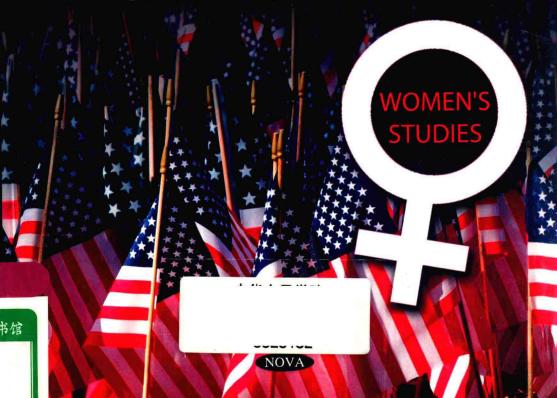
JASON F. BAKER
PHILIP M. ROBERTS
EDITORS

WOMEN VETERANS

HOUSING AND HEALTH
CARE CONCERNS



WOMEN VETERANS HOUSING AND HEALTH CARE CONCERNS

JASON F. BAKER
AND
PHILIP M. ROBERTS
EDITORS



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WOMEN VETERANS HOUSING AND HEALTH CARE CONCERNS

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PREFACE

As more women serve in the military, the number of women veterans has grown substantially, doubling from 4 percent of all veterans in 1990 to 8 percent, or an estimated 1.8 million, today. The number of women veterans will continue to increase as servicemembers return from the conflicts in Iraq and Afghanistan. Some of these women veterans, like their male counterparts, face challenges readjusting to civilian life and are at risk of becoming homeless. Additionally, as more women veterans are seeking care at VA facilities, Congress and others have raised concerns about how well VA's health care system is prepared to meet the unique physical and mental health needs of these women. This book examines the issues of women veterans health care and the key policies needed to improve oversight processes and the necessary actions that need to be taken to ensure safe and appropriate housing upon their return.

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Chapter 1

HOMELESS WOMEN VETERANS: ACTIONS NEEDED TO ENSURE SAFE AND APPROPRIATE HOUSING*

United States Government Accountability Office

ABBREVIATIONS

CHALENG Community Homelessness Assessment,

Local Education and Networking Group

for Veterans project

GPD VA Homeless Providers Grant

and Per Diem Program

HMIS Homeless Management Information Systems
HUD Department of Housing and Urban Development

HUD-VASH HUD-VA Supportive Housing

MST military sexual trauma

OIG Office of Inspector General
VA Department of Veterans Affa

A Department of Veterans Affairs

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December 23, 2011

The Honorable Patty Murray Chairman Committee on Veterans Affairs United States Senate The Honorable Daniel Akaka United States Senate

As more women serve in the military, the number of women veterans has grown substantially, doubling from 4 percent of all veterans in 1990 to 8 percent, or an estimated 1.8 million, today. The number of women veterans will continue to increase as servicemembers return from the conflicts in Iraq and Afghanistan. Some of these women veterans, like their male counterparts, face challenges readjusting to civilian life and are at risk of becoming homeless. Such challenges may be particularly pronounced for those women veterans who have disabling psychological conditions resulting from military sexual trauma¹ and for those who are single mothers.²

The Department of Veterans Affairs (VA) has committed to ending homelessness among all veterans by 2015 and funds several programs to house homeless veterans. The two largest are the VA Homeless Providers Grant and Per Diem (GPD)³ program, which provides transitional housing and supportive services; and HUD-VA Supportive Housing (HUD-VASH), ⁴ which is a joint program of the Department of Housing and Urban Development (HUD) and VA offering permanent supportive housing.

While these programs have expanded in recent years to serve more veterans, it remains unclear whether they are meeting the housing needs of all homeless women veterans. To respond to your interest in this issue, this report addresses (1) What is known about the characteristics of homeless women veterans, including those with disabilities? (2) What barriers, if any, do homeless women veterans face in accessing and using VA's Homeless Providers Grant and Per Diem and HUD-VA Supportive Housing programs?

