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## THE OBSTACLES FACING HOMELESS VETERANS WITH MENTAL ILLNESS WHEN OBTAINING HOUSING

Melissa Miro

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THE OBSTACLES FACING HOMELESS VETERANS WITH MENTAL ILLNESS  
WHEN OBTAINING HOUSING

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Melissa Miro  
May 2024

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Melissa Miro

May 2024

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## ABSTRACT

This research study explored the barriers that homeless veterans face when seeking housing. The study adopted a post-positivist paradigm, and the data was collected through virtual interviews conducted on Zoom who are in contact with veterans through their employment or personal lives. The barriers mentioned in this study are the type of individual struggles that each veteran faces, the lack of communication between programs assisting veterans, veterans unaware of their services, veterans who have been incarcerated, the type of discharge the service member obtained, and programs being shorthanded. Additionally, the researcher included preferable options for veterans that included The Housing Urban Development Veterans Affairs of Supportive Housing (HUD-VASH), Supportive Services for Veterans Families (SSVF), Domiciliary, Compensated Work Therapy (CWT), Grant and Per Diem programs (GPD), and Nursing Homes or Community Resources. This study can be used to advocate for creating tailored housing for homeless veterans who need more outstanding care.

## ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude to my family – Joe and Logan, for their understanding and patience during the long hours of pursuing my master’s in social work. I am also thankful for my best friends, Nicole, April, and Jordan, for their unwavering encouragement throughout this research endeavor. Their belief in my abilities kept me motivated during the challenging times. I am deeply grateful for their love and support. Finally, I would like to send gratitude to my research advisor, Carolyn McAllister, for her support and guidance throughout the course of my research. Her encouragement as a fellow mother during this pregnancy has been so appreciated.

## DEDICATION

I dedicate this study to the brave souls who've served our nation with unwavering dedication and still find themselves without a place to call home. Your sacrifice and valor will never be forgotten. May we stand united in support, offering hope, shelter, and honor to our homeless veterans.

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## CHAPTER ONE

### ASSESSMENT

#### Introduction

Chapter One presents an overview of the proposal for research into the limitations that homeless veterans receive while battling mental illness and expresses the significance of the study. An explanation of the use of the post-positivist paradigm is provided, and the theoretical orientations that will guide the research are discussed. A literature review is provided, which explores the prevalence of homeless veterans seeking housing, causes, and contributors to the issue, impacts of the issue, and current interventions. The chapter concludes by exploring how this study may contribute to the micro and macro study of social work practice.

#### Research Focus

This research seeks to learn about the barriers that homeless veterans with mental illness face when seeking housing. Being homeless is defined as unsheltered individuals who are without a home. Homeless veterans' issues arise from no family support, average education, addiction, unemployment, and lack of knowledge of available benefits. When left untreated, these issues lead to psychological problems, followed by unmanageable mental health issues. Many veterans who are chronically homeless and have been in and out of housing over the past three years are mentally or physically disabled (Williams, 2017).

According to Ding et al. (2018), homeless veterans are more likely to have co-occurring disorders (COD), meaning they struggle with a mental illness along with alcoholism or addiction than Veterans who are not homeless. The Department of Veterans Affairs (VA) reports that mental disorders among homeless veterans vary from 48% to 67% (Ding et al., 2018). The nature of the data assumes that attaching mental instability to unsafe living can exacerbate one's feeling of guilt, worth, and care to survive, which can likely lead to suicidal ideation. Additionally, the homeless population is more at risk for diseases due to environmental hazards and violence exposure and is less likely to access treatment, requiring significant assistance (Garrett, 2012; Sakamoto et al., 2008).

Homelessness among veterans is a significant social problem because it can affect the health of an entire community. The communities experiencing heavy homelessness become impacted by crime, neighborhood safety, the workforce, and tax dollars, which presents a failure to society. By understanding the barriers homeless veterans and veterans with mental illness face, the researcher hopes to be able to share her awareness with social justice advocates or policyholders to formulate effective solutions to permanent housing.

### Paradigm and Rationale

This study engages in the post-positivist paradigm. Post-positivism assumes that data must be collected in realistic settings where information cannot be methodically studied or manipulated (Morris, 2014). The role of the researcher is to remain neutral throughout the interviews and be conscious of not

influencing the interaction in any way. A subjective reality exists when using post-positivism that involves observation and interpretation of the researcher.

The post-positivist paradigm is the best approach for this research study. Post-positivism uses the role of theory in shaping research questions, data collection, and analysis by interpreting findings. In addition, the researcher emphasizes the importance of considering the social, historical, and cultural contexts that may vary across settings. The goal is to identify barriers that homeless veterans with mental illness face when seeking housing. Using the post-positivist paradigm, the researcher can make an in-depth statement to understand what these barriers are and why these barriers exist. Since post-positivism allows flexibility in developing the research focus over time, it allows for new questions to arise that can be beneficial in answering what barriers homeless veterans face.

In addition, the researcher utilized constant comparative analysis in this study. Constant comparative analysis aims to enhance an understanding of the situation, meanings, and values of the participants which does not include quantification of facts (Hewitt-Taylor, 2001). This puts an emphasis on the individual experiences of real-life situations of the participants which points to an overall picture of their personal views creating flexibility that post-positivism ideals.

## Literature Review

This literature review provides the prevalence of veterans experiencing homelessness, the causes and contributions to homeless veterans' barriers when seeking housing, the impacts, and consequences that homeless veterans face, and the interventions that the U.S. Department of Veterans Affairs has made in assistance to homeless veterans.

### Prevalence

According to the U.S. Department of Housing and Urban Development, in 2017, over 40,000 veterans experienced homelessness, including those temporarily in a haven, living in the street or shelter, or any place unsuitable for a living (U.S. Department of Veterans Affairs, 2021). Around 80% of homeless veterans face some mental or physical disability coexisting with substance abuse disorder, which can endanger housing stability and increase treatment dropout and relapse (U.S. Department of Veterans Affairs, 2022). In 2020, 6,900 people in Nevada experienced homelessness, and 924 were veterans (United States Interagency Council on Homelessness, 2020). Similarly, homelessness in California is estimated at 161,548 on any given day, of which 11,401 were Veterans (United States Interagency Council on Homelessness, 2020). Many veterans struggling to seek housing also cope with mental disorders and disabilities. Mental disorders disrupt an individual's way of thinking, feeling, or behavior which causes the individual to have difficulty completing daily tasks (NIH, 2007).



## Causes and Contributions

Homelessness among military veterans has been an issue since the middle to the late nineteenth century but became vastly noticeable following the Vietnam War, which led the federal government to intervene (Montgomery, 2021). Homelessness in new ranks of military veterans increased following September 11, 2001 (Montgomery, 2021), consequently, elevating the number of veterans in need of housing within recent years.

