

Homeless U.S. Veterans

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Section 1: Intro (Done)

What is the U.S. Government doing to help our homeless military veterans? According to the Department of Housing and Urban Development, there are roughly 100,000 homeless veterans at this time of which 1.5% of the homeless veterans that are accounted for live in Indiana alone. California, Florida, and Texas lead the country in homeless veterans with a combined 37%., There are many reasons why our Veterans could end up homeless; many are due to various mental disorders such as PTSD, stress disorders, and anxiety issues from seeing so much trauma in war. As our veterans come home many are disabled from mental illness to a physical disability. These disabled veterans without the proper care needed may not have the resources to take care of themselves. Many of these mental illnesses lead to various substance abuse issues with either drugs or alcohol (“PIT and HIC Data Since 2007 - HUD Exchange,” n.d.).

Section 2: Policy Objectives

The overall objective of the HUD-VASH policy is to reduce or eliminate the unfortunate reality of homeless veterans is to get the veterans off the street and in to affordable housing. Not only to get them off the street and in a place to live, but work with them to cope with whatever is pushing them to be homeless. If it is mental illness through drug therapy and counseling sessions, we can teach our veterans how to manage and cope with the mental illness’ they may have. Physical disabilities, we help them find alternative solutions to daily living that caters to their disability. Addictions, we get them the help they need through a residential care facility if warranted or outpatient whatever is going to be best for the veteran. At completion of a program the veteran should both think he is capable of living and surviving in his home and be able to demonstrate it through actions.

Data accumulated by a study conducted in 2013 pinpoints what the demographic is at the highest risk to become homeless. The study shows that lower pay grades (E1-E4), males, and those who have served in the Army are at high risk to become homeless. Why does pay grade or branch have anything to do with this? I hope to find this out, if that can be answered then maybe a more suitable solution can be found (Metraux, Clegg, Daigh, Culhane, & Kane, 2013)

My expectations are that we identify what is being done currently and what is working and what is not working. Research suggests that there are significant differences between those that are homeless for the first time and those that are chronically homeless. Identifying these differences and finding different ways to combat them will be crucial for this policy to work (Creech et al., 2015).

Section 3: Intended and Unintended Effects of Policy

One study suggests that 14% of the nation's homeless are made up of veterans (Creech et al., 2015). There are plenty of positive implications in the HUD-VASH. The primary goal of this policy is to get our homeless veterans off of the streets and to help them get to a place of self-sufficiency. With this implication of the HUD-VASH policy the overall intention of this policy is to not only get our veterans off of the street but to transform their lives.

The risk to homeless veterans is both physical and psychological. One significant predictor for so many of our veterans that leads to homelessness is post-traumatic stress disorder (PTSD). With so many veterans coming back from combat suffering with PTSD it is no wonder that there is a problem with homeless veterans. There are over 500,000 veterans seeking treatment for PTSD each year, many of these veterans having co-occurring disorders the problem becomes exaggerated. The chronic homeless veterans report a history of substance abuse and other mental health issues such as bipolar disorder. Whereas first time homeless are usually found in their situation due to economic or medical issues interfering with their daily lives forcing them to a state of homelessness (Creech et al., 2015).

Several veterans have complete distrust in the VA system. Some feel that the VA hospitals do not care about them and that they (the veterans) are just guinea pigs. Some veterans believe that the VA denies disability claims so that they can not have access to the money they earned during their military service. With so much distrust among so many veterans, we find that they are not getting the help needed to cope with their mental illness' making the likelihood of a homeless state greater (Van Voorhees, Resnik, Johnson, & O'Toole, 2018).

When working with the homeless population, it was found that those homeless veterans with greater resilience would have lower negative mental health symptoms such as avolition, anhedonia, little motivation. By knowing the correlation between resiliency and severity of mental health illness' specific interventions were able to be put in to process to help these homeless veterans cope with their own mental illness. This was never the intentions of this policy, but it is a very beneficial by-product (Greenberg et al., 2018).

Along with identifying the correlation of resiliency and mental illness the importance of family involvement was realized. When the family gets involved in the veterans treatment, they will often have better primary healthcare, and more help for mental illness and addictions. Families can help with finding housing, budgeting, and making repairs around the veterans home. Families can help overcome adversity, in return lower depression, lower anxiety, increase social cognition, and function in a more effective way overall (Gabrielian et al., 2018).

Section 4: Alternative Policies

There are several alternative policies to the HUD-VASH program, Indiana alone has twenty-three programs in place that help homeless veterans. Some may not be specific to veterans, but they are still serviced by the programs. I have chosen two to look at more in-depth

the first is one based out of Indiana, and it is called Hoosiers Veterans Assistance Foundation (HVAF) then I have chosen the National Coalition for Homeless Veterans (NCHV) to look at from a national level.

On the state level, the Hoosiers Veterans Assistance Foundation helps fill the void left by the HUD-VASH in Indiana. HVAF operates 13 housing properties in Indianapolis, but providing housing is just the beginning. It is one thing to give someone a place to live, another when you help them gain the skills, education, and training to obtain and maintain gainful employment (“Hoosiers Veterans Assistance Foundation,” n.d.).

The results of HVAF seem to have been great, based on the fact that they have tripled their support staff since 2013. Another huge part of HVAF is their pantry which is available to any veteran in need of emergency help. The pantry stocks nonperishable food items, hygiene items, and clothing (“Hoosiers Veterans Assistance Foundation,” n.d.).

The National Coalition for Homeless Veterans (NCHV) does not do direct care with Veterans but is a resource for Veterans to use to find organizations that can help them. NCHV takes the guesswork out of where to turn to and guides our Veterans down the right path. NCHV is also a large advocacy group and has been responsible for at least 12 different congressional and Senate bills geared towards helping homeless Veterans. There is no way to gauge the effectiveness of what NCHV is doing directly for our Veterans, but we can get a good idea that they are making a difference based on their government influence (“National Coalition for Homeless Veterans,” n.d.).

Section 5: Conclusion

A case study published in the *Journal of Community Psychology* which surveyed three veterans that had been in the VASH program 20 years ago and their status as of now. The sample size is minimal and I am sure is not a fair representation of the overall program, but out of the three people studied only one seemed to survive long term in their housing with success. In reading this article, I found myself in agreement with the authors that even though the HUD-VASH program is effective in housing our veterans, it falls short of finding ways to improve the veteran's social life and community integration. (Tsai, Klee, Remmele, & Harkness, 2013).

There are two different means of providing services through HUD-VASH. The Housing First approach and the Treatment as Usual (TAU) approach. Between these two there is a startling difference in placement times. The areas that used the Housing First approach had an average placement time of 35 days. Compared to TAU which had an average of 233 days, It would show that the Housing First approach was much more superior than TAU. Another difference between the two approaches is that that the Housing First approach maintained a 98% success rate; whereas the TAU approach had a 86% success rate. These numbers are huge in the grand scheme of thing (Montgomery, Hill, Kane, & Culhane, 2013).

If the HUD-VASH program universally adopted the Housing First model, the success rate could be much higher. If you couple Housing First with programs to help integrate our Veterans into society then perhaps more lives could be changed at least the data supports this.

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