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Needs of Veterans Transitioning out of Homelessness

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by

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Abstract

With the current national initiative to end veteran homeless by the end of 2015, there are growing numbers of homeless veterans moving into housing. This study sought to explore their needs and experiences during their transition into housing. Data collected for this study consisted of six semi-structured interviews with social workers and case managers working with homeless veterans in housing programs. Four dominant themes were identified as (1) the benefit of having a case manager for support and guidance; (2) housing provides a stable base to work on goals and plan for the future; (3) substance use, mental health, and visitors are barriers to maintaining housing; and (4) medical health improves after getting housing. Three subthemes that emerged from the data include: (1) the impact of pride on the ability to ask for help; (2) the impacts of the culture of homelessness; and (3) mental and chemical health improvements after housing vary depending on the person, the situation, and the length of homelessness. The results from this study suggest that veterans' needs do not end when they get into housing, but that ongoing support and services are needed in order for them to be successful in the transition and in maintaining their housing. The results support implications for social workers to build and maintain ongoing trusting relationships with veterans to facilitate the change process during their transition into housing.

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Introduction

Homelessness continues to be a concerning issue in the United States as approximately 610,042 people experienced homelessness on a given night in 2013 (The US Department of Housing and Urban Development [HUD], 2013, November 21). Within this country's homeless population is a disturbing proportion of veterans. The US Department of Housing and Urban Development estimates that on any given night there are 49,933 homeless veterans (HUD, 2014). Research has found that homeless veterans account for about 12 percent of the adult homeless population and homeless male veterans account for 20 percent of the adult homeless male population (National Coalition for Homeless Veterans, n.d.). For every 10,000 veterans, there are approximately 31 homeless veterans whereas in the general population for every 10,000 people, there are about 21 that are homeless (Witte, 2012). The problems associated with veteran homelessness include poverty, unemployment, social isolation, substance abuse, and chronic mental illness (Berenson, 2011).

The Obama administration, the Department of Veterans Affairs, and the Department of Housing and Urban Development (HUD) are aware of the large numbers of homeless veterans and their associated issues. In 2009, they joined together in partnership on an initiative to end veteran homelessness in the United States by the end of 2015 (U.S. Department of Veterans Affairs, n.d.). Furthermore, First Lady Michelle Obama issued a "Mayors Challenge," asking mayors in cities across the country to step up and join the fight of ending veteran homelessness by the end of 2015 (HUD, 2014). The cities of St. Paul and Minneapolis joined the challenge in January of 2014 in partnership with Columbus, Ohio and Des Moines, Iowa (Minneapolis City of Lakes, 2014). This initiative brings increased funding for homeless veteran housing programs and easier access to services (Minneapolis City of Lakes, 2014).

From 2010 to 2014, veteran homelessness declined 33 percent due to the increase in housing services for veterans (HUD, 2014). Locally, veteran homelessness decreased 52 percent in Hennepin County and 46 percent in Ramsey County between 2009 and 2013 (Stewart, 2014). Currently there are approximately 200 homeless veterans living in the Twin Cities and roughly 350 statewide (Stewart, 2014). The goal to end veteran homelessness locally is within reach. Many veterans have moved out of homelessness and into housing in the past few years and many will continue to do so. As research describes, homeless veterans have complex needs. These will need to be addressed as they transition into housing. Having a place to live is just the first step in getting back on their feet. Ongoing services are needed to help veterans be successful in their housing.

The profession of social work is committed to reducing poverty and considers the needs of society's most vulnerable to be the priority (School of Social Work, St. Catherine University & University of St. Thomas, 2006). The veterans who have served the United States who have experienced homelessness are extremely vulnerable and their needs must be met by social workers and society as a whole. Social workers must work to advocate for these veterans and provide services to help them live successful, healthy, and fulfilling lives and to mitigate the risk of returning to homelessness. It is important for social workers and those providing services to homeless veterans to know about the challenges associated with the transition out of homelessness into housing. Therefore, the purpose of this research study is to answer the research question: What are the needs and experiences of homeless veterans transitioning into housing?

Literature Review

The following review examines the existing research and literature on homeless veterans. Specifically, it reviews research on the demographics of homeless veterans; the causes, risk factors, and associated problems of homelessness; as well as their unique service needs. Also reviewed is the literature on current housing services and programs for homeless veterans as well as the research on the program outcomes. Finally limitations and gaps in the literature are addressed.

Comparisons of Homeless Veterans and Nonveterans

The existing research compares the veteran homeless population to the nonveteran homeless population and identifies both similarities and differences between the two groups. Petrovich, Pollio, and North (2014) studied adult male homeless veterans and nonveterans (N=110 of each, N=220 total) at an emergency shelter in Texas. They found similarities among the two groups including lengthy histories of homelessness (an average length of four years of homelessness during the lifetime), low incomes, high rates of arrests and incarcerations, as well as similar needs for services (Petrovich et al., 2014). They also found that homeless veterans and nonveterans had similar rates of mental and physical health functioning as well substance abuse problems (Petrovich et al., 2014). Similarly, Tsai, Mares, & Rosenheck (2012a) compared 162 veterans and 388 nonveterans in a supportive housing program and found no significant differences in "mental health diagnoses, housing, clinical status, or health services use" (p. 28).

Similar comparison results were found in research from previous decades on homeless veterans. In their 1993 study, Rosenheck and Koegel compared homeless veteran and nonveteran data results from three different surveys on homelessness. They used data from the "Urban Institute's 1987 national survey of homeless services users (N=1148 men) in cities with a

population over 100,000 and two single-city surveys conducted in 1986 in Los Angels (N=308 men) and Chicago (N=535 men)" (p. 859). They found that "generally, veterans did not differ from nonveterans on any indicator of residential instability, current social functioning, physical health, mental illness or substance abuse" (p. 858).

Other research showed several differences between homeless veterans and nonveterans. Tsai et al. (2012a) found when compared to nonveterans, veterans were more likely to be older, to be male, to have completed high school, to be white, and to have had more substance abuse issues. Equally, Petrovich, et al. (2014) found that homeless veterans were older and had higher levels of education, but that they were also more likely to have been married and to have used psychiatric, medical, and inpatient substance abuse services. Van Den Berk-Clark and McGuire (2013) also found that homeless veterans were more likely to be white, to have been better educated, to have been married, and to have had drug and alcohol problems.

Again, in their 1993 study comparing veterans and nonveterans, Rosenheck and Koegel found many of the same differences in demographics at that time as the authors did in more recent years. They found that veterans tended to be older, had a higher likelihood of being white, had better education, and were more likely to be married or to have previously been married. Their findings suggest that prior to homelessness, veterans may have experienced higher levels of social functioning compared to the general homeless population (Rosenheck & Koegel, 1993).

Homeless veterans have also been studied within the larger veteran population. Interestingly, compared to non-homeless veterans, "veterans reporting housing instability were significantly more likely to be female, younger, and unmarried" (Bossarte, Blosnich, Piegari, Hill, & Kane, 2013, p. s215). Tsai, Kasprow, Kane, and Rosenheck (2013a) found that females made up seven percent of all homeless veterans in their sample of 119,947 VA homeless services

users. They also found that compared to male homeless veterans, females were younger and more likely to have served in recent wars in Afghanistan or Iraq. Other research found that female veterans report higher levels of housing instability and risk for homelessness than male veterans (Montgomery, Fargo, Bryne, Kane, & Culhane, 2013a).

Causes and Risk Factors of Veteran Homelessness

The existing literature identifies several causes of veteran homelessness. Tessler, Rosenheck and Gamache (2003) identified poverty as primary risk factor for veteran homelessness as well as alcohol and drug use, mental illness, and social isolation. Relatedly, Berenson (2011) explained "undiagnosed mental illness coupled with substance abuse makes it difficult for veterans to maintain their employment and relationships with their families, all of which can lead to homelessness" (p.241). Also, homeless veteran participants in a transitional housing program were interviewed by Van Den Berk-Clark and McGuire (2013) and reported that the combination of health and substance abuse issues and loss of social support contributed to and worsened their homelessness. Veterans also may experience difficulty transitioning from the structured military culture to civilian life (Berenson, 2011).