One barrier to housing is that many veterans report that their knowledge of the VA system is non-existent (Department of Veterans Affairs Mental Health Services, 2018). One-third of veterans who needed mental health services were unaware that the VA offered programs, and 42% did not know how to apply (Department of Veterans Affairs Mental Health Services, 2018). Many Veterans lack support from family members and do not have access to a phone or transportation to get to a VA clinic. Therefore, besides being unaware of what services and programs the VA can provide, other Veterans who become homeless do not have the means to reach the clinic for resources. In some cases, a veteran has served in the military but has no documents to prove that he served. Luckily, with the advancement of the internet, there is a website that agencies can use to verify with a name and a social security number. However, if the veteran does not memorize or have their social security number, that becomes another barrier that reduces the veteran to being housed sooner.

Another contributing factor to barriers when seeking housing is that those frontline providers responsible for finding housing for the veterans face many challenges. These challenges include logistical problems like veteran transfers and tight rental markets, difficulty finding available appointments, and high burnout and turnover rates (Department of Veteran Affairs, 2022). The increased workload causes high turnover rates for VA staff. The VA must enroll in several case management to house one veteran, including providing case management to Veterans who do not even qualify for immediate housing assistance (Cusack & Montgomery, 2018). The VA prioritizes assisting chronically homeless and vulnerable Veterans, but Veterans in housing programs require multiple support and encouragement to rent their own apartment. The high staff turnover also contributed to homelessness among veterans. Often, Veterans will have multiple case managers over time, which prolongs the process of getting needed housing services. This led to veterans reporting difficulty in trusting case managers because of the often-new staff (Cusack & Montgomery, 2018).

#### Impacts and/or Consequences

Chronic homelessness impacts the physical and mental well-being of veterans. Untreated mental health can lead to unhealthy behaviors, attempt suicide, and psychological disorganization (Tanielian, 2008). Compared to their non-veteran counterparts impacted by homelessness, veterans have a higher risk of suicide, substance abuse, addiction, and health problems (Montgomery et al., 2016; Montgomery, 2021).

A longitudinal study by Caton et al. (2005) found that long-term homelessness was associated with older veterans who have been previously arrested. The majority of these older veterans are from the Vietnam War. They have lost family members, close friends, and personal items throughout their lifetime and have post-traumatic stress disorder (PTSD). These unfortunate impacts are contributing factors to their barriers to receiving housing. Compared to the shorter duration, homeless veterans were younger, had better psychosocial and family support, and had no arrests or addictions (Caton et al., 2005). The younger homeless veterans were also more likely to secure employment sooner than older veterans. Chronic homeless veterans are affected significantly more than shorter-duration homeless veteran and their non-veteran counterparts because of their age, family support, and severe current stage of mental illness.

### Effective Interventions

The Department of Veterans Affairs (VA) has several programs to assist homeless veterans. Such programs include employment assistance, education, healthcare, housing support, disability benefits, and recovery services, according to the VA (2022). Caton et al. (2005) suggest that veterans with a short duration of homelessness could be offered services that will fast-track out of homelessness. The extended homelessness veterans can be triaged to exceptional support of insight into their impacts. Gabrielian et al. (2019) reported that the VA uses a cognitive-behavioral intervention called Problem-Solving

Therapy (PST) for seriously mentally ill (SMI) veterans. PST is used in adaptive problem-solving skills that effectively treat depression, assuming problem-solving can help veterans' daily activities and overall well-being (Gabrielian et al., 2019). The findings concluded that disproportionate challenges are presented in the VA's housing programs and using PST can improve the housing initiatives (Gabrielian et al., 2019).

Additional interventions used by the VA (2022) are Homeless Solutions in a VA Environment (H-SOLVE), Aligning Resources to Care for Homeless Veterans (ARCH), and Addiction Housing Case Management for Homeless Veterans Enrolled in Addiction Treatment (ACHM). H-SOLVE, ARCH, and ACHM were influenced by the necessity of integrated approaches to care by combining mental health with traditional healthcare settings (Department of Veteran Affairs, 2022). Care integration is beneficial through organizations coordinating and communicating as a team of providers and resources. In addition, combining resources will require the VA to build networks with other organizations that involve placement and maintaining housing. By establishing an interconnected team, the risk of becoming homeless is lessened for veterans struggling with serious mental illness (Department of Veteran Affairs, 2022; Tanielian et al., 2008). The team should have site leaders who have strong initiative and commitment as mid-level managers to advocate for homeless veterans seeking housing (Department of Veteran Affairs, 2022). The site leader must engage with veterans to raise their motivation, morality, and work culture (Schaffer, 2022).

Having initial successful frontline providers, new relationships with key organizations, and specified motivation can assist when challenges arise.

### Conclusion

Homelessness is a prominent problem among veterans with mental illness. There are several barriers to getting housing for this population including previous incarceration, high burnout and turnover rates, and dual diagnosis. Homelessness impacts veteran's mental and physical health. It is important to address systemic issues within the military and VA systems to ensure that veterans receive the support they need to successfully transition to civilian life and maintain stable housing. While we have some interventions that show promise in helping house veterans, we need to explore what components of these interventions are successful. This study can expand previous findings to a new setting in which the researcher will gain more knowledge from the partnered agency.

### Theoretical Orientation

The theoretical orientation for this study was Conflict Theory and Resource Dependency Theory (RDT). Conflict theory focuses on the inequity of our society, where our society is in turmoil because of limited resources. The theory identified homelessness as an issue resulting from an individual's limitations. By using conflict theory to underlie the approach when conducting interviews, the researcher was able to identify the areas of concern contributing

to the veterans' disparities. Resource Dependence theory claims to analyze how organizations function by how the organization handles problems, distributes, utilizes, and maximizes resources (Schaffer, B. 2022). When conducting interviews, the researcher discovered how heavily the participants relied on external partners and if the reliance contributed to the barriers homeless veterans faced. Both theories served as the framework for understanding the specific barriers homeless veterans faced by clearly understanding the social injustice of the homeless population and social organizations.

### Potential Contributions

This study has potential contributions to both micro and macro social work practice. This research can offer more insight into the barriers homeless veterans with mental illness face to further engagement and interventions on a micro-level. Understanding barriers is the first step to addressing them.

On the macro level, this research can be used to advocate for the creation of housing tailored to veterans who have severe mental illness or veterans with rare needs, like military veterans with children. Some organizations might not have factored in severe mental illness and disability adequately or have the facility to house veterans with families.

### Summary

In chapter one, the research focus was covered, and the post-positivism paradigm was engaged. The explanation of why the post-positivism paradigm

was best adapted to this study was discussed. The literature review covered the prevalence rise in homeless veterans, the lack of supportive services, potential interventions of housing programs, and the consequences of having older veterans. Conflict Theory and Resource Dependency Theory were theoretical orientations for the study. Chapter One ended with the contributions to micro and macro social work practice.

