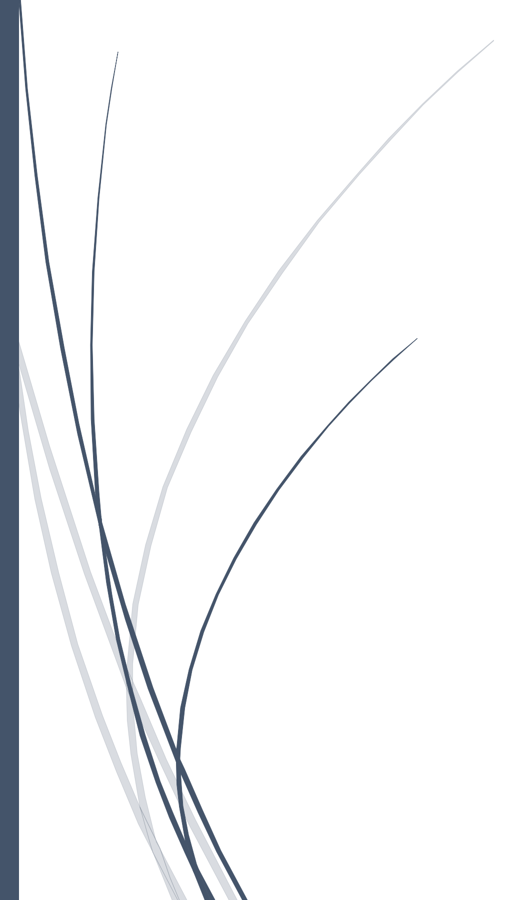
Annual Report 2015

Illinois Discharged Servicemember Task Force

2015 Annual Report to the Governor and General Assembly



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Letter from the Director

I'm so pleased to have a team in place that can drive important change through policy and programming. The feedback provided in this year's annual report by veterans and the members of the Task Force has illuminated many of the challenges and opportunities that confront our veteran community. Armed with this data, it's incumbent on us to use it to achieve measurable results in the areas of veteran unemployment, homelessness, mental health issues, and various challenges that are specific to our women veterans.

I applaud the Discharged Servicemember Task Force (DSTF) for their efforts in compiling this report, and I'm happy to announce that the Illinois Department of Veterans Affairs (IDVA) will be partnering with them to create policy recommendations that will help to build a foundation for a comprehensive veteran strategy.

I challenge each of you to please think about how we can leverage this data to improve programs, to drive policy, and to improve the services we deliver to our veterans. They deserve nothing less.

Erica Jeffries, Director of IDVA

Executive Summary

With an estimated 730,000 veterans living in Illinois; Illinois is proud to be a national leader in supporting and honoring those who have served our nation. Illinois is home to numerous military facilities, including Naval Station Great Lakes, Scott Air Force Base, and the Rock Island Arsenal.

The Illinois Department of Veterans' Affairs serves as an enabling force to veterans, as well as their dependents and survivors, by assisting them in obtaining the benefits to which they are entitled; and by partnering with other support agencies and non-profits to help veterans address education, mental health, housing, employment, and other challenges.

While most veterans in the State – both young and old – lead healthy, fulfilling lives upon return to civilian life, some may need additional support and guidance.

In 2007 the Illinois Department of Veterans' Affairs created the Illinois Discharged Servicemember Task Force (Pursuant to Public Act 95-294), to address these formidable obstacles; the mission of this Task Force is to explore the transition process for service members who return to civilian life after active duty service. In order to accomplish this mission, the Task Force assembles a team of experienced, professional veteran advocates and community leaders to develop actionable policy recommendations that will enact change in the veteran community.

This year's report includes overview as well as corresponding policy recommendations in four critical areas: Homelessness and Housing, Women Veterans, Education and Employment, and Behavioral Health.

In addition to the policy recommendations generated by the Task Force during its quarterly meetings, this report also includes policy recommendations proposed by several of the issue-focused working groups within Illinois Joining Forces (IJF).

While Recommendations vary for each area of concern, the most prominent theme is the need for better awareness of resources and collaboration between entities providing those resources and the veteran seeking those resources.

PROGRESS ON 2014 POLICY RECOMMENDATIONS

ECONOMIC VITALITY

• **Revamped the Illinois Hires Heroes Consortium to boost membership and engage members more actively**, which will mobilize additional employers to recruit, hire and retain veteran employees.

• **Established an appeals/complaint process within the Veteran Business Program** to ensure that veteran-owned firms have a process through which they can raise concerns and prompt corrective measures relating to procurement.

WOMEN VETERANS

• **Preparing to create a comprehensive Women Veterans' Resource Guide**, which will delineate the various programs and resources targeted to women veterans and will be distributed broadly throughout the veteran community.

• **Engaged a broader array of community providers in the Illinois Joining Forces (IJF) Women Veterans' Working Group**, including women's health centers, domestic violence agencies, and other relevant providers, as a means to leverage existing programs in support of women veterans.

• **Developed positive community-building programs and activities for women veterans**, including networking seminars, affinity groups, and recreational events organized through IDVA's Women Veterans' Program and the Illinois Joining Forces Women Veterans' Working Group.

ALL-ENCOMPASSING

• **Launched an effort to establish veteran data markers** so when a veteran comes in contact with a State agency, their basic contact/demographic information and agency touch point will be shared with IDVA for outreach and service delivery purposes. Progress to date includes the passage of Public Act 097-0739, which provides for veteran markers on Illinois drivers licenses by the Illinois Secretary of State, and partnerships formed by IDVA with the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Revenue (DOR) to attain cross reference data to improve outreach and service delivery.

DSTF MEMBERS

DSTF includes representatives from various federal and State agencies, veteran service organizations, not-for-profit service providers, and elected officials. At its quarterly meetings, DSTF also benefited from the participation of numerous subject matter experts from academia, government, non-profit organizations, and private sector entities.

For FY 2015, DSTF was comprised of the following members:

Erica Jeffries, Chair
Director, Illinois Department of Veterans' Affairs

General Assembly Members

Pamela Althoff,
State Senator, 32nd District

Michael Hastings**,**
State Senator, 19th District

Linda Chapa LaVia,
State Representative, 83rd District

Jeanne Ives
State Representative, 42nd District

Gold Star Member
Jim Frazier,
Gold Star Father and Survivor Outreach Services Officer,
U.S. Army

U.S Department of Veterans Affairs Members
Mary Ann Romeo, MSSW, VISN 12 Care Coordinator
U.S. Department of Veterans Affairs
Suzanne Nunziata, Chicago VBA Regional Office Director,
U.S. Department of Veterans Affairs

Director Appointees
Mark W. Bowman, Sergeant Major,
Illinois National Guard
Kevin Hull, Executive Director,
Westside Institute for Science & Education
Kenneth Clarke, President & Chief Executive Officer,
Pritzker Military Library & Museum
Alison Ruble, President & Chief Executive Officer,
United Service Organizations of Illinois

Housing
&
Homelessness

Who are homeless veterans?

The U.S. Department of Veterans Affairs (VA) states that 12% of the adult homeless population are veterans. They are predominantly male; approximately 8% of the homeless veteran population is female. The majority of the population are single; live in urban areas; and suffer from mental illness, alcohol and/or substance abuse, or co-occurring disorders. Additionally, roughly 40% of all homeless veterans are African American or Hispanic, despite the national average for these demographics being 10.4% and 3.4% of the U.S. veteran population, respectively.

On average, homeless veterans are younger than the total veteran population. Approximately 9% are between the ages of 18 and 30, and 41% are between the ages of 31 and 50. Conversely, only 5% of all veterans are between the ages of 18 and 30, and less than 23% are between 31 and 50.

America's homeless veterans have served in World War II, the Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Persian Gulf War, Afghanistan and Iraq, and the military's anti-drug cultivation efforts in South America. Nearly half of homeless veterans served during the Vietnam era. Two-thirds served our country for at least three years, and approximately one-third were stationed in a war zone.

About 1.4 million other veterans, are considered at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing; the U.S. Department of Housing and Urban Development (HUD) estimates that 49,933 veterans are homeless on any given night.[1]

Demographics of Homeless Veterans Nationwide[2]

- 12% of the homeless adult population are veterans
- 20% of the male homeless population are veterans
- 68% reside in principal cities
- 32% reside in suburban/rural areas
- 51% of individual homeless veterans have disabilities
- 50% have mental illness
- 70% have substance abuse problems
- 51% are white males, compared to 38% of non-veterans

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[1] "National Coalition for Homeless Veterans." National Coalition for Homeless Veterans. N.P., n.d. Web. 18 May 2015; http://nchv.org/index.php/news/media/background_and_statistics/

[2] Ibid

- 50% are age 51 or older, compared to 19% non-veterans

Veteran Homelessness at the National Level

U.S. Housing and Urban Development (HUD) Secretary Julian Castro announced HUD's latest estimate of homelessness in the U.S., noting a continued general decline, specifically among veterans and persons living on the street. HUD's *2014 Annual Homeless Assessment Report to Congress* finds that there were 578,424 persons experiencing homelessness on a single night in 2014. This represents an overall 10 percent reduction and 25 percent drop in the unsheltered population since 2010, the year the Obama Administration launched *Opening Doors*, the nation's first comprehensive strategy to prevent and end homelessness.[3]

HUD's annual 'point-in-time' estimates seek to measure the scope of homelessness on a single night in January. Based on data reported by State and local planning agencies, last January's one-night estimate reveals a 33 percent drop in homelessness among veterans since 2010, including a 43 percent reduction in the number of unsheltered homeless veterans; this is a 10.5 percent decline since last year. State and local communities also reported a 15 percent decline in the number of families with children experiencing homelessness since 2010, as well as a 53 percent reduction among these families who were unsheltered.

"Even during challenging economic times, it's clear that we're changing the trajectory of homelessness in this country, especially when it comes to finding housing solutions for those who have been living on our streets as a way of life," said Castro. "There is still a tremendous amount of work ahead of us but the strategy is working to end homelessness as we've come to know it."[4]

"The federal government, in partnership with States, communities, and the private and not-for-profit sectors, is focused on widespread implementation of what works to end homelessness," said Laura Green Zeilinger, executive director of the U.S. Interagency Council on Homelessness. "Continued investments in solutions like permanent

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[3] "HUD Reports Continued Decline in U.S. Homelessness," 2014: Homelessness in U.S. Continues to Decline." Western Massachusetts Network to End Homelessness. N.P., 30 Oct. 2014. Web. 18 May 2015

[4] Ibid

supportive housing and rapid re-housing using a Housing First approach is critical to the effort of every community to one day ensure homelessness is a rare, brief, and non-recurring experience.”[5]

During one night in late January of 2014, volunteers across the nation conducted a count of their local sheltered and unsheltered homeless populations. These one-night ‘snapshot’ counts are reported to HUD as part of State and local grant applications. While the data reported to HUD does not directly determine the level of a community’s grant funding, these estimates, as well as full-year counts, are crucial in understanding the scope of homelessness and measuring progress in reducing it.

The Obama Administration’s strategic plan to end homelessness is called *Opening Doors* – a roadmap for joint action by the 19 federal member agencies of the U.S. Interagency Council on Homelessness along with local and State partners in the public and private sectors. The plan puts the country on a path to end homelessness among veterans by 2015; chronic homelessness by 2016; and homelessness among children, family, and youth by 2020. The plan builds upon the realization that mainstream housing, health, education, and human service programs must be fully engaged and coordinated to prevent and end homelessness.

The decline in veteran homelessness is largely attributed to the close collaboration between HUD and the U.S. Department of Veterans Affairs on a joint program called *HUD-VA Supportive Housing (HUD-VASH)*. Since 2008, more than 59,000 rental vouchers have been awarded and approximately 45,000 formerly homeless veterans are currently in homes of their own because of HUD-VASH.

Long-term or chronic homelessness among individuals has been declining quite substantially since 2010. This decline is partially attributable to a concerted effort to make available more permanent supportive housing opportunities for people with disabling health conditions, who otherwise continually remain in shelters or on the streets. Research demonstrates that providing permanent housing coupled with appropriate supportive services without treatment preconditions is the most effective solution for ending chronic homelessness. This ‘housing first’ approach also saves the taxpayer

[5] Ibid

considerable money by interrupting a costly cycle of emergency room and hospital, detox, and even jail visits.

