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SPRINGFIELD/GREENE, CHRISTIAN AND WEBSTER COUNTIES CONTINUUM OF CARE

Beyond the Myths

Part One:

Veterans and Homelessness in the Ozarks—Service Does Not Guarantee Stability

Springfield/Greene, Christian,
and Webster counties
Continuum of Care

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PART ONE:
Veterans and Homelessness in the Ozarks—Service Does Not Guarantee Stability

The Veteran We Imagine

WHEN MANY PEOPLE IN THE OZARKS HEAR THE WORDS "homeless veteran," a familiar image appears: an older man, visibly disabled, sleeping outdoors, carrying the effects of combat, and disconnected from the institutions that have been created to serve him. The image frequently accurate inasmuch as it tends to describe some veterans experiencing homelessness, but it obscures a truthful accounting of veteran homelessness. It omits veterans sleeping in cars, staying temporarily with friends, moving between motels and shelters, or facing eviction while still technically housed. It overshadows women veterans, veterans raising children, National Guard and Reserve veterans, younger post-9/11 veterans, and veterans whose military records do not fit neatly within program eligibility rules. Most importantly, it adumbrates an understanding of our present housing crisis as a story about supposedly "broken" people.

That story is both inaccurate and damaging. Veterans do, indeed, often struggle with post-traumatic stress, substance-use disorders, physical disability, justice involvement, or other serious challenges. No single condition, however, provides us with an explanation of veteran homelessness sufficient to guide our response to the issue. To get a handle on the underlying causes requires nuance and appreciation for the complex circumstances that often presage veterans becoming unhoused. Research commissioned by the U.S. Department of Veterans Affairs (VA) identifies a layered set of risks that includes adverse childhood experiences, military sexual trauma, mental-health and substance-use disorders, discharge status, low or absent disability compensation, and broader community conditions

such as housing costs and availability.[1] Moreover, interviews with post-9/11 veterans demonstrate that veterans themselves often describe the immediate causes of their situation in very quotidian terms. Their employment may have abruptly ended. They were in a committed relationship that soured. They found themselves priced out of a home due to a rent increase that they were unable to absorb. Or the transition from the military to civilian life did not work out as planned.[2]

Sensitivity to the distinct pathways by which veterans find themselves coping with housing instability matters if we are to address the issue effectively in the region. The local response to veteran homelessness has made significant measurable progress, facilitated by the development of specialized resources designed specifically for the veteran population. The response, however, is hampered by a housing market that affords too few housing units that are within the grasp of households with the lowest incomes. The City of Springfield's housing analysis identified a deficit of 8,960 rental units affordable to households earning no more than 30 percent of area median income. The 2026–2030 Ozarks Alliance to End Homelessness (OAEH) strategic plan accordingly identifies the lack of safe, decent, and affordable housing as the overarching cause of homelessness in the region.[3] As such, unhoused and at-risk veterans in the area may access available resources, receive a housing voucher, be assigned a case manager, become approved for disability payments, or acquire temporary assistance and still find that they remain unable to find a landlord, pass screening, cover move-in costs, or locate a unit within the respective program's rent limits.

Veteran homelessness in the Ozarks is therefore best understood as an intersection of multiple contributing factors. Military experience and veteran status shape risks, strengths, identity, eligibility, and the kinds of help available. Simultaneously, the fundamental mechanics that tend to condition housing instability for the broader population generally remain. They may be burdened by an income that is insufficient, housing that is unavailable or inaccessible, a crisis that exhausts their household's resources, and the safety

[1]U.S. Department of Veterans Affairs, Evidence Synthesis Program, *Factors Associated with Homelessness Among US Veterans: A Systematic Review* (Washington, DC: Department of Veterans Affairs, 2023), accessed September 29, 2026, www.hsrd.research.va.gov/publications/esp/homelessness-risk.pdf.

[2]Stephen Metraux et al., "Pathways into Homelessness among Post-9/11-Era Veterans," U.S. Department of Veterans Affairs, National Center on Homelessness among Veterans, accessed September 29, 2026, www.va.gov/HOMELESS/nchav/docs/Metraux_PathwaysIntoHomelessnessAmongPost911Era Veterans.pdf.

[3]Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030: Springfield/Greene, Christian, and Webster Counties Continuum of Care* (Springfield, MO: Community Partnership of the Ozarks, December 2025), 6, 13, 29–30, accessed September 29, 2026, cpozarks.org/wp-content/uploads/2021/01/OAEH-Strategic-Plan-2026-2030.pdf.

net that does not respond quickly enough. The local story of veteran homelessness is not that veterans are uniquely damaged. The evidence points to a narrative illustrating that a strong veteran-specific response can work, even when a strong response is constrained by surrounding housing system that fails too many low-income residents.

What follows is a five-step argument to support the position that the response to veteran homelessness has been effective, needs to be maintained, and should influence policy with respect to other demographics within the local unhoused population. First, it clarifies what local data can and cannot show. Second, contextualizes the Ozarks within the national reduction in veteran homelessness. Third, it examines how targeted housing assistance, supportive services, and coordinated partnerships have contributed to that progress and what these approaches can teach the broader homelessness response. Fourth, it explains the pathways that place veterans at risk, examines the local network of programs and partnerships. And fifth, it identifies what sustaining progress in ending veteran homelessness will require. Throughout, it challenges myths without minimizing hardship and treats veterans experiencing homelessness as with agency, histories, relationships, and rights—not as symbols.

What Counts as Homelessness

Public discussion around homelessness too often reduces a complex issue to a single image of a person visibly sleeping outdoors becoming the symbol representing all people experiencing housing instability. In practice, federal programs use narrower legal and administrative definitions. The U.S Department of Housing and Urban Development's (HUD) Category 1 definition focuses on people who lack a fixed, regular, and adequate night-time residence, including those sleeping in places that are not intended for habitation or in emergency shelter. Category 4 concerns people fleeing or attempting to flee domestic violence who lack another residence and the resources or support networks to obtain housing. OAEH's Active Prioritization List, in turn, uses these categories to organize access to federally funded interventions.[4]

These definitions help to make programs governable. They do not, however, subsume every form of housing instability. A veteran "doubled up" with friends or moving in with relatives may also be in a deeply precarious situation without meeting the literal-homelessness standard used by some programs. VA's Supportive Services for Veteran Families (SSVF) recognizes this distinction. Although, couch surfing generally is not literal

[4]Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030*, 16, 24.

homelessness for rapid-rehousing purposes, a veteran may, nonetheless, qualify for homelessness-prevention assistance if the household is at imminent risk of losing its housing.[5] The gap between lived housing instability and program eligibility is one reason the number of veterans needing help will exceed the number classified as homeless on any particular night.

The annual Point-in-Time (PIT) Count adds another vector for miscomprehending the magnitude of homelessness in our region. Conducted in January, it estimates the number of people in sheltered and unsheltered settings on a single night. Mandated by the federal government for the allocation of funding, PIT is useful for identifying trends, but it is not a census of everyone who experiences homelessness during the year. Weather, volunteer coverage, inaccessible camps, temporary stays with others, reluctance to disclose veteran status, and the simple fact that people move in and out of homelessness all affect the extent to which housing instability can be observed and reported.[6]

Local cold-weather shelter data illustrate the problem. On January 24, 2024, six Springfield crisis cold-weather sites sheltered people who would ordinarily have been outside on many other nights. HUD counted them as sheltered because the temperature-triggered facilities were open, despite OAEH having noted that these individuals were typically unsheltered when temperatures were above 32 degrees. Though resulting classification was technically correct, it did not fully capture an accurate portrait of their ordinary circumstances.[7]

Three local indicators should therefore be read together rather than treated as interchangeable:

- The PIT Count offers a one-night estimate under federal definitions.

[5]U.S. Department of Veterans Affairs, "Supportive Services," VA Homeless Programs, updated September 7, 2026, accessed September 29, 2026, department.va.gov/homeless/supportive-services-for-veteran-families/supportive-services/.