The literature identifies several factors that may put veterans at risk for homelessness. Some authors found that they were at risk of homelessness for many of the same reasons as nonveterans (Rosenheck & Koegal, 1993) such as mental, chemical, and physical health problems; unemployment; and negative experiences during childhood (Tsai, Kasprow & Rosenheck, 2013b). Other authors explained differences between homeless veterans and nonveteran risk factors; "veterans have a unique experience that increases their risk for homelessness, including combat exposure and military sexual trauma" (Gabrielian, Yuan, Rubenstein, Anderson, & Gelberg, 2013, p. 1344). The rates of PTSD, traumatic brain injuries,

and depression are especially high for soldiers returning from the current conflicts in Iraq and Afghanistan (Berenson, 2011). Van Den Berk-Clark and McGuire (2013) studied elderly homeless veterans to explore the precipitating factors of homelessness. They interviewed 33 chronically and 26 acutely homeless veterans and state that risk factors of "combat exposure, wartime trauma, and posttraumatic stress disorder increase vulnerability to homelessness" (p. 232).

Furthermore, Tsai et al. (2013b) studied the needs and risk factors of homeless veterans (n= 120,852) who were in the VA's Homeless Operations Management and Evaluation system. They identified nine risk factors to veteran homelessness. These include:

> homeless history (chronically homeless or not), incarceration history (any incarceration or none), unemployment history (no work, or full-time or part-time work in the past 3 months), income (received less than $600 a month or $600 or more), medical history (any chronic medical condition), and psychiatric history (any military related PTSD, any substance use disorder, any psychotic disorder, and any psychiatric hospitalizations) (p.s241).

Problems Associated with Homelessness

When veterans become homeless, they are prone to experiencing additional difficulties and problems. The existing literature identifies several issues that are associated with veteran homelessness and housing instability and that are also much related to the causes and risk factors of homelessness. These include mental illness, substance abuse, physical health problems, and poverty (Tsai et al., 2013b). In Tsai et al. (2013b) examination of data from 120,000 homeless veterans in the VA system, they found that 26 percent had few problems; 27.5 percent had dual diagnosis of mental illness and substance abuse; 39.87 percent had issues with poverty,

substance abuse issues, and history of incarceration; and 10.37 percent had a disabling medical condition.

A major theme in the research is the high levels of substance abuse and chemical dependency issues among homeless veterans. Of 110 veterans living in a homeless shelter, 68 veterans (62%) reported having an alcohol problem and 87 veterans (79%) reported having a drug problem (Petrovich et al., 2014). Similarly, another study found that at program entry, 57 percent of chronically homeless veterans enrolled in a supportive housing program (N= 162) had an alcohol use disorder and 53 percent had a drug use disorder (Tsai et al., 2012a). A study by Tsai et al. (2013a) compared male and female homeless veterans and found that males are two times more likely to have a substance use disorder. In the same study, 56.92 percent of homeless males (N=65,179) and 31.64 percent of females (N=5,165) reported having a diagnosis of a substance use disorder.

Major mental illness is another theme in the literature. Bossarte et al. (2013) explored the association between housing instability and mental distress and suicidal ideation in veterans (N=1767) who completed a behavior risk factor survey. They found that 3.7 percent of the sample reported housing instability and that they were significantly more likely to have experienced mental distress, suicidal ideation and to have had depression, anxiety, or posttraumatic stress disorder than veterans without housing instability. Furthermore they found that "veterans with past-year housing instability were five times more likely to have frequent mental distress and six times more likely to have suicidal ideation than veterans not experiencing housing instability" (p. s215). In their study, Tsai et al. (2012a) compared homeless veterans and nonveterans. Their sample included 162 homeless veterans of whom 21 percent reported having

a diagnosis of schizophrenia, 17 percent with bipolar disorder, 26 percent with major depression, and 8 percent with post-traumatic stress disorder.

Along with mental and chemical health issues, the literature also identifies physical health issues associated with veteran homelessness. Washington et al. (2010) found in their study that homeless veterans overall had greater health problems than veterans who were housed. Likewise, O'Toole et al. (2011) reported that because of their health needs and issues accessing health care services, homeless veterans "have an age-adjusted mortality almost three times greater than their housed counterparts" (p. 683). In Tsai et al (2012a) sample of homeless veterans (N=162) 69 percent (N = 111) of veterans reported having a physical health problem.

Service Needs of Homeless Veteran

Due to the causes, risk factors, and problems associated with homelessness, veterans undoubtedly have high needs for services. The literature describes services that are needed to address these problems associated with homelessness. Access to affordable housing, mental health services, employment, health care, and substance abuse services are all identified as needed by the homeless veteran population (Applewhite, 1997; Gordon, Haas, Luther, Hilton, & Goldstein, 2010; O'Toole et al., 2011;Washington et al., 2010; Austin et al., 2014).

Berenson (2011) reported that accessing available resources is difficult for veterans. Specifically, homeless veterans have problems accessing and using health care and are more likely to visit the emergency department than to utilize primary care (O'Toole et al., 2011; Gabrielian et al., 2013). Homeless individuals utilize emergency services three times more than the general population (Tsai & Rosenheck, 2013). Gabrielian et al. (2013) completed a needs assessment presenting current services and unmet needs for homeless veterans. They conducted semi-structured interviews with seven staff members at the VA Health Care for the Homeless

Veterans programs at each of the five healthcare systems in the VA's Southern California and Nevada region. They found that all interviewees reported a lack of walk-in or same day scheduling for primary care appointments. The interviewees also shared that when same-day appointments are offered, there are long wait times. Therefore veterans tend to leave before seeing a provider in order to take care of a different need such as finding a meal or shower. Also, staff felt that longer appointment times and smaller caseloads were necessary for medical providers to accurately address the complex needs of homeless veterans (Gabrielian et al., 2013).

In contrast, other authors have found that a large portion of veterans do in fact utilize services. Petrovich et al. (2014) found that 92 percent of their sample of 110 homeless veterans reported utilization of the Department of Veteran Affairs clinical services in the past year and two thirds reported using the general medical services. Veterans were also found to use outpatient mental health services at higher rates than nonveterans, which could be due to having access to VA health services (Tsai et al., 2012a). However, homeless veterans may choose to receive services outside of the VA or may not be eligible for VA services due to their discharge status or length of service. For example in 2011, there were 22,486 veterans who utilized services at Health Care for the Homeless clinics around the country (Knopf-Amelung & Jenkins, 2013).

Current Homeless Veteran Programs

The Department of Veterans Affairs is aware of the needs of homeless veterans and is addressing these needs, along with the support of other federal and community programs (U.S. Department of Veterans Affairs, n.d.). Several authors mentioned the Obama Administration and Department of Veterans Affairs' 2009 initiative to end veteran homelessness by the end of 2015

and how this has brought an expansion of funding for homeless veteran programs (U.S. Department of Veterans Affairs, n.d.; Montegomery et al., 2013a; Gabrielian et al., 2013; Tsai et al. 2013b; Montegomery, Hill, Kane, & Culhane, 2013b; Tsai, Klee, Remmele, &Harkness, 2013c). Although the VA offers several services to meet the needs of homeless veterans including health services, employment and job training, and mental health services, this portion of the literature review will focus specifically on the housing programs (U.S. Department of Veterans Affairs, n.d.)

Housing Services Through the VA

Several authors describe the current services offered by the US Department of Veterans Affairs (Tsai et al., 2013b; O'Connell, Kasprow, &Rosenheck, 2008; Gabrielian et al., 2013; Austin et al., 2014), There are five different homeless programs offered (Tsai et al., 2013b). The first is the Housing and Urban Development and the Department of Veterans Affairs Supported Housing (HUD-VASH) program, which provides homeless veterans who have a disability, psychiatric or substance use disorder, with case management services attached to a HUD housing choice voucher. Veterans can use the voucher in the community to rent an independent apartment. There is also the Grant Per Diem program. This program provides funding to organizations in the community to provide transitional housing for homeless veterans for up to two years. The Domiciliary Care programs provide treatment and rehabilitation services in time-limited residential treatment settings at the VA for medical, psychiatric, substance abuse, and vocational rehabilitation. Also there is the Healthcare for Re-Entry Veteran program that helps incarcerated veterans re-enter into society as well as the Veterans Justice Outreach Program, which provides court advocacy and case management to homeless or at risk veterans (Tsai et al., 2013b).

Most of the existing research on homeless veteran housing programs used samples of participants from the HUD-VASH program, which began in 1992 (O'Connell et al., 2008). The program has expanded drastically and in 2012, the HUD-VASH program received $75 million in funding to house 10,450 homeless veterans (Gabrielian et al., 2013). The program has grown from providing 37,000 vouchers in 2011 to 57,000 vouchers in August 2013 (Austin et al., 2014).