Many communities are also making a special effort to identify youth experiencing homelessness on the night of their counts. Great strides have been made connecting young people to youth service providers, with particularly strong efforts focused on youth experiencing unsheltered homelessness. In addition, communities are finding creative ways to identify and engage these unsheltered youths, through efforts like youth-targeted events and strategic use of social media.

Key Findings

On a single night in January 2014, State and local planning agencies reported:

- 578,424 people were homeless, representing an overall 10 percent reduction from January 2010. Most homeless persons (401,051 or 70 percent) were located in emergency shelters or transitional housing programs, while 177,373 persons were unsheltered.
- Veteran homelessness fell by 33 percent (or 24,837 persons) since January 2010. On a single night in January 2013, 49,993 veterans were homeless.
- Chronic or long-term homelessness among individuals declined by 21 percent (or 22,937 persons) since 2010.
- The number of families with children experiencing homelessness declined 15 percent (or 11,833 households) since 2010. The number of unsheltered families fell 53 percent during that same time period.
- The number of unaccompanied homeless youth and children was relatively unchanged overall, at 45,205. There was a 3 percent decrease in those who were unsheltered

Veteran Homelessness in the State of Illinois

In recent years, the State of Illinois has had a decrease in the homeless veteran's population; as of 2014, HUD estimates that there are 1,234 veterans at any time living on streets, or emergency shelters.[6]

This decrease is largely attributed to the development of strategic partnerships amongst numerous service providers in the public, private, and non-profit sectors.

Despite these gains, issues relating to housing and homelessness remain disproportionately high in the veteran community. Twelve percent of the homeless population are veterans, and while the vast majority of these veterans return home and lead healthy, fulfilling lives, a number of Illinois' 76,000 new (post-9/11) veterans are struggling with transition challenges related to employment, job training, behavioral health, and combat-related injuries.[7]

These challenges can lead to financial and housing difficulties, which put them at risk of homelessness. Recent studies indicate that 7% live below the poverty line, which is $11,170 for a single person and $19,090 for a family of three. Twelve percent are low-income, living between 100% and 200% of the poverty line.[8] The need for complete wrap-around services, outreach, supportive services and affordable housing is at an all-time high for veterans transitioning from military life to civilian life.

To combat veteran homeless, IDVA is actively collaborating with partners in the non-profit, private, and public sectors to implement preventive strategies and ensure that veterans and their families have ready access to high-quality, affordable housing. In partnership with Illinois Joining Forces (IJF), IDVA was able bring together subject matter experts on Homelessness

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[6] Meghan Henry, Dr. Alvaro Coretes, Azim Shivji, and Katherine Buck, Abt Associates. "The 2014 Annual Homeless Assessment Report (AHAR) to Congress." N.P., n.d. Web. Department of Housing and Urban Development, 2014, retrieved on May 10, 2015, from www.onecpd.info/resources/documents/ahar-2013-part1.pdf

[7] Social IMPACT Research Center, "New Veterans in Illinois: A Call to Action," Social IMPACT Research Center at Heartland Alliance, December 2012, retrieved on May 10, 2015, from www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

[8] Ibid

and Housing to serve as a catalyst of change and innovation between service providers. Subject matter experts included individuals from U.S. Department of Veterans Affairs homelessness division, Volunteers of America, Veterans Assistance Commission, U.S. Department of Housing and Urban Development Region 5 leadership, and local community non-profits. By bringing these individuals and entities together, IDVA has been able to access housing resources for veterans and their families and develop recommendations for policymakers.

IDVA also administers the Veterans Cash Grant program to provide targeted grants in various high-priority areas, including supporting eligible service providers spearheading housing and homelessness initiatives. Additionally, IDVA continues to provide housing and supportive services for homeless Illinois veterans through the Prince Home in Manteno.

Tracking of Homeless Veterans in the State

Although service providers have made outstanding progress in reducing veteran homelessness in recent years, tracking the homeless veterans continues to be an uphill battle. Subject matter experts emphasize that a key aspect in eradicating veteran homelessness is pinpointing the exact geographic location of homeless veterans and cross-checking that information with the location and reach of pertinent service providers, including community resource and referral centers (CRRCs), community shelters, faith-based centers, and VA health facilities.

Point-in-Time Count for Illinois

The January 2014 point-in-time (PIT) count for Illinois was conducted by the Continuums of Care. The count focused on homeless persons sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally. The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units for the homeless, categorized by five program types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.[9]

[9] PIT and HIC Guides, Tools, and Webinars - HUD Exchange." PIT and HIC Guides, Tools, and Webinars - HUD Exchange. N.P., n.d. Web. 16 May 2015.

The chart below is a breakdown of the number of veterans sheltered and unsheltered throughout Illinois in 2014. Seventy-four percent of the veterans during this PIT count were in some form of shelter on any given night, while 26% were unsheltered. The chart does not display which veterans were receiving some form of income, nor does it display gender or age.

As illustrated in the table below, Chicago accounts for 57% of the homeless veteran population in Illinois.

Chart-1 PIT Count Counties in Illinois

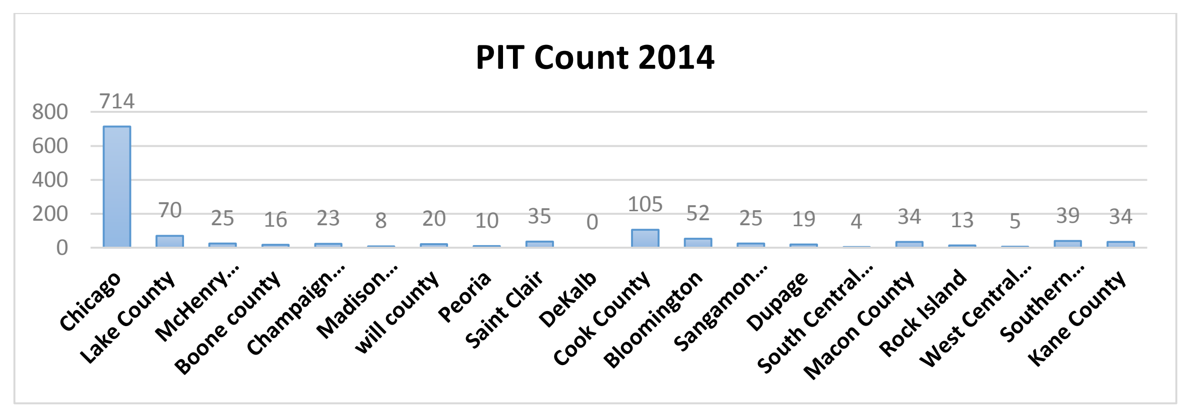

Table-1 PIT Count for the Counties in Illinois[10]

Continuum of Care	Sheltered	Unsheltered	Total
McHenry County	25	0	25
Rockford/Winnebago, Boone Counties	16	0	16
Waukegan/North Chicago/Lake County	70	0	70
Champaign/Urbana/Rantoul/Champaign County	21	2	23
Madison County	8	0	8
Joliet/Bolingbrook/Will County	18	2	20
Peoria/Perkin/Fulton, Peoria, Tazewell, Woodford	7	3	10
East Saint Louis/Belleville/Saint Clair County	29	6	35
DeKalb City & County	0	0	0
Chicago	458	256	714
Cook County	84	21	105
Bloomington/Central Illinois	44	8	52
Springfield/Sangamon County	24	1	25
DuPage County	16	3	19
South Central Illinois	4	0	4
Decatur/Macon County	9	8	17
Aurora/Elgin/Kane County	28	6	34
Rock Island/Moline/Northwestern Illinois	13	0	13
West Central Illinois	5	0	5
Southern Illinois	34	5	39
Total	**913**	**321**	**1234**

Mayors Challenge

The Mayors Challenge to End Veteran Homelessness was launched on June 4, 2014, by a compelling call to action by First Lady Michelle Obama as part of the national Joining Forces initiative. Bolstered by an initial commitment from 77 mayors, four governors, and four county officials to end veteran homelessness in their communities by the end of 2015, the First Lady pressed the moral imperative to aid our veterans who are homeless or at risk of homelessness.[11]

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[10] 2014 AHAR: Part 1 - PIT Estimates of Homelessness - HUD Exchange." *2014 AHAR: Part 1 - PIT Estimates of Homelessness - HUD Exchange*. N.p., Dec.-Jan. 2014. Web. 17 July 2015. (2007 - 2014 Point-in-Time Estimates by CoC)

[11] Mayors Challenge." *Http://www.va.gov/HOMELESS/Mayors_Challenge.asp*. N.p., n.d. Web. 25 May 2015.

Illinois Department of Veterans' Affairs (IDVA) has taken part in the Challenge, and IDVA leadership is working closely with HUD Region V leadership to leverage federal, local and nonprofit efforts to end veteran homelessness in their respective communities. Through these efforts, communities are aggressively working to connect homeless and at-risk veterans with the help they need to achieve housing stability.

> Ending homelessness among veterans is a national effort that requires the support of a variety of public and private organizations and agencies at all levels of government. The Mayors Challenge is helping to generate public awareness by increasing learning and information-sharing among stakeholder organizations and communities and by inspiring progress, locally and nationally. The public commitments of mayors are helping to galvanize local efforts and foster more purposeful coordination of resources and strategies.[12]

Preventive and Support Programs

The VA administers a number of additional programs designed to alleviate specific challenges facing veterans who are homeless or at-risk of homelessness:

Services for Veteran Families Program (SSVF)

The VA's Supportive Services for Veteran Families (SSVF) program awards grants to non-profit organizations and consumer cooperatives that provide supportive services to very low-income veteran families living in or transitioning to permanent housing. The program is designed to aid at-risk veterans and their families in obtaining services beyond housing. Grantees provide eligible veteran families with comprehensive case management assistance and support in obtaining vital services related to health care, financial planning, legal needs, child care, transportation, and housing counseling. In addition, grantees may provide time-limited payments to third parties, such as landlords, utility companies, moving companies, and child care providers, if these payments are vital to ensure that the veteran family maintains or acquires permanent housing.

Veteran advocates emphasize that SSVF is essential as a prevention strategy and bridge program, providing low-income veteran families with the

[12] Ibid

wraparound services and continuity of care they require to establish a stable home environment, reintegrate into the community, and assume responsibility for their financial and personal well-being.

Community Resource and Referral Centers (CRRCs)

The VA is making a concentrated effort to implement prevention strategies and enhance service delivery to homeless veterans through the development of new Community Resource and Referral Centers (CRRCs). CRRCs are one-stop service centers where veterans who are homeless or at risk of homelessness can connect to the full array of housing and support resources in the area—including VA resources and personnel and supportive services such as A Safe Haven, Thresholds, Heartland Alliance, and Volunteers of America - Illinois. They are highly integrated, collaborative facilities, situating service providers from various forums in one centralized location so veterans can easily obtain assistance with housing, health care, employment, and other VA and non-VA benefit programs.

HUD-VASH Vouchers

Many subject matter experts attribute the recent decline in veteran homelessness to the close collaboration between HUD and the VA on a joint program called HUD-VA Supportive Housing (HUD-VASH). Housing specialists emphasize that permanent supportive housing—accompanied by wraparound services to address behavioral health issues, substance addiction, and other challenges—has been highly effective in helping veterans overcome the underlying barriers that contribute to chronic homelessness.

HUD-VASH program provides public housing authorities (PHAs) with funding to provide rental assistance to eligible homeless veterans. Simultaneously, participating veterans are required to receive case management services through the VA at local medical centers (VAMCs) and community-based outpatient clinics (CBOCs). Since 2008, a total of 58,250 rental vouchers have been awarded, and 43,371 formerly homeless veterans now reside in their own homes because of the program.[13]

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[13] U.S. Department of Housing and Urban Development, "HUD Reports Continued Decline in U.S. Homelessness Since 2010," U.S. Department of Housing and Urban Development, November 21, 2013, retrieved on June 5, 2014, from http:// portal. hud. gov/ hudportal/ HUD?src=/press/press_releases_media_advisories/2013/HUDNo.13-173.

In Illinois, the Illinois Housing Development Authority (IHDA) reports that 2,205 vouchers have been awarded since 2008 (see Table 2). While those vouchers have gone a long way to relieve the burden of homelessness in the veteran community, veteran advocates note that demand outpaces supply and certain areas of the State remain underserved.