## CHAPTER TWO

### ENGAGEMENT

#### Introduction

This chapter begins with the study site and the engagement strategy with the gatekeeper to build rapport. The researcher uses literature reviews to self-prepare for the interviews with participants. Diversity, ethical, and political issues are addressed. Lastly, the role of technology includes the researcher using emails, zoom videos, and recordings.

#### Study Site

There was no specific study site used for this research study. The researcher used social media platforms and asked colleagues if they knew people who were veterans or worked with veterans who would be interested in the study. Due to the nature of the study, the researcher did not interview any veterans who are currently experiencing homelessness.

#### Gatekeepers

The gatekeepers for this study were the participants. The researcher had to seek participants using convenience sampling. Using convenience sampling, the researcher sent a request on social media and through emails requesting participants for this study. It was at the discretion of the participants if they decided to be involved. Participants were the key players in this post-positivism



qualitative research due to their involvement with veterans and willingness to participate in this study. Participants needed to be able to trust the researcher to keep their personal information confidential. The participants could wish to withdraw from the study at any time and no longer wish to participate; however, their ability to withdraw would have limited the researcher's access to their experience and information with the veteran population. Ultimately, the researcher had to respect the gatekeepers' rights and decisions throughout the research process to ensure ethical conduct and the validity of the findings.

### Self-Preparation

In preparation for this project, the researcher conducted a literature review on Veterans' disadvantages when becoming homeless. The literature review played a role in the type of questions asked in the interviews. The researcher practiced professionalism and confidentiality when conducting interviews with the agency employees. The researcher was sensitive to the availability of the participants. The study was compiled with scheduled interviews around the voluntary participant's work schedule and time. The researcher utilized mock interviews. Mock interviews entailed making an imitated list of questions that the researcher presented to colleagues as if they were the participants. The goal of the mock interview was to receive feedback to ensure the participants were comfortable and allowed the researcher to be mindful of the participant's time since the interviews were scheduled.

### Diversity Issues

Although this study refrained from interviewing veterans experiencing homelessness directly, there was one diversity issue to mention. The participants consisted mostly of males and one female with experience working with the veteran population. The researcher's strategy in addressing this issue was to develop interview questions that applied to all individuals regardless of their demographic characteristics. This way, the participants could feel desired without feeling like they lacked a specific educational background to be included.

### Ethical Issues

The ethical issue that could arise in research studies during the interview process of the study was a potential breach of confidentiality. The researcher's strategy to address this issue was to ensure that the participant's personal information (ex., name) was secure. Pseudonyms were given to participants, all data was stored in a password-protected computer, and data were deleted once the research study had been finalized.

### Political Issues

One political issue that can arise is if the findings from this study negatively impact the agencies that the participants are involved with. The researcher addressed this by allowing the participants the ability to review the study once publicized. The researcher remained transparent and honest about revealing any negative issues that could arise in the study. Ultimately, the

researcher ensured that there would be no identifying factors visible in this study providing any identifying factors of the participants to the public.

### Role of Technology

The researcher was in direct contact with the participants through email to set an appointment for interviews through Zoom at a time best convenient for the participant. The researcher held interviews with the participants via Zoom to decrease the spread of COVID-19. The researcher informed the participants that the Zoom video would be recorded for further transcribing.

### Summary

Chapter Two discussed the engagement strategies and involvement of the participants in the study. The rapport built to engage with the gatekeeper was mentioned. Diversity and ethical and political issues were considered potential occurrences. The possible occurrences were noted, and chapter two included how the researcher could avoid the problems during the interview process. The researcher acknowledged the role of technology, and self-preparation was examined.

## CHAPTER THREE

### IMPLEMENTATION

#### Introduction

This chapter begins with a description of the methods used to select the participants for this study. Then the methods for collecting, recording, and analyzing data are presented. Lastly, study termination and the dissemination of findings are presented.

#### Selection of Participants

The participants were either employed at a company or non-profit that assists veterans, engages with veterans in their personal lives, or both. This study utilized convenience sampling. The participants were aged 18 and over, of any, gender, or identity, and ethnicity. The participants were voluntary. The only criteria needed is to have experience assisting homeless veterans for more than one year. The study utilized convenience sampling, which includes any person who agrees to participate in the study. The researcher used social media platforms to find participants.

#### Data Gathering

Data was gathered through one-on-one interviews on Zoom, which were recorded with the participant's consent. Since qualitative methods were used, the type of questions the researcher asked was open-ended and structured, so the

participants could reveal their experiences in their own words. The researcher asked how long the participant had worked with homeless veterans and their thoughts on whether there were any local system cracks within the agency. Other questions addressed the success and failure rates of the programs provided to homeless veterans and whether the participants proposed any strategies to address the influx of homeless veterans better.

### Phases of Data Collecting

The first data collection phase was the literature review research that strategically focused on the three main subjects: homelessness, veterans, and mental illness. The literature review research helped identify questions used during the interviews. The final phase was the interviews. Interviews started with informed consent. The consent informed the participants of the purpose of this study, that their participation was voluntary, and that the interview was recorded via Zoom. Once the consent is signed, the interview begins. When closing the interview, the researcher asked the participants if they had any questions or if they would like to share any other information that was not discussed.

### Data Recording

Interviews were recorded through Zoom with the participant's knowledge beforehand by the signed informed consent. The informed consent specified that the Zoom recordings would only be used for this study. No participants denied being recorded on Zoom. The researcher was the only person who had access to

protect the participants' identities. Additionally, the researcher safely secured all files (emails, interviews, Zoom recordings) on a password-protected computer. The researcher will delete the audio recordings once the research project is submitted for the requirement of the MSW program.

### Data Analysis

Since this study used qualitative analysis, the first step was to transcribe the Zoom interviews. The researcher transcribed the recorded interviews by reviewing and making notes of what was seen and commented on. The data consisted of various elements, including the setting, participants, purpose of conversation/observation, tone, communication channels, message content/form, norms of behavior and interaction, communication function, relevant socio-cultural knowledge used, and inferences (Morris, 2014). The data was analyzed using the top-down approach. The researcher used the literature review to create codes expected to emerge from the interviews. Two interviews were coded using those codes. The codes were then revised. This process was repeated multiple times until the codes fit the data well and were finalized. The final codes were then applied to all the interviews.

### Termination and Dissemination

The informed consent has information on the termination process, stating that the study will conclude when the interview finishes. The informed consent provides the reason for the termination. If the participant wanted to ask the

researcher any questions, then the researcher would have answered them during this time. If any questions arose after the interview, the researcher provided a number and email to contact.

### Summary

Chapter three covered the implementation process, introducing how participants are selected and the sampling strategy used. The researcher gathered data through interviews and a literature review. A top-down approach to data analysis was employed. Termination was mentioned in the informed consent, and dissemination was processed once the message became clear.

## CHAPTER FOUR

### EVALUATION

#### Introduction

The facts and findings are presented in chapter four which include the demographic of the participants and the nature of interview questions used. Both the strengths and limitations of the research are evaluated. Identified barriers of the study are defined which include veterans' lack of awareness of resources, individual struggles, and understaffing at Veterans Affairs facilities. Ideal programs for Veterans are also. Lastly, the implications of findings for social work are explored.

