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Needs of homeless veterans: 5 years of the CHALENG Survey 2012–16

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ABSTRACT

Background National surveys of homeless veterans have been conducted for over a decade, but there has been no examination of changes in the needs of homeless veterans.

Methods Annual surveys of convenience samples of homeless veterans conducted for Project Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) from 2012 (n = 6859), 2013 (n = 7741), 2014 (n = 7126), 2015 (n = 3765) and 2016 (n = 3191) were analyzed. CHALENG surveys collected background information about respondents and their ratings of unmet needs of homeless veterans.

Results Across years, the majority of respondents were males, white, 45–60 years old, Army veterans, lived in urban areas, had no dependent children, and were enrolled in VA healthcare. Over time, the proportion of respondents who were over 60, female, and white increased. There was little change in reported unmet needs with the highest rated unmet needs related to credit counseling, utility assistance, furniture and housewares, dental care and disability income. Among subsamples of veterans with specialized needs, the top three reported unmet needs were housing for registered sex offenders, legal assistance for evictions/foreclosures, and legal assistance for child support.

Conclusions Several intractable unmet needs of homeless veterans have persisted in contemporary time.

Keywords housing, social determinants, socioeconomics factors

Populations experiencing homelessness have a range of housing, healthcare, and social needs. Assessment and updated knowledge of these needs are important to providing the comprehensive interdisciplinary care that is often needed to serve these populations.[1,2] Homelessness among US veterans is of great public concern and homeless veterans represent an important group in need of assistance from the perspectives of public health, federal policy and society at large.

In general, US veterans have been overrepresented in the country's homeless adult population; in 2016, it was estimated that veterans constituted 9.2% of homeless adults[3] while only constituting 7.4% of all adults.[4] Perhaps more importantly, homeless veterans also symbolically represent a failure of the government to care for those who have served our military and country. The Department of Veterans Affairs (VA) has spent significant amounts of money on its homeless programs since the 1980s but more recently, beginning in 2009, VA embarked on a federal initiative to end veteran homelessness and spent over 1 billion dollars annually for programs and services for homeless veterans.[5,6] As a result, the most recent 2017 Annual Homeless Assessment Report reported that homelessness among veterans has declined by 45% since 2009, with a Point-In-Time (PIT) count of 75 609 veterans in 2009 to 40 056 veterans in 2016 who experienced homelessness on a single night in January 2017.[7]

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While considerable progress has been made, many veterans continue to struggle with homelessness, health problems and other social issues which may not be captured in PIT counts and other homeless metrics. For example, one national study found that ~11% of veterans who exit VA's supported housing program return to homelessness after 1 year; and among exiters, 10% are evicted.[8] Other studies have found that homeless veterans experience various other problems beyond housing, such as substance abuse, income insecurity, money mismanagement, criminal justice involvement, poor social integration and civil legal problems.[9–11]

Project Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) was launched by the VA in 1993 in response to Public Law 102-405 to enhance continuum of services for homeless veterans provided by VA healthcare facilities and community service agencies. Project CHALENG conducts a national survey to assess the needs of homeless veterans annually and has been conducting the survey for over two decades now.[12] The CHALENG survey was designed to be an ongoing assessment process that describes the needs of homeless veterans and identifies the barriers they face to successful recovery. Since 2011, when VA determined the CHALENG report was no longer due to Congress, brief reports detailing the results of the CHALENG survey have been issued annually. Since 2011, there has been no formal examination of survey results over time, which can provide information on contemporary changes and trends in the needs of homeless veterans.

Thus, in this study, we compiled 5 years of CHALENG survey data available since the 2011 report and examined changes in the characteristics of respondents and their ratings on unmet needs. There have been various demographic changes in the general veteran population which the VA has tracked and developed services for accordingly.[13] The VA remains dedicated to addressing veteran homelessness and understanding the consistent and changing needs of homeless veterans may be important in these efforts.