Nineteen Public Housing Authorities (PHA) have been awarded HUD-VASH vouchers throughout the State of Illinois; Experts note that this is largely attributed to the limited availability of vouchers and the criteria used toward vouchers, which is based on three sets of data: (1) HUD's point-in-time data submitted by Continuums of Care, (2) VA data on the number of contacts with homeless veterans, and (3) performance data from PHAs and VAMCs.[14] As such, areas with smaller veteran populations and a lower ratio of VA case managers to clients generally have reduced program access.

Despite these obstacles, many subject matter experts conclude that a number of non-participating PHAs in Illinois are in a position to meet eligibility requirements and participate in the program. Hence, the HUD voucher may be beneficial within their jurisdictions.

[14] U.S. Department of Housing and Urban Development, "HUD-VASH Vouchers," U.S. Department of Housing and Urban Development, retrieved on May 15, 2015 from http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash.

Table-2 HUD VASH Vouchers allocated in Illinois[15]

State	HUD Field Office	PHA #	PHA Name	VAMC/CBOC	Location of high need where Veterans should be identified for participation	FY 2008	FY 2009	FY 2010	FY 2010 PBV Set-Aside Awards	FY 2011	FY 2012	FY 2013	FY2013-2014 PBV Set-Aside Award	FY 2014	FY2015	Total
IL	Chicago	IL002	Chicago Housing Authority	Jesse Brown (Chicago) VA Medical Center	Chicago	105	105	100	0	75	135	165	48	169	199	1,101
IL	Chicago	IL003	Peoria Housing Authority	VA Illiana Health Care System/Peoria Community-Based Outpatient Clinic	Peoria	0	0	0	0	25	0	0	0	0	6	31
IL	Chicago	IL004	Springfield Housing Authority	VA Illiana (Danville) Health Care System/Springfield Community-Based Outpatient Clinic	Springfield	0	0	0	0	0	0	0	0	0	10	10
IL	Chicago	IL006	Housing Authority of Champaign County	VA Illiana Health Care System	Champaign	0	0	0	0	0	0	15	0	0	7	22
IL	Chicago	IL010	Grtr Metro. Area Hsng Auth of Rock Island County	Iowa City VA Health Care System	Quad Cities	0	0	0	0	10	0	0	0	0	0	10
IL	Chicago	IL011	The Housing Authority of the City of Danville, IL	Illiana Health Care System (Danville)	Danville	0	35	0	0	25	0	0	65	0	0	125
IL	Chicago	IL012	Decatur Housing Authority	VA Illiana (Danville) Health Care System/Decatur Community-Based Outpatient Clinic	Decatur	0	0	0	0	0	0	0	0	0	10	10
IL	Chicago	IL022	Rockford Housing Authority	William S. Middleton (Madison) VA Medical Center	Rockford	0	35	0	0	25	0	0	0	11	15	86
IL	Chicago	IL024	Joliet Housing Authority	Edward Hines, Jr. VA Medical Center/ Joliet Clinic	Joliet	0	0	0	0	0	0	0	0	15	0	15
IL	Chicago	IL025	Housing Authority of the County of Cook	Edward Hines Jr. (Hines) VA Medical Center/Elgin Community-Based Outpatient Clinic	Elgin	0	35	0	0	0	0	0	0	19	0	54
IL	Chicago	IL025	Housing Authority of the County of Cook	Edward Hines Jr. (Hines)VA Medical Center	Cook County and suburbs west of Chicag	70	0	25	0	50	100	70	72	31	32	450
IL	Chicago	IL026	Housing Authority of the City of Waukegan	Captain James A. Lovell (North Chicago) Federal Health Care Center	Waukegan	0	0	25	0	0	0	15	0	21	8	69
IL	Chicago	IL032	Whiteside County Housing Authority	Iowa City VA Health Care System/Sterling Community-Based Outpatient Clinic	Rock Falls	0	0	0	0	0	0	0	0	0	10	10
IL	Chicago	IL051	Bloomington Housing Authority	VA Illiana Health Care System/Peoria Community-Based Outpatient Clinic	Bloomington	0	0	0	0	0	0	15	0	0	0	15
IL	Chicago	IL089	Housing Authority of the County of Dekalb	Edward Hines Jr. (Hines)VA Medical Center/Elgin Community-Based Outpatient Clinic	DeKalb	0	0	25	0	0	0	0	0	0	0	25
IL	Chicago	IL090	Aurora Housing Authority	Edward Hines Jr. (Hines)VA Medical Center/Elgin Community-Based Outpatient Clinic	Aurora	0	0	0	0	0	0	0	0	0	25	25
IL	Chicago	IL107	Housing Authority of the City of North Chicago, IL	Captain James A. Lovell (North Chicago) Federal Health Care Center	North Chicago	35	35	0	0	0	0	0	0	0	0	70
IL	Chicago	IL116	McHenry County Housing Authority	Captain James A. Lovell (North Chicago) Federal Health Care Center/McHenry Community-Based Outpatient Clinic	McHenry	0	0	0	0	0	15	15	0	0	15	45
IL	Chicago	IL126	Housing Authority of the City of Marion, IL	Marion VA Medical Center	Marion	0	0	0	0	0	0	0	0	32	0	32
IL Total						**210**	**245**	**175**	**0**	**210**	**250**	**295**	**185**	**298**	**337**	**2,205**

[15] Veterans Affairs Supportive Housing (VASH) - PIH - HUD." *Veterans Affairs Supportive Housing (VASH) - PIH - HUD*. N.p., n.d. Web. 17 June 2015. (**HUD-VASH Sites 2008-2015** (MS-Excel)

Policy Recommendations

DISCUSSION 1

We must recognize that the HUD definition of homelessness only encompasses those in the extreme categories of homelessness, not those who lack permanent housing. If a veteran can find a friend or family member to take them in, then the veteran is not considered homeless by HUD's definition.

There are a few efforts through IDVA and local governments to address this problem. For example, the rapid rehousing initiative does not prevent homelessness, per se; it prevents homelessness from becoming prolonged or chronic. Another example is the Grant Per Diem (GPD) program which is provided by the U.S. Department of Veterans Affairs. GPD is offered annually and provides supportive housing (up to 24 months) for qualifying veterans.

An effort to develop a housing prevention strategy that focuses on reducing/eliminating temporary housing crises will help sustain the national campaign to end veteran homelessness by 2015.

Particularly noteworthy is the VA's Supportive Services for Veteran Families (SSVF), which has proven to be extremely useful for reducing veteran homelessness and preventing imminent homelessness. This program could be expanded to provide housing support to those veterans who are in housing distress yet who may not be imminently at-risk of homelessness, or who lack permanent housing.

FINDING 1

Many veterans have unstable living arrangements yet do not meet the Department of Housing and Urban Development (HUD) definition of homelessness.

"HUD Homeless Definition: a person is deemed homeless when he or she is sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter."

RECOMMENDATION 1

The Discharge Servicemember Task Force (DSTF) recommends that all units of government (state, city and local) should consider a veteran's preference

when applying for certain types of housing assistance if they meet federal and/or state criteria (i.e., “preference-eligible” veterans).

A. Preference will be given to qualified veterans if they are eligible for **rental assistance** and their needs are significantly worse than other similarly eligible applicants. By law, the housing authorities provide this assistance to low-income people who reside in privately owned rental units.
B. Preference will be given to qualified veterans if they are eligible for **low-income public housing units** and if their needs are substantially equal to other similarly eligible applicants. By law, the authorities develop, own, and operate housing for elderly, multi-family and low- and moderate-income people.

Example of qualifying characteristics for the Veteran Housing preference:

1. Currently an Illinois resident
2. Honorable Discharge from the Armed Services (i.e. Army, Marine Corp, Air Force, Navy or Coast Guard)
3. Veteran must have either entered service from, or been a resident of, Illinois for one (1) year preceding application for the veteran housing preference.

DSTF also recommends that the State of Illinois provide housing support to veterans under housing distress prior to receiving eviction notice or an eviction. This support should be implemented in a holistic framework so the veteran can continue to focus on employment and health. The State of Illinois should consider extending the military housing allowance for separating service members up to one year post-military service. The State, along with Illinois Department of Veterans Affairs (IDVA), should also consider providing transitional housing for separating service members through both public and private partnerships until they obtain permanent housing. Unlike the Veterans Affairs Supportive Housing (VASH) program for which a veteran must be homeless to qualify, this is a prevention strategy to support veterans in transition as a means of preventing homelessness and housing distress associated with separating from military service. Transitional housing would be extremely valuable to single female veterans who are separating from military service, particularly those with children.

> Despite the persistently lagging economy and increased housing costs, homelessness actually declined slightly between 2013 and 2014, largely because of a concerted focus on outcome-oriented programs and solutions. Unfortunately, the economic and demographic indicators

of homelessness remain high, and there have been deep cuts to key affordable housing programs at the federal, state, and local levels.[16]

As a result, further State investment is needed to make real progress on homelessness. The Prince Home in Manteno works to address homelessness among disabled and homeless veterans.

The Prince home is a joint collaboration between the federal government and the State of Illinois to provide permanent housing, mental health, and supportive services to veterans into a Rapid Reintegration (R&R) program. By leveraging funds (donations) from the community and/or the State, the Prince Home will be able to expand its existing program.

- **Rapid Reintegration:** The R&R Program will be designed to help veterans seeking to reenter the workforce as soon as possible; this program provides the veteran with personalized training, counseling, referrals to medical/psychiatric services, and linkages to community support networks, supportive housing, and employment.
- **The R&R Program** will align with the national campaign to eradicate veteran's homelessness in the United States.

DSTF also recommends that the IDVA consider creating a comprehensive directory that lists and maps available service providers for homeless veterans, by utilizing the point-in-time count provided by the Department of Housing and Urban Development (HUD). This directory can be added to the existing Illinois Joining Forces website, www.IllinoisJoiningForces.org.

[16]FY 2016 Appropriations: HUD Homeless Assistance Grants." *National Alliance to End Homelessness:*. N.p., n.d. Web. 17 July 2015. http://www.endhomelessness.org/library/entry/fy-2015-appropriations-hud-homeless-assistance-grants

Women Veterans

Women have proudly served in the military since the American Revolution. However, despite their contributions, women still struggle to gain the respect and recognition they deserve as veterans. The chart below highlights contributions made by women in various military conflicts.

NUMBER OF WOMEN WHO SERVED DURING WAR TIME ERAS (As of July 2011)[17]

Military Conflict Era	# of Women in Service
Spanish-American War	1,500
World War I	10,000+
World War II	400,000
Korean War	120,000
Vietnam War	7,000
Gulf War I	41,000
Post-9/11	280,000+

Women Veteran Growing Population

In 2011, about 1.8 million (or 8 percent) of the 22.2 million veterans were women.[18] The male veteran population is projected to decrease from 20.2 million men in 2010 to 16.7 million by 2020, whereas the number of women veterans will increase from 1.8 million in 2011 to 2 million in 2020, at which women will make up 10.7 percent of the total veteran population.

The urgency of this effort is acute, given the rapid growth of the women veteran population. Consider the following facts, cited by Secretary Shinseki in announcing the formation of the Women Veterans Task Force (WVTF) in July 2011:

- 14 percent of active duty and 18 percent of National Guard and Reserve units are now women. In contrast, the percentage of women in uniform was just 2 percent in 1950.

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[17] National Center for Veterans Analysis and Statistics. America's Women Veterans. Department of Veterans Affairs, Washington DC, November 2011

[18] U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, May 23, 2012, retrieved from http://www.va.gov/vetdata/.

- The nature of warfare places women in hostile battle space in ever-increasing numbers, with ever-increasing opportunity for direct-fire combat with armed enemies.
- Women are sustaining injuries similar to their male counterparts, both in severity and complexity.

The U.S. Department of Veterans Affairs (VA) estimates that there are 54,707 women veterans in the State of Illinois as of September 2014. That represents 7.6 percent of the total veteran population in Illinois. Post-9/11 women veterans represent the fastest growing demographic in the veteran community.[19]

Before 1973, women were a small minority of the Armed Forces. However, when gender caps were lifted, women entered the military at unprecedented rates. VA estimates that by 2040, women Veterans will comprise approximately 16 percent of the total Veteran population.[20] As women continue to serve in combat roles and combat support roles, greater attention needs to be given to the visible and invisible wounds of war, as well as the gender-specific needs of women veterans and the corresponding challenges.

Challenges Facing Women Veterans

DAV's report *Women Veterans: The Long Journey Home* summarizes the challenges facing women veterans in this country. The challenges of adjusting to post-military life or life after deployment affect women differently than men. The unique needs of women veterans are varied and complex, spanning the areas of health care, eradication of sexual assault, employment, finance, housing and social issues. One of the most persistent problems is a military and veteran culture that is not perceived as welcoming to women and does not afford them equal consideration.

