KEY STUDY FINDINGS:  
A REVIEW OF THE LITERATURE RELATED TO HOMELESS VETERAN REINTEGRATION: FINAL REPORT 
November 2015

- **Purpose of Literature Review.** The U.S. Department of Labor (DOL)’s Office and Chief Evaluation Office (CEO) and the Veterans’ Employment and Training Service (VETS) requested a literature review in support of a 2015 assessment of DOL’s Homeless Veterans’ Reintegration Program (HVRP). This review synthesizes evidence from studies and reports related to homeless veterans published by the end of 2014, with a focus on identifying risk factors for homelessness among veterans.

- **Overall Findings**
  o The literature related to homelessness among veterans is mostly qualitative, with few rigorous quantitative studies providing causal evidence between risk factors and homelessness or between program interventions and homelessness status.
  o Veterans and non-veterans share common risk factors associated with homelessness, such as childhood instability, mental illness, substance abuse, insufficient social supports as adults, and low or unstable income. Veterans, however, bring with them a set of additional factors that appear to compound or exacerbate the risk for homelessness, including Post-Traumatic Stress Disorder (PTSD), and for women veterans, an increased risk of PTSD related to Military Sexual Trauma (MST).
  o Beyond individual risk factors, structural issues also appear to contribute to the persistence of homelessness among veterans, including lack of access to stable housing and employment opportunities. Studies show that services that combine transitional housing support with employment and training opportunities lead to promising outcomes for homeless veterans over the longer term.

- **Highlighted Specific Findings --**
  o The literature on veteran homelessness converges on at least three risk factors that increase veteran propensity toward homelessness, but fails to find consistent protective factors mitigating homelessness among veterans. The three risk factors are: (1) overall mental health status (correlated with Post-Traumatic Stress Disorder (PTSD)), (2) co-occurring substance abuse issues, and (3) chronic illness. Among the protective factors that mitigate homelessness within the general population, including education, marital status and family cohesion, the available literature is conflicting in its findings as they related to the veteran population.
  o Data from the U.S. Department of Veterans Affairs (VA) suggest that as greater numbers of women in the military return to their communities after their service ends, the rate of homelessness among women veterans is likely to rise. This projection is based on several factors: first, the increased enrollment by females in the military will likely increase incidence of Military Sexual Trauma, which is strongly correlated with PTSD, a risk factor for veteran homelessness; and secondly, women veterans experience higher rates of unemployment relative to male veterans.
  o Veterans are more likely than non-veterans to experience chronic homelessness because with greater frequency they experience disabling physical and psychological conditions, often incurred or exacerbated by their time in the military. Further, this cycle contributing
to chronic homelessness has increased over time because of the extensive recent military conflicts and deployment strategies and Military Sexual Trauma among a growing women veteran population.

- The literature suggests that the Iraq/Afghanistan-era veterans are at a higher risk for homelessness than previous generations of veterans. Because of the deployment conditions and recruitment strategies of the recent conflicts, the returning veterans are at higher risk for sustaining the mental health problems correlated with homelessness compared to prior war cohorts. Between 15 and 17 percent of veterans returning from Iraq and Afghanistan are screening positive for mental health-related trauma, including PTSD, and veterans returning from Iraq are seeking mental health services at higher rates than veterans returning from prior conflicts. If these predictive factors are accurate in predicting homelessness, then it is anticipated that there will be proportional increases of homelessness among the recently separated veterans.

- Literature on the promising practices and pitfalls of supported housing approaches, such as Housing First, suggests that adding vouchers to intensive case management reduces the risk of returning to homelessness, enhances quality of life, and may contribute to reduced alcohol and drug use. The studies suggest that simply securing housing is not enough to ensure successful community tenure for a population of homeless people with psychiatric problems, addictive problems, or both. Rather, the housing support must be embedded within a structure of wraparound resources to ensure veterans’ long-term housing stability.

- HVRP grantees with the most successful outcomes for their clients, in terms of job attachment and retention, effectively deliver case management, career counseling, and job development activities alongside support services. Job retention over the longer term improves when individuals are provided work experience during the program. Also, post-employment support is an important factor, including regular check-ins with employed veterans to troubleshoot the first 90 days on the job, particularly the first week on the job. Coaching individuals on communication, motivation, and retention/advancement goals are also important.

- According to the literature, favorable outcomes for homeless veterans, in terms of employment and stability, are correlated with formal organizational collaboration mechanisms between veteran assistance programs and community-based organizations, such as Memorandums of Understanding (MOUs). Success also depends on program staff continually scanning, assessing, and cultivating relationships with the organizations in their community that can provide specific needed services of their clients.