#### Demographic Characteristics

##### Participants

There was a total of eight participants who were interviewed and recorded through Zoom for this study with the approval of the participants. Seven of the participants identified as male and one identified as female. Two participants reside in Nevada and six participants reside in California. All participants are in the United States. Four participants worked with Veterans in both work and personal settings while three worked with Veterans in their occupation and one participant had personal contact with veterans. Five participants are Veterans and three are not. The three who are not are the participants who work with Veterans in their occupation. There was one participant who did not have a



college degree, another participant who had a few associate degrees, and the remaining six had multiple degrees in higher education. Higher education ranges from master's in social work, master's in public administration, and pursuing a doctorate in Social Work. The participant's years working with veterans range from four to twenty years.

Table 1. Demographic Characteristics of Participants

Interviewer	Educational Degree	yrs working w/ Veterans	Veteran	Personal or Work?	State	Gender Identity
P1	psychology - BA and progress for MSW	~ 7 years	Yes	Both	Nevada	M
P2	master's in public administration	~ 20 years	Yes	Both	Nevada	M
P3	psychology - BA, MSW	~ 10 years	Yes	Both	California	M
P4	sociology - BA, MSW	~ 13 years	No	Work	California	M
P5	No degree	~ 10 years	Yes	Both	California	M
P6	Associate's degree	~ 4 years	Yes	Personal	California	M
P7	sociology - BA, MSW, pursuing doctorate in SW	~ 4 years	No	Work	California	F
P8	MSW	~ 6 years	No	Work	California	M

### Interview Questions

There were sixteen questions asked to the participants for this study. Eight were demographic and informational data about the participants. The remaining eight were in-depth, grouped questions about their experience working with veterans in their employment and/or personal engagement. One question seemed irrelevant when asked so the researcher discontinued the use of this question with the remaining participants.

## Data Analysis and Interpretation

### Barriers

Veterans have multiple barriers when seeking housing. This includes having limited knowledge of resources, individual struggles, the lack of communication between systems, Veterans Affairs being understaffed, not enough money being funded for Veterans, disqualification due to incarceration and confusion with eligibility of benefits.

#### Veterans Unaware of Resources

As stated in the literature review, many veterans are unaware of the resources that the VA provides, and the resources dedicated to assisting veterans. All five veterans out of the eight participants mentioned that either they or veterans they know are unaware of the resources provided for them. The veterans who are employed with the VA are knowledgeable about the services provided for veterans because of their employment but still state that veterans are unaware. For example, Participant 1 stated “I think a lot of veterans are unaware of the benefits that they have available to them” and continues by stating resources that are unfamiliar for many veterans:

I don't think they know about programs like CRC (Community Residential Care), which is a housing program that will help veterans get housing, whether they be apartments or other areas that they can live at that are government funded, and a lot of vets aren't aware of that. They're also not aware that they're due money. A lot of the time for their disability, and when

they don't apply for that, it's like, well, they don't have those extra funds that they need to get in into safer situations.

Veterans know VA exists and that the purpose of the VA is to serve veterans who are out of duty, but there is a lack of education when veterans are transitioning to civilian life. Many veterans are unaware of how difficult the transition period is from active duty to being a civilian. Transitioning veterans have a hard time trying to find the time to get the necessary paperwork to apply for benefits from the VA. It is mentioned by Participant 5 and Participant 6 that there is a three-day class given to active duty before leaving the military about their medical benefits and that employees of the VA come one day and discuss what the VA offers. However, veterans still feel that they are on their own when leaving the military. Participant 5 states:

I'm not saying just homeless vets, but veterans in general. I don't think they're aware of all the resources VA has to offer because the VA doesn't showcase what they can do for us. It was basically put on us to find out what they can do for us instead of it being offered when we're transitioning from active service to a veteran. A lot of services I have as a veteran, I had to research on my own and kind of dance with myself instead of having someone or like a class like, tell me what is available for me.

Participant 7 who is not a veteran also believes that there needs to be a better transition period for veterans. Participant 7 stated:

I think me personally, that they just need a better transition period. So, when they return from the military, what does that look like for them? I think that transition period should be a little more tightened, meaning they need to understand. Where do I receive my DD 214 [DD Form 214, Certificate of Release or Discharge from Active Duty], what does that time period look like? How do I maintain financial security when I'm outside of the military or the service. I think that transition period needs to be a little tightened so they can know what resources are available to them and how they can be successful as a civilian.

Participant 7 continues with a statement that veterans are faced with:

We no longer get to rely on our people and our other service members who are with us. I'm alone now in this, and that's different from, you know, their time being in service. So, what does that look like outside of that? And how can I be most successful as an independent individual?

Participant 6 who is a veteran affirmed Participant 7 by stating:

It's the transition period from military back to civilian life can be really hard, just because I even still struggle with it. There are things that we are so used to this routine that when we get out some people don't really accept us as who we are cause we're struggling with what we dealt with in the military. That sometimes it can lead to alcoholism and drugs and everything. So, you find other ways to deal with your own mental health. Especially, when you don't have someone to truly understand what you're going through. You're

going to go through a lot of mental health problems. And when I was in the military working 12 to six-hour shifts, sometimes all I wanted to do was drink. And when you have that same routine, you come back out, or you're trying to find those resources, and sometimes you can't really find it, or you can't find that help.

### Lack of Communication

There seems to be a lack of communication between the Veterans Affairs and programs not affiliated with the VA that are assisting veterans. Many programs that assist veterans do not work together. For example, Participant 3 states:

I think better communication within each system like the Grant and Per Diem program and the HUD-VASH [Housing Urban Development Veterans Affairs of Supportive Housing] program. Even though they're under the same health care for the homeless veteran's umbrella. Each program has different staff members and sometimes just because you qualify for one program doesn't necessarily mean you'll automatically qualify for the other program. So, I think if they worked a little closer and had better communication. It could be a lot more beneficial.

According to Gaglioti, et al. (2014), many people who were interviewed believe that comanagement with the VA is "nonexistent". The majority of the disconnection between the VA and non-VA providers is happening in rural areas.

Veterans who are in rural areas have difficulty seeing multiple providers because of transportation.

### Individual Struggles

As stated in the literature review many veterans who experience homelessness are also struggling with a mental illness, and/or substance abuse. The HUD-VASH program works great in housing veterans first by finding temporary housing where the veterans can work towards permanent housing by gathering all necessary paperwork and working with case management. However, when a veteran is struggling with addiction and a mental illness, this makes it difficult for veterans to stay housed. For example, Participant 8 has had an experience with a veteran who had a personality disorder and stated:

It sounds good in theory to have a unit that is all veteran housing, right? And by in by itself. Again, it sounds good. But when you think about why all of those veterans are needing that assistance again, that mental health component or substance use component, and all of those issues and layers of complexity and we put a bunch of people like that in in a small space together may not have been the most supportive for him.

