection effort, the research team conducted qualitative interviews with key stakeholders at each site to try to identify lessons learned, implementation challenges to service provision, and best practices in VHPD. It was apparent that each program faced its own unique set of barriers, but certain obstacles were common across the five programs.

### Identifying Homeless and At-Risk Veterans

VHPD was meant to serve a specific population: veterans with household incomes at or below 50 percent of the AMI who were either at imminent risk of becoming homeless or who had already been homeless for a short time (90 days or less). Programs were also supposed to target veterans who had served in the recent conflicts in Afghanistan and Iraq, women veterans, and veterans with children. To identify these veterans, the five VHPD sites engaged in several outreach activities to ensure that local agencies that would likely encounter these veterans would know about the program and be able to make referrals.

Before launching the VHPD program locally, sites used public announcements or meetings to inform the community about the program. Outreach workers for the program engaged with staff across their local VA systems who might encounter homeless veterans or veterans facing homelessness. They also participated in transition-assistance events at local military bases held for service members separating from the military and informed other non-VA homeless service programs about VHPD, who was eligible, and what the program provided. Outreach workers also adapted their strategies to better reach target populations, including reaching out to local universities and community colleges to reach OEF/OIF/OND veterans who were continuing their education under GI Bill benefits.

In addition to finding the VHPD program through these program-specific outreach efforts, veterans found VHPD through existing hotlines and word of mouth. Program participants and staff noted that veterans were directed to the VHPD program after calling the VA's National Call Center for Homeless Veterans (1-877-4AIDVET) or general purpose hotlines, such as 211 and Courage to Call. Some veterans noted, however, that they found VHPD only as part of a time-consuming and complicated assistance search. As the program became more established, veterans and staff noted the importance of word of mouth in informing the veteran community about the VHPD program (see chapter 7 for more on veterans' perspectives on finding the program). Word of mouth was a particularly important strategy for reaching veterans who did not already engage with the VA or other service providers. Taken together, these strategies seemed to be successful at reaching target population veterans, as evidenced by the relatively high share of women and OEF/OIF/OND veterans among those served by VHPD compared with their shares of the overall veteran population (see chapter 4).

### Deciding Who To Serve: Balancing Eligibility Criteria and Target Populations

VHPD was intended to serve veterans who had been homeless for a short time or were at imminent risk of homelessness. VHPD programs served far more prevention cases (those in which the household was not homeless at program entry but was at risk of homelessness) than rapid re-housing cases (those in which the household was homeless at program entry). In part, this distribution of cases served was due to local program staff interpreting HUD regulations to mean there was a strict cut-off for VHPD eligibility. Program staff thought the regulations said that all veterans who were homeless for longer



than 90 days were ineligible for the program. Midway through implementation, at a convening of VHPD local program and federal staff, HUD indicated that this was not in fact a strict rule, but that there was flexibility with regard to this criterion. Only one site (San Diego), however, noted serving veterans who did not meet the 90-day “rule” during the second site visit, so this guideline did in fact act as an eligibility rule in most cases, regardless of HUD’s intention. As a consequence, the perceived 90-day rule limited the programs from serving veterans who were currently homeless for longer than 90 days and who may have benefited from rapid re-housing. Program staff noted this assumed rule limited the pool of veterans eligible for rapid re-housing assistance and would have liked more flexibility to define short-term homelessness in other ways, although they did not make specific suggestions for alternative definitions.

Because the programs focused more on prevention services, program staff had to make critical decisions for eligibility around how to define imminent risk and how to weigh that risk against other HUD eligibility guidelines. HUD set out two guidelines for the program: first, that the household would be homeless “but for” the assistance provided by VHPD (practitioners referred to this guideline as the “but for” rule) and, second, that, although the household currently faced a housing crisis, the household would likely be able to maintain its housing after receiving assistance from the program (the sustainability criterion). In addition to weighing these two criteria, programs were also trying to target the VHPD priority populations (that is, OEF/OIF/OND veterans, women veterans, and veterans with children).

Program staff noted it was difficult to juggle these competing factors. This difficulty was partially because of a lack of clear guidance from HUD on how to operationalize the four housing status categories (literally homeless, at imminent risk, unstably housed, and stably housed) to enable program staff to more clearly understand who should be served with prevention resources. Although HUD provided definitions of these terms (see the Definitions of Terms in appendix A for the HUD definitions), program staff found applying these definitions to families’ actual housing situations to be a subjective process. Further, program staff encountered trade-offs between the “but for” and sustainability criteria: often a veteran with a more acute housing crisis would be less likely to be self-sufficient after assistance and vice versa. To deal with this problem, programs chose which criterion they would emphasize. Most programs leaned more heavily on the “but for” rule, but San Diego, citing high housing costs, decided to place more emphasis on the sustainability criterion. Staff also noted they often had to decide between serving a veteran with more acute needs who was not a member of a target population group and serving a target population veteran with less severe issues.

### **Building Strong Partnerships**

Because VHPD was intended to be a collaborative effort—not just among the three federal agencies but also among local arms of those agencies—collaboration and strong partnerships were critical to program success. Relationships between some partners were strengthened throughout the course of program operations, but other relationships, as described briefly in the following paragraphs and in more detail in the interim report (Cunningham et al., 2013), were less successful.

In particular, program staff in most sites credited the VHPD program with helping improve relationships between the HUD grantees and subgrantee homeless service agencies and the VA. By working more closely with the VA, the homeless service agencies were better able to link veterans with the health

services they needed and provide more comprehensive supports to maintain housing stability. Site staff also commented that they engaged with other community providers across their CoCs through the VHPD program, which could help foster more collaboration beyond this project. Program staff noted these improved relationships as a key success of the VHPD program.

Developing relationships with the local DOL-funded One-Stop Career Centers was more difficult. Part of the challenge in engaging the local employment services providers could have been because DOL did not receive any funding for VHPD implementation. Therefore, local agencies had to add VHPD clients onto the caseloads of existing veterans' employment staff, which included Disabled Veterans' Outreach Program staff and Local Veterans' Employment Representatives staff. Further, key informants noted that DOL staff were more accustomed to serving clients who present as "job ready," and they were described as either ill equipped or unwilling to serve the VHPD clients with greater needs. The exception was Central Texas, which included the local employment agencies in VHPD from the beginning of the planning period and was the only site to truly integrate the DOL arm into its team. The importance of this partnership was underscored by participating veterans. Veterans who received employment services said they valued that assistance, and those who did not said they wished they could have received such services (see chapter 7 for more detail).

### Large Service Areas

The VHPD sites were selected intentionally to include one rural site, which is a key reason why Upstate Northern New York was chosen. Although Upstate Northern New York was the only site explicitly classified as rural, the service areas for all the programs were large, and program staff in all the sites reported challenges related to the size of their service areas. San Diego, which served only one large county, was able to overcome this challenge by enlisting one subgrantee located in the northern part of the county to serve veterans in that area and another subgrantee located in the southern part of the county to serve veterans in the southern area.

The other four sites all included rural counties and consistently noted challenges reaching veterans and facilitating their access to services because of remoteness and transportation issues. Some veterans lived in rural areas that were far from the offices of VHPD service providers, other community-based services, and employment opportunities. These significant distances affected their ability to engage with services and take advantage of employment opportunities. Further, some areas, particularly in the Tacoma program's service area, were insular and difficult to reach because of geographic barriers such as Mount Rainier, large forests, and the Olympic Peninsula.

Program staff observed that clients in rural areas often did not have their own vehicles or had a vehicle in disrepair they could not afford to fix, and they noted particular challenges serving these clients. When clients did not have their own transportation, case managers often had to travel long distances, sometimes 3 or more hours round trip, to meet with clients. In addition to driving to their own meetings with the client, case managers also noted they spent time driving clients to other appointments with the VA and DOL because the client had no other means to get there. These hours devoted to transportation significantly increased the time allocated per case and limited the number of veterans the programs were able to serve. To help overcome these challenges, program staff noted they would have liked more resources to assist clients with transportation-related issues.

## Chapter 4. VHPD Households

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This chapter describes the households that participated in the Veterans Homelessness Prevention Demonstration (VHPD) and provides data on study participants by target population, military experience, and demographic and socioeconomic characteristics.

### Reaching Veteran Target Populations

The VHPD program was designed to provide rapid re-housing and homelessness prevention services to at-risk veterans at five sites across the country. This program was also designed to target specific populations, including recent veterans who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND), and also female veterans and veterans with children. The research team used VHPD survey and administrative data to answer two important questions: Was VHPD successful in reaching the target populations? Who were the veterans served by the VHPD program?

Overall, VHPD successfully reached the target populations it was intended to serve. Across the five sites, more than one-half (55 percent) of veterans served in either OEF, OIF, or OND. In the veteran population at large, only about 16 percent of veterans have served in these conflicts, which indicates the VHPD programs successfully targeted these recent veterans (Byrne et al., 2014). In targeting veterans from recent wars, VHPD was intended to serve younger veterans. Of all veterans served through VHPD, 22 percent were between the ages of 18 and 30, and 5 percent were very young (ages 18 to 24). Veterans with children also made up a substantial portion of those served under VHPD. Approximately 43 percent of veterans had children in their household. The program also successfully engaged women veterans. About 27 percent of veterans across sites were women, much higher than their 10 percent share in the overall veteran population.

Although all sites engaged veterans in the target population groups, Central Texas was best able to reach the targeted groups. It served the highest share of women veterans (40 percent), OEF/OIF/OND veterans (74 percent), and veterans with children (58 percent). The share of women veterans in the other sites ranged from 10 percent in Upstate Northern New York to 30 percent in Tampa, and the share of OEF/OIF/OND veterans ranged from 43 percent in San Diego to 58 percent in Tacoma. Central Texas served the second highest share of young veterans at 30 percent, behind Upstate Northern New York at 36 percent. Some of Central Texas's success, however, could be due to the large number of veterans from recent conflicts being discharged from its local military base, Fort Hood (Cunningham et al., 2013). Table 4.1 shows target populations of veterans by site.

**TABLE 4.1**  
**VHPD Study Veterans by Target Populations by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Women veterans						
<i>Number</i>	135	48	32	17	33	6
<i>Percent of study veterans</i>	26.7	39.9	22.6	21.3	30.4	10.3
OEF/OIF/OND veterans						
<i>Number</i>	240	82	47	38	46	27
<i>Percent of study veterans</i>	55.1	74.0	43.1	57.5	46.3	53.8
Young veterans (ages 18 to 30)						
<i>Number</i>	110	36	22	16	15	22
<i>Percent of study veterans</i>	21.7	30.0	15.6	19.5	14.1	35.5
Veterans with children in household						
<i>Number</i>	222	70	43	40	53	16
<i>Percent of study veterans</i>	43.8	57.8	30.7	50.7	50.0	26.1

OEF = Operation Enduring Freedom. OIF = Operation Iraqi Freedom. OND = Operation New Dawn. VHPD = Veterans Homelessness Prevention Demonstration.

*Notes:* Gender, age, and presence of children in the household came from the Homeless Management Information System (HMIS) (N = 509), and whether the veteran served in OEF, OIF, or OND came from the baseline survey (N = 424).

*Sources:* Weighted VHPD baseline survey; HMIS administrative data

## Profile of Veterans Served

This section provides a detailed description of VHPD veterans, looking at demographic characteristics, income levels and employment status, deployments and combat exposure, and presence of physical and mental health conditions.

### Characteristics of Military Experience

Across sites, 96 percent of the veterans served by VHPD served on active duty, ranging from 91 percent in Tampa to 99 percent in Tacoma. About 4 percent served in the National Guard or Reserve only, which mirrors their share in the general veteran population (National Center for Veterans Analysis and Statistics, 2011). Tampa had the highest share of National Guard members and Reservists, at 8 percent, and the other four sites' shares ranged from 2 percent (San Diego, Tacoma, and Upstate Northern New York) to 4 percent (Central Texas). Table 4.2 shows characteristics of VHPD participants' military experience.

Veterans across sites served for an average term of about 6 years on active duty and a median term of 4 years on active duty. This finding was fairly consistent across sites. A military service term typically ranges from 2 to 6 years, so this finding indicates that most of the veterans served only one term (U.S. Army, n.d.).

Further, about 40 percent of VHPD participants across sites reported serving in combat. This share ranged from about 32 percent in San Diego and Tampa to 56 percent in Central Texas. Of those veterans reporting exposure to combat, nearly one-half (48 percent) deployed to serve in combat multiple times. Although Central Texas, San Diego, and Upstate Northern New York had a similar share of veterans who experienced multiple deployments, Tacoma served a larger share (58 percent) of veterans with multiple deployments, and Tampa served a smaller share (39 percent). Further, of those veterans who were exposed to combat, the vast majority (97 percent) were exposed to friendly or unfriendly fire, and 56 percent said they were exposed to “a lot” of it.

One feature of VHPD of particular note was the relationship between discharge status and program eligibility. Everyone served by VHPD had to be eligible for VA health services, which meant their discharge status had to be honorable or general. Bad conduct discharges and dishonorable discharges limit a veteran’s access to VA services, and, without qualifying for VA health services, the veteran was not eligible for VHPD services. This issue was noted particularly at the Upstate Northern New York site, where case managers claimed they had to turn away veterans from VHPD because they did not meet the discharge standards. Other sites also mentioned this problem. Among VHPD veterans, 82 percent had honorable discharges, and 17 percent had some form of general discharge.

**TABLE 4.2**  
**Characteristics of Military Experience**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by type of active duty status						
<i>No</i>	0.6	0.0	0.8	0.0	1.5	0.0
<i>Yes, active duty in the National Guard or Reserve only</i>	3.8	4.1	2.4	1.5	7.7	1.9
<i>Yes, active duty in the Armed Forces of the United States in the past, but not now</i>	95.6	95.9	96.8	98.5	90.8	98.1
Mean years on active duty	5.8	6.1	5.7	6.5	5.2	5.3
Median years on active duty	4.0	5.0	4.0	5.0	4.0	4.0
Percent exposed to combat						
<i>Percent of veterans exposed to combat by whether they were exposed to unfriendly or friendly fire</i>						
<i>No</i>	3.0	0.0	8.7	4.3	0.0	5.0

(continued)

**TABLE 4.2**  
**Characteristics of Military Experience (continued)**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
<i>Yes, a little</i>	40.9	35.0	36.5	23.5	58.0	60.6
<i>Yes, a lot</i>	56.1	65.0	54.9	72.3	42.0	34.4
<i>Percent of veterans exposed to combat by number of deployments to serve in combat</i>						
<i>0 to 1</i>	51.7	51.6	50.8	42.1	61.1	51.7
<i>2 or more</i>	48.3	48.4	49.3	57.9	38.9	48.3
<i>Percent of veterans by self-reported discharge status</i>						
<i>Honorable discharge</i>	82.3	80.3	87.7	85.8	79.8	75.6
<i>General discharge, under honorable conditions</i>	16.6	16.8	11.5	14.2	19.4	24.4

*Note:* Categories for discharge status do not add to 100 percent in the cross-site total, Central Texas, San Diego, and Tampa columns because a small number of veterans self-reported other discharge statuses that could not have been correct, because those discharge statuses would have made the veteran ineligible for VHPD.

*Source:* Weighted Veterans Homelessness Prevention Demonstration baseline survey data (N = 424)

## Demographic Characteristics

A slight majority of veterans across sites identified as White (51 percent), and a slightly smaller share of veterans identified as Black (43 percent). The remaining 6 percent of veterans identified as either American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or multiracial. This pattern differed from the veteran population overall: according to 2011–13 American Community Survey estimates, about 84 percent of all veterans in the United States identified as White and 11 percent identified as Black. The racial makeup, however, differed by site. Veterans in Upstate Northern New York more predominantly identified as White (81 percent), but, in Central Texas, 61 percent of veterans identified as Black. These differences roughly reflect the demographic composition of the service areas (Cunningham et al., 2013). The majority of veterans across sites and within each site identified as non-Hispanic. Across sites, 90 percent identified as non-Hispanic; this share ranged from 87 percent in Tampa and San Diego to 94 percent in Central Texas. The researchers found the small proportion of Hispanics in Central Texas to be surprising. According to the 2010 decennial census, 28 percent of the population in the Central Texas service area identified as Hispanic or Latino. The researchers posit that the small share of Hispanic or Latino veterans in Central Texas (6 percent) is due to differences in the ethnic backgrounds of those discharging from Fort Hood and the area’s population in general (Cunningham et al., 2013). Table 4.3 lists demographic characteristics by site.

**TABLE 4.3**  
**Demographic Characteristics by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by race						
<i>Alaska Native or American Indian</i>	2.8	0.0	5.7	3.5	2.3	1.5
<i>Asian</i>	0.9	0.0	1.9	2.4	0.0	0.0
<i>Black or African-American</i>	42.6	60.8	42.5	33.5	46.7	11.7
<i>Native Hawaiian or other Pacific Islander</i>	0.7	0.7	0.0	3.5	0.0	0.0
<i>White</i>	50.8	38.6	49.3	48.7	51.0	80.8
<i>Multiracial</i>	2.2	0.0	0.7	8.5	0.0	6.0
Percent of veterans by ethnicity						
<i>Hispanic or Latino origin</i>	10.3	5.9	12.6	8.2	13.0	11.9
<i>Not of Hispanic or Latino origin</i>	89.7	94.1	87.4	91.8	87.0	88.1
Percent of veterans by gender						
<i>Male</i>	73.1	60.1	76.4	78.7	69.7	89.7
<i>Female</i>	26.7	39.9	22.6	21.3	30.4	10.3
Percent of veterans by marital status						
<i>Now married</i>	31.7	39.2	26.2	38.8	28.5	24.1
<i>Widowed</i>	0.9	0.0	1.5	0.0	1.5	1.7
<i>Divorced</i>	27.1	25.8	29.7	34.0	19.8	29.2
<i>Separated</i>	9.1	8.3	2.3	5.9	15.4	17.8
<i>Never married</i>	31.2	26.7	40.3	21.4	34.8	27.1
Percent of veterans by age group						
<i>18 to 24</i>	4.5	3.1	1.9	1.1	6.2	15.0
<i>25 to 30</i>	17.1	26.8	13.7	18.5	7.8	20.6
<i>31 to 40</i>	28.5	37.1	29.9	26.4	24.3	18.5
<i>41 to 50</i>	19.0	17.0	17.6	19.0	28.1	10.2
<i>51 to 64</i>	27.6	14.0	31.0	32.6	31.8	32.8
<i>65 and older</i>	3.2	2.1	5.9	2.4	1.7	3.0
Percent of veterans living with own children	45.3	63.0	37.6	44.7	41.9	30.3
Percent of veterans living alone	33.5	24.9	38.1	35.2	31.6	44.0

(continued)

**TABLE 4.3**  
**Demographic Characteristics by Site (continued)**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by educational attainment level						
<i>Less than high school diploma/ GED®</i>	2.2	1.9	2.8	4.3	0.9	1.7
<i>High school diploma/GED®</i>	27.2	24.9	20.2	29.0	25.7	47.5
<i>Some college or associate's degree</i>	60.5	66.6	62.3	62.3	59.1	43.9
<i>Bachelor's degree or higher</i>	10.1	6.7	14.7	4.4	14.3	6.9

GED® = General Educational Development credential.

Note: Race, ethnicity, and age came from Homeless Management Information System (HMIS) administrative data (N = 509), and marital status, whether the veteran lived alone, whether the veteran lived with his or her own children, and educational attainment came from the Veterans Homelessness Prevention Demonstration (VHPD) baseline survey (N = 424).

Sources: Weighted HMIS administrative data; weighted VHPD baseline survey data

About 45 percent of households served were veterans living with their children. Central Texas served the highest share (63 percent) of families, and Upstate Northern New York served the lowest share (30 percent). About one-third of veterans across all sites were living alone, and the remaining veterans (about 12 percent) were living with other adults (for example, family members, spouses, significant others, roommates).

Variation existed across sites in terms of veteran marital status (see table 4.3). Roughly one-third of VHPD clients were currently married (32 percent) or were single and had never been married (31 percent). More than one-third were either divorced or separated (27 and 9 percent, respectively). Tacoma had the lowest rate of singles (21 percent) and highest rate of divorce (34 percent) across all the programs. Central Texas had the highest share of married VHPD veterans (39 percent) and veterans living with their children (63 percent) and the lowest share of veterans living alone (25 percent).

Although, overall, veterans lag behind the nonveteran population in terms of completing bachelor's and graduate degrees, they are more likely to have achieved at least a high school diploma/General Educational Development credential (GED®) or some college than the nonveteran population, which is likely related to the fact that a high school diploma or GED® is a requirement for military service. According to 2011–13 American Community Survey estimates, a larger percentage of the overall U.S. veteran population (92.6 percent) has at least a high school diploma compared with the nonveteran population (85.6 percent), and 63.3 percent of veterans have at least some college compared with 57.6 percent of nonveterans. A slightly smaller share of veterans (26.6 percent) achieve bachelor's or graduate degrees compared with nonveterans (29.4 percent). By comparison with the veteran population overall, larger shares of VHPD participants had at least a high school diploma or GED® (98 percent) and at least some college (70 percent), but a much smaller share had a bachelor's or graduate degree (10 percent).



## Income Level and Employment Status

Overall, it was common for veterans to enter the VHPD program with no income: across sites, about one in four veterans had no income at entry. This share ranged from 14 percent in San Diego to 37 percent in Upstate Northern New York. Few veterans had monthly household incomes of \$2,000 or more at program entry, except in San Diego, where the share was 29 percent, about twice the next highest share. This higher income was likely because San Diego placed greater emphasis on the sustainability component of program eligibility than did the other sites (Cunningham et al., 2013). Table 4.4 shows VHPD veterans' income and employment characteristics across the five sites.

**TABLE 4.4**  
**Income and Employment Characteristics by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by monthly income at program entry						
<i>No income</i>	23.1	19.2	14.2	17.6	35.1	37.0
<i>\$1 to \$499</i>	13.0	15.0	6.5	22.3	8.8	18.9
<i>\$500 to \$749</i>	4.7	4.8	1.3	8.8	4.6	7.3
<i>\$750 to \$999</i>	8.9	8.3	10.1	12.2	7.9	4.5
<i>\$1,000 to \$1,499</i>	20.6	23.3	19.2	24.0	19.4	16.6
<i>\$1,500 to \$1,999</i>	15.8	21.3	20.2	9.3	9.7	14.3
<i>\$2,000 or more</i>	13.9	8.2	28.6	5.8	14.5	1.4
Percent of veterans by employment status at baseline						
<i>Working full time</i>	14.4	19.2	24.3	8.8	5.2	8.0
<i>Working less than full time</i>	10.8	12.4	7.5	10.5	12.1	12.2
<i>Not working</i>	74.8	68.4	68.2	80.8	82.7	79.9
Percent of veterans by household income sources at baseline						
<i>From a job</i>	29.6	38.5	37.2	15.5	22.7	25.9
<i>Unemployment</i>	10.6	10.8	5.9	12.6	8.3	21.5
<i>Supplemental Security Income</i>	5.4	2.1	9.2	5.7	2.7	9.3
<i>Social Security Disability Income</i>	11.7	11.8	17.2	10.1	7.9	9.0
<i>Veterans pension/payment</i>	32.4	31.3	33.8	43.7	26.4	28.5
<i>Temporary Assistance for Needy Families</i>	3.1	1.8	3.2	3.2	4.1	3.5
<i>Family or friends</i>	3.8	4.5	0.9	6.4	2.6	7.3

(continued)

**TABLE 4.4**  
**Income and Employment Characteristics by Site (continued)**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by receipt of benefit at baseline						
<i>Supplemental Nutrition Assistance Program</i>	60.5	66.6	33.9	81.0	66.8	65.6
<i>Medicaid</i>	23.8	36.4	9.0	19.5	27.1	27.7
<i>Medicare</i>	11.3	10.5	7.3	11.1	14.9	14.7
<i>Children's Health Insurance Program</i>	4.3	5.7	5.2	5.8	1.0	3.5

*Notes:* Income came from Homeless Management Information System (HMIS) administrative data (N = 509). Employment status came from the Veterans Homelessness Prevention Demonstration (VHPD) baseline survey (N = 424).

*Sources:* HMIS administrative data; weighted VHPD baseline survey data

About three of four veterans across the sites were not working at baseline, but this share varied appreciably by site. In Central Texas and San Diego, about 68 percent were not working, but the other sites' shares ranged from 80 percent in Upstate Northern New York to 83 percent in Tampa. San Diego had the highest share of veterans working full time (24 percent), but this share was 19 percent in Central Texas and appreciably lower in the other sites, ranging from 5 percent in Tampa to 9 percent in Tacoma.

Although nearly three-fourths of all veterans reported their households had income from some source at program entry, less than one-third (30 percent) reported their households had income from employment at baseline. The majority of veterans' households received some form of cash assistance or veterans pension payments. Overall, 32 percent of veterans received income from a veterans pension. This share ranged from 26 percent in Tampa to 44 percent in Tacoma. About 11 percent of veterans across sites were also receiving unemployment benefits at program entry, ranging from 6 percent in San Diego to 22 percent in Upstate Northern New York. Of VHPD participants, 5 percent were receiving Supplemental Security Income and 12 percent were receiving Social Security Disability Income at program entry.

VHPD veterans were also receiving noncash benefits at program entry (see table 4.4). Overall, 61 percent of veterans were receiving Supplemental Nutrition Assistance Program benefits at baseline, with the highest proportion being in Tacoma (81 percent) and the lowest proportion in San Diego (34 percent). More than one-third of veterans across sites were enrolled in either Medicaid or Medicare at baseline.

### Physical and Mental Health Conditions

The prevalence of physical and mental health issues among veterans is of great interest to policymakers because they are among the predictors of who becomes homeless. Across all sites, on a scale including poor, fair, good, very good, and excellent, a substantial share (44 percent) of veterans rated their health as poor or fair; in Tampa, more than one-half (51 percent) of VHPD veterans ranked their health as fair or poor. This is an exceptionally high rate of poor or fair health, especially when compared with the general population, in which fewer than 1 in 10 people are in fair or poor health (Adams, Kirzinger, and Martinez, 2013).

The high unemployment and benefit uptake numbers among VHPD veterans are not surprising, given the high percentage (43 percent) of veterans who report a disability that prevents them from working. Of these, 74 percent report their disability is related to their military service. Table 4.5 shows the physical and mental health issues reported by VHPD veterans.

**TABLE 4.5**  
**Prevalence of Physical and Mental Health Issues**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by self-rating of overall health						
<i>Excellent, very good, or good</i>	56.3	58.8	55.9	54.5	49.1	68.3
<i>Fair or poor</i>	43.7	41.2	44.1	45.6	51.0	31.8
Percent of veterans with a disability that prevents them from working						
<i>Percent for whom that disability is related to military service</i>	73.7	87.7	73.4	73.9	71.8	47.5
Percent of veterans reporting the following conditions						
<i>Serious depression, anxiety, and/or tension</i>	66.6	65.0	64.7	72.0	73.2	54.7
<i>Being easily startled, not being able to relax your guard</i>	51.2	61.4	44.6	51.5	51.2	43.1
<i>Trouble understanding, concentrating, or remembering</i>	45.9	49.2	39.1	55.0	47.6	38.4
<i>Trouble controlling anger or violent behavior</i>	14.4	18.8	9.2	14.0	14.3	16.5
<i>Symptoms of posttraumatic stress disorder</i>	43.1	51.0	41.0	48.2	37.1	35.1
<i>Trouble with use of alcohol or drugs</i>	5.7	6.2	2.6	2.5	7.7	11.9
<i>Problems dealing with the results of head injury or traumatic brain injury</i>	11.7	10.2	9.7	17.2	11.0	13.0
<i>Experiencing serious thoughts of suicide</i>	3.4	1.7	2.9	6.3	4.0	3.5

Source: Weighted Veterans Homelessness Prevention Demonstration baseline survey (N = 424)

Overall, two-thirds of veterans report experiencing serious depression, anxiety, and/or tension. Of veterans in VHPD, 43 percent reported experiencing symptoms of posttraumatic stress disorder (also called PTSD), with the highest prevalence occurring in Central Texas (51 percent) and the lowest in Upstate Northern New York (35 percent). Other mental health symptoms with high prevalence rates among VHPD veterans across sites were “being easily startled, not being able to relax your guard” (51

percent) and “trouble understanding, concentrating, or remembering” (46 percent). Approximately 12 percent of the veterans were also dealing with the repercussions of a head injury or traumatic brain injury (also called TBI).

