RESEARCH BRIEF

March 2020

Assessing Healthcare for Homeless Veterans (HCHV) Employment Specialist Services, Outcomes, and Implementation Strategies





Meagan Cusack, MS & Ann Elizabeth Montgomery, PhD

Funding: VA National Center on Homelessness among Veterans

What do we know?

While the number of Veterans experiencing homelessness across the United States has declined over the past decade, large numbers of Veterans continue to report experiencing housing instability through both literal homelessness and imminent risk of homelessness. Promoting stable employment for these Veterans is one strategy to increase housing stability, which is particularly important given recent increases in unemployment due to the COVID-19 pandemic.

To address employment needs among Veterans experiencing housing instability, the Veterans Health Administration (VHA) offers Homeless Veteran Community Employment Services (HVCES) staffed by vocational development specialists in three roles: (1) Community Employment Coordinators (CECs), (2) Health Care for Homeless Veterans (HCHV) Employment Specialists, and (3) U.S. Departments of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) Employment Specialists.

New information provided by the study

The brief draws on findings from a complementary mixed methods project - Assessing the Impact of Healthcare for Homeless Veterans (HCHV) Employment Specialist Services on Veteran Housing Stability and Identifying Implementation Strategies for Successful Outcomes - that explored employment services offered by HCHV Employment Specialists; identified Veterans' employment needs, available services, and needed resources; and assessed whether receiving employment services is associated with improvement in Veterans' housing stability. Data included qualitative interviews with HCHV Employment Specialists (n=16), an inventory of services completed by services providers (n=16), and administrative data from Veterans with recent experiences of housing instability (n=2,643).

HCHV EMPLOYMENT SPECIALISTS PROVIDE A VARIETY OF SERVICES

HCHV Employment Specialists conduct intake assessments; provide personalized services and referrals to address Veterans' employment needs; assist with service navigation; lead employment groups, workshops, and job fairs; and connect Veterans with community-based services such as training assistance, resources for employment needs, banking, and support for transportation. They often utilize a team-based approach, working Peer Support Specialists, CECs, and other VHA Homeless Program staff.

VETERANS HAVE DIVERSE EMPLOYMENT NEEDS

About 20% of Veterans who reported housing instability accessed homeless program employment services. These Veterans were most frequently those who did not have access to income related to a service-connected disability, were high users of healthcare services, were older, and experienced more severe forms of housing instability. In addition to these challenges to employment, HCHV Employment Specialists also rely on assessments to understand Veterans' employment needs and barriers, which often include both situational (e.g., lack of childcare or transportation) and personal (e.g., history of justice involvement or disability) challenges.

EMPLOYMENT BARRIERS, FACILITATORS, & PROMISING PRACTICES

Overall, HCHV Employment Specialists reported that additional materials and resources are needed to address Veteran employment barriers and facilitate VHA collaboration. Promising practices that emerged in recognition of these challenges reflected the following themes: connecting Veterans to needed services and sustaining long-term relationships; formally assessing employment needs; assisting with job preparation; collaborating across VA services; working with community providers; engaging employers; and encouraging creative implementation strategies.

IMPLEMENTATION STRATEGIES

Implementation barriers were reflected in a lack of resources to support both HCHV Employment Specialists' work and Veterans' needs as well as the external policies of employers that may create employment barriers (e.g., drug testing). In addition, process barriers included insufficient outreach and information about the availability of services among both Veterans and employers and little feedback about the progress and quality of implementation. Implementation strategies responsive to these issues include identifying local champions and building local coalitions to support the work of HCHV Employment Specialists; providing additional educational and training opportunities for HCHV Employment Specialists; and formalizing implementation efforts to allow for better data tracking and feedback on outcomes. For VAMCs that would like to develop these services, it will be helpful to inform local opinion leaders and conduct needs assessment to identify how best to implement the intervention.

Clinical relevance

Compared with non-Veterans, Veterans are more likely to report work limitations¹ and dropping out of the labor pool² and are less likely to be employed full-time,³ even among younger cohorts of Veterans for whom employment is a key indicator of successful reintegration following military service. While difficulties at work and job loss are shown to be significant barriers to readjusting to civilian life⁴, returning to work is associated with enhanced financial security,⁵ self-esteem,^{5,6} and quality of life^{7,8} as well as improved physical⁹ and psychological^{10,11} health. Strategies to improve employment outcomes among Veterans experiencing housing instability can promote better outcomes across a variety of measures.

References

- 1. Kramarow EA, Pastor PN. The health of male Veterans and non-Veterans aged 25–64: United States, 2007–2010. National Center for Health Statistics Data Brief. 2012;101.8
- 2. United States Department of Labor Bureau of Labor Statistics. Economic news release: Table 2a. Employment status of persons 18 years and over by Veteran status, age, and period of service, 2018 annual averages. Available from: https://www.bls.gov/news.release/Vet.t02A.htm.
- 3. Tessler R, Rosenheck R, Gamache G. Declining access to alcohol and drug abuse services among Veterans in the general population. Military Medicine. 2005;170: 234-238.
- 4. Kleykamp M. Unemployment, earnings and enrollment among post 9/11 Veterans. Social Science Research. 2013;42: 836-851.
- 5. Bond GR. Principles of the individual placement and support model: empirical support. Psychiatric Rehabilitation Journal. 1998;22: 11–23.
- 6. Vinokur AD, Van Ryn M, Gramlich EM, Price RH. Long-term follow-up and benefit cost analysis of the Jobs Program: a preventive intervention for the unemployed. Journal of Applied Psychology. 1991;76(2): 213.
- 7. Kashner TM, Rosenheck R, Campinell AB, Surís A, Crandall R, Garfield NJ, Lapuc P, Pyrcz K, Soyka T, Wicker A. Impact of work therapy on health status among homeless, substance dependent Veterans: a randomized controlled trial. Archives of General Psychiatry. 2002;59: 938-44.
- 8. Cook JA, Burke-Miller JK, Roessel E. Long-term effects of evidence-based supported employment on earnings and on SSI and SSDI participation among individuals with psychiatric disabilities. American Journal of Psychiatry. 2016;173(10): 1007-14.
- 9. Ferrie JE. Is job insecurity harmful to health? Journal of Royal Social Medicine. 2001;94: 71-6.
- 10. Caplan RD, Vinokur AD, Price RH, Van Ryn M. Job seeking, reemployment, and mental health: a randomized field experiment in coping with job loss. Journal of Applied Psychology. 1998;74: 759-69.
- 11. Payne RL, Graham Jones J. The effects of long term unemployment on attitudes to employment. Journal of Organizational Behavior. 1987;8: 351-358.