
Bristol County Veterans Needs Assessment

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Prepared for:



by the UMass Dartmouth Urban Initiative

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ABOUT THE URBAN INITIATIVE

The UMass Dartmouth Urban Initiative (<http://www.umassd.edu/urbaninitiative/>) was established in 2008 to align university resources with the challenges faced by and the opportunities available to Massachusetts' Gateway Cities, with an emphasis on neighboring Fall River and New Bedford. Not only does the Urban Initiative conduct community-based research in these cities and provide their organizations and institutions with technical assistance, but we also engage undergraduate and graduate students in this work to build their skills and encourage them to invest their talents in the state's smaller industrial cities.

ABOUT THE VETERAN'S TRANSITION HOUSE

The Veterans Transition House (VTH) helps homeless and at-risk veterans and their families in the South Coast of Massachusetts by providing shelter and services, with a special focus on healing from substance abuse and learning new life skills. The VTH is a nonprofit founded in 1990 by a group of Vietnam veterans and community leaders who recognized the vital need for housing and supportive services for area homeless and at-risk veterans—especially those tackling substance abuse—in the region. Its goal is the rehabilitation, self-sufficiency and reintegration of each veteran into the community.

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APPENDIX A - Bristol County Veterans Needs Assessment survey

APPENDIX B - Topline survey results

1.0 Project overview and limitations

1.1 Overview

In November 2013, New Bedford's Veteran's Transition House (VTH) engaged the UMass Dartmouth Urban Initiative to study the scope and scale of needs of Veterans in their service area, which VTH defined as Bristol County. Accordingly, the Urban Initiative undertook two primary activities: an analysis of secondary data related to the demographic and socioeconomic composition of the region's Veteran population, the results of which are reported in sections 2-4 of this document, and a comprehensive needs survey of the local Veteran community, detailed in section 5.

In addition the Urban Initiative conducted a focus group with former VTH residents. The participants shared narratives of their lives leading up their time at VTH. They also provided perspective on what subgroups of the Veteran population typically see successful of completion of the transitional program. The focus group discussion is summarized here in order to provide qualitative information on the lives of local Veterans in need of VTH services.

The Urban Initiative's efforts to reach the target population of Veterans with higher levels of need depended heavily on the assistance of the local Veterans' support network. This included many organizations with VTH partners with in assisting Veterans, including homelessness support service programs, Veterans groups, and local Veteran Service Officers. Not only was the cooperation of this network important to obtaining the data we sought, but it will also be essential for developing and coordinating action steps that may result from the finding of this report.

1.2 Limitations

The ability to draw broad conclusions from some of the findings documented in this report is limited by the availability of accurate and abundant data. Those limitations are described in this section.

First, there is no publicly accessible data source that provides demographic information on low-income and homeless Veterans at the municipal level. Veterans Affairs (VA) does not release data for geographic units smaller than the county level, and Census estimates on the municipal level come with too-high margins of error to be reliable as the primary source for analysis of Veteran homelessness in the area.

Second, homeless point-in-time counts, conducted by municipalities every January, are not released until October of each year, so the data presented here is more than one year old. Point-in-time count data is also limited in its ability to represent the true scope of Veteran homelessness, though it does provide enough insight to allow us to estimate the number of homeless Veterans in New Bedford, Fall River, Taunton, and Attleboro.

Third, the richness of this needs assessment—and particularly the survey data—depended heavily upon the ability of VTH to secure the active participation of multiple stakeholders in the Bristol County Veteran community. Several key stakeholders, including the Veteran Service Offices of the county's three cities, could not obtain responses from their active cases; as a result,

the county's Veteran population, and those in Fall River, Taunton, and New Bedford especially, are underrepresented in our findings.

Indeed, only 62 needs assessment surveys were returned by the end of the survey period (November 25, 2013 through March 17, 2014). This number includes those administered by area Veteran Services Officers (VSOs), surveys distributed with Thanksgiving meals to low-income Veterans and their families in the New Bedford area, and surveys administered within VTH. At the same time, a number of survey respondents did not complete the entire needs assessment, which is reflected in our findings but nevertheless further lowers the sample size. This means that neither the Urban Initiative, nor readers of this report, can assert with confidence that the needs assessment data accurately reflects the needs of Bristol County Veterans.

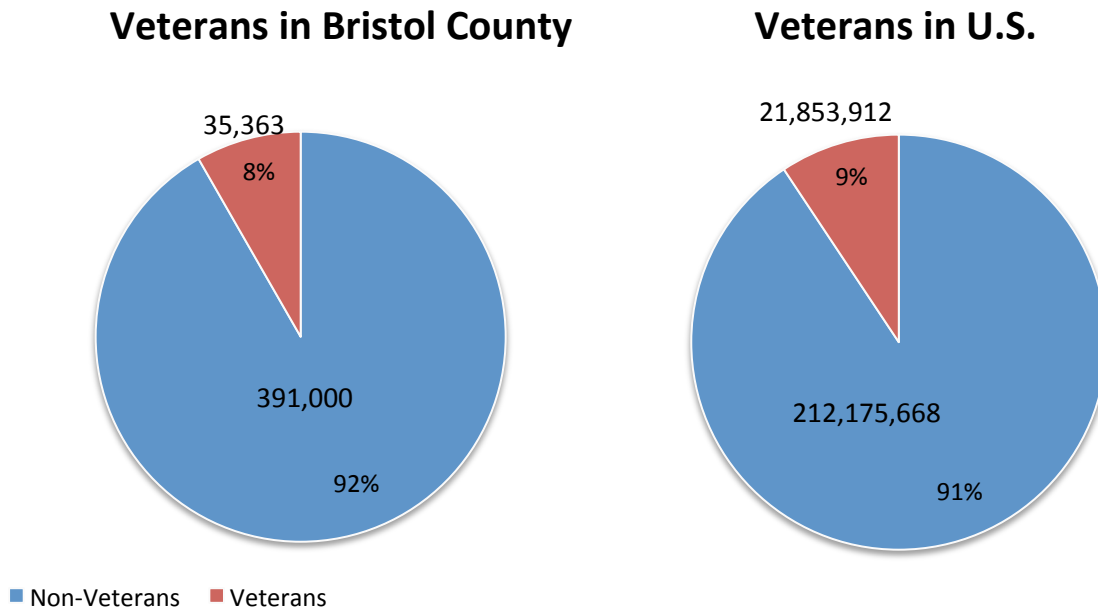
However, these low participation rates did have a positive outcome in that VTH will be expanding upon the information collected for this report by adding the needs assessment survey to their intake process. This will allow VTH to build on the database and monitor the changing needs of the Veteran population they serve over time.

2.0 Who are Bristol County's Veterans?

This section uses publicly available data to determine the number of Veterans living in Bristol County and the proportion of the population they comprise by municipality, sex, age, race/ethnicity, and period of service.

2.1 *Bristol County Veterans*

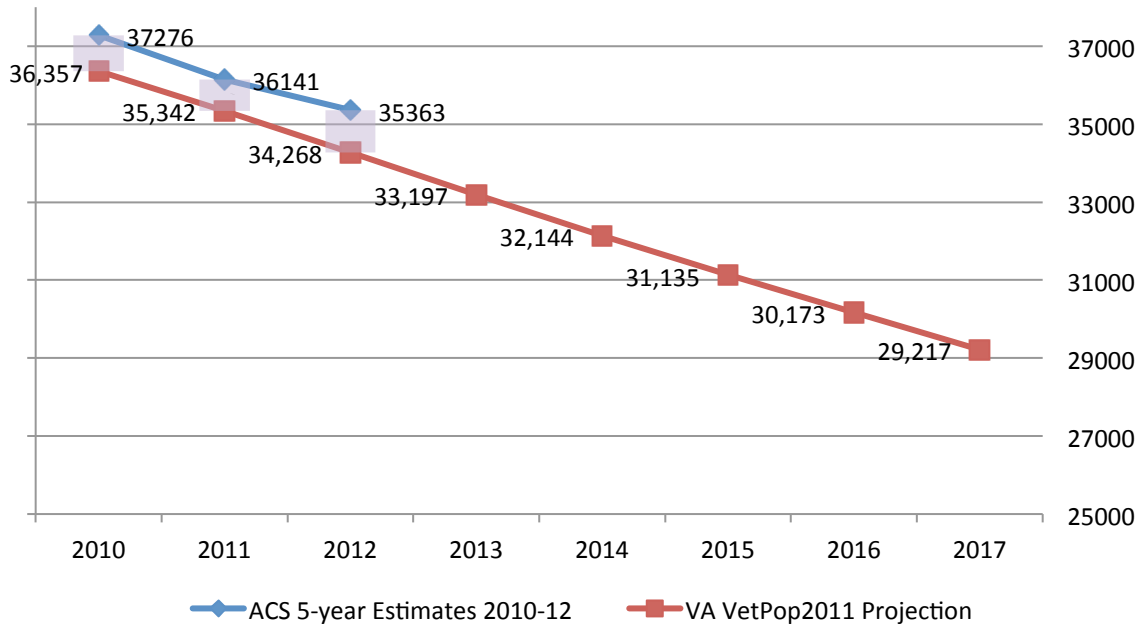
According to the U.S. Census Bureau, the Bristol County Veteran (BCV) population is approximately 35,363. This figure is based on the American Community Survey (ACS) 2008-2012 5-year estimate.¹ In Bristol County, Veterans make up nearly the same share of the population as they do nationally and slightly higher than the state average of 7 percent (400,874 Veterans). Of the Massachusetts Veteran population, 8.8 percent report residency in Bristol County. These percentages are based on the national population aged 18 and older.



Fall River has the largest concentration of BCVs with a population of 5,219 - 14.8 percent of the total BCV population. Not far behind is New Bedford, whose Veteran population of 4,966 is 14 percent of the county total. The towns of Dighton and Berkley have the smallest BCV populations with 547 (1.5%) in Dighton and 423 (1.2%) in Berkley.

¹ Unless otherwise noted all statistics are derived from the 2008-2012 ACS, it can be retrieved here: <http://factfinder2.census.gov>

Bristol County Veteran Population Projection



In 2011, the VA released a Veterans population projection model (VetPop2011).² Developed by the Office of the Actuary, VetPop2011 projections extend to 2040. It is modeled here with ACS 5-year estimates. VetPop2011 draws upon and tabulates a variety of data sources including the ACS and others, including the U.S. Department of Defense discharge records and estimates. However, the Census allows for a more detailed comparison and analysis across subcategories on the county, city, and town level. The Census data confirms the predicted decrease in BCVs. VetPop2011 projects the 2040 population to be approximately 15,500, a 58.2 percent decrease from its current size.

2.2 *Cities and towns*

For each municipality in Bristol County, the table below shows the total community population 18 years and over, the Veteran population, the percentage of Veterans for each community, and each municipality's portion of the total BCV population. The final number is the most telling, because it reveals where BCVs are concentrated in the area. The largest numbers of Veterans reside in the region's cities – New Bedford, Taunton, Fall River, and Attleboro.