HUD-VASH operates under the Housing First model, which "prioritizes the most vulnerable individuals for rapid placement into permanent supportive housing with no expectations regarding sobriety or treatment participation" (Austin et al., 2014, p. 644). "One of the primary goals of the housing first approach is rapid access to and placement in permanent housing. The approach places a great deal of emphasis on moving participants directly from the streets to a home" (Montgomery et al., 2013b, p.513). Veterans do need to qualify for the HUD-VASH program:

> Eligibility Requirements for HUD-VASH include: 1) homeless or on the verge of homelessness; 2) identified need and willingness to participate in case management; 3) VA health care eligibility; and 4) HUD specific income requirements for a section 8 voucher. In addition, participants must not be a registered sex offender and must agree to pay 30-40% of their income toward rent. (Gabrielian et al., 2013, p. 1349).

Minnesota has received a total of 475 HUD-VASH vouchers from 2008 to 2013 (U.S. Department of Housing and Urban Development, 2013, May).

Other Housing Programs for Veterans Outside of the VA

It is important to note that there are housing programs for homeless veterans outside of the Department of Veterans Affairs. Some homeless veterans for various reasons may choose not

to affiliate with the VA or they may not qualify for the VA's existing programs. The following provides a brief summary of community housing programs that serve homeless veterans in Minnesota.

Minnesota Assistance Council for Veterans (MAC-V) provides services to homeless veterans and their families and to those who are at risk for homelessness throughout the state of Minnesota (MACV, 2013). They first try to connect homeless veterans and families to the VA and other state or county programs for services. If services are still needed, they provide support assistance in the form of rent, mortgage, utilities, transportation, legal, food, and employment.

MAC-V has several housing programs for veterans (MACV, 2013). The first is Structured Independent Living (SIL) Houses, which provide sober supportive independent living in the structure of a 12-step program for veterans after alcohol or drug treatment. Veterans are able to live in the SIL house for up to two years. Minnesota currently has 11 SIL houses located throughout the state. They also have a residential treatment facility for 13 single male veterans in Minneapolis as well as a permanent supportive housing program in Mankato that serves 11 veterans (MACV, 2013).

Another program providing services to homeless veterans in the Twin Cities is the Minnesota Operation for Veterans Empowerment (MOVE) program at the Union Gospel Mission, in Saint Paul (Minnesota Department of Veterans Affairs, n.d. a). The U.S. Department of Veterans Affairs provides funding for four beds at the Union Gospel Mission men's shelter for homeless veterans. Case management is provided to connect the veterans with needed services to help them move out of homelessness. It is important to note that many homeless veterans are served by other Twin Cities social services and housing programs as well.

Research on Veterans in Homeless Programs

The current literature includes research on veterans in homeless housing programs. The research explores changes in veterans' service usage, housing stability and retention, changes in clinical symptoms, and social support as a result of program participation.

Service use of veterans in housing

Some studies found that housing was associated with less emergency department and urgent care visits for veterans. Tsai and Rosenheck (2013) compared veterans in the VA's Domiciliary Program with homeless veterans and found that 16 percent of the veterans in the Domiciliary Program compared with 45 percent of homeless veterans used the emergency department at least once within the past twelve months. They also found that only one percent of the veterans in the Domiciliary Program used the emergency department services more than four times compared with ten percent of the homeless veterans. Similarly, Montgomery, Hill, Kane, and Culhane (2013b) compared veterans 12 months before admission to HUD-VASH program and 12 months after moving into housing and found that overall they had a decrease in urgent care visits. Also, of their veteran sample (n=162), 20 percent reported utilizing substance and psychiatric services and 50 percent reported using the VA for medical services (Tsai et al., 2012a).

Housing stability and retention

Authors also note the rates of housing stability and retention after veterans are placed in housing. Tsai et al. (2012a) found that the veterans in supportive housing programs showed significant improvements in their housing stability 12 months after program entry. O'Connell, Kasprow, and Rosenheck (2012) researched male homeless veterans with substance abuse issues (N=259) who were receiving housing services in the HUD-VASH program compared to veterans

who received case management only. They found those in the HUD-VASH program to have significantly ($p < .001$) better housing outcomes compared to the veterans enrolled only in case management. Better housing outcomes included number of days housed, 61.6 days for HUD-VASH participants compared to 45.6 days for participants in case management only; number of days homeless, 10.7 days (HUD-VASH) compared to 21.4 days (case management); and number of days institutionalized, 17.6 days (HUD-VASH) compared to 22.9 days (case management).

Several research studies found that veterans returned to homelessness after being housed. O'Connell et al. (2008) studied data of homeless veterans who participated in either the HUD-VASH program that included a subsidy and case management, case management only, and standard care (N=392) longitudinally over five years. They assessed risk of returning to homelessness after successfully being housed. They found that 44 percent of the participants experienced homelessness again for at least one day and that for one third of the participants, it was within the first six months of initially being housed. They also found that having a PTSD diagnosis increased veteran odds of losing housing by 85 percent. However, compared with the case management only and standard care, veterans in the HUD-VASH program experienced longer periods of housing stability (O'Connell et al., 2008). "This research suggests that providing housing attached with mental health services, helps homeless individuals with mental and chemical problems obtain and maintain housing stability" (O'Connell et al., 2008, p. 268).

Another study by Kasprow, Rosenheck, Frisman, and DiLella (2000) examined data on 35 different HUD-VASH program sites from 1991-1999. They found that there were 65,424 veterans contacted by the VA homeless programs and only 35,792 of those were eligible for HUD-VASH. Only 2,798 (7.8 percent) were actually referred to the program and 2,294 were eventually enrolled. Then 2,058 actually obtained a housing voucher and 1,800 (87.5 percent)

moved into an apartment. After one year, out of 1,649 veterans, 83.9 percent were still housed a year later. Gender was a significant variable in this study as women were more likely to have stable housing than men. The case managers' role in connecting veterans with supplemental social security benefits was also found to be related to housing retention at one year. (Kasprow et al., 2000).

Austin et al. (2014) interviewed case managers providing homeless services at eight different VA facilities in the country. They found that many case managers were concerned with balancing housing responsibilities with the therapeutic needs of clients. They reported spending most of their time on housing tasks and were concerned that they were unable to provide the clinical support needed to help the veterans maintain their housing (Austin et al., 2014).

Another study examined the role of housing first in housing retention. Montgomery et al. (2013b) compared homeless veterans enrolled in the HUD-VASH program using a housing first approach (n=107) and homeless veterans in HUD-VASH using housing-readiness model to find out differences in housing retention. Those utilizing the housing first model were placed in housing more quickly, within 35 days compared with 223 days of the housing readiness model. When examined one year later, 93 percent of the veterans were still stably housed, but veterans that were using the housing first model were 8 times more likely to retain their housing than those using the housing readiness model.

Clinical symptom changes

Several studies identify an improvement in clinical symptoms once housing is achieved. Tsai et al. (2012a) found housing program participants' mental health improved slightly but significantly over the first 12 months of program participation as measured by the Brief Symptom Inventory (BSI) ($p<0.001$), Addiction Severity Index (ASI)- Alcohol ($p<0.01$), ASI-

Drug ($p<0.05$), and an observed psychotic behavior rating scale ($p<0.05$). They also had slight decreases in the use of inpatient ($p<0.001$) and outpatient ($p<0.05$) mental health services as well as inpatient medical services ($p<0.01$).

Another study by Cheng, Lin, Kasprow, and Rosenheck (2007) compared 460 veterans enrolled in either the HUD-VASH program, case management only, and standard VA care on clinical outcomes over a three year period (baseline, 6, 12,18, 24, 30, and 36 months). They found that those enrolled in the HUD-VASH program had significant benefits in drug and alcohol abuse outcomes. The HUD-VASH participants had fewer days of alcohol use compared to those in intensive case management (p value = 0.046) and those in the standard care (p value = 0.0047). Also, compared to those in standard care, HUD-VASH participants had fewer days of drinking to intoxication, fewer days of drug use, and lower scores on the Addiction Severity Index (p value = 0.0053; p value = 0.028; p value = 0.015). This study also found that participants in the HUD-VASH program spent less nights in institutions compared to those in standard care (p value = 0.021) and case management only (p value = 0.030). However, in their qualitative study with three former HUD-VASH program veterans, Tsai et al. (2013c) found that substance abuse relapse continued to be an issue for veterans and that mental health and substance abuse treatments are “important in the long term client success” (p. 1040).

In their study of the Pathways Housing First program, Tsemberis, Kent, and Repress (2012) observed reductions in psychiatric symptoms and alcohol use in 36 participants over two years. All participants had at least five years of homelessness and had a psychiatric disability as well as substance dependency. After two years in the program, participants reported less psychological distress and alcohol impact ($p<0.05$).