To answer these questions, we analyzed VA data on women veterans (including those with disabilities) identified by VA as being homeless at some point during fiscal years 2006 through 2010.⁵ We also surveyed all GPD program providers that VA indicated had a capacity to serve women veterans, and all homeless coordinators at VA Medical Centers.⁶ In addition, we conducted site visits to California, the District of Columbia, Pennsylvania, and Texas,⁷ which included discussions with service providers (GPD providers and others), organizations collecting homelessness data, and homeless women veterans; and interviewed agency officials, academic researchers, and representatives of veterans service organizations. Finally, we reviewed

program documents and relevant federal laws and regulations. For more details on our methodology, see appendix I. We assessed VA data for reliability and found them to be sufficiently reliable for the purposes of this report.

We conducted this performance audit from October 2010 through Decembert 2011 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives.

We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

On November 21, 2011, we briefed your staff on the results of our work. This report formally conveys the information shared at the briefing (see app. II for detailed briefing slides). In summary, our review found:

Finding 1: Data on the characteristics of homeless women veterans are limited to those who have been in contact with VA. Neither VA nor HUD captures data on the overall population of homeless women veterans.

- Limited VA data show the number of women veterans it has identified as homeless more than doubled, from 1,380 in fiscal year 2006 to 3,328 in fiscal year 2010. Although these data are not generalizable to the overall population of homeless women veterans, we identified some characteristics of these women. For example, almost two-thirds were between 40 and 59 years old and over one-third had disabilities. In addition, many of these women resided with their minor children.
- HUD collects data on homeless women and on homeless veterans, ⁸ but does not collect detailed information on homeless women veterans. Neither VA nor HUD collect data on the total number of homeless women veterans in the general population. Further, they lack data on the characteristics and needs of these women on a national, state, and local level.

Absent more complete data, VA does not have the information needed to plan services effectively, allocate grants to providers, and track progress toward its overall goal of ending veteran homelessness by 2015. According to knowledgeable VA and HUD officials we spoke with, collecting data specific to homeless women veterans would incur minimal burden and cost.⁹

Finding 2: Homeless women veterans face barriers to accessing and using veteran housing, ¹⁰ such as lack of awareness about these programs, lack of referrals for temporary housing while awaiting placement in GPD and HUD-VASH housing, limited housing for women with children, and concerns about personal safety.

- Homeless women veterans were not always aware of veteran housing services, which posed a significant barrier to access, according to GPD programs we surveyed, service providers, agency officials, and experts we interviewed. Some VA Medical Center homeless coordinators reported challenges in reaching this population. However, VA has recently launched an outreach campaign to increase awareness that includes materials specific to homeless women veterans.
- VA requires its staff to give homeless veterans a referral for shelter or short-term housing while they await placement in veteran housing; however, several homeless women veterans told us they did not receive such referrals. In addition, about 24 percent of VA Medical Center homeless coordinators indicated not having referral plans or processes in place for temporarily housing homeless women veterans while they await placement in HUD-VASH and GPD programs. According to our data analysis, women veterans waited an average of 4 months before securing HUD-VASH housing.¹¹ In addition, about one fourth of GPD providers reported that women veterans had to wait for placement in their programs and the median wait was 30 days. Without referrals for shelter or temporary housing during these waits, homeless women veterans may be at risk of physical harm and further trauma on the streets or in other unsafe places.
- More than 60 percent of surveyed GPD programs that serve homeless women veterans did not house children, and most programs that did house children had restrictions on the ages or numbers of children. In our survey, GPD providers cited lack of housing for women with children as a significant barrier to accessing veteran housing. In addition, several noted there were financial disincentives for providers, as VA does not have the statutory authority to reimburse them for costs of housing veterans' children. Limited housing for women and their children puts these families at risk of remaining homeless.

• Homeless women veterans we talked to cited safety concerns about GPD housing, and 9 of the 142 GPD programs we surveyed indicated that there had been reported incidents of sexual harassment or assault on women residents in the past 5 years. 13 GPD providers also cited safety concerns as a barrier to accessing veteran housing. In response to a recent report by the VA Inspector General, VA has begun to evaluate safety and security arrangements at GPD programs that serve women. However, VA does not have gender-specific safety and security standards for its GPD housing, potentially putting women veterans at risk of sexual harassment or assault.