² VetPop can be found on The National Center for Veterans Analysis and Statistics' website here: http://www.va.gov/vetdata/veteran_population.asp

Veterans in Bristol County

Community	Veteran Population	Total Population 18 Years and Over	Veteran Share of Community	Portion of Bristol County Veterans
Acushnet	813	8361	10.0%	2.3%
Attleboro	2948	33,516	9.0%	8.3%
Berkley	423	4,629	9.0%	1.2%
Dartmouth	2238	28,203	8.0%	6.3%
Dighton	547	5,318	10.0%	1.5%
Easton	1293	18,086	7.0%	3.7%
Fairhaven	1375	13,151	10.0%	3.9%
Fall River	5219	69,687	7.0%	14.8%
Freetown	734	6,812	11.0%	2.1%
Mansfield	1096	16,507	7.0%	3.1%
New Bedford	4966	72,822	7.0%	14.0%
N. Attleborough	2230	20,590	11.0%	6.3%
Norton	912	12,801	7.0%	2.6%
Raynham	1077	10,024	11.0%	3.0%
Rehoboth	799	9,034	9.0%	2.3%
Seekonk	945	10,719	9.0%	2.7%
Somerset	1430	14,720	10.0%	4.0%
Swansea	1383	12,978	11.0%	3.9%
Taunton	3617	43,766	8.0%	10.2%
Westport	1318	12,639	10.0%	3.7%

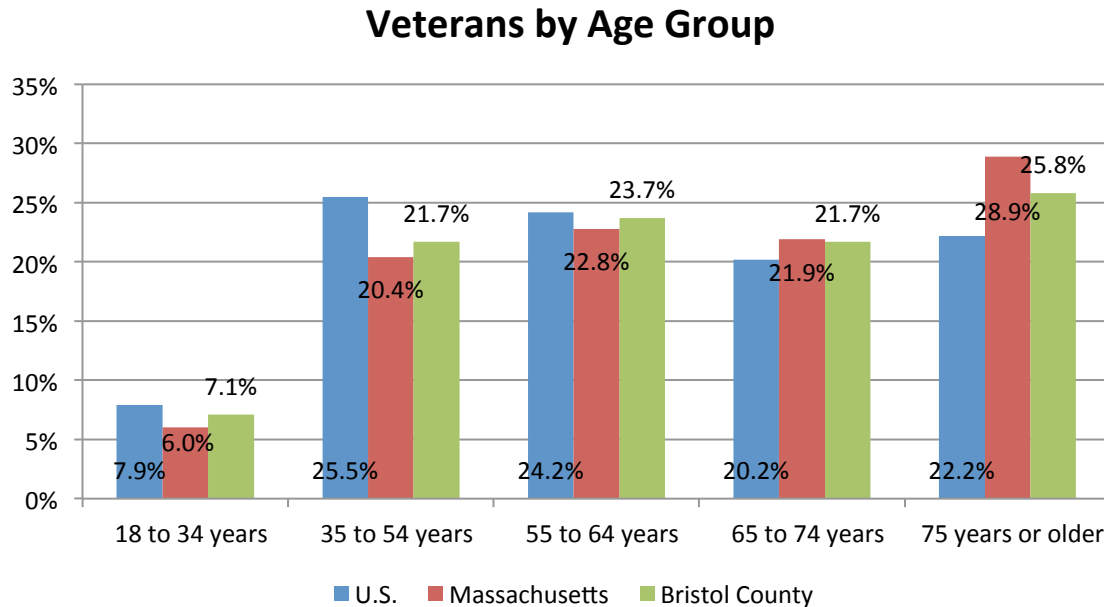
2.3 Sex

The vast majority of BCVs are male. In the county overall, female Veterans make up 5 percent of the total Veteran population. This portion is consistent throughout Census data for the past five years despite fluctuations in the total Veteran population. Nowhere in the county do women comprise more than 10 percent of the total Veteran population; only in Somerset (9.9%), Taunton (8.2%), and Fall River (7%) does the number of female Veterans meet or exceed the national average of 7.1 percent.

VetPop2011 projects that the number of female BCVs will increase, even as the overall BCV population declines. The number of female Veterans is expected to reach a peak of 2,740 in 2021, when women could make up 10.6 percent of the BCV population. While their numbers are anticipated to increase, women will continue to be a small share of the total population. This may indicate that they are likely to be underserved, especially in regard to women's healthcare needs.

2.4 Age

In Bristol County, Veterans 75 and older make up the largest portion of the population (25.8%).



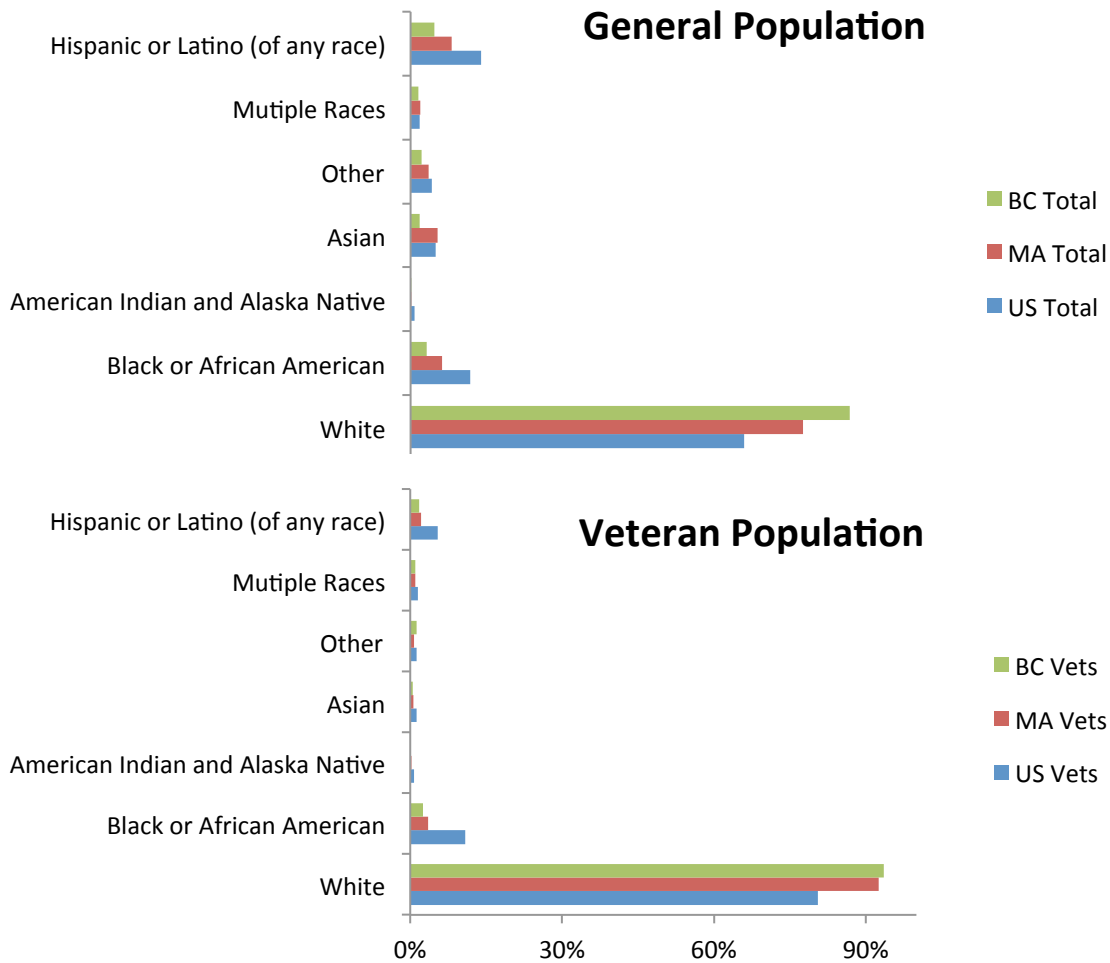
Bristol County and Massachusetts have larger portions of elderly Veterans than the national average. Conversely, the percentage of younger Veterans (ages 18-54) in Bristol County and the state is lower than the national percentage. This pattern holds true in all towns and cities of Bristol County except for Attleboro, where Veterans between the ages of 35 and 54 make up the majority of the Veteran population (24.3%). Somerset has the highest portion of Veterans 18 to 35 (13.6%), but they still represent a minority of Somerset’s Veteran population.

National numbers may reflect a demographic shift that has not yet taken place in Bristol County. The majority of Veterans in the area may begin skew towards the younger end of the age spectrum as older Veterans pass away and younger service members who fought in Afghanistan and Iraq are discharged.

2.5 Race and ethnicity

BCVs are predominantly white.³ The portion (93.5% of Veterans) is only one percentage point above the state average. However, both exceed the national percentage by more than ten points. These numbers are somewhat in line with the racial and ethnic breakdowns for the entire civilian population of Bristol County and Massachusetts.

³ “White” in this context refers to the Census category “White alone, not Hispanic or Latino.” The percentage of “White” in terms of race is slightly higher – 94.6 percent of BCVs. The Census does not provide a racial distinction for “Black alone, not Hispanic or Latino.”



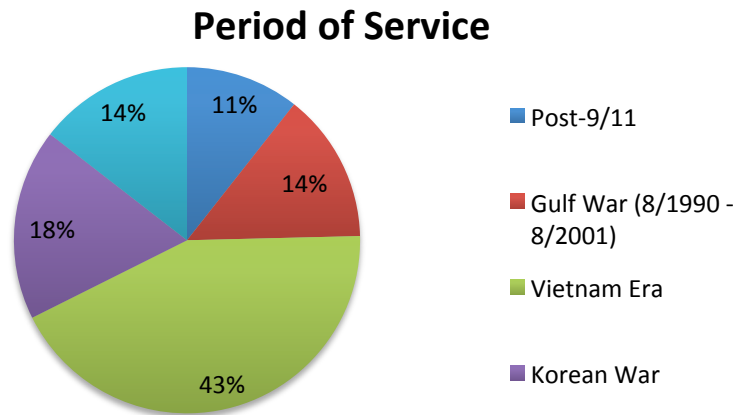
The only places in the county where whites comprise less than 90 percent of the Veteran population are New Bedford (84.3%) and Dighton (88.7%). New Bedford is closest to the national percentage of white Veterans (80.4%). New Bedford also has the largest share of Hispanic or Latino Veterans (5.2%); the national percentage is 5.4.

Taunton and New Bedford have the highest percentage of black Veterans with 5.9 and 5.7 percent, respectively. Overall, black Veterans make up only 2.5 percent of BCVs, much lower than the national percentage of 10.9, but enough to make them the second largest percentage of area Veterans.

2.6 *Period of service*

Out of all BCVs, 77.2 percent (27,300) report serving during a conflict period. Of those, the majority (43%) served during the Vietnam War era. By a small margin, Korean War Veterans make up the second portion (18%). Veterans of the first Gulf War and World War II each make up 14 percent of BCV who have served during a conflict. Veterans of the post-9/11⁴ conflicts in the Middle East comprise the minority of the BCV population deployed during a conflict.

The Census divides periods of military service according to recognized conflict eras. The remaining 22.8 percent of BCVs (8,063) are not designated as serving in a conflict era. Therefore, we assume that this group did not serve during wartime.