[6]Community Partnership of the Ozarks, "2023 Every One Counts Campaign," January 4, 2023, accessed September 29, 2026, cpozarks.org/wp-content/uploads/2023/03/2023-PIT-Press-Release.pdf; KSMU, "Every One Counts Campaign Focuses on the Area's Unsheltered at One Point in Time," January 21, 2025, accessed September 29, 2026, www.ksmu.org/news/2025-01-22/every-one-counts-campaign-focuses-on-the-areas-unsheltered-at-1-point-in-time.

[7]Laura Hart, Daniel Price, and Laurel Schartner, *Crisis Cold Weather Shelters Report 2024* (Springfield, MO: Missouri State University Department of Sociology, Anthropology, and Gerontology, in collaboration with Community Partnership of the Ozarks, 2024), 2, accessed September 29, 2026, https://cpozarks.org/wp-content/uploads/2024/05/OAEH-Unsheltered-Report-2024.pdf.

- The Homeless Management Information System records people who interact with participating programs over time.
- The Coordinated Entry Active Prioritization List identifies assessed households awaiting or receiving referrals, but only after they connect with the system.

Each captures a different perspective on reality. None includes every veteran who is sleeping in a vehicle, moving between informal arrangements, avoiding services, living beyond regular outreach routes, or unaware that veteran-specific assistance exists. Precision requires stating which measure is being used and resisting the temptation to turn one number into a complete portrait.

A National Success Story

The nation's response to veteran homelessness stands out as one of the clearest demonstrations that coordinated public policy can reduce homelessness. On a single night in January 2024, 32,882 veterans experienced homelessness in the United States. That total included 19,031 sheltered veterans and 13,851 living unsheltered in places not meant for habitation. The overall number was 7.6 percent lower than in 2023 and 55.6 percent lower than in 2010, even as total homelessness nationwide rose sharply in 2024.[8] In the 2025 PIT count, the number fell another 1.2 percent over the previous year with 18,877 veterans in shelters, and 13,518 unsheltered veterans.[9] These declines did not occur because veterans had become less vulnerable or because the economic pressures that contribute to housing instability suddenly had disappeared. The success in reducing the number of veterans experiencing homelessness had followed sustained investment in rental assistance, prevention, rapid rehousing, permanent supportive housing, outreach, health care, and coordinated local response.

Two federal interventions have been central to that story. First, HUD's Veteran Affairs Supportive Housing (HUD-VASH) combined a HUD Housing Choice Voucher with VA case management and clinical services. Local public housing agencies administered the rental subsidy, while VA staff worked to identify eligible veterans, make referrals, and provided

[8]U.S. Department of Veterans Affairs, "Veteran Homelessness 2024 PIT Count Results," December 5, 2024, accessed September 29, 2026, www.va.gov/HOMELESS/docs/VA_Homeless_All_Hands_Call _2024 _12-5.pdf; U.S. Department of Housing and Urban Development, "HUD Releases January 2024 Point-in-Time Count Report," December 27, 2024, accessed September 29, 2026, archives.hud.gov/news/2024/pr24-327.cfm.

[9]U.S. Department of Housing and Urban Development, "HUD Releases 2025 Annual Homelessness Assessment Report to Congress," May 29, 2026, accessed October 25, 2026, www.hud.gov/news/hud-no-26-037.

support intended to help the household obtain and sustain housing.[10] Second, the VA's SSVF has funded nonprofit organizations and consumer cooperatives to prevent homelessness among very-low-income veteran families and rapidly rehouse those who were literally homeless. Unlike a long-term voucher, SSVF generally uses time-limited financial assistance, housing navigation, case management, and connections to benefits and community resources.[11]

VA's broader continuum also includes outreach through Health Care for Homeless Veterans, interim housing through Grant and Per Diem and contracted residential programs, employment services, justice outreach, and the National Call Center for Homeless Veterans. The support that these programs offer has been significant inasmuch as veteran homelessness is not the result of a single condition simply requiring a single intervention. For instance, a veteran facing a first-time eviction may need a modest arrears payment along with legal assistance. Another veteran might require a permanent subsidy and intensive case management to remain housing stable. Still another may need immediate shelter, treatment, identification documents, and months of housing navigation.[12]

The national reduction among veterans is evidence against the fatalism that tends to render homelessness an intractable problem, signaling that it is neither inevitable nor immune to policy. The tremendous progress made, however, should not be allowed to be used to create a triumphal narrative that hides people who are still outside. More than two in five veterans counted as homeless in 2025 were unsheltered, and a one-night count cannot capture everyone who experienced a housing crisis during the year.[13] Progress establishes responsibility: once communities know that targeted housing and services work, allowing those tools to erode becomes a policy choice.

[10]U.S. Department of Housing and Urban Development, "HUD-Veterans Affairs Supportive Housing (HUD-VASH)," accessed September 29, 2026, www.hud.gov/helping-americans/housing-choice-vouchers-homeless-veterans.

[11]U.S. Department of Veterans Affairs, "Supportive Services for Veteran Families," VA Homeless Programs, updated September 13, 2026, accessed September 29, 2026, department.va.gov/homeless/supportive-services-for-veteran-families/.

[12]U.S. Department of Veterans Affairs, "About the Homeless Programs Office," updated August 11, 2026, accessed September 29, 2026, department.va.gov/homeless/about-us/.

[13]U.S. Department of Veterans Affairs, "Veteran Homelessness 2024 PIT Count Results."

The Ozarks Context

The relevant local system is not limited to the Springfield city boundary. The OAEH is HUD's designated Continuum of Care for Springfield and Greene, Christian, and Webster Counties. The City of Springfield is the lead agency and contracts with Community Partnership of the Ozarks (CPO) to administer Continuum responsibilities. OAEH brings together local government, housing and service providers, advocates, health systems, law enforcement, and people with lived experience to coordinate funding, planning, data, and referrals.[14]

This regional structure is important. While Springfield contains the largest concentration of services, rental housing, health care, and transit, housing crises originate throughout the continuum's tri-county service area. A veteran in Marshfield, Rogersville, Nixa, Ozark, or a rural part of Greene County may face very different challenges than a counterpart in Springfield. There may be longer travel distances. There are limited options for public transportation There may be fewer landlords who accept subsidies. And there may be less visible outreach. As many falling into instability find their way to the city, the location of services can produce a misleading impression that homelessness is exclusively a Springfield problem when the regional hub is receiving people whose housing histories extend across county lines.

Veterans comprise a significant portion of the local population. Census estimates indicate that Springfield alone had approximately 8,230 veterans, while the Springfield metropolitan area had roughly 28,982; Webster County had an estimated 2,944 veterans in the 2019–2023 period.[15] These estimates are not directly comparable to annual homelessness data, but they do establish that veteran housing stability is not a marginal issue. Census data illuminates a large and internally diverse population whose members differ by age, era of service, disability status, family structure, income, race, gender, discharge status, and connection to VA care.

In October 2024, OAEH's Active Prioritization List included 473 Category 1 or Category 4 households comprising 959 people. Forty households self-identified as veteran households. Across fiscal year 2024–2025, the list averaged 33 veteran or veteran-led households.[16] By March 2026, the monthly list included 15 self-reported veteran households, compared with 27 in March

[14]Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030*, 5–8.

[15]U.S. Census Bureau data reproduced by Census Reporter, "Springfield, MO," accessed September 29, 2026, censusreporter.org/profiles/16000US2970000-springfield-mo/; U.S. Census Bureau, "QuickFacts: Webster County, Missouri," accessed September 29, 2026, www.census.gov/quickfacts/fact/table/webstercountymissouri/VET605218.

[16]Adam Bodendieck and Emily Fessler, *Meeting the Need and Looking Ahead* (presentation, Springfield, MO, 2024), accessed September 29, 2026, www.springfieldmo.gov/DocumentCenter/View/67330/OAEH-Presentation?bidId; Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030*, 24.

2025. The reduction is an encouraging sign of how effective the continuum has been in coordinating resources to address the needs of veterans in crisis, but one needs to be mindful that this is a measure of assessed households on an active list, not proof that only 15 veterans in the region lacked stable housing.[17]

The regional context also changed between 2024 and 2026. OAEH's strategic plan reports that more than 500 people experience homelessness on a given night in the tri-county area. In fiscal year 2024, the average time before housing increased from 60 to 63 days, 5.97 percent of households that had exited to permanent housing returned to homelessness within six to twelve months, and the share of shelter and rapid-rehousing exits reaching permanent housing fell from 36 to 32 percent. At the same time, 46 percent of adults in housing programs increased their income, and unsheltered homelessness declined under the system's performance measures.[18] These mixed results show why success with one population cannot be separated from the capacity of the larger housing system.