Methods

The CHALENG survey is the only ongoing comprehensive national effort to request input from homeless veterans, VA staff, community partnership agencies, and local, state and federal government representatives about the needs of homeless veterans. The results help VA identify interventions needed to effectively assist homeless veterans. For this study, 5 years of data from the CHALENG survey conducted 2012–16 were obtained and merged for analysis. The veteran component of the survey was the focus of this study. Survey data from 2012 to 2016 were selected because they are contemporary and to allow comparability of responses between years. While the CHALENG survey has been conducted since 1993, there have been various changes made to the survey over time. For example, the veteran component was introduced in 2007, data on the gender of respondents were collected beginning in 2011, and there have been various changes in items and scoring that have occurred prior to 2012.

The CHALENG survey is distributed annually by VA staff and the survey asks respondents to rank 63 pre-identified homelessness veterans' needs (five related specifically to female veterans). The survey is distributed at multiple times throughout the year to homeless and at-risk veterans at Stand Downs, VA homeless assessment centers, at homeless programs such as the Domiciliary Care for Homeless Veterans, Healthcare for Homeless Veterans, Grant and Per Diem, and Housing and Urban-Veterans Affairs Supportive Housing (HUD-VASH) program, CHALENG meetings, and other veteran-driven events throughout the nation. Hard copies of the survey are distributed to individuals at all VA homeless program sites nationwide and the survey is anonymous. In addition, there is a website where individuals can complete the survey online. Completed surveys are accumulated throughout the year from sites. The number of respondents to the CHALENG survey have decreased from 2012 to 2016 and this may be due to various reasons, including the transition to online data collection, because the CHALENG report is no longer congressionally required, and because the VA Homeless Program Office has developed additional data sources over the years. Analysis of the data from the CHALENG surveys has been approved by the VA Homeless Program Office and the institutional review board at VA Connecticut Healthcare System.

In 2012, 6859 veterans (11.3% relative to PIT count that year) completed the CHALENG survey. In 2013, 7741 veterans (13.9% relative to PIT count) completed the CHALENG survey. In 2014, 7216 (14.5% relative to PIT count) completed the survey. In 2015, 3765 (7.9% relative to PIT count) completed the survey and in 2016, 3191 (8.1% relative to PIT count) completed the CHALENG survey.

Measures

The veteran CHALENG survey was identical from the years 2012 to 2016. The CHALENG survey first asked respondents for background information about their sociodemographic characteristics and housing (i.e. current housing situation, history of homelessness). Then respondents were provided a list of 63 pre-identified needs in six categories:

housing, treatment, income/benefits, legal assistance, education/job services and community partnership. Respondents were asked to rate each of these needs on a scale from 1 (Unmet) to 4 (Met) or 5 (N/A) based on the extent to which they believed the needs of homeless veterans in their community area were met. A copy of the CHALENG survey is available upon request from the authors.

Data analysis

Annual CHALENG survey data from 2012 to 2016 were merged for analysis and each year was treated as a separate sample. Analyses proceeded in three phases. First, analysis of variance was conducted to compare the sociodemographic and housing characteristics of samples between years. Second, preliminary analysis revealed substantial variability in the number of respondents across items. Hence, we identified 28 items that had the most respondents (i.e. the majority of samples responded to these items) and examined change in ratings of these items. Other items were excluded because many respondents did not respond to them. We could identify no specific pattern with missing data beyond the fact that some items were too specific to be applicable to all respondents (e.g. parent education, tuberculosis testing and treatment, discharge upgrade). Analysis of covariance was conducted to compare ratings of the 28 main items between years; background differences between years were entered as covariates. Fisher's Least Significant Difference (LSD) test was used for post-hoc pairwise comparisons between years. These analyses of covariance were repeated with respondents by their housing status which was categorized as literally homeless, transiently homeless (e.g. in transitional housing) or in permanent housing (subsidized and unsubsidized). Finally, we wanted to examine the highest rated unmet needs of homeless veterans regardless of the number of respondents. Therefore, we conducted descriptive analyses on all 63 items and identified the top five rated unmet needs rated every year. Of the top five rated unmet needs, we also calculated the proportion of respondents who indicated the need was 'unmet' (i.e. rating of 1).

Results

Table 1 shows the sociodemographic, geographic, household, military and housing characteristics of respondents from years 2012 to 2016. Sample sizes for each year are shown in the Table and there is a footnote in the Table indicating the PIT counts of homeless veterans for every year of the survey. Across years, the majority of respondents were male, white, 45–60 years old, Army veterans, lived in urban areas, had no dependent children, and were enrolled in VA healthcare. Respondents were geographically diverse with most coming from the Midwest, Southeast, and Northeast regions of the USA. Across year, over 10% of respondents had a history of chronic homelessness and the majority were currently residing in transitional housing, Section 8 housing, or were literally homeless.