Research has confirmed that there are serious gaps in every aspect of the programs that serve women. Research repeatedly concludes that most

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[19] Veteran Population." - NATIONAL CENTER FOR VETERANS ANALYSIS AND STATISTICS. US Department of Veterans Affairs, n.d. Web. 19 May 2015. Retrieved from the Department of Veterans Affairs website: http://www.va.gov/vetdata/Veteran_Population.asp

[20] "New Members Appointed to VA Advisory Committee on Women Veterans - Veterans Resources." *Veterans Resources*. N.p., 02 Apr. 2015. Web. 23 July 2015. <http://www.veteransresources.org/2015/04/new-members-appointed-to-va-advisory-committee-on-women-veterans/>.

programming fails to serve the needs of women veterans because the solutions are based on serving men.

Employment at the State Level

In September 2012, the unemployment rate for post-9/11 female veterans hit a high of 19.9 percent, according to the Bureau of Labor Statistics. The average unemployment rate for female veterans in 2012 was 12.5 percent, still three percentage points higher than the average for male veterans that year.[21]

“Unfortunately when female veterans come home they aren’t perceived as women warriors,” said John Pickens III, a Vietnam veteran and the Executive Director of Veterans Plus, a nonprofit offering financial counseling to service members. A woman’s military experience isn’t seen as suitable for civilian life, despite the fact that they learned the same skills as their male counterparts, he said.[22]

IDVA leadership will continually leverage existing resources at the federal, State, and local level to create and collaborate on innovative programming through public-private partnerships with community service providers to deliver holistic and evidence-based programs dedicated to promoting economic self-sufficiency, which in turn will lead to improved employment and job retention rates for women veterans.

IDVA recognizes that a myriad of factors cause the higher unemployment rates of women veterans, such as age, marital status, educational attainment, motherhood, medical and mental health concerns.

Employment at the National Level

In 2011, the annual average unemployment rate for women veterans was 9.1 percent (compared with 8.2 percent for non-veteran women). Among

[21] Bureau of Labor Statistics, “Employment status of persons 18 years and over by veteran status, age, and period of service,2013 annual averages,” U.S. Department of Labor, March 24, 2014, retrieved on May 6, 2015 www.bls.gov/news.release/vet.t02A.htm.

[22] Anchan, Asha, Kelsey Hightower, and Caitlin Cruz. "Women Veterans Face Job and Family Challenges, plus Prejudice Back at Home." Eye on Ohio. News21, 29 Aug. 2013. Web. 20 May 2015.

18- to 24-year-olds, the unemployment rate for women veterans was 36.1 percent compared to 14.5 percent for their non-veteran counterparts.[23]

There is a lower percentage of women veterans with a bachelor's degree than non-veteran women:

- Among women aged 17-24, 4 percent versus 10 percent;
- Among women aged 25-34, 24 percent versus 35 percent.[24]

Research has shown that the high unemployment rates for some groups of women veterans is directly related to the disturbingly high rate of homelessness. Both of these trends are impacted by women veterans' difficulty translating their military experience to civilian employment.

It is clear that traditional programs are failing women veterans. Specialized reintegration and readjustment supports must focus on the unique needs of women veterans.

For one thing, there is insufficient integration and collaboration within the VA and among external resources in the area of employment and career development/workforce training for women veterans. The table below outlines the goals and objectives set forth by U.S. Department of Veterans Affairs.

Goal 1	**Objective 1**
Increase employment and retention of women veterans by leveraging public and private sector resources and improving synergy, integration, and collaboration.	**1.1:** Identify existing employment-related programs and perform gap analysis. **1.2:** Identify issues specific to women veterans that impact their employment, such as Post Traumatic Stress Disorder (PTS), mental health, homelessness, childcare, dependent care, etc.

Goal 1 seeks to develop and implement a comprehensive women veterans' employment plan.

[23] Strategies for Serving Our Women Veterans 2012 Report. Washington, D.C.: Dept. of Veterans Affairs, 2012. Www.va.gov. 1 May 2012. Web. 21 May 2015.
[24] Statistics from 2009.

Goal 2	Objective 2
Enhance marketability and professional development of women veterans through career development/workforce training.	**2.1:** Increase capacity of women veterans to market their skills and advance their careers.

Goal 2 seeks to enhance internal VA capacity to effectively deliver career development/workforce training resource information, and reintegrate women veterans in the workplace.

Homelessness

Homelessness among women veterans is expected to rise as increasing numbers of women in the military reintegrate into their communities as veterans. The number of homeless women veterans has doubled from 1,380 in FY 2006 to 3,328 in FY 2010. While data systems for the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Housing and Urban Development (HUD) does not collect data on the risk factors contributing to female veteran homelessness, women veterans face unique challenges that increase their susceptibility to homelessness.[25]

Risks Specific to Women Veterans:

- Psychiatric diagnosis
- Substance abuse
- Trauma (including sexual trauma, before, during or after military service)
- Single parent
- Unmarried
- Unemployment
- Deployment
- Low levels of social support

Homeless women veterans face barriers when accessing and using veteran housing, including:

- Lack of awareness of these programs

[25] George, Stephanie. "Resources and Services to Address the Needs of Homeless Women Veterans." Http://www.va.gov/HOMELESS/chaleng.asp. WWW.Va.gov, n.d. Web. 20 May 2015.

- Lack of referrals for temporary housing while awaiting placement in GPD and HUD-VASH housing
- Limited housing for women with children
- Concerns about personal safety

Note: 11% of HUD-VASH recipient veterans were women in 2012. Women veterans often have families with children and they are more likely to be offered HUD-VASH vouchers.[26]

Barriers

There are several factors that obscure service delivery to women veterans, self-identification being one of the key stumbling blocks. Subject matter experts state that women are less likely to identify as a veteran or prior service member, and subsequently they are less likely to access support programs and services.[27]

Why are women veterans hesitant to identify themselves as a veteran or prior service member? In some cases, women veterans may not feel comfortable seeking support through traditional, male-dominated networks. In cases where Military Sexual Trauma is an issue, service providers report that many women veterans "associate the VA with a military that failed to protect them and hence no need to seek help." [28]

Women who did not serve overseas or in a combat role may not fully comprehend or realize their true veteran status and therefore State and federal benefit programs go unused. The military mandates that all transitioning personnel participate in the Transition Assistance Program (TAP) in an attempt to avoid this exact barrier of unused resources at the State and federal levels.

In an effort to support women veterans. The Illinois Department of Veterans' Affairs (IDVA) has a Women Veterans Coordinator (WVC) who will raise awareness and advocate on behalf of women veterans. The WVC will play an integral role providing IDVA leadership with insight about the needs and

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[26] Pape, Lisa. Homelessness Among Women Veterans PowerPoint presentation; September 2012 Emerging Practices in VHA Homeless Programs: Systems and Services (VA Virtual Conference)

[27] McNichol, K (2015, June 8). Superintendent at Will County Veterans Assistance Commission; Personal interview with Tommy Haire, DSTF Coordinator, Location- Prince Home

[28] Brady, V. (2015, May 5). Resident at Prince Home; Personal interview with Tommy Haire, DSTF Coordinator, Location- Prince Home

concerns of women veterans. The WVC will advocate for holistic and gender-specific programming to continue to ensure that the unique needs of women veterans are met.

Outreach Strategies at the State Level

IDVA has developed a variety of outreach methodologies to advance the "sea of goodwill" to support connecting with women veterans, raising awareness of gender-specific resources that benefit women veterans, and to foster camaraderie and community among the women-veteran population in Illinois.

- The Women Vetrepreneurship Program is a unique program for women veterans who are pursuing self-employment or entrepreneurship as a pathway to economic self-sufficiency. Offered by the Women's Business Development Center (WBDC), in partnership with the Illinois Department of Veterans' Affairs, the program will create a support infrastructure that leverages existing resources to cover both business development and social service needs of women veterans.

- IDVA has developed a feature on its website for women veterans seeking assistance. This unique feature links women veterans with IDVA's female Veteran Service Officer (VSO). VSOs are equipped to assist women veterans in navigating the multitude of benefits and resources that are available through veteran service organizations, non-profits, and government programs.

- IDVA has made strides to strengthen partnerships among Illinois' veteran and military support organizations, including public/private organizations, non-profit organizations, and government entities. These strategic partnerships were developed to facilitate best-practice sharing and to optimize outreach and service delivery to women veterans. The Illinois Joining Forces (IJF) Women Veterans' Working Group was formed in December 2013; this working group has developed and implemented methods of outreach to ensure that women veterans are connected to the resources and benefits that they have earned.

- Outreach Events: IDVA has developed, organized and supported a wide variety of fairs, seminars and outreach events targeting women veterans; this effort will be ongoing.

Outreach Strategies at the National Level

Due to the projected increase in demand, VA will need to increase its capacity to provide consistent and coordinated access to comprehensive services and benefits that meet the unique needs of women veterans, driving action to achieve the optimal resource mix at the appropriate locations to meet demand.[29]

Goal 1	Objective 1
Provide timely services and benefits that meet the needs of the growing population of women veterans (utilizing Women Veterans in the Veterans Health Administration mission strategic plan as a model).	**1.1:** Assess existing VA workforce to determine ability to meet the expected increased demand. **1.2:** Ensure every site of care has a trained and proficient workforce to meet the needs of women veterans. **1.3:** Veterans Health Administration and the Veterans Benefits Administration will ensure they have sufficient ability to accommodate women veterans who request access to staff of specific gender.

Goal 1 and objectives address the need to appropriately match VA workforce capacity to the increased demand for services by women veterans.[30]

Goal 2	Objective 2
VA, Veterans Health Administration and the Veterans Benefits Administration will collaborate in the coordination of services and benefits that achieve optimal outcomes for women veterans.	**2.1:** VA will use eBenefits as a platform to provide a central pathway for comprehensive VA benefits and services information that permits women veterans to craft a Customized Individual Plan (CIP). **2.2:** VA will develop an integrated process for every woman veteran who requests services and/or benefits to ensure that she is provided the opportunity to create a

[29] Idem
[30] Idem

	CIP that addresses her specific needs.

Goal 2 and objectives address the needs of women veterans by providing individualized care and alternate means of interacting with VA.[31]

Goal 3	**Objective 3**
Enhance the coordination and integration of outreach targeting all women veterans.	**3.1:** Develop and deploy a One-VA comprehensive (uniform) women veterans services and benefits package for outreach **3.2:** Strengthen partnerships with veterans Service Organizations (VSOs) and other stakeholders (federal, State, county, and local) to enhance outreach and education to women Veterans.

Goal 3 and objectives seek to create a clearly defined, accessible, united core of VA benefits and services for women veterans and to communicate this through a collaborative outreach program.[32]

The Outcome

- Women veterans and their families find it easier to access the right benefits and health care while meeting their expectations for quality, timeliness and responsiveness
- Increased VA enrollment by women veterans
- Increased use of benefits and services by women veterans

Child Care in the State of Illinois

Lack of access to child care can be an issue for women veterans who are enrolled in school and for those women veterans with frequent medical appointments. Subject matter experts stress that the presence of children, particularly young children, can be a barrier to employment if child care is not readily available, particularly for single parents male or female.

[31] Idem
[32] Idem

The Illinois Department of Human Services (IDHS) administers the Child Care Assistance Program or CCAP. This program provides financial support to low-income individuals with child care needs. CCAP is not exclusive to veterans or military personnel, however CCAP does provide cost-share to income-eligible families to help pay for their child care services. CCAP allows eligible individuals to focus on work, attend school, or engage in medical-related appointments. The Child Care Assistance Program also assists parents in locating a child care provider in their community.

While these programs provide an opportunity for active duty service members or income-eligible veterans to receive child care assistance, subject matter experts reiterate that new measures should be explored to further ensure that veterans—and particularly women veterans—have access to affordable, convenient child care services. Leaders in the veteran community note that it would be worthwhile to explore the development of a state-based voucher program to deliver temporary financial assistance to veterans with pressing child care needs.