Social isolation

Homeless participants in supportive housing programs report higher levels of loneliness and isolation than participants in community residential programs (Siegal et al., 2006). Tsai et al. (2013c) interviewed three Vietnam era veterans formerly enrolled in the HUD-VASH program, 20 years later. They asked about the veterans' admission to the program, their experience with the program, and after the program. The interviews indicated that the veterans longed for companionship and a sense of community (Tsai et al., 2013c). They assert that housing programs should include services to help integrate veterans socially into the community. The authors state, "while clinical stability and reductions in mental health symptomatology may be the focus of homeless services, clients are interested in improving other aspects of their lives as well" (p. 1044)

Tsai, Mares, and Rosenheck (2012b) studied people in the general chronic homeless population who were participating in housing programs from 2004-2009 (N=550) to examine improvements in social integration at baseline, six months after program entry, and at 12 months. They defined social integration as "a multidimensional construct, including domains of housing, work, social support, community participation, civic activity, and religious faith" (p. 427). They found that although housing stability improved greatly, there were no statistically significant increases in any of the social integration domains (Tsai et al., 2012b).

Limitations of the Research

Much of the existing research on veterans in housing programs is focused on the Department of Veteran Affairs and the HUD-VASH program. However, there are a limited amount of HUD-VASH vouchers to meet the excessive demand (Gabrielian et al., 2013) and many veterans are served by other community agencies (Knopf-Amelung & Jenkins, 2013).

Furthermore, many of the research samples predominantly include male veterans even though a growing number of female veterans are experiencing homelessness or are at risk for homelessness (Tsai et al., 2013a).

The research thoroughly examines the prevalence, demographics, causes, risk factors and associated problems of veteran homelessness. It also identifies the need for services to alleviate the challenges of homelessness for veterans. The literature describes and studies the programs available for homeless veterans and their impact on outcomes of service usage, housing retention, clinical symptoms, and social support of the veteran participants. However, it does not address the transition veterans must go through when exiting homelessness and entering housing. So what is the transition into housing really like? What are the specific needs of veterans during this time? What are their challenges and what helps them complete a successful transition into housing?

Conceptual Framework

The conceptual framework for this project includes the "Stages of Change Model" as well as the "Housing First Model." The Stages of Change Model consists of a series of stages a person goes through before making a change. In 1982, John Prochaska and Carlo Diclemente developed the Stages of Change Model that includes six stages (Westermeyer, n.d.). People may require several cycles through the stages before change is sustained. The first stage is called *precontemplation*. In this stage, people are not thinking about changing and are not aware that change is needed. Next is *contemplation*, the stage in which people begin to think about changing, but are ambivalent. *Preparation* or *determination* is the next stage, when people who have decided to change, start planning how they are going to do so. The next stage is *action*, when people start implementing the change. From action there are stages of *maintenance*, when

change is sustained over time, and *relapse*, when people go back to their behavior before the change (Westermeyer, n.d.).

The Stages of Change model is helpful in guiding this project because homeless veterans transitioning into housing are making an immense life change. It is a change that takes a process of preparation and multiple forms of support to not only make the change, but to sustain it in maintenance. Veterans' transition into housing can be viewed through the Stages of Change Model to understand that it is not a one-step, all or nothing change. As the literature describes, many homeless veterans are vulnerable and due to mental illness or chemical dependency may not know their options for housing. They may not even be thinking about getting out of homelessness because they are unaware that it is possible or are unaware of the steps they need to take. As described in the literature review, now more than ever, there are programs designed specifically to help homeless veterans get housing. The first role of these programs is to help bring veterans out of precontemplation and into contemplation about getting housing. They may do so through outreach or through service coordination to establish relationships with homeless veterans. Once relationships are established, programs also help veterans prepare for their move by connecting them to housing resources.

Once veterans are in the action stage, they are actually moving into housing and adjusting to the culture change from homelessness, which is not always an easy task. With the support of service providers, veterans work to achieve maintenance by sustaining their housing. This includes attending to needs such as mental, physical, or chemical health issues and getting connected to financial benefits or job skills training. Some veterans lose their housing for various reasons and cycle through the stages of change all over again. Sometimes it may take veterans several cycles before they are able to fully maintain their housing and make permanent change.

The role of the service providers is substantial in providing needed support and service connections to help move veterans through the stages of change.

This project sought to understand the transition experiences of homeless veterans who have moved into housing. It is helpful for providers working with veterans to use this model to note their progress through the stages of change during their transition into housing. It is important to understand the causes for relapse as well as what helps the veterans maintain their current housing.

Additionally, an understanding of the Housing First Model is helpful for this project. As described in the literature review, Housing First seeks to provide permanent housing for homeless individuals as quickly as possible (National Alliance to End Homelessness, 2006). Its focus is to house people first and then provide the needed services and connections to help them maintain housing and avoid returning to homelessness. Housing First is in contrast to another housing model, Housing Readiness, in which homeless individuals must prove their readiness by meeting certain requirements such as having a period of sobriety or having a certain income, before moving into housing (Montgomery, 2013). The Housing First model is used for individuals and families, those who experience chronic homelessness, and those with intense services needs, (National Alliance to End Homelessness, 2006) such as homeless veterans.

Many supportive housing programs currently working with veterans operate under a Housing First model, including the HUD-VASH program (Montgomery et al., 2013). In this model, supportive services are usually voluntary and being involved in services is not a requirement to retain housing. Housing First supportive housing programs help reduce the barriers to housing for homeless veterans, because they provide the permanent ongoing support needed to help veterans move through the cycle of change by locating, securing, and maintaining

housing. This model is helpful in guiding this project because of its impact on veterans in the different stages of change, especially in the maintenance phase by providing the needed support services that help them sustain housing.

Methodology

The purpose of this study was to explore the needs and experiences of homeless veterans as they transition into housing. This was an exploratory qualitative study, based on the experiences of housing providers working with homeless veterans, that described their successes and challenges during the transition out of homelessness. The focus of this research was to build on the existing knowledge and understanding of the needs of this population so it may be applied to the best practices in serving homeless veterans and aiding in their transition into housing.

Sample

This study used a non-probability sample of six case mangers working in housing programs for homeless veterans in the Twin Cities metro area. Of the six participants, three were male and three were female. Five participants (83%) worked in programs that followed a Housing First Model, and one (17%) did not. Four participants (67%) worked in programs that utilized harm reduction methods, while two (33%) did not. Four participants (67%) were licensed social workers at the graduate level (two LICSWs and two LGSWs). One participant (17%) was licensed at the bachelor level as a LSW and one (17%) had a different bachelor degree. All participants worked in programs that offered some kind of financial assistance for housing to their veteran client's. Four (67%) offered ongoing rental subsidies along with case management services. For this study "veteran" was defined broadly as any person who served in any branch of the military for any length of time. This includes all deployed and non-deployed veterans.

Data Collection or Procedures

Participants for this sample were gathered through a snowball sampling of housing program providers in the Twin Cities. For this project, the researcher contacted three metro area housing providers who serve homeless veterans. They were asked to send a project flyer describing this study to other housing providers they knew (See Appendix A for flyer). Per the flyer, interested participants were instructed to call or email the researcher to schedule an interview time.

The interviews were conducted at pre-arranged times and locations at the participants' agency sites. Prior to each interview, the researcher provided a copy of the interview questions, explained the consent form, and had each participant sign the consent form (See Appendix B for consent form). The researcher then conducted semi-structured interviews with the providers who were willing to participate and who signed the consent form.

Measurement

A semi-structured interview with nine questions was used to collect data. The researcher developed the interview questions after reviewing the literature on homeless veterans. The themes of the interview focused on the providers' sense of the needs and experiences of veterans during the transition into housing, their challenges and resources during the transition, housing retention, and the impact housing has on veterans (See Appendix C for complete list of the interview questions.)

Protection of Human Subjects

This study took steps to protect the participants. This study was approved by a research committee and by the University of St. Thomas Institutional Review Board before any research was conducted. Although minimal, there were potential risks to the participants in this study. The

interview questions could have brought up negative and difficult memories of working with clients. Participants had the power to stop the interview at any time and could decline to answer any questions they wished not to address. Participants were also given the list of interview questions before starting the interview, so they had the opportunity to review them.

Participation in this study was completely voluntary and informed consent was explained to participants prior to the interviews describing the potential risks and how the researcher will protect their privacy and confidentiality. It was emphasized that none of the other providers would be aware of who decides to participate or not participate in the interviews, unless the participant chooses to share his own participation.