While VA is taking steps—such as launching an outreach campaign—to end homelessness among all veterans, it does not have sufficient data about the population and needs of women veterans to plan effectively for increases in their numbers as servicemembers return from Iraq and Afghanistan. Further, without improved services, women—including those with children and those who have experienced military sexual trauma—remain at risk of homelessness and experiencing further abuse.

RECOMMENDATIONS FOR EXECUTIVE ACTION

We are making the following recommendations:14

- In order to help achieve the goal of ending homelessness among veterans, the Secretaries of VA and HUD should collaborate to ensure appropriate data are collected on homeless women veterans, including those with children and those with disabilities, and use these data to strategically plan for services.
- In order to ensure homeless women veterans have an appropriate place to stay while they await placement in GPD or HUD-VASH housing, the Secretary of VA should ensure implementation of VA's referral policies.
- To better serve the needs of homeless women veterans with children, the Secretary of VA should examine ways to improve transitional housing services for homeless women veterans with children.
- To ensure that women veterans are safely housed, the Secretary of VA should determine what gender-specific safety and security standards

are needed for GPD programs, especially for those serving both women and men.

AGENCY COMMENTS AND OUR EVALUATION

We provided a draft copy of this report to the Department of Veterans Affairs and to the Department of Housing and Urban Development for review and comment. Both agencies generally agreed with our recommendations and noted steps they were taking to address them.¹⁵

Specifically, HUD officials told us they agreed with our recommendation that the Secretaries of VA and HUD should collaborate to ensure appropriate data are collected on homeless women veterans and use these data to strategically plan for services. They also noted that HUD is considering requiring gender data be collected in the upcoming 2013 count of unsheltered veterans. VA officials provided written comments stating their general agreement with our recommendations and detailed the agency's ongoing or planned initiatives related to those recommendations. VA comments are discussed in further detail below.

In concurring with our recommendation on data collection, VA said several initiatives are already planned or underway to gather information on those homeless women veterans who are in contact with the VA, including the development of a more streamlined and comprehensive data collection system. VA also stated that the agency already gathers information on homeless women veterans and their needs. However, we disagree that current efforts capture detailed information on homeless women veterans or their genderspecific needs.

In concurring with our recommendation on ensuring the implementation of VA's referral policies, VA acknowledged there may be service gaps while women await veteran housing. To address the recommendation, VA said it plans to review and modify current national guidance on referrals, and to develop training for all staff working with homeless veterans on providing appropriate referrals for women.

In its concurrence with our recommendation on improving transitional housing services for homeless women veterans with children, VA said it will work with the U.S. Interagency Council on Homelessness to examine how other federal agencies fund such housing and to identify resource-sharing opportunities. VA also said it will explore the development of a legislative

proposal to enhance its authority to fund transitional housing for the children of homeless veterans.

In its concurrence with our recommendation on ensuring that women veterans are safely housed in GPD programs, VA noted that it has taken steps to evaluate the gender mix and scope of services and recently developed gender-specific safety and security standards. However, VA officials were unable to provide us with written documentation of any such standards for the GPD program. VA also said it plans to make regulatory changes to enforce specific safety and security standards for those programs that shelter women veterans.

Daniel Bertoni Director, Education, Workforce, and Income Security Issues

APPENDIX I: OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives

This appendix discusses in detail our methodology for addressing the following research questions: (1) What is known about the characteristics of homeless women veterans, including those with disabilities? and (2) What barriers, if any, do homeless women veterans face in accessing and using VA's Homeless Providers Grant and Per Diem and HUD-VA Supportive Housing programs?

To address these research questions, we analyzed VA data on women veterans (including those with disabilities) identified by VA as being homeless for fiscal years 2006 through 2010, and surveyed all GPD program providers that VA indicated had a capacity to serve women veterans and all homeless coordinators at VA Medical Centers. We also conducted site visits to California, the District of Columbia, Pennsylvania, and Texas, which included discussions with service providers, organizations collecting homelessness data, and homeless women veterans. In addition, we interviewed agency officials, and representatives of veterans service organizations, and reviewed relevant federal laws, regulations, and program documents.

We conducted our work from October 2010 through December 2011 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient,

appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives.

We believe that the evidence obtained provides a reasonable basis for our findings and recommendations based on our audit objectives.

