

Service Utilization of Veterans Experiencing Homelessness

2007-2012

Prepared by UNC Charlotte Urban Institute on behalf of the Housing Advisory Board of Charlotte-Mecklenburg. Funding for this report provided by Mecklenburg County Community Support Services.

November 2015

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About

HOUSING INSTABILITY & HOMELESSNESS REPORT SERIES

The 2014 – 2015 Housing Instability & Homelessness Report Series is a collection of local reports designed to better equip our community to make data-informed decisions around housing instability and homelessness. Utilizing local data and research, these reports are designed to provide informative and actionable research to providers, funders, public officials and the media as well as the general population who might have an interest in this work.

In 2014, the Housing Advisory Board of Charlotte Mecklenburg (formerly known as the Charlotte Mecklenburg Coalition for Housing) outlined four key reporting areas that together, would comprise an annual series of reports for community stakeholders. The four areas include:

1. Point-In-Time Count Report

An annual snapshot of the population experiencing homelessness in Mecklenburg County. This local report is similar to the national report on point-in-time numbers, and provides descriptive information about the population experiencing homelessness on one night.

2. Cumulative Count Report

An annual count of the population experiencing homelessness over twelve months. Like the Point-in-Time Report, this local report is similar to the national report on annual counts of homelessness and also provides descriptive information about the population experiencing homelessness on one night in January. The Point-in-Time Count and Cumulative Count Reports are complements, and together help paint a picture of homelessness and trends in our community.

3. Housing Instability Report

An annual report focusing on the characteristics and impact of housing instability in the community. During the 2014 – 2015 reporting cycle, this report was broken into two separate reports. The first outlines the characteristics of the Charlotte Housing Authority's Housing Choice Voucher Waiting List. The second focuses on the impact of housing instability and cost burden.

4. Spotlight Report

An annual focus on a trend or specific population within housing instability and homelessness. During the 2014 – 2015 reporting cycle, this report focuses on homelessness among Veterans within Mecklenburg County.

The 2014 – 2015 reporting cycle was completed by the University of North Carolina at Charlotte's Urban Institute. Mecklenburg County Community Support Services has provided funding for the report series. The reports can be viewed at <http://charmeck.org/mecklenburg/county/CommunitySupportServices/HomelessServices/Pages/reports.aspx>

Key Definitions

VETERANS SERVICES

Veteran

Someone who has served on active duty in the Armed Forces of the United States. Veteran status is confirmed by a veteran's discharge papers (see definition below for DD-214).

Homeless

Based on a veteran self-reporting their homeless status. Veterans who report homelessness may be living in a place not fit for human habitation (e.g. in a tent or an abandoned building), residing in a shelter, doubled up with family or friends, or sleeping at a hotel or motel.

DD-214

The DD-214 is a discharge document issued by the United States Department of Defense to military service members upon retirement, separation, or discharge from the military. The DD-214 contains information that is needed for a veteran to apply for benefits from the U.S. Department of Veterans Affairs.

Mecklenburg County Community Support Services Veterans Services Division

Connects veterans and their families with certified veteran services specialists who can assist the veteran in applying for benefits from the U.S. Department of Veterans Affairs (VA). Veterans Services serves a subset of all veterans in Mecklenburg County, primarily those who need assistance applying for benefits from the U.S. Department of Veterans Affairs, the U.S. Department of Defense, and state and local agencies.

HUD-VASH VOUCHERS ●

The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs.

HMIS

Veteran ●

Someone who has served on active duty in the Armed Forces of the United States. Veteran status is self-reported in HMIS (see HMIS definition below).

Homeless ●

A term defined by the U.S. Department of Housing and Urban Development (HUD) in regulation 24 CFR §578.3 as a household that has "a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings" or is residing in a shelter (emergency/seasonal shelter or transitional housing).

Homeless Management Information System (HMIS)

An information system that captures data on the characteristics and service utilization of persons who are homeless in a shelter or at risk of homelessness throughout a year. Uses data from a software application that records and stores client-level information on the characteristics and service needs of homeless persons. Each community's Continuum of Care maintains its own HMIS, which can be tailored to meet local needs, but must also conform to HUD's HMIS Data and Technical Standards.

Emergency / Seasonal Housing ●

A facility with the primary purpose of providing temporary shelter for homeless persons.

Permanent Supportive Housing

Designed to provide long-term housing and supportive services for homeless persons with a disability.

Point-in-Time Count

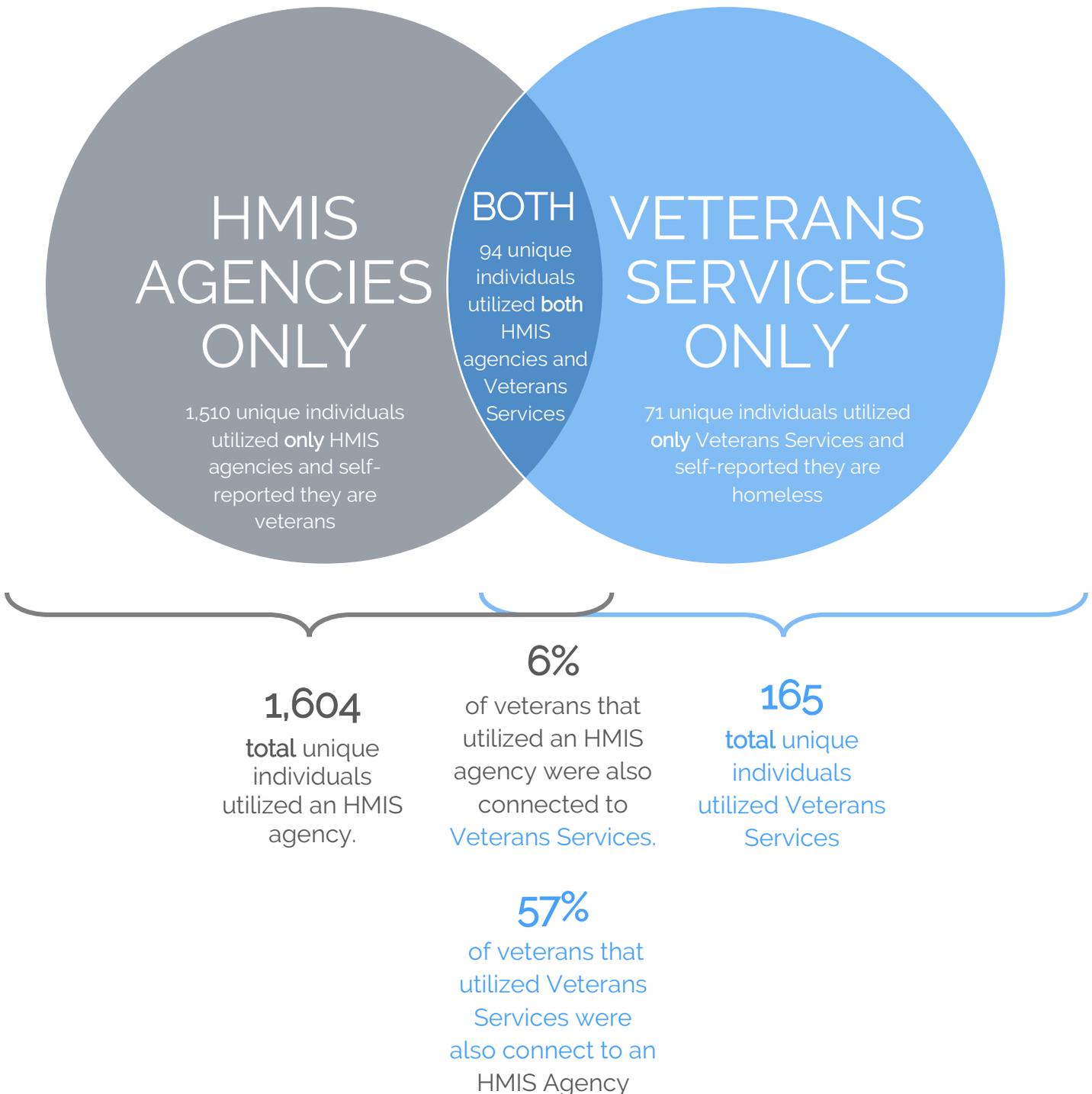
An unduplicated one-night count of both sheltered and unsheltered homeless populations.

Transitional Housing Program

A program that provides temporary housing and supportive services for up to 24 months with the intent for the person to move towards permanent housing.

● = Official definition of the U.S. Department of Housing and Urban Development (HUD)

Key Findings



Introduction

In 2015, the Charlotte Mecklenburg Point-in-Time Count identified 185 veterans sleeping in emergency/seasonal housing, transitional housing or in a place unfit for human habitation on a given night in January. Over the course of the 2014 fiscal year, approximately 469 unique veterans were served through an emergency shelter or transitional housing.

To better serve the Charlotte-Mecklenburg population of veterans experiencing homelessness, this report seeks to better understand the service utilization of veterans experiencing homelessness in Charlotte-Mecklenburg. Due to data availability, this report focuses its analysis on 2007 to 2012. This report focuses on two types of services:

- ▶ **HMIS Agencies.** Agencies that enter data into the local Homeless Management Information System (HMIS) database and provide services in the form of emergency shelter, transitional housing, and permanent supportive housing. Rapid re-housing (RRH) was not included in the analysis because the report focuses on 2007 to 2012, prior to the full development of RRH programs in Mecklenburg County.
- ▶ **Veterans Services.** Mecklenburg County Community Support Services Veterans Services Division (Veterans Services) connects veterans with certified veteran services specialists who can assist them in applying for benefits from the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense, and state and local agencies. Veterans Services serves a subset of all veterans in Mecklenburg County, primarily those who need assistance applying for VA benefits.

Together, HMIS agencies and Veterans Services are in key positions to assist veterans experiencing homelessness and connect them with resources. More information on how veterans are connected with services will be helpful in informing community conversations on how to better serve this population.

This report is divided into four sections based on the key questions it seeks to answer:

1. **BACKGROUND.** What does the literature say about veteran homelessness?
2. **CONTEXT.** How have Charlotte-Mecklenburg's initiatives and capacity to serve veterans experiencing homelessness changed over time?
3. **SERVICE UTILIZATION.** What are the characteristics of veterans utilizing services from HMIS agencies and Veterans Services?
4. **AGENCY PERSPECTIVE.** What are the perspectives of agencies serving veterans?

VETERANS EXPERIENCING HOMELESSNES ON A GIVEN NIGHT IN JANUARY

CHARLOTTE MECKLENBURG
POINT-IN- TIME COUNT, 2009-2015



Background

Introduction

Since the turn of the twentieth century, the United States military has participated in a number of combat missions, including: two World Wars, the Korean War, the Vietnam War, two Gulf Wars, Operation Enduring Freedom (OEF) in Afghanistan, and Operation Iraqi Freedom (OIF) in Iraq. Currently, there are more than 19 million veterans living in the United States. The troops deployed in these overseas missions have returned to civilian life, where some have experienced homelessness. By 2014, the number of veterans in the US was estimated to be about 19.3 million, of which approximately 91.8% were male and 8.2% were female. The proportion of veterans over 65 was estimated at 48%, while those under 35 was estimated to be 8.6%. Nearly 79% of the veterans were non-Hispanic white, 11% were black, and 6% were Hispanic.¹

By the end of 2013, North Carolina ranked 8th highest nationally, with more than 775,000 veterans living in the state. Among these veterans, about 11% were women.² In 2013, Mecklenburg, Cumberland, and Wake counties each had a veteran population exceeding 45,000.³ Twenty-three other counties had a population of over 10,000 veterans.⁴

The 2015 Point-in-Time count, which estimates the number of people experiencing homelessness on a given night in January, found 185 veterans experiencing homelessness in Mecklenburg County. This figure represents about 12% of all homeless adults in the county. Of those 185 veterans experiencing homelessness, 7% were female, and 78% identified as Black. It is important to note that these PIT count figures represent persons self-identifying as having served in the military and military service is not confirmed.