"Functional Zero" Explained

In 2022, local reporting described veteran homelessness in Greene, Christian, and Webster Counties as reaching "functional zero." The phrase did not mean that no veteran was homeless. It meant that the community believed it had built a coordinated system capable of preventing and quickly resolving veteran homelessness so that it would be rare, brief, and nonrecurring and no veteran would be forced to remain on the street.[19]

That distinction is not semantic. A literal zero would require preventing every job loss, family rupture, health emergency, landlord action, and personal crisis that could produce homelessness. Functional zero instead describes response capacity to a crisis. When a veteran loses housing, success is dependent on the ability of the community to identify the person, connect them to an appropriate intervention, and return them to permanent housing promptly. In this sense, ending homelessness is not a one-time finish line. It is the creation and maintenance of a reliable public system.

[17]City of Springfield, *Mayor's Report on Homelessness: March 2026*, in "City Manager Week in Review," April 30, 2026, accessed September 29, 2026, www.springfieldmo.gov/DocumentCenter/View/76823/May-1-2026.

[18]Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030*, 13, 23–24.

[19]Kathleen O'Dell, "Number of Homeless Vets in the Ozarks Falls to 'Functional Zero,'" *Springfield Daily Citizen*, accessed September 30, 2026, sgfcitizen.org/economy-growth/housing/homeless-vets-in-the-ozarks-functional-zero/.

At the time of the announcement that functional zero had been achieved, Home at Last—the SSVF program operated by The Kitchen, Inc.—was serving 68 households. Most were housed, while about 17 were literally homeless and working with case managers to locate housing. Home at Last had served 332 veteran households during 2020 and 2021, including prevention and rapid-rehousing activity.[20] These numbers reveal the paradox within "functional zero," as a community can meet a functional standard while veterans remain unhoused because the standard concerns whether homelessness can be addressed at a manageable scale.

The phrase nevertheless carries unfortunate risks if not properly understood. Members of the public may hear "zero" and conclude that veteran homelessness has been solved, that resources can be redirected to other community priorities, or that a veteran still outside must be refusing help. Providers explicitly warn against that interpretation, as they cite housing availability as the largest obstacle frustrating many veterans' efforts to secure housing. Additionally, they note that some veterans are ineligible for particular VA-funded services, whether they have incomes above program limits, or are not in a situation that allows them to be ready to engage fully with available services.[21]

Functional zero should therefore be treated as a maintenance obligation, not a declaration of completion. The local system must continue to monitor inflow, speed of connection, time to housing, housing retention, and the number of veterans who remain unsheltered or unconnected. It must also preserve enough flexibility to assist veterans whose discharge status, income, documentation, or service history places them outside the cleanest eligibility pathways.

Myth: Every Homeless Veteran Is Chronically Homeless

The most visible forms of homelessness can distort public understanding. A veteran sleeping outside for years may be far more legible than a veteran who has just received an eviction notice or is spending a week in a motel after leaving an unsafe relationship. Yet an effective response system must be adept at serving both long-term and newly unstable households.

OAEH reported that 65 percent of people who were served across local emergency shelter, transitional housing, and permanent supportive housing programming in fiscal year

[20]O'Dell, "Number of Homeless Vets."

[21]O'Dell, "Number of Homeless Vets."

2024 were experiencing homelessness for the first time.[22] Rather than focusing solely on veterans experiencing homelessness, the figure covers all populations. It is, nevertheless, a warning against designing the public narrative exclusively around chronic homelessness. Prevention and diversion are essential pieces of the strategy to tackle housing instability precisely because many households are encountering the system for the first time and may be stabilized before an otherwise brief exigency becomes a catastrophic crisis that takes years to resolve.

Veteran-specific programs reflect the promise that this sort of well-maintained continuum of care can deliver for our community. SSVF can pay eligible costs and provide services to prevent a very low-income veteran family from becoming homeless within the imminent-risk window. Its rapid-rehousing side assists veterans who are already literally homeless, without making employment, sobriety, or clean criminal histories prerequisites for assistance.[23] HUD-VASH is generally more appropriate for veterans who need a durable subsidy paired with ongoing case management. Veterans can frequently be spared some of the negative consequences of living outdoors, as interim housing can provide immediate safety while case managers work with the household to arrange a permanent housing solution.

The practical lesson is that "homeless veteran" does not identify the intervention. Duration of homelessness, disability, income, household composition, safety, health, landlord barriers, benefit eligibility, and the veteran's own preferences all matter. A well-functioning local system must preserve multiple doors and avoid forcing every veteran through the same sequence.

Myth: Homelessness Is Caused by PTSD

Post-traumatic stress disorder is real, serious, and relevant to some veterans' housing stability. It can affect sleep, relationships, concentration, employment, substance use, and willingness to seek help. But treating PTSD as the cause of veteran homelessness confuses a risk factor with an all-encompassing explanation for how one might become unhoused. Moreover, it perpetuates the stereotype that military service leaves veterans permanently damaged, which can have far-reaching consequences that make reintegrating veterans experiencing homelessness all the more difficult.

[22]Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030*, 23.

[23]U.S. Department of Veterans Affairs, "Supportive Services."

The VA's evidence review found that PTSD, depression, psychosis, and substance-use disorders were associated with increased homelessness risk in multiple studies. The same review identified adverse childhood experiences, military sexual trauma, discharge status other than honorable, low or absent service-connected disability ratings, and lifetime trauma as other significant factors that elevated their risk of becoming unhoused. Protective factors that portended great stability included honorable discharge, higher military pay grade, greater service-connected disability compensation, and more years of service.[24] No responsible reading of the available evidence supports a single-cause narrative, especially one that ascribes it as a result of service-related trauma.

Veterans' own accounts of their bouts with homelessness only add nuance. In qualitative research with post-9/11 veterans, unemployment, and relationship breakdown were the factors most often directly associated with becoming homeless. Some participants connected those events to mental-health effects of service, but many described military experience positively and framed homelessness through immediate civilian-life events.[25] This does not mean service-related trauma is irrelevant in the calculus. Rather, it suggests that pathways that lead to homelessness operate through relationships, labor markets, health, income, and housing—not through diagnosis alone.

The local housing market makes that interaction concrete. In the fourth quarter of 2024, the Springfield metropolitan area's average apartment rent reached $975, up 4 percent from the prior year, while the apartment vacancy rate was 6.1 percent and the stabilized vacancy rate only 5.0 percent. Rent growth exceeded the national rate, and units in southwest Springfield averaged substantially more than those in some outlying counties.[26] A mental-health crisis may reduce a veteran's income or strain a relationship, but whether that crisis produces homelessness depends greatly on the availability of affordable housing, rental assistance, family support, and timely care.

A better formulation acknowledges that health conditions and homelessness can reinforce each other. Symptoms arising from a mental-health crisis may contribute to job loss or conflict. If allowed to escalate resulting in a loss of housing, homelessness exacerbates the mental-health crisis by interrupting medication, sleep, treatment,

[24]Department of Veterans Affairs, *Factors Associated with Homelessness*.

[25]Metraux et al., "Pathways into Homelessness."

[26]U.S. Department of Housing and Urban Development, Office of Policy Development and Research, *Housing Market Profiles: Springfield, Missouri* (December 2024), accessed September 30, 2026, www.huduser.gov/portal/periodicals/USHMC/reg/SpringfieldMO-HMP-December24.pdf.

transportation, and social connection. Housing is not a substitute for treatment, but treatment is harder to sustain without housing. The appropriate response by the community is to join safe housing with voluntary, accessible, veteran-centered care.

