



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

RESEARCH BRIEF

April 2021

Improving Employment Services within the HUD-VASH Program



Authors: Michelle S. Wong, PhD; Kimberly Clair, PhD, MSPH; Peter J. Stigers, Jr, MSW; David Carlson, MD; Ann Elizabeth Montgomery, PhD; Sonya E. Gabrielian, MD, MPH

Funding: This study was funded by the National Center on Homelessness among Veterans

What do we know?

Homeless-experienced individuals, including Veterans, often cite job loss as a factor that contributed to their becoming homeless.^{1, 2} After experiencing homelessness, it can be difficult for Veterans to regain employment because of mental health, substance use, and/or other social vulnerabilities.³

The U.S. Departments of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program provides subsidized permanent housing and field-based supportive services for homeless-experienced Veterans. Some HUD-VASH sites have embedded vocational services, including job training, employment specialists who link Veterans and HUD-VASH case managers to employment opportunities, and/or tangible resources that Veterans may need for employment opportunities (e.g., uniforms).⁴ Yet, little is known about Veteran and staff experiences with these vocational services offered within HUD-VASH; moreover, though unemployment may *contribute* to homelessness, less is known about whether *gains* in employment among homeless-experienced Veterans are associated with better housing outcomes among permanent supportive housing participants, including those in HUD-VASH.

To fill these knowledge gaps, we used administrative data from a group of 1,200 Veterans who enrolled in VA Greater Los Angeles' (GLA's) HUD-VASH program between October 2016 and September 2017 to examine whether employment at the time of HUD-VASH enrollment or engagement in GLA's vocational rehabilitation services after HUD-VASH enrollment was associated with attaining HUD-VASH housing. We also interviewed Veterans enrolled in GLA's HUD-VASH program who used VA vocational

rehabilitation services (n=28) and HUD-VASH staff (n=10) to characterize Veterans' experiences with vocational rehabilitation.

New information provided by the study

Veterans enrolled in GLA's HUD-VASH program can receive several types of vocational rehabilitation services offered through the VA GLA Healthcare System:

- Homeless Veteran Community Employment Services (HVCES) provides clinical and administrative Homeless Program team members who offer employment strategies for Veterans and develop resources both within the VA and the community to assist homeless-experienced Veterans in becoming employed. In alignment with the Housing First model, employment specialists are embedded within each VA GLA HUD-VASH Service Planning Area Team. This is a zero exclusion, rapid job search approach with competitive employment as the goal.
- VHA Vocational Rehabilitation - Compensated Work Therapy (CWT) provides realistic and meaningful vocational opportunities to Veterans recovering from chronic mental illness and chemical dependency that encourages optimal community reintegration and functioning.

Approximately 13% of our sample of Veterans enrolled in HUD-VASH had worked at least one day for pay in the 30-days before they enrolled in the program. Accounting for differences in demographics, homelessness history, and mental health diagnoses, the proportion of Veterans who attained housing was similar (59%/56%) across those who did and did not work in the 30-days prior to program enrollment (p-value = 0.51).

Approximately 7% of Veterans in our sample participated in VA's vocational services described above. This subset of Veterans may be more likely to attain housing compared to those who did not participate in VA's vocational services (66%/57%); this difference approached statistical significance (p-value: 0.09).

During qualitative interviews, Veterans and staff described housing stability as a crucial first step towards employment: Veterans needed housing *before* they could try to find a job. Many Veterans felt, in particular, that employment prevented returns to homelessness. After Veterans were housed, employment addressed factors that can contribute to premature negative exits from HUD-VASH (e.g., social isolation, depressed mood). Veterans who had housing and employment expressed strong motivation to maintain stable housing and employment to continually improve their quality of life. Some Veterans aspired to afford housing without HUD-VASH subsidies and wanted more desirable housing (e.g., closer to family) and valued employment that would help them achieve these goals.

Staff strongly valued vocational services embedded within HUD-VASH because they do not require a medical consult, which lowered barriers to accessing vocational services. Veterans in HUD-VASH often have multiple and sometimes competing needs, so requiring referrals to vocational services or engagement with other VA services (e.g., mental health) outside of homeless services can be a barrier. Staff and Veterans also valued how these services could be tailored to a range of Veterans' goals and level of engagement with other VA services. Veterans appreciated that they could access vocational rehabilitation within their HUD-VASH team to discuss their employment goals and challenges and that these services provided ongoing support even after Veterans achieved employment. However, staff noted that designating vocational rehabilitation specialists to HUD-VASH alone does not equate to true integration of vocational and housing services; often, members of the HUD-VASH team (e.g., housing case managers) were unaware of vocational services available to Veterans in HUD-VASH or did not prioritize employment as part of Veterans' recovery goals.

Nearly universally, Veterans highlighted the value of employment, which provides them with a “sense of purpose” (which many had not experienced while unhoused). Moreover, employment was described as therapeutic for mental health problems and provided a path towards enhancing community integration. Many Veterans desired jobs that allowed them to help others, especially other Veterans. A few Veterans, especially those receiving income related to a disability, desired volunteer vocational opportunities where they could help others and feel a sense of purpose, regardless of pay.

Clinical Relevance

These findings underscore the value of vocational rehabilitation services for Veterans in HUD-VASH; using vocational rehabilitation services may improve Veterans’ rates of housing attainment via HUD-VASH. Veterans participating in vocational rehabilitation services and staff viewed employment as protective against returns to homelessness and important for Veterans’ quality of life and recovery. However, a study limitation is that we did not interview Veterans enrolled in HUD-VASH who did not use VA’s vocational rehabilitation services, so it is unknown whether these Veterans also share these perspectives on the value of employment.

Our data suggest that embedding vocational services within HUD-VASH is useful, but it is important to optimize integration and coordination with other HUD-VASH services and providers. Vocational rehabilitation services could consider including volunteer opportunities as part of their portfolio, particularly those that foster a sense of “helping others,” since these opportunities may also provide therapeutic benefits.

References

1. Metraux S, Cusack M, Byrne TH, Hunt-Johnson N, True G. Pathways into homelessness among post-9/11-era veterans. *Psychol Serv*. May 2017;14(2):229-237. doi:10.1037/ser0000136
2. Hamilton AB, Poza I, Washington DL. "Homelessness and Trauma Go Hand-in-Hand": Pathways to Homelessness among Women Veterans. *Women's Health Issues*. 2011;21(4):S203-S209. doi:10.1016/j.whi.2011.04.005
3. Shaheen G, Rio J. Recognizing Work as a Priority in Preventing or Ending Homelessness. *The Journal of Primary Prevention*. 2007/07/01 2007;28(3):341-358. doi:10.1007/s10935-007-0097-5
4. Burt MR. Impact of housing and work supports on outcomes for chronically homeless adults with mental illness: LA's HOPE. *Psychiatr Serv*. Mar 2012;63(3):209-15. doi:10.1176/appi.ps.201100100