Between the years, there were various significant differences in age, gender, race/ethnicity, service branch, geographic region, number of dependents, enrollment in VA healthcare and homeless histories between respondents. There were few consistent patterns in these differences across years, except the proportion of respondents who were over 60, female, and white have steadily increased every year. The sample size of respondents also has decreased every year.

Table 2 presents the general rated needs of respondents (i.e. identified 28 items with most respondents) for each year from 2012 to 2016. Across years, the highest unmet needs (based on lowest scores) were related to credit counseling, utility assistance, furniture and housewares, dental care, and Supplementary Security Income/Social Security Disability Insurance (SSI/SSDI). Examination of change years revealed significant differences in reported needs between years, but most of these changes were small. Some of the relatively larger differences observed in reported needs (based on *F*-tests) were related to case management, food, emergency shelter and medical services. Overall, across years, there was a general pattern of greater reported unmet needs across categories over time (i.e. lower scores with increasing years).

Table 3 shows changes in these general reported needs of respondents by housing status. Similar to the total sample, changes in reported unmet needs across categories were quite small. There were notable increases in unmet needs observed for emergency shelters among respondents who were literally homeless, and unmet needs for case management and permanent housing among respondents in permanent housing. Accessibility and coordination of VA services also showed notably poorer scores among respondents who were literally homeless and respondents who were in permanent housing.

As shown in Table 4, we then examined the higher reported unmet needs across all 62 items including specialized categories in which much smaller numbers of respondents responded to. Across years 2012–16, need for legal assistance for evictions and foreclosures was reported as one of the top unmet needs in all 5 years; housing for registered sex offenders was one of the top reported unmet needs in four of the 5 years; legal assistance for child support was a commonly reported unmet need that was also reported in 4 of the 5 years; and child care was reported in three of the 5 years.

