

The U.S. Department of Housing and Urban Development's 2018 Point-in-Time count estimated that on any given night, 37,878 veterans are homeless.¹ The National Coalition for Homeless Veterans says an additional 1.4 million veterans are considered to be at risk of homelessness due to poverty, overcrowding, and poor social networks.² The most recent U.S. Department of Veterans Affairs (VA) CHALENG survey found that for male and female homeless veterans, four of their top twelve unmet needs involve legal assistance:³ child support, eviction and foreclosure, restoring a driver's license, and outstanding warrants and fines. Other top unmet needs typically involve civil legal help, such as discharge upgrades, family reconciliation issues, financial guardianship, and credit counseling. Studies on medical-legal partnerships (MLPs) have shown that embedding lawyers in medical settings can help veterans receive benefits. Veterans who receive legal services at MLPs consistently report issues related to housing, income support, family, and consumer finance (Tsai, Middleton, Villegas, Johnson, Retkin, Seidman, Sherman, & Rosenheck, 2017^a).

Page 1 of this research brief provides some research highlights; pages 2-3 a narrative overview; pages 4-5 featured federal resources; page 6 other helpful resources; and page 7 endnotes; and pages 8-14 summaries of the curated studies. All endnotes are to sources not included in our summaries section.

RESEARCH HIGHLIGHTS:

- In a systemwide survey of Veterans Affairs-housed legal clinics, "When asked whether clinics have the capacity to serve all or most veterans seeking legal services, 39.1% said yes. Reasons for lacking the needed capacity were most commonly lack of funding (83.9%) and lack of staffing time (57.1%), as well as lack of staff knowledge (26.8%)" (Timko et al., 2020).
- In a study of adverse social determinants of health (SDH) among 293,872 veterans, researchers found that those who had legal problems were 1.86 times more likely to experience suicidal ideation and 1.57 times more likely to attempt suicide than those without legal problems (Table 5, p. 7). Veterans with legal problems also experienced other co-occurring adverse SDH, including violence (19.8 percent), housing instability (66.1 percent), employment/financial problems (43.6 percent), social/familial problems (16.1 percent), lacking access to care/transportation (19.1 percent), and nonspecific psychosocial needs (30.2 percent) (Blosnich et al., 2019).
- "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" (Tsai, Blue-Howells, & Nakashima, 2018).
- "... veterans who received medical-legal partnership services showed significant improvements in mental health within the first three months and continued to show these improvements at twelve months, at which time they also showed increases in income and days housed as their legal issues were resolved" (Tsai et al., 2017^a).
- "Civil legal problems — from threatened evictions to other-than-honorable discharges from the military — are often the greatest obstacles to a veteran's health, housing, stability, and productivity. Yet while civil legal needs among veterans are prevalent, they often remain invisible" (Tsai, Middleton, Retkin, Johnson, Kenneally, Sherman, & Rosenheck, 2017^b).
- "In Connecticut and New York, MLPs [medical-legal partnerships] provided services to 791 veterans for 1,187 issues from June 2014 to May 2016. Almost all issues (98%) required MLP legal providers to consult, meet, and interview clients and other stakeholders, which represented most of the workload." Less than 10 percent of their issues required a court appearance or hearing, and were instead resolved through "informal and legal processes" (Tsai et al., 2017^b).

NARRATIVE OVERVIEW RE: HELPS VETERANS

The U.S. Department of Housing and Urban Development's 2018 Point-in-Time count estimated that on any given night, 37,878 veterans are homeless.⁴ The National Coalition for Homeless Veterans says an additional 1.4 million veterans considered to be at risk of homelessness due to poverty, overcrowding, and poor social networks.⁵ While 91 percent of veterans experiencing homelessness are male, female veterans are the fastest growing segment of the homeless veteran population. Almost 80 percent of homeless veterans have a mental illness or substance use disorder.⁶ In 2010, the White House and VA resolved to end veteran chronic homelessness by 2015.⁷ Connecticut and Virginia announced in 2016 they met the challenge and ended veteran chronic homelessness in their states.⁸

The Department of Veterans Affairs (VA) launched CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) in 1994 to deliver a continuum of services for homeless veterans provided by VA healthcare facilities and community service agencies. CHALENG also conducts a survey of homeless veterans, social service providers, and other stakeholders about homeless veterans' greatest unmet and met needs. Legal needs have continued to top the unmet needs list throughout the years (Tsai et al., 2018). The most recent survey found that for male and female homeless veterans, four of their top twelve unmet needs involve legal assistance:⁹ child support, restoring a driver's license, prevent eviction/foreclosure, and outstanding warrants and fines. Other top unmet needs typically involve civil legal help, such as discharge upgrades, family reconciliation issues, financial guardianship, and credit counseling.