QUICK FACTS

UNITED STATES

19.3 million

Estimated number of veterans in 2014

49,933

(11% of homeless adults)

Estimated number of veterans experiencing homelessness on a night in January 2014*

-32.6%

Change in homeless veterans from 2009 to 2014*

MECKLENBURG COUNTY

46,000

Estimated number of veterans in 2014

185

(12% of homeless adults)

Estimated number of veterans experiencing homelessness on a night in January 2015

10%

Increase in homeless veterans from 2010 to 2015

* 2015 data were not available at the time of this report.

Who is a Homeless Veteran?

A veteran experiencing homelessness and seeking benefits related to housing must meet the McKinney-Vento Homeless Assistance Act of 1987 criteria. These criteria have been widely adopted by various agencies working to end homelessness in the United States. In general, a homeless individual (or family) is one who “lacks a fixed, regular, and adequate night-time residence, or one whose night-time residence is at an institution or a shelter (public or private) that provides temporary living accommodations, or, one whose night-time residence is at a public or private place that is not designed for or ordinarily used for sleeping accommodations for human beings.”^{5,6}

In order to access U.S. Department of Veterans Affairs (VA) services post-discharge, including those related to housing, veterans must meet the VA’s basic definition of a “veteran”, which governs the general eligibility for a wide range of VA benefits. The VA eligibility definition for a veteran is “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than *dishonorable*.” This means a veteran’s official discharge status has to be classified as either “honorable,” “under honorable conditions,” or “general discharge.” Veterans with other discharge statuses do not qualify for services under the VA’s eligibility definition.⁷

Prevalence of Homelessness among Veterans

Among a cohort of homeless OIF (Iraq) and OEF (Afghanistan) veterans⁸ without any history of homelessness before they were discharged in 2005 to 2006, 3.7% experienced an initial episode of homelessness within 5 years of discharge.⁹ Additionally, these data show that among Afghanistan and Iraq veterans experiencing homelessness, those who had been deployed to the battlefields encountered their first homelessness episode earlier than those who were not deployed.

Nationally, while veterans made up 11% of the national adult population in 2005, they comprised approximately 26% of all homeless people, and between 1% and 2% of all veterans were chronically homeless.¹⁰ In 2009, the U.S. Department of Housing and Urban Development (HUD) and the VA estimated that 75,609¹¹ veterans were homeless. This number is based on Point-In-Time (PIT) count¹² data collected during a single night in January 2009, indicating that approximately 33 out every 10,000 veterans were homeless.^{13,14} However, homelessness among veterans began to decline after the implementation of a new Federal government strategic plan to end veteran’s homelessness in 2010.¹⁵ By 2013, the PIT count estimated that 57,849 veterans were homeless, comprising approximately 12% of all homeless adults. The 2014 PIT count revealed that the number of homeless veterans in the country had declined to 49,933.¹⁶ In 2014, 11,448 persons were homeless in North Carolina of which 1,160 were veterans.¹⁷ County level PIT data showed that Buncombe County (Asheville), had the highest proportion of veterans (42%) among its homeless population, followed by Durham County (17%). In Mecklenburg County, 8% of the homeless population identified as a veteran.¹⁸



1 in 10 people experiencing homelessness in the U.S were veterans in 2014

Source: U.S. Department of Housing and Urban Development. (2014). *Annual Homeless Assessment Report (AHAR) to Congress*.

Risk Factors Associated with Homelessness among Veterans

An examination of the literature shows that homelessness among veterans is multi-causal, and that these causes are often overlapping. Two factors leading to increased risk of veterans becoming homeless exist: poverty and race. That is, of those veterans identifying as either Hispanic or African American *and* living in poverty, 1 in 4 are homeless.¹⁹ However, recent research has shown that female veterans are also at an increased risk of becoming homeless.²⁰ They are twice as likely to be homeless compared to non-veteran females.²¹ The risk of becoming homeless for females increases substantially when coupled with poverty: female veterans living in poverty are more than three times as likely to be homeless as non-veteran females living in poverty.²² Similarly, young veterans (age 18-30) are more than twice as likely to become homeless compared to their non-veteran peers, and this likelihood becomes even more exaggerated when poverty is taken into consideration: impoverished young veterans are nearly four times as likely to be homeless compared to non-veterans age 18-30 living in poverty.²³ Substance use disorders and mental illness rank among the strongest and most consistent risk factors leading to veteran homelessness, however a myriad of other health and military related issues compound to further increase the vulnerability of this population.²⁴

RISK FACTORS

- ▶ Combat exposure
- ▶ Character of discharge
- ▶ Mental illness
- ▶ Chronic mental health conditions
- ▶ Substance use disorder

Military factors: Combat exposure & character of discharge

Combat exposure is an important risk factor among homeless veterans. Veterans who experienced combat are diagnosed with Post Traumatic Stress Disorder (PTSD) at alarming rates.^{1,25} Homeless male veterans with combat exposure also report other psychological diagnoses more frequently than their non-exposed veteran counterparts.²⁶

During the Vietnam Era about 692,000 veterans were released from the military with less than fully honorable discharges ('bad paper'). Since 2001, roughly 115,000 veterans have also been discharged from the military with 'bad paper.'²⁷ In 2014, up to 14,000 (approximately 28%) of the homeless veterans in the US had less than fully honorable discharges.²⁸ However, the events that lead to a less than fully honorable discharge are sometimes related to experiences in the military—PTSD, using illicit substances to cope with PTSD, or departure from expected performance due to physical injury.^{29,30} In a 2013 study by Metraux and colleagues, OEF and OIF veterans whose discharges were not characterized as honorable had a higher risk of homelessness, compared to those with honorable discharges.³¹ This investigation tracked a cohort of Afghanistan and Iraq veterans discharged from the military from July 2005 through September 2006, and followed them through September 2010 in order to document any occurrences of homelessness. Data observed from this cohort indicated that the character of discharge was significantly related to the risk of becoming homeless among some veteran subgroups.³²

Health related risk factors: mental disorders and addiction

Generally, mental illness is associated with an increased risk of homelessness.³³ Chronic mental conditions have been reported at higher rates among homeless veterans, compared to those who are not homeless.³⁴ Edens and colleagues (2011)³⁵ found that a diagnosis of a severe mental illness significantly increased the risk of homelessness. Further, the study found that having a diagnosis of schizophrenia increased the odds of homelessness threefold, while having bipolar disorder or major depression increased the odds by approximately 1.5 times.³⁶ In a study of VA patients with bipolar disorder, the odds of being recently homeless increased by nearly 26 times if the patient had a history of

ⁱ Veteran prevalence of PTSD varies by service era. The proportion of veterans with PTSD in a given year are as follows: 11%-20% of returning OIF and OEF; 12% of Gulf War veterans; 15% of Vietnam Veterans.

recent³⁷ incarceration.³⁸ This study also showed that VA patients with bipolar disorder had an increased risk of lifetime homelessness that was more than four times higher if they had ever been incarcerated.³⁹

Substance abuse has been reported at higher rates among homeless veterans, compared to those who are not homeless.⁴⁰ Studies show that substance abuse is a strong risk factor for homelessness in the general population as well as among veterans.^{41, 42} Use of illegal drugs, often involving intravenous injection, also places individuals at risk of contracting blood-borne infections. Drug users who are experiencing homelessness are at a higher risk of contracting HIV and hepatitis B and C.^{43, 44} A large study of veterans using VA mental health services found that illegal drug use increased the risk of homelessness by up to three times, and was the strongest predictor of homelessness.⁴⁵ Among OEF/OIF veterans, those who were homeless were three to five times more likely to be using illegal drugs compared to non-homeless veterans. This population was also two times more likely to have an alcohol abuse disorder, compared to those who were not homeless.⁴⁶

Addressing Homelessness

The U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) is a federally funded housing program aimed at assisting homeless veterans gain access to stable housing.⁴⁷ HUD-VASH began in 1992, and initially, the program targeted homeless veterans with severe mental and substance abuse disorders. The program provides homeless veterans with rental assistance from HUD (through vouchers issued by local Public Housing Authorities), combined with intensive case management and clinical services provided by the VA.^{48, 49} The program has continued to receive federal funding, with up to \$425 million allocated to support the program from 2008 to 2013.⁵⁰ Veterans who have received HUD-VASH assistance are reported to have a lower risk of returning to homelessness, compared to those receiving other types of assistance.⁵¹ In 2009, the Housing First⁵² model was incorporated into a HUD-VASH program to test its feasibility and efficacy.⁵³ The results of this testing initiative indicate that the model is effective within the HUD-VASH setting, and that outcomes are similar to those in other settings where the housing first model has been implemented, with regard to reducing chronic homelessness and rates of emergency care and inpatient hospitalization.⁵⁴ In October 2012, the VA announced that it was adopting the Housing First model as the official policy of the HUD-VASH program.⁵⁵ However, this shift to a 'housing first' policy is expected to target a subpopulation of veterans with more complex needs.⁵⁶ At the community level, embracing a 'housing first' philosophy requires significant operational changes. The Housing First model must reorient front-line workers to target the most vulnerable and be more innovative with regard to overcoming bureaucratic procedures and any other barriers that need to be removed or mitigated.⁵⁷



HUD-VASH

The U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program provides homeless veterans with rental assistance from HUD (through vouchers issued by local Public Housing Authorities), combined with intensive case management and clinical services provided by the VA.