Analysis of VA Data

We received various data sets from VA that included information on homeless women veterans that had been in contact with the VA. The largest data set was the Form X data set, followed by data on HUDVASH. We also received data on VA's diagnoses of disabilities among these homeless veterans.

Data Sets

Form X is the intake form that VA used to identify the programmatic needs of homeless veterans—and includes information on the veterans' characteristics and demographics.

For example, Form X data include information on age, gender, race, marital status, and time period of military service.

In addition, the form captures information on homelessness, such as length of time homeless, the location of the veteran's sleeping arrangement the prior night, and number of incidents of homelessness.

The form also has information on employment, income, veterans' benefits, and the programmatic needs of the veteran.

HUD-VASH data were collected on several worksheets that corresponded to the process of accessing HUD-VASH services.

VA provided us with data from HUD-VASH Referral Worksheets, Admission Worksheets, and Housing Progress Report Worksheets.

The HUD-VASH data contains demographic information similar to that described for Form X in the prior paragraph, but also includes information on the veteran's parental status and relation with minor dependent children (i.e., custody and residence).

VA also provided us with data (VETSNET) on the any diagnoses of disabilities for those veterans the VA had identified as being homeless.

For those veterans with such diagnoses, the data specified the disabling conditions and provided the disability rating associated with severity of the disabilities.¹

Analysis of Characteristics of Homeless Women Veterans

To conduct this analysis we combined the two large data sets—Form X and HUD-VASH Referral data.

Before combining the data, we cleaned each data set as follows:

- Dropped cases where the date the form was completed or the date the referral to HUD-VASH was made were missing.
- Dropped cases where gender was missing or where gender changed in cases where there were multiple records for the same individual.
- · Ensured one record per person per fiscal year in each data set.
 - For cases that had more than one record, we:
 - Selected the record that had the least amount of missing variables
 - In cases that had more than one record with the same amount of missing variables we kept the most recent record.

We then combined the data sets. To clean the combined data, we:

- Dropped cases where gender was not consistent—for example if a veteran was coded as a female in one source and a male in another.
- Followed the same steps as above for multiple records.

Form X data did not contain information on the number of children a veteran may have or their residential status in relation to the veteran. For the analysis related to children, we relied exclusively on HUD-VASH Referral data.

Based on the data from Form X and HUD-VASH Referral, we created a disability flag according to a self reported response of receiving disability compensation.

To conduct our analysis of the frequency of various disabling conditions among homeless women veterans, we used the VETSNET data as follows:

- For cases where there was more than one record per person, we kept the record with the highest combined disability rating and with the most diagnostic codes.
- We merged the VETSNET data with the data that was used for the analysis described above.

 As before, we dropped cases where gender was undetermined, for example if the gender from one data set was different from the gender in the other.

Analysis of HUD-VASH Wait Times

- To conduct our analysis of the wait times for HUD-VASH we used information from the HUD-VASH Referral, Admission, and Housing Progress Report Worksheets as follows:
- We used only data that was collected through VA's Online Data Collection because the data contained unique identifiers for each episode, which allowed us to accurately track and merge episodes across the multiple forms.
- We merged the following data sets:
 - HUD-VASH Referral
 - HUD-VASH Admission
 - HUD-VASH Housing Progress Report, Forms I and II
- To ensure we had complete records for our analysis we dropped cases that were missing key information.
 - We dropped cases that did not have the entire sequence of forms.
 For example, if a case appeared in the Admission form but not the Housing Progress Report forms, then that case was dropped.
 - We dropped those cases that were missing one or more of the following key variables of our analysis:
 - Date of HUD-VASH referral
 - Date of formal admission to HUD-VASH (Admission Form, Q8)
 - Date HUD-VASH voucher was awarded (Housing Progress Report, Part I, Q8a)
- Date veteran moved into apartment (Housing Progress Report, Part II, Q15)
- We also dropped cases where gender was missing or did not match across the various forms.
 - We ensured each person had one record by using the most completed record (based on key variables for our analysis) across all forms for each person with multiple records.
 - If a person had multiple completed records, then the most current entry was used. "Most current" was defined as the most current date of referral.