

THE STATE OF THE AMERICAN VETERAN:

The Los Angeles County Veterans Study

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Acknowledgements

We have convened the talents and strengths of our community members to reach the previously unreachable veteran population, raised support from untapped sources and leveraged community networks as a means to ignite new solutions for addressing the transition challenges facing our Los Angeles veterans. We are truly grateful to our many colleagues, friends and supporters who worked tirelessly to honor our moral obligation to ensure United States veterans receive the services promised to them when they enlisted. We would like to thank the team at the Center for Innovation and Research on Veterans & Military Families (CIR), past and present, and all of the students and volunteers who made valuable contributions to this project: **Adam Renteria, Alex Martinez, Ailin Dayani, Alice Kim, Anna Zogas, Ashley Schuyler, Chris Munch, Claudia Bustamante, Diana Ray Letourneau, Hyunsung Oh, Jan Nissly, Jeff Wilkins, Jeremy Johnson, John Echeto, Joseph Chicas, Kathy Ell, Kim Finney, Laura Mosedale, Luci Ursich, Margaret Thomas, Mark Arteaga, Max Molina, Nathan Graeser, Randy Del Cid, Sara Ozuna, Sarah Redmond, Samantha King, Shawna Campbell, Sherrie Wilcox, and Susana Pineda.** We would also like to thank all the community and business partners who supported this effort, including the University of Southern California and the Los Angeles Veterans Collaborative. We are especially grateful for our generous foundation and corporate sponsors: **Newman's Own Foundation (Lisa Walker), Deloitte (Philip Brozenick, David Porges, Sarah Hardin, Collette Arechavaleta, and Mark Spratt), UniHealth Foundation (Mary Odell), and Prudential (Stephen Robinson, Raymond Weeks).** Without them, this project isn't possible. Finally, we are indebted to the veterans who participated in the study, who opened up their lives to us, and through their self-disclosure enable us to help other veterans.

WE SALUTE YOU!

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NEWMAN'S OWN
FOUNDATION



Prudential



For the first time, we finally have the essential data we need to drive the best possible policy and programs. The feedback provided by the 1,850 veterans who took part in this survey sheds much-needed light on the challenges and opportunities that confront our veteran community. Now, it's incumbent on us to use this data to achieve measurable results; to reduce veteran unemployment, homelessness and various disservices.

I applaud CIR for their efforts and am happy to announce that we'll be partnering with them to create a report that will outline our city's first ever 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.

Eric Garcetti, Mayor, Los Angeles, CA

Video Address during The State of Military Veterans in Los Angeles County

Deloitte Impact Day June 6, 2014

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Executive Summary

The United States has been at war for more than a decade, with the conflicts in Iraq and Afghanistan representing the longest in our nation's history. This post-9/11 veteran population has been making its way back to civilian communities. California is home to over 1.8 million former service members, making it the largest veteran population of any state in the United States, and Los Angeles County is the most populous. Each year, approximately 12,000 military veterans will settle in Los Angeles County as they transition out of the military, joining the 325,000 veterans who currently reside here. For the most part, veterans in California and Los Angeles County reflect the larger national demographics, with the exception that the local population has more Hispanic and Asian veterans than the national average. Notwithstanding these minor demographic differences, the data from this study will be applicable to local communities, states and national agencies developing strategies to assist veterans transitioning home. The timing of this study could not be more critical.

The Los Angeles County Veterans Study, conducted by the USC School of Social Work Center for Innovation and Research on Veterans & Military Families, is an effort to provide data-driven recommendations for serving the large population of veterans residing in Los Angeles County. This study found a number of veterans have and are continuing to transition well into their civilian population. This report, however, focuses on those who are facing challenges so that targeted programs and policies can ensure that all veterans are successful, not just a lucky few. Service members encounter a series of needs as they transition out of the military. These include securing employment and housing, addressing physical or mental health issues and adjusting to civilian culture. The ease through which this transition is made has a profound impact on post-service well-being. In an effort to examine how Los Angeles County veterans have managed this transition as well as the current state of their overall needs, the Los Angeles County Veterans Study surveyed 1,300 veterans living in Los Angeles County. In addition focused group interviews were conducted to supplement the findings from the survey. From this effort, the following findings and specific recommendations were developed.

The findings from the Los Angeles County Veterans Study have revealed several overarching issues that deserve attention:

- First, many service members leaving the military are not prepared for the transition.*
- Second, many military veterans have a wide range of needs that cannot be easily provided by a single organization.*
- Third, veteran support organizations are not organized to provide holistic support to current and returning veterans.*
- Fourth, most veteran support organizations are focused on meeting acute and chronic needs of veterans, such as homelessness, immediate or severe health issues, or acute or chronic unemployment. Very little attention is given to preventing these conditions or intervening early to prevent them from becoming chronic.*

SPECIFIC FINDINGS AND RECOMMENDATIONS

Civilian Transition Difficulties

FINDING 1

Over two-thirds of today's veterans reported difficulties adjusting to civilian life, and reported that they do not know where to go or who to contact to get help.

RECOMMENDATION 1

Establish a mechanism that enables support agencies to be aware of service members planning on transitioning into their communities so a proactive outreach plan can be established with service member before they leave active duty. Several strategies exist for establishing this critical connection:

- The Department of Labor or the Department of Defense can collect contact information from each separating service member, inform them of how the information will be shared with the local communities in order to assist them in their military-to-civilian transition, and then provide the information to veteran support agencies residing in the local communities in a timely fashion so they can conduct an active outreach to the separating service member.
- Early during the mandated military Transition Assistance Program (TAP)/Transition Goals Plan and Success (GPS), service members can opt to share their contact information with the local community to which they plan to move, to proactively plan for assistance with employment, housing or other needs.

- Each community can conduct a public information awareness campaign targeting the family and friends of service members separating from the military encouraging them to contact a local veteran support agency so they can assist the separating service member in finding employment, housing or meet other needs before they leave active duty service.

Employment Status

FINDING 2

Nearly eight in 10 service members leave the military without a job, expecting to quickly find meaningful employment that provides adequate remuneration once they leave the military. Nearly a quarter of veterans in Los Angeles County with jobs are earning at or below the poverty level. Over three-quarters of those veterans without a job are not receiving assistance in finding a job. At the same time, veterans also report needing time to figure out what they want to do in life once they leave the military.

RECOMMENDATION 2A

Establish having a legitimate job offer as the primary outcome of the new military TAP/Transition GPS program. This can be accomplished if the TAP/Transition GPS program works with local communities where the separating veteran plans to live. While separating service members may engage in the TAPS/Transition GPS system 12 to 24 months prior to separation, such engagement may need to be mandated in order to provide sufficient time to identify meaningful employment that provides sufficient remuneration.

RECOMMENDATION 2B

Provide the separating service member enhanced opportunities, including additional leave, to conduct in-person interviews with prospective employers in their new community before they separate from military service. Where possible provide the separating service member access to virtual interviewing capabilities that involved VTC technologies. Local communities should encourage employers to accept virtual interviews for separating veterans.

RECOMMENDATION 2C

Provide separating service members with a formal course that reorients them to the realities of civilian employment throughout the transition process. Embed this discussion in the larger framework noting differences between military culture and civilian culture, without denigrating either of them.

RECOMMENDATION 2D

Provide separating service members/veterans opportunities to work in a variety of jobs facilitated by local communities. For example, a community employment strategy for returning veterans should consider leveraging community temporary employment agencies and alternative staffing agencies to enable veterans to work in a variety of positions to help them identify future career opportunities and interests, build skills and provide income.

RECOMMENDATION 2E

Develop innovative employment strategies for difficult-to-employ military veterans, especially veterans with enduring physical and psychological health injuries.

Living Arrangements Post-Military Service

FINDING 3

A significant number of service members (at least 40%) leave the military without having identified permanent housing.

RECOMMENDATION 3A

Use the new military TAP/Transition GPS program to verify that separating veterans have permanent and sustainable housing when they leave the military. That is to say, provide counseling to the separating service member about the suitability and sustainability of their post-military housing plans.

RECOMMENDATION 3B

Connect the separating service member with the local community where the separating service member plans to live to identify suitable housing options.

RECOMMENDATION 3C

Set realistic expectations about the type of housing a military veteran is likely to be able to afford as a civilian.

RECOMMENDATION 3D

Provide transitional housing for separating service member through both public and private partnerships until they obtain permanent housing. Unlike the Veterans Affairs Supporting 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. In particular transitional housing would be extremely valuable to single female separating service members and service members with children.

Prevention of Homelessness

FINDING 4

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

RECOMMENDATION 4A

Provide housing support to veterans under housing distress (in a holistic framework so they can continue to focus on employment and health) prior to receiving eviction notice or an eviction. Consideration should be given to extending the military housing allowance for separating service members up to 12 to 24 months post-military service.

RECOMMENDATION 4B

Expand the definition of veteran homelessness so that it encompasses veterans under housing distress or who lack permanent housing.

Physical and Psychological Health

FINDING 5

Many service members leave active duty with untreated mental and physical health issues. Five in 10 military veterans 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.

RECOMMENDATIONS 5A

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 likelihood they are service connected.

RECOMMENDATION 5B

Conduct outreach to veterans, encouraging biannual checkups following military separation.

RECOMMENDATION 5C

Provide a military transition mentor for active duty separating service members who can guide them through the physical and mental health evaluation, documentation and care process.

RECOMMENDATION 5D

Establish civilian military transition mentors within local communities prior to separation to guide the separating service member/veteran through the VA health care system, as well as provide assistance for employment and housing, if needed. Utilize experienced and trained military veterans as military transition members when possible.

VA Disability Ratings

FINDING 6

Pre- 9/11 and post-9/11 veterans reported significant physical and psychological health concerns, as well as impaired functioning, yet appear not to have obtained a commensurate VA disability rating.

RECOMMENDATION 6A

Encourage pre-9/11 and post-9/11 veterans to consult with a veteran service officer (VSO) to advise them in the development of their VA disability application plan.

RECOMMENDATION 6B

Encourage pre-9/11 and post-9/11 veterans to utilize VSOs in the preparation of their VA disability application, and to provide assistance in appeals and reconsideration.

RECOMMENDATION 6C

Ensure that every separating service member obtains a complete copy of their medical record regardless of separation status. Add it to the mandatory clearing checklist. Incorporate it into the TAP/Transition GPS program.

Barriers and Access to Care

FINDING 7

Significant barriers to receiving help exist for pre-9/11 and post-9/11 veterans, with post-9/11 veterans reporting higher perceptions of barriers; resulting in five out of 10 veterans not accessing care for needed services. Many veterans indicate preferring to handle problems on their own.

RECOMMENDATION 7A

Tailor community public awareness campaigns that target post-9/11 veterans. Utilize civilian military transition mentors.

RECOMMENDATION 7B

Develop outreach and services that are sensitive to the needs of female veterans.

RECOMMENDATION 7C

Develop outreach approaches that are sensitive to race and ethnicity, in particular towards Hispanics and Asians. Given that Hispanics represent over one-third of the surveyed population and Asians represent 8% of the surveyed population, outreach approaches should be developed targeting these unique populations.

RECOMMENDATION 7D

Develop a communication strategy to address the concerns regarding barriers and stigma around mental health utilization and benefits. Embed psychoeducation training in the TAP/Transition GPS program and include psychoeducation in local community transition programs to address stigma and barriers to care.

Veteran Service Needs

FINDING 8

Veterans identified a wide-range of services needed during transition, including employment, healthcare, mental health, housing, and education, amongst others.

RECOMMENDATION 8A

Establish a veteran community support network that can provide a comprehensive and holistic plan to engage and support veterans in transition, recognizing that successful military transitions can take up two years.

RECOMMENDATION 8B

Utilize a peer-to-peer strategy through the creation of civilian military transition mentors.

Financial Issues

FINDING 9

Over one-third of veterans report financial troubles, many of which began during military service.

RECOMMENDATION 9A

Assess the financial health of service members on an annual basis to enable sufficient time to restore financial health, if needed, prior to military separation.

RECOMMENDATION 9B

During TAP/Transition GPS, conduct detailed financial analyses of separating service members' financial health utilizing trained financial consultants.

Military Identity

FINDING 10

Today's military veterans have very strong personal and social military identities that while admirable and desirable can interfere with a successful civilian transition. While the insularity of military culture promotes unity and resilience for the rigors of war, it can also leave service members less equipped and less comfortable in a civilian environment.

RECOMMENDATION 10A

Develop a comprehensive reorientation program for separating service members that focuses on differences and similarities between the military culture and the civilian culture. Provide realistic employment and housing expectations. Use a peer-to-peer approach as separating service members are more likely to listen to other service members who have been there and done it.

RECOMMENDATION 10B

Structure local community veteran support services so they are integrated to begin where the TAP/Transition GPS program leaves off.

RECOMMENDATION 10C

Encourage and support veterans building new networks and connections with civilians while they are on active military service.

Background

The United States has been at war for more than a decade, with conflicts in Iraq and Afghanistan representing the longest in our nation's history. Persistent instabilities in the Middle East, North Africa and Asia are likely to keep American forces engaged in combat and/or peacekeeping operations for many years to come. The influx of Iraq and Afghanistan veterans back into the U.S. civilian communities has yet to peak but is clearly underway. Each year approximately 12,000 military veterans will settle into Los Angeles County as they transition out of the military, joining the over 325,000 veterans currently residing in Los Angeles County. The timing of the study could not be more critical given the numerous concerns raised regarding the health and well-being of today's veterans. These concerns include employment challenges, physical and mental health issues, homelessness, financial stability, and substance use. Not all veterans are facing challenges in their transition; some are thriving in their new civilian environment. However, this study found that most veterans experience a different reality. Many communities are beginning to examine how they might take ownership in providing services that adequately address the needs of veterans. As these community programs, services and supports continue to roll out to meet the emerging needs of the community veteran, all will be ineffective without a comprehensive model, a convening of community organizations and leaders, that is driven by local veteran data, resulting in targeted intervention leading to collective impact. The University of Southern California (USC) School of Social Work Center for Innovation and Research on Veterans & Military Families (CIR) is spearheading such a model in Los Angeles County through the Los Angeles Veterans Collaborative (LAVC) and Los Angeles County Veterans Study.

The LAVC unites a structured and open network of public, private and government agencies and professionals who provide services for veterans and their families. Made up of over 400 individuals and organizations, the collaborative convenes monthly to assist one another in building organizational capacity so that gaps in service are reduced and eliminated, effective policies are written, and service delivery is provided at the right time and place. As the LAVC organized, a theme began to emerge. Data was needed to identify and fully understand the needs of the Los Angeles County veteran community in order to guide the direction of the LAVC. It is no secret that community-level data is essential in determining what the specific needs are for our veterans living in Los Angeles County, as each community may differ. For instance, employment may be a larger issue in some communities than housing or health, while in other communities housing may be the most pressing issue confronting veterans. Community-level data is essential for determining how a community is doing in meeting the needs of veterans; that is, data collected here in the Los Angeles community will serve as a benchmark for our current and future efforts. For these reasons, USC CIR led the Los Angeles County Veterans Study to fill this knowledge gap; enable the LAVC to outline the priority of specific services; align service delivery across Los Angeles County; reduce barriers to care and move towards our goal of becoming a seamless, comprehensive veterans service delivery network focused on prevention and early intervention. Our community veterans need to feel connected to either people or places because they have had a breakdown in the familiar community living, a general shattering of their military lifestyle, leaving them to feel like strangers in their new community. For this reason, the main task for community leaders is to create a sense of community for them—a place where the veteran feels supported, understood and once again needed.

