U.S. Department of Veterans Affairs

FY 2022-28 Learning Agenda

Supplement on Homelessness

May 2023

Background

The Foundations for Evidence-Based Policymaking Act of 2018 (P.L. 115-435, "Evidence Act") requires cabinet-level agencies including the Department of Veterans Affairs (VA) to create and use Learning Agendas, Annual Evaluation Plans and Capacity Assessments. In guidance documents, the Office of Management and Budget (OMB) specified requirements for these deliverables and for potential annual "revisits" to update information or results in the Learning Agenda. This supplement to the published Learning Agenda addresses important, additional material.

Topic Selection Criteria

VA identified four central criteria in the initial FY2022 -28 Learning Agenda to help focus public advocacy efforts under the Evidence Act. They are:

Criterion #1: Existing Lines of Inquiry - focus on existing lines of inquiry embodied in current programs and efforts.

Criterion #2: Mission-focus on Veterans and their Families - focus effort on purely Veteran-facing topics.

Criterion #3: Underserved and Vulnerable Veterans - focus on the most compelling of our objectives which are enhancing care and services for underserved, vulnerable, at-risk and marginalized Veterans.

Criterion #4: Nomination Using Administrations' Existing Prioritization - focus on current priority topics identified by VA.

This Supplement provides VA the opportunity to focus attention on a central priority area – preventing and ending homelessness among Veterans. Relevant study areas under development are specified in the VA FY2024 Annual Evaluation Plan.

Preventing and Ending Homelessness Among Veterans

The American dream is to be secure in one's home, but the nightmare for some is homelessness. When those who have served America through their military service experience housing insecurity and homelessness, it can seem that the nation has failed them. VA reiterates its commitment to prevent and end homelessness among Veterans in the FY 2022-2028 Strategic Plan in Strategic Objective 2.1 regarding underserved, marginalized and at-risk Veterans. It emphasizes the delivery of benefits, care and services to prevent suicide and homelessness, improve their economic security, health, resilience, quality of life and to achieve equity.

The associated implementing strategy states VA will strengthen and build partnerships across Federal, Tribal, state, local, territorial and private sector organizations and provide integrated support to homeless and at-risk Veterans to ensure homelessness is prevented, curtailed and non-recurring. The Strategic Plan also addresses homelessness in its Implementing Strategy 2.1.5 for Special Emphasis Groups that states VA will improve environments of care and address equitable access and the unique needs of LGBTQ+, women, racial, ethnic, religious and/or cultural minorities, those with physical and/or intellectual disabilities, American Indian and Alaska Native Veterans and homeless Veterans to ensure all Veterans feel welcome and valued.

Existing Homeless Veterans Approaches

The Veterans Health Administration's (VHA's) VHA Homeless Programs Office contains the National Center on Homelessness Among Veterans and also oversees Veterans Justice Programs, Grant and Per Diem Program, Supportive Services for Veteran Families, Homeless Patient Aligned Care Team, Homeless Veterans Community Employment Services, Housing and Urban Development (HUD)-VA Supportive Housing, Business Intelligence and Health Care for Homeless Veterans. Homeless related programs that are not aligned organizationally under VHA's Homeless Programs Office include the National Call Center for Homeless Veterans, which is aligned under VHA's Health Resource Center and Domiciliary Care for Homeless Veterans and Compensated Work Therapy-Transitional Residence, which are aligned under VHA's Office of Mental Health and Suicide Prevention.

In addition, the VHA Office of Research and Development and Quality Enhancement Research Initiative (e.g., Evidence-based Policy Center), are also key sources of funding of research and evaluation initiatives related to Veteran homelessness[1] Numerous other VHA program offices such as Health Equity, Rural Health, Mental Health and Suicide Prevention, Nursing Services, Case Management and Social Work Services also provide and/or evaluate services directly impacting Veterans experiencing homelessness. These diverse programs form VHA's homelessness continuum of care that provides a range of homeless services including outreach, prevention, emergency housing, transitional housing, permanent supportive housing and vocational and medical services, undergirded by research, education, program development and process improvement.