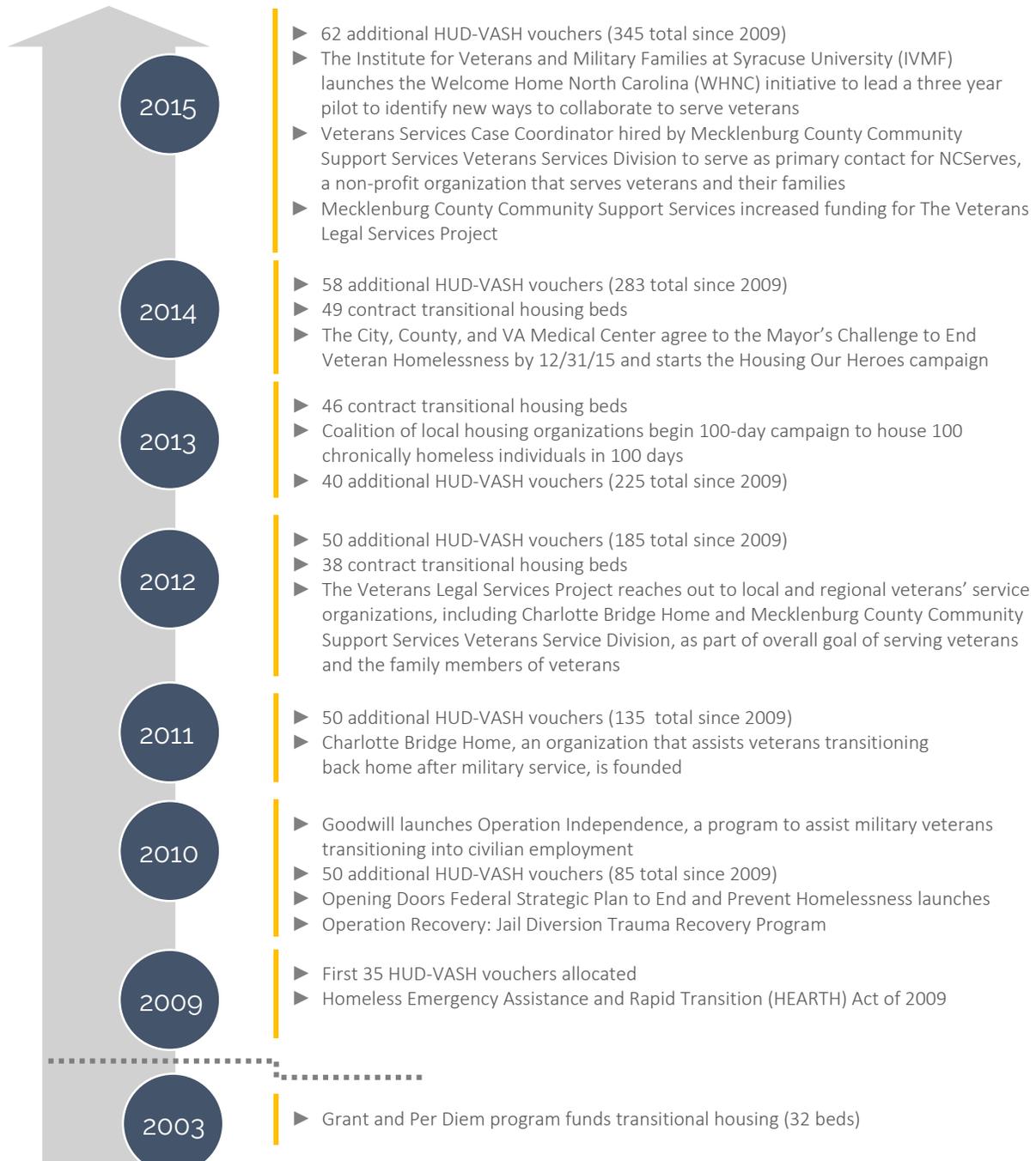
In summer 2015, interviews were conducted with key staff at agencies serving homeless veterans in Mecklenburg County to better understand the issues and needs that service providers face while serving this population. All service providers interviewed discussed strong interagency support and collaboration as a strength in the community. All agencies coordinate with the VA and the majority work in collaboration with multiple service providers in the region. Importantly, 100% of the agencies indicated that they work to connect the veterans they serve with Mecklenburg

BACKGROUND

County Community Support Services Veteran Services Division (Veterans Services). However, some of their veterans do not qualify because of amount of time served or discharge status. In the interviews, service providers said that one of the biggest barriers their agencies face while serving their veterans is ineligibility for benefits due to a dishonorable discharge. The majority of interviewees said their biggest barrier was finding available affordable housing. In fact, most service providers indicated that the most common need is housing. One service provider said, “Finding housing that meets their needs—some of the veterans have barriers—medical mental health, bad credit, income—we work with these vets and look for housing within the community at large.” Interviews also indicate that current efforts in the community are supporting this work. Eighty percent of interviewees mentioned the local Housing our Heroes initiative as a positive approach to addressing homelessness among veterans. In reference to the Housing Our Heroes campaign to end veteran homelessness by 2015, one service provider said, “Housing Our Heroes has made a difference; 3 years ago [we] probably could not end Veterans Homelessness but we have a good chance now.”

Context

The Charlotte-Mecklenburg community has been active in implementing strategies to assist homeless veterans. The community's capacity to serve homeless veterans has changed over time as new organizations or programs were created, program capacity grew or shrunk, and Federal policies changed. The timeline below outlines changes in the community's capacity that help provide context to the findings of this report.



National

Nationally, in the last six years, federal policy governing the national response to homelessness shifted from a focus on programs that manage the problem of homelessness to local systems that prevent and end the problem of homelessness, including for veterans.

▶ Homeless Emergency Assistance and Rapid Transition (HEARTH) Act of 2009

The HEARTH Act reauthorized McKinney-Vento Homeless Assistance Programs that provide funding to states and local communities to address homelessness. The Act requires local Continuums of Care to incorporate a number of changes that will impact local service-delivery including:

- **System responses instead of program responses to homelessness**
As a system, communities that receive federal funding will have to better coordinate their response to homelessness and use system and program level data to inform decision-making.
- **Measuring outcomes instead of reporting activities**
Communities that receive federal funding will be expected to show progress on key outcomes including the reduction in overall homelessness, the reduction in the number of people who return to homelessness, increased access to housing and services through outreach, and job and income growth.
- **Permanent housing instead of shelter**
Funding decisions will be weighted away from shelter solutions and towards housing solutions: specifically, Permanent Supportive Housing opportunities for chronically homeless households and rapid rehousing opportunities for those who are not chronically homeless.

▶ Opening Doors: Federal Strategic Plan to End and Prevent Homelessness

In 2010, the United States Interagency Council on Homelessness launched the Federal Strategic Plan to End and Prevent Homelessness “as a roadmap for joint action” by 19 member agencies and state and local partners. The plan established the following goals:

- Finish the job of ending chronic homelessness in five years.
- Prevent and end homelessness among veterans in five years.
- Prevent and end family homelessness in 10 years.
- Set a path toward ending all types of homelessness.

The plan also established strategies for meeting its goals including increased leadership, collaboration, and civic engagement; increased access to and provision of stable and affordable housing; expanding opportunities for sustainable employment; improving health by linking health care with homeless assistance and housing programs; and, transforming homeless service systems into crisis response systems that prevent homelessness and return people quickly to stable housing.

▶ **Mayors Challenge to End Veteran Homelessness by 2015**

In 2014, First Lady Michelle Obama and the U.S. Department of Housing and Urban Development Secretary announced the Mayors Challenge to End Veteran Homelessness. This initiative challenges communities to end homelessness among their veteran population by the end of 2015. Charlotte's Mayor Dan Clodfelter, Mecklenburg Board of County Commissioners Chairman Trevor M. Fuller, and Kaye Green, director of the Salisbury Veterans Affairs Medical Center jointly accepted this challenge in November 2014.

▶ **Zero:2016 Campaign**

Community Solutions, a national organization that works with communities to help solve homelessness, is leading a national campaign to organize communities around housing the chronically homeless population. The Zero:2016 campaign began in 2014, with the goal of ending veteran homelessness by 2015 and chronic homelessness by 2016. Zero:2016 provides resources to providers who are working to end chronic and veteran homelessness. Charlotte receives support through this effort.

Local

There are currently two major initiatives underway in Charlotte-Mecklenburg that include a focus on providing assistance to veterans experiencing homelessness. While the focus of this report is on veterans who received services prior to the implementation of these programs, these two initiatives are key in how the community currently addresses veteran homelessness and connects veterans with services.

▶ A Way Home Housing Endowment

In 2013, the City of Charlotte and Foundation For The Carolinas established the A Way Home housing endowment, which will be fully funded in 2018. This \$20 million endowment, funded through public, private, and individual dollars, will be aimed at providing housing and rental assistance for households with adults and children at-risk of or currently experiencing homelessness. Households with veterans receive priority. In 2014 a group of local faith leaders raised operational funds to begin a pilot program until the endowment is fully funded. As of January 2015, three agencies had received funds through the pilot program: Charlotte Family Housing, Crisis Assistance Ministry, and Salvation Army. In addition, Mecklenburg County Community Support Services provided funding to Charlotte Family Housing and Salvation Army for supportive services.

▶ Charlotte-Mecklenburg Housing Our Heroes Initiative

Charlotte's Mayor Dan Clodfelter accepted First Lady Michelle Obama's Mayor's Challenge to End Veteran Homelessness by 2015. Mecklenburg Board of County Commissioners Chairman Trevor M. Fuller, and Kaye Green, director of the Salisbury Veterans Affairs Medical Center partnered with Clodfelter for a public launch on Veterans Day, November 11, 2014. Locally called the "Charlotte-Mecklenburg Housing Our Heroes" initiative, this joint effort of the city, county, U.S. Department of Veterans Affairs, and non-profit agencies began July 6, 2014. This effort is guided by criteria suggested by the United States Interagency Council on Homelessness, the Department of Housing and Urban Development, and the Department of Veterans affairs for what it means to end homelessness among veterans.⁵⁸ The five criteria are:

- 1 The community has identified all veterans experiencing homelessness.
- 2 The community provides shelter immediately to any veteran experiencing unsheltered homelessness who wants it.
- 3 The Community only provides service-intensive transitional housing in limited instances.
- 4 The community has the capacity to assist veterans to swiftly move into permanent housing.
- 5 The community has resources, plans, and system capacity in place should any veteran become homeless or be at risk of homelessness in the future.

Data & Methodology

DATA

This report focuses on veterans experiencing homelessness that utilize services from Mecklenburg County Community Support Services Veterans Services Division and/or homeless services agencies in the Mecklenburg County Continuum of Care that enter data in the Homeless Management Information System. There are four main data sources that inform this report:

MECKLENBURG COUNTY COMMUNITY SUPPORT SERVICES VETERANS SERVICES

Veterans Services data were provided by Mecklenburg County and contain information on veterans seeking services. Veterans seeking services from Veterans Services are a small subset of veterans that may also be involved with the Veterans Administration (VA). Veterans typically come to the County’s Veterans Services to seek assistance with submitting claims to the VA. As a result, the data may include a higher proportion of veterans living with disabilities. The majority of these data come directly from a veteran’s official discharge form, called a DD214.

- ▶ **Veteran status:** Confirmed by DD214
- ▶ **Homeless status:** Self-reported and may include people living with family or friends.
- ▶ **Utilization:** If a veteran received services from Mecklenburg County Community Support Services Veterans Services Division.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

A local data system used to collect data on people experiencing or at risk of homelessness and seeking shelter in emergency/seasonal housing, transitional shelter, or permanent supportive housing. HMIS data provide an unduplicated count of people who experienced homelessness and sought shelter or services over the course of a year at agencies receiving certain federal funding.

- ▶ **Veteran status:** Self-identified
- ▶ **Homeless status:** A veteran that resided in emergency shelter, transitional housing, or permanent supportive housing.
- ▶ **Utilization:** If a veteran received services in the form of shelter (emergency shelter, transitional housing or permanent supportive housing.)

AMERICAN COMMUNITY SURVEY

A federally required annual statistical survey of a sample of the U.S. population conducted by the U.S. Census Bureau.