The Los Angeles County Veterans Study utilized military transition theory to identify specific outcomes that could evaluate the state of Los Angeles County veterans. A component of the military transition theory describes the process through which service members transition from military to civilian life. Transitioning out of the military often includes a series of adjustments, e.g., geographic location, career, relationships, family roles, support systems, social networks, community and culture may all change (Castro, Kintzle, Schuyler & Hassan, 2014). Service members transition from a military environment structured to provide many fundamental needs such as housing, healthcare, employment and community, while also providing a sense of identity rooted in what it means to serve the nation. As service members transition from the military community, they are faced with the challenge of finding new avenues for meeting these needs while also navigating a civilian community very unfamiliar to them and often ill-equipped to receive them. This transition has tremendous implications for post-service well-being and functioning.

Military transition theory (Figure 1), is defined by three interacting and overlapping components. The first theory segment, Approaching the Military Transition, outlines the personal, cultural and transitional factors that create the base of the transition trajectory. These include military cultural factors such as type of military discharge and combat history, personal characteristics such as health, expectations and personal preparedness, and lastly, factors describing the nature of the transition, i.e. predictable or unpredictable, positive or negative.

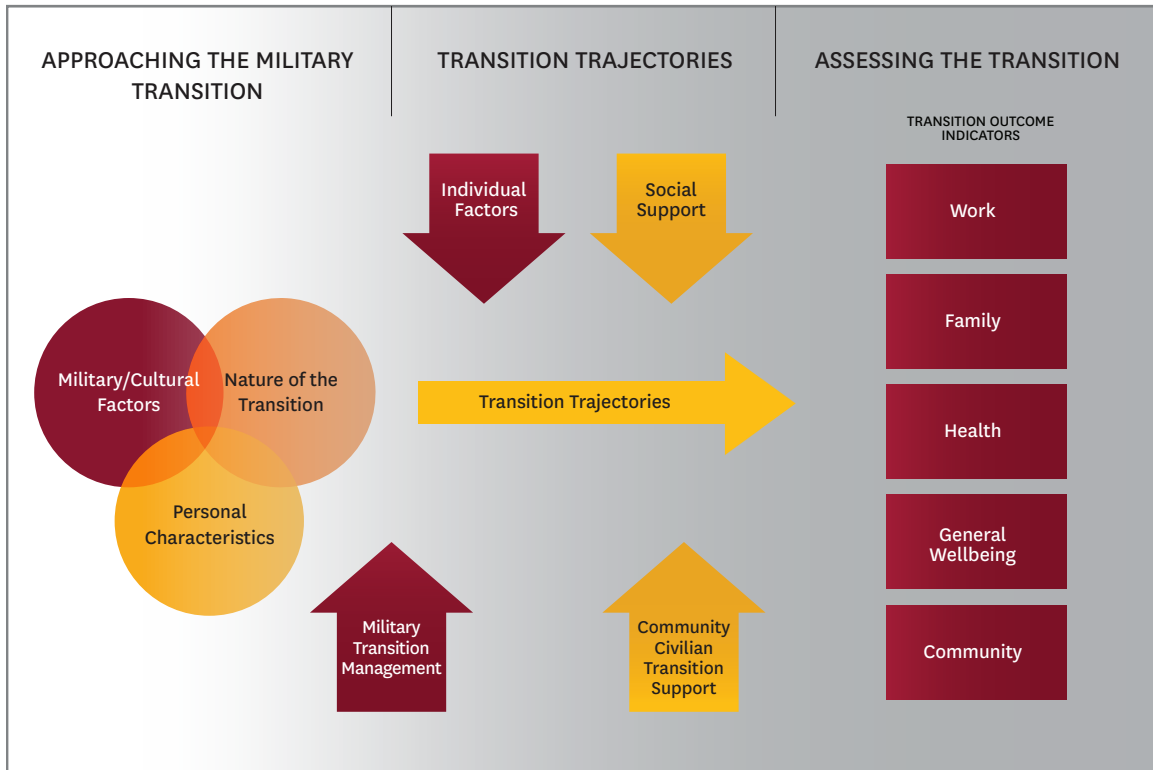


Figure 1. Military Transition Theory

The second segment, Managing the Transition, refers to factors impacting the individual progression from service member to civilian. Individual adjustment factors, such as coping styles, attitudes and beliefs, all impact how transition is managed. Social support in varying forms such as family, friends, community and society, may also effect transition. Military transition management includes navigating the resources provided by the military, i.e. Veterans Affairs (VA) benefits, education benefits and career planning. Finally, community and civilian transition support describes those factors the civilian population can utilize in supporting transitioning service members.

The final segment, Assessing the Transition, describes outcomes associated with transition. These outcomes are measured through the categories of work, family, health, general well-being and community. More specifically, these include whether the transitioning service member secured adequate employment, the re-acclimation to family life and adjustment to new family roles, physical and psychological health, adaption of new social networks and engagement in the community. Outcomes are interconnected as they impact one another. For example, challenges to physical health may create challenges in finding employment. However, success or failure in one outcome does not indicate success or failure in overall transition.

Study Overview and Findings

DATA COLLECTION PROCEDURES

Veterans represent a hidden population in America. Thus, a targeted recruitment strategy was used to achieve maximum representativeness of the veteran population in Los Angeles. The first strategy utilized a state agency with contact information of veterans who reported residence in California during their transition out of the military. Those veterans residing within Los Angeles County were identified and contacted through email by the agency and invited to participate in the study by completing the survey utilizing an online survey link. The second sampling strategy used a Los Angeles County information and referral center by identifying potential participants through their initial call screening. Callers who self-identified as former service members were asked permission to be contacted regarding the research study. Those who agreed to participate were sent either a paper survey copy or the online survey link. The third approach utilized a national veteran organization that identified Los Angeles County members through zip codes. Members living within the sampling area were emailed by the organization and invited to complete the survey using an online survey link.

The fourth sampling strategy involved partnering with agencies who serve Los Angeles County veterans as well as college veteran agencies. Two methods were used to collect agency data. The first method utilized an online survey approach where the agency would send out an invitation and survey link to veterans within their database. The second method used an on-ground survey approach where agencies would work with the researchers to organize data collection events within their agencies. The final sampling strategy used television and print advertisements, a public service announcement, and social media to build a presence within the Los Angeles County community. Avenues such as Facebook, Twitter, LinkedIn, mass emails, and the survey website promoted the survey opportunity to potential participants. All

participants who completed the survey received a \$15 gift card for completing the survey, which took approximately 30-90 minutes. When available, instruments with established validity and reliability were used to measure survey constructs (see Appendix A).

In an effort to supplement the findings represented in the survey data, six focused group interviews were conducted comprising 72 veterans. The focused groups include two pre-9/11 veteran groups, two post-9/11 veteran groups and two female veteran (mixed pre- and post-9/11) groups. Participants were recruited from the pool of survey respondents who agreed to be re-contacted regarding future research. Focused group interviews lasted approximately 1.5 hours. Participants were asked a series of questions regarding their transition out of the military and their experience as a veteran. Quotes from these focused interview groups are presented throughout the report. All data collection procedures were approved by the University of Southern California Institutional Review Board.

SAMPLE DEMOGRAPHICS

In total, 1,902 individuals responded to the survey. As this report focuses specifically on veterans, participants currently serving in the National Guard or as Reservists were excluded from the analyses. Respondents who reported living outside of Los Angeles County were also excluded. The remaining sample included 1,356 veterans living in Los Angeles County. Participants in the sample were identified for comparison as having served before and after the September 11, 2001 terrorist attacks. Within the sample, 50% identified as serving before 9/11 (pre-9/11 veterans) while 38% identified as having served after 9/11 (post-9/11 veterans), with 12% not providing service dates. All service branches were represented in the sample. The Army was the most represented branch for both pre-9/11 (44%) and post-9/11 (43%) participants. The largest group of pre-9/11 participants were male (89%) and aged between 51 and 60 (40%). The majority of post-9/11 participants were also male (80%) and were aged between 26 and 40 (74%). Twenty-nine percent of pre-9/11 participants and 35% of post-9/11 participants reported having at least a four-year degree. **Table 1** presents the sample characteristics for both pre- and post-9/11 participants.

Table 1 Sample Characteristics

		PRE-9/11 (N=673)	POST-9/11 (N=515)
AGE	18-20	0.0%	0.2%
	21-25	0.0%	8.3%
	26-30	0.0%	32.2%
	31-40	6.2%	41.9%
	41-50	21.4%	11.5%
	51-60	40.3%	5.2%
	61-70	22.7%	0.4%
	OVER 71	8.3%	0.2%
SEX	MALE	88.8%	79.5%
	FEMALE	10.8%	20.5%
MARITAL STATUS	SINGLE	32.8%	40.7%
	MARRIED	28.3%	40.1%
	DIVORCED	27.4%	13.0%
	SEPERATED	6.0%	3.5%
	WIDOWED	4.5%	0.2%
	DOMESTIC PARTNER	1.0%	2.5%
RACE / ETHNICITY	WHITE	34.4%	29.0%
	BLACK	38.2%	13.7%
	HISPANIC/LATINO	15.6%	38.0%
	ASIAN	1.6%	8.0%
	AMERIC AN INDIAN OR ALASKA NATIVE	3.4%	1.6%
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0.6%	2.2%

Table 1 Sample Characteristics continued

		PRE-9/11	POST-9/11
RACE / ETHNICITY	OTHER / MORE THAN ONE	6.1%	7.6%
EDUCATION	SOME HIGH SCHOOL	1.9%	0.4%
	GED	5.4%	1.7%
	HIGH SCHOOL DIPLOMA	11.9%	5.6%
	SOME COLLEGE	30.4%	35.5%
	TRADE CERTIFICATE	6.1%	3.1%
	ASSOCIATES	13.7%	19.0%
	4 YEAR COLLEGE DEGREE	16.7%	23.5%
	MASTERS	8.7%	9.5%
	DOCTORATE	3.0%	0.8%
	OTHER	2.1%	0.8%
SERVICE BRANCH	AIR FORCE	14.1%	7.8%
	ARMY	44.1%	43.5%
	COAST GUARD	1.4%	0.8%
	MARINE CORPS	16.1%	28.1%
	NAVY	24.3%	19.9%
DISCHARGE STATUS	HONORABLE	84.3%	92.0%
	GENERAL, UNDER HONORABLE CONDITIONS	12.6%	5.3%
	BAD CONDUCT / DISMISSAL / UNCHARACTERIZED / OTHER	1.6%	0.8%

“When we get out of the military we have nothing. I don’t care if you have the GI Bill lined up; at some point you have nothing when you get out... just pamphlets.”

TRANSITIONING OUT OF THE MILITARY

Adjusting to Civilian Life

Post-9/11 veterans reported difficulty adjusting to civilian life, with 68% of veterans who served after 9/11 reporting adjustment challenges compared to 45% of pre-9/11 veterans. Veterans from both eras indicated that part of this adjustment included figuring out what they would do post-service (see Figure 2). Nearly 61% of pre-9/11 veterans and 69% of post-9/11 veterans reported they needed time to figure out what they wanted to do with their life. Focused groups revealed that many veterans had not realized how much their military service had changed them, and how different they were from their civilian counterparts. In many respects, veterans expressed superiority to their civilian counterparts in terms of values, work ethics, and life experiences, but at the same time felt that their service left them years behind their peers in terms of career and professional development.

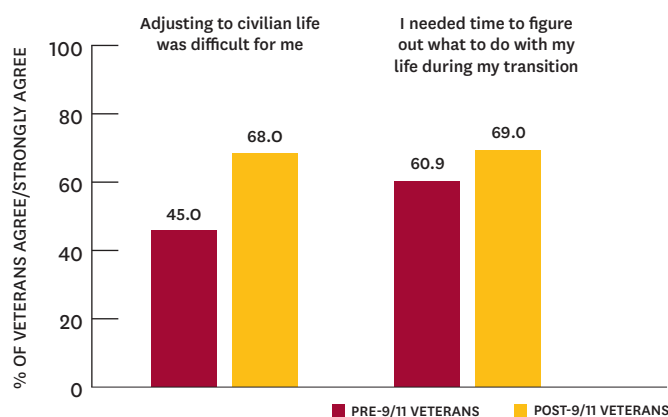


Figure 2. Percent of pre-9/11 and post-9/11 veterans indicating difficulties adjusting to civilian life

Life Satisfaction

In general, both pre- and post-9/11 veterans reported low to moderate levels of life satisfaction, with approximately 40% of pre-9/11 veterans and 44% of post-9/11 veterans reporting being satisfied with their life, and with only 40% of pre-9/11 and 46% of post-9/11 veterans agreeing that they have gotten the important things they wanted in life (see Figure 3). However, in the focused groups, nearly every veteran, regardless of whether they were Vietnam veterans or veterans of the Iraq and Afghanistan wars said that they would join/serve in the military again. Many veterans expressed their belief that all U.S. citizens should be required to serve.

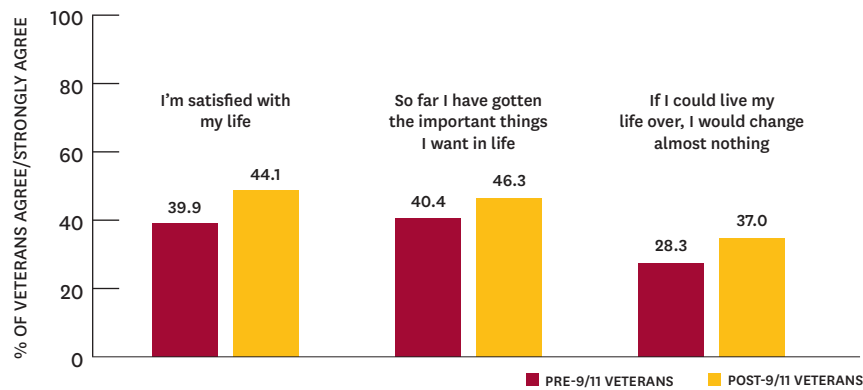


Figure 3. Percent of pre-9/11 and post-9/11 veterans reporting life satisfaction

“...trying to find yourself again was very difficult and I don't think I would have gotten over that initial depression or wanting to [go] back into the military...it helps to have other veterans there who got out at the same time as I did who are going through the transition and going through the transition together and helping each other.”

