Introduction: Perspectives on Ending Veteran Homelessness

All across America, small towns and large cities are facing the social realities of homelessness and the steady increase of and demand for homeless services. Sadly, our country’s veterans have been more likely than most Americans to experience homelessness, in part because of their high rates of post-traumatic stress disorder, physical injuries and disabilities, and many other factors.

While providing shelter and services to those most in need is critical, the national conversation is shifting from managing to ending homelessness, with one particular focus being veterans. Several years ago the federal government made a commitment to prevent and end veteran homelessness by 2015. To make this goal a reality would require the breaking down of institutional silos and increasing collaboration between federal agencies.

In an effort to confront this seemingly intractable issue, two federal departments, the U.S. Department of Veterans Affairs and the U.S. Department of Housing and Urban Development, have joined together to strategically align their resources and coordinate efforts to end veteran homelessness.

- How are VA and HUD working together to end homelessness among veterans?
- What does it mean to pursue a Housing First approach to ending veteran homelessness?
- How are VA and HUD raising awareness about available programs for those most at risk?

In the following piece, we explore many of these questions, offering critical insights into how VA and HUD are working together. To do this, we present the perspectives of two key leaders directly involved in this cross-agency collaboration: Susan Angell, Executive Director*, Homeless Veterans Initiative, U.S. Department of Veterans Affairs; and Mark Johnston, Acting Assistant Secretary, Office of Community Planning and Development, U.S. Department of Housing and Urban Development. Both bring an exacting combination of practical knowledge and understanding of the work to be done and the progress achieved to date.