Table 1 Background characteristics of homeless respondents

	Year 2012[a] N = *6859*	*Year 2013* N = *7741*	*Year 2014* N = *7126*	*Year 2015* N = *3765*	*Year 2016* N = *3191*	*Test of difference*
Age						
<25 years	100 (1.5%)	77 (1.0%)	77 (1.1%)	33 (0.9%)	21 (0.7%)	235.31***
25–34 years	573 (8.4%)	623 (8.0%)	644 (9.2%)	347 (9.4%)	246 (7.8%)	
35–44 years	806 (11.8%)	867 (11.2%)	803 (11.5%)	445 (12.1%)	363 (11.5%)	
45–60 years	4369 (63.7%)	4848 (62.6%)	4209 (60.1%)	2118 (57.7%)	1708 (54.1%)	
61+ years	1011 (14.7%)	1326 (17.1%)	1272 (18.2%)	729 (19.9%)	822 (26.0%)	
Gender						
Male	6297 (91.8%)	7023 (90.7%)	6388 (89.6%)	3337 (88.6%)	2820 (88.4%)	47.34***
Female	562 (8.2%)	718 (9.3%)	738 (10.4%)	428 (11.4%)	371 (11.6%)	
Race/Ethnicity[b]						
White	3392 (49.6%)	3679 (47.6%)	3339 (49.5%)	1718 (48.5%)	1637 (53.3%)	161.30***
Black	2747 (40.2%)	3205 (41.5%)	2612 (38.7%)	1291 (36.4%)	1106 (36.0%)	
Hispanic	283 (4.1%)	353 (4.6%)	464 (6.9%)	272 (7.7%)	178 (5.8%)	
Other	414 (6.1%)	484 (6.3%)	337 (5.0%)	262 (7.4%)	149 (4.9%)	
Service branch						
Army	3644 (53.1%)	4080 (52.7%)	3668 (51.5%)	2012 (53.4%)	1690 (53.0%)	33.16*
Navy	1391 (20.3%)	1529 (19.8%)	1468 (20.6%)	744 (19.8%)	618 (19.4%)	
Marine Corps	842 (12.3%)	984 (12.7%)	865 (12.1%)	505 (13.4%)	418 (13.1%)	
Air Force	781 (11.4%)	897 (11.6%)	855 (12.0%)	393 (10.4%)	373 (11.7%)	
Coast Guard	60 (0.9%)	75 (1.0%)	58 (0.8%)	32 (0.8%)	27 (0.8%)	
National Guard/Reserve	141 (2.1%)	176 (2.3%)	212 (3.0%)	79 (2.1%)	65 (2.0%)	
Region						
West[c]	809 (14.6%)	898 (13.9%)	776 (13.3%)	273 (7.7%)	142 (4.9%)	1122.35***
Midwest	1094 (19.7%)	1555 (24.1%)	1270 (21.8%)	1437 (40.8%)	888 (30.5%)	
Southwest	528 (9.5%)	564 (8.8%)	479 (8.2%)	107 (3.0%)	246 (8.5%)	
Southeast	2529 (45.5%)	2805 (43.5%)	2578 (44.2%)	1415 (40.2%)	1046 (35.9%)	
Northeast	594 (10.7%)	622 (9.7%)	724 (12.4%)	292 (20.2%)	589 (20.2%)	
Live in rural or frontier community	1400 (20.4%)	1314 (17.0%)	1339 (20.3%)	815 (22.6%)	534 (17.4%)	68.94***
Number of dependents						
0	6110 (89.1%)	6800 (87.8%)	5919 (85.6%)	3106 (85.4%)	2729 (87.1%)	55.43***
1	358 (5.2%)	447 (5.8%)	463 (6.7%)	245 (6.7%)	189 (6.0%)	
2–3	298 (4.3%)	398 (5.1%)	416 (6.0%)	234 (6.4%)	166 (5.3%)	
>4	93 (1.4%)	96 (1.2%)	114 (1.6%)	52 (1.4%)	50 (1.6%)	
History of chronic homelessness[d]	793 (11.6%)	1152 (14.9%)	1120 (15.7%)	679 (18.0%)	426 (13.4%)	98.29***
Current housing						
Literally homeless	1300 (19.0%)	1826 (23.6%)	2044 (28.7%)	1072 (28.5%)	798 (25.0%)	845.02***
Emergency housing	486 (7.1%)	416 (5.4%)	385 (5.4%)	206 (5.5%)	199 (6.2%)	
Transitional housing	2836 (41.3%)	2692 (34.8%)	1944 (27.3%)	1065 (28.3%)	843 (26.4%)	
Section 8 housing	1665 (24.3%)	1740 (22.5%)	1415 (19.9%)	774 (20.6%)	868 (27.2%)	
Independent housing	572 (8.3%)	1067 (13.8%)	1338 (18.8%)	648 (17.2%)	483 (15.1%)	
Enrolled in VA healthcare benefits	6382 (93.0%)	7.042 (91.0%)	6257 (89.6%)	3319 (90.9%)	2898 (91.4%)	69.68***

*$P < 0.05$, **$P < 0.01$, ***$P < 0.001$.

[a]Point-in-time counts of the number of homeless veterans on a given night annually are as follows: 60 579 homeless veterans in 2012; 55 619 homeless veterans in 2013; 49 689 in 2014; 47 725 in 2015; and 39 471 in 2016.

[b]Race and ethnicity were assessed differently between years so respondents were categorized based on a combination of mutually exclusive race/ethnicity categories. Respondents in the Hispanic category included those who were White Hispanic or Black Hispanic.

[c]Oklahoma was categorized as in the West region because of the way VA network areas are organized.

[d]Chronic homelessness was defined as being homeless for longer than 1 year and/or having more than four or more episodes of homelessness in the past 3 years.