- ▶ **Veteran status:** Self-identified
- ▶ **Homeless status:** N/A

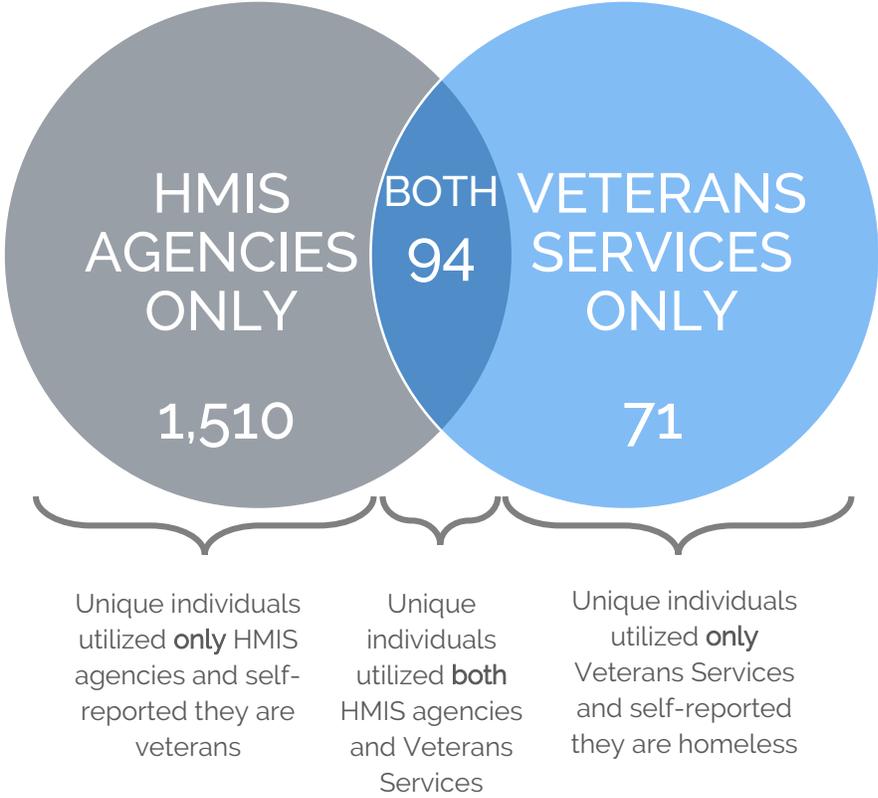
QUALITATIVE INTERVIEWS

Brief interviews were conducted with five agencies that serve veterans experiencing homelessness to add context to findings from an agency perspective and to identify emerging trends. The agencies that were interviewed include: Charlotte Bridge Home, Mecklenburg County Community Support Services Veterans Services Division, Veterans Administration Medical Center-Salisbury, Urban Ministry Center, and Alston Wilkes Society.

METHODOLOGY

The data from HMIS and Veterans Services were provided by University of North Carolina at Charlotte’s Institute for Social Capital Community Database, an integrated database. Records from HMIS and Veterans Services were linked to identify overlap between veterans utilizing services from either agency. The results of this linking process are shown in the graphic below. From 2007 to 2012 there were 1,675 unduplicated veterans experiencing homelessness that were served by an HMIS agency, Veterans Services, or both agencies. Of those:

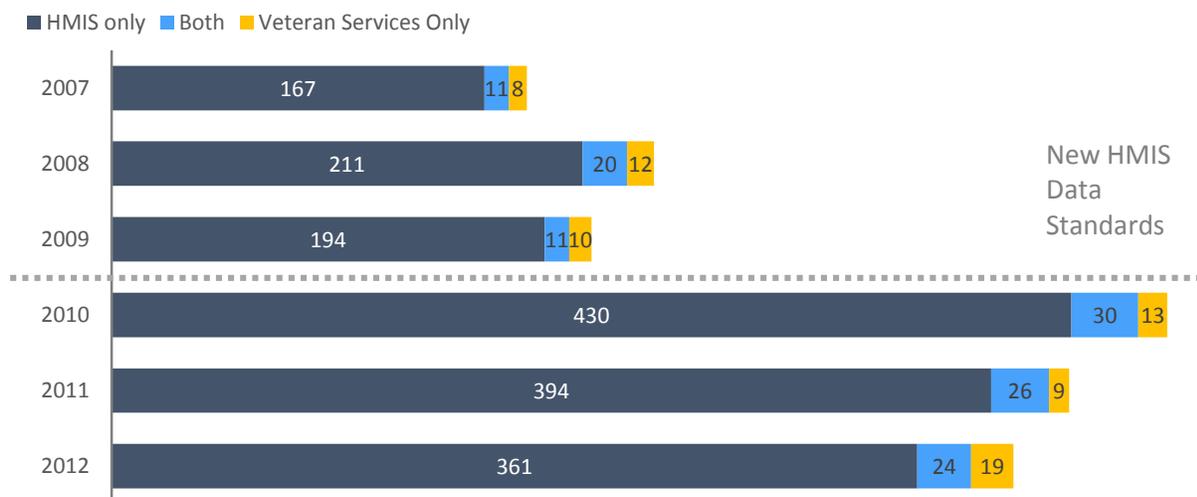
- ▶ 94 unique veterans were involved in both HMIS and Veterans Services
- ▶ 71 unique veterans identified as homeless when they first went to Veterans Services but did not receive services from an HMIS agency
- ▶ 1,510 self-identified veterans received services from an HMIS agency (regardless of shelter type) but were not connected with Veterans Services.



Service Utilization: Over time

From 2007 to 2012, there were 1,675 unique veterans that utilized services. When looking at records unduplicated by year, rather than unduplicated across all years, there was an increase in the number of veterans served by HMIS agencies and/or Veterans Services from 2007 to 2012. In 2007, 186 veterans were served overall, compared to 404 in 2012. This increase is mostly due to an increase in the number of veterans utilizing HMIS agency services only, which is partially a reflection of the improved HMIS data standards implemented in 2010. The improved data standards made “veteran status” a required field, increasing the number of veterans identified in HMIS, but not necessarily reflecting an actual increase in the number of veterans being served. However, from 2007 to 2012 we also see an increase in the number of veterans experiencing homelessness that utilize Veterans Services but are not connected with HMIS agencies. From 2007 to 2012, the number of veterans self-identifying as homeless and using only Veterans Services increased from 8 to 19. When veterans sheltered by an HMIS agency were unduplicated by shelter type, rather than by year, it was found that from 2007 to 2012, 1,363 veterans had been in emergency shelter, 83 had been housed through permanent supportive housing, and 492 had been in transitional housing at one point. The number of veterans served by shelter type is greater than 1,675 because it is possible that one veteran was in multiple types of shelter from 2007 to 2012. For example, if a veteran was in emergency shelter in 2007 then moved into permanent supportive housing in 2009, they would be counted once in the emergency shelter category and once in the permanent supportive housing category.

SERVICE UTILIZATION OF VETERANS BY YEAR 2007-2012



Note: For "HMIS Only" and "Both," the year represents the year in which the veteran received homeless services. For Veterans Services only, it represents the year in which the veteran first came to Veterans Services.

Service Utilization: Homeless Services Only

DETAILS

POPULATION

Self-identified veterans utilizing housing services provided by HMIS agencies but are not connected with Veterans Services.

SHELTER TYPES:

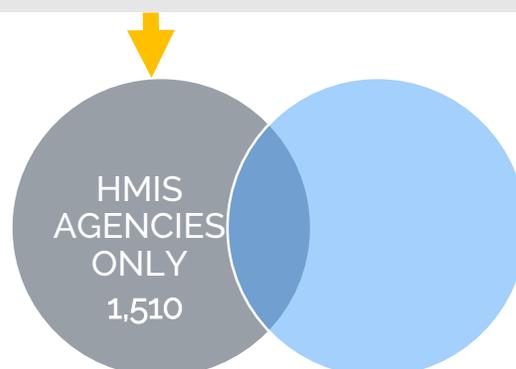
Because this report focuses on utilization of housing services, the analyses are not restricted by shelter type. The shelter types included are emergency shelter, transitional housing, and permanent supportive housing.

LIMITATIONS:

The data for this section are unduplicated so that from 2007 to 2012 there is only one record per client. This means that the data represent the information collected at the veteran's most recent program entry date. For example, if a veteran received services in 2007 and 2012, their data would only be reflected within 2012 and would not capture any changes that occurred from 2007 to 2012.

DATA NOTES:

- ▶ **Veteran status** – Self-identified at program entry
- ▶ **Homeless status** – Confirmed by presence or record in HMIS data indicating the veteran resided in an emergency shelter, transitional housing, or permanent housing at some point.
- ▶ **Data source** – HMIS



RACE

- ▶ 70% (1,035) of veterans that received only homeless services were African American.

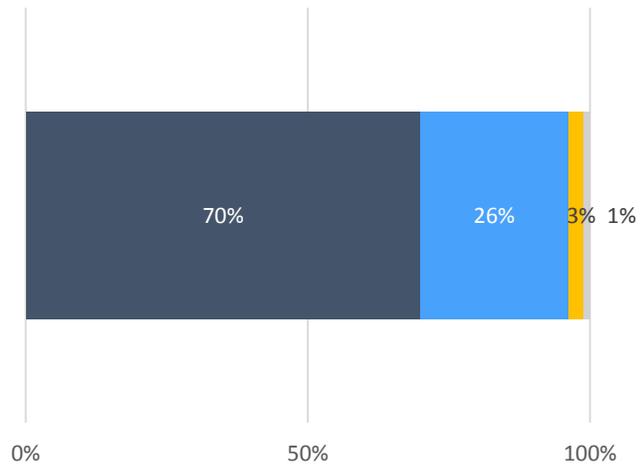
COMPARISON

- ▶ This proportion of Black or African American veterans receiving homeless services only is disproportionately high when compared to the overall veteran population in Mecklenburg County. In 2012, approximately 30% of all Veterans in Mecklenburg County were Black or African American.

RACE

VETERANS RECEIVING HOMELESS SERVICES ONLY, 2007-2012

■ Black ■ White ■ Multiracial ■ Other



ETHNICITY

- ▶ 3% (41) of veterans that received only homeless services were Hispanic/Latino.

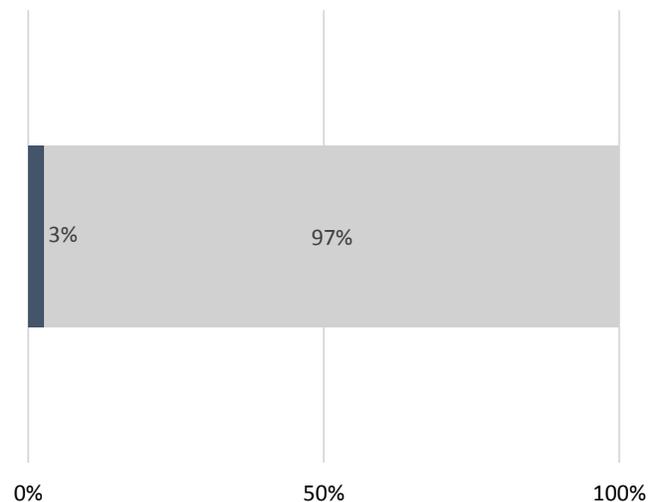
COMPARISON

- ▶ The proportion of Hispanic/Latino veterans receiving only homeless services from 2007 to 2012 is reflective of the overall veteran population in Mecklenburg County, which was 3% Hispanic/Latino in 2012.