A 2019 study by funded by the VA National Center on Homelessness Among Veterans analyzed the relationship between adverse social determinants of health (SDH) and suicidal ideation and attempt among veterans. Blosnich et al. found that veterans who had legal problems were 1.86 times more likely to experience suicidal ideation and 1.57 times more likely to attempt suicide than veterans without legal problems. Veterans with legal problems also experienced other co-occurring adverse SDH, including violence (19.8 percent), housing instability (66.1 percent), employment/financial problems (43.6 percent), social/familial problems (16.1 percent), lacking access to care/transportation (19.1 percent), and nonspecific psychosocial needs (30.2 percent).

The CHALENG survey findings and the relationship between unmet legal needs, homelessness, and other issues led the U.S. Department of Veterans Affairs (VA), American Bar Association, the Veterans Consortium Pro Bono Program and the National Law School Veterans Clinic Consortium to sign a Memorandum of Agreement (MoA) in 2017.¹⁰ The MoA explains that "there is a critical need to provide pro bono legal assistance to veterans"¹¹ and that "the lack of access to legal representation contributes significantly to a veteran's risk of becoming and remaining homeless."¹²

Legal aid can help more than just homeless veterans. Veterans, regardless of their housing status, may need other kinds of legal assistance such as discharge upgrades. Having a discharge upgrade can help veterans access VA benefits and services. In 2017, a Department of Defense memo (often called the "Kurta Memo") provided information on how to treat discharge upgrade applications from veterans with PTSD and other mental health conditions, traumatic brain injury, and those who had experienced sexual assault or harassment.¹³ With this memo, veterans who previously applied for an upgrade but were denied can reapply for consideration if their discharge was related to one of these issues. Legal aid providers can assist with these upgrades and help veterans receive benefits they have earned.

DATA AND STUDIES SHOW LEGAL AID HELPS:

Without intervention, veterans' legal problems are persistent and destabilizing. In 2019, Blosnich et al. found that veterans who had legal problems were 1.86 times more likely to experience suicidal ideation and 1.57 times more likely to attempt suicide than those without legal problems. They also found that veterans with legal problems also experienced other co-occurring social determinants of health, including violence (19.8 percent), housing instability (66.1 percent), financial or employment problems (43.6 percent), familial or social problems (16.1 percent), lack of access to care or transportation (19.1 percent), and other nonspecific psychosocial needs (30.2 percent), even after adjusting for mental health diagnoses.

Several studies have demonstrated the promise of legal aid in stabilizing veterans' lives and preventing homelessness. One study found that when veterans received assistance with obtaining a Section 8 voucher and locating an apartment, they reported creating and maintaining stronger social relationships (O'Connell, Kaspro, & Rosenheck, 2017). Tsai et al. (2017^a) found that when attorneys provided free legal assistance to veterans, they showed significant improvements in mental health within three months and continued to show these improvements after twelve months, at which time they also showed increases in income and housing. Tsai et al. (2017^a) also identified reduced burdens on the court system: when veterans were provided legal assistance, court appearances or hearings were only necessary 8.7 percent of the time and took an average of three hours per issue.

Despite these outcomes, in the first systemwide survey of Veterans Affairs-housed legal clinics, over 60 percent of lead attorneys reported that their clinic did not have the capacity to serve all or most veterans seeking legal services, citing lack of funding, lack of staffing time, and lack of staff knowledge as the most common barriers. One study found that medical-legal partnerships (MLPs) can integrate civil legal aid services into the health care services they already provide. While these MLPs have small budgets, they can recover millions of dollars in lost benefits and stabilize housing for veterans (Tsai et al., 2017^b). By enacting policies that expand and fund veterans' legal services, VA and community agencies may be able to address destabilizing economic, social, and health inequities.

FEATURED FEDERAL RESOURCES:

U.S. Department of Veterans Affairs, *Project CHALENG*

The U.S. Department of Veterans Affairs Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) brings together homeless service providers, advocates, Veterans and concerned citizens to identify and meet the needs of homeless veterans. Project CHALENG was launched by the VA in 1994. The Project has two components: a CHALENG survey, in which participants rate the needs of homeless veterans in their local communities, and CHALENG meetings, which encourage partnership development between VA and community service providers.

The CHALENG survey helps identify unmet and met needs of homeless veterans. In 2018, 3,950 individuals completed a CHALENG Participant survey. This included 2,229 homeless Veterans and 1,721 providers and other stakeholders (VA staff, state and public officials, community leaders, and volunteers).