The Veterans Benefits Administration (VBA), through the Office of Outreach, Transition, and Economic Development (OTED), oversees VBA's Homeless Program that is focused on outreach and education for homeless and at-risk Veterans. VBA conducts coordinated outreach through Homeless Veterans Outreach Coordinators (HVOCs) located at each of its 56 regional offices (RO), seeking to connect Veterans with the benefits and services

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1 https://www.research.va.gov/pubs/docs/va_factsheets/Homelessness.pdf#:~:text=%E2%80%A2%20VA%20is%20developing%20new%20research%20and%20is,include%20mental%20health%20issues%2C%20opioid%20addiction%2C%20and%20trauma; and https://www.queri.research.va.gov/centers/access_equity.cfm

they need to attain, and maintain, permanent, stable housing. VBA has positioned 20 full time HVOCs at key ROs, to provide enhanced outreach in critical areas. VBA also has Homeless Veterans Claims Coordinators in place at each RO to ensure Veterans who are eligible for expedited claims processing due to being homeless or at risk of homelessness receive the appropriate support and claims action.

VBA coordinates with VHA through its Homeless and Justice-Involved Veteran Outreach Coordinators and National Program Manager. Additionally, VBA is an Ex-Officio Member on the Advisory Committee on Homeless Veterans hosted by the VHA Homeless Program Office. OTED began a pilot (Transitioning Service Member Resource Connection) in coordination with DOD and VHA. The pilot aims to mitigate potential post-transition risks for Service members. DOD will provide a warm handover to VA for additional assistance prior to their transition.

OTED also oversees the VA Solid Start (VASS) Program which proactively contacts all recently separated Service members by phone and email, regardless of their character of discharge, at three key stages during the critical first year after release from active duty. VASS agents address issues and challenges, to include homelessness or at-risk for homelessness, during these outreach efforts, helping to connect Veterans with benefits and support across the entire VA enterprise. Approximately 850 VASS-eligible Veterans are identified as homeless or at-risk of homelessness each year.

VBA also administers VA programs that provide a variety of benefits and services for Servicemembers, Veterans and their families, including compensation, pension and fiduciary, insurance, education, loan guaranty and Veteran readiness and employment. Although none of these benefits and services are labeled as “homeless programs/ services,” many of these programs, such as compensation and pension, can act as a protective factor against experiencing homelessness among Veterans.

Existing Evidence: Homelessness and At-Risk of Homelessness

Research on the causes and contributing factors to Veteran homelessness has thus far established that the strongest and most consistent risk factors are substance use disorders and mental illness, followed by low income and other income-related factors.[2] Some evidence exists that social isolation, adverse childhood experiences and past incarceration are also important risk factors.[3] Assessment of the number of Veterans experiencing homelessness who are and are not accessing VA services has relied on an annual point-in-time (PIT) count since 2009.

[2] Tsai J and Rosenheck RA. Risk Factors for Homelessness among US Veterans. Epidemiologic Reviews. 2015; 37:177-195
[3] Ibid.

The PIT count originated in 2005, but national Veteran estimates were not available until 2009.[4] Each January communities across the United States attempt to count the number of people experiencing unsheltered and sheltered homelessness. The Department of Housing and Urban Development (HUD) compiles and reports these counts in the HUD Annual Homeless Assessment Report (AHAR) to Congress.[5] Due to the Coronavirus Disease 2019 (COVID-2019) pandemic, HUD deferred to local communities in 2021 the decision of doing a count of the unsheltered homeless population based on safety considerations; only 226 communities conducted complete or partial counts of their unsheltered homeless population.

Since 2009, the PIT count of the number of Veterans experiencing homelessness, including unsheltered and sheltered, has decreased by half. In 2020, the total number of Veterans experiencing homelessness was 37,252, which included 22,048 experiencing sheltered homelessness and 15,204 experiencing unsheltered homelessness. The 2021 PIT count identified 19,750 Veterans experiencing sheltered homelessness in the context that HUD notes "estimates of the number of Veterans experiencing sheltered homelessness at a point in time in 2021 should be viewed with caution, as the number could be artificially depressed compared with non-pandemic times, reflecting reduced capacity in some communities or safety concerns regarding staying in shelters."