“ I came back here and I had nothing. The good thing was that I had my mother, but I didn’t have a job, I didn’t have any direction. But since I was young, I didn’t pay too much attention. But my life could have been a little bit different if I had all that help.”

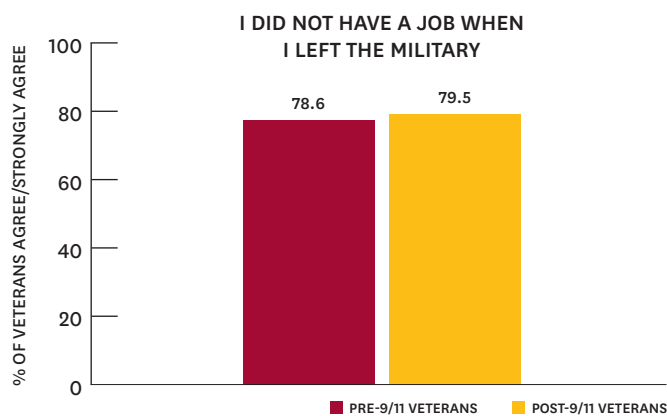


Figure 4. Percent of pre-9/11 and post-9/11 veterans reporting they did not have a job when they left the military

EMPLOYMENT AND FINANCES

Employment Post-Transition

Nearly 80% of pre- and post-9/11 veterans did not have a job when they left the military (see Figure 4). There was no difference between pre-9/11 and post-9/11 veterans in civilian job status when leaving the military. In focused groups, nearly every veteran reported knowing where they were relocating after military separation so uncertainty over geographical location appeared not to be a factor for why service members leaving the military had not secured employment. Indeed, many veterans reported that they expected little difficulty in finding a job, and were generally surprised when they encountered employment struggles as they had been told “by everyone” that they would be highly sought after by civilian employers. Some veterans did not seek post-military employment because they planned to attend higher education soon after separation. It should be noted that this group represented a relatively small percentage of the surveyed population, less than 10%.

Employment Status

Post-9/11 veterans are nearly twice as likely to be employed full-time as pre-9/11 veterans, yet less than half of post-9/11 veterans surveyed reported working full-time (see Figure 5). While 44% of post-9/11 veterans are employed full-time, only 28% of pre-9/11 veterans are employed full-time. Post-9/11 veterans are also over three times more likely to be working part-time (14%) as pre-9/11 veterans (4%). It should be noted that pre-9/11 veterans are six times more likely to report being retired (18%) than post-9/11 veterans (3%). Overall, there was little difference between pre- and post-9/11 veterans in terms of being unemployed and looking for work, 24% compared to 28%; although pre-9/11 veterans were more likely to be unemployed and *not* looking for work (12%) compared to post-9/11 veterans (7%). In addition to the relatively high unemployment rates of veterans, with over a quarter reporting being unemployed and looking for work, well over three-quarters of these veterans reported receiving no help in finding a job, 77.9% for pre-9/11 veterans and 78.4% for post-9/11 veterans (see Figure 6). During the focused groups, veterans expressed their frustration with being referred from one employment website to another, without much success. Veterans wanted to speak directly with employers, as opposed to continually being referred to websites focused on hiring veterans. Veterans quickly became discouraged after spending hours filling out countless online applications, and still not being able to find adequate employment. Many veterans reported feeling betrayed by countless veteran employment initiatives that ultimately did not lead to any substantial job prospects.

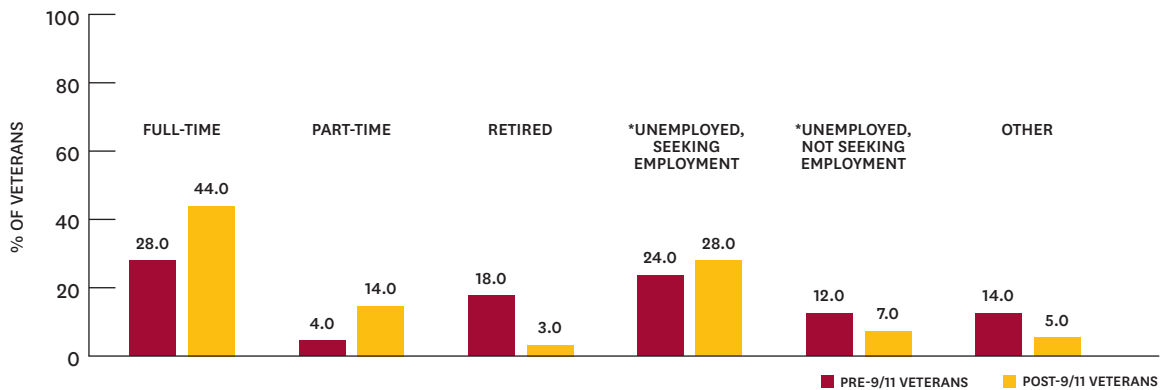


Figure 5. Percent of pre-9/11 and post-9/11 veterans reporting working full-time, part-time, retired, unemployed seeking employment, unemployed and not seeking employment or other

“When I did get back they did give us the seminars on how to write a resume, dress up in a suit, show up looking presentable, but the only place I was able to find a job was {donut shop}, and that’s because the owner was a Marine himself. They [civilian employers] don’t care.”

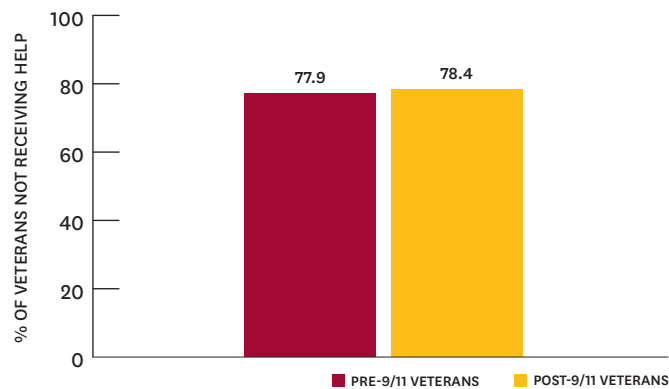


Figure 6. Percent of unemployed veterans who are not receiving assistance in finding a job

Veteran Median Income

The earnings picture of veterans in Los Angeles County is mixed. For 65% of post-9/11 veterans working full-time, the annual salary is below the California median income level of approximately \$67,000 (see Figure 7). More than one in five post-9/11 veterans have an annual income below or near the U.S. national household poverty level guidelines for 2014 (\$23,850). For pre-9/11 veterans, 55% earn less than the California median income, and 23% earn at or below the national poverty level. Conversely, 44% of pre-9/11 veterans and 35% of post-9/11 veterans earn above the California median income level. Nearly one-third of veterans earn about \$60,000 a year. Analyses of military branches showed that Marine, Army, Navy (including Coast Guard) and Air Force veterans earn approximately the same.

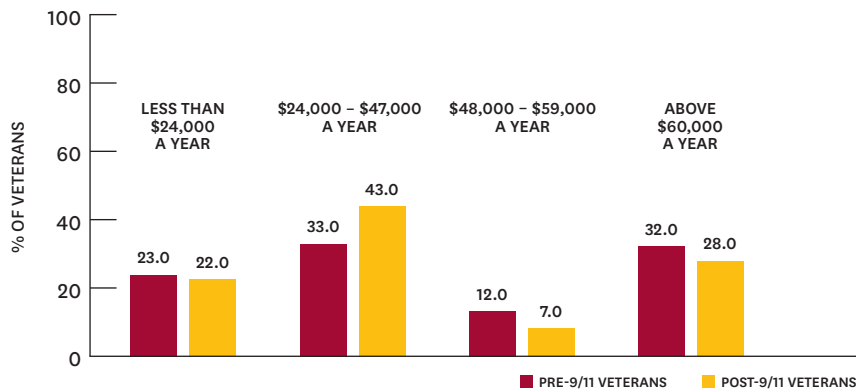


Figure 7. Median annual household gross (before taxes) income for pre-9/11 and post-9/11 veterans working full-time

Combat Arms versus Support Military Specialties

There was no difference in employment status between veterans who were from the combat occupational skills compared to those in the non-combat occupational skills (e.g., medical, transportation, maintenance or radar technicians) (see Figure 8). For example, veterans who were infantry, armor or field artillery service members were just as likely to be employed full-time, part-time or looking for employment as those veterans who were from medical, communication or maintenance specialties.

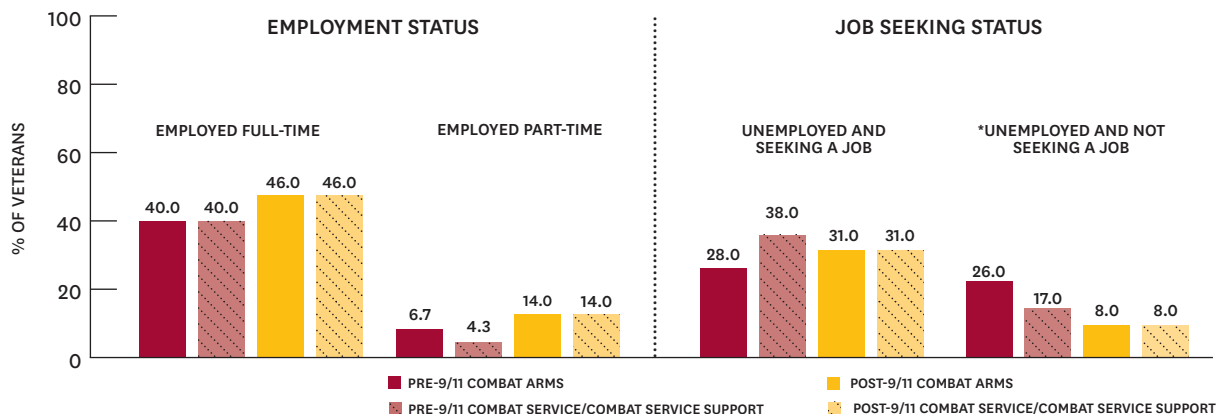


Figure 8. Employment status of pre-9/11 and post-9/11 veterans as of military occupation (combat arms or combat service support)

Financial Difficulties

Over one-third of veterans surveyed reported having financial difficulties during the past year, with pre-9/11 veterans and post-9/11 veterans reporting similar difficulties, 37.3% and 37.5%, respectively (see **Figure 9**). Post-9/11 veterans were 28% more likely to gamble with money they could not afford to lose compared to pre-9/11 veterans, although post-9/11 veterans were less likely to take out a payday loan than pre-9/11 veterans, 11.7% versus 13.7%, respectively. During the focused group interviews, many veterans did note that once they left the military they realized how little they really knew about how much things cost “in the civilian world” such as housing, utilities and transportation costs resulting from living outside a close proximity of where they work. The veterans were nearly unanimous in agreement that service members need more training and awareness of everyday expenses and how to manage a budget, something that many service members have little experience doing while on active duty. Female veterans, in particular, noted the difficulties they encountered financially when they left the military and advised younger female veterans how to do proper financial planning, including having adequate savings to meet daily expenses, like rent money for housing before leaving the military.

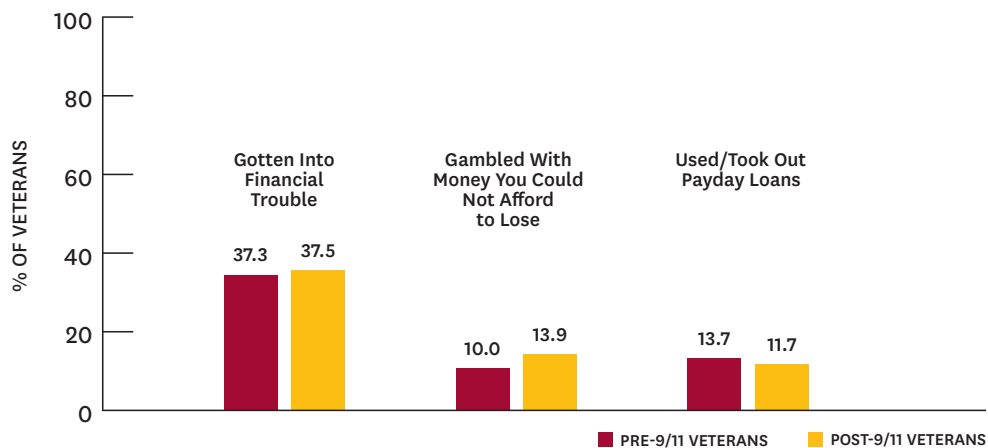


Figure 9. Percent of pre-9/11 and post-9/11 veterans reporting financial difficulties in the past year

“Since there’s no real civilian equivalency for the skills you learned, it’s not on paper, it’s just what you say you can do. But since you have no proof of it, then they can’t take your word for it. So therefore, you have no skills. You’re at zero. With the liability ... that you could snap and hurt somebody else. There’s that fear.”

“Other jobs that I applied for, I think it’s the whole, how can you take your military experience and relate it to the civilian experience? If you don’t have that lingo and reframe those terms, they basically think you have no experience whatsoever. They think you can run around and shoot a rifle and don’t take into consideration the soft skills that you learn in the military.”

Veteran Perceptions of Civilian Employers

Both pre-9/11 and post-9/11 veterans reported significant issues and concerns about civilian employers, with post-9/11 veterans reporting significantly higher rates of concerns than pre-9/11 veterans (see Figure 10). For example, 62% of post-9/11 veterans reported that employers do not understand or are insensitive to the needs of military veterans. And 55% of post-9/11 veterans reported that employers think veterans do not have adequate skills. Over one-third of pre- and post-9/11 veterans reported that employers think veterans are dangerous (33.4% and 35.1%, respectively). Over 40% of post-9/11 veterans reported that employers think veterans are physically broken (44.7%), while only 32.6% of pre-9/11 veterans reported this to be the case. Similarly, over 40% of post-9/11 veterans believe that employers do not want to hire a veteran (43.2%), compared to 33.4% for pre-9/11 veterans. These findings were confirmed in focused interview groups where many veterans expressed their belief that civilians really did not want to hire veterans.

“If you’re out of the service for 3 or 4 years your veteran service counts for you, if you’re fresh out, at a lot of places it seems like they want a cool down period. They want you to civilianize yourself instead of throwing you in.”