### How VHPD Veterans Compared With Those Served Through HPRP

To understand how veterans served through VHPD compare with other veterans and nonveterans served by other homelessness programs, the research team compared VHPD study participants with veterans who participated in the **Homelessness Prevention and Rapid Re-housing Program** (HPRP; table 4.6). Compared with veterans who participated in HPRP, VHPD veterans were more likely to be female, part of families, and younger, which suggests, again, that VHPD was successful in reaching its target populations. According to the HUD Special Needs Assistance Programs office, these differences also reflect the fact that HPRP grantees were encouraged to serve veterans who were not eligible for VA healthcare services (for example, those with dishonorable discharges). To the extent that HPRP grantees targeted non-VA-eligible veterans, HPRP served a population of veterans distinctly different from those served by VHPD, which exclusively served those eligible for VA health care. The data suggest that the veterans whom the Continuums of Care served through HPRP may reflect more typical veterans experiencing homelessness or the risk of losing housing, who tend to be single and older. Larger shares of veterans who participated in VHPD reported physical and mental health issues compared with both those veterans who participated in HPRP and nonveterans who participated in HPRP.

**TABLE 4.6**  
**Comparison of VHPD Veterans With HPRP Adult Participants**

	All VHPD Veterans	HPRP Adults—Veterans	HPRP Adults—Nonveterans
Percent of adults by race			
<i>Alaska Native or American Indian</i>	1.9	1.2	0.8
<i>Asian</i>	0.9	0.2	1.3
<i>Black or African-American</i>	43.7	28.9	31.3
<i>Native Hawaiian or other Pacific Islander</i>	1.6	0.2	1.1
<i>White</i>	48.5	33.6	55.0
<i>Multiracial</i>	3.4	35.7	10.4
<i>Other</i>	0.1	0.2	0.3
Percent of adults by ethnicity			
<i>Hispanic or Latino origin</i>	10.0	10.9	32.7
<i>Not of Hispanic or Latino origin</i>	90.0	89.1	67.3
Percent of adults by gender			
<i>Female</i>	28.0	17.8	66.0
<i>Male</i>	71.8	82.0	34.0

(continued)

**TABLE 4.6**  
**Comparison of VHPD Veterans With HPRP Adult Participants (continued)**

	All VHPD Veterans	HPRP Adults—Veterans	HPRP Adults—Nonveterans
Percent of adults by age group			
<i>18 to 24</i>	5.0	2.9	16.8
<i>25 to 30</i>	18.3	8.7	16.4
<i>31 to 40</i>	27.4	11.6	27.8
<i>41 to 50</i>	20.8	27.0	23.5
<i>51 to 64</i>	25.3	44.7	13.6
<i>65 and older</i>	3.2	5.1	1.9
Percent of adults in households with children			
	48.4	30.3	68.8
Percent of adults by household income at program entry			
<i>No income</i>	21.9	26.6	33.7
<i>\$1 to \$499</i>	11.5	9.3	9.2
<i>\$500 to \$749</i>	6.7	6.5	10.6
<i>\$750 to \$999</i>	8.2	13.9	10.2
<i>\$1,000 to \$1,499</i>	19.9	13.7	13.9
<i>\$1,500 to \$1,999</i>	17.4	12.9	9.8
<i>\$2,000 or more</i>	14.6	17.1	12.7
Percent of adults by type of health issue			
<i>Physical health issue</i>	36.5	20.1	5.8
<i>Mental health issue</i>	27.4	15.5	6.0
<i>Chronic health condition</i>	7.9	3.5	1.0
<i>Developmental disability</i>	0.3	0.3	0.1
<i>Substance abuse issue</i>	5.2	7.3	2.0

*Note:* This table does not include data from the Continuum of Care (CoC) for Utica and Rome, Oneida County.

*Sources:* Homeless Management Information System administrative data from the following CoCs: Austin, Travis County; San Diego City and County; Tacoma and Lakewood, Pierce County; and Tampa, Hillsborough County.



## Chapter 5. Housing Stability

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This chapter examines how housing stability changed after participants received assistance from the Veterans Homelessness Prevention Demonstration (VHPD). The research team found that at program entry about three-fourths of veterans served were those at risk (either imminently at risk of losing their housing or living in unstable housing), and the remaining one-fourth were homeless (sleeping in emergency shelters or sleeping somewhere not meant for human habitation). The majority (54 percent) of veterans had been homeless at some point in their lives, which suggests a greater likelihood that they were at real risk of becoming homeless, because some studies suggest that prior homelessness is predictive of subsequent homelessness (Byrne, 2014; Byrne et al., 2014). By program exit, the majority (85 percent) of veterans were considered stably housed, and, by follow-up, most (76 percent) were still living in their own homes or apartments. Some veterans experienced homelessness between the baseline interview and the follow-up interview. Across sites, 10.5 percent of those interviewed at follow-up reported experiencing homelessness since their baseline interview. This finding suggests that VHPD participants largely avoided subsequent need of either non-VA or VA homeless service systems; however, several limitations restrict the team's ability to draw firm conclusions on the impact of the VHPD intervention on housing stability.

### Housing Status at Program Entry

VHPD program rules allowed service providers to enroll veteran households that were at risk of homelessness and those that were homeless for a short period (less than 90 days). As households entered VHPD, their housing status was categorized into one of the following four categories defined by U.S. Department of Housing and Urban Development (HUD) program guidance.

1. Literally homeless: The individual or family lacks a fixed regular or adequate nighttime residence.
2. Imminently at risk of losing housing: The individual or family is currently housed but at imminent risk of losing housing and without subsequent options or resources or support networks needed to remain in current housing or obtain other temporary or permanent housing.
3. Unstably housed: The individual or family is currently housed but experiencing housing instability, with one or more other temporary housing options but lacking the resources or support networks to retain or obtain permanent housing.
4. Stably housed: The individual or family is not at risk of losing housing and does not meet the criteria for any of the previous housing categories.

At program entry, about one in four (26 percent) veterans across all five sites were literally homeless. San Diego and Central Texas served the smallest shares of literally homeless veterans, at 18 and 20 percent, respectively. The other three sites had larger proportions of literally homeless veterans at entry, at 28, 31, and 40 percent in Tacoma, Tampa, and Upstate Northern New York, respectively.

Overall, VHPD served far more veterans who were at some level of homelessness risk rather than those who were actually homeless when they enrolled in the program (table 5.1). They were housed when they entered the program (although not necessarily in their own place), but their risk of becoming homeless varied. The majority (57 percent) of all veterans served across sites were imminently at risk of losing their housing. Within the sites, a majority of clients were at imminent risk in Central Texas (80 percent), Tampa (64 percent), and Upstate Northern New York (50 percent). In San Diego and Tacoma, the share of clients at imminent risk was lower, at 39 and 46 percent, respectively. These two sites also had significant shares of unstably housed veterans at program entry (40 and 25 percent, respectively). Central Texas and Upstate Northern New York served no veterans in this category and, in Tampa, a very small share (3 percent) was unstably housed. Very few veterans were stably housed at program entry. Only one site served a substantial portion of stably housed veterans at program entry: Upstate Northern New York, where 10 percent of veterans were judged to be stably housed compared with 2 percent or less in the other four sites. It is unclear why the site served this many participants judged to be stably housed and raises questions about the interpretation of these HUD categories.

**TABLE 5.1**  
**Housing Status at Program Entry by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by housing status at program entry						
<i>Literally homeless</i>	25.6	20.2	18.2	28.1	31.0	39.9
<i>Imminently at risk of losing housing</i>	56.5	79.8	39.4	45.8	64.0	49.9
<i>Unstably housed</i>	15.6	0.0	40.3	24.8	3.3	0.0
<i>Stably housed</i>	2.4	0.0	2.1	1.3	1.7	10.2

*Note:* This table does not include data from the Continuum of Care (CoC) for Utica and Rome, Oneida County.

Although the data on housing status at entry generally suggest that Central Texas, Tampa, and Upstate Northern New York served veterans in more risky housing situations at entry than did San Diego and Tacoma, it is important to note that these categories are somewhat subjective. Although literal homelessness has a clear definition among homeless service providers, at the VHPD evaluation’s cross-site meeting with program staff, the researchers learned that program staff across the sites did not have a clear and consistent understanding of what situations fell under each of HUD’s four categories. Because of this, some of the cross-site differences could be because of differences in staff interpretation of the categories rather than true differences in the housing situations of veterans at program entry.

## History of Homelessness

The survey at baseline enabled the research team to collect data on each VHPD participant’s history of homelessness (table 5.2). The survey found that, overall, 54 percent of veterans reported experiencing homelessness at some point in their lives. In four of the five sites, the share of veterans who had ever experienced homelessness ranged from 57 and 59 percent in San Diego and Upstate Northern New



York to 63 and 66 percent in Tampa and Tacoma, respectively. Central Texas was the only site where the majority of veterans did not have any experience with actual homelessness. In Central Texas, only 34 percent had ever been homeless.

**TABLE 5.2**  
**History of Homelessness by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by whether they had ever been homeless and number of times homeless						
<i>Yes</i>	54.1	34.0	57.1	65.9	63.1	58.6
<i>Once</i>	51.5	53.6	51.3	38.5	48.8	73.9
<i>Twice</i>	25.6	20.1	22.7	31.2	32.1	17.3
<i>Three or more times</i>	22.8	26.4	17.0	30.4	19.1	8.8
<i>No</i>	45.9	66.0	42.9	34.1	36.9	41.4
Percent of veterans who had ever been homeless by their age when they first became homeless						
<i>As a child (less than age 18)</i>	11.7	10.2	9.3	16.1	12.4	10.7
<i>As an adult</i>	88.3	89.9	90.8	84.0	87.7	89.3
<i>Ages 18 to 24</i>	19.7	18.6	24	15.5	17.2	24.1
<i>Ages 25 to 34</i>	30.5	37.2	27.9	35.4	24.8	32.1
<i>Age 35 or older</i>	38.1	34.1	38.9	33.1	45.7	33.1
Percent of veterans by whether they had been homeless for at least 12 months in their lifetime						
<i>Yes</i>	16.0	8.0	20.9	16.7	18.5	16.9
<i>No</i>	84.0	92.0	79.1	83.3	81.5	83.1

Source: Weighted Veterans Homelessness Prevention Demonstration baseline survey

Of all veterans in the study, only a small share (16 percent) said they had been homeless for at least 12 months cumulatively during their lifetimes. This share was smallest in Central Texas at 8 percent. Tacoma and Upstate Northern New York had the next lowest shares, and at 17 percent they were double Central Texas's share. Tampa and San Diego had even larger proportions of veterans with these homeless histories at 19 and 21 percent, respectively.

Of those veterans who reported being homeless at some point, across all five sites, the majority (52 percent) had been homeless only once. In Upstate Northern New York, 74 percent of veterans with some homeless history had experienced only one episode of homelessness. Central Texas, San Diego, and Tampa clustered together between 49 and 54 percent, and, in Tacoma, only 39 percent of veterans

with some homeless history had been homeless only once. Across the sites about one-fourth of veterans with some homeless history were homeless twice. Within sites, this share was highest in Tacoma and Tampa, at 31 and 32 percent, respectively, and lowest in Upstate Northern New York, at 17 percent. The remaining 23 percent of veterans with homeless history were homeless three or more times in their lifetimes. Again, this share was lowest in Upstate Northern New York (9 percent) and highest in Tacoma (30 percent).

Of those who had ever been homeless, the vast majority (88 percent) of all veterans across the sites had their first homeless episode as adults (after they reached the age of 18), and only 12 percent had their first homeless episode as children. The sites were largely consistent on these measures. Tacoma had the largest share (16 percent) of veterans who had their first homeless episode as children, and San Diego had the smallest (9 percent).

### **Housing Status at Program Exit**

At program exit, the vast majority (95 percent) of veterans were in housing (85 percent as judged by providers were stably housed and 10 percent were unstably housed). For this purpose, “after program exit” is defined as starting the month after receipt of the last housing subsidy payment from VHPD. The share of veterans stably housed ranged from 70 percent in Tampa to 94 percent in Upstate Northern New York, with the remaining three sites being between 86 and 91 percent. The share unstably housed ranged from 6 percent in Upstate Northern New York to 13 percent in San Diego.

Very few veterans (5 percent) were either literally homeless or at imminent risk when they exited VHPD. In four of the five sites, less than 2 percent of veterans were either literally homeless or at imminent risk at exit, with Upstate Northern New York noting no one in those conditions. By contrast, Tampa had about 20 percent of veterans exit as either literally homeless (5 percent) or at imminent risk (15 percent). As noted previously, to some degree, these improvements from program entry and differences between sites could be because of differences in how the site program staff understood the housing status categories and to the unique data limitations in Upstate Northern New York.<sup>8</sup> Table 5.3 shows housing status at program exit by site.

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<sup>8</sup> The lead CoC in Upstate Northern New York, the Utica and Rome, Oneida County CoC, does not record housing status at exit in their Homeless Management Information System (HMIS) system. They capture housing destination only at exit. The HMIS administrator for this CoC advised the research team on how to recode the housing destinations into the four housing status categories. Permanent supportive housing, any rental by client (either subsidized or unsubsidized), or a permanent situation staying with friends or family was recoded as stably housed. Staying with friends or family in a temporary situation or staying in an institution (for example, jail, prison) was recoded as unstably housed. Because housing status was recoded based on the short destination description with the help of the HMIS administrator rather than at the actual time of program exit by the veteran’s case manager, who would likely have had a more nuanced knowledge of the stability of that situation, the Upstate Northern New York data may not be as consistent as the data from the other sites.

**TABLE 5.3**  
**Housing Status at Program Exit by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by housing status at program exit						
<i>Literally homeless</i>	1.6	0.7	0.8	1.3	5.0	0.0
<i>Imminently at risk of losing housing</i>	3.4	0.8	0.7	0.0	14.5	0.0
<i>Unstably housed</i>	10.1	10.8	12.9	8.1	10.2	6.0
<i>Stably housed</i>	84.8	88.2	85.7	90.7	70.3	94.0

Source: Weighted Homeless Management Information System administrative data

The research team examined how housing status changed over time by comparing housing at program entry and housing at program exit (table 5.4). Among those who were either homeless, at imminent risk, or unstably housed at program entry, a high and consistent share (84 to 87 percent) were stably housed at exit. The shares of unstably housed veterans at exit were also similar among the other three groups, ranging from 10 percent among those literally homeless or at imminent risk of homelessness at entry to 13 percent among those unstably housed at entry. Only sites with veterans who were either literally homeless or at imminent risk of homelessness had any veterans who exited in these conditions, although the shares were small (5 percent among those literally homeless at program entry and 7 percent of those at imminent risk of homelessness at entry). Further, the vast majority (more than 90 percent) of both the veterans who were literally homeless at entry and the veterans at imminent risk at entry improved their housing status by exit to either unstably or stably housed.

**TABLE 5.4**  
**Housing Status at Program Entry Compared With Housing Status at Program Exit Across All Five Sites**

Housing Status at Program Exit	Housing Status at Program Entry									
	Literally Homeless		At Imminent Risk		Unstably Housed		Stably Housed		Total	
	N	%	N	%	N	%	N	%	N	%
Literally homeless or at imminent risk	7	5.2	19	6.7	0	0.0	0	0.0	26	5.1
Unstably housed	13	10.2	27	9.5	10	12.8	0	0.0	51	10.0
Stably housed	110	84.7	240	83.8	69	87.2	12	100.0	431	85.0
Total	130	100.0	286	100.0	79	100.0	12	100.0	507	100.0

Note: Statistical tests were not possible because of small sample size and limited variation in the housing status at exit variable.

Source: Weighted Homeless Management Information System administrative data

## Housing Situation at Follow-Up

At the time of the follow-up interviews, most of which occurred between 6 months and 1 year after program exit, about three-fourths of veterans were living in their own homes or apartments (table 5.5). This share was lowest in Tampa (66 percent) and highest in Central Texas (87 percent). The remaining three sites clustered together between 73 and 78 percent. The second most common arrangement was for veterans to be staying with friends or family. Across sites, 18 percent of veterans were staying with someone else; this share was smallest in Central Texas, at 9 percent, and highest in Tampa, at 25 percent. Across sites, 6 percent of veterans were homeless at follow-up. San Diego, Central Texas, and Tacoma had the smallest shares of veterans homeless at follow-up, at 3, 4, and 5 percent, respectively. The rates in Tampa and Upstate Northern New York were somewhat higher, at 7 and 10 percent, respectively. The small number of veterans who identified as being homeless at follow-up and the small sample size resulted in having insufficient variation to conduct any multivariate analyses to identify risk factors for homelessness.

**TABLE 5.5**  
**Housing at Follow-Up by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by housing situation at follow-up						
<i>In own place</i>	75.8	86.6	73.0	78.0	66.0	73.6
<i>Staying in someone else's place</i>	17.6	9.3	20.5	17.5	24.5	17.3
<i>Homeless</i>	5.5	4.1	3.3	4.5	9.5	7.0
<i>Other</i>	1.1	0.0	3.2	0.0	0.0	2.1
Percent of veterans living in their own place at follow-up who struggled to pay rent	23.7	35.9	2.9	20.2	26.7	44.0
Percent of veterans by whether they struggled to pay utility bills at follow-up						
<i>Did not pay utilities</i>	71.0	65.9	69.7	76.0	70.0	79.2
<i>Paid utilities</i>	29.0	34.1	30.3	24.0	30.0	20.8
<i>Struggled to pay utility bills</i>	13.4	24.2	7.0	7.9	15.5	0.0
<i>Did not struggle to pay utility bills</i>	86.6	75.8	93.0	92.1	84.5	100.0
Percent of veterans reporting homelessness since baseline interview	10.5	5.9	7.9	11.2	19.4	9.6

*Notes:* The “homeless” category for housing situation included emergency shelter, a hotel or motel room, housing through the VA’s Grant and Per Diem program, transitional housing, and anywhere not meant for human habitation. The “other” category included residential treatment programs, hospitals, jail or prison, permanent supportive housing programs, and any other situations besides those included under homelessness, living with friends or family, or living in the respondent’s own place.

*Source:* Weighted Veterans Homelessness Prevention Demonstration follow-up survey data

We examined the occurrence of self-reported homelessness between the baseline interview and the follow-up interview. Across sites, 10.5 percent of those interviewed at follow-up experienced homelessness since their baseline interview (this includes those who were homeless at follow-up). Central Texas reported the lowest share of veterans experiencing homelessness at 5.9 percent. Results in San Diego, Tacoma, and Upstate New York were 7.9 percent, 11.2 percent, and 9.6 percent, respectively. At 19.4 percent, Tampa had the highest rates of veterans experiencing homelessness between interviews.

Please note that differences between sites could be influenced by many factors, including how different programs operated and the types of veterans they served. For example, Tampa and Upstate New York served more homeless veterans and San Diego and Central Texas served more veterans at risk of homelessness. Sites also selected veterans of varying income levels.

Ability to pay rent and utility bills provided additional information on the likelihood that a veteran would be able to sustain his or her housing beyond the time of the follow-up interview. At follow-up, about 24 percent of veterans who were paying rent reported struggling with meeting that obligation. This percentage varied considerably by site, from only 3 percent in San Diego reporting challenges paying rent to 44 percent in Upstate Northern New York. The survey also asked about the ability to pay utilities. The researchers found that about 29 percent of veterans paid for utilities across sites. Those veterans who did not pay utilities either lived in a place where utilities were included in their rent or did not live in their own place. Of those who paid utilities, the majority (87 percent) across sites did not report ever struggling to pay their utility bills between the baseline and follow-up surveys, but 13 percent reported struggling; however, substantial differences on this measure existed among the sites. In Upstate Northern New York, no one reported struggling to pay utilities, but 7 and 8 percent of veterans in San Diego and Tacoma, respectively, did. The largest proportions of veterans struggling to pay their utility bills were in Tampa and Central Texas, where 16 and 24 percent, respectively, reported having this problem.

## Use of Homeless Services After VHPD

Overall, very few veterans returned to shelter or transitional housing within 180 days of exiting VHPD. After weighting, only six veterans total across the sites had a return to emergency shelter or transitional housing. Those six were pretty evenly spread between the sites with only one site (Tacoma) having zero returns, two sites (San Diego and Upstate Northern New York) having one veteran return, and the remaining two sites having two veterans each return. These numbers are notably lower than the number of veterans who self-identified as homeless at the time of the follow-up survey. There are several reasons for this discrepancy. First, the research team was able to include data only from the five lead CoCs, so veterans could have sought services recorded in other Homeless Management Information Systems (HMISs) that the researchers have not captured, including the other eight CoCs within the VHPD service areas. Second, HMIS data do not capture instances of sleeping on the street or in other places not meant for human habitation, but self-reported homelessness on the follow-up survey included these instances. Third, the HMIS data were limited to 180 days from program exit, but the follow-up survey

was conducted at least 6 months from the date of program exit but often occurred later than that (see appendix J for more details on survey timing). Because of this latter factor, some veterans had a longer period to become homeless again by the time the follow-up survey was conducted than was captured by the HMIS data.

In addition to using HMIS data, the research team obtained aggregate information from the VA about VHPD participants' (all VHPD participants, not just those included in this study) use of VA homeless services after they exited VHPD. This information sheds some light on the extent of homeless service use through the VA system. In general, the VA data suggest that entering VA homeless services after leaving VHPD was quite uncommon. Of all VHPD veterans who had been out of the program for at least 30 days at the time of analysis, only 12 veterans entered any VA homeless service during those 30 days; of those who had been out of VHPD for at least 90 days, 20 entered VA homeless services between 31 and 90 days from program exit; and of those who had been out of VHPD for at least 180 days, 24 entered VA homeless services in the 91 to 180 days after VHPD exit (table 5.6). These data show that VHPD participants also entered HUD-VASH and returned to VHPD for a second time. Nine veterans entered HUD-VASH within 30 days of exit, 8 entered within 31 to 90 days, and 17 entered within 91 to 180 days. Only 1 veteran returned to VHPD within 30 days of exit, but 11 returned within 31 and 90 days of exit and 31 returned within 91 and 190 days.

**TABLE 5.6**  
**VHPD Veterans Entering VA Homeless Services After VHPD Program Exit by Type of Service and Length of Time**

Time Period	Any VA Homeless Service	HUD-VASH	SSVF	GPD	DCHV	VHPD
0 to 30 days	22	9	9	2	1	1
31 to 90 days	39	8	17	3	0	11
91 to 180 days	72	17	18	6	0	31

DCHV = Domiciliary Care for Homeless Veterans. GPD = Grant and Per Diem. HUD-VASH = HUD-Veterans Affairs Supportive Housing. SSVF = Supportive Services for Veteran Families. VA = U.S. Department of Veterans Affairs. VHPD = Veterans Homelessness Prevention Demonstration.

*Notes:* SSVF is a VA homeless service program similar to VHPD that provides case management and limited financial assistance. GPD is a VA program that provides funding to community service agencies providing assistance to homeless veterans. DCHV provides housing for disabled veterans.

*Sources:* VA Homeless Registry; tabulations generated by the National Center on Homelessness Among Veterans

The extent of subsequent homelessness the research team detected may understate the true extent of homelessness for several reasons. One of the most important reasons is that VHPD service areas were defined by the VA medical center service areas, rather than by the boundaries of the CoC leading the program and running the program HMIS. In all the sites except San Diego, the VHPD service area spanned multiple CoCs. Only the lead CoCs were able to give the team members data on all veterans in

the study; some other CoCs contributed data also, but, because the researchers could not get data from all the CoCs involved, they decided not to include data from any of the secondary CoCs. The researchers know from the qualitative interviews that many veterans lived outside the service area of the lead VHPD CoC. It is likely that those veterans would have sought services where they lived rather than in the territory of the lead VHPD CoC. Any entries into the homeless service system in these areas are not included in this analysis. This limitation is not unique to this study; it is a common shortcoming of any data collection and research effort that relies on administrative data.

Another important limitation of these data for measuring returns to homelessness is that HMIS data are limited to veterans who received homeless services from providers who report data into the HMIS system. This limitation means that the data do not capture any episodes of homelessness for which the veteran did not receive services, even if the veteran sought services but could not get them. Further, because of privacy and confidentiality issues, the VA could not share identified data on the study participants, and the study could not include receipt of VA homeless services in analysis of individual outcomes unless such receipt was also recorded in an HMIS. The VA tracks data for four primary homelessness programs: Domiciliary Care for Homeless Veterans (DCHV), the Grant and Per Diem program, the HUD-VA Supportive Housing program, and Supportive Services for Veteran Families<sup>9</sup>. If a local homeless assistance provider supplies these services, is it likely they will be recorded in HMIS; however, if the services come through the VA itself, it is likely they will not be recorded in HMIS. The data least likely to be included in HMIS are from DCHV.

## Conclusions

VHPD participants' housing stability improved from program enrollment through program exit to the follow-up period. Most (75.8 percent) of the participants were in their own residences at the time of the follow-up survey, though some were living with friends or family (17.6 percent); of those who were paying rent, a subset (23.7 percent) was struggling. At program enrollment, about 26 percent of veterans were literally homeless and 72 percent were at risk for homelessness. Across sites, 10.5 percent of those interviewed at follow-up reported experiencing homelessness at some point since their baseline interview (this includes 6 percent who were homeless at follow-up). Few veterans accessed homeless services after VHPD, but the research team's data on subsequent homeless service use are limited and researchers do not know to what extent this level of homeless service use would have been different in the absence of the intervention. Overall, VHPD showed significant promise in improving veterans' housing stability. Data limitations, however, impede the researchers' ability to draw firm conclusions about the effects of the VHPD intervention on participants' housing stability.

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<sup>9</sup> To obtain identified data from the VA to match the study participants' VA and HMIS homeless service records, which would have created a more comprehensive picture of homeless service use after VHPD, the research team would have had to have asked each veteran for consent to get his or her identified data from the VA. VHPD program staff warned the researchers that doing so would likely deter veterans from agreeing to participate in the study, because many veterans have negative impressions of or experiences with the VA. To maximize sample size, the researchers elected to forgo asking for the consent for VA-identified data.





## Chapter 6. Income and Employment

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The Veterans Homelessness Prevention Demonstration (VHPD) was designed to include a partnership with local employment centers to provide veterans participating in the program with access to employment, training, and education resources. The goal was to help veterans who were able to work to get jobs that would set them on a course for long-term self-sufficiency. The program also aimed to connect veterans who were not able to work to appropriate benefits (for example, veterans pension), service-connected disability, Social Security Disability Insurance [SSDI]) to increase their incomes and promote sustainability. These program goals made veterans' income and employment outcomes centrally important for this study of the VHPD program.

Veterans increased their income from program entry to program exit. Veterans also were employed at higher rates at follow-up than at baseline. These findings varied significantly by site. The implementation study component of the VHPD evaluation showed that some sites were more successful in engaging their local U.S. Department of Labor (DOL) partners than others. Central Texas was the most successful site in linking VHPD program participants with the employment and educational supports they needed.<sup>10</sup> The effects of this disparate implementation of the employment component can be observed by examining the employment and income outcomes for veterans participating in VHPD. This chapter addresses the income and employment characteristics of veterans at program entry (as recorded by the Homeless Management Information Systems [HMIS]) and baseline survey and how their circumstances changed by program exit (as recorded by HMIS) and follow-up survey.

### Variations in Cost of Living by Site

To frame the subsequent discussion of income, it is first important to acknowledge local household income and cost-of-living differences across VHPD sites. According to data from the 2011–13 American Community Survey estimates, which largely coincide with the period VHPD was in operation, Tampa and Upstate Northern New York had the lowest median household incomes and San Diego and Tacoma had the highest, with Central Texas falling in between. The median incomes in the counties in the Tampa and Upstate Northern New York regions were \$3,613 and \$3,889 per month, respectively. Central Texas had a higher median income, at \$4,760 per month, but this figure was influenced by the much higher median income in Williamson County (Waco), which has a much higher median income than the other counties in the site's service area, where VHPD participants, according to key informants, are more likely to live. The median incomes for Tacoma and San Diego were the highest, at \$5,228 and \$5,115 per month on average, respectively. The following discussion of income should be interpreted with these differences in mind.

### Income Levels and Sources at Program Entry and Survey Baseline

Part of a veteran's eligibility for VHPD required having a household income below the Area Median Income (AMI), according to the U.S. Department of Housing and Urban Development's (HUD's) AMI

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<sup>10</sup> See Cunningham et al. (2013).

guidelines, which are adjusted for local costs of living and household size. At program entry, the mean monthly household income across all five sites was \$1,097, with households in San Diego having by far the highest average income (\$1,589). This observation is consistent with the San Diego program's choice to target households they expected to be able to achieve self-sufficiency within 3 months. This decision meant the San Diego program served a larger proportion of veterans who had jobs and income at entry. In the rest of the sites, the average incomes were all less than \$1,000 per month, ranging from \$608 in Upstate Northern New York to \$997 in Central Texas.