Table 2 Change in rated general needs of homeless respondent between years 2012 and 2016

	2012 N = *6312*[a]	*2013* N = *6721*	*2014* N = *6117*	*2015* N = *3539*	*2016* N = *2978*	*Multivariable test of difference*[b,c] F=	*Pairwise comparisons*
Housing							
Emergency shelter	3.3 (1.0)[d]	3.1 (1.1)	2.9 (1.2)	2.9 (1.2)	3.0 (1.1)	38.11	1 > 2 > 5 > 3,4
Transitional housing	3.2 (1.1)	3.1 (1.1)	2.8 (1.3)	2.8 (1.2)	3.0 (1.2)	20.91	1 > 2 > 4 > 3; 1 > 5 > 3
Permanent housing	2.7 (1.3)	2.6 (1.3)	2.4 (1.3)	2.5 (1.3)	2.7 (1.3)	14.10	1,5 > 2,4 > 3
Furniture and housewares	2.5 (1.3)	2.4 (1.3)	2.3 (1.3)	2.4 (1.3)	2.6 (1.3)	11.86	5 > 1,2 > 3; 4 > 2 > 3
Healthcare services							
Medical services	3.7 (0.7)	3.6 (0.8)	3.5 (0.9)	3.4 (0.9)	3.5 (0.8)	35.46	1 > 2 > 3,4,5
Mental health services	3.5 (0.9)	3.4 (1.0)	3.2 (1.1)	3.2 (1.1)	3.3 (1.0)	25.02	1 > 2 > 3,4,5
Substance abuse treatment	3.6 (0.9)	3.4 (1.0)	3.3 (1.1)	3.3 (1.1)	3.3 (1.1)	26.77	1 > 2 > 3,4,5
Dental care	2.6 (1.3)	2.5 (1.3)	2.4 (1.3)	2.4 (1.3)	2.4 (1.3)	8.92	1,2,4 > 3; 1 > 5
Eye care	3.2 (1.2)	3.2 (1.2)	3.0 (1.2)	3.0 (1.2)	3.2 (1.1)	6.60	1,2 > 5 > 4 > 3
Personal hygiene	3.6 (0.9)	3.5 (0.9)	3.3 (1.1)	3.3 (1.1)	3.4 (1.0)	22.73	1 > 2 > 3,4,5
Medication management	3.6 (0.8)	3.5 (0.9)	3.4 (1.0)	3.3 (1.1)	3.4 (1.0)	29.69	1 > 2 > 3,4,5
Health and wellness	3.5 (0.9)	3.4 (1.0)	3.2 (1.1)	3.2 (1.1)	3.3 (1.0)	27.90	1 > 2 > 3,4,5
Case management	3.5 (0.9)	3.4 (1.0)	3.2 (1.1)	3.2 (1.1)	3.3 (1.0)	40.02	1 > 2 > 5 > 3,4
Basic needs							
VA disability/pension	2.8 (1.3)	2.8 (1.3)	2.6 (1.3)	2.7 (1.3)	2.8 (1.3)	8.16	1 > 4 > 3; 2,5 > 3
SSI/SSDI[e]	2.7 (1.4)	2.6 (1.4)	2.5 (1.4)	2.5 (1.4)	2.7 (1.3)	7.51	1,5 > 2 > 3; 1,5 > 4
Money management	2.9 (1.2)	2.8 (1.2)	2.6 (1.3)	2.6 (1.3)	2.7 (1.2)	19.24	1 > 2 > 3; 1 > 4,5
Food	3.5 (0.9)	3.3 (1.0)	3.1 (1.1)	3.1 (1.1)	3.2 (1.1)	39.98	1 > 2 > 3,4,5
Clothing	3.3 (1.0)	3.1 (1.1)	2.9 (1.2)	2.9 (1.2)	3.0 (1.2)	29.48	1 > 2 > 3,5; 1 > 4
Credit counseling	2.6 (1.3)	2.4 (1.3)	2.3 (1.3)	2.2 (1.3)	2.2 (1.2)	8.00	1 > 2 > 3; 1 > 4,5
Social networking	2.9 (1.2)	2.8 (1.2)	2.6 (1.3)	2.6 (1.3)	2.6 (1.3)	15.06	1 > 2 > 3 > 4,5
Utility assistance	2.5 (1.3)	2.4 (1.3)	1.2 (1.3)	2.4 (1.3)	2.5 (1.3)	8.74	5 > 2,1 > 3; 4 > 2 > 3
Transportation	3.0 (1.2)	2.9 (1.2)	2.7 (1.3)	2.7 (1.3)	2.9 (1.2)	15.11	1 > 2 > 3; 1 > 4,5
Education	3.0 (1.2)	3.0 (1.2)	2.8 (1.2)	2.8 (1.2)	2.8 (1.2)	11.08	1,2 > 3,4,5
Employment	2.8 (1.2)	2.6 (1.2)	2.5 (1.2)	2.5 (1.2)	2.7 (1.2)	17.74	1 > 2,4 > 3; 5 > 4 > 3
Spiritual	3.2 (1.1)	3.1 (1.2)	2.9 (1.3)	2.9 (1.2)	2.9 (1.2)	29.78	1 > 2 > 3,4,5
Positive perception of services							
Accessibility of VA services	3.4 (0.9)	3.3 (1.0)	3.1 (1.1)	3.1 (1.1)	3.2 (1.0)	45.21	1 > 2 > 5 > 3; 1 > 2 > 4
VA coordination of services	3.5 (0.9)	3.4 (0.9)	3.1 (1.1)	3.1 (1.1)	3.3 (1.0)	49.06	1 > 2 > 5 > 3; 1 > 2 > 4
Community agencies' awareness of veterans' needs	3.2 (1.0)	3.1 (1.1)	3.0 (1.1)	3.0 (1.1)	3.1 (1.1)	20.49	1 > 2 > 4 > 3; 1 > 5 > 3