An understanding of the causes and contributing factors to being at risk for homelessness among Veterans and the number of Veterans at risk of homelessness is not robust. First, the definition of at risk of homelessness encompasses a wide range of situations including, but not limited to, having one's own housing while being on the brink of being unable to pay rent or mortgage to not having one's own housing and sleeping at various people's homes. Furthermore, a national count and/or registry of at risk of homelessness populations does not exist, including those who have entered legal proceedings for eviction. These factors, and others, mean that a robust longitudinal, analytic model of housing insecurity and homelessness does not exist for Veterans. Thus, potential interventions cannot be reliably identified, evaluated and validated to remediate such risks without comprehensive, deep data on Veteran experiences of a long-term period. Researchers have determined, for example, that factors associated with increased likelihood of being at risk for homelessness among Veterans accessing VHA out-patient care includes being a woman, Black and unmarried; a protective factor is receiving VA disability compensation.[6]

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[4] Tsai, J., Alarcón, J. 2022. The Annual Homeless Point-in-Time Count: Limitations and Two Different Solutions. *Am J Public Health*. Apr;112(4):633-637.

[5] U.S. Department of Housing and Urban Development. The 2021 Annual Homeless Assessment Report (AHAR) to Congress. 2021: Part 1 Point in Time Estimates of Sheltered Homelessness (huduser.gov)

[6] Montgomery, A.E., Dichter, M.E., Thomasson, A.M., Fu, X., Roberts, C.B. 2015. Demographic characteristics associated with homeless and risk among female and male Veterans accessing VHA outpatient care. Women's Health Issues. 25(1): 42-48.

These issues and considerations apply to non-Veteran populations, as well. An important consequence of this fact is that VA's work connects, and will connect, with efforts across the federal government, other levels of government and non-governmental organizations. As indicated below, VA's work going forward to develop a robust understanding of this topic requires consideration of both Veteran and non-Veteran populations.

The decline in the PIT count's number of Veterans experiencing homelessness started to stagnate in 2016. Excluding the 2021 PIT count, the total count of Veterans experiencing homelessness has hovered between 37,000 and 40,000 since 2016. VA, HUD and the United States Interagency Council on Homelessness (USICH) attribute this stagnation largely to increased rental costs, though changes in the government-wide approach to Veteran homelessness likely played a role as well. Rental costs began to increase substantially in 2016 and have not abated since. From 2016 to 2022, national average fair market rent (FMR) for a one-bedroom unit increased by over 21%. In many communities, especially those with the highest numbers of homeless Veterans, these increases were even higher (e.g., in Los Angeles, FMR increased by nearly 40% from 2016 to 2022). Increases in rent burden are directly associated with increases in homelessness (Glynn, Byrne, & Culhane, 2021).

While Veteran homelessness showed only modest declines during this time, the general homeless population actually increased. In addition to increased rental costs, several Federal efforts that had proven successful in reducing Veteran homelessness between 2010 and 2016 ended and were not replaced or renewed, including the Mayor's Challenge to End Veteran Homelessness and the 25 Cities Initiative. Top level Federal commitment and focus is necessary for our success, and recognizing this, VA Secretary McDonough and HUD Secretary Fudge issued a joint statement in early 2021 reaffirming their agencies' commitment to ending Veteran homelessness. Importantly, the 2022 PIT Count showed a resumption in progress, with an 11% decline in Veteran homelessness - the largest decline since 2016. While much progress has been made, there is much still to learn about homelessness and housing security.

Toward an Expanded Veteran-centric Analytic Model of Housing Security and Eliminating Homelessness

Recent scholarship has highlighted the value of viewing episodes of patient care as "whole person, whole life" exercises, rather than as clinical experiences focused on specific complaints.[7] The origins of this approach include a VA-based comprehensive Roadmap for

[7] Bokhour BG, Hyde J, Kligler B, et al. From patient outcomes to system change: Evaluating the impact of VHA's implementation of the Whole Health System of Care. Health Serv Res. 2022;57 Suppl 1(Suppl 1):53-65. doi: 10.1111/1475-6773.13938. Epub 2022 Mar 4. PMID: 35243621; PMCID: PMC910822; and Bokhour BG, Haun JN, Hyde J, Charns M, Kligler B. Transforming the Veterans Affairs to a Whole Health System of Care: Time for Action and Research. Med Care. 2020 Apr;58(4):295-300. doi: 10.1097/MLR.0000000000001316. PMID: 32044866.).

detecting, understanding and intervening on health and health care disparities.[8] This emerging view is especially useful for complex issues involving multiple life activities and multiple social systems across multiple phases of a person's life – not just for individuals who are Veterans. In this view, homelessness is not so much a single event requiring a specific set of interventions but a manifestation of a recurring and long-standing risk profile susceptible to a variety of remediations throughout the life of the individual.