Highlights:

- “Eight of the top ten unmet needs were the same for male and female Veterans: child care, credit counseling, discharge upgrade, family reconciliation assistance, financial guardianship, housing for registered sex offenders, and legal assistance in two categories: child support and to prevent eviction/foreclosure. Two needs that were in the top ten unmet for male Veterans (but not female Veterans) were legal assistance to help restore a driver’s license and legal assistance for outstanding warrants and fines” (p. 2).
- The most recent survey found that for male and female homeless veterans, four of their top twelve unmet needs involve legal assistance. These needs include: legal assistance for child support issues, legal assistance to help restore a driver’s license, legal assistance for outstanding warrants and fines, and legal assistance to prevent eviction and foreclosure. An additional four of the highest unmet needs often have a legal component: assistance with a discharge upgrade, family reconciliation assistance, financial guardianship, and credit counselling.

Access this resource at: U.S. Department of Veterans Affairs, *Project CHALENG*, available at <https://www.va.gov/homeless/chaleng.asp>

U.S. Interagency Council on Homelessness, *Engaging Legal Services in Community Efforts to Prevent and End Homelessness*

This brief describes how working with legal services providers can contribute to communities’ efforts to prevent and end homelessness. The brief explains that people at risk of or experiencing homelessness often face legal issues that can create roadblocks to accessing or maintaining safe and stable housing, employment and income supports, health care services, and other opportunities that can help them stabilize and achieve their goals. Often, they do not recognize that they have legal needs, and when they do, they do not seek out legal help.

This brief has three sections – how legal services can remove individual barriers to permanent housing and supportive services, how legal service providers can assist in removing systemic barriers to housing and supportive services, and how community providers can integrate legal services into their efforts to prevent and end homelessness.

Highlights:

- “Legal barriers may also include systemic issues affecting people experiencing homelessness in a community or state more broadly, such as laws that criminalize behaviors associated with homelessness and contribute to people cycling between homelessness and incarceration” (p. 1).

- “Homelessness assistance programs and other housing and services providers should work with legal services providers to ensure that individuals and families experiencing or at risk of homelessness are assessed for a range of potential legal needs and referred to appropriate legal services providers” (p. 1).
- “Civil legal services can play a role helping people experiencing homelessness reduce barriers to employment, housing, benefits, and other obstacles for individuals with a criminal history. Coordination between case management providers and civil legal attorneys is critical in order to facilitate the identification of legal issues when they arise and help vulnerable populations secure basic necessities such as healthcare, housing, government benefits, employment, and educational services. Homelessness service providers might consider retaining legal counsel to serve on staff and provide legal services” (p. 9).
- “In order for people experiencing homelessness to quickly get back on a path to stability and self-sufficiency that will advance their economic opportunity, they need access to the tools that will reduce the legal barriers they face. Legal services providers can play an essential role in removing such barriers to permanent housing and supportive services, helping to further accelerate progress toward preventing and ending homelessness in this country” (p. 10).

Access this resource at: U.S. Interagency Council on Homelessness, *Engaging Legal Services in Community Efforts to Prevent and End Homelessness*, available at <https://www.usich.gov/tools-for-action/engaging-legal-services-in-community-efforts-to-prevent-and-end-homelessness/>

U.S. Interagency Council on Homelessness, *Ten Strategies to End Veteran Homelessness*

This brief explains how coordinating with legal service organizations to solve legal needs is one of ten recommended strategies to end veteran homelessness. It reads:

“Veterans experiencing homelessness often have unmet legal needs. Civil legal services attorneys are essential partners in removing barriers to housing and employment by preventing avoidable evictions, navigating outstanding warrants, expunging criminal records, and securing targeted and mainstream benefits. Legal services attorneys can also engage in systemic advocacy (to the degree allowable by law) to promote Housing First practices among public housing authorities and housing assistance programs. Your community should ensure that homelessness assistance programs coordinate with legal services organization to address individual and systemic legal needs” (p. 5).