ETHNICITY

VETERANS RECEIVING HOMELESS SERVICES ONLY, 2007-2012

■ Hispanic/Latino ■ Non-Hispanic/Non-Latino



GENDER

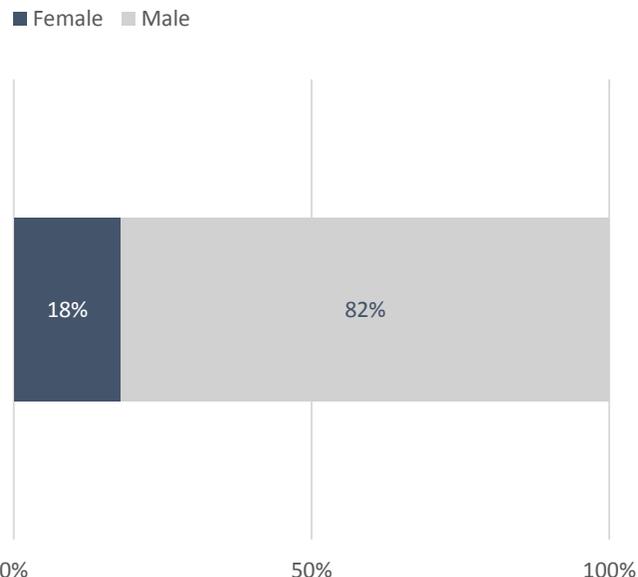
- ▶ From 2007 to 2012, females comprised 18% (269) of veterans receiving homeless services only compared to males which comprised 82% (1,222).

COMPARISON

- ▶ The proportion of female veterans receiving only homeless services from 2007 to 2012 is slightly higher than the proportion of female veterans in Mecklenburg County, which was 11% in 2012.

GENDER

VETERANS RECEIVING HOMELESS SERVICES ONLY, 2007-2012



SELF-REPORTED

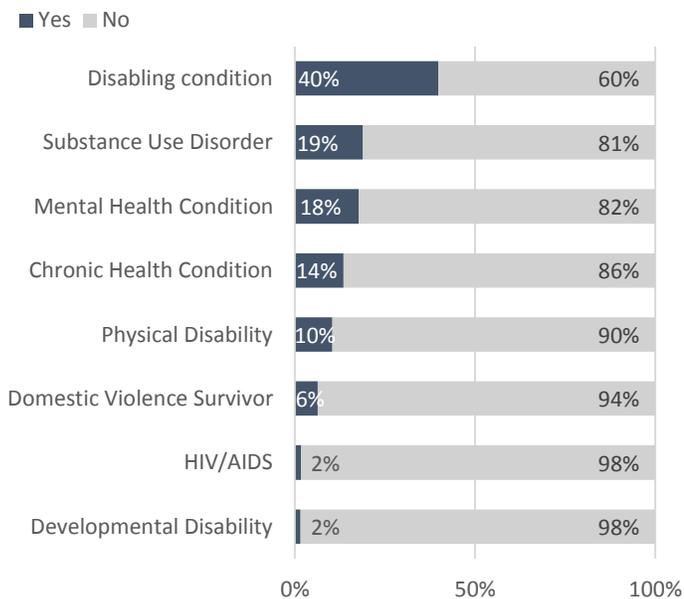
The data in this section reflect information self-reported by a client upon program entry. Due to the sensitive nature of some of these self-reported conditions, it is likely that they are underreported.

- ▶ 40% of veterans receiving only homeless services from 2007 to 2012 reported having a disabling condition, 19% reported a substance use disorder, 18% reported a mental health condition, and 14% reported a chronic health condition.

- ▶ 21% of female veterans reported surviving domestic violence.

SELF-REPORTED

VETERANS RECEIVING HOMELESS SERVICES ONLY, 2007-2012

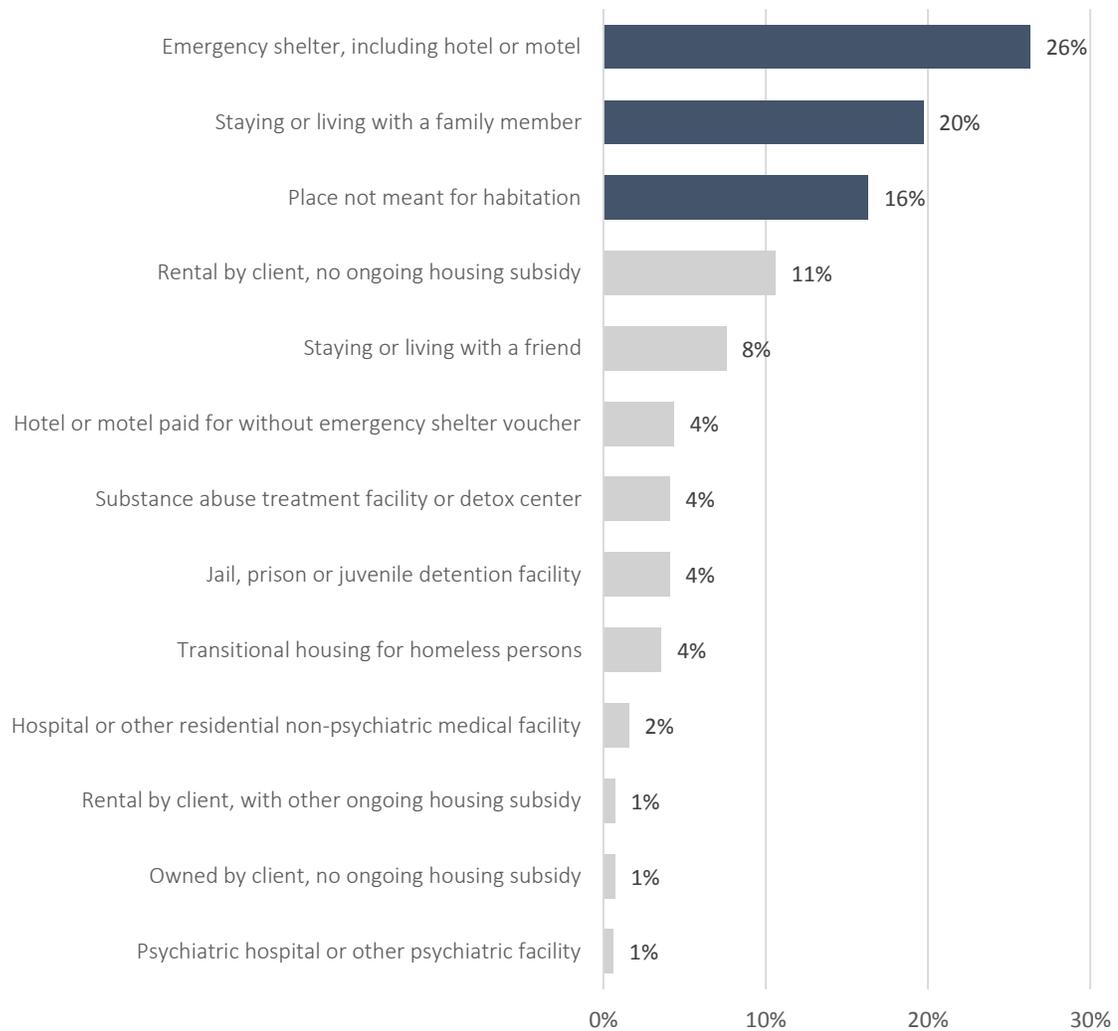


HOUSING TYPE AT ENTRY

- ▶ From 2007 to 2012 the majority of veterans receiving homeless services were living in an emergency shelter or hotel/motel paid for with emergency funds (26%), staying or living with a family member (20%), or a place not meant for habitation (16%) prior to their most recent entry to a program for services.

HOUSING TYPE AT PROGRAM ENTRY

VETERANS RECEIVING HOMELESS SERVICES ONLY
2007-2012



Service Utilization: Homeless & Veterans Services

DETAILS

POPULATION:

Veterans utilizing services provided by HMIS agencies and also connected with Mecklenburg County Community Support Services Veterans Services Division (Veterans Services).

SHELTER TYPES:

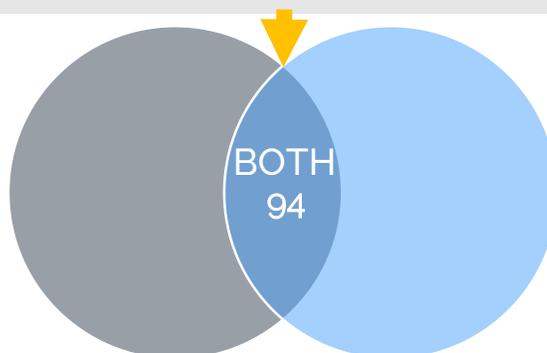
Because this report focuses on service utilization, the analyses are not restricted by shelter type. The shelter (or service) types included are emergency shelter, transitional housing, and permanent supportive housing.

LIMITATIONS:

The data for this section are unduplicated across 2007 to 2012 so that there is only one record per client. This means that the data represent the information collected at the veteran's most recent program entry date, unless otherwise indicated. For example, if a veteran received services from an HMIS agency in 2007 and 2012, they data would only be reflected within 2012.

DATA NOTES:

- ▶ **Veteran status** – Confirmed by DD-214 form data inputted by Veterans Services.
- ▶ **Homeless status** – Confirmed by presence or record in HMIS data indicating the veteran resided in an emergency shelter, transitional housing, or permanent housing at some point.
- ▶ **Data source** – HMIS and Veterans Services. For demographic data that overlaps between the two datasets, data is used from Veterans Services.





SERVICE UTILIZATION: HOMELESS & VETERANS

RACE

- ▶ 83% (78) of veterans that received both HMIS and Veterans Services were African American.

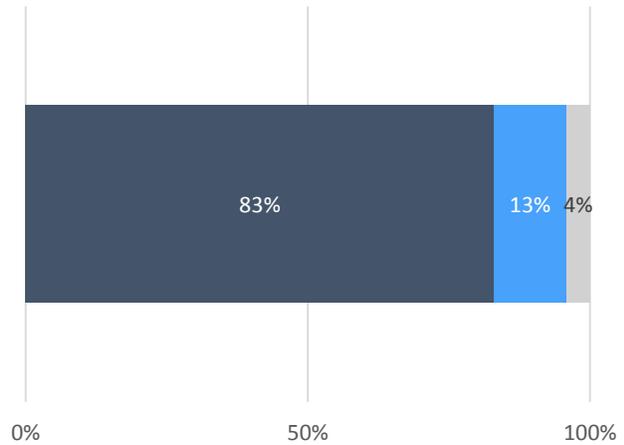
COMPARISON

- ▶ This proportion of Black or African American veterans receiving homeless and Veterans Services is disproportionately high when compared to the overall veteran population in Mecklenburg County. In 2012, approximately 30% of all Veterans in Mecklenburg County were Black or African American.

RACE

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012

■ Black ■ White ■ Other



ETHNICITY

- ▶ 0% of veterans that received both homeless and Veterans Services were Hispanic/Latino.

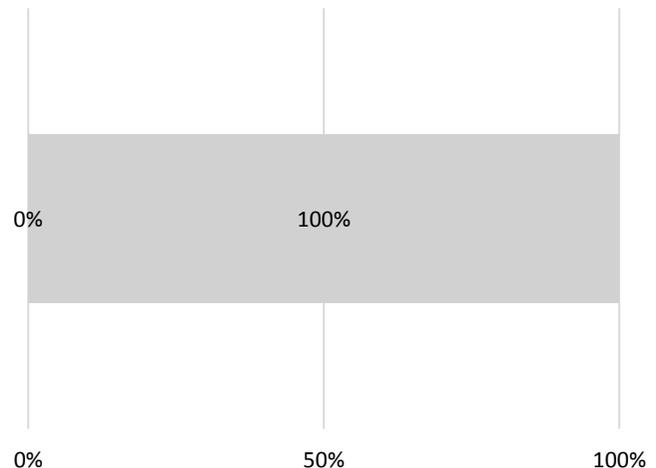
COMPARISON

- ▶ The proportion of Hispanic/Latino veterans receiving homeless and Veterans Services from 2007 to 2012 is low given the overall veteran population in Mecklenburg County, which was 3% Hispanic/Latino in 2012.