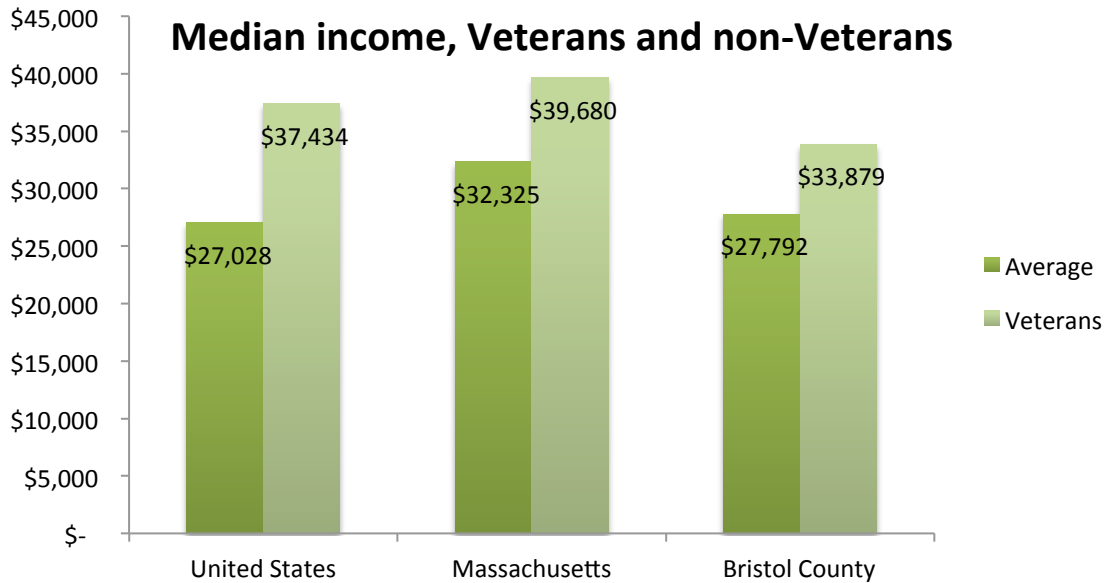
⁴ There are a variety of terms used to reference U.S. military action in the Middle East and Asia following September 11, 2001. For the purpose of clarity, this conflict period is referred to here as “post-9/11.”

3.0 The socioeconomic status of Bristol County Veterans

Socioeconomic data analyzed in this section includes Veteran income levels, educational attainment, employment status, poverty status, and disability status.

3.1 Median income

Veterans have a higher than average annual median income. Nationally, they earn 27.8 percent above the median. In Massachusetts, the gap is smaller, but still significant at 19.6 percent. BCVs have a median income that is 18 percent higher than the county median.



However, while Bristol County’s median income is on par with the national median, BCVs make \$3,500 less than Veterans nationally. They also earn \$5,800 below the state Veteran median. Berkley’s 423 Veterans have a median income 37.6 percent (\$12,513) lower than the town median. Easton’s Veterans earn nearly \$2,400 less than the town median of \$35,657. The communities of Raynham and Rehoboth also see smaller incomes for their Veterans, but the difference is below \$1,000 annually.

On average, the residents of Bristol County’s cities have a lower median income than the state and county medians. However, New Bedford, Taunton, and Attleboro Veterans retain median incomes higher than the overall county median. Fall River Veterans earn about \$1,100 less than the typical Bristol County resident and \$7,200 less than the typical Bristol County Veteran.

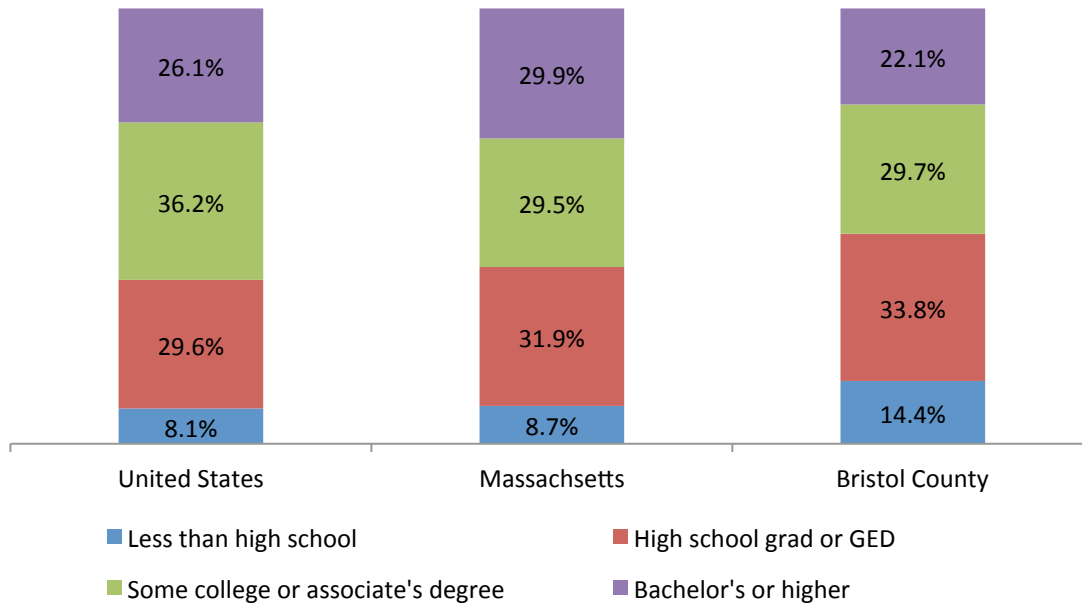
3.2 Educational attainment

Nearly 5,030 BCVs have not earned a high school diploma or its equivalent – 14.4 percent of BCVs over 25.⁵ This is nearly double the state (8.7%) and national (8.1%) percentages. Also, the

⁵ The Census records educational attainment statistics only on individuals over the age of 25. Therefore, the percentages referenced here reflect portions of that population – 34,915 Veterans.

majority of BCVs (33.8%) have stopped their education after earning a high school diploma or GED, a higher percentage than their peers in the state and throughout the country.

Veteran Educational Attainment



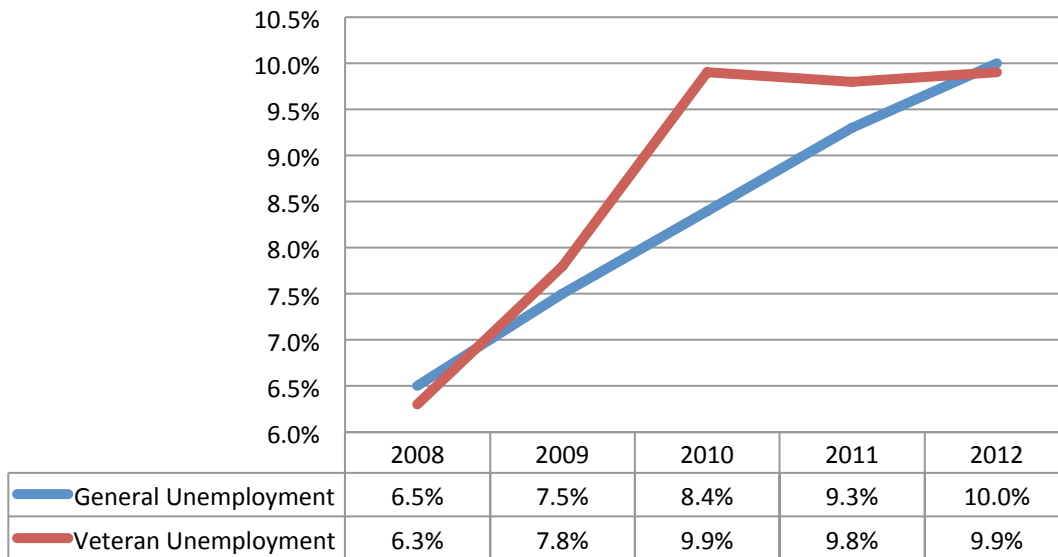
Throughout the county, more than 10 percent of Veterans lack a high school degree in all the communities with the exception of Easton (5%), Dighton (6.9%), North Attleborough (5.6%), Norton (5.3%), and Rehoboth (8.6%). The cities of New Bedford and Fall River are home to the largest portions of Veterans without a completed high school education, with percentages of 22 and 19.8, respectively. Low completion rates may indicate that these Veterans struggle more to stay in the labor force than their peers.

On average, BCVs are more likely to have taken college courses or achieved an Associate’s degree than the general population – 29.7 percent for Veterans, versus 26.2 percent for the county. However, they are less likely to have completed their college education. Only 22.1 percent of BCVs have at least a bachelor’s degree, while 25.2 percent of the county’s population has earned this credential.

3.3 Employment status

Before the recent recession, BCVs were unemployed at a rate 0.2 percentage points below the rest of the county. Unemployment among BCVs increased much faster than among the rest of the civilian population; by 2010, Veteran unemployment was 1.5 percentage points higher than countywide unemployment. While the Veterans unemployment rate appears to be stabilizing, this may reflect Veterans leaving the labor force, as Census unemployment numbers only count those actively seeking work.

Unemployment in Bristol County



Veterans typically have a lower labor participation rate (LPR) than the rest of the U.S. population. The Census defines the “labor force” as the number of people who were either employed and working, temporarily not working but with employment, actively searching for employment but unemployed, or out of work due to a temporary illness.⁶ Nationally, the LPR is 76.4 percent for the whole and 75.9 percent for Veterans. Massachusetts has a similar participation gap – 79.8 percent for the whole, 78.1 percent for Veterans.

However, the Bristol County LPR is 80 percent. Like their peers nationally, BCVs have a lower rate than the county as a whole, but the gap is larger: only 76.7 percent of BCVs are considered part of the labor force. Since unemployment rates are determined from the number of people in the labor force, a lower LPR for BCVs coupled with the continuation of peak recession unemployment rates could mean that many BCVs are not only unemployed and looking for work, but also that a significant number could have left the labor force altogether.

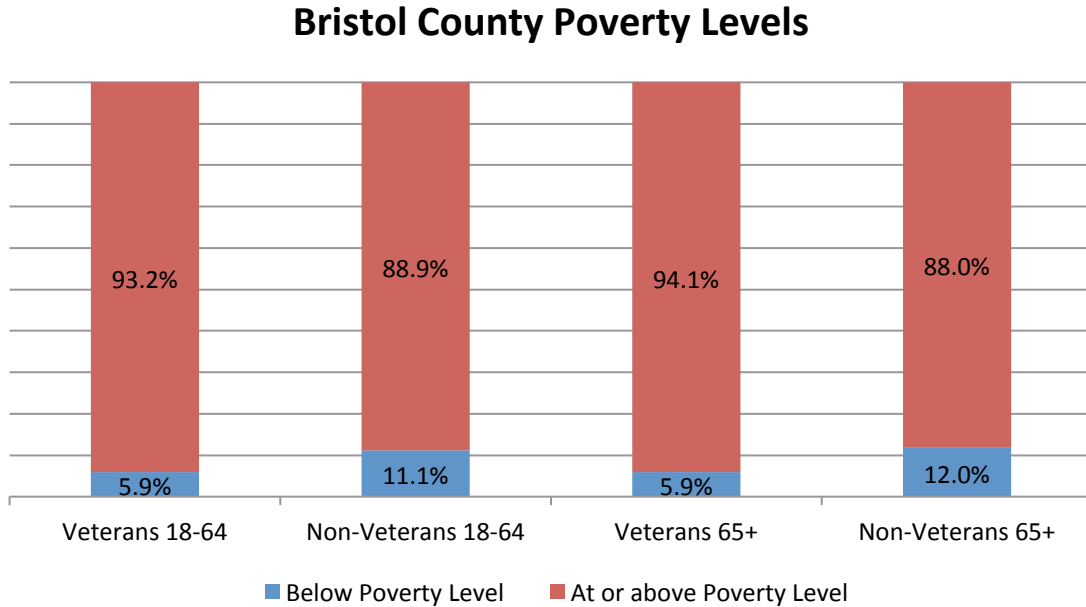
According to the Congressional Joint Economic Committee,⁷ Veteran unemployment in Massachusetts was 9.9 percent at the end of 2012. This number jumps dramatically for post-9/11 Veterans in the state, with an unemployment rate of 23.4 percent. These percentages are higher than the national rates; total U.S. Veteran unemployment at the end of 2012 was 7 percent; for post-9/11 Veterans, it was 9.9 percent. Unfortunately, these statistics are unavailable on the local level, but we suggest that post-9/11 Veterans in Bristol County may be more likely to be unemployed than other Veteran groups.