Access this resource at: U.S. Interagency Council on Homelessness, *Ten Strategies to End Veteran Homelessness*, available at <https://www.usich.gov/tools-for-action/10-strategies-to-end-veteran-homelessness/>

HELPFUL RESOURCES:

- The National Center for Medical Legal Partnership at George Washington University published a [report](#) on the civil legal needs of veterans. The report highlights three veteran MLPs, all of which are low-cost and have high impact.¹⁴
- The VA's Office of General Counsel maintains a [list of VA facilities](#)¹⁵ that host medical-legal partnerships and legal clinics in partnership with local legal services providers.
- Several hundred mayors have signed onto a challenge to end veteran homelessness in their cities. Only several have succeeded. Find what your mayor thinks [here](#).¹⁶
- [StatesideLegal.org](#) is a “one stop shop” for individuals looking to understand the complex systems of law and benefits unique to those with military service. It provides the public with tools and resources such as the [Veterans Legal Help Navigator](#) and an online [classroom](#) about veterans and benefits.¹⁷
- The [National Center for Medical-Legal Partnership](#) at George Washington University's website is a central source for research and information on the need for and impact of MLPs, as well as resources on how to establish them.¹⁸
- Legal Services Corporation has collected client success stories [here](#).¹⁹
- For more information about civil legal aid messaging, communications, and story-telling, go to the [Voices for Civil Justice](#) and [All Rise for Civil Justice](#) websites.²⁰
- For a more comprehensive repository of legal aid related research, go to the National Legal Aid & Defender Association's [LegalAidResearch](#) website.²¹
- The American Bar Association maintains a [list](#) of legal needs and impact studies for most states.²² Their 2011 [Access Across America report](#) compiled a state-by-state portrait of services available to assist the U.S. public in accessing civil justice.²³

Endnotes

¹ U.S. Department of Housing and Urban Development, *HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations* (November 13, 2018), available at https://files.hudexchange.info/reports/published/CoC_PopSub_NatTerrDC_2018.pdf

² National Coalition for Homeless Veterans, *Background & Statistics* (n.d.), available at http://nchv.org/index.php/news/media/background_and_statistics/

³ U.S. Department of Veterans Affairs, *Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Fact Sheet* (2019), available at <https://www.va.gov/HOMELESS/docs/CHALENG-2018-factsheet-508.pdf>

⁴ *Supra* note 1.

⁵ *Supra* note 2.

⁶ U.S. Department of Veterans Affairs, *Homeless Veterans* (Last accessed September 4, 2018), available at <https://www.va.gov/homeless/nchav/research/population-based-research/mental-illness.asp>

⁷ U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (2015), available at https://www.usich.gov/resources/uploads/asset_library/USICH_Opening-Doors_Amendment2015_FINAL.pdf

⁸ Sara Ruiz-Grossman, *Connecticut Becomes Second State to Officially End Homelessness*, Huffpost Impact (February 22, 2016), available at www.huffingtonpost.com/entry/connecticut-becomes-second-state-to-officially-end-homelessness_US_56cb4bebe4b0928f5a6c9693

⁹ *Supra* note 3.

¹⁰ U.S. Department of Veterans Affairs, *Memorandum of Agreement between U.S. Department of Veterans Affairs, American Bar Association, the Veterans Consortium Pro Bono Program and the National Law School Veterans Clinic Consortium* (2017), available at https://www.americanbar.org/content/dam/aba/images/abanews/MOA_Veterans.pdf

¹¹ *Id* at 1.

¹² *Id* at 2.

¹³ A. M. Kurta, *Memorandum for Secretaries of the Military Departments* [Memorandum]. Washington, DCL Department of Defense (August 25, 2017), available at <https://dod.defense.gov/Portals/1/Documents/pubs/Clarifying-Guidance-to-Military-Discharge-Review-Boards.pdf>

¹⁴ <https://medical-legalpartnership.org/wp-content/uploads/2016/06/The-Invisible-Battlefield.pdf>

¹⁵ <https://www.va.gov/OGC/LegalServices.asp>

¹⁶ <https://www.nlc.org/resource/mayors-challenge-to-end-veteran-homelessness-participant-directory>

¹⁷ <https://statesidelegal.org/>; <https://statesidelegal.org/triage>; and <https://www.statesidelegal.org/how-appeal-your-veterans-benefits-denial-court>

¹⁸ <https://medical-legalpartnership.org/>

¹⁹ <https://www.lsc.gov/what-legal-aid/client-success-stories>

²⁰ See <https://voicesforciviljustice.org/> and <https://www.allriseforciviljustice.org/>

²¹ <https://legalaiddresearch.org/>

²² https://www.americanbar.org/groups/legal_aid_indigent_defendants/resource_center_for_access_to_justice/atj-commissions/atj_commission_self-assessment_materials1/studies/

²³

http://www.americanbarfoundation.org/uploads/cms/documents/access_across_america_first_report_of_the_civil_justice_infrastructure_mapping_project.pdf

SUMMARIES OF KEY STUDIES

1. Christine Timko, Emmeline Taylor, Amia Nash, Daniel Blonigen, David Smelson, Jack Tsai, & Andrea Finlay, *National Survey of Legal Clinics Housed by the Department of Veterans Affairs to Inform Partnerships with Health and Community Services*, *Journal of Health Care for the Poor and Underserved* (2020), available at <https://muse.jhu.edu/article/763705>

This study is the first to conduct a systemwide survey of Veterans Affairs-housed legal clinics. Researchers used an established framework composed of eight core elements of medical-legal partnerships (MLPs) to survey the lead attorneys of 95 VA-housed clinics across the United States about the populations their clinics serve, their clinics' characteristics, and challenges they face in service provision. Their findings suggest that VA and community agencies should enact policies that expand and fund veterans' legal services and health system interactions to address health inequities and improve health outcomes.