In this light, a Veteran may have significant predispositions to experiencing homelessness based on a complex set of social determinants, including the circumstances and location of their formative years, their family's financial, social and housing situations and their societal and community connections. An individual's experiences with these factors, and others not yet known, may predispose them to experience homelessness. When they enter military service this risk is arrested but not necessarily resolved. Upon transitioning back to the civilian sector, the Servicemember may resume their life journey where they left off prior to their service.

This experience of a life journey of housing insecurity has not been defined or modelled, but VA researchers and program advocates believe it is a useful and informative effort. Moreover, a more in-depth, longitudinal model should present the opportunity for recognizing and interrupting potential episodes of housing insecurity before they are realized as homelessness and help identify opportunities to tailor and improve programs and policies to enhance impact on Veterans and their experience. Mitigating such risk as early as practicable both minimizes adversity for individuals and their families and reduces likely societal costs.

VA recognizes that its efforts and service programs to date, such as the important "Housing First" approach, have eliminated significant suffering and contributed to sizable reductions in the number of homeless Veterans. Yet much work remains, and a better understanding of homeless Veterans and their journeys will help us continue to refine and improve our approach. The "whole person, whole life" paradigm suggests that VA's landmark efforts in a sympathetic area – the life journey mapping of Veterans' experiences – could be useful as an explanatory tool.

Journey mapping has the potential to advance the "whole person, whole life" paradigm because it organizes multifaceted data from numerous sources and explores interactions across settings and over time. As a result, narrative timelines, which illustrate the person's experiences with various settings, are created and can serve to guide process improvement interventions in a range of contexts and times from a holistic, person-

[8] Kilbourne AM, Switzer G, Hyman K, Crowley-Matoka M, Fine MJ. Advancing health disparities research within the health care system: a conceptual framework. Am J Public Health. 2006 Dec;96(12):2113-21. doi: 10.2105/AJPH.2005.077628. Epub 2006 Oct 31. PMID: 17077411; PMCID: PMC1698151.

centered approach.[9] Using this human-centered design process, VA's Veterans Experience Office has developed the "Journeys of Veterans Map" starting from when Veterans leave their homes as they join the military to dying. [Journey of Veterans Map (va.gov)] This existing journey map could be refined and then utilized as a spring board to evaluate and address housing insecurity and homelessness not from the current lens of siloed program eligibility interests but rather from a Veterans' needs perspective. Moreover, this journey map approach can be extended to in-Service and pre-Service periods to obtain a "whole person/whole life" perspective, and as part of this model-building effort, VA will seek to team with partners with expertise and experience in these other populations. Such a perspective will enable VA to offer "wrap-around" services once such individuals become eligible for VA programs.

Evidence Gaps

VA has initiated efforts spanning Administrations to populate this life journey mapping. This initial rendering will be reviewed by data scientists and program experts to identify the evidence types and data sets needed to understand people's risks and occurrences of housing insecurity and homelessness at each step of their life journey. This effort will be agnostic as to the current portfolio of interventions available by VA and its partners but will be oriented to the individual's perspectives and encounters.

Investigators have recently identified a foundational issue that investigators will need to address initially in evidence-building: the consequences of definitional issues, such as the stigma related to the terms "homeless" and "housing insecurity."[10] VA will first consider whether a more neutral term, such as "housing security," or "housing stability," elicit feedback that reduces the impact of response bias and will review the feasibility and consequences of such a recontextualization.

VA researchers will then identify specific needed data/evidence that is available, and data/evidence gaps which will need to be filled, like greater resolution of the variables of social and structural determinants of housing security across populations (See Learning Agenda Question #2, below). This exercise will advance evidence-based identification of interventions geared to prevent and end homelessness among Veterans and the needed supports required by frontline workforce to implement, refine and maintain these interventions.