Another individual's struggle to consider is a veteran who is also disabled. For example, Participant 2 mentioned that he encountered a situation where a veteran needed assistance to help pay for her rent and they helped her:

We just helped a female veteran with her daughter. It's like a hotel and you pay by the week. She didn't have enough money because she is 30%

disabled. So, because of her disability, she was not able to work a full month. She couldn't pay for December. So, we paid for December just to keep her in there because it's Christmas. She needs a place to live, and then, once she gets healthy, she can get back and start doing the program again, but she needs a permanent home. She can't because the VA is not addressing all of her issues.

The statement that Participant 2 claims is that the VA is not addressing the veteran's disability. Considering Maslow's Hierarchy of needs, the VA would be focusing on the veteran's physiological needs first which include shelter, water, sleep, and clothes (McLeod, 2018).

Participant 7 mentions that an individual struggle that veterans go through is that they may not have all their paperwork needed to be housed. Obtaining paperwork needed to be housed can take some time and Participant 7 states that sometimes veterans do not want to wait in receiving that necessary paperwork.

Participant 7 expresses:

If a veteran is not successful, typically when they are working with HUD-VASH, it's because they do not have their necessary paperwork that is required. You have to bring whatever required paperwork that may be, and that could be a DD 214. If you don't have that, you have to obtain it, and those take time. You have to be patient with the process. Due to the nature of them being unhoused. Sometimes people are not patient and want things immediately, but we have to set expectations for our veterans. By being

very transparent that this process takes time, and a lot of people don't want to take the necessary steps and be patient during that process. So if we ask them for a barrier. It would be paperwork, and then the time that it might take to house a veteran.

Regarding the researcher's concern, she asked a question that was not part of the interview. The researcher questioned what the veterans were doing while they were waiting for housing. Participant 7 responded:

They're just figuring it out on their own whatever they were doing prior. So, when you come to HUD-VASH whatever state that that's in. So, save you are like on the streets, they can offer you shelters, and you're more than welcome to look into grant per diem programs. They're all over and they get they have a ton of resources to provide. So, it's up to that veteran, that individual, to decide to say, yes, I want to participate in these grants per diem programs or shelter and then move forward, until we get the permanent housing.

In addition to veterans having individual struggles like needing housing assistance, disability, or substance abuse. Some service members may start their journey very young and are still navigating through their young adulthood and what young adulthood looks like to them. Sometimes service members marry young or lack family support after being released from the military.

Participant 1 shares a few possible examples that service members may come across:



Every situation is going to be different for each homeless vet. Sometimes psychiatric, sometimes it's from substance abuse, sometimes it's from rapid deployments back-to-back. You come home and your family isn't there for you anymore, or they leave, or they decide that this isn't for them anymore. A lot of things that we see with service members for example, marry really young. They don't know exactly what marriage should be or what happiness is. By the time they are married, and they have kids. A couple of years later they realize, wait a minute. This might have been not but the best thing, and their partner didn't realize what they were really signing up for at the end of the day because it's a very stressful high rotation type of work environment. And it's pretty unfortunate. So as far as a program that would work for all this as far as like addressing homelessness. I wouldn't know what the right answer for that would be, because of how multifaceted the issues are with homeless veterans.

### Understaffed

When defining understaffed agencies, it is a situation where there are too few employees to execute the required work of the agency (Hudson & Shen, 2015). The essential tasks and functions of the individuals within the agency are not being upheld for the viability of the organization. This in terms can be detrimental for the clients or individuals that the agency is assisting. According to Maslow's hierarchy of needs, food, water, shelter, warmth, and rest are our physiological basic needs (McLeod, 2018). The idea is that these basic needs

need to be met before working on our psychological and self-fulfilling needs. If a veteran meets their basic needs which are to be housed, have a roof over their heads, having food, water, and clothing then in theory, the veteran will be more likely to seek mental health services and seek resources to achieve more sustainable way of living. However, this requires assistance from other individuals, for example, case managers. There is a limited of case managers that can assist veterans with their needs. Case managers assist individuals in seeking resources that the service member may need, either addiction or abuse. Case managers also work with healthcare providers and help service members access all necessary resources to improve their health and living. Participant 3 states:

We need a lot more case managers for the number of veterans that we have. I think the average caseload for a case manager is around 40 to 50 veterans and a lot of these veterans have a serious mental diagnosis or are dealing with a dual diagnosis, so the complexity of the cases sometimes requires more time from that case manager or that clinician.

### Military Discharge

Not every service member who exits the military automatically qualifies for VA Healthcare. Typically, when a service member completes their military service obligation, they can register and go to any VA hospital to get their needs met in terms of medical care, addiction, homelessness, abuse, etc. However, certain military discharges will disqualify a veteran from receiving VA Healthcare.

Other than Honorable Discharge (OTH) is when a service member's conduct is in violation of the Uniform Code of Military Justice (UCMJ) that involves arrest, conviction by civilian authorities, security violations, assault, drug possession, or abuse of authority (Law for Veterans, 2024). Bad Conduct Discharge (BCD) is when a service member is found guilty in a court martial which includes being drunk on duty, driving under the influence, committing adultery, or being arrested for disorderly conduct (Law for Veterans, 2024). Another unsuitable discharge is Dishonorable Discharge which is a form of discharge often including military prison (Law for Veterans, 2024). Dishonorable Discharge offenses include fraud, murder, desertion, treason, sexual assault, and espionage. OTH, BCD, and Dishonorable Discharge prevent service members from receiving VA Healthcare eligibility and having limited access to their service benefits. Participant 4 states:

If they're given a dishonorable discharge, they only have access to the emergency department. That's it. So sometimes people think that once you get out of service, you can go straight to the VA Hospital and that's not the case. To get access to the homeless services at the VA Hospital, you have to be what's called VA Healthcare eligible.

There are programs outside of the VA that can service veterans even with OTH, BCD, and Dishonorable Discharge. These programs vary between states and would require case management assistance or the service member's eager initiative to find resources. Participant 4 states some resources outside of the VA:

Their criteria to accept veterans is going to be different from the VA because there are some organizations that take veterans that a dishonorable discharge. Veterans sometimes if they don't qualify for the VA. They can go into that, or even section 8. You can apply directly to section 8, and if you're a veteran you get a bump in terms of priority listing. You move up to be able to get housing. So, it just depends. The VA has one criterion in terms of getting help, and other organizations may have a different criteria or similar criteria to what we have.