The information in the previous paragraph comes from program administrative databases in which client characteristics at intake were stored. A second source of information about income during a veteran's early days in VHPD comes from the baseline survey the research team conducted with veterans recruited to be in the evaluation sample. Reported income could differ in the two data sources. These differences could be because household income changed between program entry and taking the survey, or because veterans' self-reported income differed from the income amount determined by VHPD case managers after reviewing their income documentation. Overall, the mean household income at baseline was slightly lower than at program entry, at \$991, across sites. The baseline survey income data showed that San Diego still had the highest average household income, at \$1,283, though it was about \$300 less than what was reported at entry, and Central Texas still had the second highest average household income, at \$1,157 per month, based on survey data, which was \$160 more than what was recorded at entry. The average household income at baseline for Tacoma was about the same as at program entry, at \$837, but Tampa's was nearly \$300 less, at \$676, and Upstate Northern New York's was more than \$200 more, at \$815. Despite this lack of congruence between the income at program entry and baseline survey data, both sources indicate that San Diego and Central Texas served veterans with higher incomes at the outset than the other sites.

Most veteran households had some income at VHPD program entry. Across all five sites, only 23 percent had no income when they entered VHPD. The sites varied appreciably on this factor, however. San Diego served the smallest share of no-income veterans, at 14 percent, and the rates in Central Texas and Tacoma were also less than average, at 19 and 18 percent, respectively. By contrast, Tampa and Upstate Northern New York served much larger shares of veterans whose households had no income at entry, at 35 and 37 percent, respectively.

The baseline survey showed a smaller share of respondents reported having no income across all five sites and within each site than at program entry. This finding could be driven by veterans being connected with some income between enrollment and the baseline survey. Across all five sites, 16 percent of VHPD veterans reported having no income at survey baseline, which is 7 percentage points lower than at program entry. Central Texas, San Diego, and Tacoma still reported lower shares of no income than Tampa and Upstate Northern New York at baseline. In Central Texas, San Diego, and Tacoma, the shares were 10, 8, and 14 percent, respectively, and in Tampa and Upstate Northern New York, the shares were 28 and 26 percent, respectively.

At baseline, veterans noted receiving income from a range of sources, with the most commonly noted sources being income from jobs and veterans pensions. Across all five sites, 30 percent of veterans' households received income from a job. This rate was highest in Central Texas and San Diego (39 and

37 percent, respectively) and lowest in Tacoma (16 percent). Tampa and Upstate Northern New York fell in the middle, at 23 and 26 percent, respectively. Across all five sites, about 32 percent of households received income from a veterans pension/payment. This rate was highest in Tacoma, at 44 percent. In Central Texas and San Diego, it was somewhat lower, at 31 and 34 percent, respectively. It was lowest in Tampa and Upstate Northern New York, at 26 percent and 29 percent, respectively.

Although less commonly noted, some veterans reported their households received income from unemployment insurance and SSDI benefits. Across sites, about 11 percent of veterans' households had income from unemployment insurance at baseline. This rate was highest in Upstate Northern New York, where about one in five (21.5 percent) households received unemployment insurance, and lowest in San Diego, where about 6 percent did. Across all five sites, about 12 percent of households received income from SSDI. The share was highest in San Diego (17 percent) and lowest in Tampa (8 percent). The remaining sources of income—Supplemental Security Income (SSI), Temporary Assistance for Needy Families (also called TANF), and money from family and friends—were noted among only 5 percent or less of veterans across sites, but they were more common in certain sites than others. For example, in San Diego and Upstate Northern New York, about 9 percent of veterans received SSI, and about 7 percent of veterans in Upstate Northern New York also noted receiving income from family and friends.

Veterans also noted receiving some non-U.S. Department of Veterans Affairs (VA) public benefits. Across all types, the rates of benefit receipt were substantially lower in San Diego than at the other sites (table 6.1). The most commonly received benefit was from the Supplemental Nutrition Assistance Program (SNAP). Across sites, about 60 percent of veteran households received SNAP. The rate of SNAP receipt was lowest in San Diego (34 percent) and highest in Tacoma (81 percent). In the remaining three sites, about two-thirds of households received it. Medicaid participation was less common, with a little less than one-fourth of the veterans saying their household was enrolled in the program. This rate was again lowest in San Diego, at 9 percent. It was highest in Central Texas, at 36 percent. Receipt of Medicare was noted less frequently, as would be expected given the age composition of the participants. Across all five sites, 11 percent received Medicare benefits, ranging from 7 percent in San Diego to 15 percent in Tampa and Upstate Northern New York.

**TABLE 6.1**  
**Total Household Income and Benefits Receipt at Enrollment and Baseline by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by monthly income amount at program entry						
<i>No income</i>	23.1	19.2	14.2	17.6	35.1	37.0
<i>\$1 to \$499</i>	13.0	15.0	6.5	22.3	8.8	18.9
<i>\$500 to \$749</i>	4.7	4.8	1.3	8.8	4.6	7.3
<i>\$750 to \$999</i>	8.9	8.3	10.1	12.2	7.9	4.5
<i>\$1,000 to \$1,499</i>	20.6	23.3	19.2	24.0	19.4	16.6

(continued)

**TABLE 6.1**  
**Total Household Income and Benefits Receipt at Enrollment and Baseline by Site (continued)**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
<i>\$1,500 to \$1,999</i>	15.8	21.3	20.2	9.3	9.7	14.3
<i>\$2,000 or more</i>	13.9	8.2	28.6	5.8	14.5	1.4
Mean income amount at program entry (\$)	1,076	997	1,589	820	956	608
Percent of veterans by monthly income amount at baseline						
<i>No income</i>	16.0	10.4	8.0	13.5	28.3	25.5
<i>\$1 to \$499</i>	12.9	10.1	9.7	23.6	13.6	10.2
<i>\$500 to \$749</i>	9.7	6.4	7.3	8.7	15.4	12.4
<i>\$750 to \$999</i>	11.7	8.7	16.4	12.5	9.5	11.6
<i>\$1,000 to \$1,499</i>	25.0	28.7	22.6	25.4	22.1	26.9
<i>\$1,500 to \$1,999</i>	14.6	24.2	19.4	9.0	6.6	5.9
<i>\$2,000 or more</i>	10.1	11.6	16.6	7.2	4.6	7.7
Mean income amount at baseline (\$)	991	1,157	1,283	837	676	815
Percent of veterans by household income sources at baseline						
<i>From a job</i>	29.6	38.5	37.2	15.5	22.7	25.9
<i>Unemployment</i>	10.6	10.8	5.9	12.6	8.3	21.5
<i>SSI</i>	5.4	2.1	9.2	5.7	2.7	9.3
<i>SSDI</i>	11.7	11.8	17.2	10.1	7.9	9.0
<i>Veterans pension/payment</i>	32.4	31.3	33.8	43.7	26.4	28.5
<i>TANF</i>	3.1	1.8	3.2	3.2	4.1	3.5
<i>Family or friends</i>	3.8	4.5	0.9	6.4	2.6	7.3
Percent of veterans by receipt of benefit at baseline						
<i>SNAP</i>	60.5	66.6	33.9	81.0	66.8	65.6
<i>Medicaid</i>	23.8	36.4	9.0	19.5	27.1	27.7
<i>Medicare</i>	11.3	10.5	7.3	11.1	14.9	14.7
<i>CHIP</i>	4.3	5.7	5.2	5.8	1.0	3.5

CHIP = Children's Health Insurance program. SNAP = Supplemental Nutrition Assistance Program. SSDI = Social Security Disability Income. SSI = Supplemental Security Income. TANF = Temporary Assistance for Needy Families.

Note: Income at program entry came from weighted Homeless Management Information System (HMIS) administrative data (N = 509), and the rest of the data came from the weighted Veterans Homelessness Prevention Demonstration (VHPD) baseline survey data (N = 424).

Sources: HMIS administrative data; weighted VHPD baseline survey

## Employment Rates at Survey Baseline

The majority (about 75 percent) of veterans across all five sites said they were not working at the time of their baseline interview. Some sites had larger shares of employed veterans at baseline than others. About 32 percent of the veterans in Central Texas and San Diego were working at baseline, but only between 17 and 20 percent of veterans in the other three sites were employed. Of those veterans who were working, the majority, about 57 percent, were working full time (at least 35 hours per week) across all five sites. These shares were also larger in Central Texas, at 61 percent, and San Diego, at 77 percent. In the remaining three sites, less than one-half of the employed veterans were working full time, with shares ranging from 30 percent in Tampa to 40 percent in Upstate Northern New York and 46 percent in Tacoma. Of all veterans in the study, 14 percent were working full time at baseline across sites, and a similar pattern emerged when rates were compared between sites. The rates were again higher in Central Texas and San Diego, at 19 and 24 percent, respectively, and the remaining three sites had much lower rates (9 percent in Tacoma, 8 percent in Upstate Northern New York, and 5 percent in Tampa). Table 6.2 shows veterans' employment status at baseline by site.

**TABLE 6.2**  
**Employment at Survey Baseline by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
<b>Percent of veterans by employment status at baseline</b>						
<i>Working</i>	25.2	31.6	31.8	19.2	17.3	20.2
<i>Full time (percent of those working)</i>	57.2	60.8	76.5	45.5	30.1	39.6
<i>Less than full time (percent of those working)</i>	42.8	39.3	23.5	54.5	69.9	60.4
<i>Not working</i>	74.8	68.4	68.2	80.8	82.7	79.9
Percent of all veterans working full time at baseline	14.4	19.2	24.3	8.8	5.2	8.0

Source: Weighted Veterans Homelessness Prevention Demonstration baseline survey (N = 424)

## Engagement in Education and Training Opportunities at Survey Baseline

Across all five sites, at baseline, a minority of veterans, about 28 percent, were participating in some type of education or training (table 6.3). Central Texas had by far the highest share, at 37 percent. The remaining four sites clustered more closely together: their shares ranged from 22 percent in Upstate Northern New York to 28 percent in San Diego. Veterans most commonly reported participating in regular schooling leading to a degree and regular schooling leading to a vocational or professional license or certification. Across all five sites, about one in five veterans was participating in regular schooling leading to a degree at baseline. San Diego and Central Texas had slightly higher rates (22 and 24 percent,

respectively), and the remaining three sites' shares were lower, at 15 or 16 percent. Across all five sites, at baseline, about 6 percent of veterans were participating in schooling leading to a professional license or certification. This share was nearly twice as high in Central Texas (11 percent). In the remaining four sites, the share ranged from 3 percent in Tampa to 5 percent in San Diego, Tacoma, and Upstate Northern New York. A small number of veterans noted participating in other education or training opportunities, including General Educational Development credential (called GED®) programs, English as a second language courses, computer training, apprenticeships, and vocational rehabilitation. Across sites, only 1.5 percent of the veterans participated in vocational rehabilitation; among Tacoma veterans, however, the share was nearly three times as high, at 4.2 percent.

**TABLE 6.3**  
**Participation in School or Training at Baseline by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans participating in any type of school or training at baseline	28.3	37.3	28.4	25.7	23.0	21.8
Regular schooling leading to a degree	19.6	24.4	22.4	15.6	16.3	14.6
<i>Regular schooling leading to a vocational or professional license or certification</i>	6.1	11.0	5.0	4.7	3.3	5.2

Source: Veterans Homelessness Prevention Demonstration weighted baseline survey (N = 424)

## Change in Income and Sources of Income at Program Exit and Follow-Up Survey

Household incomes increased from program entry to exit (and from baseline survey to follow-up survey). The average household incomes for veterans across all five sites and within each site were higher at program exit than at entry using HMIS data and higher at follow-up than at baseline using the survey data. The mean household income at program exit was \$1,535 across all five sites, but there was variation by site. It was highest in Central Texas, at \$2,159 per month, and lowest in Upstate Northern New York, at \$662 per month. The remaining three sites were at between \$1,290 and \$1,620. The difference between the mean household income at program entry and exit was \$458 across sites. The average household income in Central Texas more than doubled, increasing by \$1,162, and it increased by \$618 in Tacoma and \$334 in Tampa. In Upstate Northern New York and San Diego the increase was minimal, only \$54 and \$31, respectively. The extent of the change in income between program entry and exit, however, could have been affected by veterans leaving the program immediately before they were expecting to receive an increase in their income (for example, getting a higher paying job, starting to receive their service-connected disability payment) that would have put them above the program's maximum income level. At the study grantee meeting, some program staff indicated they thought they needed to exit veterans before they would be income ineligible, so income at program exit might actually understate the change in income for some sites.

Although levels of income reported at follow-up were somewhat different from those reported at program exit, the same pattern emerged among the sites. Central Texas had the highest average monthly income at follow-up, at \$1,795, and San Diego had the second highest, at \$1,740. Tacoma and Tampa had similar average incomes, at \$1,315 and \$1,311, respectively. Upstate Northern New York still had the lowest average income, at \$1,144, but it was significantly higher than what was reported at program exit and more in line with the incomes reported by veterans in other sites. This increase lends support for the research team's hypothesis that income at program exit could be understated in some sites. Using paired *t*-tests to compare the incomes reported at baseline and follow-up, the researchers found the increase in income was significant across sites and within each site. This finding suggests the increase in income observed is greater than what could be due to chance; however, without a comparison group of similarly situated veterans who did not receive VHPD services, they cannot determine whether this increase is due to the intervention or other factors (for example, improving economic conditions).

The research team did some exploratory multivariate analyses to identify characteristics that contributed to income level at exit and determined the most important influence on this outcome was the VHPD site at which a client was served. This analysis suggests that this influence could be due to the different choices the sites made around whom to serve and the robustness of the sites' employment assistance. San Diego, for example, selected veterans who had higher incomes at entry, and Central Texas was the only site to form a strong partnership with the DOL grantees and consistently provide veterans with employment services (Cunningham et al., 2013). Further analyses could build on these exploratory analyses to create more robust models that unpack these issues.

The share of veterans reporting having no income was lower at follow-up than at baseline across sites and in three of the five sites. At follow-up, 10 percent of veterans across sites had no income, 6 percentage points lower than at baseline. The share with no income declined in Tacoma, Tampa, and Upstate Northern New York. In Tacoma and Upstate Northern New York, the share was 8 percent at follow-up, a 6- and 18-percentage-point decline from baseline, respectively. In Tampa, the share was 15 percent at follow-up, a 13-percentage-point decline. The shares in Central Texas and San Diego stayed about the same, with Central Texas's follow-up share being 9 percent and San Diego's being 10 percent. Further, comparing whether the veteran's household had income at follow-up by whether they had income at baseline shows that those veterans who reported having income at baseline were more likely to also have income at follow-up (93 percent) than those with no income at baseline (77 percent). The difference between the two groups in their likelihood of having income at exit was statistically significant (table 6.4).

**TABLE 6.4**  
**Presence of Income at Follow-Up by Presence of Income at Baseline**

Presence of Income at Follow-Up	Presence of Income at Baseline					
	No Income		Income		Total	
	N	%	N	%	N	%
No income	10	22.7	19	7.5	29	9.7
Income	33	77.3	236	92.5	269	90.3
Total	43	100.0	255	100.0	297	100.0

$\chi^2 = 8.87$  ( $p < .01$ ).

Sources: Veterans Homelessness Prevention Demonstration weighted baseline; follow-up survey data

At follow-up, larger shares of veterans reported that their households received income from a job and a veterans pension, and smaller shares of veterans reported that their households received income from unemployment insurance. Across sites, 43 percent of veterans' households received income from a job at follow-up. This share ranged from 25 percent in Tacoma to 55 percent in Central Texas. The remaining three sites had shares between 40 and 45 percent. Tacoma is likely the low outlier on this measure because the program selected veterans with more significant mental and physical health issues for whom work may not have been possible. Between baseline and follow-up, the proportion of veteran households across sites that received income from a job increased by 13 percentage points, and the increase was significant. The proportion also increased within each site, but the size of the increase varied substantially. None of the differences were statistically significant due to the smaller sample sizes at each site. The proportion with earned income increased only 3 percentage points in San Diego, where more people had earned income to begin with, and the increases in the other sites ranged from 10 percentage points (Tacoma) to 20 percentage points (Tampa).

At follow-up, 41 percent of veteran households across the sites were receiving income from a veterans pension payment. The proportion within each site ranged from 28 percent in Upstate Northern New York to 54 percent in Tacoma, with the remaining three sites' shares falling between 37 and 43 percent. The share receiving income from a veterans pension payment increased between baseline and follow-up across sites and within all the sites except Upstate Northern New York, where the share stayed about the same. The cross-site increase was 9 percentage points, and the within-site increase in the four sites with increases ranged from 8 percentage points in San Diego to 11 percentage points in Central Texas and Tampa. The change was significant at the cross-site level and within Central Texas, San Diego, and Tacoma.

As would be expected with the increase in veteran households reporting income from a job, the share of veteran households reporting income from unemployment benefits decreased. At follow-up, the share reporting unemployment income was down to 3 percent across sites, ranging from 1 percent (Tampa) to 5 percent (San Diego and Tacoma) within the sites. The decline in the share receiving unemployment income was significant at the cross-site level and in Central Texas, Tampa, and Upstate Northern New York.



In a similar way, receipt of several means-tested benefits (SNAP, Medicare, and Children’s Health Insurance Program [CHIP]) also declined from baseline to follow up both at the cross-site level and within each site. For example, at follow-up, 43 percent of veteran households across the five sites were receiving SNAP benefits, down from 61 percent at baseline. The share of veteran households reporting SNAP receipt at follow-up, however, varied significantly by site. It was highest in Tacoma and Tampa, where 69 and 61 percent of veteran households, respectively, reported receiving it, and lowest in San Diego, where only 17 percent reported receiving SNAP. The remaining two sites, Central Texas and Upstate Northern New York, fell in between: 39 percent of veterans in each of those sites reported that their household received SNAP at follow-up. The changes in SNAP, Medicare, and CHIP receipt between baseline and follow-up were all significant at the cross-site level and in Central Texas. In San Diego, only the changes in SNAP and CHIP were significant, and only the decline in SNAP was significant in Tacoma and Upstate Northern New York. None of the changes were significant in Tampa.

Change in Medicaid receipt, by contrast, was more varied. At follow-up, 20 percent of veterans reported that their household received Medicaid. This percentage was down slightly from 24 percent at baseline. This cross-site picture, however, masks substantial differences between sites. First, only three of the five sites saw declines, and the size of those declines varied. Central Texas’s share declined by 15 percentage points between baseline and follow-up, Upstate Northern New York’s share declined by 10 percentage points, and Tampa’s declined by 7 percentage points. By contrast, San Diego and Tacoma saw increases in the shares of veterans reporting receiving Medicaid: in San Diego, the share increased by 8 percentage points, and the Tacoma share increased by 6 percentage points. The changes in Medicaid receipt were significant at the cross-site level and in Central Texas and Upstate Northern New York only. To some extent, changes in Medicaid receipt within sites could be influenced by states’ decisions to expand Medicaid, for which this analysis does not account. During the time VHPD was in operation, California, New York, and Washington expanded Medicaid in line with the Affordable Care Act. New York was the earliest adopter, agreeing to expand coverage in June 2012, and the other two states did so in June 2013. The remaining two states, Florida and Texas, had not yet expanded Medicaid coverage at the time of writing (Advisory Board Company, 2015).

Table 6.5 shows household income and benefits receipt at program exit and follow-up survey by site, and table 6.6 shows the mean difference between baseline and follow-up on income, employment, and benefit measures.

**TABLE 6.5**  
**Total Household Income and Benefits Receipt at Program Exit and Follow-Up Survey by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by monthly income amount at program exit						
<i>No income</i>	19.1	9.0	20.1	14.3	24.0	34.0
<i>\$1 to \$499</i>	8.0	7.4	2.2	11.5	8.8	16.2
<i>\$500 to \$749</i>	4.1	2.9	0.7	6.3	5.5	8.6

(continued)

**TABLE 6.5**  
**Total Household Income and Benefits Receipt at Program Exit and Follow-Up Survey by Site (continued)**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
<i>\$750 to \$999</i>	6.7	3.0	8.0	8.9	7.9	6.0
<i>\$1,000 to \$1,499</i>	17.6	17.4	15.6	21.8	17.2	18.0
<i>\$1,500 to \$1,999</i>	18.2	30.0	18.6	12.2	10.4	15.8
<i>\$2,000 or more</i>	26.4	30.3	34.8	25.0	26.2	1.4
Mean income amount at program exit (\$)	1,535	2,159	1,620	1,439	1,290	662
Percent of veterans by monthly income amount at follow-up						
<i>No income</i>	10.0	8.8	9.8	7.5	14.9	7.6
<i>\$1 to \$499</i>	9.0	6.1	7.3	5.7	9.8	20.5
<i>\$500 to \$749</i>	7.4	3.6	7.7	12.6	6.0	10.8
<i>\$750 to \$999</i>	5.4	2.5	6.8	8.4	4.1	7.4
<i>\$1,000 to \$1,499</i>	21.7	20.6	13.3	31.2	24.8	23.3
<i>\$1,500 to \$1,999</i>	15.3	19.0	16.0	14.2	13.3	11.5
<i>\$2,000 or more</i>	31.2	39.5	39.1	20.5	27.3	19.0
Mean income amount at follow-up (\$)	1,519	1,795	1,740	1,315	1,311	1,144
Percent of veterans by household income sources at follow-up						
<i>From a job</i>	42.9	55.2	40.4	25.1	42.6	44.8
<i>Unemployment</i>	3.2	3.2	4.5	4.5	1.4	1.9
<i>SSI</i>	3.4	1.9	1.3	8.5	4.3	2.6
<i>SSDI</i>	11.6	6.8	9.4	23.3	7.4	17.8
<i>Veterans pension/payment</i>	40.9	42.5	41.6	53.7	37.2	28.1
<i>TANF</i>	0.0	0.0	0.0	0.0	0.0	0.0
<i>Family or friends</i>	0.5	1.0	0.8	0.0	0.0	0.0
Percent of veterans by receipt of benefit at follow-up						
<i>SNAP</i>	42.9	39.5	17.2	69.3	61.4	39.4
<i>Medicaid</i>	20.2	21.7	16.8	25.7	19.8	18.2
<i>Medicare</i>	5.1	4.4	3.4	7.0	4.5	8.4
<i>CHIP</i>	0.3	0.0	0.0	1.6	0.0	0.0

CHIP = Children's Health Insurance program. SNAP = Supplemental Nutrition Assistance Program. SSDI = Social Security Disability Income. SSI = Supplemental Security Income. TANF = Temporary Assistance for Needy Families.

Note: Income at program entry came from Homeless Management Information System (HMIS) administrative data (N = 509), and the rest of the data came from the Veterans Homelessness Prevention Demonstration (VHPD) follow-up survey (N = 315)

Sources: HMIS administrative data; weighted VHPD follow-up survey

TABLE 6.6

## Mean Difference Between Baseline and Follow-Up on Income, Employment, and Benefit Measures by Site

	Cross-Site Total		Central Texas		San Diego		Tacoma		Tampa		Upstate Northern New York	
	Mean Diff.	Std. Err.	Mean Diff.	Std. Err.	Mean Diff.	Std. Err.	Mean Diff.	Std. Err.	Mean Diff.	Std. Err.	Mean Diff.	Std. Err.
Monthly income (\$)	<b>525****</b>	67.26	<b>661****</b>	126.9	460**	187.4	479***	130.8	620****	127.5	281**	144.2
Working full time (Yes/No)	<b>0.14****</b>	0.03	<b>0.21***</b>	0.06	0.03	0.05	0.12*	0.06	0.22***	0.06	0.08	0.07
Household receives income from												
A job (Yes/No)	<b>0.08**</b>	0.03	0.12	0.07	0	0.06	0.08	0.08	0.13	0.08	0.14	0.09
Unemployment insurance (Yes/No)	<b>-0.11****</b>	0.02	<b>-0.09**</b>	0.05	-0.03	0.03	-0.08	0.07	-0.13**	0.05	-0.32***	0.09
SSI (Yes/No)	-0.02	0.02	-0.02	0.03	-0.06*	0.03	0.05	0.04	0.02	0.03	-0.1	0.08
SSDI (Yes/No)	0.01	0.03	0.00	0.05	-0.06	0.05	0.11	0.09	-0.01	0.06	0.09	0.1
Veterans pension (Yes/No)	<b>0.12***</b>	0.04	<b>0.14*</b>	0.08	0.15**	0.07	0.17*	0.09	0.1	0.14	-0.01	0.11
TANF (Yes/No)	<b>-0.04***</b>	0.01	-0.02	0.02	-0.05*	0.03	-0.06	0.04	-0.02	0.02	-0.06	0.04
Someone in household receives benefits from												
SNAP (Yes/No)	<b>-0.18****</b>	0.03	<b>-0.27****</b>	0.06	<b>-0.18***</b>	0.06	<b>-0.14*</b>	0.08	-0.02	0.07	-0.3***	0.09
Medicaid (Yes/No)	<b>0.05*</b>	0.03	<b>-0.2**</b>	0.08	0.07	0.05	0.08	0.47	-0.07	0.05	-0.13*	0.08
Medicare (Yes/No)	<b>-0.07**</b>	0.03	-0.12	0.08	-0.04	0.03	-0.02	0.05	-0.07	0.05	-0.07	0.06
CHIP (Yes/No)	<b>-0.06**</b>	0.03	<b>-0.05**</b>	0.02	<b>-0.07**</b>	0.03	-0.01	0.03	-0.01	0.01	-0.23	0.18

CHIP = Children's Health Insurance program. Diff. = difference. Err. = standard error. SNAP = Supplemental Nutrition Assistance Program. SSDI = Social Security Disability Income. SSI = Supplemental Security Income. TANF = Temporary Assistance for Needy Families.

\* $p < .1$ . \*\* $p < .05$ . \*\*\* $p < .01$ . \*\*\*\* $p < .0001$ .

Notes: Monthly household income is in non-inflation-adjusted dollars. A small amount of the differences could be due to differences resulting from inflation between October 2012 and August 2014.

Sources: Veterans Homelessness Prevention Demonstration weighted baseline; follow-up surveys

## Change in Employment at Follow-Up Survey

Veterans were employed at higher rates at follow-up than at baseline. Overall, 43 percent of veterans were working in some capacity (either full time or part time) at follow-up across sites, an 18-percentage-point increase from baseline. The share of veterans employed within each site was also larger than the share at baseline. Central Texas had the largest share of veterans employed at follow-up, at 53 percent, and San Diego, Tampa, and Upstate Northern New York clustered together between 40 and 46 percent. Tacoma was substantially lower, at 25 percent. Of those veterans who were working, the majority across sites and within each site except Upstate Northern New York were employed full time (at least 35 hours per week). In Upstate Northern New York, only two in five veterans were employed full time. Veterans who were working at baseline were more likely to be working at follow-up (71 percent) than those who were not working at baseline (32 percent). This difference was statistically significant (table 6.7).

**TABLE 6.7**  
**Employment Status at Follow-Up by Employment Status at Baseline**

	Not Working		Working at Baseline		Total	
	N	%	N	%	N	%
Working at Follow-Up						
Not working	155	68.0	25	29.5	181	57.4
Working	73	32.0	61	70.5	134	42.6
Total	229	100.0	86	100.0	315	100.0

$\chi^2 = 34.74$  ( $p < .0001$ ).

Sources: Veterans Homelessness Prevention Demonstration weighted baseline and follow-up surveys

Among all veterans, the share of veterans working full time (at least 35 hours) doubled between baseline and follow-up across all five sites, reaching 29 percent at follow-up compared with 14 percent at baseline. The share of veterans who were employed full time increased within each of the sites, but the size of the increase varied (table 6.7). Central Texas had the largest share of veterans employed full time at follow-up (41 percent) and also had one of the largest increases: the rate doubled between baseline and follow-up, increasing by 22 percentage points. San Diego had the second highest share at follow-up, at 30 percent, but it also had the smallest increase (only 6 percentage points) between baseline and follow-up. Tampa had the third highest share of veterans employed full time at follow-up; its share increased fivefold from 5 percent at baseline. Tacoma and Upstate Northern New York had the lowest shares of veterans employed full time at follow-up, at 20 and 17 percent, respectively, but, like Central Texas, the shares in those two sites approximately doubled between baseline and follow-up. Paired *t*-tests showed that the increases in full-time employment were significant across sites and in Central Texas, Tacoma, and Tampa.