*$P < 0.05$, **$P < 0.01$, ***$P < 0.001$.

[a]Sample sizes ranged in 2012 from 3285 to 6312; in 2013 from 3477 to 6721; in 2014 from 3351 to 6117; in 2015 from 2014 to 3539; in 2016 from 1719 to 2978.

[b]Tests of differences controlled for background differences between respondents.

[c]All test statistics presented were statistically significant at $P < 0.01$ level.

[d]Higher scores reflect greater reported needs being met. For items in the Positive Perceptions of Services category, higher scores reflect more positive perceptions.

[e]SSI = supplemental security income; SSDI = social security disability income.

Discussion

Main finding of this study

Using national annual surveys of homeless veterans over a recent 5-year period, we found little change in reported unmet needs of homeless veterans. There were slight increases in unmet needs related to case management, food, emergency shelter and medical services. But overall, the consistent ratings of needs over a multi-year period provide us

Table 3 Change in needs of respondents by current housing status between years 2012 and 2016[a]

	Literally homeless F=[b]	*Transiently homeless* F=	*In permanent housing* F=
Housing			
Emergency shelter	29.91$^{\downarrow}$	4.56$^{\downarrow}$	20.42$^{\downarrow}$
Transitional housing	15.52$^{\downarrow}$	2.70^{ns}	16.59$^{\downarrow}$
Permanent housing	7.18$^{\downarrow}$	1.87^{ns}	41.73$^{\downarrow}$
Furniture and housewares	6.24$^{\downarrow}$	4.25$^{\uparrow}$	18.38$^{\downarrow}$
Healthcare services			
Medical services	13.08$^{\downarrow}$	7.48$^{\downarrow}$	20.92$^{\downarrow}$
Mental health services	11.34$^{\downarrow}$	5.08$^{\downarrow}$	17.26$^{\downarrow}$
Substance abuse treatment	8.53$^{\downarrow}$	10.72$^{\downarrow}$	14.75$^{\downarrow}$
Dental care	4.95$^{\downarrow}$	9.12$^{\downarrow}$	1.70^{ns}
Eye care	4.69$^{\downarrow}$	0.87^{ns}	8.37$^{\uparrow}$
Personal hygiene	14.25$^{\downarrow}$	10.81$^{\downarrow}$	5.13$^{\downarrow}$
Medication management	12.19$^{\downarrow}$	6.17$^{\downarrow}$	16.79$^{\downarrow}$
Health and wellness	12.34$^{\downarrow}$	6.64$^{\downarrow}$	16.26$^{\downarrow}$
Case management	16.43$^{\downarrow}$	6.41$^{\downarrow}$	35.72$^{\downarrow}$
Basic needs			
VA disability/pension	3.94$^{\downarrow}$	2.28^{ns}	6.57$^{\downarrow}$
SSI/SSDI[c]	5.25$^{\downarrow}$	2.12^{ns}	8.71$^{\downarrow}$
Money management	8.17$^{\downarrow}$	4.39$^{\downarrow}$	19.79$^{\downarrow}$
Food	17.13$^{\downarrow}$	14.36$^{\downarrow}$	20.26$^{\downarrow}$
Clothing	16.50$^{\downarrow}$	6.21$^{\downarrow}$	19.26$^{\downarrow}$
Credit counseling	10.88$^{\downarrow}$	0.96^{ns}	5.42$^{\downarrow}$
Social networking	9.48$^{\downarrow}$	4.92$^{\downarrow}$	8.41$^{\downarrow}$
Utility assistance	6.20$^{\uparrow}$	3.66$^{\uparrow}$	12.94$^{\downarrow}$
Transportation	9.96$^{\downarrow}$	3.38$^{\downarrow}$	9.05$^{\downarrow}$
Education	6.68$^{\downarrow}$	2.50^{ns}	7.59$^{\downarrow}$
Employment	11.01$^{\downarrow}$	2.28^{ns}	15.38$^{\downarrow}$
Spiritual	17.86$^{\downarrow}$	6.90$^{\downarrow}$	15.47$^{\downarrow}$
Positive perception of services			
Accessibility of VA services	30.37$^{\downarrow}$	5.39$^{\downarrow}$	31.42$^{\downarrow}$
VA coordination of services	32.44$^{\downarrow}$	5.67$^{\downarrow}$	37.04$^{\downarrow}$
Community agencies' awareness of veterans' needs	16.63$^{\downarrow}$	1.58^{ns}	20.84$^{\downarrow}$