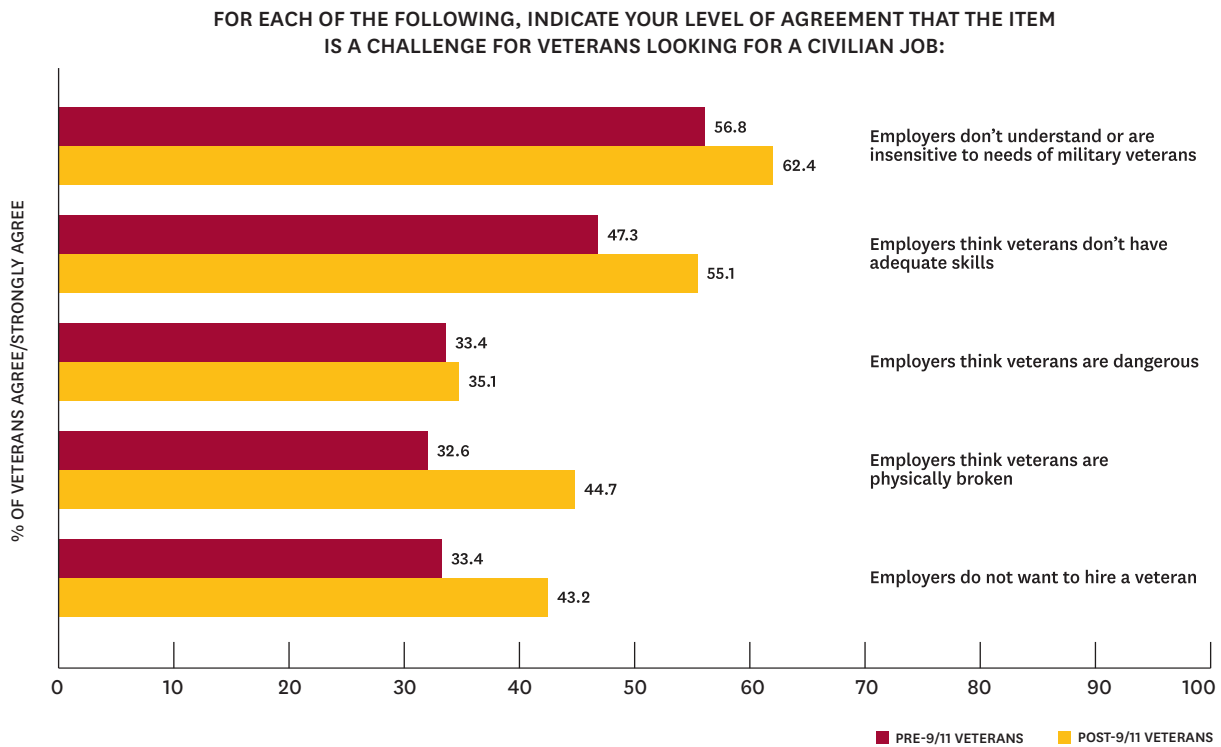


Figure 10. Pre-9/11 and post-9/11 veterans' perceptions of civilian employers

“When I got out I had no idea what I wanted to do. I came out with money and I blew it in a month. After that I had to knock on my mom’s door and I needed a place to stay, so obviously she took me in.”

HOUSING

Housing during Military Transition

Upon military separation, many veterans did not have a permanent place to live when they transitioned out of the military (see Figure 11). While 60% of veterans had lined up housing, 40% of veterans did not. Even for those veterans who “had a permanent place to live,” in the focused groups it was revealed that many veterans moved back home with their parents or a family member. Several veterans also reported moving in with their girlfriends. They were nearly unanimous in their views that if it were not for family or friends, they would have been homeless.

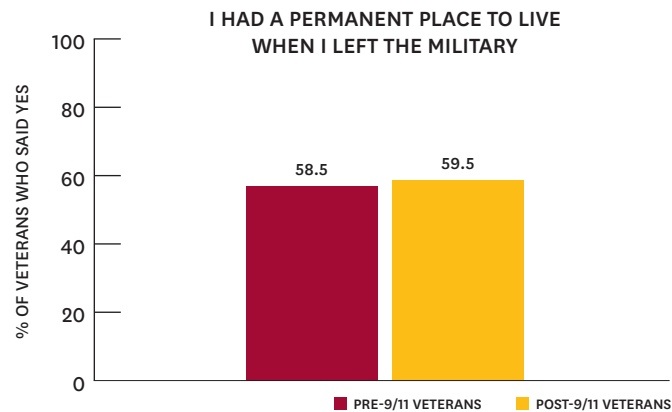


Figure 11. Percent of pre-9/11 and post-9/11 veterans reporting permanent housing arrangements upon leaving the military

Homelessness

Fifteen percent of post-9/11 veterans reported being homeless in the past year, compared to 28% of pre-9/11 veterans (see Figure 12). For this report, veterans were considered homeless if at any time they slept in a shelter, sober living facility, transitional living facility, public place, abandoned building, in their car or truck, outside (e.g., in a park or under a bridge) or with a stranger. Excluded were situations in which the veteran stayed with a relative or family member, at a friend’s home, hotel/motel, jail, hospital, or the home of someone they were in a relationship with. If these situations are included, the rate for homelessness of pre- and post-9/11 veterans jumps to 40% for both groups. Most importantly, over a quarter of military veterans reported that they lacked consistent housing during the past two months during which they owned or rented as part of a household (see Figure 13). One in five (20.7%) post-9/11 veterans and nearly one in three (29.7%) of pre-9/11 veterans reported unstable housing, placing them at increased risk for future homelessness. During the focused groups, many veterans continued to report fear of eviction or losing their housing as a major stressor.

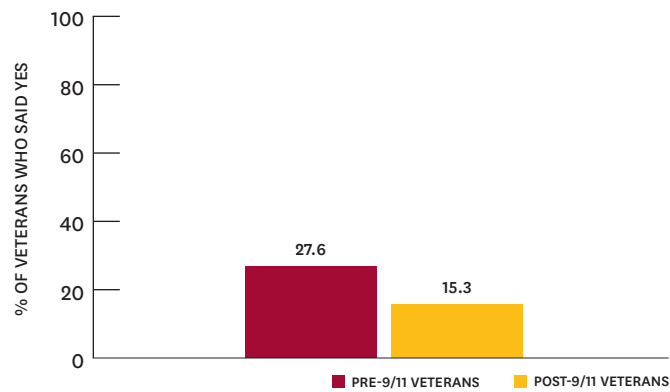


Figure 12. Percent of pre-9/11 and post-9/11 veterans reporting being homeless in the past year

“When I got out I had nothing. I had no home, no place to go to. I walked off the base and hitchhiked.”

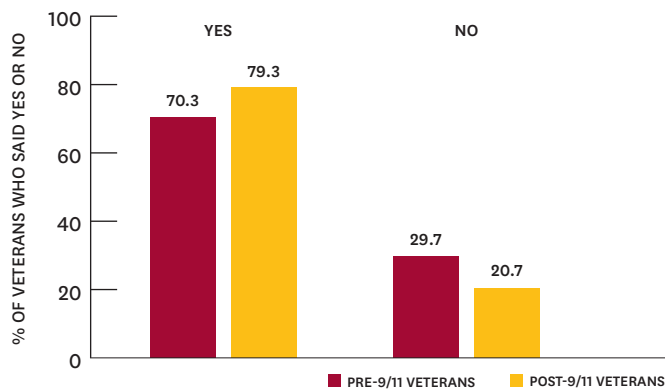


Figure 13. Percent of pre-9/11 and post-9/11 veterans reporting stable housing in the past two months

HEALTH AND WELL-BEING

Physical Health

A majority of veterans reported their health status to be good or excellent, with post-9/11 veterans reporting better perceived health (see Figure 14). Nearly 70% of post-9/11 veterans reported good or excellent health and 58% of pre-9/11 veterans reported their health to be good or excellent. Surprisingly, however, post-9/11 veterans reported more physical health problems on the Patient Health Questionnaire (PHQ-15) than did pre-9/11 veterans (see Figure 15). Twenty-four percent of post-9/11 veterans and 19% of pre-9/11 veterans indicated severe physical health symptoms. Both pre- and post-9/11 veterans reported the same top three physical health problems: pain or problems with arms, legs or joints (44.2% and 44.1%, respectively), back problems (38.3% and 41.3%, respectively), and trouble sleeping (33.7% and 42.5%, respectively). For every somatic symptom, post-9/11 veterans reported similar or more concerns, including pain or problems with arms, legs and joints, trouble sleeping, back problems, feeling tired, headaches, nausea, bowel problems, stomach, heart racing, dizziness, chest pain, and fainting, and for female veterans, menstrual cramps and difficulties. The higher reports of physical health problems by post-9/11 veterans were present despite the fact that these veterans were significantly younger than the pre-9/11 veterans. Post-9/11 veterans were mostly aged between 26 and 40 years old (74%), while pre-9/11 veterans were 51-70 years old (63%). Even physical health symptoms typically associated with aging such as back problems, chest pains, bowel problems and racing heart occurred with the same or higher frequency in the younger post-9/11 veterans. An important topic of considerable discussion which emerged during the focused groups is that many veterans reported being physically and emotionally exhausted when they left the military and simply needed time to rest and recover. These findings relating to the physical health status of post-9/11 veterans suggest that many service members are leaving the military today with significant unmet physical health issues. For many veterans, the extent and/or severity of their physical health needs are often not appreciated until after they leave the military.

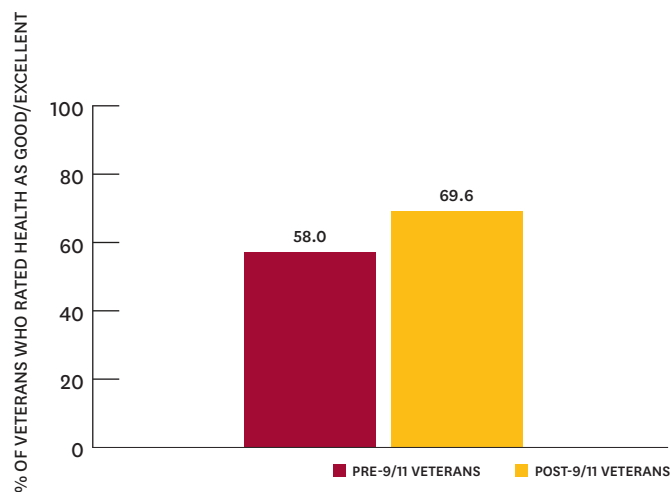


Figure 14. Pre-9/11 and post-9/11 veterans self-rating of overall health

“In the military it was Motrin for the back, alcohol for the head, the floodgates were closed. When I got out they started creaking open and it just started pouring out.”

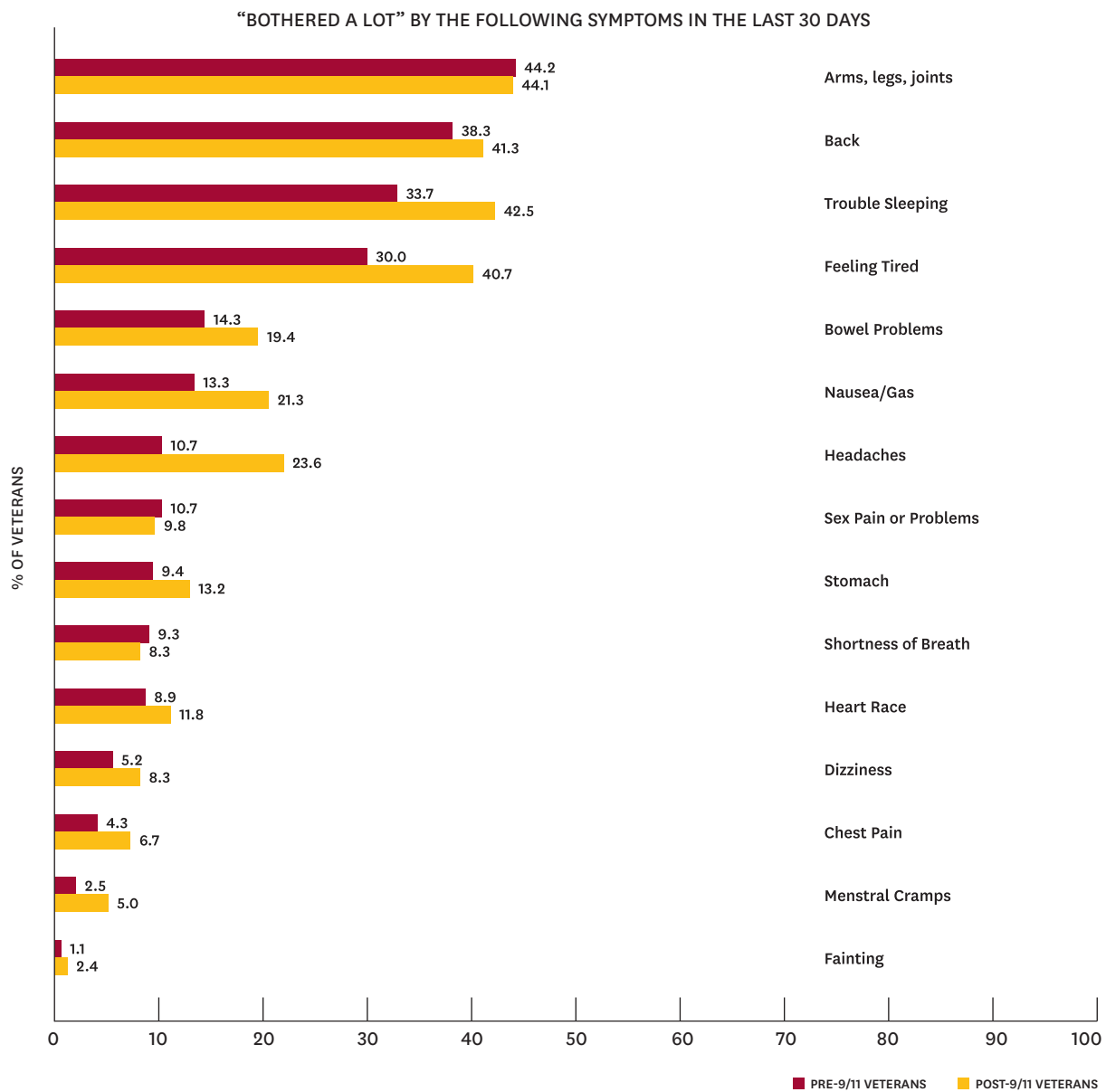


Figure 15. Pre-9/11 and post-9/11 veteran physical health symptoms in the past 30 days

“Physically I would say I was in excellent shape. I was 190, lean and mean. Psychologically I thought I had it all together. What I didn’t realize ... was that I had been pushing away what happened during my service with drugs and alcohol. Physically I was great, mentally I was in denial.”

Mild Traumatic Brain Injury

Mild traumatic brain injury (mTBI) was assessed using the Department of Defense (DoD) mTBI screen. More pre-9/11 veterans screened positive for an mTBI than did post-9/11 veterans (see Figure 16). While over one-third (34.2%) of pre-9/11 veterans screened positive for mTBI, just under a quarter (24.7%) of post-9/11 veterans screened positive. However, nearly twice as many post-9/11 veterans (14.8%) received an mTBI diagnosis than pre-9/11 veterans (8.6%). This discrepancy in mTBI diagnosis between pre- and post-9/11 veterans might indicate a diagnostic bias within the VA or, more likely, this discrepancy might exist because post-9/11 veterans were more likely to have received mTBI diagnosis while on active duty. Receiving an mTBI diagnosis while on active duty would have been extremely rare for pre-9/11 veterans. In the focused groups, concussions or head injuries did not figure prominently, yet clearly represent a major health concern.