Military Sexual Trauma

The Department of Defense defines Military Sexual Trauma (MST) as rape, sexual assault, and sexual harassment. While MST affects both men and women in uniform, servicewomen are at a much higher risk for sexual assault and harassment. MST often leads to devastating conditions such as Post Traumatic Stress (PTS) and major depression. MST is a *universal* problem worsened by derisory enforcement of military law and equal opportunity policy as well as an institutional failure to protect victims from retribution.[33]

Statistics

Although under-reporting of MST is rampant, estimates of the prevalence of MST are alarming:

- While 1 in 6 civilian women experience sexual assault, for military women this number climbs to approximately 1 in 3.

[33] Stalsburg, Brittany L. "Military Sexual Trauma: The Facts." www.servicewomen.org. N.P., n.d. Web. 21 May 2015.

- 6,131 military sexual assaults were reported in fiscal year 2014, which represents an increase of 11% over fiscal year 2013 numbers.[34]

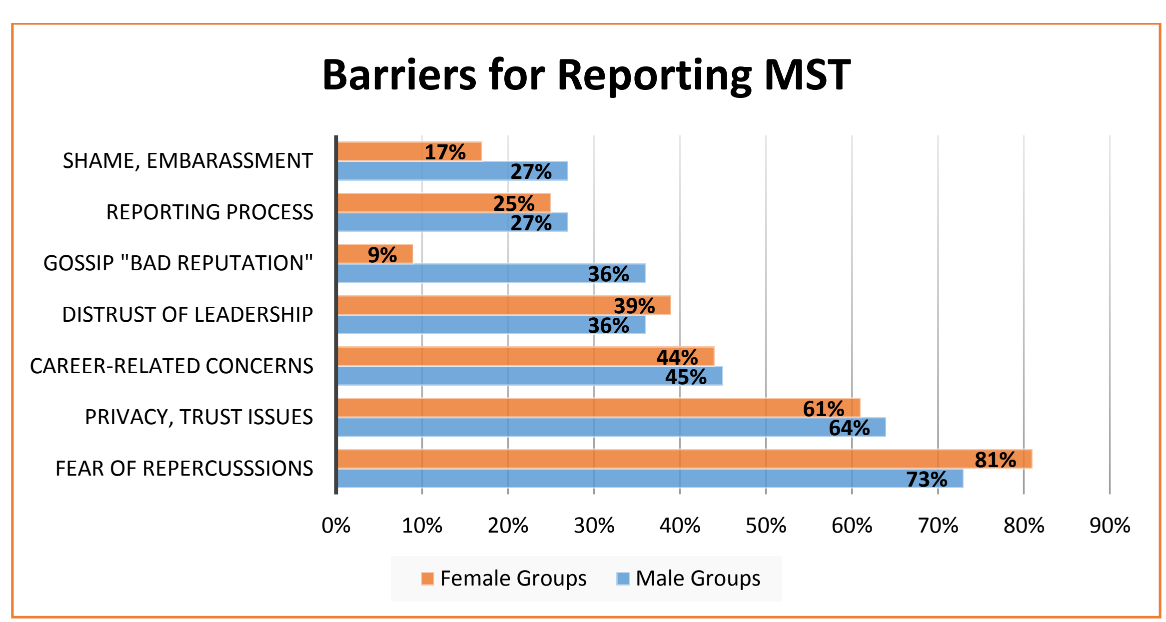
In a study of veterans seeking VA disability benefits for PTS, 71% of women and 4% of men reported an in-service sexual assault. For men, the assault was more likely to occur while *out* of service; for women, the opposite was true.

- Sexual assaults that occur in the military are often *not* isolated incidents and may involve more than one perpetrator—37% of women veterans report being raped at least twice, and 14% report experiences of gang rape.

In response to increased concerns about sexual abuse in the military, Defense Department researchers conducted focus groups with U.S. Services members worldwide.

The below chart illustrates the perceived barriers to reporting sexual abuse.

Chart-2 Barriers for Reporting MST[35]



[34] Carson, Brad. *Department of Defense Annual Report on Sexual Assault in the Military Fiscal Year 2014*. Washington, D.C.: Sexual Assault Prevention and Response Office (SAPRO), 2014. *Http://sapr.mil/index.php/annual-reports*. Web. 25 June 2015.

[35] Stalsburg, Brittany L. "Military Sexual Trauma: The Facts." Www.servicewomen.org. N.P., n.d. Web. 21 May 2015

Claims

Veterans, particularly women who suffer from health conditions resulting from MST, face enormous obstacles when applying for disability compensation from the Veterans Benefits Administration (VBA).

Rejection by the VBA often re-triggers a veteran's sense of helplessness and betrayal, leading to further trauma and illness. Institutional bias in favor of claimants with combat experience effectively ignores women with PTS that resulted from MST. Because claimants are required to identify a specific trigger that caused PTS, combined with the fact that MST often goes unreported, survivors are at a severe disadvantage in proving the origin of their trauma, despite diagnoses of PTS by VA health professionals.[36] Furthermore, under DOD policy, sexual harassment reports are retained on file for only two years, further compounding veterans' ability to substantiate the origin of their trauma.

Perceptions of Veterans Affairs Health Care

Survivors of MST need treatment for both their physical and psychological wounds that are directly and indirectly caused by their assault. The sensitive nature of MST requires a welcoming, safe space for women to receive treatment. The male bias of the VA health system, however, discourages women from seeking treatment and also limits the quality of care they do receive.[37]

[36] Ibid
[37] Ibid

Policy Recommendations

DISCUSSION 2

Women veterans who have difficulty during the transition process typically struggle with a wide variety of issues, ranging from housing, employment, education, finances and health care. Yet veteran support agencies are typically organized to support only one or two of these issues. For instance, it is typical to see "campaigns" targeting women veterans' health and education while ignoring employment or housing (including skills-training and deployment), assuming, often incorrectly, that other agencies are meeting the needs of the women veterans in these areas. Finding meaningful employment for a veteran, male or female, will not itself ensure success for the veteran in transition, if the veteran is struggling with significant unmet physical and/or psychological health care needs that impede the veteran from doing his or her job. Service providers must recognize that a holistic approach to veteran support must include female veterans. Typically, service providers only represent one or two parts of that approach—and maybe not even the most important part, depending on the specific needs of the veteran.

FINDING 2

Research indicates areas in which women veterans need support include culture change, health care, military sexual trauma, disability compensation, justice, family and community, education, transition assistance, employment and housing.

RECOMMENDATION 2

The DSTF recommends that the State of Illinois allocate funds to the Illinois Department of Veterans Affairs (IDVA) to support communities in asset mapping and community collaboration to provide women veteran services and programs. Doing so will ensure that a woman veteran's call for assistance will be answered and effectively addressed locally. This effort will increase female veterans' access to gender-specific health services, including mental health trauma care.

The DSTF recommends that IDVA partners with the Illinois Department of Human Services (IDHS) to create a first-class Child Care Assistance Program for eligible veterans, both male and female. The program can be designed to provide veterans with a limited number of vouchers to be claimed at licensed child care centers. Eligibility would be determined by income and family size guidelines, based on policies and guidelines provided by IDHS.

The DSTF recommends to the State of Illinois and IDVA that both entities develop a comprehensive psychosocial screening process for current and returning women veterans that could help identify those who are at high risk of homelessness due to a physical, mental or cognitive disability.

The DSTF recommends to the State of Illinois that IDVA, the Department of Defense (DOD), and the U.S. Department of Veterans Affairs (VA) coordinate efforts to remove existing barriers and improve access to mental health programs for women veterans. These three entities should explore new programs that would provide gender-sensitive mental health programs for women. An Interagency Working Group should be established and tasked to review options, develop a plan, fund pilots and track outcomes. IDVA, VA, and DOD might consider collaborations on joint group therapy, peer support networks and inpatient programs for women who served post-9/11.

The DSTF also recommends that IDVA consider collaborative efforts with non-profit organizations in an attempt to collect, analyze and publish data by gender and minority status for programs that serve veterans to improve understanding, monitoring and oversight of programs that serve women veterans.

DSTF highly recommends that IDVA partner with DOD to advance its existing programs dealing with Sexual Assault Prevention and Response in an attempt to reduce and/or eliminate Military Sexual Trauma. This effort would include evaluations and prospective scientific studies to monitor the success of its plan to prevent MST, change the military culture, assess program progress and outcomes, and adjust actions as needed.

Lastly, the State of Illinois, IDVA, and the National Guard and Reserve units should partner with Transition Assistance Program (TAP) in a joint effort to conduct assessments that will determine needs of women veterans and incorporate specific breakout sessions during the employment workshop or add a specific track for women in the three- to five-day session to address those needs.

Employment
&
Education

Employment Challenges and Risks for Unemployment

In recent years the jobless rate has decreased among veterans, given that employers have increased their efforts to hire returning veterans.
Yet there is an abundance of veterans that still face barriers to employment. Veterans that have served since 9/11 face even greater challenges. Recent reports taken in the month of March for the years of 2014, and 2015 show that 9/11 veterans' jobless rate has decreased from 6.9 percent in 2014 to 6.5 percent in 2015.[38]

Chart 3: National Jobless Rates [39]

	March 2015	March 2014	March 2013
Non-Veterans	5.5 %	5.7%	7.4%
9/11 Veterans	6.5%	6.9%	9.2%
Veterans over 18 years of age	4.9%	6.0%	7.1%

Unpreparedness for Civilian Employment

Veterans' employment challenges could be partly attributed to a lack of preparation for finding civilian employment when the veteran leaves the military. Part of the lack of preparation for civilian job placement included unrealistic employment expectations. Veterans Employment Representative; Eric Bermudez described veterans as lacking knowledge in the kind of jobs that would be available to them when they leave the military. Bermudez also described veterans as having unrealistic expectations regarding the level at which they should be entering the workforce and what kind of compensation

[38] Bureau of Labor Statistics, "Employment status of persons 18 years and over by veteran status, age, and period of service, 2013, 2014 and 2015 annual averages," U.S. Department of Labor, March 24, 2014, retrieved on May 6, 2015 www.bls.gov/news.release/vet.t02A.htm.
[39] Bureau of Labor Statistics, "The Employment Situation – April 2015," U.S. Department of Labor, April 4, 2015, retrieved on May 25, 2015, from www.bls.gov/news.release/archives/empsit_04042014.pdf.
www.bls.gov/news.release/archives/empsit_04042015.pdf

they should receive. This, of course, varies based on each veteran's level of prior experience.[40]

Unaddressed Mental Health and Substance Abuse Issues

Barriers to employment as well as risk factors for unemployment for some returning veterans are unaddressed mental health and substance abuse issues. Military advisory council chairman, Victor LaGroon, described these as significant challenges in finding employment for veterans.[41] Many described the issues as often inter-connected, with individuals using substances as self-medication for lingering mental health issues, most commonly PTS and/or depression. These problems manifest themselves in several ways in relation to employment. First, they are relevant in the motivation to find and keep employment. Licensed Clinical Social Worker Wali Lewis reported that some veterans have appeared not quite ready to address their mental health and/or substance abuse issues. One subject matter expert described this as follows:

"I think that they have the skills for employment, but mentally and emotionally, I don't know if they're quite ready." Wali R. Lewis- Licensed Clinical Social Worker[42]

Lack of Training and Education for Returning Service members

Education benefits are available for Illinois veterans, however a large number are hindered by a lack of training and civilian job experience necessary to thrive in today's competitive job market.

In a joint effort, IDVA has partnered with the Illinois Department of Commerce and Economic Opportunity (DCEO), educational institutions, and employers to establish a number of educational training programs that provide veterans with the skills and qualifications needed to transition into

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[40] Bermudez, E (2015, June 4). Veterans Employment Representative; Personal interview with Tommy Haire, DSTF Coordinator, Location- Prince Home
[41] LaGroon, V (2015, June 4). Chairman, Military Advisory Council; Personal interview with Tommy Haire, DSTF Coordinator, Location- Prince Home
[42] Lewis, W. (2015, June 2). License Clinical Social Worker; Personal interview with Tommy Haire, DSTF Coordinator, Location- Prince Home

particular career fields. Programs are available in a variety of specialized work areas, including utilities, information technology, building operations, and at Illinois State Parks. These train-to-hire programs focus on equipping veterans with hands on experience, certifications, and job placement assistance that will lead to direct employment and long-term career stability.

Translation of Military Skills to the Civilian Job Sector

All military personnel, whether enlisted or officer, gain critical job skills during their service that can be leveraged to transition into a civilian occupation. On average, veterans that reside in Illinois typically have military experience in at least one of the following areas: infantry, logistics, service support or medical fields. The skills gained from this type of experience can be translated into highly marketable civilian jobs, however in many cases, this conversion is not completely obvious to employers or even to the veterans themselves. Further complicating the matter is the fact that skills translation differs in each employment sector (i.e. medical, manufacturing, law enforcement, etc.); thus the solutions must be tailored to fit each specific skills-employment area.