[a]All test statistics presented controlled for background differences between respondents. All test statistics were statistically significant at the $P < 0.01$ level unless denoted with footnote of ns.

[b]Tests of differences controlled for background differences between respondents.

[c]SSI = Supplemental Security Income; SSDI = Social Security Disability Income; $^{\downarrow}$ = Decreasing scores; $^{\uparrow}$ = Increasing scores.

with confidence that the items that were rated reflect true unmet needs. Across the 5 years, the highest rated unmet needs that affected the most respondents were related to credit, utilities, furniture, dental care and disability income. These findings are interesting since housing was not on this list and these ratings are entirely based on the perspective of homeless veterans themselves, which may be different than that of providers as studies of housing preferences have found.[14] The federal government has dedicated tremendous resources and funds to provide transitional and permanent supported housing in the past decade through the federal initiative to end veteran homelessness. These findings suggest housing is less of an issue now given these efforts, and so homeless veterans have begun to identify other needs beyond obtaining housing and some of these needs may pertain to sustaining housing and improving social functioning.

What is already known on this topic

Homeless veterans have comprehensive healthcare and social needs, and their well-being is a major public health

Table 4 Top five reported unmet needs among homeless respondents by year

Year 2012 N = *6859*			*Year 2013* N = *7741*			*Year 2014* N = *7126*			*Year 2015* N = *3765*			*Year 2016* N = *3191*		
	μ *(sd)*	%		μ *(sd)*	%		μ *(sd)*	%		μ *(sd)*	%		μ *(sd)*	%
Registered sex offender housing (*n* = 1024)	1.9 (1.2)	60.6	Legal assistance for eviction and foreclosure (*n* = 2072)	1.8 (1.2)	62.6	Legal assistance for eviction and foreclosure (*n* = 2287)	1.7 (1.1)	66.9	Legal assistance for eviction and foreclosure (*n* = 1427)	1.9 (1.2)	61.9	Registered sex offender housing (*n* = 644)	1.8 (1.2)	65.8
Legal assistance for eviction and foreclosure (*n* = 1782)	2.0 (1.2)	56.3	Registered sex offender housing (*n* = 1324)	1.8 (1.2)	65.0	Registered sex offender housing (*n* = 1317)	1.8 (1.2)	65.6	Welfare payments (*n* = 1384)	2.0 (1.3)	56.6	Legal assistance for eviction and foreclosure (*n* = 1094)	1.8 (1.2)	63.0
Legal assistance for child support (*n* = 1683)	2.1 (1.3)	52.7	Legal assistance for child support (*n* = 1769)	1.9 (1.2)	59.1	Legal assistance for child support (*n* = 1822)	1.8 (1.2)	62.7	Registered sex offender housing (*n* = 799)	2.0 (1.2)	56.1	Legal assistance for child support (*n* = 846)	1.9 (1.2)	69.8
Child care (*n* = 1350)	2.2 (1.3)	51.0	Financial guardship (*n* = 1878)	2.0 (1.2)	55.1	Child care (*n* = 1580)	1.9 (1.2)	60.6	Legal assistance for outstanding warrants and fines (*n* = 1271)	2.1 (1.3)	54.4	Child care (*n* = 745)	2.0 (1.2)	56.4
Assisted living for elderly (*n* = 1389)	2.2 (1.3)	49.4	Child care	2.0 (1.3)	54.3	Financial guardship (*n* = 1854)	1.9 (1.2)	59.3	Legal assistance for child support (*n* = 1146)	2.1 (1.3)	53.4	Financial guardianship (*n* = 860)	2.0 (1.2)	55.9