⁶ The age range for the LPR is 18-64 years old, so aside from those who may have taken an early retirement, retirees are not counted in this calculation.

⁷ This year’s Veteran unemployment report can be accessed here:
http://www.jec.senate.gov/public//index.cfm?a=Files.Serve&File_id=8f17a182-a7e5-45bb-9778-53b88ee28121

3.4 *Poverty status*

A smaller portion of Veterans earn annual incomes below the poverty line when compared to non-Veterans in Bristol County.



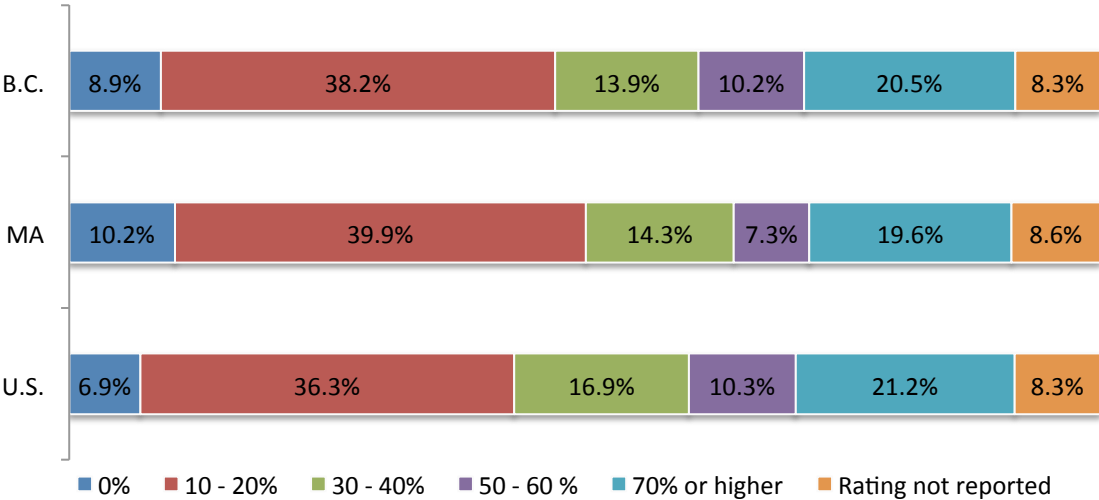
This difference is difficult to interpret. Since the Census uses a universal poverty threshold for the entire country, area median income does not factor into the equation. Rather, annual income is tied to an appropriate threshold determined by family size. For example, we could infer that Veterans in Bristol County may have smaller households, and therefore a lower poverty threshold. Regardless, the statistics tell us that 93.2 percent of BCVs below the age of 65 live at or above the poverty threshold, and the same is true for 94.1 percent of BCVs over 65.

These portions differ slightly from Massachusetts overall, where 6.6 percent of and 4.8 percent of Veterans 65 and older live in poverty. Nationally, Veterans 18 to 64 have a poverty rate of 8 percent and for Veterans over 65 the rate is 4.7 percent. The higher portion of elderly BCVs living in poverty may reflect the region's higher concentration of older Veterans.

3.5 *Disability status*

There are an estimated 5,106 Veterans with service-connected disabilities living in Bristol County. These Veterans make up 14.4 percent of BCVs. This portion does not stray far from national and state estimates; Veterans with service-connected disabilities make up 14.3 of all Veterans in Massachusetts and 15.8 percent of all Veterans nationally.

Service-connected disability ratings of disabled Veterans



Service-connected disability ratings seem to follow similar trends on the county, state, and national level. The majority of Veterans report a rating of 10 to 20 percent. These distinctions are important, as they reflect the severity of a Veteran’s mental or physical disability that occurred, or was aggravated, during their service period. The VA directly ties these rating to how much compensation Veterans are eligible to receive. For example, a Veteran with a 0 percent rating may not even be able to receive compensation, whereas Veterans with a rating of 30 or more can receive payments for their dependents as well.

4.0 Homelessness among Bristol County Veterans

In 2010, President Obama released the first-ever federal strategic plan for addressing homelessness, a key component of which was to end Veteran homelessness. The federal government provides assistance to the homeless through the Department of Housing and Urban Development (HUD). HUD funds homeless supportive service and housing programs in states, localities and nonprofits through the Continuum of Care (CoC) program. CoC funding is competitive and need-based. Bristol County has three CoC areas – New Bedford (MA-505), Fall River (MA-515), and Taunton/Attleboro (MA-519).

Part of the application process involves each locality conducting point-in-time counts of the homeless population during the last week of January and reporting that data to HUD (which does not independently verify the largely volunteer-collected data). The resulting report contains counts for subcategories, including Veterans. HUD releases the CoC reports annually in October; therefore, the most recent available CoC information is from October 2013, which was based on the January 2013 point-in-time count.

4.1 Homeless Veterans

As of the 2013 count, there were 55 homeless Veterans in Bristol County, two of whom were unsheltered at the time of the count. These homeless Veterans accounted for 0.15 percent of the total Bristol County Veteran population. Nationally, HUD and the VA estimate that Veterans make up 17 percent of the adult homeless population.⁸

Homeless Veterans in Bristol County⁹

		Sheltered	Unsheltered	Portion of Homeless Population
New Bedford				
	2011	50	0	17.0%
	2012	53	1	14.4%
	2013	50	1	14.3%
Fall River				
	2011	3	3	2.0%
	2012	2	3	1.6%
	2013	2	0	0.8%
Taunton/Attleboro				
	2011	1	4	2.2%
	2012	1	0	0.4%
	2013	1	1	0.8%

⁸National Survey of Homeless Veterans, can be accessed at:

http://www.va.gov/HOMELESS/docs/NationalSurveyofHomelessVeterans_FINAL.pdf

⁹ While HUD does have CoC data going further back than 2011, in 2010 Veterans were not included as a subcategory.

New Bedford has a much larger homeless Veteran population than its CoC counterparts in Bristol County. This is due to the presence of the Veteran’s Transition House (VTH) in the New Bedford CoC, since individuals living in transitional housing are counted as sheltered homeless. VTH is the only Veteran-specific housing program in the county.

Nevertheless, there are some similarities indicated between the three Continuums of Care. For instance, the data suggests that the homeless Veterans share of the total homeless population has declined significantly since 2011. All three CoCs have seen stable numbers of relatively stable numbers among homeless Veterans and the homeless population in general. Overall, the population decreased by 3 percent between 2011 and 2013. However, in the Commonwealth homelessness is at an all time high. This may result in Bristol County homeless service providers facing more competition for resources and funding from other areas of the state.

4.2 *Veteran housing programs*

CoC reports include an inventory of homeless housing programs. Each inventory details the number of beds available in a given Continuum and the subgroup(s) of the population each housing facility primarily serves. (For example, a program may offer beds only to adult males or may provide shelter exclusively for families with children.) These reports also include organization names and the source of homeless housing subsidies when applicable. Therefore, it is possible to assess with some degree of certainty whether a facility listed on the CoC Housing Inventory focuses on serving Veterans.

In the 2013 Fall River CoC Housing Inventory, there were only six beds which could be deemed Veteran-specific. These are listed under “Permanent Supportive Housing for Adult Individuals” and are funded through HUD’s Veteran Affairs Supportive Housing (HUD-VASH) vouchers. Local housing authorities receive HUD-VASH vouchers based on the number of Veterans counted in CoC reports, contact with homeless Veterans reported at local VA medical centers (VAMC), and housing authority and VAMC performance data.¹⁰ Fall River is in the only CoC in Bristol County which listed HUD-VASH funded housing in its 2013 report.

The New Bedford CoC listed a total of 80 beds under the auspices of VTH.¹¹ These beds were the only listed Veteran-specific homeless housing in New Bedford. They appeared in the “Transitional Housing for Adult Individuals” category.

The Taunton/Attleboro CoC Housing Inventory report contained no listings which could be discerned to be Veteran-specific in either their organization name or the subsidy source.

¹⁰HUD-VASH criteria, accessed at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash

¹¹ Listed in the report as Southeastern Mass. Veterans Housing Prog.

5.0 Bristol County Veterans needs assessment

In order to assess the needs of BCVs, the Urban Initiative designed and administered the Bristol County Veterans Needs Assessment (BCVNA).¹² This survey is adapted from a VA-designed survey tool, Project CHALENG,¹³ which assesses the needs of homeless Veterans. Project CHALENG focuses mainly on the needs of homeless and at-risk Veterans and their families. It also asks service providers to assess the needs of their local Veteran community. The similarity between the two assessments allows us to compare the ranked needs of BCVs to Veterans nationally.

5.1 *Survey methodology*

To ensure our survey sample was representative of the broader BCV population, we asked the Veteran's Transition House to assist us in administering the survey to their current residents. We also contacted Veterans Service Officers (VSOs) in every Bristol County community to enlist their assistance. Massachusetts mandates that every municipality in the state have a VSO in order to help Veterans receive aid. Over the course of their work, VSOs typically come into contact with Veterans who have the highest risk of losing their housing. Learning the needs of this at-risk population was of particular interest, as the major goal of this report is to better prepare local service providers to assist Veterans. With the support of VTH and local VSOs, we were able to include 62 completed surveys in this analysis.

The BCVNA asks respondents to rate the degree to which a particular need is met in their community. This assessment works on a scale of 1 to 5, with 1 being "Unmet" and 5 being "Met." Responses to these questions were analyzed by averaging the scores for each item (excluding missing and "don't know" responses); the mean score of the need allows us to see how well respondents believe service providers in their community meet a given need. For example, a score of 4.67 on the "Food" need would mean this need is fulfilled for the majority of Veteran respondents. The survey was designed to cover a large scope of issues (participants were asked to rate 44 needs). The survey also asks respondents a series of demographic questions.

5.2 *Survey geography*

Although the intended scope of the survey was the entirety of Bristol County, responses were returned from only a portion of the region. VSOs in Attleboro, Dartmouth, and Swansea administered the survey to their active cases and returned them within the survey period. VTH staff assessed residents in New Bedford. VTH Thanksgiving meals to Veterans sent with surveys brought responses from New Bedford and Freetown.

5.3 *Survey respondent characteristics*

When compared to Census and VA data (presented in sections 1.0 and 2.0) we can determine the characteristics of the BCV population being served by VSOs and VTH.