Myth: Substance Use Must End First

Another common belief holds that people should demonstrate sobriety before receiving housing. At first blush, the treatment-first logic can appear sound, as substance use is frequently a major factor driving instability. It is reasonable to ask if housing stability can be realized if the substance use is not resolved beforehand. After all, would the resources expended not be better spent on those who have already demonstrated the volition to correct behaviors that produced crisis? The problem with the treatment-first logic is that the sequence often requires a person to recover while living in the conditions most likely to undermine recovery and induce further substance use.

Housing First reverses the sequence by offering permanent housing without requiring prior treatment completion or abstinence. With the basic need for shelter met, providers can prescribe supportive services calibrated to the person's specific needs and choices. VA's evidence review concluded that the Housing First model produces quicker exits from homelessness and greater housing stability than treatment-first interventions. In a VA demonstration, average time to housing fell from 223 to 35 days, while housing retention was 98 percent for Housing First participants and 86 percent for treatment-as-usual participants.[27]

The evidence should not be exaggerated. The National Academies found strong evidence that permanent supportive housing improves housing stability for people experiencing chronic homelessness, while evidence for many health and cost outcomes remained limited or inconsistent. Definitions and service models varied across studies, and follow-up periods were often short.[28] Housing First should therefore be defended for what

[27]Jack Tsai, "The Evidence Behind the Housing First Model," U.S. Department of Veterans Affairs, National Center on Homelessness among Veterans, May 2023, accessed September 30, 2026, www.va.gov/HOMELESS/nchav/docs/Research_Brief-May2023-The_Evidence_Behind_the_Housing_First_Model-Tsai_508c.pdf.

[28]National Academies of Sciences, Engineering, and Medicine, *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes among People Experiencing Chronic Homelessness* (Washington, DC: National Academies Press, 2018), accessed September 30, 2026, www.nationalacademies.org/read/25133; National Academies, "Permanent Supportive Housing Holds Potential for Improving Health," July 10, 2018.

it reliably does—ends homelessness faster and sustains housing for more people—not as a promise that housing alone immediately resolves every health, employment, or social need.

OAEH's own language captures the needed balance: "Housing First—not housing only." The local system identifies case management, housing navigation, flexible deposits, risk-mitigation funds, safe and accessible units, and supportive services as complementary needs.[29] The myth is not merely that sobriety must precede housing. Its deeper error is the assumption that withholding housing is therapeutic.

Myth: Veterans Simply Need to Use VA Benefits

The existence of VA can lead people to assume that every veteran already has a comprehensive safety net. Access, in reality, depends on eligibility, awareness, trust, transportation, documentation, discharge status, administrative navigation, and whether a local program has capacity. Some veterans do not identify themselves as veterans in civilian service settings; others do not believe they qualify, have had discouraging experiences, or have never connected to VA care.

The 2024 Springfield crisis cold-weather shelter survey provides a striking local signal. Among 141 people sheltered on the PIT night, 13.7 percent reported military service. Of the veterans responding to the relevant question, 82.4 percent said they had never received health care or benefits from a VA medical center.[30] While the sample size was admittedly small, limited to six cold-weather sites, and was not designed to represent every homeless veteran in the region, nevertheless, the result suggests that a meaningful share of highly vulnerable local veterans may be disconnected from the institution most able to open veteran-specific pathways.

A referral number alone cannot solve that disconnection. Effective outreach may require repeated contact, accompaniment to appointments, help in obtaining identification and discharge documents, transportation, benefits advocacy, and assistance understanding eligibility. It may also require non-VA resources for veterans who are ineligible or whose needs fall outside a program's rules.

Springfield has important access points. The Gene Taylor Veterans' Outpatient Clinic provides local VA health access, the Springfield Vet Center offers confidential counseling in a nonmedical setting, Missouri Veterans Commission service officers assist with claims and

[29]Bodendieck and Fessler, *Meeting the Need and Looking Ahead*.

[30]Hart, Price, and Schartner, *Crisis Cold Weather Shelters Report 2024*, 3, 6.

benefits, and One Door conducts coordinated intake and referrals for people in Greene, Christian, and Webster Counties. Adults without a safe place to stay are directed to One Door at New Day, while families with children use the O'Reilly Center for Hope.[31] These doors are valuable only if veterans can find, reach, trust, and move through them.

Myth: A Voucher Equals Housing

A voucher is a powerful resource, but it is not a promise for an available vacant apartment. HUD-VASH can make market-rate housing affordable by paying a subsidy to the landlord, with the veteran generally responsible for the remaining tenant portion. The veteran must still locate an eligible unit, complete paperwork, pass applicable screening, secure landlord participation, and move within the program's requirements.[32]

The local shortage in available housing inventory turns these steps into a bottleneck. Springfield's 2023 housing strategy found the greatest rental deficit among households below 30 percent of area median income and described a substantial mismatch between incomes and housing costs. Forty-four percent of the housing stock was 50 to 70 years old, and much of the city's residential land was restricted to detached single-family housing, limiting the diversity and supply of lower-cost options.[33] Springfield has since taken steps to ease these restrictions through an updated development code that expands opportunities for more diverse housing types, but rising construction and rehabilitation costs remain a substantial barrier to adding homes affordable to the lowest-income households.[34]

Landlord screening can present additional barriers. A veteran may have an old eviction, unpaid utility balance, weak credit, criminal record, limited rental history, or no funds for deposits and application fees. In the local functional-zero discussion, The Kitchen identified safe and

[31] Missouri Veterans Commission, *Missouri Veterans Benefits Guide* (Jefferson City: Missouri Veterans Commission, n.d.), accessed September 30, 2026, mvc.dps.mo.gov/docs/veterans-benefits-guide.pdf; Community Partnership of the Ozarks, "O'Reilly Center for Hope," updated March 12, 2026, accessed September 30, 2026, cpozarks.org/programs/oreilly-center-for-hope/.

[32] U.S. Department of Veterans Affairs, "How Does VA Help Homeless and At-Risk Women Veterans?," April 29, 2026, accessed September 30, 2026, department.va.gov/homeless/how-does-va-help-homeless-and-at-risk-women-veterans/.

[33] APD Urban Planning & Management, *Housing Study and Neighborhood Revitalization Strategy* (Springfield, MO: City of Springfield, 2023), accessed September 30, 2026, www.forwardsgf.com/wp-content/uploads/2023/03/Housing-Study-and-Neighborhood-Revitalization-Strategy_FINAL.pdf.

[34] City of Springfield, Missouri, *FY 2026–2027 HUD Annual Action Plan* (Springfield, MO: City of Springfield, 2026), accessed October 25, 2026, www.springfieldmo.gov/DocumentCenter/View/78432/Action-Plan-2026.

affordable housing as extremely scarce and reported that landlords were applying closer background review because many applicants were competing for a limited number of units.[35]

Justice involvement can also compound the problem in such a competitive rental market. The VA notes that a veteran returning from incarceration may lack required government identification, owe fines and fees, face employment interruptions caused by court obligations, or carry records that reduce landlord willingness accept vouchers. These barriers interact with one another to the detriment of the veterans' well-being. Without proper identification, gainful employment and leasing become difficult. Without employment, and the veteran's debts grow. Without housing, compliance with court mandates become harder to meet, while health declines.[36]

Housing navigation is therefore not an optional administrative extra. It involves recruiting landlords to participate in housing programs, matching units to subsidy limits and accessibility needs. Navigators must help veterans to complete applications, assist them in resolving missing documentation, tutor them in negotiating screening concerns, inspecting units, and maintaining fruitful landlord relationships. Risk-mitigation funds can reassure owners that damage or unpaid balances will be addressed in a timely manner. Flexible funding can cover deposits, utility arrears, transportation, furniture, and other small costs that might otherwise delay a move for weeks, thereby reducing the length of time veterans are unhoused.

Different Veterans, Different Risks

Women Veterans

Women veterans are often underrecognized because public imagery still codes both "veteran" and "homeless person" as male. Yet women also experience homelessness after military service, with circumstances and barriers that may differ from those of their male peers. Their pathways may include military sexual trauma, intimate-partner violence, single parenthood, employment disruption, and concern about entering mixed-gender or congregate shelter. VA research found women veterans up to four times more likely than civilian women to

[35]O'Dell, "Number of Homeless Vets."