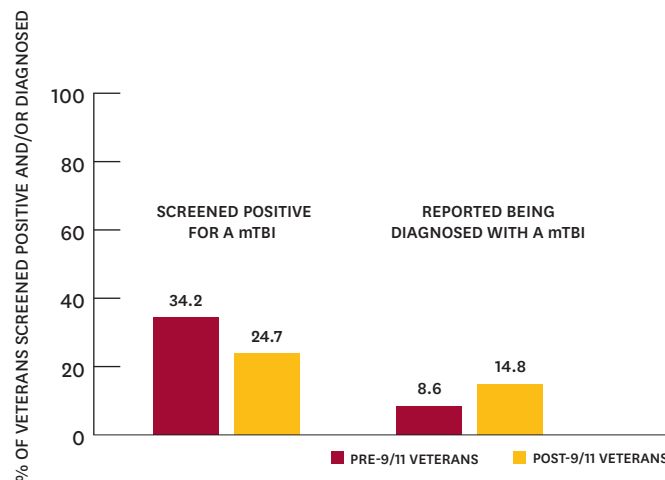


Figure 16. Percent of pre-9/11 and post-9/11 veterans who screened positive and/or received a diagnosis for a mTBI

“ You feel good when you get out. You’re physically fit, your mind is sharp, you have a sense of purpose. That’s what made me the happiest when I was in. There was a goal to accomplish and every day I woke up and knocked it out. I completed what needed to be done. And when you get out, you get out with that same mentality. Yeah, you’re great for a little bit but then you realize you start stagnating. You start getting demoralized, and after a while you just stop trying. You’re just exhausted. There’s nowhere... you don’t improve.”

Psychological Health

Posttraumatic stress disorder (PTSD) and depression were assessed using the PTSD Checklist – Military Version (PCL-M) and the Patient Health Questionnaire (PHQ-9), respectively. Post-9/11 veterans were more likely to screen positive for PTSD and depression than pre-9/11 veterans (see Figure 17). While 45.8% of post-9/11 veterans screened positive for PTSD, only 31.1% of pre-9/11 veterans screened positive for PTSD. Similarly, while 45.7% of post-9/11 veterans screened positive for depression, just 37.7% of pre-9/11 veterans screened positive. In terms of suicidality, there was no difference between pre-9/11 veterans and post-9/11 veterans in terms of considering attempting suicide (13.1% versus 14.6%) or in making a suicide plan (8.1% versus 9.7%). During the focused groups, nearly all of the veterans noted that they thought when they left the military that they were mentally fine. However, typically less than a month or so after leaving the military, they realized that they had significant issues that they either ignored or “pushed back into their mind.” All of them expressed the opinion that all service members leaving the military today should “get checked out mentally.”

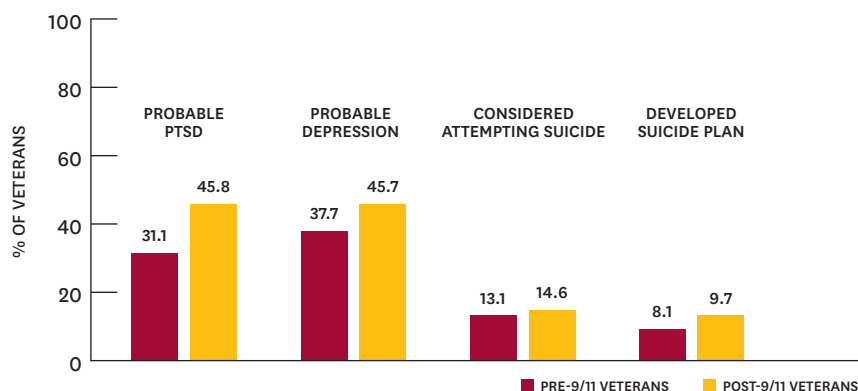


Figure 17. Percent of pre-9/11 and post-9/11 veterans who screened positive for PTSD and depression; and percent of veterans who considered suicide or developed a plan to die by suicide

Functionality and Disability

Post-9/11 veterans were more likely to receive a VA disability rating above 40% compared to pre-9/11 veterans (see Figure 18), which was consistent with the finding that post-9/11 veterans reported greater physical health problems than pre-9/11 veterans (see Figure 15). Post-9/11 veterans were also more likely to receive a VA disability rating of 30-40%, 50-60%, or 70-90% than pre-9/11 veterans. However, post-9/11 veterans were just as likely as pre-9/11 veterans to receive a VA disability rating of 100%. Not surprisingly then, pre-9/11 veterans were more likely to receive a 0% VA disability rating or no disability rating at all. When assessed by the World Health Organization Disability Assessment Schedule (WHODAS 2.0), post-9/11 veterans were more likely to report moderate and moderately severe functioning difficulties than pre-9/11 veterans, with no difference between the two groups seen at the severe functioning level (see Figure 19).

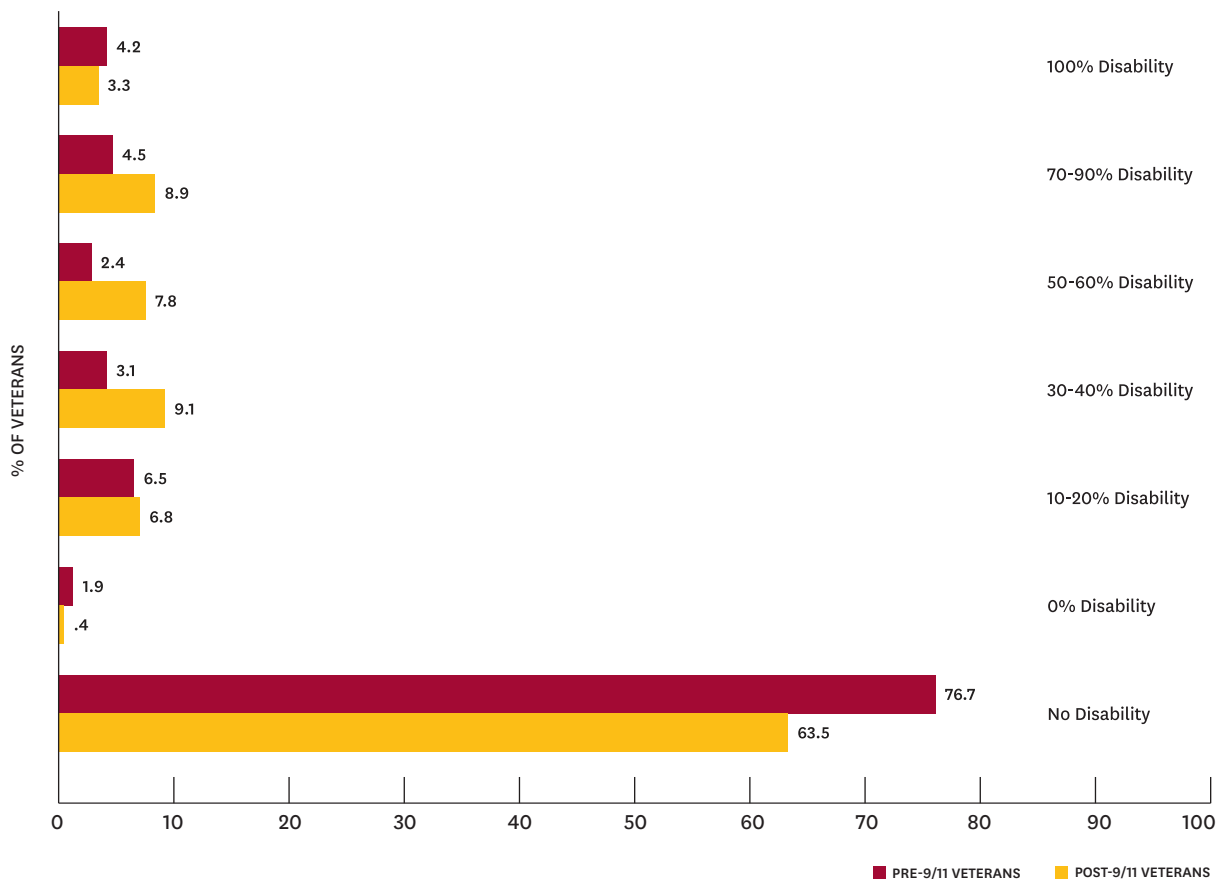


Figure 18. VA disability rating for pre-9/11 and post-9/11 veterans.

“My experience with medical and mental health, is I can go to one doctor, and he’ll diagnose me with PTSD and then he’ll give me this medication and this medication, and then another doctor will say, well no I think that you’re bipolar, and then another doctor will say no I think you have problems with ADD. And you have all these problems, but then when it comes time to fill out the paperwork on my claim ain’t nothing wrong. But I got this medicine cabinet full of medicine.”

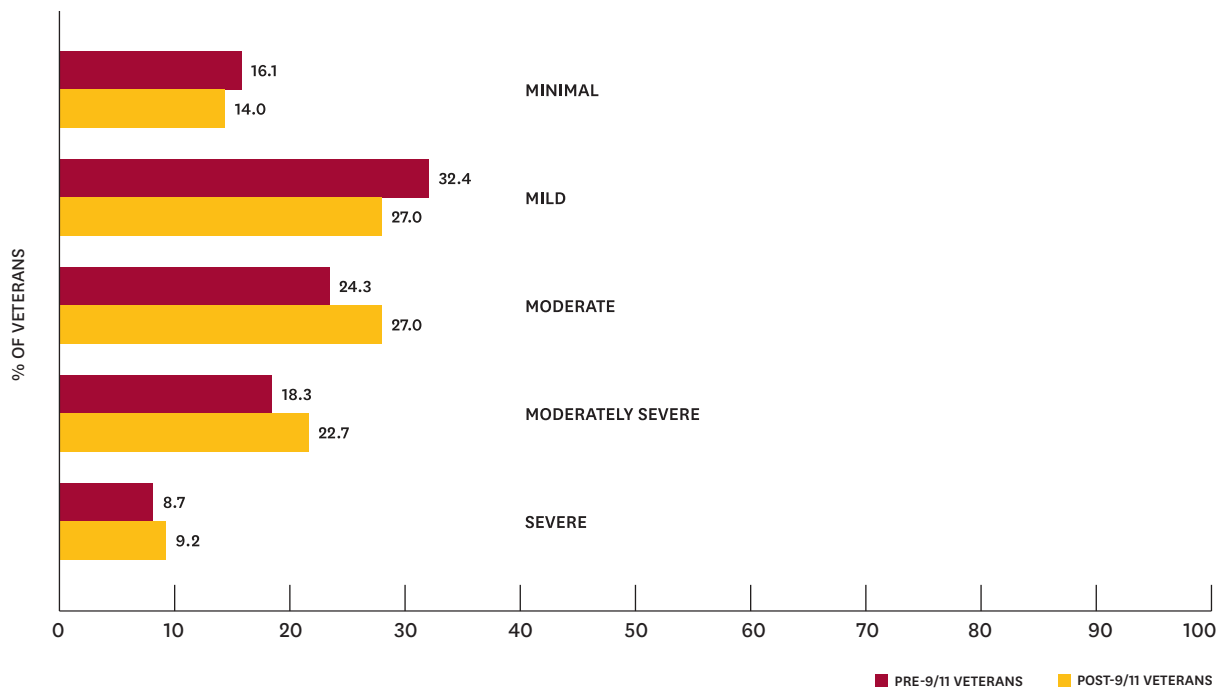


Figure 19. WHODAS rating for pre-9/11 and post-9/11 veterans

Risk-Taking Behaviors

Post-9/11 veterans compared to pre-9/11 veterans are more likely to engage in a wide variety of risk-taking behaviors (see Figure 20). Post-9/11 veterans are twice as likely as pre-9/11 veterans to drive after drinking (27.4% versus 15.0%), carry a weapon outside of work duties (22.1% versus 9.7%), and look to start a fight (26.8% versus 13.3%). Post-9/11 veterans are 40% more likely than pre-9/11 veterans to engage in sexual activities with high risk of contracting a sexually transmitted disease (21.2% versus 13.3%), as well as take unnecessary risks to their health (25.2% versus 18.0%) and life (24.7% and 16.2%). Several veterans in the focused interview groups did report initial alcohol and drug problems when they left the military, which they attributed to impairing their transition.

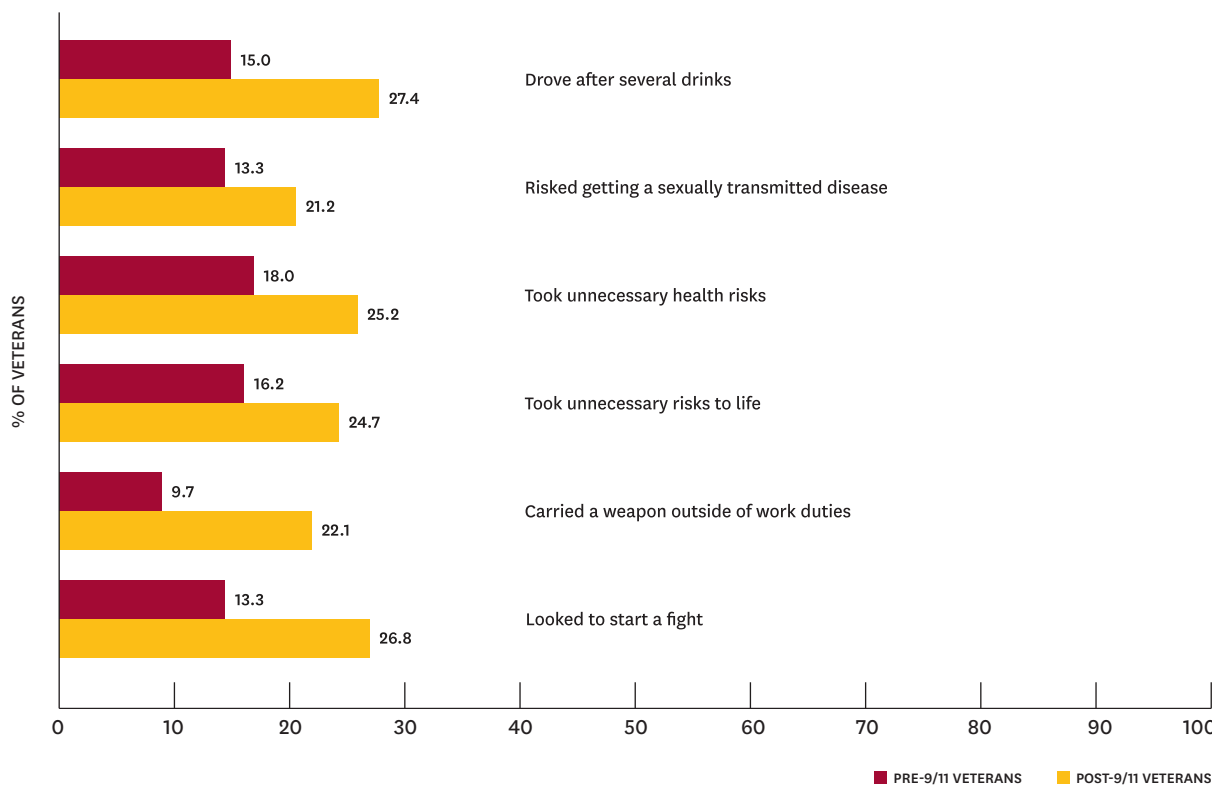


Figure 20. Percent of pre-9/11 and post-9/11 veterans who engaged in various risk-taking behaviors in the last 12 months

“ You develop an attitude of invincibility, even though later in life you realize that it’s impossible to be invincible. But while you’re in the military... I was invincible. There was nothing that could stop me from doing what I needed to do and what I wanted to do.”