#### Incarceration Disqualification

Incarcerated veterans are 30% more likely than the general public to become homeless (Tsai and Rosenheck, 2015). That is five times the rate of the general public. Certain acts can disqualify a veteran from receiving housing. Since service members may also be struggling with a dual diagnosis, it can be limiting when seeking housing. Landlords are looking for tenants who can be safe and not disrupt the other tenants in the building. Participant 1 shares some insight on the notion of veterans trying to work with landlords:

Why not just try? You know there's plenty of jobs out there that are pretty friendly for veterans. Why can't we help you get into one of those situations where you could work there to get more income. So, we can avoid that homelessness and a lot of the times they can't because of being felons or because they've been incarcerated, they can't do it. And a lot of those job opportunities are turned down and they're afraid to even try to apply in the

first place because they don't want to risk that that turn down of rejection. So of course, we do have a lot of veterans that fit those demographics. The difficult part is finding a landlord that would accept their background.

Participant 1 shares how difficult it is for veterans who have been incarcerated to find landlords to accept their criminal background stating that some veterans already feel a sense of fear in applying and rejection. This ultimately creates a barrier for the service members that are out of their control.

Participant 3 shares an example of disqualification:

If they're a registered sex offender, then they get disqualified through the HUD portion of the of the VA program. So, if they are registered sex offender, the VA staff will still try to help to provide those resources, but that's like the only thing that would exclude them from receiving a section 8 voucher but depending on their background. If they have certain types of felonies. It can be difficult for that veteran to get rehoused because of what the landlords are looking at.

### Preferable Resources

Besides the veterans having multiple barriers when seeking housing, the researcher learned through the participant interviews that there are multiple programs that can be very beneficial for veterans.

## Housing Urban Development Veterans Affairs of Supportive Housing (HUD-VASH)

Many of the participants have heard of HUD-VASH. Some participants were familiar with what the HUD-VASH program does, and the remaining did not. The HUD-VASH program is a joint effort with the VA to help move Veterans with families out of homelessness and into permanent housing by offering case management and Section 8 housing vouchers for stable housing to veterans. Case management services are offered to veterans for a minimum of one year which is what makes the HUD-VASH program ideal for veterans. Case managers can work with landlords to address barriers or issues that the veteran is having to maintain housing. Participant 8 explains how involved case management is in HUD-VASH:

Somebody who has eyes on the veteran and then they get reassessed every so often. So, the higher tier individuals that are identified with a higher acuity will have more regular check ins. Especially in the early phases of that program. They are checking in at least one time a week with the case manager. From there it might move to once a month then it might move to quarterly and it's a minimum of one year. It helps to reassess how they are in that moment, as well as addressing any barriers or any potential issues that they may come up with maintaining the housing independently.

Additionally, case managers can give landlords educational information about veteran housing that they may not understand. Case managers can assist

veterans in addressing their other needs such as dual diagnosis, food resources, furniture or appliances needed in the home, and resources for employment. The HUD-VASH program helps homeless veterans by utilizing the local Public Housing Agencies (PHAs) to rent privately owned housing accompanied by case management and supportive services from the VA. HUD-VASH works together with the county and the Veterans Hospital located closest to the veteran to be rehoused. Participant 7 explains how HUD-VASH is multifaceted and works together with other resources as an interdisciplinary team:

We work together as interdisciplinary team. So, even if the veteran is only working with HUD-VASH, that person can be connected with a suicide prevention social worker. That person can be paired with a BHIP social worker that has multiple members of the team so they can be successful. So, HUD-VASH can work on housing, if they can recognize that this veteran may be having suicidal thoughts, or anything like that, then they would definitely pair the veteran up with someone who is a mental health specialist that deals with SMI. The veteran would never just be in there for housing. They would take care of the whole person.

HUD-VASH is also a lifelong program for veterans as long as they continue to meet eligibility. Participant 3 explains this:

We're always told that the HUD-VASH program can be a lifelong program as long as they continue to meet eligibility. They can graduate from the HUD-VASH portion of the VA, which is the case management portion, but they can continue to

utilize the section 8 voucher their entire life if they qualify. We've had veterans that participated in HUD-VASH no longer meet program eligibilities because they are over the income that allows the veteran to participate and a few years later they lose their job and come back to the VA. Reapply for HUD-VASH, and they qualify again. So, there's no real cut off that a veteran can utilize these benefits.

Veterans who are interested in the HUD-VASH program can contact the National Call Center for Homeless Veterans at 1-877-4AID-VET where they will be connected with the point of contact of the nearest VA facility to them (U.S. Department of Housing and Urban Development, n.d.).

#### Supportive Services for Veterans and Families (SSVF)

The goal of the SSVF program is to provide housing stability to Veteran families who are low-income and reside or are transitioning to permanent housing. To be eligible for the SSVF program, the head of household is the identified Veteran, the household income does not exceed 80% of the median income of the area and is "literally" homeless or will be. Being "literally" homeless is defined per HUD 24 CFR 576.2 as 1.) an individual who lacks a regular and safe nighttime residence, for example, sleeping in a car, bus, train station, airport, or camping ground; 2.) an individual or family in a supervised public or private shelter to provide temporary living arrangements, for example, congregate shelters, temporary housing, hotels or motels paid by charitable organizations or federal, state, or local governments; 3.) a person who is exiting an institution that was not meant for human habitation or resided in an



emergency shelter (U.S. Department of Veterans Affairs, 2024). SSVF has supportive services which include outreach, case management, connection to the VA benefits and programs, connection to public and local community resources, legal services, healthcare, childcare assistance, transportation services, emergency housing assistance, rental and utility assistance, shallow subsidy, and trauma-informed services (U.S. Department of Veterans Affairs, 2024). For more information, the VA website for SSVF can locate an SSVF provider in the community closest to a veteran.

#### Compensated Work Therapy (CWT)

CWT is a clinical vocational rehabilitation program that is offered at every VA medical center to provide support to veterans struggling with a mental illness or physical impairment that creates barriers to employment (U.S. Department of Veterans Affairs, 2024). To be eligible, the veteran should have a goal of returning to competitive employment, be eligible to receive VA healthcare benefits and have barriers that require intensive outside support from the CWT service. The process includes the determination if CWT services are appropriate for the veteran. The veteran will need to make an appointment for a consultation. The consultation will provide an orientation to what services CWT offers and conduct an intake process which will include a vocational assessment. The vocational assessment will determine if CWT is an appropriate service for the veteran and will help the veteran realize their vocational goals by highlighting

their strengths, skills, abilities, goals, needs, and preferences (U.S. Department of Veterans Affairs, 2024). Participant 1 explains their view on CWT:

Well, I think one of the better programs they have is a work therapy program at the VA. They take a lot of veterans that are struggling economically, or maybe through their own recovery, whether it be through psychological or past substance abuse, and they take these vets and give them an opportunity to work. It's really effective because at the end of the day one of the biggest issues that veterans face is finding purpose once they leave the military and I just think it's a huge deal and a good benefit for these guys because it gives them fresh air again. It gives them breath, something to focus on and a new mission to strive for.