IDVA has led the charge in the enactment of Executive Order #13-02, which allows training and education acquired during military service to transfer into professional and occupational licensure. IDVA leadership is still working with state licensing agencies to standardize programmatic procedures for the translation of relevant military experience toward state licensure requirements (e.g. military medics experience counted toward LPN or EMT licensure requirements).[43]

Matching Employers to Veterans

There is an overabundance of job search/placement service providers online as well as in local communities and the sheer volume can be intimidating. These search engines are overwhelming for some veterans; hence leaving veterans frustrated and/or unaware of support services available to them. In the same notion employers are often unable to locate and recruit veteran talent for open positions.

Illinois Job Link

IDVA leadership has developed a strategic partnership with the Illinois Department of Employment Security (IDES) to build awareness around the Illinois Job Link (IJL). IJL is meant to act as an all-inclusive database

[43] http://www.illinois.gov/Government/ExecOrders/Pages/2013_2.aspx

featuring current job openings at the local and national levels. Veterans that utilize IJL are able to do the following:

1. navigate an extensive database of job opportunities
2. make direct connections with major employers looking to hire veterans
3. Access job placement assistance from IDES veteran employment representatives.

Illinois Joining Forces (IJF)

Illinois Joining Forces was launched in November 2012, through an inter-governmental agreement between the Illinois Departments of Veterans' Affairs (IDVA)and Military Affairs (IDMA) as a statewide, public-private network of military and veteran serving organizations working together to improve services to Illinois' military and veteran communities. IJF was initiated to leverage Illinois' "sea of goodwill" of resources and services for Service Members, Veterans and their Families.

IJF currently has nine different Working Groups, including an Employment and Job Training Working Group comprised of 40 government agencies, non-profit organizations, and private companies; these Working Groups are tasked to identify, arrange and streamline available resources to enhance the delivery of employment services to veterans and their families.

Furthermore, in the coming year, the Working Groups will work towards developing and executing a wide-reaching action plan that will close gaps in current employment services, producing a best practices guide, and generating policy recommendations aimed at creating preventive, long-term solutions to veteran employment issues.

Education Challenges for Veterans

Education and employment are intertwined issues relating to veterans. The U.S. Department of Veterans Affairs offers a myriad of education benefits and job training services to veterans ranging from the Post-9/11 GI Bill, the Montgomery GI Bill, the Vocational Rehabilitation and Employment (VR&E) Program. As of 2012, only 22 percent of Post-9/11 veterans possess a college degree in Illinois. The vast majority (67 percent) possess only a high school diploma or educational equivalent, which makes it very challenging to compete for high demand professional positions.[44]

[44] Social IMPACT Research Center, "New Veterans in Illinois: A Call to Action," Social IMPACT Research Center at Heartland Alliance, December 2012, retrieved on May 30, 2015, from http://www.scribd.com/doc/114787439/New-Veterans-in-Illinois-A-CALL-TO-ACTION.

Illinois Veterans' Grant/Illinois National Guard Scholarship

Illinois offers supplemental education benefit programs, for example the Illinois Veterans' Grant (IVG) and Illinois National Guard Grant (ING), to coincide with federal benefits and further enable Illinois veterans to complete a four-year degree or go back to school for further training.

IVG/ING benefits play an integral role to members of the Reserve and other service members who are not eligible for the full, 100% Post-9/11 GI Bill. In addition, veterans lose eligibility for Post-9/11 GI Bill benefits after 15 years from their release from active duty. IVG/ING represents a long-term solution for veterans but the upfront cost proves to be a short term problem for Illinois veterans. With IVG having been primarily unfunded for the last several years, the financial burden falls on Illinois' educational institutions that must still grant tuition waivers. For IVG alone, educational institutions waived more than 63 million dollars in costs from 2013 to 2014.[45]

Leadership in both the education setting and the veteran community are joining forces to revamp and maximize savings for educational institutions while preserving the benefits for student veterans. One of last year's key strategies involves a new configuration between IVG/ING and the Post-9/11 GI Bill. IDVA officials are working with the Illinois State Assistance Commission (ISAC) to draft new administrative rules that will generate savings for educational institutions by designating IVG/ING as the payer-of-last-resort for veterans who have less than 100 percent Post-9/11 GI Bill eligibility and who are concurrently drawing IVG benefits. As the rules have changed, state officials have been granted waivers from federal officials to allow IVG/ING to serve as the payer of last resort for affected veterans. This waiver has helped veterans maximize their benefits as well as save waived tuition costs for public educational institutions in Illinois.

Defend Military and Veteran Education Benefits

"In 2013, the one-millionth new veteran went to school on the Post-9/11 GI Bill, realizing many of the hopes that Iraq and Afghanistan Veterans of America (IAVA) and partner organizations had when working to pass this historic benefit. Yet, far too many barriers remain to ensure that this generation gets the most out of this historic benefit. Too many veterans are

[45] Illinois Student Assistance Commission, "2013-2014 Data Book," Illinois Student Assistance Commission, retrieved on May 2, 2014, from www.isac.org/dotAsset/a171cb01-2c9a-450e-8ed6-f93a8aed09c0.pdf.

falling prey to predatory for profit schools who see veterans as dollar signs in uniform. Additionally, structural barriers within the public education system are preventing veterans from making the most of the Post 9/11 GI Bill".[46]

Veterans are often the targets of for-profit schools. Illinois is poised to be at the forefront of ensuring that for-profit schools do not take advantage of veterans by encouraging investigations of the bad apples. In response to these reports, federal and state officials have taken action to crack down on improper recruiting practices and help ensure student veterans have access to reliable information. The U.S. Department of Education's College Affordability and Transparency Center recently released the College Scorecard to help student veterans find out more about a school's affordability and value so they can make more informed decisions.[47] The Illinois State Approving Agency (ISAA) has been tasked to actively evaluate educational institutions in order to ensure compliance.

[46] Hickey, Allison A. "VA Serves One Millionth Post-9/11 GI Bill Beneficiary." The White House. The White House, 8 Nov. 2013. Web. 04 June 2015.
[47] Idem

Policy Recommendations

DISCUSSION 3

With more veterans returning from service around the world, helping them overcome their transition challenges—such as unemployment, homelessness, mental health issues, and disability-related issues—is even more important. However, some of the supports and services that can help veterans during a time of transition have key weaknesses, thereby increasing the risk that some veterans will have difficulties adjusting to civilian life. Giving veterans an opportunity to experience a variety of jobs in an organized framework, all the while gaining interpersonal and professional skills in a civilian environment, will prevent them from bouncing around from one job to the next until they eventually hit on something that appeals to their sense of meaning.

FINDING 3

There will be separating service members and veterans who will have extreme difficulty in finding a meaningful position that provides adequate compensation. The reasons for this might include severe physical and/or psychological health issues, chronic homelessness, legal and financial issues and extremely low skill levels. For all military veterans, but for the hard-to-employ veterans in particular, we must move beyond simply referring service to identifying meaningful employment that provides sufficient remuneration and first class education.

RECOMMENDATION 3

The Discharge Service Member Task Force recommendation is to provide separating service members, guard units and reservist with enhanced opportunities, including additional leave, to conduct in-person interviews with prospective employers in their community before they separate from military service. Where possible, provide the separating service member access to virtual interviewing capabilities that involve video teleconference technologies. Local communities should encourage employers to accept virtual interviews for separating veterans.

The DSTF also recommends the State of Illinois to consider adopting outcome measures for the Transition Assistance Program to ensure that the information and tools service members receive during TAP are effective, including a post-TAP follow-up to track whether the service member is employed, is starting a business or is receiving education and training. In addition, before the State of Illinois can expand this to offer exiting service

members the option of attending a post-service community connection session in the actual community they now reside to introduce them to the resources, services and supports in that community. The optional community connection classes could be organized in collaboration with community and veterans service organizations or other government agencies i.e. IDVA, City of Chicago, Not-for- Profit organizations.

The Task Force recommends that all public colleges and universities in Illinois recognize and accept the Joint Services Transcript (JST) used by the Army, Marine Corps, Navy, and Coast Guard. By doing so the college and or university will review the JST for military training and experiences and recommend appropriate college credit for members of the Armed Forces. IDVA should promote and improve Military Prior Learning Assessments (PLA) for Illinois veterans. Veterans can use PLA to gain college credit outside of the traditional academic environment from work and life experience.

IDVA should address the needs of veterans in education by piloting programs such as education and career counseling, virtual peer support for women students and child care services. Special attention should be given to the needs of women veterans on campus. Schools who adopt these guidelines should be rated as such on the GI Bill Comparison Tool. VA should market its Education Counseling services on the Veterans Benefits Administration (VBA) website and emphasize them during the Transition Assistance Program (TAP). Alternative options such as live chat and email should also be made available and marketed.

IDVA and the US Department of Labor (DOL) should develop pilot programs that build on the promising practices from DOL Career One Stop service centers, but that target unemployed veterans, to assist them with job placement and retention. IDVA as well as DOL should work more closely with state certification organizations to translate military training and certification to private sector equivalents.

Behavioral Health

The US military is a battle-tested and resilient force, and its service members' ability to adapt and overcome adversity is second to none. However, sustained combat has taken a significant toll on the force and the veteran community. Licensed Clinical Social Worker Wali Lewis has developed what is being called the "Egg Analogy" which emphasizes on addressing hardships throughout the veteran's life that have not been properly resolved or managed. Coupled with various hardships in the military, increased the likelihood of the veterans mental health being moderate to severely impair. The Egg Analogy further explains how the veteran's mental health can be impacted if experienced hardships are not addressed properly throughout the various stages of life."[48]

The Egg Analogy

This analogy concentrates on 2 groups of people, also categorized as Egg 1 and Egg 2, throughout the various stages of life from early childhood thru adulthood. Emphasis is placed on Egg 1 and how significant hardship(s) (i.e. verbal, physical, sexual abuse, neglect, malnutrition, etc.) experienced throughout the childhood, pre-teen and teenage years that have not been properly managed or resolved, is at a greater risk of developing a mental health "shell" (metaphorically symbolized as the shell of the egg) that is compromised or cracked. Egg 2, while developing throughout the earlier stages of life did not encounter significant hardship(s), leaving the integrity of the shell intact.

The analogy then focuses on how both Egg 1 and Egg 2 enlist into the military and encounter similar experiences (i.e. combat-related incidents, military sexual trauma, the everyday life of the military, etc.). Egg 1, whose shell was cracked from earlier unaddressed, unresolved hardships, when with the military experiences further cracks the shell and in some cases causes the shell to completely shatter. Egg 2, when encountering similar military experiences as Egg 1, experiences cracks to its shell but has a greater chance of mending itself to prevent long-lasting effects to the integrity of its shell due to its shell being intact throughout the earlier stages of its life.

The analogy then poses the question to its reader about which egg would encounter greater challenges with being able to transition back to a civilian life. The answer, undoubtedly, would be Egg 1.

[48] Lewis, W. (2015, June 2). License Clinical Social Worker; Personal interview with Tommy Haire, DSTF Coordinator, Location- Prince Home

The current conflicts in Iraq and Afghanistan are affecting the mental and emotional health of military personnel and their families. A large number of soldiers are returning from Iraq and Afghanistan who have significant mental health issues.[49] The capacity of the Department of Veterans Affairs (VA) to meet the mental health, housing, vocational rehabilitation, and employment needs of all veterans has been stretched significantly.

Behavioral Health Challenges in the Veteran Community

Many veterans that return from recent conflicts have come across adjustment challenges and emotional stressors as they transition from military to civilian life. Challenges include but are not limited to PTS, depression, anxiety, and anger. Health experts emphasize that these reactions are normal, especially during the first weeks and months after returning from deployment.[50] While the majority of veterans overcome these challenges and lead healthy, fulfilling lives, some struggle with lingering adjustment and behavioral health challenges stemming from traumas or injuries suffered during military service.

If the challenges and stressors are identified and treated in the early stages, these afflictions can hinder the veteran with daily life and normal functioning; when experienced in combination with other common obstacles to include –limited job openings, limited housing options and the residual health effects of combat – the long-term health and socioeconomic concerns can be severe. In the worst scenarios, unresolved behavioral health issues can be a contributing factor to joblessness, family instability, homelessness, and suicide. The outcome of untreated mental health illness can be devastating on the veteran and their families; however, if untreated it can have an adverse effect on the overall strength and well-being of local communities.