Methodology:

The researchers sampled all VA-housed legal clinics in the United States (n=136) using a listing provided by the VA's Office of General Counsel in 2018. Between January and June 2018, 95 lead attorneys legal clinics across 36 states completed a survey about the characteristics of their programs, client populations, the types of legal services they provide, referral processes, staffing and training, information sharing, and resources and funding.

Highlights:

- "Attorneys were asked what proportion of the clinic's clients receive each of the 24 types of legal services. ... the highest mean percentages were for estate planning, family problems (e.g., child support), obtaining VA benefits, and housing problems and rights. The next most frequent set of legal services were for expunging criminal records, consumer problems, and obtaining military discharge upgrades" (p. 1444).
- "38.7% of clinics did not have a defined client population. Of clinics with a defined client population, the most frequent specific focus reported was low-income veterans (Table 2). Roughly one-quarter to one-third of clinics focused on homeless or elderly veterans, or veterans with mental health or substance use problems, or those using VA services in the same location as the clinic" (p. 1445-1446).
- "Almost two-thirds of clinics stated that when clients are known to have mental health or substance problems, they provide legal services to them. In addition, 45.3% of clinics referred veterans with untreated mental health problems to mental health treatment, and 31.9% of clinics referred patients with untreated alcohol or drug problems to substance treatment" (p. 1446).
- "Clinics operated on a mean annual budget of \$73,631 (SD=159,404). On average the largest percentage of the budget, one-third, came from private foundations or donations; in addition, on average, about one-third of the operating budget came from government funding. Lower percentages of funding came from law schools or firms, and no funding came from veteran service organizations or clients" (p. 1450).
- "When asked whether clinics have the capacity to serve all or most veterans seeking legal services, 39.1% said yes. Reasons for lacking the needed capacity were most commonly lack of funding (83.9%) and lack of staffing time (57.1%), as well as lack of staff knowledge (26.8%)" (p. 1450).
- "The present study found that clinics were open on average only 25 hours each month, and 61% of clinics were unable to serve most veterans seeking legal services" (p. 1450).

2. Christine Timko, Jack Tsai, Emmeline Taylor, David Smelson, Daniel Blonigen, Amia Nash, & Andrea Finlay, *Clients of VA-Housed Legal Clinics: Legal and Psychosocial Needs When Seeking Services and Two Months Later*, *Journal of Veterans Studies* (2020), available at <https://journal-veterans-studies.org/articles/10.21061/jvs.v6i1.167/>

This study examined the legal needs and psychosocial characteristics of veterans who sought legal services at two Veterans Affairs-housed legal clinics in the San Francisco Bay Area. Its purpose was to inform clinics about how they may improve services to better meet clients' needs and preferences. Researchers conducted a survey of 61 veterans to gauge their legal needs, psychosocial characteristics, health and mental health status, substance use, and health care utilization. Two months later, the researchers had 49 of the original participants complete a follow-up questionnaire and found that their legal needs and health status reflected little change from the baseline assessment. The researchers concluded that because clients may need more intensive legal intervention of longer duration to resolve their legal needs and achieve better housing and health status, VA-housed legal clinics require greater resources and expansion.

Methodology:

61 veterans completed an initial baseline assessment consisting of questionnaires to gauge their legal needs, psychosocial characteristics, including history of criminal justice involvement, health and mental health status, substance use, and health care utilization. Two months after the veterans sought out legal services at the clinics, researchers conducted follow-up assessments with 49 participants to determine how much their legal needs, mental health status, and substance use changed from baseline. They also completed questions about the legal help they received and level of satisfaction with that help.