The research team also conducted exploratory multivariate analysis to determine characteristics that predicted the likelihood that veterans would be working full time at follow-up. As with the income analysis discussed previously, this analysis showed that site variables (specifically whether the veteran was from San Diego or from Central Texas) increased the likelihood that the veteran was employed full time at follow-up. Veterans who were participating in schooling or training and veterans who had a disability that prevented them from working were less likely to be employed full time. Veterans with traumatic brain injury were more likely to be working full time. As with income, further analysis could create more robust models to try to determine what factors in those programs are associated with the changes (for example, who was selected to receive assistance and level of employment assistance).

Among the 57 percent of veterans who were not working at follow-up, slightly less than one-half (43 percent) were looking for work and slightly more than one-half (57 percent) were not. The share of veterans not looking for work was largest in Tacoma (67 percent) and Upstate Northern New York (75 percent), the two sites with the highest rates of mental illness and disability. When asked for the main reason they were not working or looking for work, those veterans who were not working or looking for work most commonly noted health reasons related to military service (34 percent), being disabled (21 percent), being in school or training (20 percent), and health reasons unrelated to military service (15 percent). A smaller share of veterans (5 percent across sites) were retired, but this share was between 9 and 11 percent in Tacoma and Tampa. This result is consistent with the larger share of retirement-age veterans in those sites. There was significant variation in the share of veterans who cited being engaged in school or training as the reason for not working or looking for work. In Central Texas the share was at 38 percent, which was almost twice the share of the next highest site (San Diego at 21 percent), but, in Tampa, it was only 6 percent. Table 6.8 shows veterans' employment status at follow-up by site.

**TABLE 6.8**  
**Employment at Follow-Up by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans by employment status at follow-up						
<i>Working</i>	42.6	52.6	40.1	25.1	46.1	42.7
<i>Full time</i>	67.2	78.0	74.2	78.7	57.0	39.5
<i>Less than full time</i>	32.8	22.0	25.8	21.3	43.0	60.5
<i>Not working</i>	57.4	47.4	59.9	74.9	53.9	57.3
<i>Looking for work</i>	43.2	38.9	58.2	33.5	49.7	24.9
<i>Not looking for work</i>	56.8	61.1	41.8	66.5	50.3	75.1
Percent of all veterans working full time	28.6	41.1	29.7	19.7	26.3	16.9

(continued)

**TABLE 6.8**  
**Employment at Follow-Up by Site (continued)**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans neither working nor looking for work by main reason at follow-up						
<i>Housing problems</i>	0.0	0.0	0.0	0.0	0.0	0.0
<i>Health reasons related to military service</i>	34.1	47.3	24.3	30.7	33.8	32.0
<i>Health reasons unrelated to military service</i>	14.5	0.0	16.4	11.6	19.4	30.2
<i>Has job but temporarily absent/seasonal work</i>	0.0	0.0	0.0	0.0	0.0	0.0
<i>Could not find any work</i>	0.6	0.0	0.0	2.5	0.0	0.0
<i>Could not find a job that pays enough</i>	1.5	6.9	0.0	0.0	0.0	0.0
<i>Childcare problems</i>	0.0	0.0	0.0	0.0	0.0	0.0
<i>Family responsibilities</i>	3.5	4.9	0.0	4.4	7.0	0.0
<i>In school or other training</i>	19.6	37.8	21.4	13.4	5.9	18.3
<i>Waiting for a new job to begin</i>	0.0	0.0	0.0	0.0	0.0	0.0
<i>Had enough money from other sources</i>	0.0	0.0	0.0	0.0	0.0	0.0
<i>Retired</i>	5.1	3.2	0.0	9.4	10.9	0.0
<i>Disabled</i>	21.1	0.0	37.8	28.1	22.9	19.4

Note: 10.17 percent of observations were missing on the reasons for not working or looking for work.

Source: Weighted Veterans Homelessness Prevention Demonstration follow-up survey (N = 315)

## Engagement in Education and Training Opportunities at Follow-Up Survey

A minority of veterans, about 3 in 10, were participating in education or training programs at follow-up (table 6.9). The share was highest in Central Texas, at 41 percent, and lowest in Tampa and Upstate Northern New York, at 20 and 21 percent, respectively. In San Diego and Tacoma, 28 and 30 percent of veterans, respectively, were participating in education and training. The shares of veterans participating in education and training at follow-up were similar to those at baseline. At follow-up, 29 percent of veterans were participating in education and training across sites compared with 28 percent at baseline. In San Diego, Tampa, and Upstate Northern New York, the shares at follow-up were also about the same as those at baseline, but, in Central Texas and Tacoma, there were small increases of about 4 percentage points.

Follow-up survey responses reflected baseline responses in that veterans most commonly reported participating in regular schooling leading to a degree (20 percent across sites) and regular schooling leading to a vocational or professional license or certification (8 percent across sites). The share participating in schooling leading to a degree was highest in Central Texas (30 percent) and lowest in Tampa (10 percent), and the remaining three sites clustered together in the middle between 17 and 20 percent. The share participating in schooling leading to a vocational or professional license or

certification was highest in Central Texas and Tacoma (12 percent) and lowest in Upstate Northern New York (2 percent).

Veterans who served after September 11, 2001 (veterans of Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF], or Operation New Dawn [OND]), may have been eligible for post-9/11 GI Bill benefits from the VA, which include up to 36 months of education benefits, a housing allowance, a stipend for books and supplies, and a one-time rural benefit payment. Of veterans in VHPD, 55 percent were OEF/OIF/OND veterans and therefore likely eligible for the post-9/11 GI Bill, and about 17 percent of VHPD veterans were receiving GI Bill benefits at follow-up. The share of veterans receiving GI Bill benefits was highest in Central Texas, where one-fourth of veterans were receiving the benefit at follow-up. Central Texas was also the site with the highest share (74 percent) of OEF/OIF/OND veterans. Tacoma had the second highest share of veterans receiving GI Bill benefits, at 19 percent. In the remaining three sites, this share was lower and ranged from 12 to 14 percent.

**TABLE 6.9**  
**Participation in School or Training at Follow-Up by Site**

	Cross-Site Total	Central Texas	San Diego	Tacoma	Tampa	Upstate Northern New York
Percent of veterans participating in any type of school or training at follow-up	29.0	41.0	27.6	29.9	20.2	21.4
Percent of veterans participating in school or training at follow-up by type						
<i>Regular schooling leading to a degree</i>	19.7	29.9	19.9	16.9	10.3	17.4
<i>Regular schooling leading to a vocational or professional license or certification</i>	8.4	11.9	7.6	12.1	6.6	1.9
Percent of veterans receiving GI Bill benefits that helped with school at follow-up	16.9	25.3	12.8	19.0	12.0	14.0

Source: Weighted Veterans Homelessness Prevention Demonstration follow-up survey (N = 315)

## Conclusions

San Diego and Central Texas seem to have served veterans who were in better income and employment circumstances at baseline compared with the other three sites. Because many respondents did not complete the baseline survey within a few weeks of program entry, however, it is unclear whether this difference was because of the veterans the programs decided to serve or whether the programs quickly connected the veterans to employment and benefit resources after enrollment. Based on findings of the implementation study, the former is more likely the case in San Diego, and the latter is likely at least part of the driver in Central Texas, given its success with the DOL partnership. (See Cunningham et al. [2013] for a full discussion of these issues.)

The research team's analysis shows that incomes increased between baseline and follow-up, as did rates of full-time employment and receiving income from a job and from a veterans pension payment. Rates of receipt of means-tested benefits also generally decreased between baseline and follow-up to a degree that was significant at the cross-site level and within some sites. Because the researchers do not have a comparison group, however, they cannot determine whether these changes were because of the VHPD intervention or the result of other factors.

This analysis supports findings from the interim report that Central Texas's VHPD program had the most successful employment component. At program exit and follow-up, veterans from Central Texas had the highest average household income, the highest rates of any employment, and the among highest rates of full-time employment at follow-up and substantially higher rates of engagement in education and training opportunities than the other sites, including the highest share of veterans receiving post-9/11 GI Bill benefits.



## Chapter 7. Veteran Perspectives

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Hearing directly from veterans about their experiences with homelessness is important. In addition to conducting the baseline and follow-up surveys, the research team conducted focus groups in each of the Veterans Homelessness Prevention Demonstration (VHPD) sites, talking to 49 veterans. Listening and talking with VHPD participants during focus groups enabled researchers to hear first hand about the veterans' experiences: what led them to VHPD and how they found the program; how helpful they thought the program was; and how they think the program has affected their long-term stability. This chapter presents findings from these focus groups.

### Reasons for Housing Instability and Homelessness

Veterans shared the challenges that led to their housing instability or homelessness and need for VHPD services. For recent veterans, the research team heard about unexpected emergencies, including family deaths and health problems, losing jobs, and struggling to find affordable housing and maintain employment, especially for those who have physical health problems. Another common theme was making the transition from base housing to housing in the private civilian market. Among veterans who served in wars some decades ago, team members heard about issues related to chronic homelessness (for example, substance use, serious mental and physical health problems).

### Sudden Adverse Events

Homelessness is often the result of adverse events, and veterans participating in the focus groups often told stories of adversity leading to homelessness. Many veterans reported experiencing sudden, unexpected circumstances and facing housing instability for the first time.

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**I came to this program for assistance with housing, and my wife passed away in October of last year and I got three boys, and so I'm running with that and I'm trying to deal with the military having to fight my case for disability for about 19 years now, and the system is giving me a fit.**

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**It'd been a long time since I'd been out of the military. I didn't have a problem with the transition from military to civilian. My problems started from Hurricane Katrina and I moved up here. My son was living here. He was stationed at Fort Lewis and getting a job. I had kids, three kids that live with me. I did take care of them and I didn't really have a full-time job. I was in school and I just started having problems being able to pay my rent to survive, taking care of kids.**

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Some veterans, particularly women, described major changes in their household that precipitated their housing instability. For example, one veteran shared that she had to take her mother in and provide her with care. Another female veteran reported going through a divorce. Other veterans discussed losing their jobs or having their hours cut.

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But a lot of different things had happened in my household, and it had gotten to the point where it was just insurmountable when I took in my mother to take care of her and everything that encompass that. It just wasn't enough money. Every month I was struggling to just pay the rent and then I was trusting God to know what I was going to do to get . . . those food stamps were only so much and I've got teenagers. They eat more than I do. I've got one boy and one girl, and it had gotten to the point where my son was like—he told me later. He didn't tell me while we were struggling then, but after time had passed he said, "Well, mom, I just chose not to eat sometimes," and that just broke my heart because when you have your kid you want them to be able to at least eat. So anyway, I was getting to that point where I decided it was time for us to leave, but I needed to plan.

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### Challenges Maintaining Employment

Without a steady income, veterans had trouble staying housed; many noted problems finding and keeping a job. Some veterans described challenges with maintaining employment because of physical disabilities related to their military service. One veteran sustained a back injury while in the military and had to leave his job as a truck driver because it aggravated the injury. Another veteran, who supports her teenage sister, was unable to work because of her injuries; however, she did not have documentation of those injuries upon leaving the military. This lack of documentation made her ineligible to receive other public benefits (for example, Supplemental Nutrition Assistance Program benefits).

Veterans without physical disabilities also reported challenges finding and sustaining employment. They discussed not knowing how to translate their military experience into skills and experience valued by civilian employers. One veteran explained, "When you come out of the military, there are acronyms and roles and titles that don't exist in the civilian world. It was really difficult to try to take your [Noncommissioned Officer Evaluation Report] and turn it into a résumé." Another veteran said, "I got out in '09. That was the recession, prime recession time, and everybody was looking for work."

### Trouble Making the Transition to Civilian Life

Other veterans associated challenges with their discharge from the military with their housing instability. Many veterans were forced out of the military earlier than they expected, which left them without a plan in place for housing. One veteran described her experience after being told that her end of time in service date, the date she had to leave the military and her on-base housing, was 3 weeks earlier than she was initially told:

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[They said,] "You're getting out on this day. You will be out of housing on this day." I said, "But I can't even move into my apartment. I can't afford another month of rent. I still have to feed my children, put gas in my car, still have 3 weeks' worth of getting back and forth to post to get to work as it is, and now you want me to move out a month early?" She's like, "I'm sorry. Maybe you can live at the hotel on post."

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Another veteran, a father of two children with special needs, cited delays in receiving his final payment from the Department of Defense as the reason for his housing instability. He described his situation after leaving the military:

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**We had everything set up. School was on. We were waiting for our final check to come from the final pay. I had sold [about 3 months] of leave; that's a pretty good lump of money. It took the Army until [about 6 weeks after my last day of active duty] to pay me. In that scope of time, all the savings that we had saved up, we went through it.**

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Other veterans had problems finding affordable housing when they returned to civilian life:

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**I went back home and I struggled. I was unemployed for a little while. I found work. I finally got my GI Bill stuff situated. I was able to get enrolled in school and I was doing okay, but then other things kind of... life gets in the way. I ended up in a crummy situation and that's why I had to leave New York and come here. I relocated here to Texas from New York because I couldn't afford to live there anymore and I have a small child. I have family here in this area and I relocated here. I was staying with them for a little while, but then it started to get a little crowded in their home. I had to start making moves but I didn't know what to do, how to get started.**

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## **Finding VHPD**

How can providers of services best target and reach homeless veterans? An answer to this question is important for practitioners and policymakers designing programs. Veterans reported hearing about VHPD in several main ways.

### **VA Medical Center and Community-Based Center Referrals**

Some veterans said they heard about the VHPD program while meeting with staff at local U.S. Department of Veterans Affairs (VA) medical centers (VAMCs) or VA community-based centers. For veterans who were connected with the VA, especially those who regularly accessed healthcare services through the VA, VA staff outreach was successful in informing veterans about the program. One veteran reported learning about the program at several local VA healthcare centers. Another veteran said,

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**In my personal experience, wherever I've encountered or have the most interaction with other veterans or people whose job it is to help veterans, it's always at the VA hospital. That's where I received my care. That's where I see my counselor once a month. That's where I receive my physical therapy for my injuries, and that's where I get any information pertaining to any services that I'm eligible for, through the VA.**

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## Human Services Agency, Homeless Services Provider, or Hotline

Veterans often reported hearing about the program as part of a lengthy process searching for services to assist them in their housing crisis. Some veterans looked up services on line, and others conducted their search by phone. Veterans told stories of calling the VA's homeless veterans 1–800 number and other service hotlines, getting referrals, calling service providers, finding out they were ineligible, and ultimately working their way to VHPD. One veteran described her search like this:

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**There wasn't really a specific way that I can remember because I called a lot of different programs but I didn't qualify for them, so they were more like, well try this, try this, and try this. I want to say one of the VA representatives at Temple . . . they told me about this program that I had heard again. It was the second time I heard [about] the program, so then I finally called and that's how I found out about it. But it was through just calling and [hearing] well, no you don't qualify, no you don't qualify, no you don't qualify.**

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## Word of Mouth

Other veterans heard about the program by word of mouth, sometimes from other veterans or from individuals who work with veterans. One veteran reported hearing about the program through her veterans' employment representative through DOL. Another veteran learned of the program after talking with another veteran who directed him to the VA.

## Experiences With VHPD Services, Effectiveness of Those Services, and Unaddressed Challenges

The VHPD program offered participants a range of services, including financial assistance (for example, payment of rent arrearages, rental assistance, payment of security deposits, utility payments), case management services, access to health care through the VA, and employment services through DOL. Veterans also commented on valuing the peer-to-peer support from other veterans because they could identify with what they had been through and they trusted them.

## Overall Satisfaction With VHPD

The research team asked veterans participating in the focus groups about their overall impressions of VHPD and how the program helped with specific services like finding housing and employment. In general, veterans reported satisfaction with the program and found the services helpful. Speaking of the VHPD program, one veteran said,

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**I just want to say I was really down. I didn't know what to do, and they gave me help. Basically, they saved me. They helped me with my rent, with my bills. They gave me information. Like [my veterans' employment representative], he taught me how to get jobs or what kind of questions they ask.**

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Another respondent described VHPD this way:

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**Well, they did help me, like I said, they were really good. They were there, like you said, when you needed it because I was really stressed. It was holiday time. I'm thinking God where am I going to go, what am I going to do. They were. They helped. That was my Christmas present or I would have been out on the street.**

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### **Paying Rent Most Helpful Part of Program**

When asked what was most helpful about the program, the most common response from veterans was the help paying for rent (current or arrearages) and utilities. One veteran got behind on bills waiting for her VA disability claim to be processed and described how having VHPD assist her with expenses gave her time to dig herself out of that debt. She noted,

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**I think the helpful part, of course, is the financial stability; that's what you're coming here [to VHPD] for, so that was a major burden that let off and then—then once I finally did have my VA checks come in, I could catch up on the stuff they weren't paying for.**

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### **Case Managers, Especially Peer-to-Peer Support, Valued**

Aside from the financial assistance, some veterans noted that the case management was helpful. Veterans liked having someone to discuss what they were going through and in whom they could confide. When asked what was helpful about the program, one veteran responded, “Just airing my grievances, having someone to talk to because we all have certain issues, certain vices that we need to just speak to someone about.”

Some programs employ case managers who are veterans, and other sites have specific peer-to-peer support positions embedded in the program. Some veterans commented that having veterans as staff in the program was beneficial. Veterans valued this because they thought that VHPD staff who were also veterans had a better understanding of their experiences and struggles. One veteran said, “The ideal situation for a person being a case manager would be someone who has walked in your shoes.” Another veteran said, “It's nice when you have somebody that knows you, knows your experiences, and can be there.”

Even though veterans thought these services were valuable, they had some service needs the program did not meet, although these needs differed by site because the programs varied locally. Some veterans would have liked legal services. One veteran had been fighting a disability claim with the VA for about 20 years and needed legal assistance that the program was not able to provide. Some veterans experienced challenges with sustaining housing. Veterans from the California focus groups discussed the short-term nature of the program and how they thought it was not enough time to become fully self-sufficient.

## Employment Support Helpful but Uneven

Veterans in most of the sites also noted challenges gaining and sustaining employment. When asked what services they did not receive that would have been helpful, some veterans specified employment services (that is, job search and job placement services). One San Diego veteran said,

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**Instead of every week asking me, “What are you doing for yourself?”—I’m looking for work, I’m looking for jobs. But you can also help me do that, too, so that way you can ensure that you don’t have to be paying me anymore for rental assistance.**

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Veterans in the Central Texas focus groups, however, identified the valuable assistance they received from their Local Veterans’ Employment Representatives program. When speaking of the lead local veterans’ employment representative for the Central Texas VHPD program, a veteran said,

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**He, basically, took all these skills that I hadn’t even thought about that I had under my belt, experience, and he turned it into civilian work or résumé language, if you will, and that was excellent. I think if there were more people like [the VHPD lead local veterans’ employment representative] who had the same qualities or training that he has that would be . . . [good]. If there were more of [him] out there . . .**

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These divergent perspectives on the employment services received from the program speak to the different degrees of success the local programs had in integrating their local DOL service providers. As documented in the interim report, Central Texas did the best job of creating and maintaining a close collaboration with its DOL arm; the other sites were less successful. Veterans’ desire for employment services in the other sites and the commendation those services received from Central Texas veterans reinforce the importance of those services for helping veterans achieve long-term stability.

## Prospects for the Future

Many veterans thought the program helped them avoid homelessness and get back on their feet. Veterans agreed that the program helped them avoid an immediate housing crisis and noted the importance of the VHPD. When asked about how VHPD would affect their housing over the long term, however, they had concerns about their housing stability and well-being in the future.

One veteran commented about the help he received getting back on his feet: “I hope that this study is helpful and lets Congress know that this program is needed, and it needs to be, if possible, nationwide because it’s doing great things.”

When asked about their individual sustainability, veterans were less certain that the program had put them on a path toward long-term self-sustainability. Some veterans thought the program had given them the tools to be more stable and successful in the long term, but other veterans still felt unstable or unsure of their future. Some veterans noted the need for stable employment as necessary for their long-term sustainability and housing stability.

Aside from employment help, when asked about services they thought they needed going forward to further achieve or maintain sustainability, some veterans noted continued access to medical care. Other veterans, especially women, wanted to know more about what resources and services were currently available to them so they could access them if they needed them, and other veterans specified the need for service providers who were more knowledgeable about resources available in the community so they could make appropriate referrals.





## Chapter 8. Lessons Learned for Serving Veterans at Risk of Homelessness

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Existing studies of homelessness prevention programs do not provide the information policymakers need to effectively reach and serve veterans at risk of homelessness. In addition to understanding if homelessness prevention programs are effective, this study aimed to fill gaps in knowledge by examining whether serving veterans and their families differs from serving nonveterans. The research team learned from the Veterans Homelessness Prevention Demonstration (VHPD) evaluation that veterans need what other people need when they are at risk of losing their housing: help getting back on their feet, short-term financial assistance, and some mix of supportive services. Although veterans at risk of homelessness have needs that are similar to those of other populations facing housing instability, they have other needs related to their military service, particularly support for physical and mental health issues and finding employment. Veterans, however, also have a richer array of benefits available to them. VHPD filled a gap in the service delivery continuum for veterans and their families. The researchers also learned through this demonstration project that to successfully engage younger, more recent veterans, including women, homeless service providers must use different outreach strategies to identify veterans at risk.

### Identifying At-Risk Veterans

Most homeless prevention programs rely on people to access the services they need by asking for help. Families show up at a shelter or ask for assistance through a community services agency from which they are already receiving assistance. Some families might call the community help line (for example, 211). As noted in the interim report (Cunningham et al., 2013), VHPD program sites used traditional strategies like these. To help veterans who are homeless or at risk of homelessness, the U.S. Department of Veterans Affairs (VA) supports the National Call Center for Homeless Veterans (1-877-4AIDVET). According to the VHPD service providers, many of the veterans served through VHPD came from hotline referrals. The VHPD experience showed, however, that to effectively target veterans, in particular younger, recent veterans, including women, providers of homeless services need to identify at-risk veterans in places where they are seeking services for other issues or continuing their education or during the demobilization process after their tour of duty. If service providers are to have the greatest chance of finding eligible veterans, they need to focus outreach efforts in places where those veterans frequent, such as—

- VA, VA medical centers (VAMCs), and Vet Centers.
- Veteran service organizations (for example, Veterans of Foreign Wars, American Legion).
- Veteran-specific events (for example, Yellow Ribbon, Homeless Stand Down Events).
- Community colleges and universities (GI Bill).
- Military bases and transition-assistance programs.

Although VA's various programs and activities are obvious locations, many veterans do not contact the VA even though they may need the types of resources VA programs offer. Therefore, an early public information campaign is essential. Programs like VHPD should also contact places people go when they face a housing crisis (for example, emergency shelters and other homeless assistance programs). VHPD

participants, particularly those who had recently separated from the military, noted they would have liked to have received more information about services and supports for veterans while they were still in the military.

## Serving Veterans Through Interagency Collaboration

VHPD provided short-term crisis intervention services, relying on VA and U.S. Department of Labor (DOL) partners to supply longer term services to address physical and mental health and employment issues. Sites emphasized the importance of community involvement—a common catchphrase researchers heard was, “It takes a community to serve a veteran.” The VHPD program design reflected this ethos. VHPD was built on a three-legged stool—U.S. Department of Housing and Urban Development grantees and subgrantees, DOL grantees, and the federal VA, which in some sites included both the local VAMC and Vet Center—to ensure that VHPD households received a comprehensive set of services to help them stabilize in housing, locate employment opportunities through local DOL grantees, and access benefits and health care through the VA.

Program staff reported strong coordination with the VA on health services and case management provided through the VA. Combining VHPD housing services with VA health services allowed veterans to receive comprehensive supports to help them better maintain housing stability. Engaging DOL partners proved more difficult. Only one site was able to navigate DOL partnerships effectively and collaboratively. The remaining sites struggled to develop strong relationships with the One-Stop Career Centers and employment centers operating in their service areas. Collaboration with Disabled Veterans’ Outreach Programs staff and Local Veterans’ Employment Representatives was uneven across sites. During key informant interviews, program staff mentioned bureaucratic obstacles that made building relationships with DOL difficult, and they commented that more support from DOL organizational leadership would have improved the quality of employment services provided through VHPD.

## Ensuring Veteran Cultural Competency

VHPD staff and the veterans themselves clearly stated that policymakers should be aware of the differences between serving veteran and general populations. VHPD service providers noted that veterans are shaped by their military service and are part of a distinct veteran culture, which makes them more difficult to reach.

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**I wouldn’t say it’s necessary to completely separate from the civilian side, but if you’re going to be serving veterans you need to know the veteran culture. People working with veterans need to go through cultural competency training to understand what they went through and understand the military mindset: what works for them, what communication works for them, what could have been their military experiences. Their service has changed them, and it is part of them forever. Working with them from a strength-based approach is key. You also need an understanding [of] what benefits they are eligible for. There needs to be a sense of the veteran culture of community to work with them effectively—otherwise there is a disconnect. – VHPD program staff**

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According to one VHPD service provider, veterans often pride themselves on self-sufficiency. Getting them involved in prevention programs can be challenging, because they often will ask for outside help and supports only as a last resort.

As noted in chapter 7, veterans report not trusting civilians and highlight that peer-to-peer support is helpful. VHPD providers recognized this and made efforts to have veterans on staff, including female veterans:

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**VA [is] starting to see more female veterans; [they are] becoming more noticeable. If there is MST [military sexual trauma] history, [the VHPD case worker will] try to also go out with [a] female peer support specialist or have the vet come into the office rather than doing a house visit. For other female veterans [this is] not an issue. [It has been an] asset to have female peer support. – VHPD program staff**

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## **Addressing Veterans' Mental Health and Physical Health Needs**

VHPD service providers describe veterans as less healthy than the general population. The demands of their military service can lead to detrimental physical and mental health outcomes. The survey data reveal a high prevalence of physical disabilities, including traumatic brain injuries (TBI), and also mental health disorders, including posttraumatic stress disorder (PTSD). These injuries can be destabilizing to vets and can create barriers to employment and to maintaining housing. These needs often lead to challenges with substance use. When asked how serving veterans differed from serving nonveterans, one VHPD staff person said:

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**There is a high proportion of mental health and substance abuse issues, alcohol in the military is very big, and there are medical complications that come with being a lifetime alcoholic. The medical piece is simply that vets are much sicker than the general [population] for their age. Vets generally have a higher level of medical needs. – VHPD program staff**

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## **Overcoming Service-Related Employment Barriers**

When they leave military service, veterans have many marketable skills. Translating those skills into civilian employment, however, is challenging for several reasons. First, veterans often do not know how to reframe skills learned in the military into those valued by civilian employers or how to emphasize the soft skills (for example, leadership, management, communication) they built during their service. Second, civilian employers may require licenses and certifications that military service does not provide, even if veterans have the experience, and sometimes employers do not consider experience gained during military service as work experience. Finally, veterans may also have a medical barrier (for example, PTSD, TBI) that makes finding and maintaining employment difficult.

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They get out wanting jobs . . . but I can't get [them] a job because [they] don't have the certifications civilian employers require. Now we have to tell veterans, "Okay, you were a medical tech in the military. Let's find the civilian requirements." The civilian requirements are higher, and veterans can't get those jobs. There's a money issue and a timeline issue because the vet wants a job and isn't willing to settle. He comes in saying, "I want \$85,000 per year," and he's probably worth it. But on the civilian side he can't make it. He can get \$35,000 in a lesser field. Along that same line, they may have the experience and [be] doing the job already in their active military position. A hospital corpsman is almost like a nurse. A medic in the military gets out; they go to school for a nursing degree. They have the experience and certification, but when they are looking for work they don't have the experience because their military experience doesn't count. They (employers) look for 1 or 2 years' experience as an RN. They have the experience in military, but it's not recognized. That's a big problem. – VHPD program staff

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## Accessing a Greater Array of Benefits

Although veterans face unique obstacles, they also have more services available to them than the general population. VHPD service providers note that being a member of the military makes it easier for veterans to connect with services like income benefits, VA health care, and educational assistance through the post-9/11 GI Bill. Despite the fact that veterans are eligible for these benefits, at the time of VHPD implementation, access issues existed as the result of a 5- to 18-month benefits application review backlog at the VA (Cunningham et al., 2013). Key informants, including staff at VAMCs, expressed frustration with long wait times for services and for benefits applications, noting that these income benefits could help veterans pay for housing and that wait periods for mental or physical health services also prolong instability among veterans at risk.

## Changing Discharge Status To Obtain Services

To qualify for VHPD, veterans needed an honorable or general discharge. Veterans discharged from the military with a dishonorable discharge are not eligible for VA medical services and, therefore, not eligible for VHPD. Current and former members of the National Guard or Reserve qualify for VA medical services (and VHPD) only if they were called to active duty by a federal order and completed the full period for which they were called or ordered to active duty. VHPD programs found that some veterans who contacted them with clear housing crises did not qualify either because they had dishonorable discharges or because they did not serve long enough on active duty. VHPD programs could not alter length of service, but they sometimes tried to help veterans change their discharge status. These efforts had to be undertaken before a veteran could be enrolled, however, so the ability of VHPD programs to cover the time needed to assist these veterans was limited. If future program funds cannot be used for assisting these veterans, partnerships with legal aid and other organizations that work on changing discharge status should be encouraged. Service providers thought that allowing VHPD funding to cover legal services would be particularly helpful, especially when a veteran wished to challenge his or her discharge status to qualify for VHPD and other veterans' services.