All participants signed a consent form that discussed the confidential nature of the study before any data was collected from them. Consent forms were stored in a locked filing cabinet at the researcher's residence. After data was collected, it was kept confidential. The transcript, research report, and clinical presentation do not include any information that will make it possible to identify participants. The interviews were audio recorded by the researchers phone with a password lock and were deleted after completion of the transcript. The transcript was stored on a password secure computer. It was deleted after completion of the project. The PowerPoint presentation was created and stored on the researcher's password secure computer and shared with the public on presentation day.

Analysis of Data

The data from the interviews was analyzed by using descriptive phenomenology to capture and explore the participants' sense of the experiences and needs of homeless veterans moving into housing. Each interview was audio recorded and transcribed by the researcher. The researcher used content analysis to identify initial codes and themes in the transcript. "Content

analysis is a careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meanings" and is used to code the data in order to address the research question (Berg & Lune, 2012, 349). The researcher completed multiple readings of the data to identify manifest and latent content in order to identify codes and themes. The data was analyzed inductively moving from the more specifics to the more general. The researcher also noted word counts. Emerging themes and sub-themes were then identified.

Findings

There were four dominant themes and three subthemes that emerged from the data in this study. The dominant themes include: (1) the benefit of having a case manager for support and guidance during the transition into housing and in maintaining housing; (2) housing provides a stable base to work on goals and plan for the future; (3) substance use, mental health, and visitors are barriers to maintaining housing; and (4) medical health improves after getting housing. The three subthemes that emerged from the data include: (1) the impact of pride on the ability to ask for help; (2) the culture of homelessness impacts the transition into housing; and (3) mental and chemical health improvements after housing vary depending on the person, the situation, and the length of homelessness. These findings are presented below.

The Benefit of Having a Case Manager for Support and Guidance

The first theme that emerged from the data was the importance of the veteran having a case manager for support and guidance during the transition from homelessness to housing. All six participants mentioned this benefit of case management not only in obtaining housing, but also in maintaining housing. The following quote from one participant describes the importance of the case manager during the housing transition:

> *It's hard getting people housed because people come in with a lot… I mean there's a reason they're homeless, whether it's poor rental history, poor credit, or addiction that prevents them to be stable in a place. Once you get them in their place, whatever got them homeless in the first place is still there. You're then working on that to understand what was before that was unsuccessful and how can we make changes for this time.*

All six participants mentioned the role of the case manager to help teach veterans their rights and responsibilities as tenants. Also the participants mentioned that case management assists veterans with money management, providing education on how to pay rent and utilities and providing reminders to veterans to pay rent. Participants also mentioned the role of the case manager in helping the veterans coordinate with their landlords and deal with their neighbors. One participant mentioned the importance of teaching her veteran clients stress and anger management skills to avoid conflict with neighbors or landlords that could potentially jeopardize housing status. Two (33%) participants stated that case managers support veterans by assisting in problem-solving and conflict resolution with neighbors and landlords so they can avoid housing issues.

Another role of the case manager in working with veterans transitioning into housing is support in managing mental health symptoms that could potentially impact housing status. One participant shared a story about helping his client cope with negative voices he believed were coming from his neighbors. Another participant told the story of helping his client cope with anxiety. This particular client had anxiety about opening mail. The case manager worked with the client to help him prioritize bills so he would not lose his apartment due to utilities being shut off. See Figure 1 on the next page for more participant statements regarding the theme of case management.

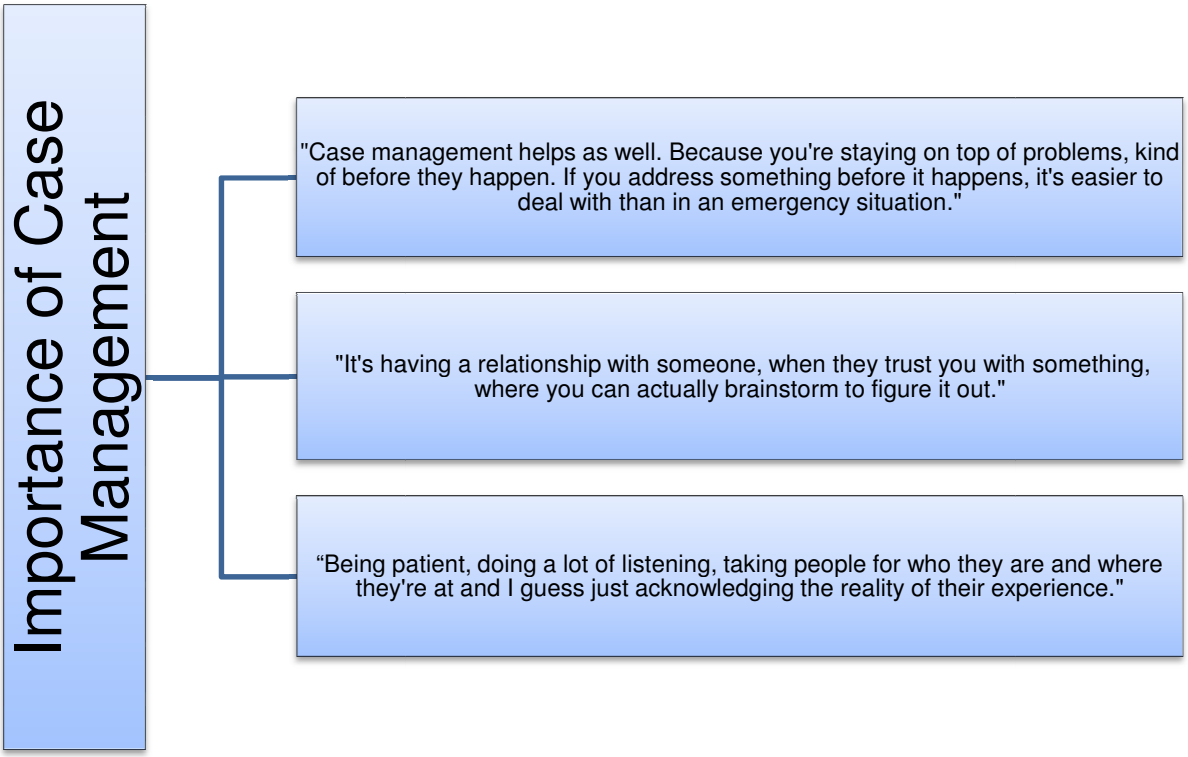

Figure 1. Participant statements suggesting a theme of the importance of case management in veterans’ transition into housing.

The impact of pride sub-theme

A sub-theme that emerged from the first dominant theme of the importance of case management in the transition into housing is the impact of pride. Four (67%) participants commented on how it is difficult for many of the veterans they work with to ask for help. One participant stated:

> *Many veterans have issues with swallowing their pride and accepting help. By the time they are contacting us, usually it's because they really need it. And I think that can be sort of a tough pill to swallow because they've been institutionalized in such a way that it's ingrained in a lot of veterans to not ask for help.*

Veterans' pride and difficulty asking for help highlights the importance of the case manager in establishing a trusting relationship with them.

It is difficult for many veterans to ask for help. One participant told the story of a client she was working with who hesitated to tell her that his electricity had been shut off. She eventually found out he had been without electricity in his apartment for nine days. He told her that it wasn't a big deal because he had lived in Iraq for a year and a half without electricity. She said she had to work to prove to him and other veteran clients that it is okay to ask her for help. Figure 2 on the next page provides other quotes from participants on the topic of veterans' pride and how it impacts their ability to ask for help.