Highlights:

- “The most commonly needed legal service was help applying for and obtaining VA benefits (87%). Over 40% of clients wanted help with consumer problems (such as debt and credit repair), applying for and obtaining non-VA benefits (such as Social Security or Social Security Disability Income), and problems with obtaining medical treatment (such as care access or payment). Roughly one-third of clients wanted help with correcting their military records, obtaining ID and/or other legal documents, housing problems and rights (such as preventing eviction and foreclosure), military discharge upgrades ..., estate planning (such as wills, advance health care directives, and durable powers of attorney) income or tax problems, or problems obtaining mental health treatment” (p. 241).
- “Compared to baseline, at follow-up, participants were less likely to report a need for help with VA benefits (85% at baseline, 65.3% at follow-up, $p=.006$), with obtaining ID or other legal documents (34.8%, 15.2%, $p=.049$), and with housing problems (33.3%, 12.5%, $p=.006$)” (p. 245).
- “... at follow-up, most participants (69.4%) reported that they did not receive additional help with their legal matters after their initial meeting at the VA-housed legal clinic. ... On average, at follow-up, clients reported that few of their legal needs were met by legal clinic staff (Table 3). However, clients also reported that, on average, they somewhat agreed with legal clinic staff on goals for their legal needs; that the services they received somewhat helped them deal better with their legal problems; that their legal services somewhat fit with their ideas about what is most helpful to people with legal problems; and that they were mostly satisfied with the legal services they received” (p. 245).

3. John R. Blosnich, Ann Elizabeth Montgomery, Melissa E. Dichter, Adam J. Gordon, Dio Kavalieratos, Laura Taylor, Bryan Ketterer, & Robert M. Bossarte, *Social Determinants and Military Veterans' Suicide Ideation and Attempt: A Cross-Sectional Analysis of Electronic Health Record Data*, *J. Gen Intern Med.* (2019), available at <https://www.ncbi.nlm.nih.gov/pubmed/31745856>

In this study funded by the VA National Center on Homelessness Among Veterans, researchers analyzed the relationship between adverse social determinants of health (SDH) and suicide ideation and attempt among 293,872 veterans. The researchers found that veterans who had legal problems were 1.86 times more likely to experience suicide ideation and 1.57 times more likely to attempt suicide than those without legal problems. They also found that veterans with legal problems also experienced other co-occurring adverse SDH, including violence (19.8 percent), housing instability (66.1 percent), financial/employment problems (43.6 percent), familial/social problems (16.1 percent), lack of access to care/transportation (19.1 percent), and nonspecific psychosocial needs (30.2 percent).

Methodology:

The researchers obtained administrative and electronic health record data from the Veterans Health Administration's Corporate Data Warehouse (CDW) for 293,872 veterans between October 2015 and September 2016. They also collected data on veterans' suicide ideation and attempt from the Suicide Prevention Applications Network (SPAN). After adjusting for mental health diagnoses, age, race, ethnicity, sex, and marital status, logistic regression was used to identify relationships between SDH and suicide ideation and attempt.

Highlights:

- "... despite increasing prescriptions of antidepressants in the USA since 1999, the rate of suicide has not decreased over that same time period. Seemingly obscured are important social factors associated with suicidal crisis such as relationship failure, legal problems, and financial stressors, which often require more intensive, coordinated case management. However, best practices for health care systems to collect SDH data (e.g., conducting self-report surveys vs. provider-administered conversations, determining which SDH to prioritize) are largely unknown" (p. 6).
- "Among patients with housing instability, over 1/3 had employment/financial issues and over 1/3 had legal problems" (p. 4).
- "After adjusting for numerous socio-demographic factors and mental disorder diagnoses, adverse SDH showed robust and graded associations with both measures of suicide morbidity. For example, compared with patients who had no adverse SDH, patients with one adverse SDH had nearly 2.5 the odds of suicidal ideation ... two adverse SDH had over four times the odds ... three adverse SDH had nearly five times the odds ... and ≥ 4 adverse SDH had over 8 times the odds" (p. 4-5).
- Table 3 indicates that veterans with legal issues experienced co-occurring issues including violence (19.8), housing instability (66.1 percent), employment/financial problems (43.6 percent), social/familial problems (16.1 percent), lacking access to care/transportation (19.1 percent), and nonspecific psychosocial needs (30.2 percent) (p. 4).
- Table 5 indicates that veterans with legal issues are 1.86 times more likely to experience suicidal ideation and 1.57 times more likely to attempt suicide than veterans without legal issues (p. 7).

4. Jack Tsai, Jessica Blue-Howells, & John Nakashima, *Needs of Homeless Veterans: 5 Years of the CHALENG Survey 2012-16*, *J. of Public Health* 1 (2018), available at <https://www.ncbi.nlm.nih.gov/pubmed/29727001>

In this study, Tsai, Blue-Howells, and Nakashima, public health scholars, analyzed the annual CHALLENG survey responses for five years. The Department of Veterans Affairs (VA) launched CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) in 1994 to deliver a continuum of services for homeless veterans provided by VA healthcare facilities and community service agencies. The highest-rated unmet needs during the five-year period were credit counseling, utility assistance, furniture and housewares, dental care, and disability income. Among veterans with specialized needs, the top three reported unmet needs for homeless veterans were housing for registered sex offenders, legal assistance for evictions and foreclosures, and legal assistance for child support.