## Conclusion

As of this writing, the administration has less than a year to meet its goal of ending veteran homelessness by 2016. As policymakers increase funding or reallocate funding toward homelessness prevention and rapid re-housing within the Continuums of Care, one assumption is that veterans should have greater access to these crisis intervention resources and that this access will contribute to decreasing homelessness among veterans. Policymakers, however, will need to decide if veteran-specific programs are necessary and are worth expanding. The findings from this report reflect the significant need for homelessness prevention programs that target veterans specifically, demonstrate that these programs should tailor services to veterans' specific needs, and further suggest that that these veteran-specific adjustments contributed to the success of VHPD.



## Appendix A. Definitions of Terms

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### General Terms

- **Annual Performance Report (APR)** is a report all programs receiving funding through the homeless assistance programs administered by the U.S. Department of Housing and Urban Development (HUD) are required to submit at the end of their grant year. It describes households and people served, services delivered, and program funding spent during that year. For everyone who exits the program during the reporting year, the APR also reports changes between program entry and exit on income, benefits, and destination. For the Veterans Homelessness Prevention Demonstration (VHPD), **housing status** (see definition of term) was collected at program entry and exit.
- **“but for”** was shorthand for HUD’s suggestion that a good way to determine whether a household meets its second eligibility criterion (see definition of **imminently at risk of losing housing**) was to ask whether the household would “be homeless **but for** this assistance.”
- **Continuums of Care (CoCs)** are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, a county, a group of cities and counties, a metropolitan area, or even an entire state.
- **Eligibility criteria for VHPD services that HUD required** included (1) household income at or below 50 percent of Area Median Income, (2) veteran eligible for U.S. Department of Veterans Affairs (VA) health care, and (3) household imminently at risk of losing housing or had been homeless for less than 90 days AND had not identified any appropriate subsequent housing options AND lacked the financial resources and support networks needed to remain in its existing housing or obtain immediate housing.
- **Homeless Management Information System (HMIS)** is a data system designed to record and store client-level information on the characteristics and service needs of homeless people. HMIS enables unduplicated counts of people using homeless assistance services over time and was the basis of the information on annual prevalence reported to Congress in the *Annual Homeless Assessment Report*. A special HMIS module was created for VHPD.
- **Housing status** is a field first added to HMIS for the purpose of reporting for the Homelessness Prevention and Rapid Re-housing Program (HPRP), and it was also used by VHPD. It specifically reflects the type of housing a client had when enrolling in VHPD and the type of housing the client had at program exit. Information on housing status for participants leaving the program (exitors) was reported in each VHPD program’s APR and was meant to be used to indicate whether client housing status improved from entry to exit. The following definitions used by VHPD came from HUD’s HMIS data standards.
  - **Literally homeless**—The individual or family lacked a fixed, regular, or adequate nighttime residence, meaning one of the following:
    - The individual or family lived in a place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

- The individual or family lived in a publicly or privately operated shelter designed to provide temporary living arrangements (including a hotel or motel paid for with funds other than the person’s own funds, congregate shelters, and transitional housing).
- The individual exited an institution (including hospitals) where he or she resided for a period of 90 days or less if the person was sleeping in an emergency shelter or place unfit for human habitation before the institutional stay.
- **Fleeing or attempting to flee domestic violence**—The individual or family was fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, which had either taken place within the individual’s or family’s primary nighttime residence or had made the individual or family afraid to return to their primary nighttime residence, and the individual or family had no other residence and lacked the resources or support networks (for example, family, friends, and faith-based or other social networks) to obtain other permanent housing.
- **Imminently at risk of losing housing**—The individual or family was currently housed but at imminent risk of losing housing and without subsequent options or resources or support networks needed to remain in current housing or obtain other temporary or permanent housing.
- **Unstably housed**—The individual or family was currently housed but experiencing housing instability, with one or more other temporary housing options but lacking the resources or support networks to retain or obtain permanent housing.
- **Stably housed**—The individual or family was not at risk of losing housing and did not meet the criteria for any of the previous housing status definitions.
- **Rural area** is a place designated by HUD as rural if it meets any of the following criteria:
  - Any area or community that does not include any land considered to be a part of a metropolitan statistical area as defined by the Office of Management and Budget.
  - Any area or community that is within a metropolitan statistical area but located within a county in which at least 75 percent of the population is considered to be living in rural areas.
  - Any area or community within a state where (1) the population density is less than 30 people per square mile, (2) at least 1.25 percent of the total state’s acreage is under federal jurisdiction, and (3) no metropolitan city in that state is the sole beneficiary of grants to be awarded (HUD, 2009).
- **Sustainability** is the financial ability of a household to maintain itself in housing after VHPD assistance ended.
- **Supportive Services for Veteran Families (SSVF)** is a program administered by the VA that makes grants to nonprofit organizations and consumer cooperatives to provide supportive services and limited financial assistance to very low-income veteran families who are living in or making the transition to permanent housing. SSVF grantees provide veteran families with the following



services: (1) outreach, case management, and assistance obtaining VA benefits and (2) referrals to other benefits (for example, health care, daily living services, personal financial planning assistance, transportation, childcare, housing counseling, legal services, and fiduciary and payee services). In addition, grantees have the option to provide time-limited payments to third parties (for example, landlords, utility companies, moving companies, and licensed childcare providers) if these payments help veteran families stay in or acquire permanent housing on a sustainable basis.

- **U.S. Department of Labor, Veterans' Employment & Training Service, Jobs for Veterans State Grants Program** is a noncompetitive grants program that provides funds to state workforce agencies. The grant amount, which is proportional to the number of veterans seeking employment in each state, funds the following staff positions:
  - **Disabled Veterans' Outreach Program specialists** provide intensive services to meet the employment needs of disabled and other eligible veterans. Emphasis is placed on serving veterans who are economically or educationally disadvantaged, including homeless veterans and veterans with barriers to employment.
  - **Local Veterans' Employment Representatives** primarily focus on conducting outreach efforts with employers to increase employment opportunities for veterans and to encourage the hiring of disabled veterans. Representatives could also assist a veteran in gaining and maintaining employment and conduct workshops and seminars for veterans (DOL, n.d.).
- **VA Medical Services** includes all the health and behavioral health services a qualifying veteran may receive through a VA medical center or its affiliated clinics. Eligibility for VA Medical Services was a requirement for VHPD participation.
- **VA Vet Centers** are community-based agencies and are part of the Veterans Health Administration of the VA. They offer readjustment counseling to combat veterans and their family members and also bereavement counseling for families of deceased veterans. Given their position as community-based agencies, Vet Centers were primarily involved in VHPD through conducting outreach for the program.
- **Veterans Homelessness Prevention Demonstration (VHPD)** was authorized by Congress in March 2009 and was administered by HUD's Special Needs Assistance Programs Office from 2011 to 2014. It was designed to prevent housing loss and subsequent homelessness among veterans facing a housing crisis and also to restore people to housing who were experiencing short-term (less than 90 days) homelessness.
- **VHPD financial assistance** refers to program spending to cover rent or utility payments, rent or utility deposits, rent or utility arrearages, moving costs, or hotel or motel vouchers. All payments were made directly to a landlord, utility company, or other vendor; none went directly to VHPD households. The homeless services partner agency administered the financial assistance.
- **VHPD housing relocation and stabilization services** included referrals to other community resources, outreach and engagement, housing search and placement, landlord-tenant mediation, legal services, childcare, car repair, and credit repair, all usually performed within the general rubric of needs assessment and case management. The homeless services partner agency administered the housing relocation and stabilization services.

## Veteran- and Military-Specific Terms

- **Service categories**
  - **Active Duty:** Active duty military service is similar to working at a full-time civilian job. Active-duty service members are full-time members of the military, living on base or in military housing. Active-duty terms of service typically last 2 to 6 years. Deployment can last up to 1 year.
  - **National Guard:** The National Guard consists of the Army National Guard and the Air National Guard. National Guard units participate in training drills one weekend a month and two full weeks per year. National Guard units focus on homeland security and humanitarian relief. A National Guard member commonly holds a civilian job full time while serving as a National Guard member.
  - **Reserve:** The Reserve was created to maintain trained units at home while active-duty service members are deployed. Each active-duty branch of the military has a Reserve component under its command, which is available for active-duty deployment in times of war or national emergency. Reservists are part-time service members. They participate in training drills one weekend per month and in a 2-week program each year.
- **Medical conditions of special concern**
  - **Posttraumatic stress disorder** (commonly known as PTSD) is a type of anxiety disorder that can occur after a person experiences a traumatic event that involved the threat of injury or death. Common symptoms included recurring flashback episodes, emotional numbness, detachment, and hypervigilance.
  - **Traumatic brain injury** (also called TBI) is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.
- **Military discharge definitions**
  - **Honorable discharge:** To receive an honorable discharge, a service member must receive a rating from good to excellent for his or her service. Service members who meet or exceed the required standards of duty performance and personal conduct and who complete their tours of duty normally receive honorable discharges.
  - **General discharge:** General discharges are given to service members whose performance is satisfactory but marked by a considerable departure in duty performance and conduct expected of military members. Reasons for such a characterization of service vary from medical discharges to misconduct and are used by the unit commander as a means to correct unacceptable behavior before initiating discharge action.
  - **Other than honorable discharge:** An other than honorable discharge is the most severe form of administrative discharge. This type of discharge represents a departure from the conduct and performance expected of all military members. Other than honorable discharges are typically given to service members convicted by a civilian court in which a sentence of confinement was adjudged or in which the conduct leading to the conviction brings discredit upon the service.

- **Bad conduct discharge:** A bad conduct discharge can be given only by special or general court-martial as punishment to an enlisted service member. Bad conduct discharges are often preceded by a period of confinement in a military prison. Veterans who receive a bad conduct discharge forfeit almost all veterans' benefits.
- **Dishonorable discharge:** A dishonorable discharge can be given to an enlisted member only by a general court-martial. Dishonorable discharges are handed down for what the military considers the most reprehensible conduct. This type of discharge could be rendered only by conviction at a general court-martial for serious offenses such as desertion, sexual assault, and murder. Veterans with this discharge status forfeit all veterans' benefits, regardless of any past honorable service.
- **Military service eras (as defined by the VHPD APR)**
  - Post-September 11, 2001: September 11, 2001–present.
  - Persian Gulf Era: August 1991–September 10, 2001.
  - Post-Vietnam: May 1975–July 1991.
  - Vietnam Era: August 1964–April 1975.
  - Between Korean and Vietnam Wars: February 1955–July 1964.
  - Korean War: June 1950–January 1955.
  - Between World War II and Korean War: August 1947–May 1950.
  - World War II: September 1940–July 1947.
- **Recent military operations**
  - **Operation Enduring Freedom (OEF):** OEF began with U.S. military forces deployed to Afghanistan on October 7, 2001, in response to the September 11, 2001, attacks and ended on December 28, 2014 (Torreon, 2015).
  - **Operation Iraqi Freedom (OIF):** OIF is the military operation in Iraq from March 2003 to August 2010. Although the combat mission in Iraq officially ended with OIF in August 2010, a transitional force remained in the country under a new designation: **Operation New Dawn** (see definition of term; Torreon, 2015).
  - **Operation New Dawn (OND):** As of September 1, 2010, military operations in Iraq were designated as Operation New Dawn. Military activities in Iraq during OND included providing assistance and support to Iraqi security forces and protecting U.S. civilians. The operation officially ended on December 15, 2011, which marked the end of the Iraq War (Torreon, 2015).



## Appendix B. Qualitative Data Collection Methods

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The qualitative data collection for the Veterans Homelessness Prevention Demonstration (VHPD) included three data collection activities: (1) early program reconnaissance interviews with VHPD staff, (2) two waves of semistructured key informant interviews with program staff and community stakeholders, and (3) focus groups with veterans who participated in VHPD. The key informant interviews were conducted during two site visits to each VHPD program, one that occurred early in implementation (between April and May 2012) and one that occurred at the end of implementation (between July and November 2013). The focus groups were conducted during the second site visit. This appendix details each data collection activity.

### Early Program Reconnaissance

The research team conducted telephone interviews with key staff at each of the local VHPD programs between November 2011 and January 2012. The people interviewed included VHPD program directors and other staff, including those at the local U.S. Department of Veterans Affairs (VA) medical center (VAMC) charged with designing how the program would take shape locally, and Homeless Management Information System (HMIS) administrators from local Continuums of Care (CoCs). This data collection was meant to provide the research team with a baseline understanding of how the five sites were designing their programs and issues related to the HMIS administrative data that would be available to supplement the evaluation's primary data collection activities. This information also informed early project design deliverables, including the research design.

Through the program reconnaissance, the research team aimed to gather information on the following topics:

- From VHPD grantees—
  - How do they collect and store intake and enrollment information? Is it stored electronically on the grantees' own data systems before being transferred to HMIS?
  - How much information is transferred to HMIS, and how often? What information, exactly, do grantees collect? How often is the information updated, if at all? Does all information get transferred to HMIS, or is there additional information in grantee files that never gets transferred because fields for it do not exist in HMIS? If yes, what is this additional information, and how might it be useful to the evaluation? Is the additional information unique to each of the five grantees, or is some of it similar or identical?
  - What system do the grantee caseworkers use while they work directly with clients? Can they see client information that is already in the system while they work with clients?
  - Can grantee managers access their own data after they are entered into HMIS? How are grantee managers using client data to assess performance for the grant as a whole, for each individual client, and for specific subsets of clients?
  - What type of informed consent is currently requested of enrollees regarding transferring information about them to HMIS? What fields are they asked to allow transfer for, and

to what uses of the data do they consent? What are they told about uses of the data in identified versus deidentified form?

- What is the best or most useful approach to training and working out the necessary arrangements for data access and informed consents?
- From VAMC units working with VHPD—
  - How do they collect and store intake and enrollment information? How and where is this information stored electronically in the grantees' own data systems? Is it being transferred to HMIS, or is transferring information solely the responsibility of the VHPD grantees? Is it being transferred to the Homeless Operations Management and Evaluation System (HOMES) or some other VA system?
  - How much information is transferred to what systems, and how often? What data, exactly, do VAMC staff collect and record for their veteran clients? How often is the information updated, if at all? Does all the information get transferred to HMIS, HOMES, or both, or is there additional information in VAMC files that never gets transferred because fields for it do not exist in HMIS or HOMES? If yes, what is this additional information, and how might it be useful to the evaluation?
  - What happens regarding data collection and storage for veterans who are not homeless or at risk? For veterans who are actually homeless, are data in HOMES? How do the VAMCs determine if a veteran household is at risk of homelessness? Is the additional information unique to each of the VAMCs in the demonstration, or is some of it similar or identical?
  - What system do the VAMC caseworkers involved with VHPD use while they work directly with clients? Can they see client information that is already in the system while they work with clients?
  - Can grantee managers access their own data after they go to HMIS? How are VAMC managers using client data to assess performance for the VHPD project as a whole, for each individual client, and for specific subsets of clients?
  - What type of informed consent is currently requested of enrollees regarding transferring information about them to HMIS and HOMES? What fields are they asked to allow transfer for, and to what uses of the data do they consent? What are they told about uses of the data in identified versus deidentified form?
  - What is the best or most useful approach to training or working out the necessary arrangements for data access and informed consents?
- From CoCs and HMIS administrators—
  - What are the size and geographic coverage of HMIS? What are the average point-in-time and annual shelter use statistics, broken out by gender and family status; that is, for each of the following groups separately: single men, single women, and families?

- What agencies report to HMIS? To be specific, how many emergency shelters are in the CoC, what types of households do they serve, do they all report, does any other frontline agency report to HMIS that would capture homeless people who were not using shelters (for example, soup kitchens, health care for the homeless)?
- How complete are the data? How complete is the “veteran” field?
- On what timeline do agencies report—real time, monthly, quarterly?
- How easy is it for the HMIS administrator to generate reports from HMIS data other than the standard Annual Performance Reports, and maybe quarterly performance reports, for the Homelessness Prevention and Rapid Re-housing Program (HPRP)? How long does it take, and how many people need to be involved? If an administrator wanted to know the utilization and length of stay of veterans compared with nonveterans, separately for single adults and families, what would he or she have to do to get that information?
- What type of informed consent does the CoC require participating agencies to use to obtain permission to send data to HMIS? What fields are they being asked to allow transfer for, and to what uses of the data do they consent? What are they told about uses of the data in identified versus deidentified form?
- What would the research team need to do to be able to search HMIS for a veteran’s entry into shelter following participation in VHPD for all VHPD participants and some veterans who did not participate in VHPD?
- How might it be possible for the research team to use HMIS data to identify a comparison group of households who received HPRP-prevention rental assistance and check their subsequent shelter use? This comparison would ideally involve using HPRP enrollment data to select nonveteran households most similar to VHPD participants, determining what rental assistance they received from HPRP and when it ended, whether they entered a shelter in the local CoC within 6 months of the end of that assistance, and whether any of their entry characteristics predicted their eventual shelter use. Could the HMIS administrator run such an analysis with the help of the research team to make sure all the data remain secure within HMIS? Or could the research team receive an exported dataset, with the data deidentified (that is, no names or other identifying information for HPRP participants) but containing selected variables, for the researchers to analyze? What would it take for one or the other of these things to happen? (Administrators were asked to note that the timeframe for these activities would be at least a year in the future, so they had time to work out arrangements and permissions.)

## Key Informant Interviews

The research team conducted a series of interviews with key informants, including program staff and other key stakeholders, such as the following:

- VHPD grantee staff (agency director; program director; direct line workers doing intake, assessment, housing search, placement, and stabilization and ongoing case management; data and management information people).
- VAMC staff (VHPD director, director of all VA homeless assistance, VHPD caseworkers; clinical staff, as appropriate).
- CoC representatives (convener; HMIS administrator; others, as appropriate).
- One-Stop Career Centers/workforce development staff (director, staff working directly with VHPD households).
- Veterans advocacy organizations, if they were independent of the VHPD provider.
- Other stakeholders suggested or recommended by local informants.

Each interview lasted approximately 1 hour. In most cases, two researchers participated in each interview, with one researcher leading the interview and the other serving as the dedicated notetaker. Interviews were not audio recorded.

The research team developed a field discussion guide for use at each of the program sites that enabled researchers to consistently assess across programs how VHPD was implemented at each of the program partners and to determine what differences and similarities existed across sites. Interviews were semistructured, however, meaning that, although they were guided by a predetermined list of questions, the researchers allowed for flexibility to discuss other relevant issues that came up on site. All research staff were trained in administering the interview guides.

Although the topics covered during the first and second interview waves were similar, the first interview wave, conducted during the earlier implementation site visit, focused more on gaining detailed knowledge of how each site implemented the VHPD program locally, and knowledge gained from the second wave of interviews enabled the researchers to see if and how implementation changed over time at these program sites. Our VHPD stakeholder guides included the following topics.

- Program participants:
  - Pathways to enrollment in VHPD—identification and outreach, recruitment.
  - Screening and eligibility determination; how the “but for” guidance was implemented.
  - Processes of assistance—assessment, case plan development and support for implementation, primary and secondary goals, follow-up, reassessments.
  - Types and levels of assistance—months of rental assistance, types and length of supportive services.
  - Data entry and tracking.
- Service agencies and systems:
  - Program structure, partners, relationships with other aspects of the homeless and other assistance systems; how this particular structure and participants were selected for each VHPD community.



- Role of VA, workforce development, and the primary housing/service partner in VHPD in the community, historical relationships that may have eased or complicated implementation of VHPD, perceived value to the VA and homeless systems of new relationships developed and/or new systems brought into interaction.
- Interactions and approaches to integrating housing and services receipt across VHPD partners (and others, if relevant).
- System changes already accomplished, plans and implications for future joint work.

The full key informant interview instruments can be found in appendixes C (round 1) and D (round 2).

## Focus Groups With Program Participants

During the second wave of site visits, the research team conducted focus groups with veterans who had enrolled in the study and received services through VHPD. Veterans received a \$50 incentive to participate in the focus group. The focus group discussions lasted no more than 2 hours and were moderated by a member of the research team using a semistructured guide. The moderator guide covered the following topics.

- Reasons for housing instability and pathways to VHPD:
  - Challenges faced by veterans when returning from their tour of duty.
  - The nature of their housing challenges.
  - Reasons for seeking help.
  - How they learned about VHPD.
  - The effectiveness of outreach in their area.
- Experiences with VHPD, services received, and effectiveness of those services:
  - Veterans' overall impressions of the VHPD program.
  - What services veterans were able to access through the grantees, VA, and DOL.
  - How veterans' housing situations changed since entering VHPD.
  - Aspects of VHPD veterans found to be most helpful.
  - Veterans' recommendations for additions or changes to VHPD.
  - Veterans' beliefs concerning VHPD's impact on their long-term housing stability.

The full focus group discussion guide is in appendix E.

All the focus groups were audio recorded and transcribed, and the transcripts were used for data analysis. The research team limited recruitment of focus group participants to the pool of VHPD veterans who enrolled in the study because team members had their contact information and consent to contact them about focus group participation. The researchers tried to recruit enough veterans for the focus groups to have two groups in each site. They were able to conduct two focus groups in all but the earliest site (Tacoma). When the number of veterans enrolled in the study and their demographic characteristics permitted, they conducted focus groups with a certain target population (for example, a

group comprising Operation Enduring Freedom (OEF)/ Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans only). Table B.1 shows the number of groups conducted and whether any target-population-specific focus groups were conducted. Overall, the researchers conducted nine focus groups with 49 total participants and had three target- population-specific groups: two groups with OEF/OIF/OND veterans and one group with women veterans.

**TABLE B.1**  
**VHPD Round 2 Site Visit Focus Group Details**

	Tacoma	Central Texas	San Diego	Tampa	Upstate Northern New York
Site visit start date	9-Jul-13	6-Aug-13	12-Aug-13	22-Aug-13	7-Nov-13
Site visit end date	12-Jul-13	8-Aug-13	14-Aug-13	23-Aug-13	8-Nov-13
Number of focus groups	1	2	2	2	2
Number of participants	6	9	14	10	10
Focus group target population	Not targeted	OEF/OIF/OND Women	Not targeted	Non-OEF/OIF/ OND Not targeted	Not targeted

OEF = Operation Enduring Freedom. OIF = Operation Iraqi Freedom. OND = Operation New Dawn.

## Appendix C. Round 1 Key Informant Interview Instrument

**TABLE C.1**  
**Potential Respondents**

Potential Respondents			
Respondent type	Agency name	Respondent role	What they might know
VHPD grantee		policy/community level	General program activities Selection/ requirements for screening and assessment tools/data elements What the grantee requires Use of data for monitoring and evaluation
VHPD subgrantees		practice/direct service	Program activities Screener and assessment tools VHPD data collection and entry Use of data for monitoring and evaluation
Continuum of care (agency lead)		policy/community level	How VHPD fits in community response General program activities Use of data for monitoring and evaluation
Ten-year planning effort to end homelessness		policy/community level	How VHPD fits into ten-year planning efforts General program activities Use of data for monitoring and evaluation
HMIS administration (agency lead)		policy/community level	Use of data for monitoring and evaluation Specific data elements Challenges with HMIS or client database What screener/assessment information is entered into database

(continued)

**TABLE C.1**  
**Potential Respondents (continued)**

Potential Respondents			
Respondent type	Agency name	Respondent role	What they might know
Local VA medical center or health care facility		policy/community level practice/direct service	Referral of VHPD households Systems integration with homeless services Provision of other services to VHPD households
Local DOL office or workforce board		practice/direct service	Referral of VHPD households Systems integration with homeless services Provision of other services to VHPD households Any activities to prevent homelessness

## Interview Goals

- ✓ Understand how the site conducts outreach and how participants enter the program.
- ✓ Understand how the site is targeting VHPD and what the program eligibility requirements are beyond HUD guidelines. Understand the screening and assessment process.
- ✓ Understand how the site defines “imminent risk” of homelessness (e.g., follows the “but for this assistance the household would be homeless” criterion).
- ✓ Understand what types of housing subsidies and services grantees/subgrantees provide participants.
- ✓ Understand what types of data the community is tracking and how they are using them.
- ✓ Understand how well the implementation is going in the community.

## Interview Introduction

Hello, my name is \_\_\_\_\_, and I am part of a team of researchers from the Urban Institute that is working on a study for HUD of the Veteran Homelessness Prevention Demonstration (VHPD). Thank you for agreeing to meet today. I’m going to start the interview by providing an overview of the study, then I will review our informed consent procedures:

- The study focuses on how communities across the country have implemented VHPD.
- We have questions about program design, implementation, and outcomes.

- The information collected during the study will be used to help inform the development of future prevention programs.
- This is your chance to convey your experiences and opinions to HUD.
- Your participation in this interview is voluntary and you can choose not to answer any questions.
- All the information you provide will be confidential, and we will not share it with anyone except for research staff working on the study.
- We will not quote you by name in project case studies or reports. Should HUD request to see any of our notes from our interviews, we would remove all personally identifying information to prevent those outside the research team from knowing who provided the information.
- We will be drafting a memo summarizing findings from our visits to all five sites, and your answers contribute to the information that goes into the grantee memo.
- Everyone working on the research team has signed a confidentiality form agreeing to these terms.
- Do you have any questions?

Okay, let's get started.

### Grantee/Subgrantee Module

#### 1. AGENCY ROLE IN VHPD

- Please describe your agency's role in VHPD.
- What type of agency are you?
- What types of services do you provide?
- What geographic area does your agency serve?
- Where does your agency fit in the community?
- Is your agency active in the local ten-year plan or CoC?

#### 2. PATHWAYS TO ENROLLMENT IN VHPD

- How do VHPD participants enter the program?
- Do you do outreach to recruit participants into VHPD? If so, please describe. Are any specific populations (e.g., OEF/OIF, females, families) being targeted during this outreach?
- Are there agencies in the community that refer eligible participants to the program? If so, please describe the referral process.

#### 3. INTAKE: SCREENING AND ELIGIBILITY DETERMINATION

- What are the income eligibility requirements for VHPD?
- Are there other eligibility requirements for VHPD?
- How do you decide that the household would be homeless "but for this assistance?"

- Is there a formal screening process for households applying for VHPD? Please describe.
- I've obtained your screening form ahead of time and would like to review it with you. Can you tell me how it works?

*[Note to interviewer: Review the screening form with respondent.]*

- What types of information are collected?
- Is this a common screening form used by all VHPD providers?
- Of all households screened, about what proportion are found eligible?

#### 4. **ASSESSMENT FOR PREVENTION ASSISTANCE**

- Is there an assessment process that households applying for VHPD must go through?
- I've obtained your assessment form ahead of time and would like to review it with you. Can you tell me how it works?

*[Note to interviewer: Review the assessment form with respondent.]*

- How do you use the assessment form? (e.g., to decide final eligibility, to assess needs and match services, for ongoing case management?)

#### 5. **PREVENTION ASSISTANCE: TYPES AND LEVELS OF ASSISTANCE**

- What types of financial assistance does your agency offer?
- If providing ongoing rental assistance: how is the rental assistance structured?
  - How does your agency decide on the amount of rental assistance each household will get, and for how long?
  - What expectations are households given for what they may ultimately receive?
  - Is it the same for all target populations? If not, what is different?
- What types of supportive services does your agency offer?
  - Do you provide these services or make referrals? If referrals, please describe.
- If providing case management: how is the case management structured?
  - How are case management visits conducted (i.e., telephone, home visits, office visits?)
  - How long and frequent are case manager meetings with VHPD prevention clients?
  - For how many months does your agency provide case management?
  - Is case management offered after the housing subsidy ends?
  - Are case management services the same for all target populations? If not, what's different?
  - How do you decide which clients receive case management?
- What challenges have you experienced in serving veterans for this program?
  - Probe on challenges identified in Interim Report:

- Engaging veterans with mental health issues (PTSD, TBI, etc.)
- Dishonorable discharge
- VA benefits backlog

## 6. DATA ENTRY AND TRACKING

- Is your agency entering VHPD into HMIS?
- What types of information does your agency collect about VHPD and enter into HMIS?
- HUD-required HPRP data elements?
- Other data elements?
- Information from screening?
- Information from assessment?
- Information from financial services or case management activities?
- Information on participants who apply but do not receive VHPD?