[36]U.S. Department of Veterans Affairs, "This Is How VA Reaches Justice-Involved Veterans to Avoid Homelessness," August 24, 2026, accessed September 30, 2026, news.va.gov/149001/va-justice-involved-veterans-avoid-homelessness/.

experience homelessness, with unemployment a major risk and military sexual trauma significantly associated with homelessness.[37]

A study of women receiving VA primary care found that those screening positive for recent intimate-partner violence had up to four times the odds of housing instability. Risk was higher where violence intersected with military sexual trauma, mental-health diagnoses, substance-use disorders, or racial inequity.[38] Locally, this means veteran screening should occur in domestic violence, family, health, and mainstream homelessness settings—not only in programs visibly branded for veterans.

Safety and choice are central. A woman veteran should not have to disclose trauma repeatedly, enter an environment that feels unsafe, or separate from children to access help. Programs need confidential, trauma-informed intake that does not force women repeatedly to reopen the wounds that have led to their crisis. Their circumstances tend to necessitate access to family-sized units, which are already scarce. They require close coordination with domestic violence providers. The very particular needs and options for available supportive services further erode the male, single-adult household stereotype that regularly dominates the discourse surrounding homelessness.

Veterans With Families

The lone-veteran stereotype obscures spouses, partners, and children. SSVF is expressly designed for veteran families and can provide prevention or rapid-rehousing assistance to the whole household.[39] Family homelessness can be especially hidden because parents may cycle among relatives, motels, and unsafe arrangements to avoid sleeping outside or entering shelter. Recognizing the household as the unit of intervention, as opposed to simply an individual veteran, shifts attention toward keeping families safely together.

Household composition also narrows the housing search. A family needs a unit of adequate size, near schools and employment, at a rent within subsidy or program limits. Childcare, custody, transportation, and school stability become housing-retention issues. A placement that separates a parent from dependable childcare or makes the journey to work unmanageable may resolve the immediate need for shelter while undermining long-term

[37]U.S. Department of Veterans Affairs, Office of Research and Development, "Women Veterans Are Up to Four Times More Likely than Civilian Women to Experience Homelessness," *VA Research Currents* (June–July 2012), accessed October 2, 2026, www.research.va.gov/pubs/docs/va_research_currents_june-jul_12.pdf.

[38]U.S. Department of Veterans Affairs, Health Services Research and Development, "Women Veterans Who Experienced Past-Year Intimate Partner Violence Are Significantly More Susceptible to Housing Instability," March 31, 2018, accessed October 2, 2026, www.hsrd.research.va.gov/research/citations/pubbriefs/articles.cfm?RecordID=907.

[39]U.S. Department of Veterans Affairs, "Supportive Services for Veteran Families."

stability. SSVF's combination of case management, housing assistance, and connections to childcare, transportation, legal services, and benefits recognizes these interconnected needs. The solution cannot be reduced to placing the veteran in any available bed. Success should instead be measured by whether the entire family can remain safely housed while sustaining the routines and relationships that support daily life.[40]

Older Veterans

Missouri's veteran population includes a large cohort from the Vietnam era and peacetime service, and aging creates a distinct set of housing risks.[41] Fixed incomes may not keep pace with rent, while mobility limitations, chronic illness, cognitive change, and the need for accessible units reduce options. An older veteran can lose housing after decades of stability because of a rent increase, death of a spouse, medical bill, or inability to maintain a home. Prevention efforts should therefore look beyond a history of homelessness to identify veterans whose previously stable arrangements are becoming financially or physically unsustainable.

Older veterans may need a combination of benefits maximization, health and home-care services, accessibility modifications, and long-term rental assistance. The presence of age-specific affordable developments, including local housing for seniors and veterans, is important, but scale and accessibility remain decisive. For Springfield and the surrounding counties, planning should consider not only whether an affordable unit is available, but also whether it offers practical access to medical care, groceries, transportation, and supportive relationships. Housing-retention plans should also anticipate changing care needs so that a decline in health does not automatically require another disruptive move. As the veteran population ages, homelessness prevention must reach people before hospitalization, foreclosure, lease termination, or caregiver loss becomes a shelter entry.

Younger Veterans

Younger veterans may have stronger labor-force attachment but limited savings, short rental histories, student debt, child-support obligations, or difficulty translating military skills into civilian credentials. Post-9/11 veterans interviewed about homelessness frequently identified job loss and relationship breakdown as immediate turning points. Their needs may be missed if screening relies on the appearance or self-concept of an older wartime veteran. Screening should therefore ask directly about military service and housing stability rather than assume that employment or recent separation from service protects against homelessness. Prevention efforts

[40] U.S. Department of Veterans Affairs, "Supportive Services for Veteran Families"; Ozarks Alliance to End Homelessness, *Annual Report: Fiscal Year 2025* (Community Partnership of the Ozarks, April 2026), 5.

[41] Missouri Veterans Commission, *Annual Report FY 2023* (Jefferson City: Missouri Veterans Commission, 2023), accessed October 2, 2026, mvc.dps.mo.gov/pdf/annual-report-fy23.pdf.

should connect younger veterans with housing assistance, employment support, and benefits navigation before a temporary setback becomes a prolonged housing crisis.

For younger veterans, prevention may center on employment continuity, education benefits, financial counseling, family mediation, and short-term assistance. Yet youth alone should not be mistaken for low acuity. Recent VA research found especially high suicide mortality among housing-unstable veterans under age 34, underscoring the need to integrate housing response with timely behavioral-health and suicide-prevention support. Coordination should include direct, supported connections between housing providers and clinical teams rather than leaving veterans to navigate separate referral systems during a crisis. Housing assistance should proceed alongside appropriate care, not be delayed until a veteran completes treatment or demonstrates stability.[42]

Veterans of Color

National veteran homelessness reflects racial inequities also present in homelessness generally. Discrimination in employment, lending, criminal justice, and rental housing can accumulate across the course of life, while program rules that appear neutral may reproduce those disadvantages. Local datasets should therefore be examined by race and ethnicity where sample size and privacy permit. A U.S. Department of Labor review reported that Black veterans accounted for approximately 30 percent of veterans experiencing homelessness but only 12 percent of the overall veteran population, illustrating a disparity that military service alone does not erase.[43]

The issue is not that race mechanically causes homelessness. It is that veterans return to civilian communities structured by unequal access to wealth, safe neighborhoods, credit, health care, and landlord opportunity. Even after rental assistance is secured, discriminatory practices may restrict access to housing; HUD-sponsored research found discrimination against Black and Hispanic renters through selective advertising, particularly in neighborhoods with better amenities. Veteran-specific systems should measure whether referral speed, program enrollment, housing placement, and housing retention differ by race—not merely whether services are formally available to everyone. For Springfield and the surrounding counties, this means examining outcomes across coordinated entry, Home at Last, and HUD-VASH without

[42]"Age Differences in the Association between Services to Address Housing Instability and Suicide Mortality among Veterans," 2026, accessed October 2, 2026, www.tandfonline.com/doi/abs/10.1080/10530789.2026.2624144.