However, VA acknowledges that other agencies and non-governmental organization (NGOs) have more experience with people who are not Veterans in their personal life

[9] Ly, S., Runacres, F. & Poon, P. Journey mapping as a novel approach to healthcare: a qualitative mixed methods study in palliative care. *BMC Health Serv Res* **21,** 915 (2021). https://doi.org/10.1186/s12913-021-06934-y.

[10] Flike K, Foust J, Hayman L, Aronowitz T. Homelessness and Vulnerably-Housed Defined: A Synthesis of the Literature. Nursing Science Quarterly. 2022.

journeys. VA will seek to work through the USICH and its member agencies to partner with program experts and peer. It is hoped that a more complete life journey mapping will result that, in turn, may be instrumented with desired evidence types and data sets. A significant, likely obstacle will be the difficulty in identifying available data/evidence and securing access through data sharing. It is possible that legislative intervention will be required to enable researchers to develop, populate and test models which illuminate steps on the life journey of housing insecurity and identify possible remedies.

This effort is further complicated by the reality that much of the work of preventing and ending homelessness occurs at municipal and local levels both by governments and NGOs. These entities differ, sometimes widely, in their legal authorities, technical proficiency with respect to quality data, capacity to support research and willingness to focus on longitudinal analytic model-building to better tailor and implement service programs. Nonetheless, a meaningful and effective life journey model about housing insecurity for people, some of whom become Veterans, is not possible without an unprecedented level of cooperation and effort. This achievement will need to span all levels of government and become a priority.

Even after such a model is developed, assuming it can be, questions remain as to what is to be done, by whom and when in a potentially housing insecure person's life. There are considerable policy issues to be faced as to whether governments or others should intervene when a family may potentially become housing insecure but is still able to fulfill the life activity of having shelter. These concerns are valid and real based on what little we now know but they cannot prevent us from seeking to understand the origins of this aspect of human suffering and trying to understand what steps (some potentially quite easy) can prevent it and relieve it.

Challenges to Evidence-Gathering and -Use

It is highly likely that to obtain data sets that are consistent and compatible for conducting analysis, it will be necessary for many organizations within VA and across governmental and non-governmental boundaries will have to work together. That will require coordination of evidence-gathering approaches as well as sharing of techniques and data. Both the data which currently exists, and which will built as part of the efforts discussed above will need to be coordinated. However, such coordination poses challenges as it has in the past.

The current state of data siloing fosters expansive evidence gaps with an unknown number of examples even for the current model of homelessness much less a new one. Another gap in these data systems is that they are designed for frontline service delivery of care and information is entered into them by the people delivering the care. Thus, most of the available data cannot be realistically analyzed at a group level without the use of emerging technology, such as natural language processing, that are not currently widely available.

Furthermore, the collected structured data, which is more easily analyzable at the group level, answers basic questions about immediate needs rather than more research-based questions that would give a more holistic and refined understanding of housing insecurity. The reason is that the data acquisition infrastructure relies on the frontline staff whose main charge is to provide services and not to obtain data for analytic or research purposes. The other result of the current data acquisition infrastructure is it limits understanding of the homeless and at risk of homelessness populations to those who are obtaining care from a particular agency; each agency, whether VHA, VBA and partners, is aware of the populations who are specifically obtaining care from their agency and not necessarily from their partners due to the current state of data siloing. VA is hopeful that the strong research and programmatic relationships that exist across organizational boundaries, and the prospect of a new, promising longitudinal analytic model of understand individuals' life journeys, will marshal attention and support to address pre-existing siloing.

These gaps have resulted in the need to have more information that simultaneously addresses the premilitary, military and postmilitary risk factors for homelessness and at risk for homelessness among Veterans. Addressing this need will first require enhancing the mechanisms that identify Veterans experiencing homelessness and who are at risk for homelessness. As stated above, once that VA-oriented work is well underway, partnering with other agencies can proceed.

Other than these data issues, a potential obstacle to progress is that broadly exploring determinants across the life journey for housing stability is an innovative approach for many entities. While VA believes this new perspective is valuable and will generate interest across stakeholder community, there is not robust experience across the community in specifying and exploring social and other determinants of housing stability.

Moreover, if this effort is successful in identifying early pre-determinants of housing stability, VA will be limited in its ability to directly address or influence such pre-determinants given our mission to serve adult Veterans after they have separated from military service. Responsibility for addressing identified pre-determinants would fall to agencies whose services focus, for instance, on children, adolescents, and those in active military service. VA would coordinate and work collaboratively with such agencies to the extent it's able within the scope of its mission and given the preferences of the USICH member organizations.