## 7. LOCAL PARTNERS AND SYSTEMS INTEGRATION

- Please tell me about your VHPD partners.
  - How is the local VA involved?
    - Describe your partnership with the VA. Is it new? How strong is it? Will it last?
    - Has this partnership changed your approach to preventing homelessness?
    - Has it changed your approach in other ways?
  - How is the local DOL involved?
    - Describe your partnership with the DOL. Is it new? How strong is it? Will it last? Has the relationship improved since the last time we talked? How so?
    - Has this partnership changed your approach to preventing homelessness?
    - Has it changed your approach in other ways?
  - Are there other community partners?
    - Describe your partnership with the community partner. Is it new? How strong is it? Will it last?
    - Has this partnership changed your approach to preventing homelessness?
    - Has it changed your approach in other ways?

## 8. IMPLEMENTATION

- When did you begin the program?
- About how many participants have enrolled so far?
- How many have you deemed ineligible so far?
- How effective do you think VHPD has been in preventing homelessness?

- Please describe some of the implementation challenges you encountered during early implementation. What did you do, if anything, to overcome those challenges?
  - Probe on challenges identified in Interim Report:
    - Uneven case management (across subgrantees if applicable)
    - Serving large service areas
    - Grantee oversight of subgrantees (if applicable)
    - HMIS data entry, management, and quality
- Please describe some of your early implementation successes.
- What types of technical assistance from HUD would be helpful?

## VA Module

### 1. ABOUT THE AGENCY

- Please tell me about your agency.
- What types of services do you provide?

### 2. AGENCY ROLE IN VHPD

- Please describe your agency's role in VHPD.
- What geographic area does your agency serve?
- What types of services do you provide to VHPD participants?
- What challenges have you experienced in serving veterans for this program?
  - Probe on challenges identified in Interim Report:
    - Engaging veterans with mental health issues (PTSD, TBI, etc.)
    - Dishonorable discharge
    - VA benefits backlog

- Does your agency enter VHPD data into HMIS?

### 3. AGENCY ROLE IN COMMUNITY

- Where does your agency fit in the community?
- Is your agency involved in the CoC?
- Is your agency involved in the local ten-year planning efforts?

### 4. PARTNERSHIP WITH GRANTEE/SUBGRANTEE AND HOMELESSNESS PROVIDER COMMUNITY

- Please describe your partnership with the VHPD grantee/subgrantee. Is it new? Is it strong? Will it last?



- Has your involvement in VHPD changed your approach in addressing the needs of homeless veterans?

## 5. IMPLEMENTATION

- How effective do you think VHPD has been in preventing homelessness?
- Please describe some of the implementation challenges you encountered during early implementation. What did you do, if anything, to overcome those challenges?
  - Probe on challenges identified in Interim Report:
    - Uneven case management (across subgrantees if applicable)
    - Serving large service areas
    - Grantee oversight of subgrantees (if applicable)
- Please describe some of your early implementation successes.
- What types of technical assistance from HUD would be helpful?

## DOL Module

### 1. ABOUT THE AGENCY

- Please tell me about your agency.
- What type of services do you provide?

### 2. AGENCY ROLE IN VHPD

- Please describe your agency's role in VHPD.
- What geographic area does your agency serve?
- What types of services do you provide to VHPD participants?
- What challenges have you experienced in serving veterans for this program?
  - Probe on challenges identified in Interim Report:
    - Engaging veterans with mental health issues (PTSD, TBI, etc.)
    - Dishonorable discharge
    - VA benefits backlog
- Does your agency enter VHPD data into HMIS?

### 3. AGENCY ROLE IN COMMUNITY

- Where does your agency fit in the community?
- Is your agency involved in the CoC?
- Is your agency involved in the local ten-year planning efforts?

#### 4. **PARTNERSHIP WITH GRANTEE/SUBGRANTEE AND HOMELESSNESS PROVIDER COMMUNITY**

- Please describe your partnership with the VHPD grantee/subgrantee. Is it new? Is it strong? Will it last?
- Has your involvement in VHPD changed your approach in serving the homeless population?

#### 5. **IMPLEMENTATION**

- How effective do you think VHPD has been in preventing homelessness?
- Please describe some of the implementation challenges you encountered during early implementation. What did you do, if anything, to overcome those challenges?
  - Probe on challenges identified in Interim Report:
    - Uneven case management (across subgrantees if applicable)
    - Serving large service areas
    - Grantee oversight of subgrantees (if applicable)
- Please describe some of your early implementation successes.
- What types of technical assistance from HUD would be helpful?

### **HMIS Administrator Module**

#### 1. **LOCAL HMIS SYSTEM**

- Please describe the local HMIS system.
  - Is it an “open” or “closed” system?
  - What type of software do you use?
  - What is the coverage rate for shelters and transitional housing?
  - What is the bed coverage rate?

#### 2. **HMIS ENTRY FOR VHPD**

- What types of information do grantees/subgrantees collect about VHPD and enter into HMIS?
- HUD-required HPRP data elements?
- Other data elements?
- Information from screening?
- Information from assessment?
- Information from financial services or case management activities?
- Information on participants who apply but do not receive VHPD?

### 3. HMIS IMPLEMENTATION

- How successful is local HMIS implementation for VHPD?
- Are all grantees and subgrantees reporting into the system?
- Is the VA reporting into the system? The DOL?
- What are some of the biggest challenges?
- What are some of the biggest successes?
- What types of technical assistance could HUD provide to help?

## CoC Module

### 1. ABOUT THE AGENCY

- Please tell me about your CoC.
- What type of services do you provide?
- Does your CoC manage the HMIS?

### 2. AGENCY ROLE IN VHPD

- Please describe your CoC's role in VHPD.
- What geographic area does your CoC serve?
- What types of services do you provide to VHPD participants?
- What challenges have you experienced in serving veterans for this program?
  - Probe on challenges identified in Interim Report:
    - Engaging veterans with mental health issues (PTSD, TBI, etc.)
    - Dishonorable discharge
    - VA benefits backlog
- Does your CoC enter VHPD data into HMIS?

### 3. AGENCY ROLE IN COMMUNITY

- Where does your CoC fit in the community?
- What types of programs operate within the CoC (e.g., shelter, transitional housing, etc.)?
- Is your CoC involved in the local ten-year planning efforts?

### 4. PARTNERSHIP WITH GRANTEE/SUBGRANTEE AND HOMELESSNESS PROVIDER COMMUNITY

- Please describe your partnership with the VHPD grantee/subgrantee. Is it new? Is it strong? Will it last?
- Has your involvement in VHPD changed your approach to ending homelessness?

## 5. IMPLEMENTATION

- How effective do you think VHPD has been in preventing homelessness?
- Please describe some of the implementation challenges encountered during early implementation.
  - Probe on challenges identified in Interim Report:
    - Uneven case management (across subgrantees if applicable)
    - Serving large service areas
    - Grantee oversight of subgrantees (if applicable)
- Please describe early implementation successes.
- What types of technical assistance from HUD would be helpful?

## Appendix D. Round 2 Key Informant Interview Instrument

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### Interview Goals

- ✓ Understand how the site conducts outreach and how participants enter the program.
- ✓ Understand how the site is targeting VHPD and what the program eligibility requirements are beyond HUD guidelines. Understand the screening and assessment process.
- ✓ Understand how the site defines “imminent risk” of homelessness (e.g., follows the “but for this assistance the household would be homeless” criterion).
- ✓ Understand what types of housing subsidies and services grantees/subgrantees provide participants.
- ✓ Understand what types of data the community is tracking and how they are using them.
- ✓ Understand how well the implementation is going in the community.

### Interview Introduction

Hello, my name is \_\_\_\_\_, and I am part of a team of researchers from the Urban Institute that is working on a study for HUD of the Veteran Homelessness Prevention Demonstration (VHPD). Thank you for agreeing to meet today. I’m going to start the interview by providing an overview of the study, then I will review our informed consent procedures:

- The study focuses on how communities across the country have implemented VHPD.
- We have questions about program design, implementation, and outcomes.
- The information collected during the study will be used to help inform the development of future prevention programs.
- This is your chance to convey your experiences and opinions to HUD.
- Your participation in this interview is voluntary and you can choose not to answer any questions.
- All the information you provide will be confidential, and we will not share it with anyone except for research staff working on the study.
- We will not quote you by name in project case studies or reports. Should HUD request to see any of our notes from our interviews, we would remove all personally identifying information to prevent those outside the research team from knowing who provided the information.
- We will be drafting a memo summarizing findings from our visits to all five sites, and your answers contribute to the information that goes into the grantee memo.
- Everyone working on the research team has signed a confidentiality form agreeing to these terms.
- Do you have any questions?

Okay, let's get started.

1. What have been some of your successes?
2. What have been some of your challenges?
3. How has collaboration changed?
4. How do veterans differ from nonveterans?
  - a. There are veterans quite young that are coming out as well as women veterans and veterans with families. What are the differences in serving those groups?
5. If you could change the program, how would you change it?
6. How do you see this program linking to your community's plan to end homelessness?
7. Is there a plan for how to fill the gap after VHPD winds down?

## Appendix E. Focus Group Guide

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### VHPD Study Focus Group Protocol

#### Introduction

Welcome and thank you for coming.

Let me start by thanking you for your service to our country.

We asked you all here today to participate in this focus group to discuss your experiences with the Veteran Homelessness Prevention Demonstration (VHPD). We are collecting this information as part of a study funded by the US Department of Housing and Urban Development (HUD). The focus group will last about an hour and a half. At the end of the session, you will receive \$50 as a token of our appreciation for your participation.

During the session, I will be asking questions about your military experience, your thoughts on VHPD, and services that might be helpful to you in the future. This is a discussion, not a survey, so you can feel free to talk amongst yourselves and respond to what others are saying. Please make sure to be respectful of other people's opinions. Occasionally I will jump in to moderate the conversation. Please note that you do not have to answer all of the questions. Importantly, we ask everyone here today to respect people's privacy. Although we cannot control what people say after they leave, what is said in the room should stay in the room. We will only use first names for today's discussion, and you do not have to use your real name if you prefer. At the end of the session, we will type up the notes and make transcripts of the discussion. Should HUD request to see any of our notes or transcripts, we will remove all personally identifying information to prevent those outside the research team from knowing who provided the information. The information will also be included in a report to HUD. The information you provide will be kept confidential and only used for this study to the extent allowed by the Privacy Act of 1974. This is a chance, however, to get your voice heard, since HUD will use this information to help improve the VHPD program and other homeless prevention programs like it.

Any questions about the study, or why we are here for this focus group?

Before we go on, I need everyone to read the consent form in front of you and, if you agree with the terms, go ahead and sign it. Let me review the terms.

[Moderator should read consent form.]

Does anyone have questions?

#### Opening

- First, I'd like to start with some introductions. Please tell us your first name or another name you'd prefer to use for this discussion, where you served, and how long you've been home since your last tour of duty.

### Reasons for Housing Instability and Pathways to VHPD

- Please describe some of the big challenges you faced when returning from serving your tour of duty. [Probe for adjusting to family life, financial trouble, finding employment, finding or maintaining housing.]

[The following are probes that will be used for focus groups with particular subgroups, if it is possible to construct such groups:]

- Specific probe for veterans with families only: Were there challenges that were related to you specifically because you have children to take care of?
- Specific probe for women: Were there challenges that were related to you specifically because you are women?
- Specific probe for veterans of OEF/OIF/OND: How do you think your experiences as an OEF/OIF veteran differed from those who served before you in the Vietnam War?
- When did your housing struggles start?
  - [Probe for immediately on return or sometime after.]
- What led you to seek help? [Probe for loss of a job or housing, etc.]
- How did you hear about VHPD?
- When programs are trying to inform veterans about services like VHPD, what are good ways for them to reach out to veterans?

### Experiences with VHPD, Services Received, and Effectiveness of Those Services

- What are some of your overall impressions of the VHPD program?
- Has VHPD helped you access additional services through the VA and the Department of Labor/Workforce Center? If so, how and what types of services?
- What services did you get from the [name of VHPD grantee organization]? How helpful were they?
- How has your situation changed since starting the VHPD program?
  - Probe for housing security, job skills/employment, mental and physical health, benefit receipt, financial situation, education.
- Looking back, which aspects of VHPD do you think have been most helpful in getting you to this point?
  - Probe: financial assistance, case management, referrals
  - For OEF/OIF/OND only: How do you think the needs of OIF/OEF/OND veterans differ from veterans from previous wars?
- Did you experience any challenges working with the program? If so could you describe them?

### Prospects for the Future

- What types of services would be helpful to you in the future?
- How do you think the VHPD program will affect your housing stability long-term?



## Appendix F. Baseline Survey Methods

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Enrollment for the Veterans Homelessness Prevention Demonstration (VHPD) evaluation began on September 11, 2012, and ended October 7, 2013. Veterans were recruited for the study by local VHPD case managers at the time of intake. The research team created training and outreach materials to help case managers explain the study and administer the informed consent form. Conference calls were also held with local program staff to train them on recruitment procedures. VHPD program staff submitted consent forms with veterans' contact information to the survey firm, Silber & Associates, on a weekly basis via 2-day tracked Federal Express packages. The survey interviewing staff began to contact veterans for the study as soon as their consent form was received by Silber & Associates. The baseline survey was conducted with veterans over the telephone by using computer-assisted telephone interviewing technology.

The baseline survey took about 30 minutes to complete and was designed to measure various baseline characteristics to provide insight into veterans' current status across various demographic and housing status measures at intake. The research team also looked at various VHPD outcome measures on which researchers anticipated VHPD services would have an effect. The topics covered in the baseline survey included the following:

- Military history—date of discharge, discharge status, exposure to combat, number of deployments, challenges reintegrating into civilian life, respondent's perception of impact of military experiences on housing situation.
- Housing status—nature of current housing, housing stability, housing costs, brief homeless history.
- Household composition.
- Education and training—highest level of education or training completed, current involvement in educational programming.
- Income level, sources, and noncash benefits for head of household and all other adults in the household.
- Employment, current and brief history; history and reasons for any unemployment, disabilities that prevented veterans from working.
- Housing costs—rent and mortgage payment amounts, utilities, government housing assistance.
- Family health and well-being, including disabilities, mental, emotional, and/or substance use problems.
- Client demographics—race, age, marital status.

The full baseline survey instrument is in appendix G.

Please note that appendix G (baseline survey instrument) and appendix I (follow-up survey instrument) reproduce screen shots of the survey as it appeared to interviewers as they administered the survey. Most of the survey items are blank, but some of the survey items show test responses that were entered for training purposes. These responses were not entered by study respondents.



## Appendix G. Baseline Survey Instrument

### 2012 Evaluation of the Veterans Homelessness Prevention Demonstration (VHPD)

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1:-1,2:2,3:1,4:2,5:1

These questions are about your situation now that you have begun to participate in the Veterans Homeless Prevention Demonstration Project. Most of my questions are yes/no-type questions.

1. I'm going to be asking you questions that refer to your local VHPD program. These questions will work best if I can use the names that you call the agencies that are part of the program.  
Could you please tell me what you call:
  - a. The VA medical center where you may get health care
  - b. The program that provides rent assistance and other help with housing and benefits
  - c. The Worksource Center that you may use for help finding work or improving your job situation
  
2. What is the address where you are currently living?  
Street   
City  State  Zip code
  
3. Is that the address we should use to send you the \$30 we will pay you for your participation in this interview?  
 Yes  No  
3a. If no, to what address should we send payment  
Street   
City  State  Zip code
  
4. When were you discharged from the military, Reserves, or National Guard?  
 Specify --> Month:  Year:   
 Don't know  
 Refused

SECTION A: Housing at VHPD Program  
Entry and Housing History

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1:-1,2:2,3:1,4:2,5:1



I'd like to ask you a few questions first about your living situation.

**A1** Are you currently living in your own place? I mean a house or apartment that's in your name or your partner's.

- Yes       No       Don't know       Refused

**A1a** Do you own that place, or do you rent it?

- Own it       Rent it       Don't know       Refused

SECTION A: Housing at VHPD Program  
Entry and Housing History

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RID012/bohne  
1:-1,2:2,3:1,4:2,5:1



I'd like to ask you a few questions first about your living situation.

**A1** Are you currently living in your own place? I mean a house or apartment that's in your name or your partner's.

Yes                      No                      Don't know                      Refused

**A2** Is it someone else's place, for instance, the place of your parents, other relatives, or friends?

Yes                       No                       Don't know                       Refused



- A3** Could you tell me, then, which one of the following best describes your living situation now? I'll start reading some possibilities—stop me when I read the one that best describes your currently living situation.  
[INTERVIEWER: READ OPTIONS UNTIL RESPONDENT INDICATES THE RIGHT ONE, AND MARK THAT ANSWER]
- An emergency shelter or domestic violence shelter
  - A voucher hotel or motel (paid for by a homeless or government program)
  - Housing paid for by the VA's Grant & Per Diem program
  - A transitional housing program
  - Anywhere not meant for habitation—e.g., a car, truck, RV, or trailer; an abandoned building, in parks, on the streets, in camping grounds, anywhere outside
  - A hotel or motel you paid for yourself
  - A VA residential drug or alcohol treatment program—only for vets
  - A residential drug or alcohol treatment program for anyone—not just for vets
  - A VA hospital
  - Any other hospital—i.e., not a hospital run by the VA
  - Jail or prison
  - A permanent housing program for people with disabilities who have been homeless, with services and caseworkers to help you keep your housing
  - OTHER --> SPECIFY:
  - Don't Know
  - Refused

SECTION A: Housing at VHPD Program  
Entry and Housing History2012 Evaluation of the Veterans  
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Demonstration (VHPD)RID012/bohne  
1:-1,2:2,3:1,4:2,5:4**A4** How long have you been living there?

- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 12 months
- 1 year or more
- Don't Know
- Refused

**A9** How would you describe the condition of your current house, apartment, or living space? Would you say it was in excellent, good, fair, or poor condition?

- Excellent
- Good
- Fair
- Poor
- Don't Know
- Refused

**A18** Including the place you are living now, how many different places have you lived after you left the military?

- 1 place-just the place I am living now
- 2 places
- 3 places
- 4 places
- 5 or more places
- Don't Know
- Refused

**A18a** Besides the place you are living now, since you left the military did you live or stay...  
[READ RESPONSES AND MARK "YES" OR "NO" FOR ALL THAT APPLY.]

		Yes	No	Don't Know	Refused
A18a1	In my own place (lease was in your name or you owned it)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A18a2	In someone else's place (relative, partner, or friend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A18a3	In a shelter for homeless people/victims of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A18a4	In my car/truck, abandoned building, somewhere outside, or a place not meant for habitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A18a5	In a hospital treatment program, jail, prison, other institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A18a6	Some other type of place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION A: Housing at VHPD Program  
Entry and Housing History

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- A19** Have you ever been homeless—that is, living or sleeping in an emergency shelter, transitional housing program, your car or truck, anywhere outside, or in another place not meant for human habitation.
- Yes       No       Don't know       Refused
- A20** How often have you been homeless in your lifetime—that is, living or sleeping in an emergency shelter, transitional housing program, your car or truck, anywhere outside, or in another place not meant for human habitation?
- Once  
 Twice  
 Three times  
 Four or more times  
 Don't Know  
 Refused
- A21** How old were you the first time you were homeless? [INTERVIEWER if R uncertain, read "by homeless, I mean living or sleeping in an emergency shelter, transitional housing program, your car or truck, anywhere outside, or in another place not meant for human habitation]
- Eleven or younger  
 12-15  
 16-17  
 18-19  
 20-24  
 25-34  
 35 or older  
 Don't Know  
 Refused
- A22** Adding up all the times you've been homeless, would you say you have been homeless for at least 12 months in your lifetime?
- Yes       No       Don't know       Refused



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1:-1,2:2,3:1,4:2,5:4

## SECTION B: Household Composition



Now I'd like to ask you some questions about the people you have lived or stayed with after you left the military.

**B4** Please tell me all the people you live with now. [Mark all that apply]

		Yes	No	Don't Know	Refused
B4a	You live by yourself, no one else lives with you	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4b	Your children (if asked, "including someone else's children you were responsible for") How Many? <input type="text" value="2"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4c	Someone else's children (not your responsibility) How Many? <input type="text" value="2"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4d	Your spouse	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4e	Your boyfriend, girlfriend, or partner	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4f	Your parent(s) or your spouse/partner/boy/girlfriend's parent(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4g	Other relatives of yours or your spouse/partner/boy/girlfriend's	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4h	Friends	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4i	Roommates	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4j	Lodger(s), Boarder(s), anyone else	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B4k** How many adults and how many children would that be, in total, counting yourself?

Number of adults (18 and older):

Number of children (17 or younger):

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1:-1,2:2,3:1,4:2,5:4

## SECTION B: Household Composition



**B6** Thinking about the children **who live with you now** and for whom you have responsibility, how many of them are ...

**B6a** Aged 0 (newborn) through 5?

- Number of children?
- Don't know
- Refused

**B6b** Aged 6 through 17?

- Number of children?
- Don't know
- Refused

**B6c** Adults—that is, aged 18 or older?

- Number of children?
- Don't know
- Refused

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1:-1,2:2,3:1,4:2,5:4

Section D: Education and Training



- D1** At the time you began to fill out your application for , what was the highest level of education you had completed?
- 8th grade or lesser
  - 9th, 10th, or 11th grade, did not complete GED or get high school diploma
  - Completed GED
  - High School Diploma
  - Some college or a 2-year degree
  - Finished 4-year degree
  - Master's degree or equivalent
  - Other
  - Don't Know
  - Refused
- D3** At the time you began to fill out your application for , did you have any type of vocational license or certification from a training or educational program?
- Yes                       No                       Don't know                       Refused
- D4** Are you now participating in any additional schooling or training program that (has) lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job?  
[INTERVIEWER: If R is usually in school or training but at the time of the interview is not-e.g. because no summer school is offered-record answer as yes]
- Yes                       No                       Don't know                       Refused

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1:-1,2:2,3:1,4:2,5:4

Section D: Education and Training



**D5** What kind of schooling or training is that? [MARK ALL THAT APPLY]

		Set to 'No'			
		Yes	No	Don't Know	Refused
D5a	Regular schooling leading to a degree (AA, BA, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5b	Regular schooling leading to a vocational or professional license or certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5c	General equivalency diploma (GED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5d	English as a second language (ESL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5e	Computer training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5f	Apprenticeship / on-the-job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5g	Vocational rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5h	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D6** Did \_\_\_\_\_ help you get that schooling / training? [Insert each program name in turn]

		Yes	No	Don't Know	Refused
D6a		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6b		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6c		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6d	Other agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D7** Is the Post 9/11 GI Bill helping to pay your tuition and/or other school costs?

Yes                       No                       Don't know                       Refused

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RID012/bohne  
1:-1,2:2,3:1,4:2,5:4

SECTION E: Income and Employment



**E1** Have you or anyone in your household received any income from any source in past 30 days?

Yes       No       Don't know       Refused

**E2** In the past 30 days, have you or anyone in your household received any income from ...?

		Set to 'No'			
		Yes	No	Don't Know	Refuse
E2a	Income from a job	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2b	Unemployment Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2c	Supplemental Security Income (SSI)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2d	Social Security Disability Income (SSDI)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2e	Veterans pension/payment from the VA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2f	Temporary Assistance for Needy Families (TANF) (or CalWorks in California)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2h	Money from family or friends	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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1:-1,2:2,3:1,4:2,5:4

## SECTION E: Income and Employment



**E3** In the past 30 days, did the Post 9/11 GI Bill, an education or training allowance from the VA, or a scholarship or grant provide you with income or tuition that you could use to cover expenses?

- Yes       Usually yes, but no classes right now       No       Don't know       Refused

**E4b** What was your household's total income in the past 30 days?

- Amount Per Month --> .00  
 Don't know  
 Refused

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1:-1,2:2,3:1,4:2,5:4

## SECTION E: Income and Employment



**E3** In the past 30 days, did the Post 9/11 GI Bill, an education or training allowance from the VA, or a scholarship or grant provide you with income or tuition that you could use to cover expenses?

Yes                      Usually yes, but no classes right now                      No                      Don't know                      Refused

**E4b** What was your household's total income in the past 30 days?

Amount Per Month --> .00

Don't know

Refused

**E4b1** Can you give me range? Was your total household income last month:

- Under \$500 per month
- \$500 to < \$750
- \$750 to < \$1000
- \$1000 to < \$1500
- \$1500 to < \$2000
- More than \$2000 per month
- Don't Know
- Refused

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1:-1,2:2,3:1,4:2,5:4

## SECTION E: Income and Employment



**E5** In the past 30 days, did you or anyone in your household receive (or are you on) any of the following benefits:

		Set to 'No'			
		Yes	No	Don't Know	Refused
E5a	Food Stamps (officially called Supplemental Nutrition Assistance Program (SNAP))	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E5b	Medicaid health insurance program (Medi-Cal for San Diego)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E5c	Medicare health insurance program	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E5d	Children's Health Insurance Program (in Washington and Texas); KidCare (in Florida); Child Health Plus (in New York); Healthy Families Program (in California)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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1:-1,2:2,3:1,4:2,5:4

SECTION E: Income and Employment



**E6** Did \_\_\_\_\_ help you access those benefits? [Insert each program name in turn]

		Yes	No	Don't Know	Refused
E6a		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E6b		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E6c		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E6d	Another agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Now I'd like to ask a few questions about any jobs you may have.*

**E7** Last week, did you do any work for pay?

- Yes
  No
  Don't know
  Refused

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1:-1,2:2,3:1,4:1,5:4

## SECTION E: Income and Employment



**E6** Did \_\_\_\_\_ help you access those benefits? [Insert each program name in turn]

		Yes	No	Don't Know	Refused
E6a					
E6b					
E6c					
E6d	Another agency				

Now I'd like to ask a few questions about any jobs you may have.

**E7** Last week, did you do any work for pay?

Yes                      No                      Don't know                      Refused

**E8** Have you been doing anything to find work during the past four weeks?

Yes                       No                       Don't know                       Refused

**E9** What is the **main reason** that you did not work for pay or look for work last week?

[INTERVIEWER: Allow R to respond spontaneously and Mark ONLY ONE response. If R mentions multiple response options, INTERVIEWER repeat response options that the R indicated "Would that be... (response A, response B, response C)? And ask them to choose the main reason]

- Unable to work because of housing problems
- Unable to work for health reasons related to military service
- Unable to work for health reasons unrelated to military service
- Has job but temporarily absent/seasonal work
- Couldn't find any work
- Couldn't find a job that pays enough
- Child care problems
- Family responsibilities
- In school or other training
- Waiting for a new job to begin
- Had enough money from other sources
- Retired
- Disabled
- Other (specify):
- Don't know
- Refused

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1:-1,2:2,3:1,4:1,5:4

## SECTION E: Income and Employment



**E12b** After you left the military, how much of the time have you had a job or done some work for pay?

- All or almost all of the time
- Most of the time
- About half of the time
- Some of the time
- Almost none or none of the time
- Don't know
- Refused

**E14** Were you working for pay at the time you began filling out your application for ?

- Yes
- No
- Don't know
- Refused

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1:-1,2:2,3:1,4:2,5:4

## SECTION E: Income and Employment



**E15a** About how long have you been working at that job?

- Specify --> Number of months:  Number of years:
- Don't know
- Refused

**E15b** Did \_\_\_\_\_ help you get that job? [Insert each program name in turn, record answer]

		Yes	No	Don't Know	Refused
E15b1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E15b2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E15b3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E15b4	Another agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E17** How many hours per week do you usually work at your main job? By main job, I mean the one at which you usually work the most hours.

- Specify --> Number of hours:
- Don't know
- Refused

**E20** after you left the military, how much of the time have you had a job or done some work for pay?

- All or almost all of the time
- Most of the time
- About half of the time
- Some of the time
- Almost none or none of the time
- Don't know
- Refused

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1:-1,2:2,3:1,4:2,5:1

SECTION F: Housing Costs



**F2** What is the total rent or mortgage on the place you are staying—the rent on the lease or the monthly mortgage payment, not just what you and your household pay?

- Per Month: \$ .00 (Four digits rounded to dollar; Expected range \$1 - 3000)
- Don't know
- Refused

**F2a** Can you give me a range? Is the full monthly rent or mortgage payment:

- Under \$500 per month
- \$500 to < \$750
- \$750 to < \$1000
- \$1000 to < \$1500
- \$1500 to < \$2000
- More than \$2000 per month
- Don't know
- Refused

**F3** In the month just past, what did you and your family pay in rent or for your mortgage. Tell me just the amount you and your family paid without including any outside help you got from a government agency or someone helping you.