ETHNICITY

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012

■ Hispanic or Latino ■ Non-Hispanic or Non-Latino



GENDER

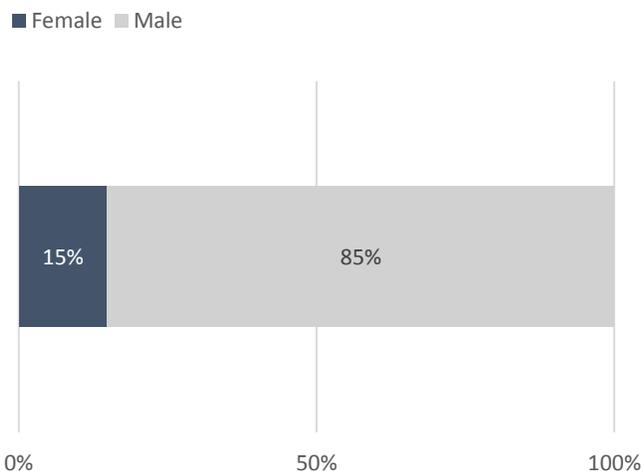
- ▶ From 2007 to 2012, females comprised 15% (14) of veterans receiving homeless and Veterans Services compared to males which comprised 85% (80).

COMPARISON

- ▶ The proportion of female veterans receiving both homeless services and Veterans Services from 2007 to 2012 is slightly higher than the proportion of female veterans in Mecklenburg County, which was 11% in 2012.

GENDER

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012



AVERAGE AGE AT ENTRY TO VETERAN SERVICES

- ▶ By service era, the average age of veterans seeking assistance from Veterans Services and self-identifying as homeless ranged from 37 (OIF/OEF) to 58 (Vietnam War).

AVERAGE AGE AT ENTRY TO VETERAN SERVICES BY MILITARY SERVICE ERA

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012

- 37** OIF/OEF
- 41** Persian Gulf War
- 50** Peacetime
- 58** Vietnam War



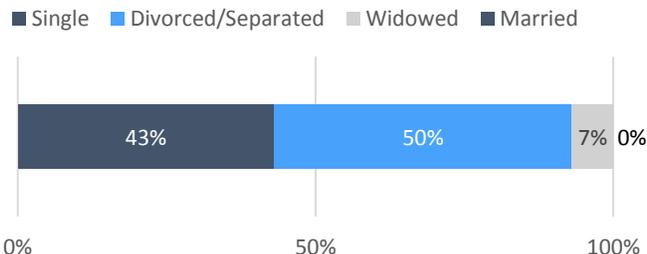
SERVICE UTILIZATION: HOMELESS & VETERANS

MARITAL STATUS

- ▶ From 2007 to 2012, there were no veterans receiving both homeless and Veterans Services that were married. The majority of veterans were either single (43%) or divorced/separated (50%).

MARITAL STATUS

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012

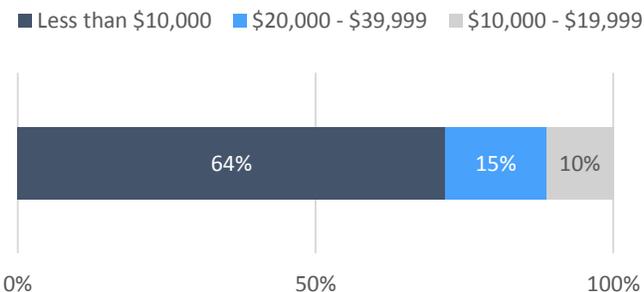


INCOME

- ▶ From 2007 to 2012, no veterans receiving homeless and Veterans Services had earnings greater than \$19,999 and the majority (64%) made less than \$10,000.

INCOME

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012

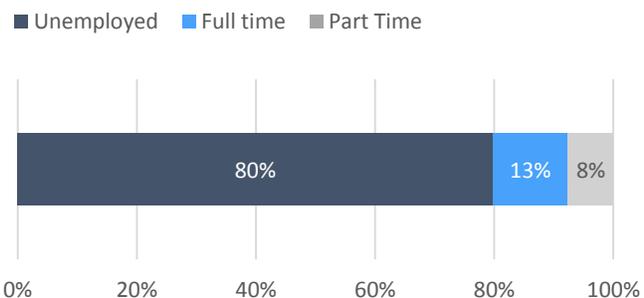


EMPLOYMENT

- ▶ From 2007 to 2012, the majority of veterans utilizing homeless and Veterans Services were unemployed (80% or 63) while the remaining 21% were employed either full or part time.

EMPLOYMENT

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012



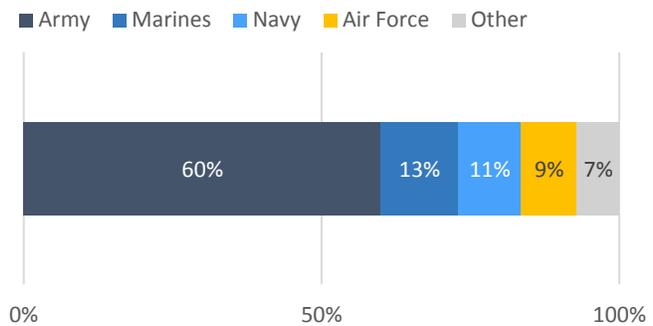
SERVICE UTILIZATION: HOMELESS & VETERANS

MILITARY BRANCH

- ▶ The majority of veterans utilizing homeless and Veterans Services were in the Army.
- ▶ 38% of females and 64% of males were in the Army.

MILITARY BRANCH

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012

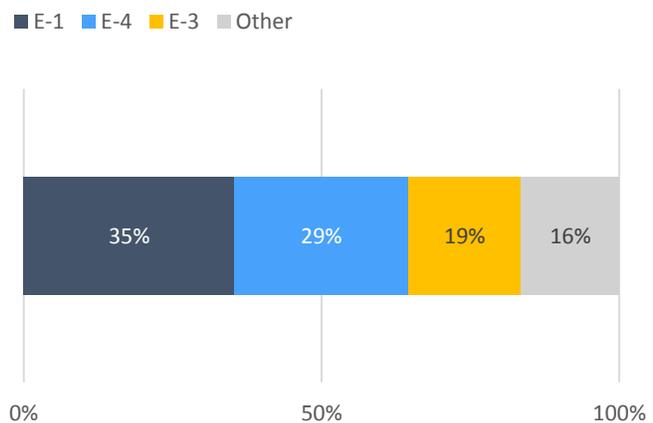


RANK

- ▶ 82% of veterans utilizing homeless and Veterans Services were in lower ranks.
 - 35% E-1
Private, Airman Basic, or Seaman Recruit.
 - 29% E-4
Corporal, Senior Airman, Petty Officer Third Class, Major, or Lieutenant Commander.
 - 19% E-3
Private First Class, Lance Corporal, Airman First Class, or Seaman.

RANK

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012



EDUCATION

- ▶ The majority of veterans receiving both homeless and Veterans Services from 2007 to 2012 had no post high school degree.

* Numbers for other education levels had to be removed due to an insufficient number of records needed to report out separately.

HIGHEST EDUCATION LEVEL ACHIEVED

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012

- 94% (74) High school degree or GED
- 6% (5) Associates, four year, or Masters degree

MILITARY SERVICE ERA

- ▶ 43% of veterans utilizing homeless and Veterans Services served during peace-time, followed by 31% who served during the Vietnam War.
- ▶ The large proportion of veterans experiencing homelessness that served during peacetime might be reflective of the fact that certain VA benefits are unavailable to veterans if they did not serve during wartime.
- ▶ Agencies interviewed for this study mentioned serving larger numbers of Vietnam War veterans. Some anticipated more OIF/OEF veterans in coming years.

MILITARY SERVICE ERA BY GENDER

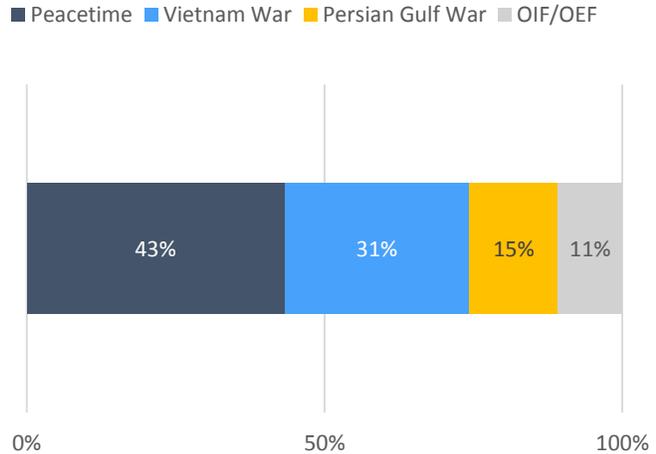
- ▶ 45% (5) of females served during OIF/OEF.
- ▶ Among male veterans, 48% (30) served during peacetime, 37% (23) served during the Vietnam war, and 16% served during either the Persian Gulf War or OIF/OEF*

Note: If a person served over multiple military service eras, only one will be assigned to them in the data from Veterans Services. If a veteran served during both peacetime and wartime, the wartime service era would be listed as their service era rather than the peacetime.

* Service eras had to be removed or combined due to an insufficient number of records.

MILITARY SERVICE ERA

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012



Females

45% (5) OIF/OEF

55% (6) Other

Males

16% (10) OIF/OEF or Persian Gulf War*

48% (30) Peacetime

37% (23) Vietnam War

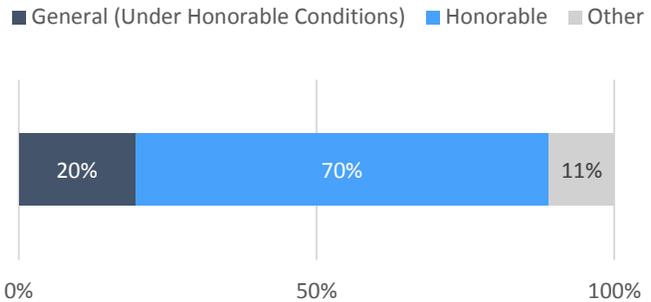
DISCHARGE TYPE

- ▶ The majority of veterans receiving both homeless and Veterans Services from 2007 to 2012 did not have dishonorable discharges. 70% had honorable discharges and 20% had general discharges (under honorable conditions).

Note: The lack of veterans experiencing homelessness with dishonorable discharges may be reflective of veterans who have dishonorable discharges not knowing they are still eligible to receive services from Veterans Services.