In addition to assessing the needs of Veterans, the BCVNA also collected demographic information on respondents. Not only will this data help describe the population of Veterans being served by VSOs and VTH, but it also illustrates the degree to which survey respondents are representative of all Bristol County Veterans. Additional questions were included to gauge

¹² See Appendix A

¹³ http://www.va.gov/HOMELESS/docs/challeng/2011_CHALENG_Report_FINAL.pdf

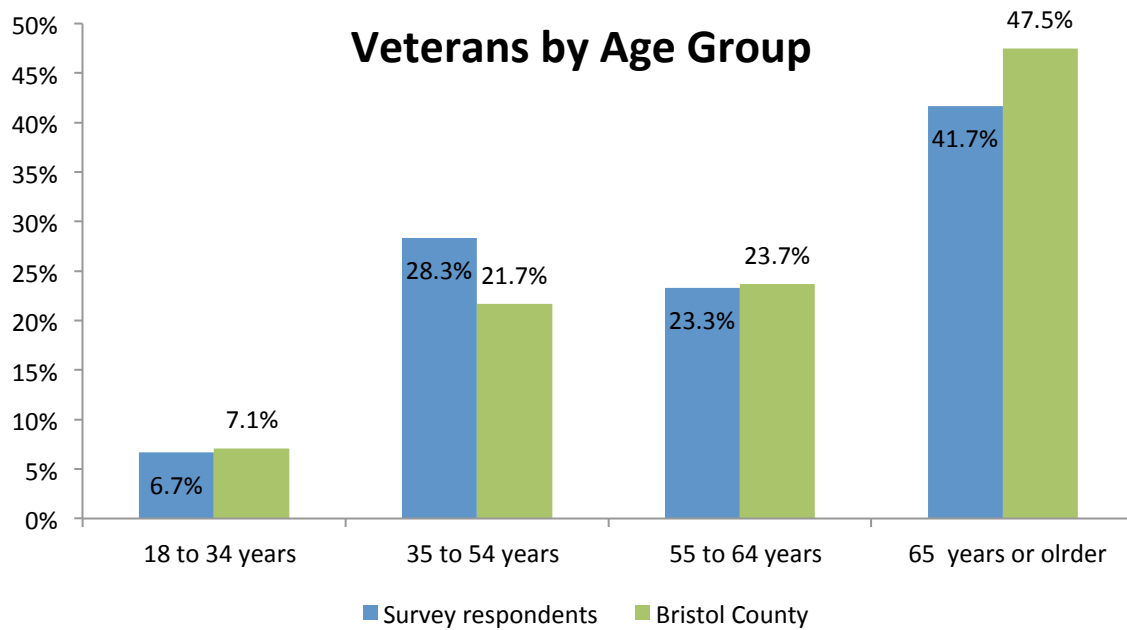
physical and mental health conditions; these findings may be useful to service providers addressing the healthcare needs of Veterans.

5.3.1 Sex

Men make up the majority (89.8%) of respondents. Although this proportion is smaller than the county’s share of Veterans who are male (95%), some VSOs indicated that widows of Veterans may have been included in this sample.

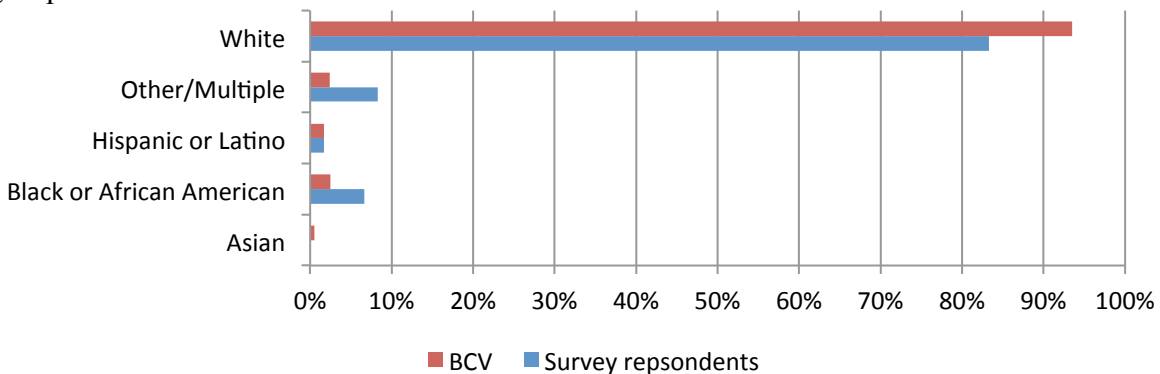
5.3.2 Age

Veterans between 35 and 54 were slightly oversampled, and older Veterans (65+) were slightly under-sampled. (In conversations with VSOs, elderly Veterans were perceived to be disinterested in taking the survey.) Otherwise, the age of our sample corresponds to the Veteran population of Bristol County.



5.3.3 Race and ethnicity

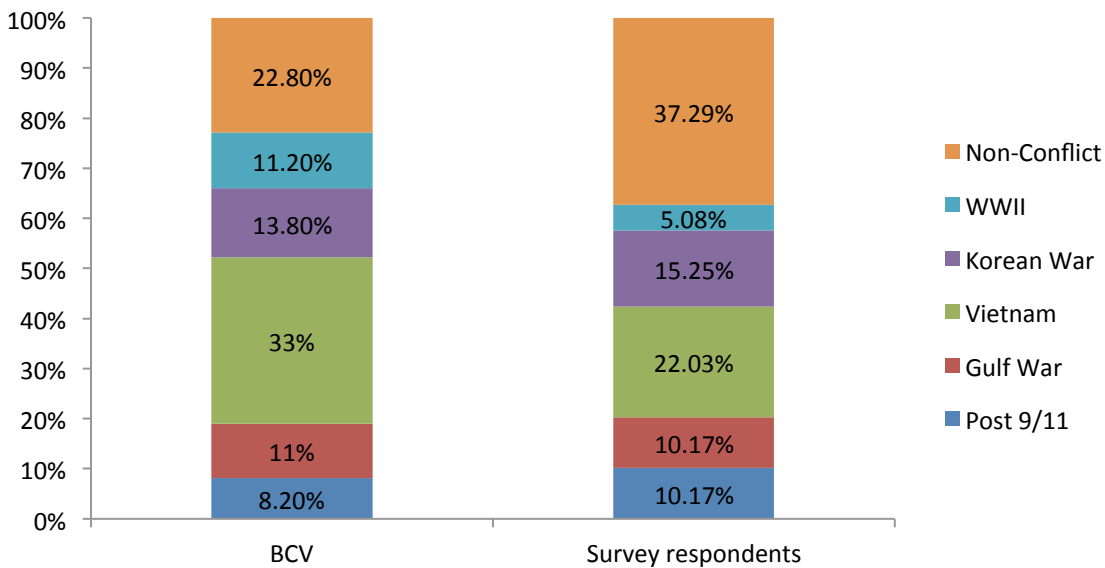
Survey respondents were more diverse than the BCV population. A greater portion was black or African American (7 percent in the sample versus 2.5 percent in the population) and ‘other/multiple’ (8 percent versus 2.4 percent). White Veterans were the majority across both groups.



Although the survey dealt with a much smaller population than Census estimates, it also targeted a specific section of the population – very low-income and homeless Veterans. Nationally, Veterans in these subgroups are more diverse than Veterans as a whole.

5.3.4 *Period of service*

BCVNA respondents mostly served during peacetime. The majority of respondents who served during a conflict period were active in the Vietnam era, much like BCVs in general.



A larger portion of survey respondents served outside of a conflict period as compared to the BCV population. Conflict Veterans are more eligible for VA services. These Veterans may be more likely to be getting the financial assistance from a VA pension, which is not available for Veterans whose service period does not include a conflict.

5.3.5 *Income*

The average BCV reports a median income of \$33,879, whereas nearly three quarters (74.57%) of survey respondents reported making less than \$25,000 a year. In fact, only three Veterans surveyed reported an income above \$34,000.

Income of respondents

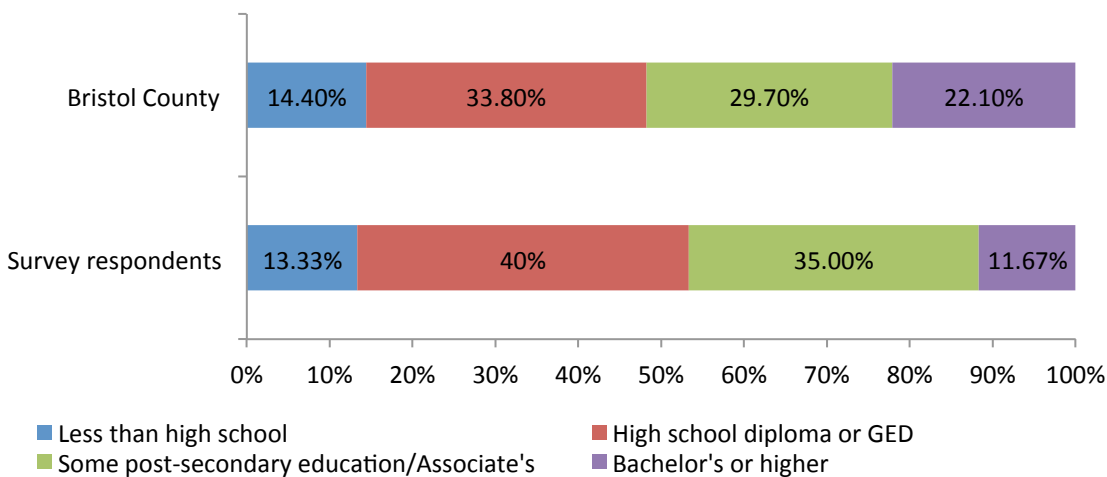
Below \$10,000	30.5%
\$10,000-14,999	22%
\$15,000-24,999	22%
\$25,000-34,999	13.6%
\$35,000-49,999	0%
\$50,000-74,999	0%
\$75,000 or more	3.4%
Not sure	8.5%

The majority of respondents also earned less than the area median income of \$27,792, which BCVs exceed on average.

Social Security was the most frequently reported source of income for survey respondents (24.2%). Welfare or other government assistance programs were the second most reported source (16%). Thirteen percent of Veterans reported depending on either SSI or VA disability payments. Only four Veterans reported a salary or wage as their primary income source.

5.3.6 Educational attainment

Respondents, like the BCV population, have a high school completion rate that is lower than Veterans nationally, but the proportion with a high school degree was still lower than the county average. Respondents were more likely than the average BCV to have pursued education beyond high school.¹⁴



5.3.7 Housing

One Veteran indicated being completely homeless (living on the street or in a car). The majority of respondents (62.1%) do not live in a home or apartment which they pay for on their own. Slightly over one-quarter (27.6%) receives rental assistance or lives in subsidized housing, and 31 percent report living in transitional housing. Only one respondent reported living in a VA facility.

Nearly one-quarter (24.2%) of respondents reported being homeless – living in the streets, car, shelter, or transitional housing – at some point over the past year. Chronic homelessness (homeless at least four times in the last three years) among respondents was 22.5 percent, or 14 of the surveyed Veterans. Nationally, it is estimated that 59 percent of homeless Veterans are chronically homeless. HUD-VASH vouchers are targeted towards chronically homeless Veterans, who make up the majority of voucher recipients.¹⁵

¹⁴ Post-secondary education may include vocational training outside of a vocational high school curriculum, as well as formal college courses

¹⁵ Project CHALENG

5.3.8 *Employment*

Only eight of the respondents reported current employment (four full-time, four part-time). Of the unemployed respondents, 27.2 percent reported they were currently searching for work. The remaining 72.5 percent of unemployed respondents indicated they were no longer looking for work. This could mean that they have entered retirement or chose to leave the labor force.

5.3.9 *Incarceration, hospitalization, and treatment history*

Since their discharge, at least one-fifth of respondents were hospitalized, incarcerated, or entered substance abuse treatment. Of these respondents, 37 percent reported being in a treatment program for substance abuse, while 32.3 percent experienced an extended hospital stay. Incarceration was experienced by 17.7 percent of this group.

5.3.10 *Medical history*

While the majority of respondents reported having health insurance, 19 percent said they were uninsured at the time of the survey. Nationally, it is estimated that 13 percent of Veterans do not have health insurance.¹⁶

Mental health issues are the most prevalent medical condition reported by respondents. Indeed, the VA reports that anxiety and depression are the most common mental health issues among Veterans, with PTSD considered a type of an anxiety disorder.