Learning Agenda Questions

The following Learning Agenda questions are in temporal order with the first questions foundational to the later considerations. It is highly likely that later questions addressing programmatic interventions and workforce requirements will be modified in future revisits of this Learning Agenda and related Annual Evaluation Plans.

Learning Agenda Question #1: How do Veterans (and other populations) view homelessness and housing security and assess their own experiences with these

conditions, and what are the implications for further validation of longitudinal model building to assess program and policy over time??

Learning Agenda Question #2: What are the social, societal and individual determinants of homelessness and housing security for Veterans (and other populations) and to what extent do they vary throughout the person's life journey?

Learning Agenda Question #3: For Veterans (and other populations), to what extent do determinants such as socio-economic, structural, social, geographic and health factors related to homelessness and housing security impact individuals' housing outcomes throughout their life journey, including as Veterans?

Learning Agenda Question #4: What potential interventions may be most effective to promote housing security, prevent primary housing insecurity and end homelessness throughout an individual's life journey?

Learning Agenda Question #5: What skills, tools and other supports for the workforce serving Veterans (and others) at risk or who are experiencing homelessness, including program staff members who work in programs designed to prevent housing insecurity and end homelessness are associated with effective interventions?

Next Steps

VA has convened an integrated process team (IPT) spanning VHA, VBA and Staff Offices such as the Office of Enterprise Integration (OEI) and the Veterans Experience Office (VEO) to: (1) develop a phased approach to addressing the questions raised above, (2) begin to develop a life journey map of housing insecurity with consideration of pre-service experiences and conditions to inform refinement of evaluation questions and appropriate data sources, and (3) initiate the identification of additional evidence required to appreciate and understand those experiences at each step of that journey.

Meanwhile, the IPT will identify future Annual Evaluation Plans (AEPs) deriving from that mapping, with the goal of creating testable analytic models for future advances. Eventually, AEPs will examine this emerging analytic model and identify opportunities to rigorously study its implications.

VA will work with and through the USICH to build a coalition of federal investigators who can gather and develop evidence from and about their respective populations in order to develop a longitudinal analytic model of housing security throughout an individual's life journey. The goal of model-building will be informed by need to address challenges of coordination, resources to conduct such efforts, and the need to share data, propose acceptable policies, and develop/test new mitigations, as needed.

Risks

It is not expected that progress will be rapid because the change management aspects of introducing a new paradigm of understanding housing insecurity and homelessness, having it permeate organizational partners' thinking, obtaining relevant data of sufficient quality for effective analytic modeling and developing and deploying programmatic solutions all present major obstacles to progress.

Curiously, some of these difficulties present unintended benefits: The lack of data integration across some agencies, for example, may be a safeguard for the individual Veteran's privacy, whether from nefarious data breaches or from other agencies with different missions. For example, Veterans may tell VHA staff information that they would not want DOD staff to know about. Thus, data agreements that safeguard the individual Veteran's privacy and security of data and that only allow authorized individuals to access need to be developed, monitored and updated as appropriate. Within VA, however, significant protections are already in place to secure personally identifiable and personal health information.

Integration across agencies will also need to occur with respect to acceptance of the "whole person, whole life" life journey mapping approach. The USICH members' engagement on this effort is likely to be important, if not pivotal, to its eventual success. From VA's perspective, if the USICH did not exist, something very much like it would need to be in place to serve as a clearinghouse and neutral facilitator of a needed new analytic model for assessing and tailoring programs that address housing insecurity and homelessness.

Most of the Learning Agenda Questions will require coordinated effort across researchers, evaluators, analysts, data scientists and operational partners, including those with novel perspectives. This may significantly slow progress but is likely also to generate innovative insights that the IPT and other practitioners will want to recognize. Likewise, as the model and evidence requirements mature, it is hoped that there will be an absence of the perception of proprietary ownership or origination of the results so that an increasing cohort of program officials and researchers will participate.

VA also faces an unknown data challenge involving the transition of VA patient care data to the Oracle/Cerner system. Requirements and progress are being monitored, and obstacles are being addressed as they are identified.