DISCHARGE TYPE

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012



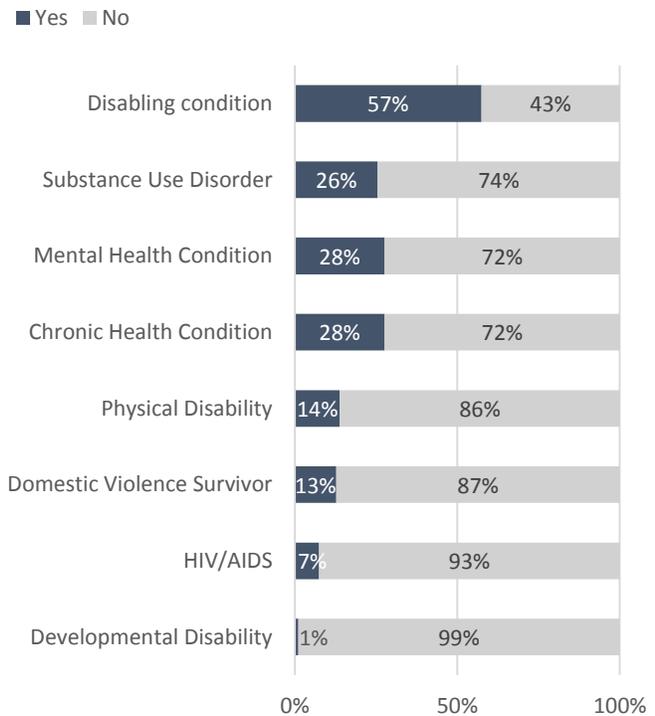
SELF-REPORTED (HMIS)

The data in this section reflect information self-reported by a client upon program entry. Due to the sensitive nature of some of these self-reported conditions, it is likely that they are underreported.

- ▶ 57% (54) of veterans receiving both homeless and Veterans Services from 2007 to 2012 reported having a disabling condition data, 26% (24) reported a substance use disorder, 28% (26) reported a mental health condition, and 28% (26) reported a chronic health condition.

SELF-REPORTED (HMIS)

VETERANS RECEIVING HOMELESS AND VETERANS SERVICES, 2007-2012



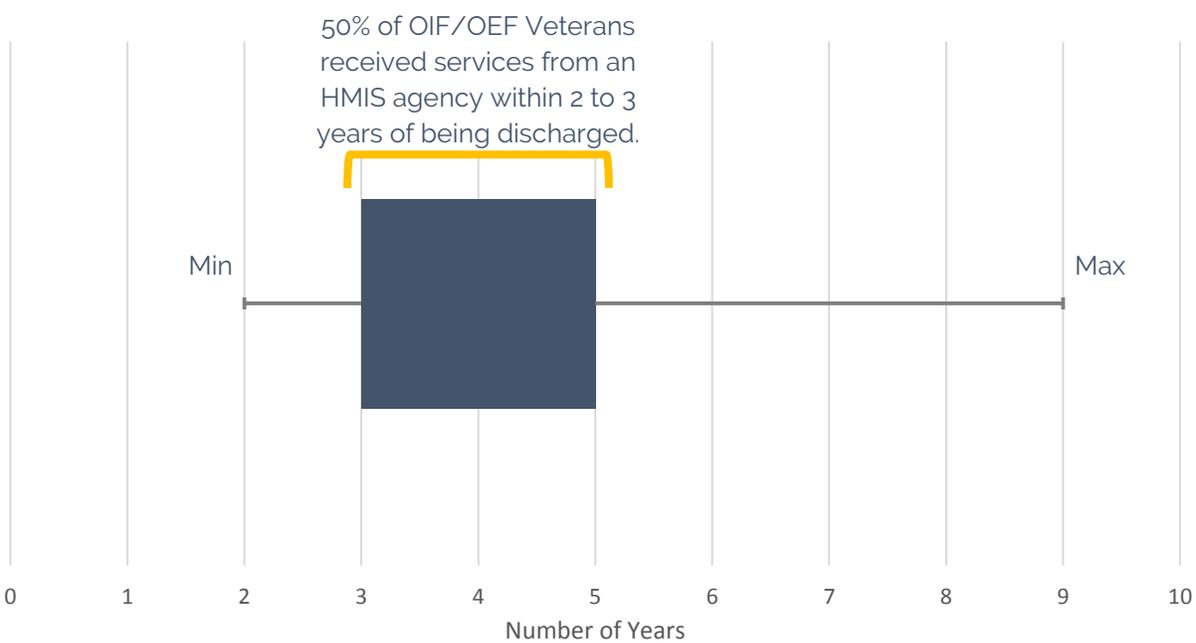
LENGTH OF TIME TO ENTER HOMELESSNESS BY MILITARY SERVICE ERA

- ▶ On average, veterans from OIF/OEF (N=8) received services from an HMIS agency within 4 years of being discharged. There were some OIF/OEF veterans that entered homelessness in as little as 2 years.
- ▶ 50% of veterans from OIF/OEF received services from an HMIS agency within 3 to 5 years of their discharge date, 25% within 2 to 3 years, and 25% between 5 to 9 years. The shortest length of time between discharge and receiving services from an HMIS agency was 2 years and the longest was 9 years.

Note: Analysis is limited to OIF/OEF Veterans because the HMIS data used in this analysis begins in 2007. It is possible that Veterans from earlier war eras experienced homelessness and first received services from an HMIS agency prior to 2007. Additionally, given that OIF/OEF is a more recent war era, it is possible that the average length of time between discharge date and first entry in HMIS will change as more as time goes on. Due to the small sample size (N=8) findings should be interpreted with caution.

NUMBER OF YEARS BETWEEN DISCHARGE DATE AND FIRST ENTRY IN HMIS: OIF/OEF

VETERANS RECEIVING HOMELESS AND VETERAN SERVICES, 2007-2012



Service Utilization: Veterans Services Only

DETAILS

POPULATION:

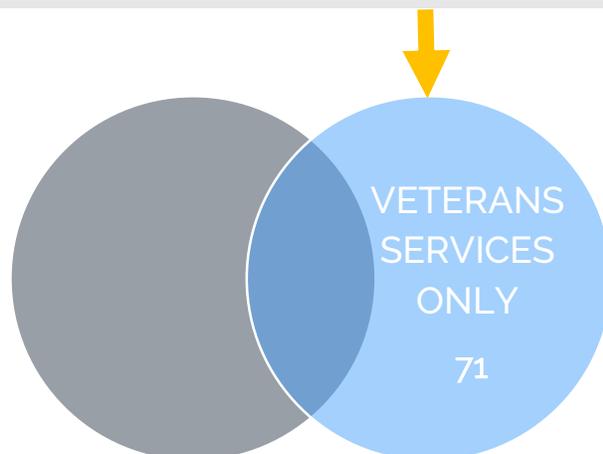
Veterans utilizing services provided by Mecklenburg County Community Support Services Veterans Services Division (Veterans Services).

LIMITATIONS:

A veteran's data are entered at the time of program entry, but not updated over time, so it is likely that some household characteristics changed.

DATA NOTES:

- ▶ **Veteran status** – Confirmed by DD214 form data inputted by Veterans Services.
- ▶ **Homeless status** – Self-reported and may include individuals who do not meet the HUD definition of homeless (ex. are doubled up with family and friends).
- ▶ **Data source** – Veterans Services



RACE

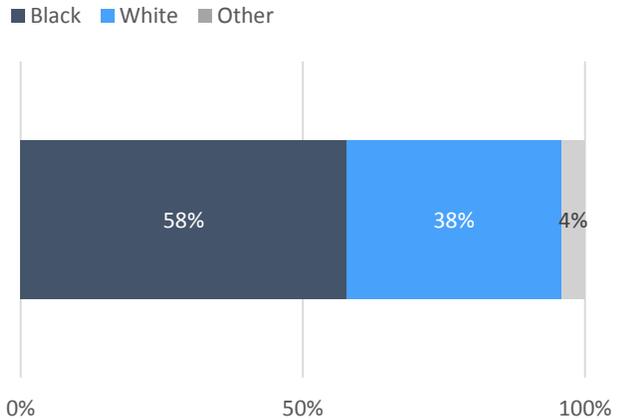
- ▶ 58% (41) of veterans experiencing homelessness that received only Veterans Services were African American.

COMPARISON

- ▶ This proportion of Black or African American veterans receiving only Veterans Services is disproportionately high when compared to the overall veteran population in Mecklenburg County. In 2012, approximately 30% of all Veterans in Mecklenburg County were Black or African American.

RACE

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012



ETHNICITY

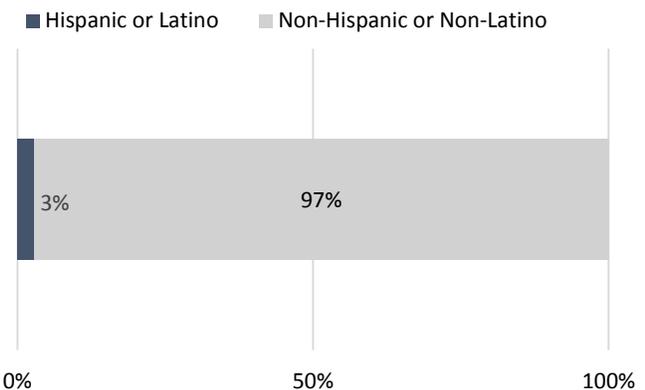
- ▶ 3% of veterans experiencing homelessness that received Veterans Services only were Hispanic/Latino.

COMPARISON

- ▶ The proportion of Hispanic/Latino veterans receiving only Veterans Services from 2007 to 2012 is in line with the overall veteran population in Mecklenburg County, which was 3% Hispanic/Latino in 2012.

ETHNICITY

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012





GENDER

- ▶ From 2007 to 2012, females comprised 15% (14) of veterans receiving Veterans Services compared to males, which comprised 85% (80).

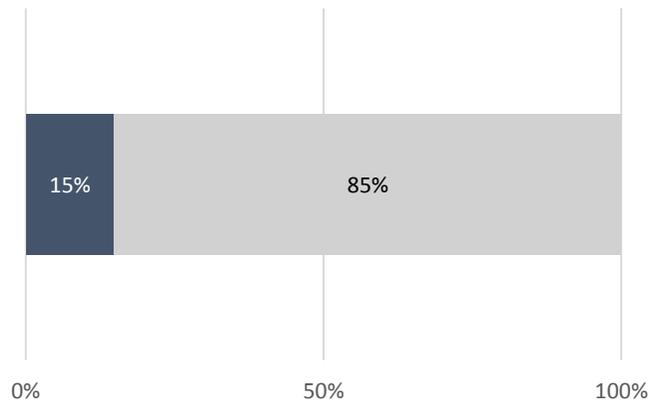
COMPARISON

- ▶ The proportion of female veterans receiving only Veterans Services from 2007 to 2012 is slightly higher than the proportion of female veterans in Mecklenburg County, which was 11% in 2012.

GENDER

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

■ Female ■ Male



AGE AT ENTRY TO VETERAN SERVICES

- ▶ The average age of veterans utilizing Veterans Services ranged from 49 to 64.

AVERAGE AGE AT ENTRY TO VETERAN SERVICES BY YEAR

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

49 – 2007

53 – 2008

64 – 2009

52 – 2010

48 – 2011

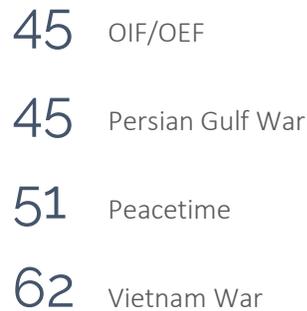
54 – 2012

AGE BY MILITARY SERVICE ERA

- By service era, the average age of a Veteran when they first received Veterans Services was 45 to 62, depending on the war era. On average, Vietnam veterans were slightly older than OIF/OEF veterans, reflecting the length of time between the two service eras.