### Domiciliary Care

The Domiciliary Care program is connected to the VA and is the oldest healthcare program that was established in the late 1860s Its purpose was to provide a home for disabled volunteer soldiers from the Civil War (U. S. Department of Veteran Affairs, 2024). Domiciliary Care's initial purpose was to serve impoverished veterans and to this day, is still committed to serving that group. Domiciliary programs are integrated with the Mental Health Residential Rehabilitation and Treatment Program (MHR RTP). MHR RTP are specialized facilities offering advanced, high-standard residential rehabilitation and treatment to veterans dealing with severe medical conditions, addiction, mental illnesses, or psychosocial challenges. These aim to identify and address various goals of

recovery, rehabilitation, health management, enhanced quality of life, and integration into the community. Additionally, domiciliary programs prioritize in assisting veterans developing self-care skills and taking personal responsibility for their well-being. Treatment approaches and level of supervision provided are adjusted to the population served which include factors of age, ethnicity, and culture. Domiciliary programs are 24/7 equipped with a structured and supportive residential environment as part of the rehabilitative treatment regime. There are domiciliary programs that provide specific care. Domiciliary SA (Dom SA) are program providing residential-level care to veterans with substance use disorders. Domiciliary PTSD (Dom PTSD) provides a residential level of care to veterans with Post Traumatic Stress Disorder (PTSD) including Military Sexual Trauma (MST). Domiciliary Residential Rehabilitation Treatment Programs (DRRTP) provide a residential level of care to veterans treating their medical, psychiatric, mental illness, and homelessness needs. DRRTPs are larger with multiple units to serve various veteran population's needs. Health Maintenance Domiciliary are found in some DRRTPs that focus on symptom reduction and stabilization of the rehabilitative approach to community integration (U. S. Department of Veteran Affairs, 2024). Domiciliary Care for Homeless Veterans (DCHV) provides a residential level of care to homeless veterans (U. S. Department of Veteran Affairs, 2024). Participant 4 includes:

These are available for veterans to go into a temporary housing basis to get primary care setup and to get additional recovery. Those veterans that

are suffering from addiction that go into domiciliary. That's great for them for that purpose because it allows them short term permanent housing. They're close to the hospital. They can call for the doctors and get rehab recovery, and then they can transition to a more permanent housing, so those individuals might be better suited for that.

#### Grant and Per Diem Program (GPD)

GPD is the VA's largest transitional housing program that has awarded grants to community-based organizations to provide transitional housing alongside wraparound services aiding vulnerable veterans (Department of Veterans Affairs, 2024). These grants are tailored to meet the needs of the veteran through their journey toward permanent housing. GPD contributes to homeless services and results in veterans having increased residential stability, and enhanced skills and start to gain greater autonomy over their lives.

Participant 3 informed:

There's transitional housing that's called grant per diem. They can only utilize that program in 3 occasions of their lifetime. That's for veterans who are imminent risk or at risk of homelessness. They're able to go to these homes around each Veteran's hospital and stay there anywhere from 6 months to a year. At no cost. They do get screened. They have to make sure that they're working towards the goal of permanent housing.

There are multiple transitional housing GPD grants. Per Diem Only grants supply funding by per diem payments to reimburse recipients for the care

expenses incurred in supporting veterans. GPD programs are ideal for individuals who are independently functioning. Special Needs grants target services for specific populations which include women, chronic illness, elderly veterans, veterans caring for minor dependents, and terminally ill veterans. Transition-In-Place (TIP) grants offer veterans a permanent housing where the supportive services transition out of the residence over time while the veteran stays. Other types of grants to help obtain or retain housing include Case Management grants and Capital grants. Additionally, there are multiple transitional housing models which include Bridge Housing, Clinical Treatment, Low Demand, Hospital to Housing, Service-Intensive, and TIP. Bridge Housing is intended for short-term transitional housing with pre-identified permanent housing destinations. Clinical Treatment are for veterans with specific diagnosis such as substance use disorder and/or mental health diagnosis where veterans actively choose to engage in clinical services. These provide focused treatment while securing permanent housing for the veteran. Low Demand transitional housing accommodates veterans experiencing chronic homelessness and veterans who are unsuccessful in traditional treatment settings. Demands are kept to a minimum, programming does not require sobriety or compliance with mental health treatment, and only goal is to establish permanent housing while providing safety of staff and residents. Hospital to Housing addresses the recuperative care needs of veterans who have been hospitalized. Service-Intensive facilitates individual stabilization, increased income, and rapid permanent housing.

## Nursing Homes, Home Healthcare, and Community Resources

Multiple community resources are available for veterans that include connections with the VA and without. Nursing homes are run by the state and can serve a wide variety of veterans that are either homeless or not but are need in of medical care. Additionally, nursing homes provide medical care, rehabilitation services, community integration, assistance with activities of daily living, and income-based services. These nursing homes will only house veterans and do require a percentage of their income (U.S. Department of Veterans Affairs, 2024). Especially if the assistance that a veteran need includes the veteran being bed-bound or requiring extensive nursing and medical care. Sometimes if the veteran has 0 income, the nursing home will still accept the veteran if there is an availability, but it is up to the veteran and their case manager to seek these resources.

Home healthcare services bring medical care and support to homeless veterans who may have difficulty accessing traditional healthcare facilities. Home healthcare is similar to nursing homes, however, utilizes medical monitoring, and customized care and can consist of family involvement. Home healthcare for veterans can encourage family involvement during the care process, for example, participation in caregiving, decision-making, and supportive activities. Home healthcare also promotes more independence for veterans if the 24/7 care in a nursing facility is not what they need.

## Strengths and Limitations of this Study

### Limitations

One limitation to mention is that since the researcher was using convenience sampling when finding participants, the participants then were interviewed to recall their experiences. This relied heavily on the participant's memory which has the potential to be altered through misinformation, false memories, or biases. Another limitation to mention is that the researcher did not interview any veteran who was experiencing current homelessness. This limitation has the potential to miss out on important insights into immediate challenges, barriers, and current experiences of homelessness in veterans. Thus, hindering the development of effective interventions and policies tailored to meet the needs of veterans. In addition, this sample size was also voluntary and limited to only the states of California and Nevada. Limiting to only two states from the west coast of the United States and not including the remainder 48 states and other countries. Therefore, may not be generalized to a wider population.

### Strengths

The strengths include having eight participants who are employed in various programs dedicated to assisting veterans' needs. These eight participants offered unique perspectives shaped by their individual roles within their agencies of employment. The study was able to capture a wide perspective from individuals who have different experiences creating a diverse sample,

ranging from the challenges faced by homeless veterans to the effectiveness of existing support systems. Additionally, having participants who are also veterans gave a perspective that only other veterans can relate to. These individuals bring personal experiences and firsthand understanding of the complexities involved when transitioning from military service to civilian life. This dual role of being both a veteran and a provider allows for understanding, providing insights from different vantage points. For example, the participants who served in the military may provide insights into the emotional and psychological challenges faced by interacting with peers who experience homelessness as veterans. As well as the same participants working within a program assisting veterans can offer practical insight into the barriers that often hinder veteran's access to housing and supportive services. By having participants with diverse backgrounds, this study is better equipped to inform targeted interventions and policies aimed at addressing the complex needs of veterans experiencing homelessness.