concern. The federal government along with communities across the country have dedicated various programs and services to address their needs. Previous studies have found that a substantial proportion of veterans who receive supported housing continue to struggle with staying housed and experience other problems that interfere with their ability to sustain housing.[8–11]

What this study adds

Our analyses indicate that there several areas that homeless veterans consistently report difficulties in, which were related to housing such as income security, healthcare, and utilities and furniture. While VA continues to offer many comprehensive services for homeless veterans, scores on accessibility and coordination of VA services seemed to have been rated poorer over time, especially among veterans who are literally homeless and veterans in permanent housing. Overall though, the sociodemographic characteristics of samples have changed over time (i.e. increasing number of aging, female and white veterans), but their needs have largely remain unchanged suggesting most homeless veterans regardless of their background have these unmet needs which deserve attention. In addition to these general needs, there were several unmet specialized needs that were rated even higher but they were rated by only a minority of respondents presumably because the items were only relevant to them. Among these specialized needs, we found that legal assistance for civil legal problems, especially evictions/foreclosures and child support were two of the highest rated

unmet needs of homeless veterans. This need for civil legal assistance has also been found among other homeless populations.[15] The VA has no statutory authority to provide direct legal assistance to veterans, however, there is an increasing movement within VA medical centers to develop medical–legal partnerships with outside legal providers to assist veterans.[16] Many of these VA medical–legal partnerships focus on serving veterans who are homeless and/or have severe mental illness with civil legal problems.[17] One recent study of VA medical–legal partnerships in two states has found that these partnerships can improve housing and mental health outcomes.[18] While the full medical–legal partnership model is not widespread across the country, pro-bono legal clinics that are housed on VA campuses have experienced growth, with 158 pro-bono clinics operating across the country.[19] Our survey findings suggest many veterans would benefit from services provided through medical–legal partnerships and expanding these partnerships may help address veteran homelessness.

In addition to the need for legal assistance, housing for registered sex offenders was also a highly rated unmet need. While there are varying state law and local ordinances concerning housing restrictions for registered sex offenders, many respondents reported it as a major problem across states. Housing for sex offenders has been a difficult problem for many decades and various studies have highlighted this problem and there are few effective solutions that have been developed.[20–22] There is nearly no research on veterans who are registered sex offenders and it is unknown whether they face unique challenges compared to other registered sex offenders. New solutions and approaches are needed to help homeless veterans with past offenses obtain safe, stable housing and successfully integrate in their communities.

Limitations of this study

While attempts are made every year to distribute the CHALENG survey as widely as possible, the survey used convenience samples and the sample sizes declined over time. Samples could not be determined to be representative of the homeless veteran population and sampling was geographically uneven since some regions recruited more respondents than others. There was also no way for us to determine if respondents in 1 year were respondents in any other year of the survey. This study intended to provide a broad contemporary picture of the needs of homeless veterans, and further analyses are needed to examine these needs by various sociodemographic groups (i.e. age, gender). Survey items were based on self-report and respondents may have varying subjective opinions about the extent to which a need is 'met'. Moreover, the CHALENG survey asked respondents to rate a list of preconceived items, but some respondents may have other unmet needs that were not on the list and thus would not have been captured in this study. Future designers of the CHALENG survey should consider including a few open-ended questions, which may be more easily facilitated through an online survey platform. These limitations notwithstanding, the results provide a broad, contemporary national overview of the self-reported needs of homeless veterans over an extended period of time. The findings also highlight numerous areas that may need further attention and intervention as the country continues striving to address veteran homelessness.

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