Methodology:

They analyzed CHALENG survey data from 2012 to 2016. The CHALENG survey is distributed by VA staff to homeless and at-risk veterans in assessment centers and other programs, such as Healthcare for Homeless Veterans and Stand Downs.

Highlights:

- “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” (p. 18).
- “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 with confidence that the items that were rated reflect true unmet needs” (p. 21).
- “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” (p. 21)

5. Maria J. O’Connell, Wes Kaspro, & Robert A. Rosenheck, *Impact of Supported Housing on Social Relationships Among Homeless Veterans*, *68 Psychiatric Services* 203 (2017), available at <https://www.ncbi.nlm.nih.gov/pubmed/27745532>

Supported housing means that individuals have access to rent subsidies and intensive case management services. In this program, case managers assisted veterans with obtaining a Section 8 voucher and locating an apartment.. Participants who received this support reported feeling stronger social relationships as measured by social network size, frequency of social contact, and the availability of assistance. Although legal aid providers were not included in the study, these findings point to the importance of housing stability to homeless veterans with a psychiatric disorder and/or substance use disorder. Other studies in the Justice in Government Project’s (JGP) [housing research brief](#) demonstrate the importance of legal aid in improving housing security. This study was funded by the Veterans Affairs New England Mental Illness Research, Education and Clinical Center. The authors are affiliated with the Department of Psychiatry, Yale School of Medicine.

Methodology:

460 homeless veterans with a diagnosis of a psychiatric disorder, a substance use disorder, or both were randomly assigned to HUD-VASH or standard VA treatment. Data was collected over five years to examine the longitudinal impact of supportive housing on veterans' social outcomes.

Highlights:

- “[Analyses] of the average score on social support measures across all follow-up observation periods (excluding the baseline observation but controlling for baseline values of the dependent variable and time) showed that participants in the HUD-VASH [Housing and Urban Development–Veterans Affairs Supported Housing] group reported significantly higher scores on almost all the composite social relationship variables at follow-up compared with the other two groups” (p. 204).
- “Compared with veterans who received ICM [intensive case management services] without vouchers and veterans in standard care, those who received ICM and housing vouchers had more frequent contact with their network members; identified more sources of tangible, instrumental, and emotional support; and were more satisfied with their nonkin social relationships” (p. 204).
- “These data suggest that access to housing itself may be a facilitator of positive changes in other areas of life—in this case, overall levels of social support” (p. 204).
- “HUD-VASH clients had significantly greater gains over time on the number of close providers and frequency of contact with providers” (p. 204).

6. Jack Tsai, Margaret Middleton, Jennifer Villegas, Cindy Johnson, Randye Retkin, Alison Seidman, Scott Shetman, & Robert A. Rosenheck, *Medical-Legal Partnerships at Veterans Affairs Medical Centers Improved Housing and Psychosocial Outcomes for Vets*, 36 *Health Affairs* 2195 (2017^a), available at https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0759?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Aacrossref.org&rfr_dat=cr_pub%3Dpubmed

Using data from medical-legal partnerships in New York and Connecticut, the researchers find that the most common legal problems veterans reported were related to receiving benefits, housing, family issues, and consumer issues. The researchers found that veterans who received more services through the MLPs showed greater improvements in housing, mental health, and community integration at both three and twelve months compared to those who received fewer services. At twelve months, those who had received services through the MLP also showed increases in income and housing.

Methodology:

They analyzed data from two MLPs – one in Connecticut and the other in New York. In total, these two MLPs served 905 veterans between June 2014 through January 2016. They analyzed the characteristics of the veterans, their legal problems, the legal services they received, and the outcomes of the legal help. Of the 905 participants, they followed a subsample of 148 veterans who received full representation on housing, consumer debt, child support payments, or disability benefits. Within this subsample, the researchers found significant improvements in housing, income, and mental health. The researchers' affiliations include Yale University School of Medicine, the Connecticut Veterans Legal Center, and the New York Legal Assistance Group.

Highlights:

- “Veterans' legal goals were achieved in 712 (51.4 percent) of the 1,384 issues addressed by the medical-legal partnerships. Their goals were not achieved in 117 issues (8.5 percent), and the remaining 555 issues (40.1.9 percent) were not resolved during the study period” (p. 2198).