- Per Month: \$ .00 (Four digits rounded to dollar; Expected range \$1 - 3000)
- Don't know
- Refused

**F3a** Can you give me a range? Is your own family's monthly rent or mortgage payment:

- Under \$500 per month
- \$500 to < \$750
- \$750 to < \$1000
- \$1000 to < \$1500
- \$1500 to < \$2000
- More than \$2000 per month
- Don't know
- Refused

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## SECTION F: Housing Costs



- F4** Do you receive any assistance to pay rent from the government or from some other program?  
[INTERVIEWER— this refers to any government program that might provide rental assistance, not just the VHPD provider]
- Yes                       No                       Don't know                       Refused
- F8** In the last 12 months, has there been a time when you were unable to pay rent or mortgage? [INTERVIEWER—if asked, clarify—"by two weeks after it was due "]
- Yes                       No                       Don't know                       Refused
- F8a** How often did this happen?
- Once  
 Twice  
 Three or more times  
 Don't know  
 Refused

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1:-1,2:2,3:1,4:2,5:1

## SECTION F: Housing Costs



**F10** Do you pay for any utilities that are not included as part of the rent or mortgage that you pay? By utilities, I mean electricity, heating oil, gas or propane, and water, but NOT telephone and cable services.

- Yes                       No                       Don't know                       Refused

**F12** In the last 12 months, has there been a time when you were unable to pay utility bills—that is, electricity, heating oil, gas or propane, and water, but NOT telephone and cable services.  
[INTERVIEWER—if asked, clarify—"by two weeks after it was due"]

- Yes                       No                       Don't know                       Refused

**F12a** How often did this happen?

- Once  
 Twice  
 Three or more times  
 Don't know  
 Refused

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RID012/bohne  
1:-1,2:2,3:1,4:2,5:1

## SECTION H: Family Health and Well-Being



**H1** Overall, how would you rate your health during the past month (that is the past 30 days)?

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor  
 Don't Know  
 Refused

**H2** Please tell me about any health problems you may be experiencing at this time.

[INTERVIEWER: Record an answer for each health subquestion, even if it is *Don't Know* or *Refused*]

		Set to 'No'			
		Yes	No	Don't Know	Refused
H2a	Serious depression, anxiety, and/or tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2b	Being easily startled, not being able to relax your guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2c	Trouble understanding, concentrating, or remembering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2d	Trouble controlling anger or violent behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2e	Symptoms of post-traumatic stress disorder (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2f	Trouble with use of alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2g	Problems dealing with the results of head injury/traumatic brain injury (TBI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2h	Experiencing serious thoughts of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2i	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**H3** Has \_\_\_\_\_ been helping you with any of these health problems? [Insert each program name]

		Yes	No	Don't Know	Refused
H3a		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H3b		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H3c		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H3d	Another agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**H4** Do you get health care from the VA or another source that serves veterans or active military personnel?

- Yes       No       Don't know       Refused

**H4a** Do you have any non-military health insurance that pays for health care when you need it?

- Yes       No       Don't know       Refused



## SECTION I: Veteran Status/Military Experience

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RID012/bohne  
1:-1,2:2,3:1,4:2,5:1

- I1** Have you ever been on active-duty military services in the Armed Forces of the United States or ever been in the United States military Reserves or the National Guard? Active duty does not include training in the reserves or National Guard.
- Yes, on active duty in the Armed Forces of the US in the past, but not now
- Yes, active duty, in the Reserves or National Guard only
- No
- Don't Know
- Refused

- I3** Did you serve in the theatre of operations for any of the following military conflicts? That is, did you serve within the geographic proximity of the military conflict. We'll ask next if you were exposed to conflict itself.

		Set to 'No'			
		Yes	No	Don't Know	Refused
I3a	World War II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I3b	Korean War	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I3c	Vietnam War	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I3d	Persian Gulf War (Operation Desert Storm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I3e	Afghanistan (Operation Enduring Freedom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I3f	Iraq (Operation Iraqi Freedom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I3g	Iraq (Operation New Dawn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I3h	Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION I: Veteran Status/Military Experience

2012 Evaluation of the Veterans Homelessness Prevention Demonstration (VHPD)

RID012/bohne  
1:-1,2:2,3:1,4:2,5:1



- I4** During your military service, were you ever in or exposed to combat?
- Yes       No       Don't know       Refused
- I4a** Were you ever exposed to unfriendly or friendly fire?
- Yes, a lot  
 Yes, a little  
 No  
 Don't Know  
 Refused
- I4b** During your military service, how many times were you deployed to serve in combat?
- 0-1 deployments  
 2-3 deployments  
 More than 3 deployments  
 Don't Know  
 Refused
- I5** In total, how many years of active duty military service did you serve?
- Specify --> Number of years:   
 Don't know  
 Refused
- I6** When you were discharged from military service, did you receive:
- An honorable discharge  
 A general discharge, under honorable conditions  
 A general discharge, under other than honorable conditions  
 A bad conduct discharge  
 A dishonorable discharge  
 An uncharacterized or other discharge  
 Don't Know  
 Refused

SECTION I: Veteran Status/Military Experience

## 2012 Evaluation of the Veterans Homelessness Prevention Demonstration (VHPD)

RID012/bohne  
1:-1,2:2,3:1,4:2,5:1

- 17** I'm going to read a list of possible challenges you faced when re-entering civilian life after you left the military. For each one, tell me yes or no.  
[INSERT EACH OPTION BELOW IN TURN]

		Yes	No	Don't Know	Refused
I7a	Finding a job, or getting your old job back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7b	Not being able to adjust to working in civilian jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7c	Finding an affordable place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7d	Dealing with physical illnesses and conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7e	Getting through physical therapy/rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7f	Getting used to my new physical limitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7g	Letting down my guard, learning to relate to the world without constant vigilance / expectation of danger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7h	Dealing with emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7i	Getting used to living with my family again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7j	Finding my place—seemed like there was no place for me any more, I couldn't reconnect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7k	Lack of social support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7l	Something else SPECIFY --> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I7m	No challenges, haven't had any problems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION I: Veteran Status/Military Experience

2012 Evaluation of the Veterans Homelessness Prevention Demonstration (VHPD)

RID012/bohne  
1:-1,2:2,3:1,4:2,5:1



**I8** After leaving the military, what period of time did you find the hardest to get through?

- Right after being discharged
- About six months to a year after being discharged
- More than a year after being discharged
- No time was hard, haven't had any problems
- Don't Know
- Refused

**I9** Has your military service had any impact on your ability to keep housing? In other words, has it increased your housing troubles, decreased your housing troubles, or had no effect?

- Increased my chances of losing my housing
- Had no effect
- Decreased my chances of losing my housing
- Don't Know
- Refused

**I9a** In what ways do you think your military experience might have decreased your chances of losing your housing?

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RID012/bohne  
1:-1,2:2,3:1,4:2,5:1

## SECTION J: Demographics



**J1** Is your ethnic background Hispanic or Latino?

- Hispanic or Latino, or  
 Not Hispanic or Latino?  
 Don't Know  
 Refused

**J2** What is your race? Do you think of yourself as: [INTERVIEWER: Mark all that apply]

		Set to 'No'			
		Yes	No	Don't Know	Refused
<input type="radio"/> List Below					
J2a	If volunteered: Multiracial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J2b	Alaska Native or American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J2c	Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J2d	Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J2e	Native Hawaiian or Other Pacific Islander, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J2f	White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J2g	Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Don't Know					
<input type="radio"/> Refused					

**J3** INTERVIEWER: Record Respondent's Gender:

- Male  
 Female  
 Don't Know  
 Refused

**J4** What is your Date of Birth / Age?

- Date of Birth Month:  Day:  Year:   
 Age -->   
 Don't Know  
 Refused

**J5** What is your marital status?

- Now Married  
 Widowed  
 Divorced  
 Separated  
 Never Married

Don't Know

Refused

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1:-1,2:2,3:1,4:2,5:1

## SECTION K: Contact Information



*Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to collect the names, telephone numbers and addresses of three people who will always know how to reach you. Please tell me about people who live at different addresses. This information will be kept strictly confidential and will only be used if we are unable to contact you.*

**K1** Could you tell us the name of someone who does not live with you and will always know how to contact you?

- Yes
- No
- Don't Know
- Refused

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1:-1,2:2,3:1,4:2,5:1

## SECTION K: Contact Information



CONTACT #1:

**K2** What is his/her first name? **K2a** What is his/her middle name? **K2b** What is his/her last name? **K2c** Does his/her name have a suffix? **K3** What is (his/her) street address? **K3a** Is there a complex/building name? **K3b** Is there an apartment number? **K3c** In what city? **K3d** In what state? **K3e** What is the zip code? **K4** What is (his/her) home phone number, starting with the area code?Telephone # with area code: **K5** What is (his/her) cell phone number, starting with the area code?Telephone # with area code: **K6** What is (his/her) email address? **K7** What is (his/her) relationship to you? Friend Relative Other -->  Don't Know Refused



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1:-1,2:2,3:1,4:2,5:1

## SECTION K: Contact Information



CONTACT #2:

**K8** Could you tell us the name of a second person who does not live with you and will always know how to contact you? Yes No Don't know Refused

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RID012/bohne  
1:-1,2:2,3:1,4:2,5:1

## SECTION K: Contact Information



CONTACT #2:

**K8** Could you tell us the name of a second person who does not live with you and will always know how to contact you?

Yes No Don't know Refused

**K9** What is his/her first name?

**K9a** What is his/her middle name?

**K9b** What is his/her last name?

**K9c** Does his/her name have a suffix?

**K10** What is (his/her) street address?

**K10a** Is there a complex/building name?

**K10b** Is there an apartment number?

**K10c** In what city?

**K10d** In what state?

**K10e** What is the zip code?

**K11** What is (his/her) home phone number, starting with the area code?

Telephone # with area code:

**K12** What is (his/her) cell phone number, starting with the area code?

Telephone # with area code:

**K13** What is (his/her) email address?

**K14** What is (his/her) relationship to you?

Friend

Relative

Other -->

Don't Know

Refused

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1:-1,2:2,3:1,4:2,5:1

## SECTION K: Contact Information



CONTACT #3:

**K15** Could you tell us the name of a third person who does not live with you and will always know how to contact you?

- Yes
                 
  No
                 
  Don't know
                 
  Refused

**K16** What is his/her first name?

**K16a** What is his/her middle name?

**K16b** What is his/her last name?

**K16c** Does his/her name have a suffix?

**K17** What is (his/her) street address?

**K17a** Is there a complex/building name?

**K17b** Is there an apartment number?

**K17c** In what city?

**K17d** In what state?

**K17e** What is the zip code?

**K18** What is (his/her) home phone number, starting with the area code?

Telephone # with area code:

**K19** What is (his/her) cell phone number, starting with the area code?

Telephone # with area code:

**K20** What is (his/her) email address?

**K21** What is (his/her) relationship to you?

Friend

Relative

Other -->

Don't Know

Refused

## 2012 Evaluation of the Veterans Homelessness Prevention Demonstration (VHPD)

Thank you very much for your time today and for helping us with this study. Your answers and those of people like you will help shape programs to continue the types of help you have received from your VHPD program.

Submit Survey

## Appendix H. Follow-Up Survey Methods

---

Veterans Homelessness Prevention Demonstration (VHPD) study participants who completed the baseline survey were contacted after program exit to participate in an outcomes survey. Silber & Associates began fielding the outcomes survey 6 months after the first study participant exited the VHPD program. The follow-up survey was in the field from mid-July 2013 to early October 2014.

For the survey firm to track study participants' program exit dates in close to real time, the research team asked the local program case management staff to submit forms for veterans who exited the program containing the program entry and exit date information on a weekly basis to Silber & Associates for study participants exiting VHPD. These data were tracked so that outreach for each follow-up survey began 6 months after the exit date reported by the program staff.

The follow-up survey included questions on topics similar to the baseline survey to allow for comparisons between the two waves. The follow-up survey specifically addressed the following topics:

- Housing status at follow-up and experiences since baseline—nature of current housing, number and type of places where the respondent had lived since baseline, homelessness incidence since leaving VHPD.
- Household composition at follow-up.
- Education and training after program exit and since baseline, including any vocational training, and whether that education or training led to employment opportunities.
- Income level at program exit, sources, and receipt of noncash benefits for anyone in the respondent's household.
- Employment after program exit and since baseline, current and brief history.
- Housing costs—rent and mortgage payment amounts, government housing assistance, and whether the respondent ever struggled to pay rent or utilities between baseline and follow-up.
- Respondent mental health issues.

The full follow-up survey instrument is in appendix I.

Please note that appendix G (baseline survey instrument) and appendix I (follow-up survey instrument) reproduce screen shots of the survey as it appeared to interviewers as they administered the survey. Most of the survey items are blank, but some of the survey items show test responses that were entered for training purposes. These responses were not entered by study respondents.



## Appendix I. Follow-Up Survey Instrument

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VHPD FOLLOW-UP INTERVIEW

SUE001/susan  
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Hi, my name is susan. I'm calling from Silber & Associates, a research firm based in Baltimore. As you'll recall, we talked on 05/22/2013, just as you were enrolling in the Veterans Homelessness Prevention Demonstration (VHPD), about your situation and your housing needs. I'm talking to people such as yourself who have participated in a program to help veterans keep their housing, or get back into housing if they have lost it. We are interested in learning about how things are for you now, and how VHPD may have helped, or may still be helping, you and your family.

As before, I'll be asking you a series of questions about your living situation (housing, who lives with you), income and employment, housing cost, health and well-being, and anything that may be making it hard at present for you to stay stably housed. I'll also be asking you about the VHPD program you participated in, and the ways you think the program has affected your current situation.

HUD, the VA, and the Department of Labor, the federal partners sponsoring VHPD, are very interested in helping veterans avoid homelessness. They hope to learn from your experiences with the VHPD program about the ways they might be able to help veterans who find themselves in need of help keep their housing. Your participation in this study will help the VA and HUD to improve programs for veterans like you across the country. Your participation is voluntary; you may stop the interview at any time. If any question makes you feel uncomfortable, you can refuse to answer that question. The information you provide will be kept confidential and only used for this study to the extent allowed by the Privacy Act of 1974.. The collection of this information has been approved by the Office of Management and Budget.

SECTION A: Housing Now and Since  
Baseline

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**A1** Are you living in the same place you were when we last talked, which was in 05/22/2013

- Yes       No       Don't know       Refused

**A2** Have you and your family been living here the whole time since we last talked, which was in 05/22/2013

- Yes       No       Don't know       Refused



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**A3** How long have you lived or stayed in the place you are living now?

- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 12 months
- More than 12 months
- Don't Know
- Refused

**A4** Are you currently living in your own place? I mean a house or apartment that's in your name or your partner's.

- Yes
- No
- Don't know
- Refused

**A5** Is it someone else's place, for instance, the place of your parents, other relatives, or friends?

- Yes
- No
- Don't know
- Refused

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A4A6 note

- A6** Could you tell me, then, which one of the following best describes your living situation now? I'll start reading some possibilities—stop me when I read the one where you are living now.  
[INTERVIEWER: Start reading options, stop when respondent indicates the right one, and mark that answer]
- An emergency shelter or domestic violence shelter
  - A voucher hotel or motel (paid for by a homeless or government program)
  - Housing paid for by the VA's Grant & Per Diem program
  - A transitional housing program
  - Anywhere not meant for habitation—e.g., a car, truck, RV, or trailer; an abandoned building, in parks, on the streets, in camping grounds, anywhere outside
  - A hotel or motel you paid for yourself
  - A VA residential drug or alcohol treatment program—only for vets
  - A residential drug or alcohol treatment program for anyone—not just for vets
  - A VA hospital
  - Any other hospital—i.e., not a hospital run by the VA
  - Jail or prison
  - A permanent housing program for people with disabilities who have been homeless, with services and caseworkers to help you keep your housing
  - OTHER --> SPECIFY:
  - Don't Know
  - Refused

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A7A7 note

**A7** Can you tell me about the house, apartment, or living space you live in now. Overall, how would you describe the condition of your current house, apartment, or living space? Would you say it was in excellent, good, fair, or poor condition?

- Excellent  
 Good  
 Fair  
 Poor  
 Don't Know  
 Refused

**A8** Including the place you lived when we last talked that is, since 05/22/2013 and the place you are living now, how many different places have you lived?

- 2 places  
 3 places  
 4 places  
 5 or more places  
 Don't Know  
 Refused

**A8a** Besides the place you are living now, since we last talked, that is since 05/22/2013 did you live or stay ...  
[READ RESPONSES AND MARK "YES" OR "NO" FOR ALL THAT APPLY.]

		Yes	No	Don't Know	Refused
A8a1	In my own place (lease was in your name or you owned it)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A8a2	In someone else's place (relative, partner, or friend)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A8a3	In a shelter for homeless people/victims of domestic violence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A8a4	In my car/truck, abandoned building, somewhere outside, or a place not meant for habitation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A8a5	In a hospital treatment program, jail, prison, other institution	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A8a6	Some other type of place	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- A9** Since you began participating in VHPD, have you received any of the following types of assistance from that program...?  
[INTERVIEWER: read each option, record answer]

		Set to No			
		Yes	No	Don't Know	Refused
A9a	Paying off rent arrears—back rent you owed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9b	Paying deposit on different apartment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9c	Paying one or more month's rent going forward	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9d	Helping negotiate with current or new landlord	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9e	Paying utility bill arrears—what you owed for old utility bills	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9f	Negotiating with utility companies to set up a repayment schedule I could handle , and/or lower my rate for the future	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9g	Paying some or all of the costs of moving into a new place	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A9h	Helping get furniture and furnishings	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- A10** Did you get what you needed from the services you've just mentioned?

- Yes, helped very much  
 Yes, helped somewhat  
 No, did not help  
 Don't Know  
 Refused

- A11** Some people are able to get help during a housing crisis from family, friends, or other people they know in the community. Did you get any help with rent, utilities, moving costs, or finding a new place from any of these types of people?  
[INTERVIEWER: IF NECESSARY, CLARIFY THAT YOU MEAN PEOPLE OTHER THAN THE VHPD PROGRAMS]

- Yes                       No                       Don't know                       Refused

- A11a** Would you say that the help you received from VA Housing<sup>1</sup>, VA Medical<sup>1</sup> or Va Job<sup>1</sup> for your housing needs was more useful than the help you got from your family and friends, less useful, or about equally useful?

- More Useful                       About Equally Useful                       Less Useful                       Don't know                       Refused

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## SECTION B: Household Composition



**B1** Please tell me all the people you live with now. [Mark all that apply]

		Yes	No	Don't Know	Refused
B1a	You live by yourself, no one else lives with you	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1b	Your children (if asked, "including someone else's children you are responsible for") How Many? <input type="text" value="1"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1c	Someone else's children (not your responsibility) How Many? <input type="text"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1d	Your spouse	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1e	Your boyfriend, girlfriend, or partner	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1f	Your parent(s) or your spouse/partner/boy/girlfriend's parent(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1g	Other relatives of yours or your spouse/partner/boy/girlfriend's	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1h	Friends	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1i	Roommates	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
B1j	Lodger(s), Boarder(s), anyone else	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B1k** How many adults and how many children would that be, in total, counting yourself?

Number of adults (18 and older):

Number of children (17 or younger):

**B2** Are these the same people as you were living with since we last talked, that is, since 05/22/2013?

Yes       No       Don't know       Refused

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## SECTION B: Household Composition



**B3** Thinking about the children **who live with you now** and for whom you have responsibility, how many of them are ...

**B3a** Aged 0 (newborn) through 5?

Number of children?

Don't know

Refused

**B3b** Aged 6 through 17?

Number of children?

Don't know

Refused

**B3c** Adults—that is, aged 18 or older?

Number of children?

Don't know

Refused

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## SECTION D: Education and Training



**D1** Have you completed any school since we last talked---that would be in 05/22/2013. If yes, what grade or school did you complete and get credit for?  
[MARK ONLY NEW COMPLETIONS. IF NONE, MARK "DID NOT COMPLETE ANY MORE EDUCATION"]

- Did not complete any more education
- GED
- High school diploma
- Some college or 2-year degree
- Finished 4-year degree
- Master's degree or equivalent
- Other
- Don't Know
- Refused

**D2** Since we last talked, have you completed a vocational, trade, or business program?

- Yes
- No
- Don't Know
- Refused

**D3** What kind of schooling or training is that? [MARK ALL THAT APPLY]

		Set to 'No'			
		Yes	No	Don't Know	Refused
D3a	Regular schooling leading to a degree (AA, BA, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3b	Regular schooling leading to a vocational or professional license or certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3c	General equivalency diploma (GED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3d	English as a second language (ESL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3e	Computer training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3f	Apprenticeship / on-the-job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3g	Vocational rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3h	Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## SECTION D: Education and Training



**D4** Did \_\_\_\_\_ help you get that schooling / training?

		Yes	No	Don't Know	Refused
D4a	VA Housing1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D4b	VA Medical1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D4c	Va Job1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
D4d	Other agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**D4e** Some people are able to get help with education and training from family, friends, or other people they know in the community. Did you get any help with school or training from these types of people?

[INTERVIEWER: IF NECESSARY, CLARIFY THAT YOU MEAN PEOPLE OTHER THAN THE VHPD PROGRAMS]

- Yes  
 No  
 Don't Know  
 Refused

**D4f** Would you say that the help you received from VA Housing1, VA Medical1 and Va Job1 for school or training was more useful than the help you got from your family and friends, less useful, or about equally useful?

- More Useful  
 About equally useful  
 About equally useful  
 Don't Know  
 Refused



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## SECTION D: Education and Training



- D5** Are you now participating in any additional schooling or training program that (has) lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job.  
[INTERVIEWER: if R is usually in school or training but at time of interview is not – e.g. because no summer school is offered – record answer as “Yes”?]

- Yes  
 No  
 Don't Know  
 Refused

- D6** What kind of schooling or training is that? [MARK ALL THAT APPLY]

		Set to No			
		Yes	No	Don't Know	Refused
D6a	Regular schooling leading to a degree (AA, BA, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6b	Regular schooling leading to a vocational or professional license or certification	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6c	General equivalency diploma (GED)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6d	English as a second language (ESL)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6e	Computer training	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6f	Apprenticeship / on-the-job training	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6g	Vocational rehabilitation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6h	Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- D7** Did \_\_\_\_\_ help you get that schooling / training? [Insert each program name in turn]

		Yes	No	Don't Know	Refused
D7a	VA Housing1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D7b	VA Medical1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D7c	Va Job1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
D7d	Other agency	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- D8** Is the Post 9/11 GI Bill helping to pay your tuition and/or other school costs?

- Yes       No       Don't know       Refused

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## SECTION E: Income and Employment



**E1** Have you or anyone in your household received any income from any source in past 30 days?

Yes       No       Don't know       Refused

**E2** In the past 30 days, have you or anyone in your household received any income from ...?

		Set to 'No'			
		Yes	No	Don't Know	Refuse
E2a	Income from a job	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2b	Unemployment Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2c	Supplemental Security Income (SSI)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2d	Social Security Disability Income (SSDI)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2e	Veterans pension/payment from the VA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2f	Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2g	Money from family or friends	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2h	Other source	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**E3** In the past 30 days, did the Post 9/11 GI Bill, an education or training allowance from the VA, or a scholarship or grant provide you with income or tuition that you could use to cover expenses?

- Yes       Usually yes, but no classes right now       No       Don't know       Refused

**E4** Since you began participating in VHPD have you received any of the following types of assistance from that program...?  
[INTERVIEWER: read each option, record answer]

		Set to 'No'			
		Yes	No	Don't Know	Refuse
E4a	Helping to get food stamps, child care, TANF, other public benefits	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E4b	Connecting to Va Job1 to help with employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E4c	Help from VA Medical1 to get any allowances, grants, or other support that the VA has for veterans	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E4d	Any other help to increase your income or resources	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E5** Did you get what you needed from the services you've just mentioned?

- Yes, helped very much  
 Yes, helped somewhat  
 No, did not help  
 Don't Know  
 Refused

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## SECTION E: Income and Employment



**E6** What was your household's total income in the past 30 days?

- Amount Per Month --> .00
- Don't know
- Refused

**E6a** Can you give me range? Was your total household income last month:

- Under \$500 per month
- \$500 to < \$750
- \$750 to < \$1000
- \$1000 to < \$1500
- \$1500 to < \$2000
- More than \$2000 per month
- Don't Know
- Refused

**E7** In the past 30 days, did you or anyone in your household receive (or are you on) any of the following benefits:

		Set to 'No'			
		Yes	No	Don't Know	Refused
E7a	Food Stamps (officially called Supplemental Nutrition Assistance Program (SNAP))	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7b	Medicaid health insurance program (Medi-Cal for San Diego)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7c	Medicare health insurance program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7d	Children's Health Insurance Program (in Washington and Texas); KidCare (in Florida); Child Health Plus (in New York); Healthy Families Program (in California)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E7e** Did \_\_\_\_\_ help you access those benefits? [Insert each program name in turn]

		Yes	No	Don't Know	Refused
E7e1	VA Housing1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7e2	VA Medical1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7e3	Va Job1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
E7e4	Another agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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**E8** Last week, did you do any work for pay?

- Yes       No       Don't know       Refused

**E9** Have you been doing anything to find work during the past four weeks?

- Yes       No       Don't know       Refused

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## SECTION E: Income and Employment



**E10** What is the **main reason** that you did not work for pay or look for work in the past four weeks?  
[INTERVIEWER: Allow R to respond spontaneously and Mark ONLY ONE response. If R mentions multiple response options, INTERVIEWER repeat response options that the R indicated "Would that be... (response A, response B, response C)? And ask them to choose the main reason]

- Unable to work because of housing problems
- Unable to work for health reasons related to military service
- Unable to work for health reasons unrelated to military service
- Has job but temporarily absent/seasonal work
- Couldn't find any work
- Couldn't find a job that pays enough
- Child care problems
- Family responsibilities
- In school or other training
- Waiting for a new job to begin
- Had enough money from other sources
- Retired
- Disabled
- Other (specify):
- Don't know
- Refused

**E10a** Did any VHPD staff-for example, your case worker(s)-refer you to Va Job1 to help you find work?

- Yes                       No                       Don't know                       Refused

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SECTION E: Income and Employment



**E11** Do you have a disability that limits or prevents you from working?

- Yes       No       Don't know       Refused

**E11a** Is this disability related to your military service?

- Yes       No       Don't know       Refused

**When we last talked, you were working. Since that tiime,**

**E12b** How long has it been since you last worked for pay?

- Specify --> Number of months:
- Don't know
- Refused

**E13** Since we last talked, how much of the time have you had a job or done some work for pay?

- All or almost all of the time
- Most of the time
- About half of the time
- Some of the time
- Almost none or none of the time
- Don't know
- Refused

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## SECTION E: Income and Employment



- E14** Since you began participating in VHPD, have you received any of the following types of assistance from any of the agencies that participate in the program...?  
[INTERVIEWER: read each option, record answer]

		Set to 'No'			
		Yes	No	Don't Know	Refuse
E14a	Helping with resume writing, presenting self to potential employers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14b	Job counseling—what would be good jobs for me, what skills I need to develop, etc.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14c	Helping with specific skills or training needed for jobs (e.g., computers, job training)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14d	Making job lists available to me, referring me to specific jobs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14e	Clothing, uniforms, equipment needed for specific jobs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14f	Referrals to specific jobs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14g	Anything else job-related	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- E14h** Did \_\_\_\_\_ provided that assistance?

		Yes	No	Don't Know	Refused
E14h1	VA Housing1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14h2	VA Medical1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14h3	Va Job1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14h4	Other agency	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- E15** Did you get what you needed from the services you've just mentioned?

- Yes, helped very much  
 Yes, helped somewhat  
 No, did not help  
 Don't Know  
 Refused

- E15a** Some people are able to get help with education and training from family, friends, or other people they know in the community. Did you get any help with school or training from these types of people?  
[INTERVIEWER: IF NECESSARY, CLARIFY THAT YOU MEAN PEOPLE OTHER THAN THE VHPD PROGRAMS]

- Yes  
 No  
 Don't Know  
 Refused

- E15b** Would you say that the help you received from VA Housing1, VA Medical1 and Va Job1 for school or training was more useful than the help you got from your family and friends, less useful, or about equally useful?

- More Useful



- About equally useful
- Less useful
- Don't Know
- Refused

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SECTION E: Income and Employment



**E16** About how long have you been working at that job?

Specify --> Number of months:                      Number of years:  
Don't know  
Refused

**E17** How many hours per week do you usually work at your main job? By main job, I mean the one at which you usually work the most hours.