Reported diagnoses and frequency

Anxiety	45.2%
Depression	32.3%
Post-traumatic Stress Disorder (PTSD)	24.2%
Hepatitis C	16.1%
Functional gastrointestinal disorders	6.5%
Chronic Fatigue Syndrome	4.8%
Ischemic Heart Disease	3.2%
Fibromyalgia	1.6%
HIV/AIDS	1.6%
Traumatic Brain Injury	0%

In recent years, the VA has sought to better understand PTSD among Veterans. The disorder is most common among Veterans who have seen combat, which 22.6 percent of respondents reported. Prevalence of the disorder can vary based on gender and period of service. For example, Vietnam-era male Veterans have an estimated lifetime prevalence of 30.9 percent, while post-9/11 Veterans are estimated at 13.8 percent.¹⁷

¹⁶ 2010 Nation Survey of Veterans (NSV)

<http://www.va.gov/vetdata/docs/surveysandstudies/nvssurveyfinalweightedreport.pdf>

¹⁷ <http://www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp>

From a mental health perspective, high occurrences of PTSD are alarming. However, since the majority of BCVs are Vietnam-era males, it is not surprising to find such a large portion reporting the disorder. It is worth noting that a Veteran living in poverty and diagnosed with PTSD must travel to the Boston or Providence Veteran Affairs Medical Center (VAMC) in order to receive specialized treatment.

5.3.11 Substance abuse

As noted, 37 percent of respondents reported having entered a treatment program for substance abuse since their discharge. At the same time, 71 percent reported consuming zero alcoholic drinks during an average week. Of the 15 who reported drinking daily, seven respondents reported having five or more drinks per day.

Reported rates of drug abuse were much lower: 82 percent of respondents said they never used illegal drugs or prescription drugs in a way not intended. Three reported monthly drug use, and two said they were daily users.

5.3.12 Family history

One third of respondents (33.8%) are divorced and 9.6 percent are separated. Slightly more than one-quarter (25.8%) have never been married, while only eight of the respondents are currently married. The majority of respondents (80%) do not have dependent children. Nationally, 69.7 percent of Veterans are married, 13.3 percent are divorced and 30.8 percent have one or more dependent child.¹⁸

5.4 Results of Bristol County Veterans Needs Assessment

The following table outlines the basic need expressed in each question, the average response rating, and the comparative ranking in Project CHALENG. Survey results suggest the very basic needs of most respondents are being met. Food, clothing, housing, and medical needs were all rated at 4 or higher, meaning they are “mostly met.” On average, respondents scored most needs with a “3” indicating these needs were somewhat met. The most unmet need is dental care, which is considered to be separate from general medical services – a need that is reportedly sufficiently met.

Veteran Need		BCVNA Score	Project CHALENG Score and Rank	
1	Food	4.29	3.86	3
2	Medical services	4.25	4.04	1
3	Personal hygiene	4.21	3.74	5
4	Detoxification	4.12	3.69	10
5	Transitional housing	4.07	3.45	14
6	Treatment for substance abuse	4.02	3.77	4
7	Clothing	3.90	3.67	7
8	Hepatitis C testing and treatment	3.85	3.64	9

¹⁸ NSV

9	TB testing and treatment	3.78	3.89	2
10	Education	3.78	3.22	20
11	Help developing a social network	3.75	3.35	16
12	Emergency Shelter	3.70	3.56	11
13	Service for psychiatric problems	3.68	3.65	8
14	SSI/SSD process	3.65	3.10	23
15	Spiritual	3.65	3.53	12
16	HIV/AIDS testing and treatment	3.58	3.68	6
17	Transportation	3.57	3.28	18
18	Women’s healthcare	3.55	3.28	19
19	Eye care and glasses	3.55	3.41	15
20	Help finding a job	3.51	3.13	22
21	Long-term, permanent housing	3.50	2.99	30
22	VA disability/pension	3.45	3.31	17
23	Family and marital counseling	3.44	3.07	25
24	Help getting proper ID	3.44	3.49	13
25	Assisted living for elderly	3.44	3.02	27
26	Job training	3.42	3.04	26
27	Re-entry service for incarcerated	3.36	3.01	28
28	Drop-in center/day program	3.31	3.14	21
29	Legal assistance for outstanding warrants and fines	3.31	2.79	38
30	Family reconciliation assistance	3.26	2.78	39
31	Help managing money	3.23	3.10	24
32	Welfare payments	3.20	2.95	31
33	Rental move-in assistance	3.19	2.81	37
34	Legal assistance for child support	3.14	2.79	40
35	Financial assistance to prevent eviction/foreclosure	3.14	2.63	43
36	Housing for registered sex offenders	3.13	2.44	44
37	Assistance to restore license	3.11	2.93	33
38	Home goods for new residence	3.09	2.84	36
39	Financial guardianship	3.08	2.88	34
40	Child care	3.06	2.67	42
41	Discharge upgrade	3.06	2.99	29
42	Legal assistance to prevent eviction/foreclosure	3.06	2.70	41
43	Credit counseling	2.95	2.88	35
44	Dental care	2.88	2.94	32

Unmet needs are mostly housing-related. These include factors that could help Veterans avoid homelessness (financial/legal assistance to maintain a residence), move into permanent or personally funded housing (rental move-in assistance, home goods for new resident), or find shelter despite being “hard to house” (housing for registered sex offenders). Credit counseling

and financial guardianship also appear among least met needs. This may indicate a lack of money management skills among respondents.

The least met need, dental care, also appears near the bottom of the VA assessment. The Project CHALENG report hypothesizes that this low ranking may be the result of a VA healthcare system that offers coverage for most medical expenses but varies with regard to dental care. The dental eligibility form requires Veterans to have extensive knowledge of their Veteran status, which many homeless Veterans lack. For homeless Veterans, the VA offers the Homeless Veterans Dental Program (HVDP), which offers “a one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment, or treat moderate, severe, or complicated and severe gingival and periodontal conditions.”¹⁹

6.0 Focus group findings

VTH aided the Urban Initiative in organizing a focus group of fourteen Veterans who had recently “graduated” out of the VTH’s facility and into apartment-style housing owned and maintained by VTH. Focus group participants served mostly during the Vietnam era or in the late 1970s to early 1980s. Only one participant was under 45. Most served in either the Army or Navy.

The purpose of the focus group was to give the Urban Initiative a better understanding of the issues facing local Veterans and to discuss the specific needs of Veterans in the region. Participation in the group was voluntary and incentivized by VTH with a gift card to a local retailer.

We also sought commentary from participants on the causes of homelessness and addiction among Veterans. We noted that most survey respondents (and most participants in the focus group) were older Veterans. Participants confirmed that addiction, homelessness, and poverty were still issues for younger Veterans they had encountered. Why, then, were younger Veterans not a major presence in the recovery community? Were they unaware of supportive services offered by VTH and others? Was the service community failing to engage with them on a meaningful level?

To some degree, participants said this was not the case. There was consensus that Veterans who are addicts were not entering the programs because they do not want to get clean. As one participant said, “They’re not tired yet.” It was the opinion of participants that even when younger Veterans entered VTH they rarely stuck with the program on the first stay. Participants indicated this was due to lack of willingness to “stay clean” and “follow the rules.” Most participants who were recovering users said that for them, and for those not yet committed to recovery, VTH was the “last chance” once they had gone through other treatment centers that were not Veteran-specific. Most participants cited Veteran-specific programs as the most favorable for Veterans ready enter treatment or in need of housing.

¹⁹ Dental Benefits for Veterans: Outpatient Dental Programs
http://www.va.gov/healthbenefits/resources/publications/IB10-442_dental_benefits_for_veterans_2_14.pdf

When asked how they became aware of services offered by the Veteran's Transition House, these Veterans confirmed that only through entering a treatment program or through connections in the local network of Veteran organizations did they find out about VTH. The network for local Veterans appears to be strong, extending out of the county – multiple focus group participants said that they heard of VTH while seeking treatment at the Brockton VAMC.

Participants agreed that the VTH program is so successful in helping local Veterans transition from homelessness and recover from addiction because of the engagement and care of the staff. Most focus group participants noted having been in other housing and treatment programs before ending up at VTH. It was generally expressed that no other Veterans' service organization or program matches VTH in quality and scope of care.

7.0 Summary and analysis

The Urban Initiative's aggregation and analysis of existing data yielded the following key findings:

- Though Census population estimates account for slightly more Veterans than VetPop2011 projections, they do confirm the VA's prediction: the Veteran population of Bristol County will decline significantly.
- Collectively, Veterans in Bristol County are older and less racially/ethnically diverse than Veterans nationwide.
- Most Bristol County Veterans maintain a higher median income and are less likely to live in poverty than their non-Veteran peers.
- However, Veterans in Bristol County appear to be highly susceptible to economic turmoil, as suggested by an above-average spike in Veteran unemployment at the onset of the recession.
- Urban Veterans have lower levels of educational attainment than Veterans countywide, factors commonly linked with poor job retention rates and lower lifelong earning potential.
- BCV homelessness has been at a stable level between 2011 and 2013. This indicates that service providers are taking steps to prevent increased Veteran homelessness, but have not yet implemented practices to eliminate it.

Meanwhile, the Bristol County Veterans Needs Assessment (BCVNA), though limited in its ability to speak for the needs of the region's Veterans due to a low sample size, suggests the following:

- The most basic human needs (food, clothing, shelter, medical care) are ranked within the most met needs.
- However, among least met needs are those that may prevent Veterans from slipping into homelessness – assistance in retaining a residence or settling into a new, permanent one. This point cannot be underscored enough.
- New Bedford appears to attract more Veterans struggling with homelessness than other Bristol County cities. This is due in no small part to the presence of a successful transitional housing program that focuses on the needs of homeless Veterans.

8.0 Conclusion and next steps

While the main focus of VTH is on treatment, transition, and recovery services, it also supports the statewide goal of ending Veteran homelessness in Massachusetts. Homelessness prevention is a key strategy of the Massachusetts Integrated Plan to Prevent and End Homelessness Among Veterans,²⁰ and this needs assessment reveals some key opportunities for VTH to not only provide housing for Veterans who are already homeless, but also to target root causes of Veteran homelessness in our region.

If VTH decides to move in this direction, the Urban Initiative recommends that its efforts to prevent Veteran homelessness begin by understanding its causes through continued administration of the Bristol County Veterans needs assessment (included in Appendix A). To aid in this effort, the Urban Initiative is sharing its survey response database with VTH so that it can be used to aggregate and analyze future survey responses.

If feasible, the survey could be incorporated into VTH's intake process for new residents. This would continually add new information on the living conditions of Veterans seeking VTH service. Expanding upon the survey data set will allow VTH staff to monitor changes in local Veteran needs over time and target the organization's approach in response to changes in demographic or economic conditions. In addition to enhancing VTH's ability to serve its target population, maintaining a database on the needs of the local Veteran population will undoubtedly aid VTH in applying for future grants and funding to expand and improve its services.

Another guiding principle of the Massachusetts plan to end Veteran homelessness is to build partnerships. A stronger, more integrated network of partners will help VTH broaden the scope of the needs assessment survey to reach Veterans being served by partners' programs and services. This will improve the collective understanding of Veteran needs in Bristol County and allow VTH and its partners to be more responsive to opportunities to prevent issues like homelessness.

Moreover, a strong network of organizations supporting our region's Veterans will allow VTH and its partners to achieve *collective impact*, or the ability to target a social problem (like Veteran homelessness) through a network of organizations share an agenda and a systemic, data-driven approach to problem-solving.²¹ The collective impact approach can mitigate resource constraints, not only because it marshals the resources of multiple actors, but also because it can leverage funding from a growing number of foundations seeking to invest in this model.