[43]Congressional Research Service, *Veterans and Homelessness*, CRS Report RL34024, April 12, 2023, accessed October 25, 2026, www.congress.gov/crs-product/RL34024; Center for Public Integrity, "Programs to End Homelessness Fall Short for Black Veterans," November 11, 2022, accessed October 25, 2026, publicintegrity.org/inequality-poverty-opportunity/programs-to-end-homelessness-fall-short-for-black-veterans/.

assuming in advance that national patterns describe every local program. Where small numbers prevent reliable annual comparisons, partners should consider pooling several years of data and incorporating confidential accounts from veterans to identify barriers that aggregate statistics may conceal.[44]

LGBTQ+ Veterans

LGBTQ+ veterans can face family rejection, employment discrimination, harassment, and safety concerns in congregate settings. Transgender veterans may encounter documentation mismatches or fear mistreatment in gender-segregated shelter. Research using Veterans Health Administration records from 2013–2016 found that housing instability was nearly three times as prevalent among transgender veterans as among cisgender veterans receiving VHA care, although this finding should not be treated as a current local estimate. Small local numbers can make these experiences statistically invisible without making them unimportant. Providers should therefore supplement quantitative reporting with confidential opportunities for veterans to describe barriers without being required to disclose their sexual orientation or gender identity publicly.[45]

Inclusive practice requires privacy, correct names and pronouns, safe placement, nondiscrimination, and partnerships with providers trusted by LGBTQ+ communities. Staff training should address harassment by other residents as well as staff conduct, because fear of mistreatment can deter veterans from seeking shelter. It also requires avoiding assumptions about family: a veteran's meaningful household and support network may not match a narrow legal or biological model. In Springfield and the surrounding counties, assessment and housing planning should ask veterans whom they trust and want involved, while distinguishing those supportive relationships from the household eligibility requirements of particular programs.[46]

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[44] U.S. Department of Labor, *Black Veterans and Employment: A Literature Review*, August 2023, exhibit 14, accessed October 25, 2026, www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/CEO-BlackVeteransLitReview-20230807-508.pdf. The review draws its homelessness comparison from HUD's 2022 Annual Homelessness Assessment Report; these figures should not be presented as a current local estimate; U.S. Department of Housing and Urban Development, Office of Policy Development and Research, *Housing Discrimination Study Innovative Methodology Project: Final Report*, accessed October 25, 2026, www.huduser.gov/portal/portal/sites/default/files/pdf /HDS-Innovative-Methods-Final-Report.pdf.

[45] U.S. Department of Veterans Affairs, "Improving Homeless Services for LGBTQ+ Veterans," *Ending Veteran Homelessness*, season 1, episode 14, podcast transcript, accessed October 25, 2026, www.sharedfedtraining.org/Podcasts/EVH_S1EP14.pdf; Sarah P. Carter et al., "Housing Instability Characteristics among Transgender Veterans Cared for in the Veterans Health Administration, 2013–2016," *American Journal of Public Health* 109, no. 10 (2019): 1413–18, accessed October 25, 2026, doi.org/10.2105/AJPH.2019.305219.

[46] U.S. Department of Veterans Affairs, "Transgender Veterans and Homelessness," infographic, June 2020, accessed October 25, 2026, content.govdelivery.com/attachments/USVHACENTER/2020/06/03/file_attachments/1466197/Transgender%20Veterans%20and%20Homelessness%20infographic%20Revisions_June%202020.pdf

Rural Veterans

Rurality shapes access across Christian and Webster Counties and outlying Greene County. Longer distances to coordinated entry, VA care, landlords, courts, and employment can convert a manageable problem into a crisis. A veteran without a reliable vehicle may have nominal access to a service that is practically unreachable. VA identifies travel distance, transportation limitations, and inadequate broadband as significant barriers for rural veterans, meaning that telehealth and online applications cannot automatically substitute for in-person assistance. For the local response, this makes transportation planning, telephone-based navigation, and outreach beyond Springfield important components of access rather than optional conveniences.[47]

Rural homelessness is also less visible. A veteran may stay in a camper without utilities, an outbuilding, an overcrowded home, or a vehicle on private land rather than appear in a downtown encampment. VA describes rural veterans staying in tents, storage sheds, campers, and vehicles on relatives' or friends' property, often far from services and difficult for outreach teams to locate. Outreach and data collection should reflect these patterns, and assistance should account for transportation, broadband access, and the limited availability of subsidized or accessible rental housing. Assessment should distinguish between unsafe or temporary arrangements and situations meeting a particular program's definition of homelessness, since federal definitions can treat doubled-up households differently. A regional strategy should therefore measure access by whether veterans can obtain actual assistance—not simply whether a program lists their county within its service area.[48]

Health, Safety, and Mortality

Housing instability is not only a housing issue. It is associated with disrupted care, exposure, victimization, stress, and elevated mortality. Among 169,221 veterans who self-reported housing instability between 2012 and 2016, use of VA homeless services was associated with a 6 percent reduction in the adjusted hazard of all-cause mortality. In other words, the greater utilization of a greater number of homeless services was associated with lower all-cause

[47]U.S. Department of Veterans Affairs, Office of Rural Health, "Rural Health Care Challenges," accessed October 25, 2026, www.ruralhealth.va.gov/aboutus/rural-health-care-challenges.asp; U.S. Department of Veterans Affairs, "The Hidden Path to Homelessness: Understanding Where Veterans Go," *VA News*, October 1, 2026, accessed October 25, 2026, news.va.gov/149954/homelessness-understanding-where-veterans-go/.

[48]U.S. Government Accountability Office, *Rural Homelessness: Better Collaboration by HHS and HUD Could Improve Delivery of Services in Rural Areas*, GAO-10-724 (Washington, DC: U.S. Government Accountability Office, July 2010), accessed October 25, 2026, www.gao.gov/products/gao-10-724.

and suicide mortality—it saved lives.[49] The study was observational and cannot prove that services alone caused the reduction, but it supports integrating homelessness response with suicide prevention and health care.

The local cold-weather shelter survey showed high levels of need among its 141-person sample. Sixty-seven percent reported continuous homelessness for at least a year, 60.1 percent met HUD's chronic-homelessness criteria, and 74.6 percent reported at least one disabling condition. Only 23.8 percent reported receiving disability benefits of any kind.[50] Because the survey focused on people using temperature-triggered shelters, its findings should not be generalized to all local homelessness. They do, however, show the acuity outreach workers encounter among people who are regularly unsheltered.

For veterans, continuity of care can be lifesaving. Housing case managers may be the people who notice escalating risk. Alert to specific circumstances they can connect a veteran to treatment, help replace lost medication, arrange transportation, and follow-up with other providers to ensure that communication does not stall. Housing placement should not mark the end of concern, inasmuch as the move-in period can precipitate greater isolation, unfamiliar routines, benefit changes, and the return of symptoms previously masked by survival demands.

Local strategy should treat housing status as part of health screening and health status as part of housing retention. VA clinics, emergency departments, behavioral-health providers, jails, courts, shelters, and outreach teams should use warm handoffs rather than giving veterans a list of phone numbers. Consent-based data sharing and case conferencing can reduce the number of times a veteran must restart the story.

The Local Response

One Door and Coordinated Entry

One Door is the coordinated entry provider for Greene, Christian, and Webster Counties. It conducts face-to-face assessments, helps navigate resources, and places eligible households on the Active Prioritization List for referral to participating housing and shelter programs. Adults

[49]U.S. Department of Veterans Affairs, Health Services Research and Development, "Association between Homeless Services and All-Cause and Suicide Mortality among Unstably Housed Veterans," November 17, 2020, accessed October 2, 2026, www.hsrd.research.va.gov/research/citations/abstract.cfm?Identifier=130788.

[50]Hart, Price, and Schartner, *Crisis Cold Weather Shelters Report 2024*, 8–11.

use the New Day location at 809 North Campbell Avenue, while families with children are directed to the O'Reilly Center for Hope at 1518 East Dale Street.[51]

Coordinated entry is intended to replace a fragmented first-come, first-served approach with common assessment, prioritization, and referral. In theory, a veteran should not need to understand every funding stream before asking for help. The system should identify veteran status, immediate safety, literal-homelessness status, family composition, disability, and eligibility, then route the household toward VA and community options.

In practice, coordination depends on capacity. Demand for housing assistance exceeds available beds and program slots, with referrals dependent on receiving agencies' funding and capacity. As a result, completing an assessment does not guarantee immediate placement, and households may remain in unstable or unsafe situations while awaiting an opening.[52] Coordinated entry can organize scarcity fairly and visibly. It cannot, however, create the housing units, subsidies, shelter beds, or case managers that do not exist.

Home at Last

The Kitchen, Inc. received a VA grant in 2013 to establish Home at Last, the local SSVF program serving veterans and their families.[53] The program provides homelessness prevention and rapid rehousing through tools that can include rent and utility assistance, household items, housing support, and case management. It accepts coordinated-entry referrals and represents the region's primary veteran-specific rapid response.

Home at Last matters because many housing crises are solvable with time-limited support. A veteran who lost hours at work may need one month of rent; another may need a deposit and landlord advocate; another may need several months of assistance while a disability claim is resolved. The program's strength lies in flexible, individualized intervention rather than a single standardized package.