Specify --> Number of hours: -  
Don't know  
Refused

**E17a** Do you usually work 35 hours or more per week at your main job?

Yes                       No                       Don't know                       Refused

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## SECTION E: Income and Employment



**E18** Did \_\_\_\_\_ help you get your current job or any job you have had since we last talked ?

		Yes	No	Don't Know	Refused
E18a	VA Housing1				
E18b	VA Medical1				
E18c	Va Job1				
E18d	Another agency				

**E19** Some people are able to get help to find work from family, friends, or other people they know in the community. Did you get any help to find work from these types of people?

[INTERVIEWER: IF NECESSARY, CLARIFY THAT YOU MEAN PEOPLE OTHER THAN THE VHPD PROGRAMS]

Yes

No

Don't Know

Refused

**E19a** Would you say that the help you received from VA Housing1, VA Medical1 and Va Job1 to help you find work was more useful than the help you got from your family and friends, less useful, or about equally useful?

More Useful

About equally useful

Less useful

Don't Know

Refused

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## SECTION F: Housing Costs



**F2** What is the total rent or mortgage on the place you are staying—the rent on the lease or the monthly mortgage payment, not just what you and your household pay?

Per Month: \$ .00 (Four digits rounded to dollar; Expected range \$1 - 3000)

Don't know

Refused

**F2a** Can you give me a range? Is the full monthly rent or mortgage payment:

Under \$500 per month

\$500 to < \$750

\$750 to < \$1000

\$1000 to < \$1500

\$1500 to < \$2000

More than \$2000 per month

Don't know

Refused

**F3** In the month just past, what did you and your family pay in rent or for your mortgage. Tell me just the amount you and your family paid without including any outside help you got from a government agency or someone helping you.

Per Month: \$ .00 (Four digits rounded to dollar; Expected range \$1 - 3000)

Don't know

Refused

**F3a** Can you give me a range? Is your own family's monthly rent or mortgage payment:

Under \$500 per month

\$500 to < \$750

\$750 to < \$1000

\$1000 to < \$1500

\$1500 to < \$2000

More than \$2000 per month

Don't know

Refused

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SECTION F: Housing Costs



**F4** Do you receive any assistance to pay rent from the government or from some other program?  
[INTERVIEWER— this refers to any government program that might provide rental assistance, not just the VHPD provider]

Yes                      No                      Don't know                      Refused

**F5** Since we last talked, has there been a time when you were unable to pay rent or mortgage?

Yes                      No                      Don't know                      Refused

**F5a** How often did this happen?

- Once
- Twice
- Three or more times
- Don't know
- Refused

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SECTION F: Housing Costs



**F6** Do you pay for any utilities that are not included as part of the rent or mortgage payment? By utilities, I mean electricity, heating oil, gas or propane, and water, but NOT telephone and cable services.

- Yes                       No                       Don't know                       Refused

**F7** Since we last talked, has there been a time when you were unable to pay utility bills—that is, electricity, heating oil, gas or propane, and water, but NOT telephone and cable services.

[INTERVIEWER—if asked, clarify—"by two weeks after it was due"]

- Yes                       No                       Don't know                       Refused

**F7a** How often did this happen?

- Once  
 Twice  
 Three or more times  
 Don't know  
 Refused

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SECTION G: Family Health and Well-Being



**G1** Overall, how would you rate your health during the past month (that is the past 30 days)?

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor  
 Don't Know  
 Refused

**G2** Please tell me about any health problems you may be experiencing at this time.  
(read and check all that apply)

		Set to 'No'			
		Yes	No	Don't Know	Refused
G2a	Serious depression, anxiety, and/or tension	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2b	Being easily startled, not being able to relax your guard	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2c	Trouble understanding, concentrating, or remembering	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2d	Trouble controlling anger or violent behavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2e	Symptoms of post-traumatic stress disorder (PTSD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2f	Trouble with use of alcohol or drugs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2g	Problems dealing with the results of head injury/traumatic brain injury (TBI)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2h	Experiencing serious thoughts of suicide	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2i	Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## SECTION G: Family Health and Well-Being



- G3** Since you began participating in VHPD, have you received any of the following types of help for these health problems from any of the agencies that participate in the program...?

		Set to No			
		Yes	No	Don't Know	Refused
G3a	Treatment for specific physical health conditions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G3b	Counseling for emotional issues	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G3c	Counseling, treatment, group supports for substance abuse problems	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
G3d	Help with family relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
G3e	Help with adjustments to civilian life	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
G3f	Help or counseling for/with children, about family relationships, school, other issues related to your children	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G3g	Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- G4** Has \_\_\_\_\_ been helping you with any of these health problems? [Insert each program name]

		Yes	No	Don't Know	Refused
G4a	VA Housing1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G4b	VA Medical1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
G4c	Va Job1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
G4d	Another agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

- G5** Are you getting or did you get what you needed from the service?

- Yes, very much  
 Yes, somewhat  
 No  
 Don't Know  
 Refused



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SECTION G: Family Health and Well-Being



**G6** Some people are able to get help with health problems from family, friends, or other people they know in the community. Did you get any help with your health problems from these types of people?  
[INTERVIEWER: IF NECESSARY, CLARIFY THAT YOU MEAN PEOPLE OTHER THAN THE VHPD PROGRAMS]

Yes

No

Don't Know

Refused

**G6a** Would you say that the help you received from VA Housing<sup>1</sup>, VA Medical<sup>1</sup> and Va Job<sup>1</sup> for your health problems was more useful than the help you got from your family and friends, less useful, or about equally useful?

More Useful

About Equally Useful

Less Useful

Don't Know

Refused

**G7** Do you get health care from the VA or another source that serves veterans or active duty military personnel?

Yes

No

Don't Know

Refused

**G7a** Do you have any non-military type of health insurance that helps pay for health care when you need it?

Yes

No

Don't Know

Refused

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## SECTION H: Demographics and Closing

**H1** Has your marital status changed since we last talked?

- Yes  
 No  
 Don't Know  
 Refused

**H1a** What is your marital status now?

- Now Married  
 Widowed  
 Divorced  
 Separated  
 Never Married  
 Don't Know  
 Refused

**H2** Before we end, let me make sure I know the address where you are currently living...

Street   
City  State  Zip code

**H3** Is that the address we should use to send you the \$30 we will pay you for your participation in this interview?

- Yes  
 No

**H3a** To what address should we send payment?

Street   
City  State  Zip code

## Evaluation of the Veterans Homelessness Prevention Demonstration (VHPD) VHPD FOLLOW-UP INTERVIEW

Thank you very much for your time today and for helping us with this study. Your answers and those of people like you will help shape programs to continue the types of help you have received from your VHPD program.

Submit Survey



## Appendix J. Survey Data Cleaning and Survey Timing

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This appendix describes the process of cleaning the Veterans Homelessness Prevention Demonstration (VHPD) survey data and the period during which the surveys were conducted in relation to the veterans' program entry and exit dates reported in the administrative data.

### Baseline Survey Data Cleaning

Upon reviewing the baseline survey data, the research team observed several issues that affected the usability of the data. Team members were able to correct some of these issues with missing value imputation, but not others. This section summarizes those issues and describes whether researchers were able to remedy the issue and, if so, what remedy they used.

### Missing Data Imputation

This section describes the methods by which the research team imputed values for missing data points and the questions that were affected by that imputation.

### Monthly Income Amount

The survey first asked the respondents whether their household had received any income in the past 30 days. The survey later asked how much income the household had in the past 30 days. Those who said "No" to the first question should not have been asked the second question; however, this skip pattern was not applied uniformly, resulting in missing values on the amount question. To correct for this inconsistency, the research team used the following decision rules to determine the respondent's household income at baseline:

1. If the respondent reported on E1 that his or her household did not receive any income and the respondent had a legitimate skip, missing data point, or answered 0 for the amount on E7\_amt, then the researchers imputed his or her baseline income to zero.
2. If the respondent reported on E1 that his or her household did not receive any income and had a value greater than zero for the amount of income the respondent's household received in the past 30 days on E7\_amt, then the researchers used that nonzero amount as his or her baseline income.
3. If the respondent reported on E1 that his or her household received income and reported an amount greater than or equal to zero on E7\_amt, then the researchers used that amount (including zeros) for his or her baseline income.
4. If the respondent reported on E1 that his or her household received income and then either skipped or had a missing data point for the amount on E7\_amt, the researchers considered his or her baseline income to be missing.

### Incomplete Data Entry On Series Questions

Many questions in the baseline survey were parts of a related series of questions. For example, the researchers asked whether the respondent received income from any of the following sources: (1) a job, (2) unemployment insurance, (3) Social Security Income, (4) Social Security Disability Income, (5) veteran’s pension/payment, (6) Temporary Assistance for Needy Families, or (7) friends or family members. The survey was coded such that the interviewer should have entered a distinct yes/no/don’t know/refused response for each subquestion. The interviewers, however, did not enter a response for each question, which resulted in extensive missingness on the series questions. When asked about these missing responses, the interviewers answered that to save time they entered only the yes responses. To remedy the missingness on questions that formed part of a series, the researchers first determined if they could get this information more reliably from the Homeless Management Information System (HMIS) administrative data. This was the case for the race question series; so, for analytic purposes, the study used the race data only from the HMIS data and not from the survey. If the information could not be gathered from HMIS, the researchers then determined if there was at least one yes response for one of the questions in the series. If there was, they imputed no for the rest of the questions in the series. If there was not at least one yes, they left all the responses as missing. Table J.1 lists the questions that were affected by this imputation.

**TABLE J.1**  
**Series Questions Affected by Missing Data Imputation**

Question Number	Question
A18a2	A18a2. Besides current place, have you lived: In someone else’s place?
A18a3	A18a3. Besides current place, have you lived: In a shelter for homeless, victims of domestic violence?
A18a4	A18a4. Besides current place, have you lived: In car, truck, abandoned building, somewhere outside?
A18a5	A18a5. Besides current place, have you lived: In a hospital treatment program, jail, prison?
A18a6	A18a6. Besides current place, have you lived: Other type of place?
B4b	B4b. Do you live with your children?
B4c	B4c. Do you live with someone else’s children?
B4d	B4d. Do you live with your spouse?
B4e	B4e. Do you live with your boyfriend, girlfriend, or partner?

(continued)

**TABLE J.1**  
**Series Questions Affected by Missing Data Imputation (continued)**

Question Number	Question
B4f	B4f. Do you live with your parent(s) or your spouse/partner/boy/girlfriend's parent(s)?
B4g	B4g. Do you live with other relatives of yours or your spouse/partner/boy/girlfriend's relatives?
B4h	B4h. Do you live with friends?
B4i	B4i. Do you live with roommates?
B4j	B4j. Do you live with lodger(s), boarder(s), anyone else?
D5a	D5. Type of school or training: Regular schooling leading to a degree
D5b	D5. Type of school or training: Regular schooling leading to a voc., prof license, or certification
D5c	D5. Type of school or training: GED®
D5d	D5. Type of school or training: ESL
D5e	D5. Type of school or training: Computer training
D5f	D5. Type of school or training: Apprenticeship/OJT
D5g	D5. Type of school or training: Vocational rehab
D5h	D5. Type of school or training: Other
E2a	E2. Has your household received income from a job?
E2b	E2. Has your household received income from unemployment insurance?
E2c	E2. Has your household received income from SSI?
E2d	E2. Has your household received income from SSDI?
E2e	E2. Has your household received income from veterans pension/payment?

(continued)

**TABLE J.1**  
**Series Questions Affected by Missing Data Imputation (continued)**

Question Number	Question
E2f	E2. Has your household received income from TANF?
E2h	E2. Has your household received income from money from family or friends?
H2a	H2. Health problems: serious depression, anxiety, tension
H2b	H2. Health problems: easily startled, not able to relax guard
H2c	H2. Health problems: trouble understanding, concentrating, remembering
H2d	H2. Health problems: trouble controlling anger, violent behavior
H2e	H2. Health problems: PTSD
H2f	H2. Health problems: trouble with alcohol, drugs
H2g	H2. Health problems: TBI
H2h	H2. Health problems: thoughts of suicide
H2i	H2. Health problems: other
I3a	I3. Theatre of operations: WWII
I3b	I3. Theatre of operations: Korean War
I3c	I3. Theatre of operations: Vietnam War
I3d	I3. Theatre of operations: Desert Storm
I3e	I3. Theatre of operations: Enduring Freedom
I3f	I3. Theatre of operations: Iraqi Freedom
I3g	I3. Theatre of operations: New Dawn
I3h	I3. Theatre of operations: other peacekeeping interventions

(continued)



**TABLE J.1**  
**Series Questions Affected by Missing Data Imputation (continued)**

Question Number	Question
I7a	17. Challenges: finding a job, getting old job back
I7b	17. Challenges: not being able to adjust to working in civilian job
I7c	17. Challenges: finding affordable place to live
I7d	17. Challenges: physical illnesses and conditions
I7e	17. Challenges: getting through physical therapy/rehab
I7f	17. Challenges: getting used to new physical limitations
I7g	17. Challenges: letting down guard
I7h	17. Challenges: dealing with emotional problems
I7i	17. Challenges: getting used to family life again
I7j	17. Challenges: finding my “place”
I7k	17. Challenges: lack of social support
I7l	17. Challenges: something else
I7l_ specify	17. Challenges: something else specified
I7m	17. Challenges: no challenges
J2a	J2. Race: Multiracial
J2b	J2. Race: Alaska Native, American Indian
J2c	J2. Race: Asian
J2d	J2. Race: Black, African-American

(continued)

**TABLE J.1**  
**Series Questions Affected by Missing Data Imputation (continued)**

Question Number	Question
J2e	J2. Race: Hawaiian, Pacific Islander
J2f	J2. Race: White
J2g	J2. Race: Other
J2g_ specify	J2. Race: Other specified

ESL = English as a second language. GED® = General Educational Development credential. OJT = on-the-job training. PTSD = posttraumatic stress disorder. SSDI = Social Security Disability Income. SSI = Supplemental Security Income. TANF = Temporary Assistance for Needy Families. TBI = traumatic brain injury. WWII = World War II.

### Baseline Survey Timing

Although the research team attempted to survey veterans as quickly as possible after they entered the VHPD program, researchers were limited in their capacity to do this by the time required for the local program staff to mail in the consent forms and then by difficulties reaching veterans. Unstably housed or homeless individuals can be hard to reach by phone because of the lack of stability in their situation. Further, team members learned from local program staff that many veterans use “pay as you go” cell phones and run out of minutes before the end of the month. Because of these issues, it sometimes took interviewers several weeks or longer to get in touch with the veteran to conduct the baseline survey. To determine when the baseline survey occurred relative to veterans’ VHPD participation, the researchers compared the dates that the baseline survey was conducted with the program entry and exit dates provided in the HMIS data (table J.2).

**TABLE J.2**  
**Timing of VHPD Baseline Survey Relative to Program Entry and Exit**

	Cross-Site Total		Central Texas		San Diego		Tacoma		Tampa		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Baseline occurred between program entry and program exit	312	73.6	96	85.0	48	48.0	53	75.7	84	94.4	31	59.6
<i>Within 14 days of entry</i>	49	11.6	3	2.7	8	8.0	12	17.1	21	23.6	5	9.6
<i>Between 15 and 30 days of entry</i>	115	27.1	24	21.2	23	23.0	25	35.7	29	32.6	14	26.9
<i>Between 31 and 60 days of entry</i>	111	26.2	56	49.6	8	8.0	12	17.1	26	29.2	9	17.3

(continued)

**TABLE J.2**  
**Timing of VHPD Baseline Survey Relative to Program Entry and Exit (continued)**

	Cross-Site Total		Central Texas		San Diego		Tacoma		Tampa		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Between 61 and 180 days of entry</i>	37	8.7	13	11.5	9	9.0	4	5.7	8	9.0	3	5.8
Baseline occurred after exit	98	23.1	17	15.0	43	43.0	16	22.9	3	3.4	19	36.5
Baseline occurred before program entry according to given HMIS entry dates	14	3.3	0	0.0	9	9.0	1	1.4	2	2.3	2	3.9

HMIS = Homeless Management Information System.

Sources: Veterans Homelessness Prevention Demonstration baseline survey (unweighted); HMIS administrative data (unweighted)

As shown in table J.2, only 74 percent of surveys were conducted between program entry and program exit, and only 12 percent were conducted within 2 weeks of entry. Of veterans in the program, 35 percent were surveyed before they exited the program but more than a month after entry, but a sizable minority (23 percent) were surveyed after program exit. As a consequence, the baseline survey data likely do not reflect the circumstances that a sizable portion of the veterans in the study were experiencing at the time they enrolled in VHPD. As a result, data analysis comparing baseline to follow-up data may not accurately reflect the effects of VHPD. A small percentage (3 percent) of surveys seem to have been conducted before program entry. The researchers posit that this occurred when veterans reentered VHPD and their original service dates were overwritten or otherwise not included in the HMIS data pull.

To understand the effects of the delayed baseline survey and determine the extent to which baseline circumstances differed from those at program entry, the research team compared the housing status at program entry reported in HMIS with the veterans' housing situations reported at baseline for the 23 percent of veterans who completed their baseline interviews after exiting VHPD (table J.3). This analysis showed that, of the 20 veterans in this group who were literally homeless when they entered the program, only 3 were still homeless when the baseline interview was conducted. This finding provides support for the team's belief that the veterans' circumstances at the time they completed the baseline interview differed from their circumstances when they entered. This report does not present data on housing situation at baseline, and data from the baseline survey should be interpreted with this issue in mind.

**TABLE J.3**  
**Housing Situations at Program Entry and Baseline for Those Respondents Whose Baseline Interview Was Conducted After Program Exit**

Housing Situation at Baseline	Housing Situation at Program Entry									
	Missing		Literally Homeless		At Imminent Risk of Losing Housing		Unstably Housed		Stably Housed	
	N	%	N	%	N	%	N	%	N	%
In own place	1	100.0	15	75.0	43	87.8	18	78.3	5	100.0
Staying with someone else	0	0.0	2	10.0	3	6.1	2	8.7	0	0.0
Homeless	0	0.0	3	15.0	3	6.1	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	3	13.0	0	0.0

Sources: Veterans Homelessness Prevention Demonstration baseline survey (unweighted); Homeless Management Information System administrative data (unweighted)

### Follow-Up Survey Timing

The research team started contacting veterans in the study for the follow-up interview 6 months after they exited the VHPD program. As with the baseline survey, however, getting in contact with the veterans sometimes took several weeks. Because some veterans were more difficult to reach for the interview than others, the time at which the follow-up interview was conducted relative to their VHPD program exit ranged substantially (table J.4). More than one-half the interviews occurred between 6 and 8 months after program exit; however, about 41 percent occurred even later. Those veterans with later follow-up interviews had longer periods during which to report changes in their housing situation and more opportunity for their housing stability to erode. Findings from the follow-up survey should be interpreted with this in mind.

**TABLE J.4**  
**Timing of Follow-Up Survey Data in Relation to Program Exit**

	Cross-Site Total		Central Texas		San Diego		Tacoma		Tampa		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Follow-up occurred before 180 days after program exit	8	2.5	1	1.2	2	2.7	2	4.1	1	1.6	2	4.7
Follow-up occurred between 180 and 239 days after program exit	179	56.8	51	60.0	28	37.3	34	69.4	47	74.6	19	44.2
Follow-up occurred between 240 and 299 days after program exit	70	22.2	18	21.2	20	26.7	9	18.4	11	17.5	12	27.9

(continued)

**TABLE J.4**  
**Timing of Follow-Up Survey Data in Relation to Program Exit (continued)**

	Cross-Site Total		Central Texas		San Diego		Tacoma		Tampa		Upstate Northern New York	
	N	%	N	%	N	%	N	%	N	%	N	%
Follow-up occurred between 300 and 364 days after program exit	37	11.8	9	10.6	18	24.0	3	6.1	1	1.6	6	14.0
Follow-up occurred 365 or more days after program exit	21	6.7	6	7.1	7	9.3	1	2.0	3	4.8	4	9.3

*Sources:* Veterans Homelessness Prevention Demonstration follow-up survey (unweighted); Homeless Management Information System administrative data (unweighted)



## Appendix K. Administrative Data Elements

Table K.1 shows the administrative data elements from local Homeless Management Information Systems (HMISs) and the U.S. Department of Veterans Affairs (VA) Homeless Registry that the research team collected to inform this study of the Veterans Homelessness Prevention Demonstration (VHPD) program.

**TABLE K.1**  
**Administrative Data Sources**

Data Source	Indicator
<b>HMIS</b>	Age
	Race
	Ethnicity
	Gender
	Veteran status
	Whether children were present in the household
	VHPD program entry date
	VHPD program exit date
	Housing status at program entry
	Housing status at program exit
	Monthly household income at program entry
	Monthly household income at program exit
	Presence of substance abuse issues
	Presence of mental health issues
	Presence of physical health issues
	Presence of a chronic health condition
	Presence of a developmental disability
	Whether the client has HIV/AIDS
	Entry and exit dates for any emergency shelter or transitional housing service use
	<b>VA</b>
Race	
Ethnicity	
Gender	
Marital status	
Longest period of military service	
Receipt of hostile or friendly fire in a combat zone	
Where the veteran slept the previous night	
Length of current homeless episode	

(continued)

**TABLE K.1**  
**Administrative Data Sources (continued)**

Data Source	Indicator
	Number of separate homeless episodes in the past 3 years
	Veteran self-report of serious medical problems
	Veteran self-report of traumatic brain injury
	Veteran self-report of alcohol dependency—current
	Veteran self-report of alcohol dependency—past
	Veteran self-report of drug dependency—current
	Veteran self-report of drug dependency—past
	Veteran self-report of current psychiatric or emotional problems
	Employment history
	Number of days worked in past 30 days
	Income in the past 30 days
	Number of nights spent in DCHV within 24 months of intake
	Number of nights spent in GPD within 24 months of intake
	Whether the veteran entered HUD-VASH within 24 months of intake
	Whether the veteran entered SSVF within 24 months of intake
	Number of nights spent in HUD-VASH within 24 months of intake
	Number of nights spent in SSVF within 24 months of intake

DCHV = Domiciliary Care for Homeless Veterans. GPD = Grant and Per Diem. HMIS = Homeless Management Information System. HUD-VASH = HUD-Veterans Affairs Supportive Housing. SSVF = Supportive Services for Veteran Families. VA = U.S. Department of Veterans Affairs. VHPD = Veterans Homelessness Prevention Demonstration.

Sources: Homeless Management Information System universal data elements; VA HOMES assessment form



## Appendix L. Survey Weighting

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This appendix describes the three survey weight variables that were created for the analysis of survey data collected for the Veterans Homelessness Prevention Demonstration (VHPD) evaluation. In addition, this appendix describes the propensity score matching weight that was created to allow for comparisons between the survey respondents and a comparison group of veterans for whom administrative record information was obtained.

### Weighting

Survey weights affect variance estimates and, as a result, tests of significance and confidence intervals. Variance estimates derived from standard statistical software packages that assume simple random sampling, in general, are too low, which can lead to overstated significance levels and overly narrow confidence intervals. The impact of the survey design on variance estimates is measured by the design effect and is explained in more detail at the end of this appendix.

For measures that are based on all veterans who signed the consent form agreeing to be study participants, the analysis used the weight variable “BASEWEIGHT.” This weight includes—

- An adjustment for the lower consent rate among veterans who were homeless at program entry.
- An adjustment for the lower consent rate among veterans who had children in their household.
- An adjustment for the lower consent rate among veterans who reported having a chronic health condition.
- An adjustment for the lower consent rate among veterans who reported having a mental health issue.
- An adjustment for the lower consent rate among veterans who reported having a physical health issue.

The final BASEWEIGHT was then normalized so the sum of the weights equaled the sample size of veterans who consented to participate in the study (n = 509).

For measures that are based on all veterans who completed the baseline survey, the analysis used the weight variable “WAVE1WEIGHT.” This weight includes all the adjustments used to create the BASEWEIGHT variable and also the following additional adjustments:

- An adjustment for the lower baseline survey response rate among veterans who were White non-Hispanic respondents.
- An adjustment for the lower baseline survey response rate among veterans who had a lower income at program exit.
- A further adjustment for the lower baseline survey response rate among veterans who reported having a chronic health condition.
- An adjustment for the lower baseline survey response rate among veterans who were younger

- An adjustment for the lower baseline survey response rate among veterans who reported having a substance abuse issue.

The final WAVE1WEIGHT was then normalized so the sum of the weights equaled the sample size of veterans who completed the baseline survey (n = 424).

For measures that are based on all veterans who completed the follow-up survey, the analysis used the weight variable “ATTRITIONWEIGHT.” This weight includes all the adjustments used to create the WAVE1WEIGHT variable and also the following additional adjustments:

- A further adjustment for the lower baseline survey response rate among veterans who had a lower income at program exit.
- A further adjustment for the lower baseline survey response rate among veterans who reported having a mental health condition.

The final ATTRITIONWEIGHT was then normalized so the sum of the weights equaled the sample size of veterans who completed the follow-up survey (n = 315).

## Design Effects

Post-data collection statistical adjustments were required due to combining multiple waves of the sample in which there were disproportionate attrition rates of veterans participating in each stage of the study. The post-data collection adjustments required analysis procedures that adjusted the standard errors that would have been obtained if a simple random sample had been used that involved no adjustments. Therefore, when using survey weights, variance estimation required estimating the survey design effect associated with the weighted estimate. The term “design effect” is used to describe the variance of the weighted sample estimate relative to the variance of an estimate that assumes a simple random sample.

In a wide range of situations, the adjusted standard error of a statistic should be calculated by multiplying the usual formula by the design effect (deft). The formula for computing the 95 percent confidence interval around a percentage is shown by the following equation:

$$\hat{p} \pm \left( deft \times 1.96 \sqrt{\frac{\hat{p}(1 - \hat{p})}{n}} \right)$$

where  $\hat{p}$  is the sample estimate and n is the unweighted number of sample cases in the group being considered.

The average design effects for the survey weights and the propensity score matching weight are shown in table L.1.

**TABLE L.1**  
**Design Effects**

Type of Analysis	deft
For measures based on all veterans who signed the consent form agreeing to be study participants using the BASEWEIGHT weight variable	1.026
For measures based on all veterans who completed the baseline survey using the WAVE1WEIGHT weight variable	1.024
For measures based on all veterans who completed the follow-up survey using the ATTRITIONWEIGHT weight variable	1.064

Thus, to get a more accurate estimate of the standard errors associated with the weighted estimate, one would multiply the unweighted standard error by the appropriate deft value shown in table L.1. For example, suppose one was using the WAVE1WEIGHT weight on a measure from the baseline survey and the estimate had an unweighted standard error of .0213. The weighted estimate would not change, but the standard error of the estimate would be .0218 ( $.0213 \times 1.024$ ).



## Appendix M. Annual Performance Report Data Imputation Approach

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Grantees submitted performance reports to the U.S. Department of Housing and Urban Development (HUD) on a quarterly and annual basis that provided data on the number of people, veterans, and households served by the Veterans Homelessness Prevention Demonstration (VHPD). VHPD households were counted toward each report as long as their case was still open during the reporting period. Because VHPD households could have been served for up to 18 months, households could have had their case open across multiple reporting quarters and multiple reporting years, resulting in duplication. Because the Annual Performance Reports (APRs) cover a longer period than the quarterly reports, duplication was less common in the annual report data than in the quarterly data, making it the more accurate source of information on the number of people, veterans, and households served. Two APRs were not submitted by grantees (Tampa Year 2 and Utica Year 3), however, and one submitted APR contained data that HUD determined to be unreliable and unusable (Tacoma Year 3).

Because quarterly data were complete for all 12 quarters of VHPD in Tacoma and Tampa, the research team approximated the missing annual report data (Tampa Year 2 and Tacoma Year 3) by taking the following steps:

1. The researchers summed the number of people served reported in each quarter for each year in each site.
2. For the years in which they had both complete quarterly and annual data, they divided the number of people served from the APR by the sum of the number of people served from the quarterly reports for that year. This computation provided a number by which the quarterly report sums could be multiplied to get the annual figures. These multipliers were always less than zero because they were deduplicating the sums of the quarterly reports.
3. The researchers then took the average of the multiplier for the 2 years in which data were complete and multiplied the quarterly sum by that number to estimate the annual data for the missing year.

In addition to missing its annual report for Year 3, Utica was missing four quarters of data: one in Year 2 (Quarter 8) and three in Year 3 (Quarters 10, 11, and 12). Because Utica did not have complete quarterly data, the researchers were unable to use the three-step process to develop estimates for its Year 3 report and did not impute any data. Therefore, Utica Year 3 was excluded from the researchers' calculations of total numbers served, and Utica was excluded from average cost calculations, which were based on data for the entire grant period.



## Appendix N. References

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