AVERAGE AGE AT ENTRY TO VETERAN SERVICES BY MILITARY SERVICE ERA

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

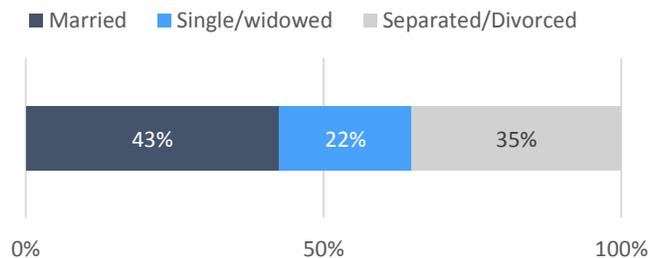


MARITAL STATUS

- 43% of veterans experiencing homelessness and receiving only Veterans Services were married, while 22% were single and 35% were separated or divorced.

MARITAL STATUS

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

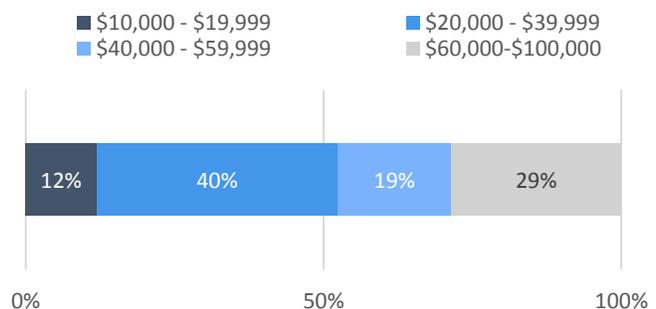


INCOME

- The majority (61%) of veterans receiving only services from Veterans Services made less than \$60,000 per year.

INCOME

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

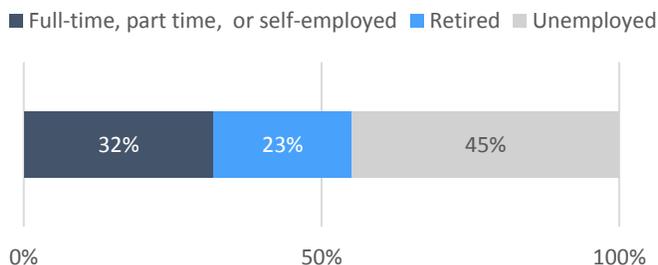


EMPLOYMENT

- ▶ From 2007 to 2012, 32% of veterans experiencing homelessness and receiving only Veterans Services were employed full-time, part time, or self-employed. Others were either retired (23%) or unemployed (45%).

EMPLOYMENT

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

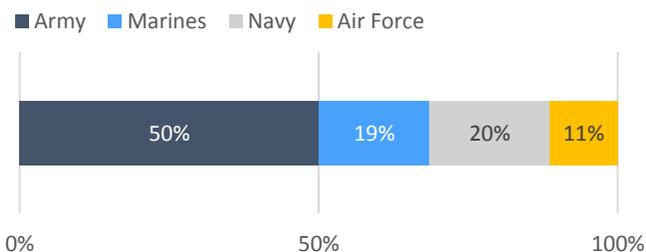


MILITARY BRANCH

- ▶ The majority (50%) of veterans experiencing homelessness and utilizing Veterans Services were in the Army.

MILITARY BRANCH

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

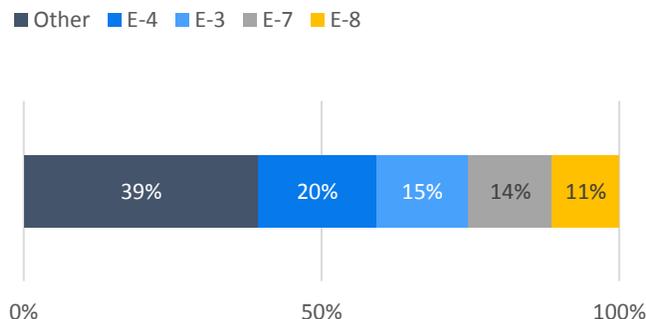


RANK

- ▶ 39% Other
- ▶ 20% E-4
Corporal, Senior Airman, or Petty Officer Third Class.
- ▶ 15% E-3
Private First Class, Lance Corporal, Airman First Class, or Seaman.
- ▶ 14% E-7
Sergeant First Class, Gunnery Sergeant, Master Sergeant, First Sergeant, or Chief Petty Officer.
- ▶ 11% E-8
Master Sergeant, First Sergeant, Senior Master Sergeant, or Senior Chief Petty Officer.

RANK

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012



MILITARY SERVICE ERA

- ▶ 29% of veterans utilizing Veterans Services served during the Persian Gulf War, followed by 26% who served during Peacetime.
- ▶ The large proportion of veterans experiencing homelessness that served during peacetime might be reflective of the fact that certain VA benefits are unavailable to veterans if they did not serve during wartime.

MILITARY SERVICE ERA BY GENDER

- ▶ Among male veterans, 32% (20) served during the Vietnam War, 26% (16) served during the Persian Gulf War, 16% served during OIF/OEF, 16% during Peacetime, and 10% during a different service era.

Note: If a person served over multiple military service eras, only one will be assigned to them in the data from Veterans Services.

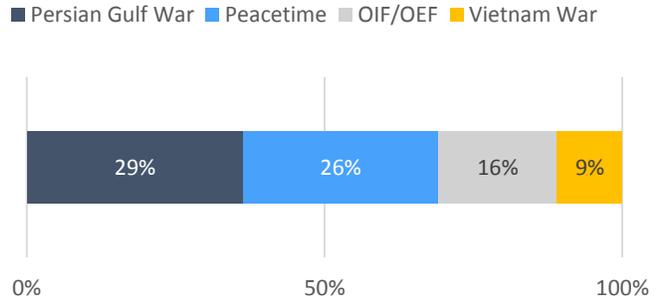
EDUCATION

- ▶ The majority of veterans receiving Veterans Services only from 2007 to 2012 had no post high school degree.

* Numbers for other education levels had to be combined due to an insufficient number of records needed to report out separately.

MILITARY SERVICE ERA

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012



Females

[Sample too small to report]

Males

- 16% (10) OIF/OEF
- 16% (10) Peacetime
- 32% (20) Vietnam War
- 26% (16) Persian Gulf War
- 10% (6) Other

HIGHEST EDUCATION LEVEL ACHIEVED

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

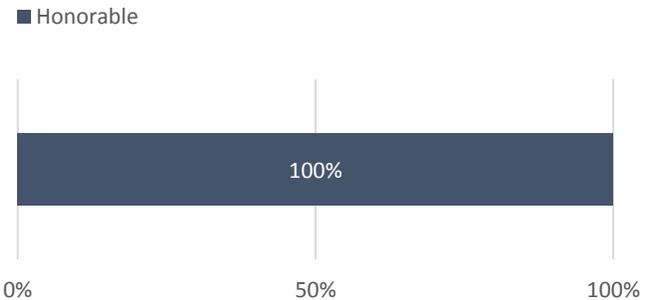
- 68% (45) High school degree or GED
- 32% (21) Associates, four year, or Masters degree

DISCHARGE TYPE

- ▶ All veterans receiving Veterans Services and identifying as homeless had honorable discharges. This may be reflective of veterans with less than honorable discharges not knowing they can still receive services from Veterans Services. While less than honorable discharges impact eligible benefits from the VA, the U.S. Department of Defense, and state and local agencies, it does not impact a veteran's ability to utilize Veterans Services.

DISCHARGE TYPE

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012

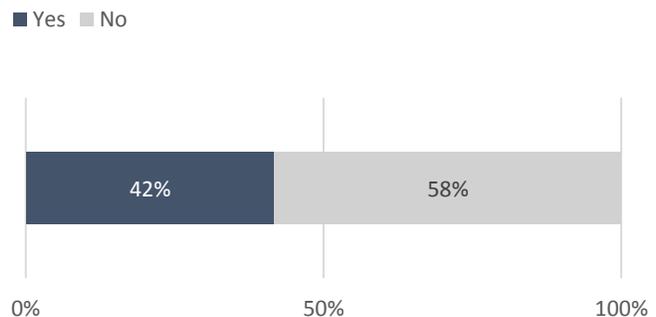


DISABLING CONDITION

- ▶ A little over half (58%) of veterans receiving only Veterans Services from 2007 to 2012 did not have a disabling condition.

DISABLING CONDITION

VETERANS RECEIVING VETERANS SERVICES ONLY, 2007-2012



Agency Perspective

As part of this study, interviews were conducted with agencies that serve Veteran populations in Charlotte-Mecklenburg. The agencies that were interviewed include: Charlotte Bridge Home, Mecklenburg County Community Support Services Veterans Services Division, Veterans Administration Medical Center-Salisbury, Urban Ministry Center, and Alston Wilkes Society. Through these conversations, several themes emerged around the veterans served by the agencies and the barriers and opportunities each agency faces in serving these veterans.

▶ Housing

The need for affordable housing and housing that meets the needs of the homeless veterans was cited by several of the respondents as the most common need and biggest barrier they face in serving homeless veterans. While there may be housing available in the community, it is not necessarily affordable for an agency's clients and landlords might not be willing to rent to individuals that are not employed or do not have reported income. In addition to finding housing that is affordable, finding housing that meets the needs of veterans can be difficult. Veterans may have multiple housing barriers including poor credit, limited income, or mental health conditions that impact their ability to find housing.

▶ Mental health

When asked about historical and emerging trends in homelessness the majority of respondents mentioned mental health and substance abuse disorder as challenges faced by the veterans they serve.

▶ Discharge type

Dishonorable discharges and the resulting ineligibility for benefits was mentioned by some agencies as a barrier to connecting clients to Veterans Services and VA benefits.

▶ Collaboration

A common theme was a sense of collaboration. All agencies mentioned coordinating with the VA and working in collaboration with service providers in the region. They also mentioned having good working relationships with Veterans Services both in terms of connecting their veterans with Veterans Services and clients being referred to their agencies by Veterans Services. One agency mentioned that while the veteran they serve may be connected to Veterans Services, some do not qualify for services because of amount of time served or discharge status. Housing Our Heroes was cited as having made a difference. One respondent noted, "three years ago [we] probably could not end veteran homelessness, but we have a good chance now."

"Three years ago [we] probably could not end veteran homelessness; but we have a good chance now."

Conclusion

The findings of this report are intended to highlight the service utilization of veterans experiencing homelessness and where there are gaps in connecting veterans experiencing homelessness to services. The findings of this report indicate that from 2007-2012, there were a large number of veterans that were connected to services from HMIS agencies but not to Veterans Services. As Charlotte-Mecklenburg continues to address veteran homelessness, it would be beneficial to further understand the population not connected to Veterans Services and ways in which to work with HMIS agencies and Veterans Services to better connect veterans experiencing homelessness with Veterans Services. With improved HMIS data standards, increased training on data quality, and the implementation of a new HMIS administrator, there will be improved and new data fields that can be used to help further analyze the characteristics of those not connected to Veterans Services.

Recent initiatives and efforts have improved service connections for veterans experiencing homelessness. Since 2012, there have been a number of local efforts that improved collaboration across agencies and the coordination of services, such as Coordinated Assessment, Housing Our Heroes, a by-name registry of veterans experiencing homelessness, the addition of a Veterans Services Case Coordinator by Mecklenburg County Community Support Services Veterans Services Division, and increased collaboration with NCServes. Agencies that serve veterans indicate that they collaborate frequently with each other, although there are still some areas for improvement. Through further research and the continued coordination of services, Charlotte-Mecklenburg can continue to better connect its veterans experiencing homelessness with services.

Endnotes

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