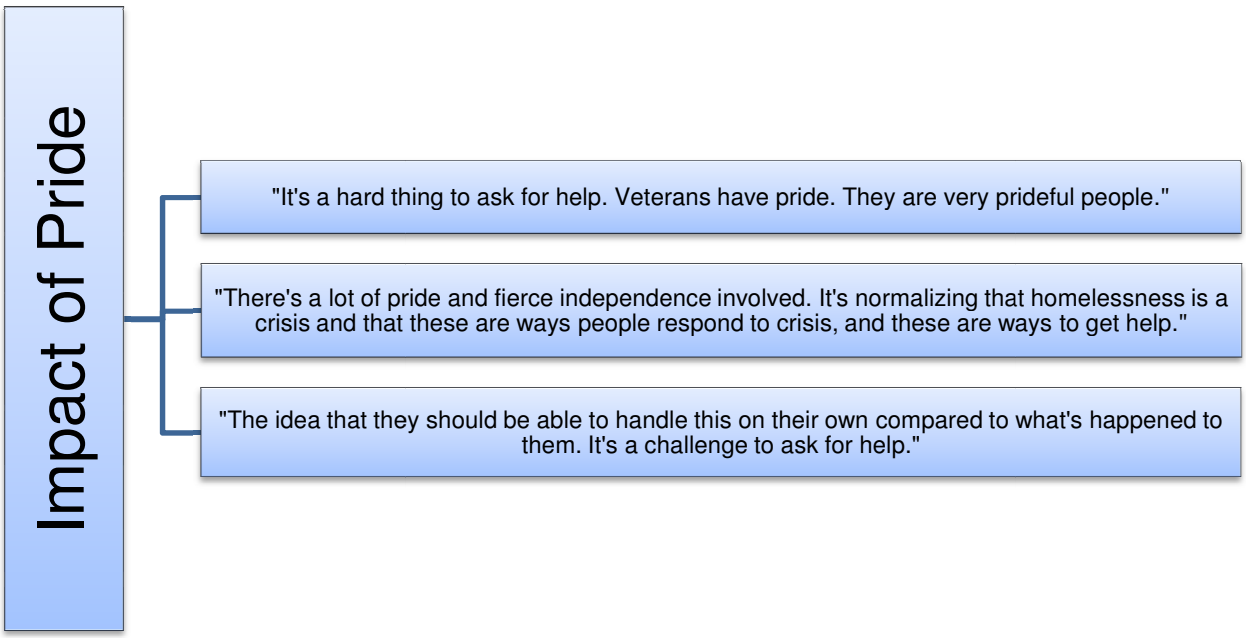

Figure 2. Participant statements suggesting a sub-theme of the impact of pride on the transition into housing.

Housing Provides a Stable Base to Work on Goals and Plan for the Future

The second dominant theme that emerged from the data was that housing provides a stable base that allows for veterans to work towards goals and to plan for their future. Participants explain that this is something veterans could not do while they were homeless because they were constantly in crisis. All six participants mentioned this role of housing as a stable base for veterans. This theme is best summarized in a quote by one of the participants:

> *There is just a huge moment of not having to worry about things you had to worry about before, being surrounded by chaos or freezing to death. I mean [housing] just changes everything about your life. Where you're not just completely survival focused all the time. I think it is instrumental, fundamental in just being able to be yourself in the world, to have a place to be based at. To live where you can be yourself and relax and be comfortable and come home to and not have to worry about being gone or chasing survival needs. And this is fundamentally the difference between poverty culture and middle class culture, is encapsulated here by you know, you're in the moment when you're in poverty, you're always worrying about the next moment. And when you're in the middle class, you have a strong focus on what you are going to do to get ahead, what you are going to do to improve yourself. And without judging those two perspectives too much, it does allow you to form a balance between living in the moment and thinking about the future. And how do you do that when you're in shelter, or in a tent down by the tracks in ten below weather.*

All six participants mentioned that after housing is stabilized, veterans go on to improve in many other areas. One participant told the story of her client who after getting stable housing, was able to get a job, buy a car, and eventually discharged from the program because he bought a house. Other quotes from the participants are listed in Figure 3.

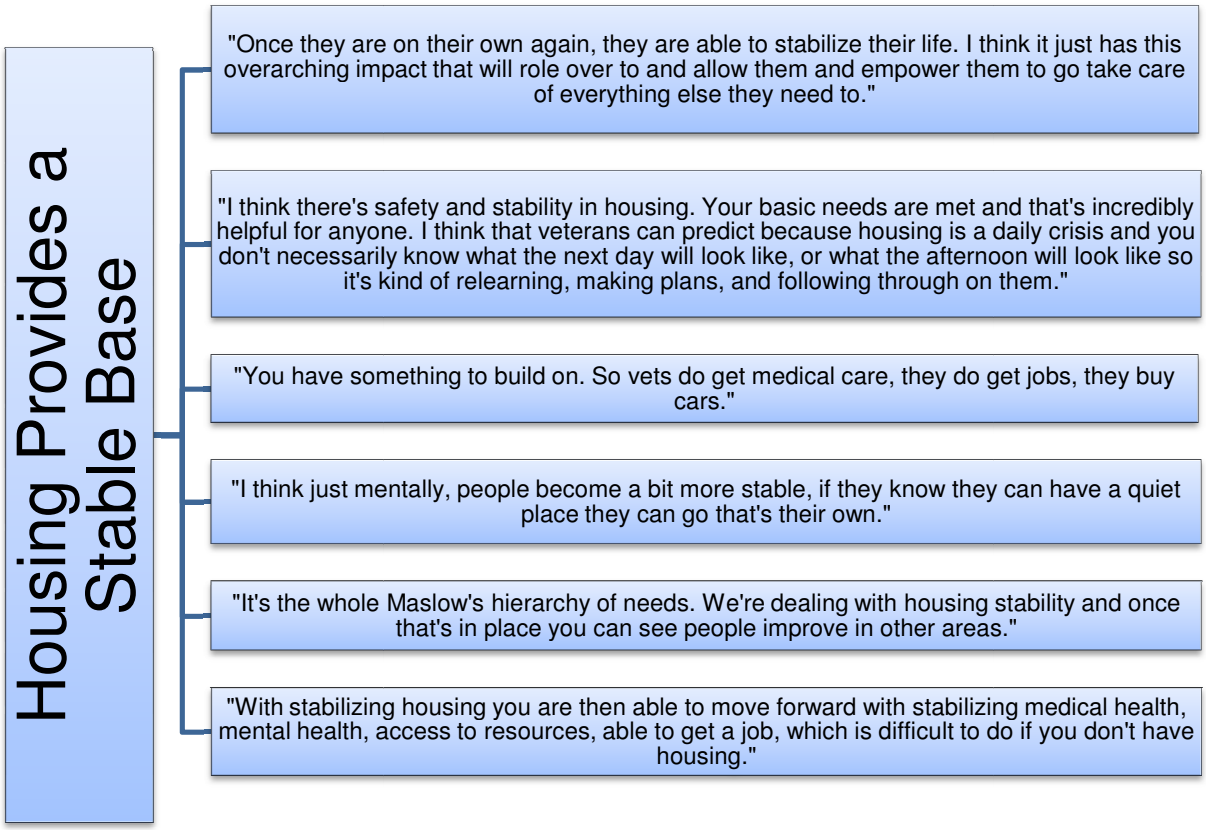

Figure 3. Participant statements suggesting a theme of housing providing a stable base for veterans.

Substance Use, Mental Health, and Visitors are Barriers to Maintaining Housing

All six participants discussed veterans' barriers to maintaining housing. The third dominant theme that emerged from the data was that substance use, mental health, and visitors are barriers to veterans maintaining housing. All six participants described substance use as a barrier. They explained that veterans' substance use and addiction issues often lead to illegal activity in the apartment, lease violations, heavy traffic, noise complaints, and altercations with other tenants. Landlords often get police calls with substance use related activity, which often leads to evictions.

Five (83%) of the participants stated that veterans' mental health can pose a barrier to maintaining housing. Two (33%) participants mentioned some veterans are dealing with unresolved trauma leading to mental health symptoms. One (16%) participant stated that anxiety often gets in the way of veterans' ability to handle stressful housing situations. Two (33%) participants stated that depression is a barrier to maintaining housing because it impacts their motivation to get out of bed, pay rent, or pay utilities. They said some veterans lack motivation to get out of their apartment or due to depression and lack of structure, sit in their apartments doing nothing all day.

All six participants commented on how visitors could place veterans in jeopardy of losing their housing. They explained that veterans who get housing often want to help their friends who are still homeless, so they let them stay with them in their apartments. One participant referred to this as "battle buddy mentality." They do not want to leave anyone behind, including their homeless friends. This can lead to disruptions and violations of the lease, causing veterans to lose their housing. Also, many housing subsidies have strict rules about having visitors and allowing visitors to stay with the tenant. Violating these rules could result in losing the subsidy.

One participant mentioned a different reason for allowing friends to stay with them in their apartment. He explained that some veterans will charge visitors rent and will use the rent as a source of cash income. He explained:

> *If they are on GA and get SNAP, and they aren't service connected, they are basically living on $203 a month and food stamps. They have their buddy stay over because that gives them cash income. And their buddy comes and stays and brings bed bugs and the next thing you know, the apartment next door has bedbugs.*

Other participants' quotes about veterans' visitors are listed in Figure 4 on the next page.