Its limits are equally instructive. SSVF eligibility is governed by veteran status, income, and housing circumstances. Funding is finite. Temporary financial assistance cannot make an unaffordable lease sustainable indefinitely, and case management cannot lease a unit that does not exist. Home at Last succeeds most reliably when it operates within a larger system that offers deeply affordable housing, vouchers, employment help, legal services, health care, and benefits advocacy.

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[51]Community Partnership of the Ozarks, "One Door," updated March 12, 2026, accessed October 9, 2026, cpozarks.org/programs/one-door/.

[52]Bodendieck and Fessler, *Meeting the Need and Looking Ahead*.

[53]The Kitchen, Inc., "Compassion in Action: Our History," March 20, 2023, accessed October 9, 2026, www.thekitcheninc.org/about-us/history/.

HUD-VASH

HUD-VASH serves veterans who need an ongoing rental subsidy paired with VA case management. The program is especially important for veterans experiencing long-term homelessness or disability, although chronic homelessness or a particular diagnosis is not universally required. VA determines veteran eligibility and makes referrals; the public housing agency performs its housing functions and administers the voucher.[54]

The model directly addresses the two components of sustained housing: affordability and support. The voucher closes part of the rent-income gap, while case management can connect the veteran to health, mental-health, substance-use, employment, and community services. Housing First principles seek to place the veteran without requiring prior treatment success.

Local performance depends on more than the number of vouchers allocated. Utilization requires enough VA case-management capacity, timely referrals, landlords, eligible units, inspections, documents, and lease-up support. A voucher that remains unleased does not reduce homelessness. Measures should therefore include time from referral to issuance, time from issuance to lease, search failures, extension requests, reasons landlords decline, and housing retention.

VA and Community Care

The Gene Taylor Veterans' Outpatient Clinic at 1850 West Republic Road gives Springfield-area veterans a local connection to VA care. The Springfield Vet Center provides confidential counseling for veterans, service members, and families, including support related to PTSD and military sexual trauma. Missouri Veterans Commission officers assist veterans with benefits, and the National Call Center for Homeless Veterans provides free, confidential, 24-hour connection at 877-424-3838.[55]

These veteran-specific resources sit within a broader community system. The Kitchen, Catholic Charities of Southern Missouri, Victory Mission, The Salvation Army, Burrell Behavioral Health, Harmony House, local health systems, Legal Services of Southern Missouri, faith communities, and other partners all encounter veterans. The goal is not to transfer every veteran out of mainstream services. The objective is instead to ensure that mainstream doors identify veteran status and connect the person to any additional resource that status unlocks.

OAEH's Homeless Veterans Task Force provides a venue for that coordination. It brings partner agencies together quarterly to identify gaps, solve cases, and sustain the effort to end

[54]U.S. Department of Housing and Urban Development, *HUD-VASH Housing Choice Voucher Guidebook* (Washington, DC: HUD, July 2021), accessed October 9, 2026, www.hud.gov/sites/dfiles/PIH/documents/HUD_VASH_HCV_Guidebook_Chapter_July_2021.pdf.

[55]Missouri Veterans Commission, *Missouri Veterans Benefits Guide*.

veteran homelessness.[56] Such a forum is especially valuable when a household is eligible for several systems at once or for none of them cleanly.

Gaps That Remain

Affordable Housing

The largest structural gap is housing itself. OAEH's strategic plan reports a regional environment in which more than 500 people experience homelessness on a given night and Springfield lacks nearly 9,000 rental units affordable to households at or below 30 percent of area median income.[57] Veteran programs compete in this same market with families, older adults, people with disabilities, students, and workers whose wages do not cover current rents. Even well-coordinated assistance cannot produce a timely placement when no available unit meets a household's affordability, accessibility, and size requirements.

This gap changes the meaning of program performance. Longer homelessness may reflect slow case processing, but it may also reflect repeated failed applications and unavailable units. Returns to homelessness may reflect insufficient services, but they may also reflect a lease that was never sustainably affordable after short-term assistance ended. Evaluation should therefore distinguish barriers within a program's control from market constraints while holding providers accountable for helping households navigate both. The appropriate remedy must address both program quality and housing supply.

Eligibility Cliffs

Veteran systems contain lines: veteran versus nonveteran, qualifying versus nonqualifying discharge, literally homeless versus doubled up, below versus above an income threshold, eligible versus ineligible household cost. Administrative lines are unavoidable, but people near them remain at risk. A determination of ineligibility should not be mistaken for evidence that a household is stable or that its need is less urgent. Nor should a referral to another agency be treated as a completed intervention without checking whether that agency can actually provide assistance.

A former service member with an other-than-honorable discharge may have needs tied to service yet face restricted access. A veteran with income slightly above an SSVF limit may still be unable to pay Springfield rent after medical debt or child support. A couch-surfing veteran may not qualify for rapid rehousing until the arrangement collapses. Local flexible funds and

[56]Community Partnership of the Ozarks, "Ozarks Alliance to End Homelessness," updated September 22, 2026, accessed October 9, 2026, cpozarks.org/programs/ozarks-alliance-to-end-homelessness/.

[57]Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030*, 6, 13, 29–30.

mainstream partnerships are needed so that the system does not require people to become more homeless before it can respond.

For Springfield and the surrounding counties, the practical goal should be continuity across these boundaries: clear explanations of eligibility decisions, supported referrals, and flexible resources for needs that fall outside categorical programs. Partners should identify who will remain responsible for follow-up when a veteran cannot qualify for a particular service, rather than leaving the household to restart its search alone. The measure of a coordinated system is not simply whether each program follows its rules, but whether those programs work together to prevent people from falling through the gaps between them.

Landlord Participation

Landlords are essential partners in scattered-site housing. Their decisions are shaped by rent levels, inspection timelines, administrative burden, prior experience, perceived risk, and the availability of other applicants. In a tight market, moral appeals alone will not secure enough units.

A local landlord strategy could combine a single point of contact, rapid problem resolution, damage mitigation, vacancy or holding payments where allowable, help with inspections, mediation, and recognition of participating owners. Data should track not only how many landlords attend outreach events but how many units are offered, approved, leased, and retained.

Transportation

The geography of the three counties served by the OAEH makes transportation a housing intervention. A veteran may need to reach One Door, the VA clinic, a housing-authority appointment, a prospective landlord, a job, a pharmacy, and a court within the same week. Missed appointments can lengthen homelessness or jeopardize benefits.

Bus passes help within the fixed-route system but do not solve rural distance, limited schedules, mobility impairments, or the transportation demands of housing searches. Flexible ride assistance, mobile outreach, co-located services, remote appointments, and documentation support should be designed as core access functions rather than peripheral charity.

Legal Barriers

Eviction records, criminal histories, fines, debt, suspended licenses, child-support matters, discharge characterization, and benefit appeals can all obstruct housing. Nationally, seven of the ten most frequently reported unmet needs among homeless veterans are legal

issues, and low-income veteran households received inadequate or no help for 84 percent of substantial civil legal problems in 2021.[58]

Legal screening should occur early. A small intervention, such as vacating an old judgment, negotiating arrears, reinstating identification, addressing a warrant, correcting a benefit record, or pursuing a discharge upgrade may determine whether a veteran can sign a lease. Housing programs should treat legal aid as part of the housing toolkit.

Workforce and Funding

Housing programs depend on skilled case managers and outreach workers who carry emotionally demanding workloads. Turnover undermines the rapport built between veterans and their case manager, slows documentation, and forces veterans to repeat histories. OAEH identifies workforce constraints and uncertain funding as threats to regional system performance.[59]

Veteran homelessness has declined because multiple governments maintained targeted programs over time. A short-term grant cycle can derail that success if experienced staff leave, landlords lose a reliable contact, or prevention funds disappear during a rent increase. Sustaining functional zero requires predictable investment, diversified local support, and contingency plans for federal shifts.

What Progress Should Mean

The simplest metric is the number of veterans experiencing homelessness, but a mature system needs a fuller dashboard. A falling active list may indicate successful housing, reduced inflow, administrative cleanup, lower outreach, or barriers to assessment. Interpretation requires measures that follow the entire pathway.