By the same token, it is very important to recognize that behavioral health issues are not experienced only by veterans. The families, spouses, parents, and children of veterans and active duty service members are often affected by these difficulties. In particular, studies demonstrate that the family members of veterans experiencing PTS may undergo secondary

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[49] Hoge, Charles W, MD; Auchterlonie, Jennifer L, MS; and Milliken, Charles S, MD, "Mental Health Problems, Use of Mental Health Services, and Attrition From Military Service After Returning From Deployment to Iraq and Afghanistan," Journal of the American Medical Association, 295 (9): 1023-1032, 2006.
[50] U.S. Department of Veterans Affairs, "Returning Veterans," U.S. Department of Veterans Affairs, retrieved on 6/10/15, from www.mentalhealth.va.gov/returningservicevets.asp.

traumatization,[51] and they are more likely to exhibit symptoms of anxiety and aggression.[52] Accordingly, it is crucial that treatment services and preventive strategies incorporate a viable family component.

Obstacles

Veteran advocates emphasize that there is a lack of healthcare and educated service providers in Illinois, particularly in the southern rural areas of the state. This scarcity makes it very problematic for many veterans and their families to access the complete continuum of care providers.

Additionally, pre-existing negative views of the VA are not only disconcerting, but often fictitious and can differ from facility to facility. Some leaders in the veteran community recognize the fact that some veterans associate VA healthcare with long waits between appointments, burdensome paperwork and application requirements, distant referral locations, lack of bedside manner during appointments, lack of reassessment, over/under medication, and various other complications. Founded or not, these negative perceptions can discourage veterans and their families from seeking PTS treatment and represent another significant barrier in improving access to care.

Even as the VA expands mental healthcare capacity, subject matter experts agree access to alternative and additional mental health practitioners is essential. An interconnected network of community-based behavioral health services is critically needed. Relevant community-based service providers include licensed physicians, clinical psychologists, social workers, counselors, board-certified psychiatrists, registered nurses, and recovery support specialists. Training and integrating these mental health practitioners into a unified veteran support network – including by encouraging more to become certified as Tricare Providers – is critical to ensuring that veterans have greater access to PTS recovery services.

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[51] Dekel, Rachel & Goldblatt, Hadass, "Is There Intergenerational Transmission of Trauma? The Case of Combat Veterans' Children, "American Psychological Association, 2008, retrieved on May 30, 2015, from www.dr.dk/NR/rdonlyres/053F0BD6-B27F-461F-AC45-78C4AF5AC196/1869157/Dekel_artikel.pdf.

[52] Gh. Ahmadzadeh & A. Malekian, "Aggression, Anxiety, and Social Development in Adolescent Children of War Veterans with PTS Versus those of Non-Veterans," Journal of Research in Medical Sciences, 2004, retrieved on May 30, 2015 from http://journals.mui.ac.ir/jrms/article/view/923/256.

Illinois Warrior Assistance Program

Through the Veterans Health Administration (VHA), the Vet Center Program, and various other outlets, the VA supports a wide variety of behavioral health services for veterans and their families.[53]

The cornerstone behavioral health program administered by the Illinois Department of Veterans' Affairs (IDVA) is the Illinois Warrior Assistance Program (IWAP). Launched in January of 2008, Illinois became the first state in the nation to launch a TBI and PTS program for returning veterans. IWAP offers a toll-free helpline at 1-866-554-4927 and free online chat services, both of which are staffed by individuals trained to help veterans find the resources, and or counseling, they need. Through IWAP, eligible veterans are referred to a mental health provider for free mental health counseling.

IWAP services are chiefly intended to augment VA programs and provide a targeted resource to those who do not qualify for relevant VA services. Efforts are currently underway to build awareness for IWAP in rural and underserved areas of the state to ensure that veterans have access to this support.

Mental health on the national level

The VA has established several initiatives to help deal with the multitude of mental health issues plaguing our veterans as they return from a decade of war. Two of these services are the Mental Health Treatment Coordinator and the Family and Couple Services.

Mental Health Treatment Coordinators- veterans who receive specialty mental health care have a Mental Health Treatment Coordinator (MHTC). The MHTC helps to ensure that each veteran has continuity through his/her mental health care and transitions. The MHTC's job is to understand the overall mental health goals of the veteran. Having a MHTC assigned ensures that each veteran can have a lasting relationship with a mental health provider who can serve as a point of contact, especially during times of care transitions. Once assigned, the MHTC usually continues to be the mental

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[53] U.S. Department of Veterans Affairs, Guide to VA Mental Health Services for Veterans and Families, U.S. Department of Veterans Affairs, retrieved on June 9, 2015, from www.mentalhealth.va.gov/docs/MHG_English.pdf.

health point of contact for the veteran as long as the veteran receives mental health services within the VHA.[54]

Family and Couple Services-Sometimes, as part of a veteran's treatment, some members of the veteran's immediate family or the veteran's legal guardian may be included and receive services, such as family therapy, marriage counseling, grief counseling, etc. Examples of how VA helps families might include providing education about mental illness and treatment options. Family members might learn how to recognize symptoms and support recovery. In some treatment settings, a brief course of couples counseling or family therapy may be offered.

Stigma

Stigma is synonymous with disgrace, dishonor and shame. As a result, many veterans in the community avoid seeking care because of the negative stigma associated with PTS and other mental disorders sustained while in the military. When one has sacrificed his or her body and mind to serve our nation with honor, stigma becomes the new enemy. Stigma is both assigned and self-inflicted and, therefore, must be attacked from both sides. To succeed, we must be armed with education, compassion, and quality, accessible health care.

The single best way to honor the sacrifices of our veterans and their families is to end the cycle of mental health crisis. Education of community providers, and collaboration between VA, Vet Centers and civilian organizations must be the priority moving forward. By providing more information to providers and communities, the social and emotional risks associated with seeking mental health care may be eased. Improving provider access to education is part of the battle, but improving awareness in the communities in which our veterans and service members live is also an important part of the challenge. Veterans face an internal stigma that burdens them with perceived weakness and very real isolation in the wake of brain injury and emotional struggles. Educating our communities through public service campaigns and access to information is imperative to address the

[54] Ibid

external sources of shame that drive our wounded warriors even deeper into denial and despair[55].

Advocates stress the need to launch a coordinated effort to cognitively refocus and improve the perception of obtaining assistance for behavioral health ailments. Veterans need to recognize that seeking help is a form of courage.

Illinois Joining Forces Behavioral Health Working Group

The Behavioral Health Working Group within Illinois Joining Forces has built a supportive network throughout Illinois, government agencies, non-profit organizations and community providers. This network is actively working together to identify the unmet needs of the veterans dealing with mental ailments. The focus of the statewide collaborative efforts by Illinois Joining Forces (IJF), is to build a public-private network of more than 160 organizations committed to working together to take on gaps in veteran support and to building a "no wrong door" system of military and veteran support. IJF member organizations collaborate online and in person, the latter through IJF Working Groups.

In addition to building partnerships and the statewide provider network, the Behavioral Health Working Group has identified the following four interrelated priorities as initial areas of focus:

Education and Training – To build awareness and services capacity through the education of the Illinois community at large, and specifically target the provider community on the unique challenges facing veterans, service members and their families.

Needs Assessment – To analyze and identify service gaps through the development of a statewide services inventory mapped against the veteran population.

Closing the Services Gap – To ensure that veterans, service members and their family members have access to needed services by reducing barriers relating to stigma, rural access, and antiquated systems of care.

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[55] *New Hampshire Legislative Commission on Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)*. N.p.: n.p., n.d. *Http://nhpr.org/post/nh-veterans-face-stigma-over-mental-health-treatment*. Jan. 2014. Web. 23 July 2015.

Complementary and Alternative Medicine Interventions – To include alternative models of care, recovery and resilience; such as adaptive sports, equine psychotherapy, recreational activities and writing groups, which give voice to the diverse nature of the military population in addressing behavioral health issues.[56]

IDVA Efforts

Illinois Department of Veterans' Affairs is in the development phase to partner with the Military OneSource network to support community providers. Military OneSource training features instruction on military culture and sensitivity, deployment, reintegration, standardized training on each service component (i.e. Army, Navy, Air Force, etc.), and post-suicide survivor training. Training is offered online through live webinars, and providers must receive annual training to renew their certification. Once certified, providers become a part of the nationwide referral network and are eligible to receive reimbursement for non-medical counseling services rendered.

Services delivered by Military OneSource providers are designed to offer support with short-term issues, including adjustment to situational stressors, stress management, decision making, communication, grief, blended-family issues, and parenting-skills issues.[57] Individuals are eligible to receive up to 12 counseling sessions per issue.

Eligibility for Military OneSource services is comparably broad, extending access to active duty military personnel, National Guard/Reserve members (regardless of activation status), dependent family members, guardians of minor dependent children of deployed or mobilized service members, and medically retired service members. But at the same time, veteran advocates emphasize that eligibility only lasts up to six months after separation. At that point, recipients are no longer able to receive support services. In addition, veteran advocates note that when a Military OneSource provider diagnoses a patient with a medical condition, the provider is required to refer the patient out to a community practitioner. While that may not pose a major problem in large metropolitan areas, this causes difficulties in rural areas, such as

[56] Behavioral Health Working Group, "Summary and Vision Statement," Illinois Joining Forces, retrieved on June 11, 2015, from www.illinoisjoiningforces.org/documents/illinois-joining-forces-behavioral-health-Working Group-overview.

[57] Military OneSource, "About Military OneSource," Military OneSource, retrieved on June 11, 2015 from www.militaryonesource.mil/footer?content_id=267441.

downstate Illinois, where there is not a high concentration of available and culturally competent providers.

By the Numbers

Table 3 displays the number and distribution of unique Operation Enduring Freedom and Operation Iraqi Freedom veterans with potential or provisional PTS utilizing VA facilities in Illinois from October 1, 2001 - December 31, 2013.

OEF/OIF/OND Veterans with a Diagnosis of Potential or Provisional PTS Using VA Facilities in Illinois

Table 3: Number and Distribution of Unique OEF/OIF/OND Veterans with Potential or Provisional PTS Utilizing VA Facilities from October 1, 2001 - December 31, 2013[58]

VISN-Facility	In patients-Primary	Inpatients-Any	Out patients - Primary	Out Patients-Any	Total Patients-Primary	Total Patients-Any	Vet Centers-PTS	Vet Centers-Outreach	Vet Centers-Others	Grand Total
VA-DANVILLE	71	196	1,795	2,092	1,797	2,105	363	1,528	1,481	2,249
VA-HINES	130	437	2,655	2,824	2,663	2,887	464	269	212	3,104
VA-NORTH CHICAGO	78	209	1,572	1,854	1,594	1,889	285	900	176	2,086
VA- Jesse Brown	127	277	1,910	2,198	1,915	2,223	382	657	637	2,405

Note: Marion VA hospital is not shown

[58] Office of Public Health, Veterans Health Administration, Department of Veterans Affairs. N.P., 1 Mar. 2014. Web. 10 June 2015.

Policy Recommendations

DISCUSSION 4

Stigma and barriers are high for separating service members and veterans seeking physical and psychological health care. Despite numerous DOD efforts to reduce barriers and stigma associated with receiving mental health care, service members remain reluctant to seek care, preferring to handle their own problems or fearing that seeking care will harm their careers, among others. Military veteran's report similar concerns.

Mandating complete health examinations is probably long overdue. DSTF recognizes that such a change will require increased medical resources, yet this is a small effort to ensure the health of our military veterans. Separating service members will likely remain reluctant to disclose physical or psychological health issues due to continuing stigma or at a time when they are planning on leaving the military, fearing that if any issues are discovered that the military will stop them from leaving until the health issues are resolved. In worst cases, service members may be required to go through the medical board process, delaying the military separation even further. Here, the military transition mentor will be critical in educating the separating service member about the pros and cons of disclosing health issues during the transition process, yet at the same time working with the service member to overcome barriers and stigma associated with receiving care. The DOD and the VA will also need to work more closely together to ensure greater continuity of care when issues are identified so that the separating service member might begin receiving care prior to leaving active duty, without affecting the military separation date.