Culture of homelessness sub-theme

The sub-theme of the culture of homelessness emerged from the last dominant theme of substance use, mental health, and visitors as a barrier to housing. Five (83%) participants commented on the significant role that the culture of homelessness has on the transition into housing. They suggested that the reason their veteran clients allow their homeless friends to stay with them is because of the culture of homelessness. Part of the culture is that "they look out for their people." One participant stated:

> *If you have been homeless for many years, you're involved in the culture. Now you're housed, a bunch of people may have helped you out before when you were down and out. Are you going to say no when that person comes knocking on your door needing a place to stay? And what are you going to say when they start lighting up a crack pipe. It's very hard to say no in those cases, and that causes a lot of trouble.*

The participants also mentioned how the culture of homelessness impacts the veterans' transition into housing. Three (50%) participants explained that coming out of homelessness is often isolating for veterans because they are used to the homeless culture of being surrounded by others in shelter or drop-in centers. They then get into their apartments and are all alone. They cannot have visitors over because it could impact their housing.

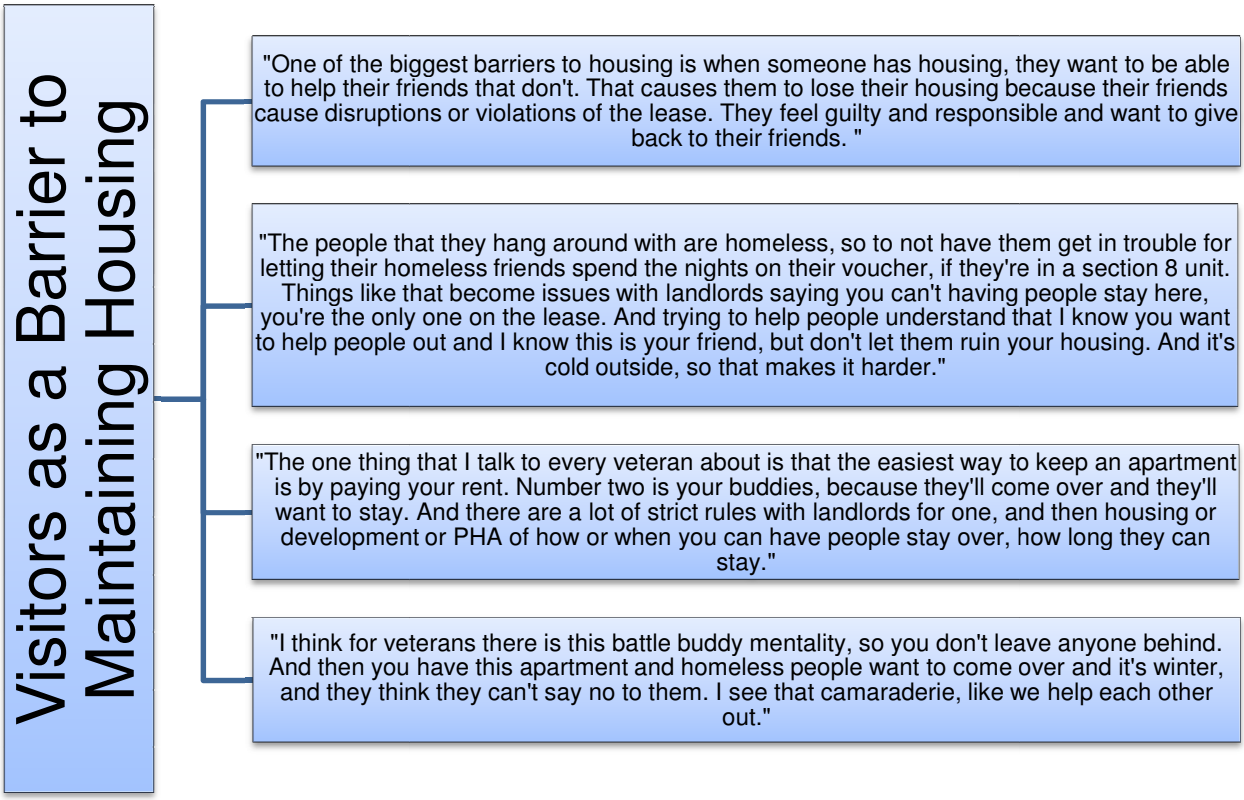

Figure 4. Participant statements suggesting a theme of visitors as a barrier to maintaining housing.

Two (33%) participants mentioned the cultural transition from homelessness to housing in regards to daily structure. They explained that during homelessness veterans are often used to moving from one thing to the next looking for meals, showers, and laundry. When they get housed, they have more time on their hands. One participant states, "That's when veterans get into trouble. They start using again, or start falling back into bad habits that led to their homelessness in the first place." Also, two (33%) participants mentioned that some of their veteran clients who are housed still like to hang out at the drop-in centers because that is what they are used to and where they know people.

Medical Health Improves After Housing

The final dominant theme focused on the relationship between housing and medical health. All six participants in this study commented on how veterans' medical health improves after housing. The participants mentioned reasons for this improvement including easier access to medical care. One mentioned that it is easier for veterans to keep medical appointments and to manage their medications when they have a stable home. The participant also stated that she sees a lot of her clients get diagnosed with medical conditions for the first time after they move into housing because they were not addressing their medical needs while they were homeless. She stated:

> *I see a lot of vets get diagnosed finally with conditions once they are in housing because they weren't dealing with it or they were just going to emergency rooms, and it turns out they have diabetes, or COPD, or congestive heart failure. And we are now able to deal with it and then they feel a lot better. And they are taking medications and people are monitoring it. It's so much easier when they have a place to store their medications.*

Variance in chemical and mental health changes sub-theme

Although all six participants agreed that medical health often improves for veteran clients once they are housed, there were differences in their responses about chemical or mental health

improvements after housing. Five (83%) participants stated that mental health and chemical health improvements after housing vary depending on the person, the situation, or the length of their homelessness. One participant (17%) stated that mental health improves for non-chronic homeless veterans because they are no longer in crisis situations. She felt that housing results in a more stable lifestyle that reduces symptoms. Another participant stated that chronic homeless veterans, or veterans who have been homeless for a year or more or at least four times in the past three years, struggle with mental health once they get housed because it is a big adjustment from being homeless for so long. She said they are often doubtful of the change, which results in increased mental health symptoms. Another participant mentioned that with housing comes increased access to psychiatric care, which leads to improved mental health symptoms.

Four participants (67%) also reported variation in improvements in their veteran clients' chemical health after housing. One participant stated:

> *For people that were just dealing with being on the street and needing something to do all day, and everyone around them is drinking and using, then when they have their own place, they might just relax. They aren't coping with that same level of stress. For others, [housing] creates that freedom to use unregulated.*

Another participant said he worked with veterans who had been sober for a long time while they were homeless and when they got housed, they started drinking again. He said "housing is that stability and non-structure" that leads veterans to drink. That combined with "a little bit of extra disposable income, because they aren't spending all their money on day to day living," allows for veterans to have money to get alcohol or drugs. One other participant mentioned that she believes substance use does increase once veterans are housed because of the lack of structure and not knowing what else to do.

Discussion

The purpose of this study was to learn about the needs and experiences of homeless veterans who are transitioning into housing. The findings are discussed in summary below followed by a comparison with the literature review. Limitations are also discussed as well as this study's implications for social work practice and the need for further research.

Summary of Findings

Data from this study suggest that veterans who are transitioning out of homelessness need more than just a roof over their head in order to make a successful transition. All participants were in agreement that case management is a huge benefit to veterans during their transition into housing. Case managers not only provide support and guidance during the transition, but they can also foster the development of a trusting relationship.

As participants report, having a strong, trusting relationship with a case manager, may make it more likely that the veteran seeks assistance when needed and hopefully, before crisis occurs and housing is jeopardized. The trusting relationship is also important because of veterans' strong sense of pride. Veterans' pride may impact their ability to seek or accept help, which in turn may affect their housing status. Building a trusting relationship with providers is vital to the change process veterans go through when transitioning out of homelessness.

The findings suggest that housing is beneficial to veterans who have been homeless because it creates a stable base from which other goals can be reached. Participants described how housing provides safety and stability so that veterans can begin to work on other goals such as getting jobs or tending to medical health. All participants also agreed that medical health of their clients usually improves after they become housed. They are better able to attend their

schedule appointments, they can have in-home medical services, and have a safe and secure place to store medications.

While the participants were in agreement about improvements in medical health after housing, they were varied about improvements in their veteran clients' mental or chemical health. The findings suggest that mental and chemical health may improve or worsen due to each veteran's unique situation. Length of homelessness and extent of substance use or mental illness are confounding variables that do not allow housing status to predict improvements in mental or chemical health.