#### Implication of Findings for Social Work

Social workers play an important role in addressing the multifaceted needs of veterans experiencing homelessness. Social workers are the key players in facilitating veteran's transition to stable housing and supporting veterans' well-being. Additionally, the understaffing of case managers requires advocating for increased resources and staffing to ensure the effective delivery of services to veterans. Homeless veterans often have dual diagnoses, and medical conditions, and are unemployed which would need collaboration with an interdisciplinary



team and community agencies to ensure that veterans have access to integrated services that address the veterans as a whole. Addressing these barriers requires a holistic approach that includes improving communication, tailoring interventions to individual needs, advocating for resources, and promoting awareness and utilization of beneficial programs and services.

There is a clear need for enhanced education and awareness for veterans to inform them about the resources and benefits available to them, particularly during the transition from military to civilian life. By providing comprehensive information about available programs and benefits can empower veterans to access the support they require. Policymakers should focus on improving communication and coordination between different systems and organizations involved in assisting veterans. Efforts should be made to ensure that veterans receive seamless support without facing barriers due to disjointed systems. Policies should be reviewed to address the challenges faced by veterans with certain military discharges, such as OTH, BCD, and Dishonorable Discharge, which may restrict their access to VA Healthcare and other benefits. Alternative support should be explored to ensure that all veterans receive the assistance they require. Future research is needed to understand the specific challenges and barriers that veterans face in accessing housing and supportive services. This research can inform the development of evidence-based interventions and policies aimed at addressing housing insecurity among veterans more effectively.

## Summary

This chapter started by naming the barriers that homeless veterans face when obtaining housing. The data analysis included participant demographics and interview questions. The data interpretation included the barriers and preferable resources that the researcher learned from the participants. Multiple short-term and long-term programs for housing are attainable for veterans to receive the end goal of permanent stable housing. Additionally, strengths and limitations and the implication of findings for social work were mentioned.

## CHAPTER FIVE

### TERMINATION AND FOLLOW-UP

#### Introduction

This chapter outlines the termination process and the final follow-up of the study. Included are how the findings will be communicated to the participants. The dissemination plan is stated and any ongoing relationship with the study participants.

#### Termination of Study

The termination phase consisted of the researcher thanking each interviewee and asking if there were other questions after ending the recording of the interview. After the questions were asked and answered, the participants were thanked for their involvement in sharing their time to be part of the study. All materials such as videos, notes, transcripts, and information of the participants have been destroyed.

#### Communication of Findings and Dissemination Plan

The participants are presented with the poster format through email but have the open access option to view it on ScholarWorks. The poster format of this study was used to complete a poster for the Meeting of the Minds research event held on the CSUSB campus. The researcher has communicated with participants who are interested in reading the publicized copy that the study will be presented to

the School of Social Work at California State University, San Bernardino which is available on ScholarWorks in the California State University, San Bernardino website upon completion. The California State University, San Bernardino website is open to the general public with open access for reading and reviewing. The researcher intends to use this study to provide additional support and information to veterans and individuals who work with homeless veterans. Currently, veterans are having a disadvantage when seeking housing, and due to shorthanded case workers, individual struggles, and dual diagnosis homelessness creates an extra burden for veterans.

#### Ongoing Relationship with Study Participants

The researcher may have future interactions with the participants who participated in this study due to educational backgrounds and state of residency.

#### Summary

This chapter addressed the communication of findings and dissemination plan by emailing the participants a poster format of the study and informing participants that there is a written public copy on ScholarWorks. Termination included destroying all materials that were used for this study of participant's information.

APPENDIX A  
INFORMED CONSENT

**INFORMED CONSENT**

The study in which you are asked to participate is designed to examine the obstacles of homeless Veterans with mental illness seeking housing. The study is being conducted by Melissa Miro, a graduate student, under the supervision of Dr. Carolyn McAllister, Director of the School of Social Work at California State University, San Bernardino (CSUSB). The CSUSB Institutional Review Board has approved the study at CSUSB.

**PURPOSE:** This study aims to explore the barriers that homeless Veterans with mental illness face when seeking housing by interviewing any person who works directly with Veterans.

**DESCRIPTION:** Participants will be asked a few questions about their experiences working with homeless Veterans seeking housing.

**PARTICIPATION:** Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential, and data will only be reported in group form.

**DURATION:** The interview audio recording will take 20-40 minutes.

**RISKS:** Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

**BENEFITS:** There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. McAllister at [cmcallis@csusb.edu](mailto:cmcallis@csusb.edu)

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2024.

\*\*\*\*\*  
 I agree to have this interview be audio recorded: \_\_\_\_ YES \_\_\_\_ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

\_\_\_\_\_  
 Signature here Date

APPENDIX B  
QUESTIONNAIRE

### *Research Questions*

Do you identify as Male, Female, Non-binary, or prefer not to mention?

What is your job title?

How many years of experience do you have in that job?

Do you have a degree? What is it in?

How many years of experience do you have working with Veterans?

Where did you have this contact with Veterans? Personal or Work?

Are you a Veteran?

What state is your job located in?

Think about the programs available to homeless veterans in this region. Which program do you think is most successful at keeping veterans housed? What about that program makes it successful?

Think about a veteran who was not successful in this program. What factors – about the program or about the veteran – contributed to them not being successful?

Are there any local system failures or cracks between systems that you believe contribute to the veterans being homeless here in Las Vegas?

How often do the veterans come in with families? How are these situations dealt with?

If the kids are separated from their parent, are there resources available to the family in regard to depression, separation, or mental care?

Do you believe that the Veterans Affairs Supportive Housing (VASH) program has helped reduce the risk of suicide and other negative outcomes for veterans who were at risk of being or were homeless?

Is a frequent flyer a term that is used here? Considering if a veteran has found temporary housing or permanent housing and then starts experiencing a new episode of homelessness? Is there a cut-off on how often or how much you can help a veteran? And if so, what are the veterans' choices after?

How common is it to get veterans with a mental illness who also have been incarcerated? Does being incarcerated make it more difficult for veterans to find housing?

From your experience working with veterans, do you believe there is a national housing strategy that can best be used when working with homeless veterans? If so, what do you propose?



APPENDIX C  
INSTITUTIONAL REVIEW BOARD APPROVAL



May 8, 2023

**CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2023-231

Carolyn McAllister Melissa Miro  
CSBS - Social Work, Users loaded with unmatched Organization affiliation.  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Carolyn McAllister Melissa Miro:

Your application to use human subjects, titled "THE OBSTACLES FACING HOMELESS VETERANS WITH MENTAL ILLNESS WHEN OBTAINING HOUSING" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2023-231 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To **Yeung**

King-To **Yeung**, Ph.D., IRB Chair  
CSUSB Institutional Review Board

KY/MG

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