As determined by the Alcohol Use Disorders Identification Test (AUDIT) consumption subscale, post-9/11 veterans are 2.5 times more likely to screen positive for significant alcohol use than were pre-9/11 veterans, 24.9% for post-9/11 veterans compared to 10.5% for pre-9/11 veterans (see Figure 21).

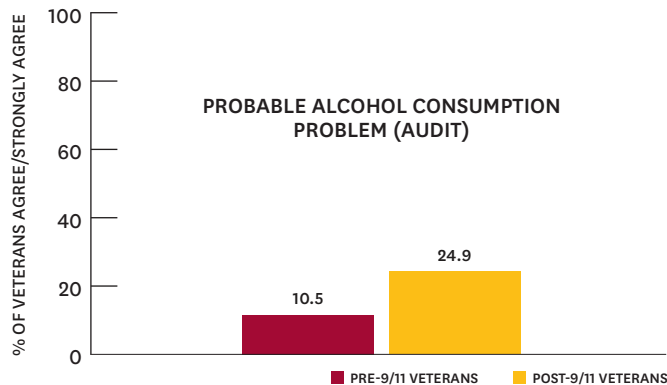


Figure 21. Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale

“ You come out to the civilian world and we’re trained to fight. That’s what it is, no matter what, or be in support of a fight. So I know when I got out and the drugs and alcohol started flowing, I was looking for fights being sober, but when I started drinking I couldn’t wait to get into a fight. Win or lose. I had my ass kicked many a times, but it was just the fact of going out and fighting. And it’s not till later when stuff breaks down.”

Military Sexual Trauma (MST)

Sexual harassment and sexual assault were determined using the VA military sexual trauma two-item screen. Not unexpected, the reports of sexual harassment and sexual assault were high for female veterans (see Figure 22). Two-thirds of female pre-9/11 veterans (66.2%) and 60.4% of female post-9/11 veterans reported being sexually harassed while serving in the military. Reports of sexual assault for female veterans were equally high, with 56.9% of pre-9/11 veterans and 37.8% of post-9/11 veterans reporting being sexually assaulted. Reports of sexual harassment and assault were considerably lower for male pre- and post-9/11 veterans. Just 10.6% of male pre-9/11 and 5.8% of male post-9/11 veterans reported being sexually harassed while in the military, with 5.8% of pre-9/11 and 3.3% of post-9/11 male veterans reporting being sexually assaulted. Although sexual harassment and sexual assault remain a significant problem in the military, the overall lower rates of sexual assault for post-9/11 female and male veterans might represent early indicators that the military's efforts at preventing sexual assault are making significant progress.

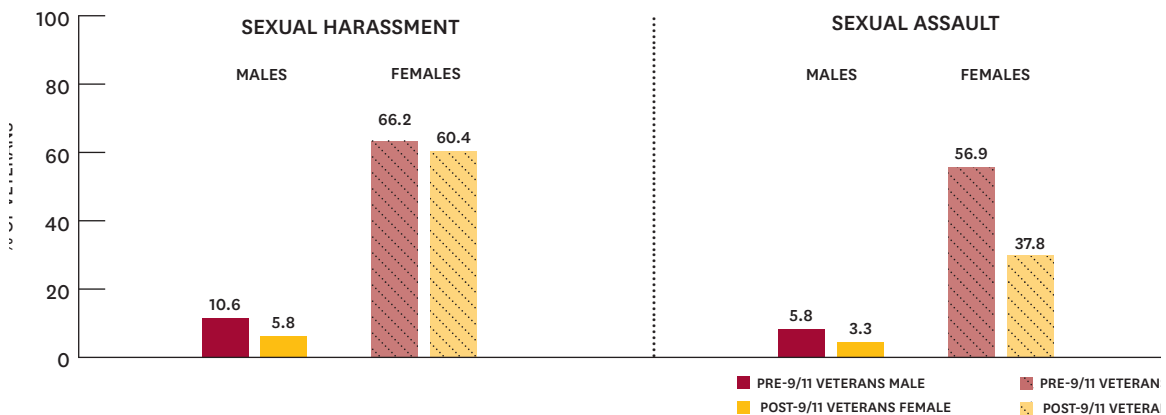


Figure 22. Percent of male and female pre-9/11 and post-9/11 veterans who were sexually harassed or assaulted during military service

“ I was 18 years old when this [sexual assault] happened to me. I was in Germany. I totally blocked it out, went to Germany, and served my time, never thought about it. Got out, had all these problems at jobs and didn't know why.”

VETERAN SERVICE UTILIZATION AND NEEDS

Help Seeking Behavior

A considerable number of veterans with significant mental and physical health needs are not receiving care (see Figure 23). In particular, post-9/11 veterans are less likely than pre-9/11 veterans to seek treatment for physical or psychological issues. For example, over one-third of post-9/11 veterans who have considered attempting suicide (36.8%) or made a plan to die by suicide (33.3%) have not received help. For pre-9/11 veterans, a quarter of veterans who have considered attempting suicide (27.2%) or made a plan to die by suicide (24.0%) have not received psychological care. Veterans are even less likely to receive help for a probable mental health disorder. Over 40% of post-9/11 veterans do not receive care for a mental health issue, and over 30% of pre-9/11 veterans do not receive help. Veterans are more likely to seek treatment for a physical health condition, yet nearly one in five pre-9/11 veterans do not receive help for a physical health problem (18.6%) and nearly one in four post-9/11 veterans do not receive help for a physical health condition (27.9%).

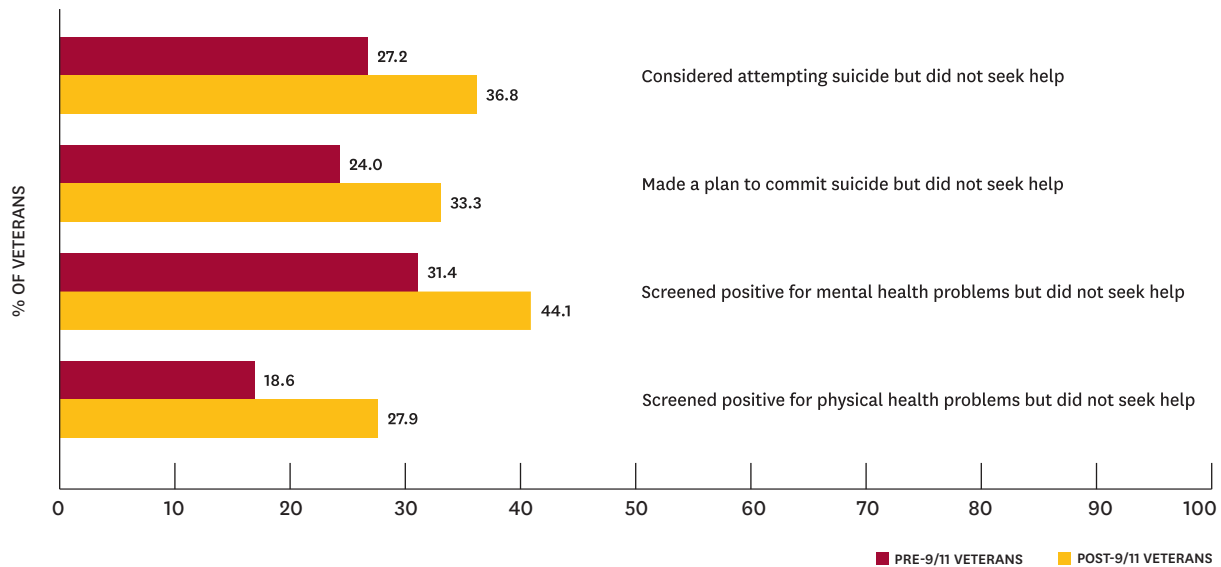


Figure 23. Percent of pre-9/11 and post-9/11 veterans who screened positive for a mental or physical health issue and did not seek care

Barriers to Care

There are significant barriers that prevent veterans from receiving help. Post-9/11 veterans are more likely than pre-9/11 veterans to report barriers to care (see Figure 24). Over half of post-9/11 veterans and 40% of pre-9/11 veterans report that they do not know where to go to get help. Over a third of post-9/11 veterans believe they can handle the problem on their own (37.2%) or have difficulty getting an appointment (37.1%). One in five post-9/11 veterans report concerns that treatment will not remain confidential (23.4%) or that seeking care might harm their career (20.3%). While pre-9/11 veterans share similar concerns, these concerns are not as great as those expressed by post-9/11 veterans.

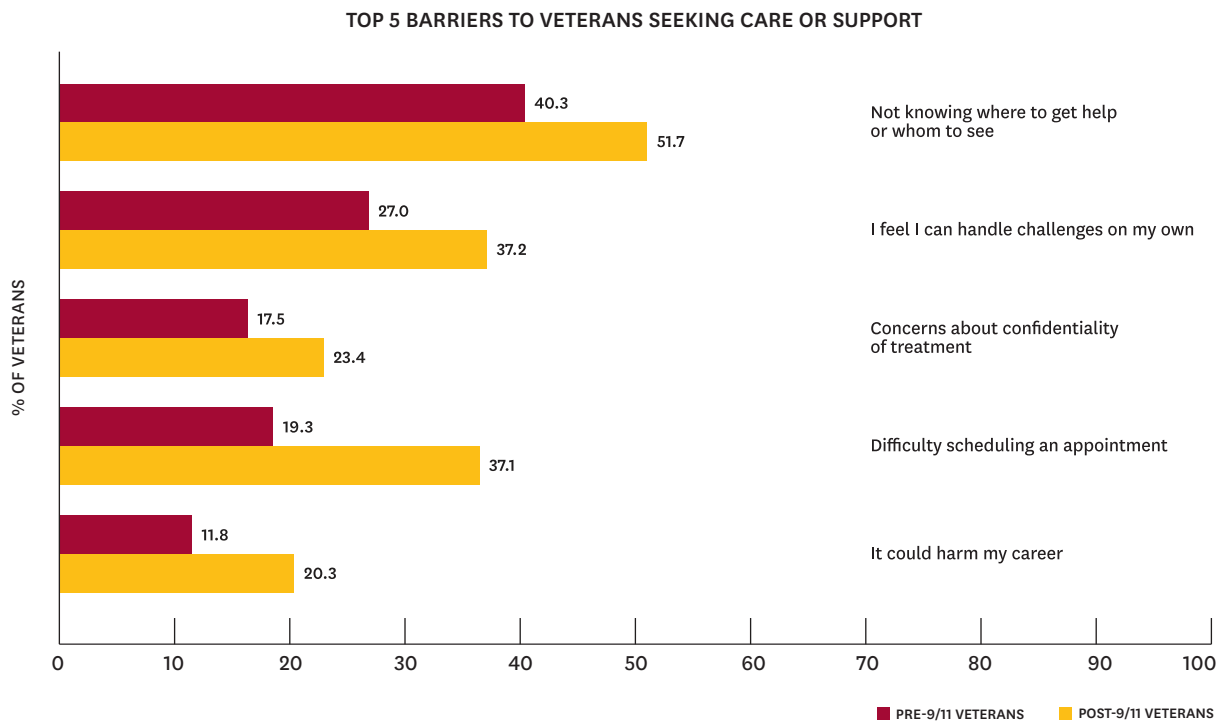


Figure 24. Barriers reported by pre-9/11 and post-9/11 veterans that prevent them from seeking care or support

“ I know the help is out there, in theory. But the problem is to use it, you get the run around. A lot. When you ask to use it they give you a form to sign and transfer you over to someone that has no idea what you’re talking about and then you have to start from scratch and keep digging, and by the time you find the information you need {it is too late}. Then you have to start all over again.”

Service Needs

Across the board, veterans endorsed a high number of service needs, with over two-thirds of veterans (66%) indicating that they needed all 14 of the services (see Figure 25). The greatest needs reported by post-9/11 veterans were employment assistance (64.9%), educational assistance (61.1%), VA service assistance (60.6%), health care assistance (56.4%) and mental health assistance (47%). The greatest needs reported by pre-9/11 veterans were VA service assistance (62.5%), health care assistance (55.5%), educational assistance (50.0%), housing assistance (47.5%) and employment assistance (46.7%). It should be appreciated that the needs of veterans are wide-ranging and varied, indicating the need for a comprehensive approach to meeting veteran needs. Over 58% of veterans had at least two significant issues involving health, housing, finances or employment, with 38% having three or more concerns.