This study also found that substance use, mental health, and visitors are the biggest barriers to veterans maintaining their housing. Participants explained that the culture of homelessness and veterans' sense of commitment to their friends, or the "battle buddy" mentality, make it difficult for them to say no to allowing homeless friends to stay with them. The culture of homeless was referenced several times by the participants indicating its influence on the transition into housing. When veterans transition from homelessness into housing, their entire culture shifts. They no longer need to live moment to moment and therefore are able to start planning for the long-term.

Comparing Findings with the Literature Review

This study found that case manager support and guidance is important for veterans' successful transition into housing and in maintaining housing. Although the research for this project does not exclusively look at case management, it does compare standard care, case management only, and case management plus a housing subsidy impacts on veteran's housing stability. O'Connell et al. (2008) and Tsai et al. (2012a) both suggest the benefit of supportive housing, that includes having housing attached with mental health services, for veterans' housing

stability. Four (67%) participants in this study worked in programs that provided housing attached with case management.

This study's findings that mental health and chemical health changes due to housing vary depending on the person and situation relates to the research. Tsai et al. (2012a) and Tsemberis (2012) found that mental health improved for veterans after one and two years of participation in supportive housing programs. Also, Cheng et al. (2007) found that chemical use declined in veterans enrolled in the HUD-VASH program. Findings from this study also indicate that substance use is a major barrier to maintaining housing for some veterans. This is in agreement with Tsai et al. (2013c) finding that substance abuse relapse continued to be an issue for veterans maintaining their housing and indicated the importance of mental and chemical health treatment in continuing success. The other barrier to maintaining housing found by this study was having visitors, which was not discussed by previous research.

This study found that medical health typically improves for veterans after they get housing. The previous research on this topic indicates that urgent care visits decrease (Montgomery et al., 2013b) as well as emergency care visits (Tsai & Rosenheck, 2013). This study indicates that housing provides the stable base that allows veterans to work on other goals such as managing their health.

Findings from this study also indicate the role of the culture of homelessness in the transition into housing. Although not referenced directly, previous research indicates that veterans long for community and companionship after they move into housing and that they need ways to combat isolation and loneliness (Tsai et al., 2013c). This is consistent with participant's statements that in the culture of homelessness, there are networks of people around and those networks don't follow veterans into housing when they exit homelessness. This also relates to

the issues with homeless visitors, because veterans feel a strong bond with their friends and want to help them out. They are faced with the dilemma of helping their buddies yet jeopardizing their housing, or being secure in housing yet lonely without friends or community. The issue of veteran's pride was not indicated by the research in the literature review.

Limitations

This qualitative study involved six participants, which is a relatively small sample of veteran housing workers within the Twin Cities. Because of this small sample size, this study is not representative of all veteran housing workers in the Twin Cities. Furthermore, this study lacks detailed demographic information about the participants, their work history and experience, as well as demographics of their veteran clients. All of these variables could have an impact on the participants' views of veteran client's transition into housing as well as the transition itself for the veterans.

Implications for Social Work Practice

The results from this study have many implications for social work practice with homeless veterans transitioning into housing. First, social workers should have knowledge about the culture of homelessness and its impact on the veterans. Social workers can work to help prepare veterans for the transition by being open, honest, and describing realistic expectations of the differences between life as homeless and life in housing. Specifically, social workers can help veterans seek and create structure and community after they are in housing to help address the issues that arise from isolation and lack of structure.

Next, social workers working with homeless veterans should have an understanding of the impact of pride on each individual veteran they work with. This pride may impact the veteran's ability to ask for help when needed. Ultimately, social workers should take every

veteran for who he or she is. Each veteran has his or her own story and history of homelessness. What may be so for one veteran may not be for another. Making the effort to get to know the individual will help with understanding where the client is at and what the potential barriers and difficulties may be with the transition into housing. Building a strong, solid, trusting relationship with the veteran is important.

Finally, it is important for social workers to understand that problems do not always go away for veterans once they have a roof over their head. Yes, they are likely in a more stable environment, but the issues that were present while homeless such as substance use and mental health, are still there and will need to be addressed. Providing supportive services before, during and after the transition into housing is key to veterans' success.

Further Research

Further social work research in this area should focus on specific populations of homeless veterans such as veterans from different eras, Vietnam or Operation Iraqi Freedom/Operation Enduring Freedom/ Operation New Dawn, to determine if needs are unique. Another population to focus research on is chronically homeless veterans versus short-term homeless veterans to determine the differences and similarities between their medical, mental health, chemical health, social, and service needs during the transition into housing. Female homeless veterans also need to be considered to determine if these findings, such as the impact of pride, apply to them in the same way, or how having children impacts their access to services and transition into housing. Determining more specific needs by population could ensure that social workers are able to better help each veteran successfully transition into housing.

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Appendix A- Flyer

Housing Case Managers Needed

For MSW Research Project on Veterans Transitioning out of Homelessness

I am a graduate student interested in working with veterans. This research project is a fulfillment of the Graduate School of Social Work program at St. Catherine University/University of St. Thomas.

I am looking for case managers and housing workers who work with homeless veterans to volunteer to complete a brief interview about the experiences of veterans moving from homelessness into housing.

In the interview, you will be asked 9 questions about your sense of what the transition into housing is like for your veteran clients. The interview should take about 30-45 minutes.

If you are interested, please contact Christa Reader at **920-850-3203** or Lane5458@stthomas.edu for more information or to schedule your interview.
Thank you

This study has been reviewed and approved by the Institutional Review Board at the University of St. Thomas

Appendix B- Consent Form

CONSENT FORM
UNIVERSITY OF ST. THOMAS
The Needs of Veterans Transitioning out of Homelessness

685707-1

I am conducting a study about the experiences of homeless veterans transitioning into housing. I invite you to participate in this research. You were selected as a possible participant because of your professional role providing housing services to homeless veterans. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Christa Reader, Masters of Social Work Student, with research advisor Colin Hollidge, Ph.D., LICSW, at the School of Social Work at the University of St. Thomas.

Background Information:

The purpose of this study is to gain a better understanding of the needs and experiences of homeless veterans as they transition into housing. This study seeks to answer the research question: What are the needs and experiences of homeless veterans as they transition into housing. This study will seek answers through individual interviews with providers of housing services to homeless veterans.

Procedures:

If you agree to be in this study, I will ask you to do the following things: complete a 30-45 minute individual interview with me, answering 9 questions on the experiences of veterans transitioning into housing. The interview will be audio recorded and transferred into a transcript so themes can be identified.

Risks and Benefits of Being in the Study:

The study has a risk of evoking difficult memories pertaining to your work with veterans who have been seeking housing. You have the option to stop the interview at any time or to choose not to answer interview questions. In order to minimize the risk, you have received the list of questions before the interview and had time to review them. You may tell me before the interview begins, if there are certain questions you do not want asked. Also, the interview will close with a debriefing to take you away from any stressful areas.

The direct benefits you will receive for participating are: none

Compensation:

There is no compensation for participation in this project.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include an audio recording of the interview, a transcript of the interview, a research report, and a PowerPoint presentation. The audio recording will be kept on my password secure phone and will be destroyed after the transcript is created no later than April 1st, 2015. The transcript will be kept on my password secured computer at my home. It will be destroyed after the research report is written and presented on May 18, 2015. The research report and research presentation will be kept on my password secured computer and will be shared with the public.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until April 15, 2015, 11:59 pm. Should you decide to withdraw, data collected about you will not be used in this study. You are also free to skip any questions I may ask in the interview.

Contacts and Questions

My name is Christa Reader. You may ask any questions you have now. If you have questions later, you may contact me at 920-850-3203. You may also contact my research advisor, Colin Hollidge Ph.D., LICSW, at 651-962-5818. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6038 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. *[If additional permissions are needed (e.g. audio or video recording, accessing private student or medical records), include these here.]*

_____ _____
Signature of Study Participant **Date**

_____
Print Name of Study Participant

_____ _____
Signature of Parent or Guardian (If applicable) **Date**

_____
Print Name of Parent or Guardian (If Applicable)

_____ _____
Signature of Researcher **Date**

Appendix C- Interview Questions

1. Can you briefly describe your program and the services you provide to homeless veterans?
2. In your opinion, what do you think are the most challenging parts of transitioning into housing for the homeless veterans you work with?
3. In your experience, what helps veterans transition into housing?
4. Once housed, what services do veterans need and how are they accessed?
5. In your experience, how does having housing help the veterans you work with?
6. What helps veterans maintain their housing?
7. What hinders or gets in the way of maintaining housing?
8. Have you noticed any differences in your veteran clients' mental, chemical, or physical health after they moved into housing?
9. Do you notice any changes in your clients' social support after they moved into housing?