Beyond helping VTH and its partners mobilize resources, the collective impact approach can have many other benefits. First, it could strengthen communication across the network, something the Urban Initiative found challenging while conducting this analysis (for example, there is no comprehensive list of VSO names and contact information that is publicly accessible). One of the first steps of organizing for collective impact could be creating a website where

²⁰ <http://www.mass.gov/governor/administration/ltgov/documents/plan-to-prevent-and-end-homelessness-among-veterans-final.pdf>

²¹ Read more about how to end homelessness through collective impact at: <http://www.endhomelessness.org/blog/entry/field-notes-collective-impact-and-homelessness#.UzmOfSRuHPs>.

partners and members of the public can access the information needed to communicate quickly and effectively.

Another benefit of this strategy is that it necessarily leverages data to reflect the degree to which the network is achieving its stated goal. If VTH decides to continue building its data set by adopting the needs assessment survey as part of its intake, it can play a critical role in helping the network assess its efficacy and tailor its collective strategy toward better outcomes for Bristol County Veterans.

While VTH may not be able to end Veteran homelessness alone, its reputation among homeless and at-risk Veterans, its years of work in this area, and its ability to use data to guide decision-making and measure impact position it to be a driver of collective impact to end Veteran homelessness in our region.

Appendix A - Bristol County Veterans Needs Assessment survey

THIS SPACE FOR OFFICE USE ONLY

BRISTOL COUNTY VETERANS NEEDS ASSESSMENT

Thank you for participating in the UMass Dartmouth Urban Initiative's Bristol County Veterans Needs Assessment Survey! The information you supply here will help provide services to homeless Veterans. Please remember that the survey is anonymous. If you share a household with a Veteran who is deployed or otherwise unable to complete this survey, please answer on their behalf to the best of your ability and check here:

1. City: _____

2. What is your age?

- under 25 45- 54
 25- 34 55- 64
 35- 44 65 +

3. What is your gender?

- Male Female

4. What is your ethnicity?

- African American Asian/Pacific Islander
 Hispanic White
 Native American Other/Multiple

5. Please rate the degree to which the following needs for Veterans in your community are met.

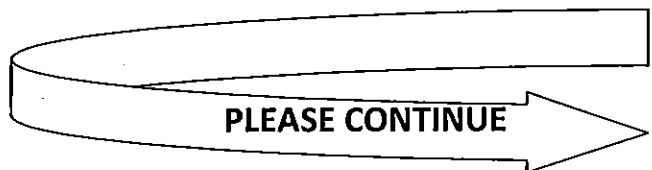
UNMET → MET (please shade one circle per line)

- | | | | | | |
|---|---|---|---|---|--|
| ① | ② | ③ | ④ | ⑤ | 1. Personal hygiene (shower, haircut etc.) |
| ① | ② | ③ | ④ | ⑤ | 2. Food |
| ① | ② | ③ | ④ | ⑤ | 3. Clothing |
| ① | ② | ③ | ④ | ⑤ | 4. Emergency shelters |
| ① | ② | ③ | ④ | ⑤ | 5. Transitional housing or halfway house |
| ① | ② | ③ | ④ | ⑤ | 6. Long-term, permanent housing |
| ① | ② | ③ | ④ | ⑤ | 7. Detoxification from substances |
| ① | ② | ③ | ④ | ⑤ | 8. Treatment for substance abuse |
| ① | ② | ③ | ④ | ⑤ | 9. Housing for registered sex offenders |
| ① | ② | ③ | ④ | ⑤ | 10. Family and marital counseling |

- | | | | | | |
|---|---|---|---|---|--|
| ① | ② | ③ | ④ | ⑤ | 11. Medical services |
| ① | ② | ③ | ④ | ⑤ | 12. Women's healthcare |
| ① | ② | ③ | ④ | ⑤ | 13. Help developing a social network |
| ① | ② | ③ | ④ | ⑤ | 14. Drop-in center/day program |
| ① | ② | ③ | ④ | ⑤ | 15. HIV/AIDS testing and treatment |
| ① | ② | ③ | ④ | ⑤ | 16. TB testing and treatment |
| ① | ② | ③ | ④ | ⑤ | 17. Assistance to restore driver's license |
| ① | ② | ③ | ④ | ⑤ | 18. Hepatitis C testing and treatment |
| ① | ② | ③ | ④ | ⑤ | 19. Dental care |
| ① | ② | ③ | ④ | ⑤ | 20. Eye care and glasses |
| ① | ② | ③ | ④ | ⑤ | 21. Credit counseling |
| ① | ② | ③ | ④ | ⑤ | 22. VA disability/pension |

UNMET → MET (please shade one circle per line)

- | | | | | | |
|---|---|---|---|---|--|
| ① | ② | ③ | ④ | ⑤ | 23. Welfare payments |
| ① | ② | ③ | ④ | ⑤ | 24. SSI/SSD process |
| ① | ② | ③ | ④ | ⑤ | 25. Financial guardianship |
| ① | ② | ③ | ④ | ⑤ | 26. Help managing money |
| ① | ② | ③ | ④ | ⑤ | 27. Job training |
| ① | ② | ③ | ④ | ⑤ | 28. Help finding a job or getting employment |
| ① | ② | ③ | ④ | ⑤ | 29. Help getting proper ID |
| ① | ② | ③ | ④ | ⑤ | 30. Transportation |
| ① | ② | ③ | ④ | ⑤ | 31. Education |
| ① | ② | ③ | ④ | ⑤ | 32. Child care |
| ① | ② | ③ | ④ | ⑤ | 33. Family reconciliation assistance |
| ① | ② | ③ | ④ | ⑤ | 34. Discharge upgrade |
| ① | ② | ③ | ④ | ⑤ | 35. Services for emotion and psychiatric problems |
| ① | ② | ③ | ④ | ⑤ | 36. Spiritual |
| ① | ② | ③ | ④ | ⑤ | 37. Re-entry services for incarcerated Veterans |
| ① | ② | ③ | ④ | ⑤ | 38. Assisted living for elderly Veterans |
| ① | ② | ③ | ④ | ⑤ | 39. Legal assistance for child support |
| ① | ② | ③ | ④ | ⑤ | 40. Legal assistance for outstanding warrants/fines |
| ① | ② | ③ | ④ | ⑤ | 41. Legal assistance to prevent foreclosure/eviction |
| ① | ② | ③ | ④ | ⑤ | 42. Financial assistance to prevent foreclosure/eviction |
| ① | ② | ③ | ④ | ⑤ | 43. Rental move-in assistance |
| ① | ② | ③ | ④ | ⑤ | 44. Home goods for new residence |



6. What was your Branch of Service?

- Army Marine Corps
 Navy Coast Guard
 Air Force Reserves
 National Guard

7. What was your Period of Service?

- 9/2001 or sooner 8/1990 to 8/2001
 5/1975—7/1990 Vietnam War
 2/1955—7/1964 Korean War
 1/1947 to 6/1950 World War II
 11/ 1941 or earlier

8. During your service period, were you deployed to a combat zone?

- Yes No

9. What is your marital status?

- Married Never Married
 Divorced Separated
 Widowed Civil Commitment or Union

10. Do you have one or more dependent children?

- Yes No

11. What best describes your educational background?

- No high school diploma Associate's degree or some college
 High school diploma or GED Bachelor's degree
 Technical/vocational training Master's degree or higher

12. What is your employment status?

- Full-time Part-time
 Not working, looking for work
 Not working, no longer looking for work

13. What is your income range?

- below \$10,000 \$10—14,999
 \$15—24,999 \$25—34,999
 \$35—49,999 \$50—74,999
 \$75,000 or more Not sure

14. Do you feel your Veteran status prevents you from finding the employment you desire?

- Yes No

15. Do you have health insurance?

- Yes No

16. What is your primary source of income?

- Wage/salary Self employment
 Interest/dividends Social Security
 SSI Gov. assistance/welfare
 VA disability Other VA payments
 Retirement, survivor, or disability payments

17. Since your service period has ended have you been...

- Hospitalized for an extended period of time
 Incarcerated
 In treatment program for substance abuse

18. Has a doctor diagnosed you with any of the following conditions? (check all that apply)

- Anxiety Hepatitis C
 Chronic Fatigue Syndrome HIV/AIDS
 Depression Ischemic Heart Disease
 Fibromyalgia Post-traumatic Stress Disorder (PTSD)
 Functional gastrointestinal disorders (IBS, functional abdominal pain syndrome, etc.) Traumatic Brain Injury

19. How many alcoholic drinks do you have in average week?

- 0 1 2-3 3-4 5+

20. How frequently do you use illegal drugs or prescription drugs in a way not intended?

- Monthly Weekly 2-4 times weekly
 Daily Never

21. In the past year, how many times have been in contact with the VA or your local VSO?

- Once Weekly
 Every few months More than once a week
 Monthly Never
 More than once a month

22. Have you been homeless at least 4 times in the past 3 years?

- Yes No

23. Have you been homeless continuously for the past year or longer?

- Yes No

24. Where do you live now?

- Homeless (in car or on streets) VA Domiciliary
 Public shelter Subsidized housing
 Transitional housing Own home or apartment

Appendix B - Topline survey results

What is your age?

under 25	1	1.67%
25-34	3	5.00%
35-44	6	10.00%
45-54	11	18.33%
55-64	14	23.33%
65 +	25	41.67%
Total	60	

What is your gender?

Female	6	10.17%
Male	53	89.83%
Total	59	

What is your ethnicity?

African American	4	6.67%
Asian/Pacific Islander	0	0.00%
Hispanic	1	1.67%
Native American	0	0.00%
White	50	83.33%
Other/Multiple	5	8.33%
Total	60	

Needs Assessment

1. Personal hygiene (shower, haircut, etc.)

1 Unmet	3	4.84%
2	0	0.00%
3	9	14.52%
4	8	12.90%
5 Met	28	45.16%
Don't know	14	22.58%
Total	62	

2. Food

1 Unmet	2	3.23%
2	1	1.61%
3	9	14.52%
4	7	11.29%
5 Met	32	51.61%
Don't know	11	17.74%
Total	62	

3. Clothing		
1 Unmet	5	8.06%
2	2	3.23%
3	11	17.74%
4	6	9.68%
5 Met	25	40.32%
Don't know	13	20.97%
Total	62	

4. Emergency shelters		
1 Unmet	4	6.45%
2	4	6.45%
3	11	17.74%
4	6	9.68%
5 Met	18	29.03%
Don't know	19	30.65%
Total	62	

5. Transitional housing/halfway house		
1 Unmet	2	3.23%
2	4	6.45%
3	9	14.52%
4	4	6.45%
5 Met	26	41.94%
Don't know	17	27.42%
Total	62	

6. Long-term, permanent housing		
1 Unmet	9	14.52%
2	3	4.84%
3	9	14.52%
4	6	9.68%
5 Met	19	30.65%
Don't know	16	25.81%
Total	62	

7. Detoxification from substance		
1 Unmet	4	6.45%
2	0	0.00%
3	6	9.68%
4	8	12.90%
5 Met	23	37.10%
Don't know	21	33.87%
Total	62	