- “In the first three months, veterans who received full legal representation showed significant reductions in symptoms of hostility, paranoia, psychosis, generalized anxiety disorder (GAD-7), and posttraumatic stress disorder (PCL-5)” (p. 2200).
- “At twelve months, veterans continued to show significant reductions in symptoms of hostility, paranoia, and generalized anxiety disorder and had improvements in housing status and total income” (p. 2200).
- “Mixed linear modeling revealed that more time spent receiving medical-legal partnership services was associated with greater improvements in housing, reduced spending on abused substances, and reduced symptoms of psychosis and posttraumatic stress disorder” (p. 2201)
- “The most common problems were related to applications for VA benefits, housing issues (for example, eviction), family issues (such as child support), and consumer problems (for example, credit card debt). Nearly half of the issues for which veterans sought VA partnership services were related to VA benefits or housing issues. On average, each issue took 5.4 hours of partnership time to resolve. That can be considered minimal compared to the amount of time it might take for a veteran to find another income source or housing arrangement” (p. 2201).
- “Importantly, fewer than 10 percent of the issues required a court appearance or attendance at a hearing— which, when required, was time-consuming for both lawyers and veterans. Medical-legal partnerships can address problems at an early stage through administrative or informal legal processes, thereby preventing them from requiring litigation. Such early interventions are of great value to both patients and the court system” (p. 2201).
- “A major finding of this study was that veterans who received medical-legal partnership services showed significant improvements in mental health within the first three months and continued to show these improvements at twelve months, at which time they also showed increases in income and days housed as their legal issues were resolved” (p. 2202).

7. Jack Tsai, Margaret Middleton, Randye Retkin, Cindy Johnson, Kevin Kenneally, Scott Sherman, & Robert A. Rosenheck, *Partnerships Between Health Care and Legal Providers in the Veterans Health Administration*, 68 *Psychiatric Services* 321, (2017^b), available at <https://www.ncbi.nlm.nih.gov/pubmed/27903138>

Tsai and colleagues describe MLPs within various Veterans Health Administration (VHA) centers and study these programs’ effectiveness in Connecticut and New York. The Connecticut Veterans Legal Center partnered with VA Connecticut Healthcare. With funds from Yale Law School’s Initiative for Public Interest Law, attorneys provided free legal assistance to veterans. In New York, LegalHealth partnered with the VA New York Harbor Healthcare System. This work was supported by the Bristol-Myers Squibb Foundation. Each of these MLPs assisted veterans and with ten legal issues, including consumer, employment, estate, family, housing, military, public benefits, tax, and VA benefits. The most common issues were related to VA benefits and housing.

Methodology:

This study provided descriptive data on MLPs in Connecticut and New York, including the number of veterans assisted, what issues attorneys assisted with, and how long these issues took to resolve.

Highlights:

- “Reports have also indicated that many veterans of operations in Iraq and Afghanistan have posttraumatic stress disorder (PTSD) as well as unmet needs related to housing, financing for housing, and financial aid for education” (p. 321).
- “In Connecticut and New York, MLPs provided services to 791 veterans for 1,187 issues from June 2014 to May 2016. Almost all issues (98%) required MLP legal providers to consult, meet, and interview clients and other stakeholders, which represented most of the workload and took a

mean SD of 158±177 minutes per issue. Administrative tasks were needed in 48% of issues, and preparing, drafting, and research were needed in 68%. Notably, less than 10% of issues required a court appearance or hearing, although when they did, it required the most time per issue— 201±222 minutes” (p. 322).

- “Among primary psychiatric diagnoses, 40% had a diagnosis of PTSD, 16% had a substance use disorder, 15% had a schizophrenia-spectrum disorder or bipolar disorder, and 8% had major depression. Data on military and homeless history of veterans served in New York were lacking, but among those in Connecticut, 57% reported a lifetime history of homelessness, 30% reported service in a combat zone, and 20% reported service in Iraq or Afghanistan” (p. 322).
- “In Connecticut and New York, the top five legal matters were VA benefits (27%), housing (for example, evictions) (19%), family (for example, divorce or child support) (13%), consumer (for example, debt) (12%), and public benefits (for example, Social Security) (8%)” (p. 322).
- “Data on military and homeless history of veterans served in New York were lacking, but among those in Connecticut, 57% reported a lifetime history of homelessness” (p. 322).
- “Based on the intake flow of veterans at MLPs we have profiled, there seems to be a clear need for legal assistance among low-income veterans with mental illness or homelessness or both. MLPs represent an opportunity to expand community-based partnerships with VHA to provide comprehensive care and to directly acknowledge and address social determinants of health” (p. 323).