“ The government is throwing everything at us that we want, but is that preparing us for what we need? ”

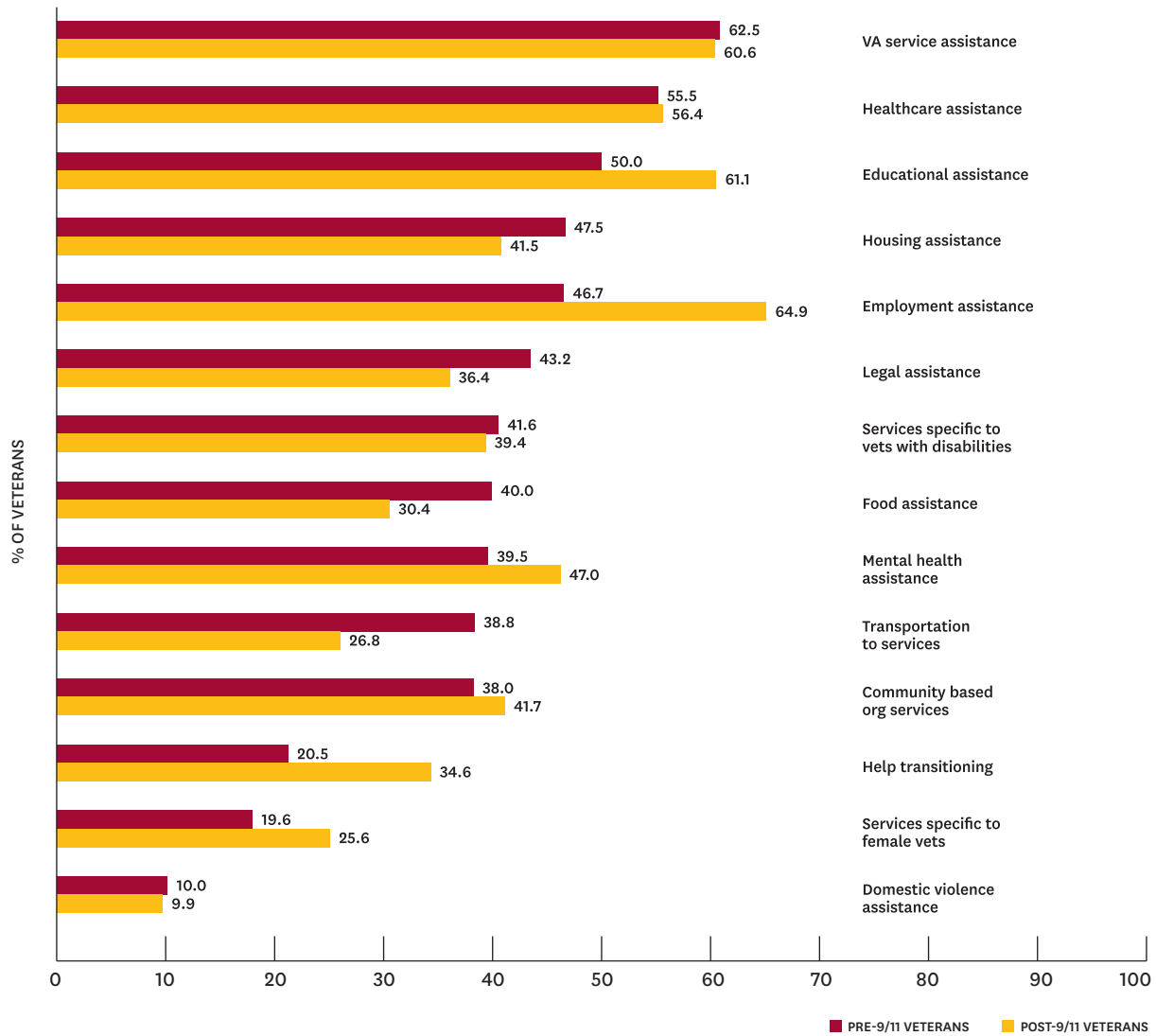


Figure 25. Percent of pre-9/11 and post-9/11 veterans indicating a specific needed service to assist them in their military-to-civilian transition

Discussion of Key Findings and Recommendations

OVERARCHING FINDINGS

The findings from the Los Angeles County Veterans Study have revealed several overarching issues that deserve attention:

- First, many service members leaving the military are not prepared for the transition.*
- Second, many military veterans have a wide range of needs that cannot be easily provided by a single organization.*
- Third, veteran support organizations are not organized to provide holistic support to current and returning veterans.*
- Fourth, most veteran support organizations are focused on meeting acute and chronic needs of veterans, such as homelessness, immediate or severe health issues, or acute or chronic unemployment. Very little attention is given to preventing these conditions or intervening early to prevent them from becoming chronic.*

FINDINGS AND RECOMMENDATIONS

The transition from military to civilian life can be precarious for service members and is not always negotiated successfully. This study of Los Angeles County veterans tells us that we have not effectively engaged them early enough in their transition process. It has become increasingly clear that there is a dire need for support services, employment assistance and health treatment options that engage the veterans early in the transition from military to civilian life.

Below are key findings from the Los Angeles County Veteran Study with specific recommendations for addressing each finding. It should be noted from the outset that for many of the recommendations presented, efforts have already begun and significant progress is being made in assisting service member transitions. For these efforts, we call for an expansion and acceleration so more veterans might benefit from the programs. For other efforts, however, success in meeting the needs of veterans remains elusive. Here, we provide suggestions for changing the process and/or procedures for how support is provided to the service member or veteran in order to meet documented existing needs. For other programs we might be even more critical, calling for a complete overhaul or dissolution of the program. Throughout, the sole focus of the recommendations is to identify ways to meet the needs of veterans, appreciating that there are tremendous on-going efforts to achieve the same goals.

Civilian Transition Difficulties

FINDING 1

Over two-thirds of today's veterans reported difficulties adjusting to civilian life, and reported that they do not know where to go or who to contact to get help.

RECOMMENDATION 1

Establish a mechanism that enables support agencies to be aware of service members planning on transitioning into their communities so a proactive outreach plan can be established with service member before they leave active duty. Several strategies exist for establishing this critical connection:

- The Department of Labor or the DoD can collect contact information from each separating service member, inform them of how the information will be shared with the local communities in order to assist them in their military-to-civilian transition, and then provide the information to veteran support agencies residing in the local communities in a timely fashion so they can conduct an active outreach to the separating service member.
- Early during the mandated military Transition Assistance Program (TAP)/Transition Goals Plan and Success (GPS), service members can opt to share their contact information with the local community to which they plan to move, to proactively plan for assistance with employment, housing or other needs.

- Each community can conduct a public information awareness campaign targeting the family and friends of service members separating from the military, encouraging them to contact a local veteran support agency so they can assist the separating service member in finding employment, housing or meet other needs before they leave active duty service.

DISCUSSION 1

Military veterans are a hidden population. Often communities do not know how many veterans reside in their community, where they live or what needs they might have. Communities often must rely on state or national statistics to determine what the needs are for veterans in their local community. Other communities may assume they do not have a significant veteran population that warrants tailoring effective services to attract and help veterans in need. Currently, the only entities that know where service members intend to re-locate reside at the national and state levels. Connecting separating service members to the local community where the veteran plans to live is essential for a successful transition and to effectively engage them early in their transition process. It is the community, working with the veteran one-on-one, who will be in the best position to ensure the entire needs of the veteran are met, including employment, housing, health, education, etc. Connecting separating service members to the local community should be the highest priority. Discuss issues such as personal privacy and the service member's/veteran's right or desire to be left alone; separating service members should be given the opportunity to be contacted by the local community so that coordinated and comprehensive assistance, if wanted and needed, can be provided to them.

Employment Status

FINDING 2

Nearly eight in 10 service members leave the military without a job, expecting to quickly find meaningful employment that provides adequate remuneration once they leave the military. Nearly a quarter of veterans in Los Angeles County with jobs are earning at or below the poverty level. Over three-quarters of those veterans without a job are not receiving assistance in finding a job. At the same time, veterans also report needing time to figure out what they want to do in life once they leave the military.

RECOMMENDATION 2A

Establish having a legitimate job offer as the primary outcome of the new military TAP/Transition GPS program. This can be accomplished if the TAP/Transition GPS program works with local communities where the separating veteran plans to live. While separating service members may engage in the TAPS/Transition GPS system 12 to 24 months prior to separation, such engagement may need to be mandated in order to provide sufficient time to identify meaningful employment that provides sufficient remuneration.

RECOMMENDATION 2B

Provide the separating service member enhanced opportunities, including additional leave, to conduct in-person interviews with prospective employers in their new community before they separate from military service. Where possible, provide the separating service member access to virtual interviewing capabilities that involve VTC technologies. Local communities should encourage employers to accept virtual interviews for separating veterans.

RECOMMENDATION 2C

Provide separating service members with a formal course that reorients them to the realities of civilian employment throughout the transition process. Embed this discussion in the larger framework noting differences between military culture and civilian culture, without denigrating either of them.

RECOMMENDATION 2D

Provide separating service members/veterans opportunities to work in a variety of jobs facilitated by local communities. For example, a community employment strategy for returning veterans should consider leveraging community temporary employment agencies and alternative staffing agencies to enable veterans to work in a variety of positions to help them identify future career opportunities and interests, build skills and provide income.

RECOMMENDATION 2E

Develop innovative employment strategies for difficult-to-employ military veterans, especially veterans with enduring physical and psychological health injuries.

DISCUSSION 2

Service members leaving the military today expect finding a job to be relatively easy as they are constantly being told how valuable their skills are to civilian employers. Further, the expectation of many separating service members is that they will earn more money as a civilian than as a service member; certainly no separating service member expects to earn less once they leave the military. Given that the military compensation of a sergeant/petty officer second class/staff sergeant (E-5), who is 26 years old, married with one child, has been on active duty for six years, with some

college experience, can range from approximately \$68,000-\$87,000, depending on duty location, even expecting similar civilian employment compensation is not realistic; especially given that the U.S. national median income is around \$53,000 for all workers. The findings from the Los Angeles County Veterans Study showed that while 28% of all veterans earned about \$60,000 per year, veterans aged 26-30, regardless of rank upon separation, have a household median income of only \$24,000-\$47,000 per year. Thus, service members need to be continuously educated about the benefits of military compensation as well as the realities of the civilian labor market.

Many service members do not know what they want to do when they leave the military. For these separating service members, we need to afford them the opportunity to sample many different jobs across a variety of occupations. Such opportunities might include paid apprenticeships, internships, fellowships, Peace Corps, AmeriCorps and Teach for America, among others. 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. Keeping post-military employment organized will also help reduce the likelihood of the military veteran from becoming disillusioned, and possibly begin abusing alcohol and drugs.

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. These “hard-to-employ” veterans will require special efforts and programs. For all military veterans, but for the hard-to-employ veterans in particular, we must move beyond simply referring separating service members and veterans to military employment websites, a military occupation codes translator or resume builders.

Living Arrangements Post-Military Service

FINDING 3

A significant number of service members (at least 40%) leave the military without having identified permanent housing.

RECOMMENDATION 3A

Use the new military TAP/Transition GPS program to verify that separating veterans have permanent and sustainable housing when they leave the military. That is to say, provide counseling to the separating service member about the suitability and sustainability of their post-military housing plans.

RECOMMENDATION 3B

Connect the separating service member with the local community where the separating service member plans to live to identify suitable housing options.

RECOMMENDATION 3C

Set realistic expectations about the type of housing a military veteran is likely to be able to afford as a civilian.

RECOMMENDATION 3D

Provide transitional housing for separating service members through both public and private partnerships until they obtain permanent housing. Unlike the Veterans Affairs Supporting 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. In particular transitional housing would be extremely valuable to single female separating service members and service members with children.

DISCUSSION 3

We recognize that predicting homelessness is extremely difficult and that highly effective homeless prediction models are lacking; thus, the widely adopted rapid rehousing approach to preventing chronic homelessness. At the same time, we also view veteran homelessness as something rather different than non-veteran homelessness that affords several opportunities for early prevention intervention efforts. First, we know exactly when the separating service member is losing their permanent housing. Thus, we are in a perfect position to assess whether the separating service member's military transition housing plan entails moving from permanent military-supported housing to permanent civilian housing or from permanent military-supported housing to temporary civilian housing or, in worst case scenarios, from permanent-military housing to homelessness. Second, we also know exactly to the day when the separating service member will lose their military job. Thus, we are in a perfect position to determine if the separating service member's civilian job will sustain the

separating service member's permanent housing plan. Given the findings from the Los Angeles County Veterans Study that the vast majority of veterans do not have a civilian job when they leave the military, it is highly likely that the separating service members are not identifying permanent, sustainable housing. As already noted, the major focus of the TAP/Transition GPS program is to identify employment for the separating service member. Yet, the civilian community has determined that "housing first" is the best solution, addressing employment and health issues after housing has been established. We are not suggesting that employment should not be a major focus of the TAP/Transition GPS program. It should be. What we are arguing, however, is that housing (as well as health) should be elevated in the military transition process so that both receive equal attention. Again, it is a holistic approach that is most likely to enable a separating service member to have a successful transition.

Prevention of Homelessness**FINDING 4**

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

RECOMMENDATION 4A

Provide housing support to veterans under housing distress (in a holistic framework so they can continue to focus on employment and health) prior to receiving eviction notice or an eviction. Consideration should be given to extending the military housing allowance for separating service members up to 12 to 24 months post-military service.

RECOMMENDATION 4B

Expand the definition of veteran homelessness so that it encompasses veterans under housing distress or who lack permanent housing.

DISCUSSION 4

We must recognize that the HUD definition of homelessness only encompasses those on the extreme edge 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. The rapid rehousing initiative does not prevent homelessness, per se; it prevents homelessness from becoming prolonged or chronic. An effort to develop a housing prevention strategy that focuses on reducing/eliminating temporary housing crises will serve to help sustain the national campaign to end veteran homelessness by 2015. Let us not wait until the veterans have an eviction notice. Particularly noteworthy is the VA's Supportive Services for Veteran Families, which has demonstrated to be extremely useful for reducing veteran homelessness and preventing imminent homelessness. This program holds out the possibility of being 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.

Physical and Psychological Health

FINDING 5

Many service members leave active duty with untreated mental and physical health issues. Five in 10 military veterans 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.

RECOMMENDATIONS 5A

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 likelihood they are service connected.

RECOMMENDATION 5B

Conduct outreach to veterans, encouraging biannual checkups following military separation.

RECOMMENDATION 5C

Provide a military transition mentor for active duty separating service members who can guide them through the physical and mental health evaluation, documentation and care process.

RECOMMENDATION 5D

Establish civilian military transition mentors within local communities prior to separation to guide the separating service member/veteran through the VA health care system, as well as provide assistance for employment and housing, if needed. Utilize experienced and trained military veterans as military transition members when possible.

DISCUSSION 5

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 veterans report similar concerns. During the TAP/Transition GPS program, separating service members must be required to receive a comprehensive medical and psychological health evaluation, which is documented in their military medical records. While it may be argued that requiring all separating service members to receive a complete physical and psychological health examination is not necessary given the relatively healthy status of the force, the data from both active duty service members and military veterans indicates that the wars over the past decade have taken their toll on the health of the service member and the veteran. Mandating complete health examinations is probably long overdue. We recognize 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.

It is critical that all psychological and physical health care issues identified during a service member's military career, especially during the military transition process, no matter how minor or seemingly insignificant, are documented in the official military medical record. Failure to properly document medical issues during active military service can result in the VA denying or delaying the recognition that the injury occurred or was aggravated as a result of military service. Thus, care and/or disability ratings can be greatly impacted.

Even with mandated health examinations facilitated by a military transition mentor, many separating service members are still likely not to disclose new (or even lingering) physical or psychological health issues. Thus, a community healthcare outreach program targeting veterans

needs to be initiated to provide annual or semi-annual health assessments for veterans to ensure their health care needs are being met. 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.

VA Disability Ratings

FINDING 6

Pre- 9/11 and post-9/11 veterans reported significant physical and psychological health concerns, as well as impaired functioning, yet appear not to have obtained a commensurate VA disability rating.

RECOMMENDATION 6A

Encourage pre-9/11 and post-9/11 veterans to consult with a veteran service officer (VSO) to advise them in the development of their VA disability application plan.

RECOMMENDATION 6B

Encourage pre-9/11 and post-9/11 veterans to utilize VSOs in the preparation of their VA disability application, and to provide assistance in appeals and reconsideration.

RECOMMENDATION 6C

Ensure that every separating service member obtains a complete copy of their medical record regardless of separation status. Add it to the mandatory clearing checklist. Incorporate it into the TAP/Transition GPS program.