8. Treatment for substance abuse

1 Unmet	2	3.23%
2	4	6.45%
3	6	9.68%
4	8	12.90%
5 Met	21	33.87%
Don't know	21	33.87%
Total	62	

9. Housing for registered sex offenders

1 Unmet	10	16.13%
2	0	0.00%
3	8	12.90%
4	2	3.23%
5 Met	11	17.74%
Don't know	31	50.00%
Total	62	

10. Family and marital counseling

1 Unmet	4	6.45%
2	3	4.84%
3	13	20.97%
4	5	8.06%
5 Met	11	17.74%
Don't know	26	41.94%
Total	62	

11. Medical Services

1 Unmet	2	3.23%
2	0	0.00%
3	11	17.74%
4	9	14.52%
5 Met	30	48.39%
Don't know	10	16.13%
Total	62	

12. Women's healthcare

1 Unmet	3	4.84%
2	1	1.61%
3	13	20.97%
4	1	1.61%
5 Met	11	17.74%
Don't know	33	53.23%
Total	62	

13. Help developing a social network

1 Unmet	4	6.45%
2	4	6.45%
3	8	12.90%
4	6	9.68%
5 Met	18	29.03%
Don't know	22	35.48%
Total	62	

14. Drop-in center/day program

1 Unmet	5	8.06%
2	5	8.06%
3	12	19.35%
4	2	3.23%
5 Met	12	19.35%
Don't know	26	41.94%
Total	62	

15. HIV/AIDS testing and treatment

1 Unmet	3	4.84%
2	3	4.84%
3	10	16.13%
4	6	9.68%
5 Met	11	17.74%
Don't know	29	46.77%
Total	62	

16. TB testing and treatment

1 Unmet	3	4.84%
2	3	4.84%
3	8	12.90%
4	8	12.90%
5 Met	15	24.19%
Don't know	25	40.32%
Total	62	

17. Assistance to restore driver's license

1 Unmet	8	12.90%
2	4	6.45%
3	10	16.13%
4	4	6.45%
5 Met	10	16.13%
Don't know	26	41.94%
Total	62	

18. Hepatitis C testing and treatment

1 Unmet	3	4.84%
2	2	3.23%
3	9	14.52%
4	3	4.84%
5 Met	17	27.42%
Don't know	28	45.16%
Total	62	

19. Dental care

1 Unmet	12	19.35%
2	8	12.90%
3	8	12.90%
4	3	4.84%
5 Met	12	19.35%
Don't know	19	30.65%
Total	62	

20. Eye care and glasses

1 Unmet	8	12.90%
2	5	8.06%
3	10	16.13%
4	4	6.45%
5 Met	22	35.48%
Don't know	13	20.97%
Total	62	

21. Credit counseling

1 Unmet	10	16.13%
2	6	9.68%
3	8	12.90%
4	4	6.45%
5 Met	10	16.13%
Don't know	24	38.71%
Total	62	

22. VA disability/pension

1 Unmet	7	11.29%
2	4	6.45%
3	8	12.90%
4	6	9.68%
5 Met	15	24.19%
Don't know	22	35.48%
Total	62	

23. Welfare payments

1 Unmet	8	12.90%
2	2	3.23%
3	11	17.74%
4	3	4.84%
5 Met	11	17.74%
Don't know	27	43.55%
Total	62	

24. SSI/SSD process

1 Unmet	6	9.68%
2	1	1.61%
3	12	19.35%
4	7	11.29%
5 Met	17	27.42%
Don't know	19	30.65%
Total	62	

25. Financial guardianship

1 Unmet	9	14.52%
2	4	6.45%
3	9	14.52%
4	7	11.29%
5 Met	9	14.52%
Don't know	24	38.71%
Total	62	

26. Help managing money

1 Unmet	8	12.90%
2	3	4.84%
3	8	12.90%
4	5	8.06%
5 Met	11	17.74%
Don't know	27	43.55%
Total	62	

27. Job training

1 Unmet	6	9.68%
2	5	8.06%
3	7	11.29%
4	7	11.29%
5 Met	13	20.97%
Don't know	24	38.71%
Total	62	

28. Help finding a job or getting employment		
1 Unmet	7	11.29%
2	4	6.45%
3	9	14.52%
4	6	9.68%
5 Met	17	27.42%
Don't know	19	30.65%
Total	62	

29. Help getting proper ID		
1 Unmet	8	12.90%
2	4	6.45%
3	7	11.29%
4	6	9.68%
5 Met	16	25.81%
Don't know	21	33.87%
Total	62	

30. Transportation		
1 Unmet	7	11.29%
2	6	9.68%
3	5	8.06%
4	11	17.74%
5 Met	18	29.03%
Don't know	15	24.19%
Total	62	

31. Education		
1 Unmet	4	6.45%
2	4	6.45%
3	6	9.68%
4	9	14.52%
5 Met	17	27.42%
Don't know	22	35.48%
Total	62	

32. Child care		
1 Unmet	8	12.90%
2	6	9.68%
3	7	11.29%
4	6	9.68%
5 Met	9	14.52%
Don't know	26	41.94%
Total	62	

33. Family reconciliation assistance

1 Unmet	7	11.29%
2	2	3.23%
3	11	17.74%
4	5	8.06%
5 Met	10	16.13%
Don't know	27	43.55%
Total	62	

34. Discharge Upgrade

1 Unmet	9	14.52%
2	4	6.45%
3	6	9.68%
4	8	12.90%
5 Met	8	12.90%
Don't know	27	43.55%
Total	62	

35. Services for emotional and psychiatric problems

1 Unmet	4	6.45%
2	7	11.29%
3	6	9.68%
4	5	8.06%
5 Met	19	30.65%
Don't know	21	33.87%
Total	62	

36. Spiritual

1 Unmet	7	11.29%
2	3	4.84%
3	5	8.06%
4	3	4.84%
5 Met	19	30.65%
Don't know	25	40.32%
Total	62	

37. Re-entry services for incarcerated Veterans

1 Unmet	6	9.68%
2	3	4.84%
3	12	19.35%
4	2	3.23%
5 Met	13	20.97%
Don't know	26	41.94%
Total	62	

38. Assisted living for elderly Veterans

1 Unmet	9	14.52%
2	3	4.84%
3	7	11.29%
4	2	3.23%
5 Met	18	29.03%
Don't know	23	37.10%
Total	62	

39. Legal assistance for child support

1 Unmet	9	14.52%
2	3	4.84%
3	9	14.52%
4	4	6.45%
5 Met	11	17.74%
Don't know	26	41.94%
Total	62	

40. Legal assistance for outstanding warrants/fines

1 Unmet	6	9.68%
2	3	4.84%
3	11	17.74%
4	4	6.45%
5 Met	11	17.74%
Don't know	27	43.55%
Total	62	

41. Legal assistance to prevent eviction/foreclosure

1 Unmet	11	17.74%
2	2	3.23%
3	10	16.13%
4	0	0.00%
5 Met	13	20.97%
Don't know	26	41.94%
Total	62	

42. Financial assistance to prevent eviction/foreclosure

1 Unmet	12	19.35%
2	0	0.00%
3	10	16.13%
4	1	1.61%
5 Met	14	22.58%
Don't know	25	40.32%
Total	62	

43. Rental move-in assistance		
1 Unmet	10	16.13%
2	2	3.23%
3	9	14.52%
4	1	1.61%
5 Met	14	22.58%
Don't know	26	41.94%
Total	62	

44. Home goods for new residence		
1 Unmet	10	16.13%
2	3	4.84%
3	8	12.90%
4	2	3.23%
5 Met	12	19.35%
Don't know	27	43.55%
Total	62	

Demographics

What was your Branch of Service?		
Army	24	40.00%
Navy	15	25.00%
Air Force	12	20.00%
Marine Corps	6	10.00%
Coast Guard	1	1.67%
National Guard	2	3.33%
Reserves	0	0.00%
Total	60	

What was your Period of Service?		
Sept. 2001 or later	6	10.17%
Aug. 1990 to Aug. 2001	6	10.17%
May 1975 to July 1990	18	30.51%
Vietnam War	13	22.03%
Feb. 1955 to July 1964	4	6.78%
Korean War	9	15.25%
Jan. 1947 to June 1950	0	0.00%
World War II	3	5.08%
Nov. 1941 or earlier	0	0.00%
Total	59	

During your service period, were you deployed to a combat zone?		
Yes	14	23.73%
No	45	76.27%
Total	59	

What is your marital status?

Never married	16	27.12%
Married	8	13.56%
Divorced	21	35.59%
Separated	6	10.17%
Widowed	7	11.86%
Civil Union or Commitment	1	1.69%
Total	59	

Do you have one or more dependent children?

Yes	9	15.25%
No	50	84.75%
Total	59	

What best describes your educational background?

No high school diploma	8	13.33%
High school diploma/GED	24	40.00%
Post-high school Technical/Vocational training	7	11.67%
Associate's Degree or some college	14	23.33%
Bachelor's Degree	6	10.00%
Master's Degree or higher	1	1.67%
Total	60	

What is your employment status?

Full-time	4	6.78%
Part-time	4	6.78%
Not working, but looking for work	14	23.73%
Not working, no longer looking for work	37	62.71%
Total	59	

What is your yearly income range?

below \$10,000	18	30.51%
\$10,000-14,999	13	22.03%
\$15,000-24,999	13	22.03%
\$25,000-34,999	8	13.56%
\$35,000-49,999	0	0.00%
\$50,000-74,999	0	0.00%
\$75,000 or more	2	3.39%
Not sure	5	8.47%
Total	59	

Do you feel your Veteran status prevents you from finding the employment you desire?

Yes	5	8.47%
No	54	91.53%
Total	59	

Do you have health insurance?		
Yes	48	80.00%
No	12	20.00%
Total	60	

What is your primary source of income?		
Wage/salary	4	6.67%
Interest/dividends	0	0.00%
Self employment	2	3.33%
Social Security	15	25.00%
SSI	8	13.33%
Government assistance/welfare	10	16.67%
Pension	0	0.00%
VA disability	8	13.33%
Other VA payments	7	11.67%
Retirement, survivor, or disability payments	6	10.00%
Total	60	

Since your service period has ended, have been...(check any that apply)		
Hospitalized for an extended period of time	20	37.04%
Incarcerated	11	20.37%
In a treatment program for substance abuse	23	42.59%
Total	54	

Has a doctor diagnosed you with any of the following conditions? (check all that apply)		
Anxiety	28	30.11%
Chronic Fatigue Syndrome	3	3.23%
Depression	29	31.18%
Fibromyalgia	1	1.08%
Functional gastrointestinal disorders	4	4.30%
Hepatitis C	10	10.75%
HIV/AIDS	1	1.08%
Ischemic Heart Disease	2	2.15%
Port-traumatic Stress Disorder (PTSD)	15	16.13%
Traumatic Brain Injury	0	0.00%
Total	93	

In the average week, how many alcoholic drinks do you have daily?		
0	44	74.58%
1	4	6.78%
2-3	3	5.08%
3-4	1	1.69%
5+	7	11.86%
Total	59	

How frequently do you use illegal drugs or prescription drugs in a way not intended?

Monthly	3	5.36%
Weekly	0	0.00%
2-4 times weekly	0	0.00%
Daily	2	3.57%
Never	51	91.07%
Total	56	

In the past year, how many times have you been in contact with the VA or your local VSO?

Once	2	3.39%
Every few months	11	18.64%
Monthly	23	38.98%
More than once a month	7	11.86%
Weekly	3	5.08%
More than once a week	3	5.08%
Never	10	16.95%
Total	59	

Have you been homeless at least 4 times in the past 3 years?

Yes	14	23.73%
No	45	76.27%
Total	59	

Have you been continuously homeless for the past year or longer?

Yes	15	25.00%
No	45	75.00%
Total	60	

Where do you live now?

Homeless (on streets or in car)	1	1.72%
Grant or Per Diem Program	0	0.00%
VA Domiciliary	1	1.72%
Subsidized/assisted housing	16	27.59%
Own home/apartment	22	37.93%
Transitional Housing	18	31.03%
Total	58	