Such a program could involve a joint effort between the VA and local community health organizations. Civilian military transition mentors could play an essential role in this effort by assisting the veteran in overcoming barriers and stigma to receiving care, as well as helping the veteran navigate the processes for accessing care. It is hoped that this community-led health prevention/early intervention engagement strategy will also help to identify military veterans who are suicidal.

FINDING 4

Many service members leave active duty with untreated mental and physical health issues. Many veterans and military personnel report a significant physical or mental health issue for which they are not receiving care. One in 10 veterans have considered suicide or made a plan to end their life by suicide.

RECOMMENDATION 4

The DSTF recommendation to the State of Illinois is to development a strategic partnership with the Rehabilitation Institute of Chicago (RIC) to statutorily establish a state office of brain injury and advisory council in Illinois. The advisory board will serve as a model for, innovative programs and a multi-systemic statewide network of partners that can provide service referral, education and outreach, all while connecting veterans as well as their families to the appropriate array of care. Develop legislation that would provide increased awareness and resources for Traumatic Brain Injury.

The Task Force also recommends the State of Illinois collaborate with partners across Illinois to hold regional training events to heighten community awareness about the combat experiences and needs of veterans and their families and encourage action at the community level. The State of Illinois should also provide a military transition mentor for National Guard and Reservists that are in the process of separating who can guide them through the physical and mental health evaluation, documentation and care process.

IDVA should consider supporting public and private initiatives in Illinois to screen returning veterans for Traumatic Brain Injury and Post Traumatic Stress and make information and resources available that are necessary for rehabilitation, transition, and return to work.

IDVA as well as the State of Illinois should consider developing a multi-agency, comprehensive long-term strategy in Illinois to address the mental health needs of current and returning veterans. Encourage Illinois Medical Schools to train physicians in physical and psychosocial implications of compression injuries. Also, explore efforts to educate employers on the benefits of using qualified/trained individuals such as Certified Rehabilitation Counselors to provide job placement services to veterans with disabilities and encourage collaboration with education and state run organizations with similar missions.

DSTF highly recommends to the State of Illinois and the General Assembly to mandate complete psychological and physical health evaluations for all separating service members, regardless of stated health and health screening results, particularly for veterans of the Iraq and Afghanistan wars. Eliminate the optional physical health exam. Ensure that all physical and psychological health needs are documented in service members' medical records to increase the likelihood they are service connected.

APPENDIX A:

Minutes for the Meeting of the
DISCHARGED SERVICEMEMBER TASK FORCE

Friday, May 1, 2015, 10:00 a.m. to 12:00 p.m.
Hines VA Medical Center
5000 S 5th Ave.
Hines, IL 60141

Subject of Discussion: Housing and Homelessness

Members Present

Erica Jeffries (Chairman)- Director, Illinois Department of Veterans' Affairs
Tommy Haire- DSTF Coordinator
Mark Bowman- Sergeant Major, Illinois National Guard
Kevin Hull- Executive Director, Westside Institute for Science & Education
Jeanne Ives- Illinois State Representative
Maurice Rochelle- Illinois Department of Military Affairs
Ken Clarke- Illinois Department of Veterans' Affairs
Paul Knudston- National Louis University

Members Not Present

Pam Althoff- Illinois State Senator
Linda Chapa LaVia- Illinois State Representative
Kenneth Clarke- President and CEO, Pritzker Military Library
Jim Frazier- Survivor Outreach Service Officer, U.S. Army
Jeanne Ives- Illinois State Representative
Michael Hastings- Illinois State Senator
Mary Ann Romeo- MSSW, VISN 12 Care Coordinator
Suzanne Nunziata- U.S. Department of Veterans Affairs

Guests

Catherine Peterson- HUD
Victor LaGroon- City of Chicago Advisory Council
Christopher LaFayelle- Chair of Illinois Joining Forces- Homeless Working Group
Danel Peters- Illinois Department of Veterans' Affairs
Wali Lewis- Social Worker-Illinois Department of Veterans' Affairs
Tracey Emmanuel- Hines VA
Erin Silanski- Hines VA
Kristina McNichol- Will County VAC
Sue Augustus- CSH
Michael Wallace- Veteran Housing & Employment Assistance

APPENDIX B:

Minutes for the Meeting of the
DISCHARGED SERVICEMEMBER TASK FORCE

Thursday May 14, 2015, 11:00 a.m. to 1:00 p.m.
Thompson Center
100 west Randolph
Chicago, IL 60605
Subject of Discussion: Women veterans

Members Present

Erica Jeffries (Chairman)- Director, Illinois Department of Veterans' Affairs
Tommy Haire- DSTF Coordinator
Paul Knudston- National Louis University
Kevin Hull- Executive Director, Westside Institute for Science & Education

Members Not Present

Alison Ruble- President and CEO, USO of Illinois
Mark Bowman- Sergeant Major, Illinois National Guard
Jim Frazier- Survivor Outreach Service Officer, U.S. Army
Pam Althoff- Illinois State Senator
Linda Chapa LaVia- Illinois State Representative
Kenneth Clarke- President and CEO, Pritzker Military Library
Jeanne Ives- Illinois State Representative
Michael Hastings- Illinois State Senator
Maurice Rochelle- Illinois Department of Military Affairs
Pam Althoff- Illinois State Senator
Linda Chapa LaVia- Illinois State Representative
Jim Frazier- Survivor Outreach Service Officer, U.S. Army
Mary Ann Romeo- MSSW, VISN 12 Care Coordinator
Suzanne Nunziata- U.S. Department of Veterans Affairs

Guests

Kristina McNichol- Will County VAC
Victor LaGroon- City of Chicago Advisory Council
Christopher LaFayelle- Chair of Illinois Joining Forces- Homeless Working Group
Michael Wallace- Veteran Housing & Employment Assistance
Danel Peters- Illinois Department of Veterans' Affairs
Wali Lewis- Social Worker-Illinois Department of Veterans' Affairs

APPENDIX C:

Minutes for the Meeting of the
DISCHARGED SERVICEMEMBER TASK FORCE

Wednesday May 27, 2015, 11:00 a.m. to 1:00 p.m.
Thompson Center
100 west Randolph
Chicago, IL 60605

Subject of Discussion: Employment and Education

Members Present

Erica Jeffries (Chairman)- Director, Illinois Department of Veterans' Affairs
Tommy Haire- DSTF Coordinator
Paul Knudston- National Louis University

Members Not Present

Alison Ruble- President and CEO, USO of Illinois
Mark Bowman- Sergeant Major, Illinois National Guard
Jim Frazier- Survivor Outreach Service Officer, U.S. Army
Pam Althoff- Illinois State Senator
Linda Chapa LaVia- Illinois State Representative
Kenneth Clarke- President and CEO, Pritzker Military Library
Jeanne Ives- Illinois State Representative
Michael Hastings- Illinois State Senator
Maurice Rochelle- Illinois Department of Military Affairs
Pam Althoff- Illinois State Senator
Linda Chapa LaVia- Illinois State Representative
Jim Frazier- Survivor Outreach Service Officer, U.S. Army
S Mary Ann Romeo- MSSW, VISN 12 Care Coordinator
Suzanne Nunziata- U.S. Department of Veterans Affairs

Guests

Geri Bleavings- Healthy Home Advantages
Naaman Moorman- Healthy Home Advantages
Jorge Bermudez- Illinois Department of Employment Security
Daniel Acosta- Illinois Department of Employment Security
Kristina McNichol- Will County VAC
Victor LaGroon- City of Chicago Advisory Council
Christopher LaFayelle- Chair of Illinois Joining Forces- Homeless Working Group
Danel Peters- Illinois Department of Veterans' Affairs
Wali Lewis- Social Worker-Illinois Department of Veterans' Affairs

APPENDIX D:

Minutes for the Meeting of the
DISCHARGED SERVICEMEMBER TASK FORCE

Monday, June 8, 2015 10:00 a.m. to 2:00 p.m.
Prince Home
One Veterans Drive
Manteno, Il 60950

Subject of Discussion: Behavioral Health

Members Present

Tommy Haire- DSTF Coordinator

Members Not Present

Erica Jeffries (Chairman)- Director, Illinois Department of Veterans' Affairs
Paul Knudston- National Louis University
Alison Ruble- President and CEO, USO of Illinois
Mark Bowman- Sergeant Major, Illinois National Guard
Jim Frazier- Survivor Outreach Service Officer, U.S. Army
Pam Althoff- Illinois State Senator
Linda Chapa LaVia- Illinois State Representative
Kenneth Clarke- President and CEO, Pritzker Military Library
Jeanne Ives- Illinois State Representative
Michael Hastings- Illinois State Senator
Maurice Rochelle- Illinois Department of Military Affairs
Pam Althoff- Illinois State Senator
Linda Chapa LaVia- Illinois State Representative
Jim Frazier- Survivor Outreach Service Officer, U.S. Army
Mary Ann Romeo- MSSW, VISN 12 Care Coordinator
Suzanne Nunziata- U.S. Department of Veterans Affairs

Guests

Danel Peters- Illinois Department of Veterans' Affairs
Wali Lewis- Social Worker-Illinois Department of Veterans' Affairs
Kristina McNichol- Will County VAC
Victor LaGroon- City of Chicago Advisory Council
Don Donahue- Hines VA
Rosemary Irons-Lewis- Illinois Department of Veterans' Affairs
Tom Miller- Illinois Division of Mental Health Chair
Christina Bilyk- Illinois of Department Veterans' Affairs Intern
Christopher LaFayelle- Chair of Illinois Joining Forces- Homeless Working Group

APPENDIX E:

Veteran Population in Illinois by County as of 9/30/14[59]

COUNTY	Veterans	COUNTY	Veterans	COUNTY	Veterans	COUNTY	Veterans
Adams	6,338	**Greene**	1,277	**McHenry**	19,331	**Wabash**	1,098
Alexander	669	**Grundy**	3,541	**Mclean**	10,726	**Warren**	1,340
Bond	1,370	**Hamilton**	617	**Menard**	1,007	**Washington**	1,325
Boone	3,687	**Hancock**	1,536	**Mercer**	1,411	**Wayne**	1,165
Brown	432	**Hardin**	353	**Monroe**	3,002	**White**	1,304
Bureau	2,717	**Henderson**	765	**Montgomery**	2,579	**Whiteside**	4,986
Calhoun	478	**Henry**	4,187	**Morgan**	3,022	**Will**	39,376
Carroll	1,448	**Iroquois**	2,203	**Moultrie**	1,106	**Williamson**	5,584
Cass	1,060	**Jackson**	4,299	**Ogle**	4,370	**Winnebago**	20,959
Champaign	10,666	**Jasper**	753	**Peoria**	13,781	**Woodford**	3,166
Christian	3,003	**Jefferson**	3,361	**Perry**	1,551	**Massac**	1,179
Clark	1,438	**Jersey**	2,193	**Piatt**	1,404	**McDonough**	2,484
Clay	1,045	**Jo Daviess**	2,108	**Pike**	1,399	**Franklin**	3,530
Clinton	3,408	**Johnson**	1,110	**Pope**	387	**Fulton**	3,181
Coles	3,788	**Kane**	24,787	**Pulaski**	537	**Gallatin**	516
Cook	199,966	**Kankakee**	8,053	**Putnam**	559	**Marion**	3,265
Crawford	1,626	**Kendall**	7,382	**Randolph**	2,826	**Marshall**	1,111
Cumberland	858	**Knox**	4,450	**Richland**	1,245	**Mason**	1,407
DeKalb	6,953	**La Salle**	8,970	**Rock Island**	12,049	**Tazewell**	12,176
Dewitt	1,569	**Lake**	35,395	**Saint Clair**	29,288	**Union**	1,553
Douglas	1,405	**Lawrence**	1,328	**Saline**	2,173	**Vermilion**	6,024
DuPage	40,604	**Lee**	2,782	**Sangamon**	16,370		
Edgar	1,467	**Livingston**	2,803	**Schuyler**	607		
Edwards	557	**Logan**	2,302	**Scott**	423		
Effingham	2,512	**Macon**	9,244	**Shelby**	2,110		
Fayette	1,855	**Macoupin**	4,462	**Stark**	485		
Ford	1,134	**Madison**	25,030	**Stephenson**	3,761	**Total**	721,582

[59] "Veteran Population." *NATIONAL CENTER FOR VETERANS ANALYSIS AND STATISTICS*. N.p., n.d. Web. 23 July 2015. <http://www.va.gov/vetdata/Veteran_Population.asp>.