DISCUSSION 6

Pre-9/11 and post-9/11 veterans tend to rate their perceived overall health as high, despite reporting significant physical and psychological health issues that impact their daily functioning. In fact, the majority of veterans, both pre-9/11 and post-9/11 veterans, from the Los Angeles County Veterans Study did not submit a VA disability application. Findings from the focused groups revealed that the main reason for post-9/11 veterans not submitting a VA disability application was difficulty figuring out the process, or that they lacked the necessary medical records documenting their injuries. While not every veteran leaves the military with physical or psychological injuries requiring intervention, such injuries may worsen over time, necessitating care. However, if the veteran does not have the necessary medical records documenting that the injury occurred during military service, the VA is likely to deny the injury was service-connected, and thus no disability rating will be granted. Every separating service member should ensure that all injuries, no matter how seemingly trivial, are documented in their medical record. Further, some injuries are tied to geographical locations where the veteran might have served. So, it is important that the separating service member ensures that every location where they served, including temporary duty, is documented in their records as well.

Separating service members should be required to develop a VA disability application plan, even if the plan is not to submit a VA disability application. The TAP/Transition GPS program is in a unique position to facilitate this activity by ensuring that (a) all separating service members have a complete copy of their medical records, (b) every separating service member has met with a VSO to review the completeness of their records, and (c) all separating service members have assistance in developing their VA disability application plan. The importance of the VSO cannot be overstated. The VSO is uniquely trained to know which injuries are linked to a specific geographical place of military duty, which types of injuries, along with injury severity, are likely to result in a disability rating, and how to prepare and file the necessary paperwork to obtain a VA disability rating. Not every separating service member will file an application for a VA disability rating; however, every separating service member needs to leave active duty with all the necessary documentation to do so. In situations where the veteran has left active duty without obtaining the proper documentation or having developed a VA disability application plan, the local community needs to be prepared to provide this support to ensure the veteran receives all eligible benefits.

Barriers and Access to Care

FINDING 7

Significant barriers to receiving help exist for pre-9/11 and post-9/11 veterans, with post-9/11 veterans reporting higher perceptions of barriers; resulting in five out of 10 veterans not accessing care for needed services. Many veterans indicate preferring to handle problems on their own.

RECOMMENDATION 7A

Tailor community public awareness campaigns that targets post-9/11 veterans. Utilize civilian military transition mentors.

RECOMMENDATION 7B

Develop outreach and services that are sensitive to the needs of female veterans.

RECOMMENDATION 7C

Develop outreach approaches that are sensitive to race and ethnicity, in particular Hispanics and Asians. Given that Hispanics represent over one-third of the surveyed population and Asians represent 8% of the surveyed population, outreach approaches should be developed targeting these unique populations.

RECOMMENDATION 7D

Develop a communication strategy to address the concerns regarding barriers and stigma around mental health utilization and benefits. Embed psychoeducation training in the TAP/Transition GPS program and include psychoeducation in local community transition programs to address stigma and barriers to care.

DISCUSSION 7

Veterans continue to report significant barriers and stigma associated with receiving physical and mental health care. Somewhat surprisingly, post-9/11 veterans were more likely to have barriers and stigma than pre-9/11 veterans. Thus, it is important to develop outreach and communication strategies that target these specific generations of veterans: a single approach will not work.

Veteran Service Needs

FINDING 8

Veterans identified a wide-range of services needed during transition, including employment, healthcare, mental health, housing, and education, among others.

RECOMMENDATION 8A

Establish a veteran community support network that can provide a comprehensive and holistic plan to engage and support veterans in transition, recognizing that successful military transitions can take up to two years.

RECOMMENDATION 8B

Utilize a peer-to-peer strategy through the creation of civilian military transition mentors.

DISCUSSION 8

Veterans who have difficulty during the transition process are typically confronted by a wide variety of issues, ranging from housing, employment, education, finances to health, to mention only the big five. 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 veteran employment or housing, while ignoring health and education (including skills training and deployment), assuming, often incorrectly, that other agencies are meeting the veterans’ needs in these areas. Finding a veteran a good paying job will not in 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 in doing his or her job. Service providers must recognize that a holistic approach to veteran support is needed, and that they most likely only represent one or two parts of that approach, and maybe not even the most important part, depending on the needs of the veteran.

Further, most veteran support agencies tend to focus only on supporting veterans who are homeless or nearly so, who have significant physical or mental health issues, or who are having a difficult time getting or keeping a job. Very little attention is paid to supporting veterans in transition who are not in such dire straits. For example, if a veteran is behind on their rent by one or two months, there are few places they can turn to for support; instead they must wait until they receive an eviction notice and then be within two weeks of being evicted before they “qualify” for support. When holistic support for veterans does occur, it generally only occurs when the veteran hits rock bottom. However, by focusing on a holistic approach to transition while the service members are still on active duty and continuing this approach as the veterans continue the transition process, many of the issues veterans encounter can possibly be prevented or detected early and support provided before the problem becomes chronic and entrenched.

Financial Issues

FINDING 9

Over one-third of veterans report financial troubles, many of which began during military service.

RECOMMENDATION 9A

Assess the financial health of service members on an annual basis to enable sufficient time to restore financial health, if needed, prior to military separation.

RECOMMENDATION 9B

During TAP/Transition GPS, conduct detailed financial analyses of separating service members' financial health utilizing trained financial consultants.

DISCUSSION 9

Financial management is a critical life skill that many service members lack. During focused groups, veterans revealed they knew little about day-to-day budgeting, as many items requiring financial management were provided to them, such as food, housing, laundry, medical care, etc. Thus, many separating service members had little knowledge or appreciation for the costs of essential life necessities. Further, veterans with post-military separation financial difficulties revealed that most of their financial issues actually began while they were on active duty, and simply became worse when they no longer had a job. Thus, there is an urgent need to continually develop the financial management skills of service members while they are still in the service, reinforcing the importance of such skills and knowledge in preparation for leaving military service.

Military Identity

FINDING 10

Today's military veterans have very strong personal and social military identities that while admirable and desirable can interfere with a successful civilian transition. While the insularity of military culture promotes unity and resilience for the rigors of war, it can also leave service members less equipped and less comfortable in a civilian environment.

RECOMMENDATION 10A

Develop a comprehensive reorientation program for separating service members that focuses on differences and similarities between the military culture and the civilian culture. Provide realistic employment and housing expectations. Use a peer-to-peer approach as separating service members are more likely to listen to other service members who have been there and done it.

RECOMMENDATION 10B

Structure local community veteran support services so they are integrated to begin where the TAP/Transition GPS program leaves off.

RECOMMENDATION 10C

Encourage and support veterans building new networks and connections with civilians while they are on active military service.

DISCUSSION 10

Leaving the military requires a cultural and life style change for most veterans. Yet, service members are leaving the military expecting the civilian communities to accommodate them rather than planning on adapting to and merging with the civilian community they joined. During the initial military transition phase, veterans seem to be taking the approach, “I am a military veteran. I am superior to civilians. Don’t expect me to change.” In many areas, veterans do have skills and talents that many civilians lack. Veterans need to realize, however, that they too are now civilians. Veterans must learn to merge their military identity with their new civilian identity. A successful military transition requires veterans to form successful relationships with civilians.

In return, civilians within the local community need to understand what it means to be a veteran. Civilians need to avoid the veteran myths so prevalent today, such as all veterans have PTSD or are suicidal or are physically broken, and instead accept veterans for the sacrifices that they have made and recognize that veterans can make tremendous contributions as civilian employees, as well as serve in key roles in their local community. Civilian military transition mentors, who are veterans themselves and who have made a similar successful transition, are in an ideal position to assist new veterans on this journey, as new veterans are more likely to listen to veterans from their generation than they are from anyone else.

Separating service members need to have a well-developed civilian network that they can rely upon for support when needed. The military needs to foster and support service members in developing such relationships. Learning to view

civilians in a positive manner will greatly facilitate veteran transitions into their new civilian job, as well as back into the civilian community. After all, as service members depended upon the military team when they were in the service, the new veteran must now depend upon their civilian colleagues and friends for success as well.

Local communities play a central role in the veteran transition process in several important ways. First, as already noted, civilians within the community need to understand the veteran, and not subscribe to the various myths about veterans. Second, civilian communities need to avoid inadvertently or consciously accommodating veterans thereby preventing veterans from quickly assimilating back into society. Finally, civilian communities need to continue the transition work already begun by the TAP/Transition GPS program as transitioning from one culture to another is a life-long journey.

A Holistic Picture of the Military Veteran in Transition

Today's veterans are extremely proud of their service, and nearly every one of them would serve again. However, most veterans were ill-prepared when they left the military. Most veterans were likely to leave the military without a job and without a place to live. Believing it would be easy to find a civilian job after they left the military, the vast majority of veterans did not worry about having a job before separation. Soon, however, they realized that the civilian job market is quite competitive and that many of their military skills they were told would easily translate into obtaining a civilian job, did not translate well, if at all. Although upon reflection many veterans do blame themselves for not doing a better job in preparing for their transition back to civilian life, many veterans still blame civilian employers for their lack of success in obtaining a good paying job, claiming that civilian employers are biased against the veterans.

Closely linked with not being able to find a good-paying job is not being able to maintain stable housing. Many veterans leave the military without a place to live. Having been provided housing by the military for the past six to 10 years, many veterans have little or no idea how expensive civilian housing and utilities are. The one to two months military separation allowance that veterans may receive is usually spent within a couple of months, resulting in many veterans relying on unemployment benefits to survive. If it were not for family or friends, in particular girlfriends, many more veterans would be homeless than are typically counted. Some veterans even use their educational GI Bill benefits as means to generate income to pay for living expenses.

Upon separation from the military, most service members believe that they are mentally and physically fit. Yet, most of them soon realize that it was the support structure and culture of the military that enabled them to remain functioning, while ignoring, or in many cases, not even being aware of their suffering. Thus, many veterans leave the military with significant unmet physical and psychological health care needs. Indeed, the overall health care needs of today's veterans are staggering, with more than two to three in five veterans suffering from a probable mental health and/or physical health disorder, injury or illness. To compound matters, most veterans do not know where to go to get help or prefer to solve their problems on their own, unfortunately without much success.

Although much maligned, many veterans do go to the VA for help. And despite the fact that over half of today's veterans suffer from significant mental and physical health issues and score relatively high on the WHODAS disability scale, they are unlikely to receive a commensurate VA disability rating. As a result, many veterans quickly become disillusioned (or even angry) with the VA and never return. Those veterans who remain in the VA system do report high satisfaction with the care they receive.

Associated with the veteran's inability to get a good-paying job, obtain stable housing, or have their mental or physical health care needs met by the VA is the veteran engaging in a wide variety of risk-taking behaviors, such as drinking and driving, carrying a weapon outside of work, and looking to start fights. Of course the most disturbing of all risk-taking behaviors is the high rate of suicidality among today's veteran, with one in 10 considering or making a plan to take their own life.

Admittedly, this is a gloomy picture of today's veteran in transition. This description deviates significantly from the current narrative, in which every veteran is highly skilled, highly employable, ready to become the next CEO and poised to become the next "greatest generation ever." To be sure, there are many veterans who have left the military and have made a relatively smooth transition back into their civilian communities and are already making significant national and international contributions. What we have attempted to do here is highlight the fact that many veterans have not been so fortunate. Over a decade of wars takes a toll on those who fought in them. If all veterans are going to have a successful transition from military service back to their civilian communities, much work remains.

APPENDIX A

STUDY MEASURES

Alcohol Use

Measured by the consumption subscale of the Alcohol Use Disorders Identification Test (AUDIT), a brief screening tool for assessing alcohol misuse. The consumption subscale consists of three items. A score of six or above indicated significant consumption (Barbor et al., 2001).

Depression

Measured using the Patient Health Questionnaire-9 (PHQ-9), a brief self- or interviewer-administered instrument measuring the nine diagnostic criteria for DSM-IV depressive disorders (Spitzer et al., 1999). A score of 10 or above indicated a probable diagnosis of depression (Kroenke, Spitzer, & Williams, 2001).

Functionality

Measured using the World Health Organization Disability Assessment Schedule 2.0, a 36-item assessing disability across six domains, including understanding and communicating, getting around, self-care, getting along with people, life activities, and participation in society (World Health Organization, 2004). The complex scoring algorithm was used to provide participants a disability score between 0-100% and then categorized into minimal (0-4%), mild (5-24%), moderate (25-44%), moderately severe (45-64%) and severe (65-100%) functionality/disability.

Homelessness

Participants were considered having been homeless in the past 12 months if they answered yes to spending a night in the following places during the past year: shelter, sober living facility, transitional living program, hospital or rehabilitation facility, in a public place, in an abandoned building, outside, with a stranger and/or a group home.

Life Satisfaction

Measured by the five-item Satisfaction with Life Scale designed to measure global cognitive judgments of one's life satisfaction (Diener, Emmons, Larson & Griffin, 1985). This report documents participant's responses to three life satisfaction items.

Disability Ratings Example

VA disability was self-reported by respondents. An example of how these are assessed includes the Global Assessment of Functioning Scale (GAF) designed to measure one's ability to function "at work, socially, and emotionally", where 10-20% disability is mild, 30-40% disability means some trouble functioning socially and at work, 50-60% disability means some impairment in ability to function socially and at work with lack of reliability and productivity, 70-80% means unable to function in most social and work areas with symptoms such as obsessive behaviors, illogical speech, depression and panic, and 100% rating means completely unable to function socially or at work with symptoms such as severely inappropriate behavior, ongoing hallucinations or delusions, consistent threat of harming self or others (Wadsworth, 2014).

Mild Traumatic Brain Injury

Measured by the four-item Department of Defense mTBI screen. Endorsement of at least two items indicated probably mTBI with any loss of consciousness associated with the injury lasting less than 30 minutes. (U.S. Department of Veterans Affairs Office of Public Health and Environmental Hazards (13A), Force Health Protection (DoD), and the VA-DoD Deployment Health Working Group. 2010)

Military Sexual Harassment and Sexual Trauma

Measured by the two-item VA screen for examining sexual harassment and sexual trauma (Department of Veterans Affairs, 2004).

Physical Health

Measured by the Patient Health Questionnaire-15 (PHQ-15), a 15-item self-report questionnaire assessing physical health by measuring the prevalence and severity of common somatic symptoms. A score of 15 or above indicated significant symptom severity (Kroenke, Spitzer and Williams, 2002).

Posttraumatic Stress Disorder (PTSD)

Measured by the PTSD Checklist – Military Version (PCL-M), a military version of the PTSD Checklist, a brief, self-report inventory for assessing the 17 symptoms of PTSD outlined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. A score of 50 or above indicated a probable diagnosis of PTSD (Hoge et al., 2004; Weathers et al., 1993).

Suicide

Adapted measure of a four-question screener using two-item suicidal ideation screen to assess suicidality (thoughts of suicide, made a suicide plan) in a community (Centers for Disease Control and Prevention (CDC) 2014).

APPENDIX B

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