At a minimum, local veteran-system monitoring should include:

- Number of veterans newly identified each month, separated by sheltered, unsheltered, fleeing violence, and at imminent risk.
- Number and share connected to VA care, benefits screening, SSVF, HUD-VASH, and mainstream assistance.
- Days from identification to assessment, referral, voucher issuance, and move-in.
- Number of veterans who remain unsheltered while searching for housing.

[58]U.S. Department of Justice, Office for Access to Justice, "Access to Justice Is Access for Veterans," May 21, 2024, accessed October 10, 2026, www.justice.gov/archives/atj/fact-sheet-access-justice-access-veterans.

[59]Ozarks Alliance to End Homelessness, *Strategic Plan for 2026–2030*, 13, 29–32.

- Number of housing applications, denials, search expirations, and reasons for denial.
- Exits to permanent housing and returns at six, twelve, and twenty-four months.
- Results by race, gender, age, disability, household type, county, and rural location.
- Number of veterans prevented from entering homelessness and the average cost of prevention.
- Veteran feedback on safety, dignity, choice, and whether services matched stated goals.

The central outcome remains permanent housing, not program enrollment. A veteran can complete intake, attend appointments, and receive referrals while remaining homeless. Conversely, a small flexible payment that prevents eviction may produce a major outcome without a long service episode. Metrics should reward resolution, equity, speed, and durability.

A Local Agenda

Find Veterans Earlier

Every community door should ask about military service in a respectful, inclusive way: "Have you ever served in the U.S. Armed Forces, National Guard, or Reserves?" The question should be used in shelters, food pantries, hospitals, jails, courts, eviction-prevention programs, behavioral-health settings, libraries, senior services, domestic-violence agencies, and street outreach.

Identification should trigger a warm connection, not merely a brochure. Where possible, the referring worker should contact the veteran program with the person present, confirm the next step, arrange transportation, and document consent for follow-up. Outreach should be repeated because trust may take time.

Prevent the First Night

The local system should prioritize veterans facing eviction, utility shutoff, unsafe discharge from an institution, family separation, or sudden income loss. Prevention funds should be paired with legal aid and benefits screening so that a payment resolves the underlying threat rather than postponing it.

OAEH's experience supports this emphasis. In 2024, it reported a 93 percent success rate among 42 households enrolled in one eviction-prevention initiative, at an average of $5,293.28 per household.[60] Although this was not a veteran-only program, the success rate demonstrates

[60]Bodendieck and Fessler, *Meeting the Need and Looking Ahead*.

how targeted assistance can preserve housing at a cost likely below repeated shelter and rehousing episodes.

Expand the Housing Pool

Springfield and regional partners should preserve existing deeply affordable units while creating new ones. Tools can include a housing trust fund, rehabilitation of older stock, adaptive reuse, acquisition, low-income housing tax credits, accessory dwelling units, smaller lots, missing-middle housing, and project-based rental assistance. Veteran set-asides can help, but the objective should not be to segregate veterans from community life.

The system should also expand landlord engagement and quantify the local gap between voucher issuance and lease-up. Flexible funds should cover deposits, application fees, utility debt, accessibility modifications, moving costs, and reasonable risk mitigation. These are often the bridge between formal eligibility and an actual key.

Integrate Health and Housing

The Gene Taylor Veterans' Outpatient Clinic, local hospitals, behavioral-health providers, and homeless programs should use routine housing-instability screening and shared referral protocols. Veterans leaving inpatient care, emergency departments, treatment programs, jail, or prison should receive housing planning before discharge.

Case management should continue through the transition into housing and adjust to risk rather than end on a fixed schedule alone. Peer support can help veterans navigate identity, trust, and the shift from military to civilian systems. Suicide-prevention planning should be embedded where housing instability is present.

Close Eligibility Gaps

Local government, philanthropy, and community partners should maintain flexible resources for veterans who cannot immediately utilize VA programs. The goal is not to duplicate federal benefits but to prevent administrative categories from producing street homelessness.

Navigation should include discharge-upgrade assessment, service-record retrieval, disability claims, Social Security, Medicaid, food assistance, employment services, and legal aid. A veteran denied one program should receive a documented alternative rather than a closed door.

Center Lived Experience

Veterans who have experienced homelessness should hold compensated roles in program design, outreach, evaluation, and public education. Their experience can reveal why a formally accessible service feels unsafe, why paperwork stalls, why a shelter rule creates a barrier, or why a landlord relationship succeeds.

Stories used for awareness should protect dignity and avoid reducing a person to trauma. Consent must be informed and revocable, and participation should never be a condition of receiving services. Public messaging should present veterans as full people rather than objects of pity or heroic exceptions deserving more than their civilian neighbors.

How the Community Can Respond

Homelessness Awareness Month should move the public from admiration to practical solidarity. “Support the troops” becomes meaningful when it includes support for affordable housing, tenant stability, behavioral health, transportation, legal services, and the workers who operate the response system.

Residents can help in several concrete ways:

- Learn the correct access points and make warm referrals. Veterans who are homeless or at imminent risk can contact the National Call Center for Homeless Veterans at 877-424-3838; local coordinated entry is available through One Door.[61]
- Encourage landlords to participate in veteran housing programs and share information about risk-mitigation and case-management support.
- Support local funds that can pay deposits, arrears, identification costs, transportation, and other gaps federal programs may not cover.
- Advocate for zoning, preservation, rehabilitation, and development policies that increase safe housing affordable to extremely low-income households.
- Include veterans with lived experience in planning and compensate them for their expertise.
- Challenge language that describes people as lazy, broken, dangerous, or service-resistant.

The message should remain connected to the whole community. Veterans deserve housing because they are human beings, not only because they served. Veteran-specific resources recognize particular obligations and effective pathways, but, rather than fragment the response, they should strengthen the shared commitment that no one in Greene, Christian, or Webster County should be forced to live without a safe home.

[61]U.S. Department of Veterans Affairs, “Homeless Help,” updated September 7, 2026, accessed September 29, 2026, www.va.gov/resources/homeless-help/; Community Partnership of the Ozarks, “One Door.”

The Lesson of Veteran Homelessness

The national decline in veteran homelessness disproves the idea that homelessness is an unsolvable feature of modern life. Targeted subsidies, prevention, case management, health care, outreach, coordinated entry, and sustained accountability reduced veteran homelessness by more than half from 2010 to 2024.[62] The lesson is not that one program solved the problem. It is that aligned systems, adequate resources, and permanent housing changed outcomes.

The Ozarks has built a veteran response capable of notable progress. Home at Last offers prevention and rapid rehousing. HUD-VASH pairs long-term affordability with support. One Door coordinates access. VA, the Missouri Veterans Commission, The Kitchen, CPO, the Housing Authority, health providers, legal partners, shelters, and community organizations form a network that did not exist at the same scale two decades ago.

Yet a network cannot lease an unavailable unit. It cannot make a temporary subsidy permanent, erase every eligibility boundary, or overcome rural distance without investment. The regional affordable-housing deficit, landlord screening, transportation barriers, workforce limitations, and disconnection from VA care continue to shape whether a veteran's crisis is brief or prolonged.

The most accurate public story therefore holds two truths together. Veteran homelessness has fallen because policy and programs work. Veteran homelessness persists because those tools do not yet reach everyone quickly enough and because the supply of deeply affordable housing remains inadequate. Calling the local system successful should strengthen the resolve to maintain and improve it, not provide permission to look away.

A veteran sleeping outside is not evidence that the person rejected every opportunity. A veteran with PTSD is not reducible to a diagnosis. A veteran holding a voucher is not yet housed. A community at functional zero has not guaranteed that no one will ever lose housing; it has accepted responsibility for responding whenever someone does.

That is the standard for the Ozarks: not the absence of future crisis, but the presence of a durable, humane, and accountable response. Veteran homelessness should be rare because prevention works, brief because housing is available, and nonrecurring because income, care, and community support make the home sustainable. Anything less turns gratitude into an empty platitude.

[62]U.S. Department of Veterans Affairs, "Veteran Homelessness 2024 PIT Count Results"; U.S. Department of Housing and Urban Development, "HUD Releases January 2024 Point-in-Time Count Report."