Health Care for Homeless Veterans’ Program at a North Idaho Agency

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Today within the United States there are about 1.4 million homeless veterans (National Coalition for Homeless Veterans, n.d.). This can be attributed to poverty, sub-standard living conditions and lack of community resources. The Department of Housing and Urban Development (HUD) estimates that 13% of the homeless populations are veterans, and, on any given night across our country roughly 62,619 veterans are homeless (National Coalition for Homeless Veterans, n.d.) although this count may not include all chronically homeless, sheltered and unsheltered service individuals. A veteran who is considered chronically homeless has a disabling condition and has been without housing for a year or experienced homelessness four times within three years (Defining Chronic Homelessness: A Technical Guide for HUD Programs, 2007) . A sheltered veteran is an individual who receives services from a friend, emergency housing, jail or prison, hospital, transitional or supportive housing (Defining Chronic Homelessness: A Technical Guide for HUD Programs, 2007). Defining Chronic Homelessness: A Technical Guide for HUD Programs (2007) reports an unsheltered veteran is one who lives in conditions that are not recommended for human habitation including streets, unoccupied buildings, vehicles, tents and warming centers.

As of 2013, Idaho Region 1, which includes the Shoshone, Benewah, Kootenai, Bonner and Boundary Counties, has the highest rate of homeless veteran population in Idaho (Homelessness in Idaho 2013 Point-in-time Count Report, 2013). Of the veterans in Kootenai County who identified themselves as sheltered homeless, 21 were male and 13 were female, and of the unsheltered individuals, 20 were male and four were female (Homelessness in Idaho 2013 Point-in-time Count Report, 2013). Of the veterans identified as homeless in Kootenai County, 48 reported chronic homelessness (Homelessness in Idaho 2013 Point-in-time Count Report,
HEALTH CARE FOR HOMELESS VETERANS

The report also recorded that from 2012 to 2013, Idaho’s homeless veterans who sought shelter dropped from 184 to 162, and the individuals self reporting as unsheltered also dropped from 76 to 45 (Homelessness in Idaho 2013 Point-in-time Count Report, 2013). Although there was a decline in homelessness veterans in 2013, the number of this population remains the highest in Region 1 compared to all other regions in the State of Idaho.

Homeless veterans commonly suffer from psychiatric and physical health problems. For example, this population may suffer with one or more addictions, psychoses, vascular diseases and other general medical conditions (Goldstein, Luther, Haas, Appelt, & Gordon, 2010). Homeless veterans also struggle with managing their medical illnesses. Specifically, when individuals do not have stable housing, the treatment process can be difficult. Community resources such as local jails and hospitals also undergo a strain when homeless veterans need to use them as temporary shelters and treatment centers. The primary method for homeless veterans is accessing a stable housing model and applying for services through Veteran Affairs (VA) and Social Security (SS) (Chen, Rosenheck, Greenberg, & Seibyl, 2007). At times, however, chronically homeless veterans are unable to meet the demands of most housing agencies’ conditions of maintaining sobriety, utilizing treatment, or caring for their basic needs. In light of the many programs designed to help homeless veterans, data on success rates for permanent housing solutions for this population is lacking.

This study aims to determine whether veterans and their families who left the Health Care for Homeless Veterans’ (HCHV) program were able to maintain stable housing and, therefore, to determine the effectiveness of the HCHV program in treating homeless men and women. This study examines the HCHV program established to provide services to homeless veterans in the community. These services at the north Idaho agency link veterans and their families with case
management services and provide access to VA mental, physical health assistance and substance abuse treatment in lieu of forcing on the homeless treatment model.

The mission of social work includes enhancing clients’ wellbeing and meeting the needs of all humans, especially individuals who are vulnerable, oppressed and impoverished. The effect of homeless veterans extends to every city, town, community, individual and family. Society needs to remember that each year more and more new veterans and their families struggle with homelessness. Furthermore, the Social Work Code of Ethics found that when social workers partner alongside their clients to assist in overcoming struggles and allow the individuals the opportunity to change and address their own needs, outcomes are more successful (Code of Ethics (English and Spanish), 2008). The Veterans’ Housing recognizes that every resident is unique and requires individual assistance. Veterans facing medical or physical conditions should be housed because of their immediate needs, not compliance with the housing treatment model. When the clients of this program work to overcome their struggles, they strengthen their dignity and self-worth and become equipped to work on the challenges that placed them in a homeless situation. Unlike most service providers for homeless veterans, the Veterans’ Housing Program allows this population and their families housing prior to offering specialized treatment services in case management to incorporate mental, physical and substance abuse rehabilitation to these unique needs.

**Review of the Literature**

In America, veterans are at an increased risk for homelessness as compared to the general population, particularly the individuals who served in the Armed Forces (Tsai, Mares, & Rosenheck, 2012). After the Civil War from 1874 to 1878, the number of homeless veterans rose by half (Markee, 2013). Many of the individuals of this time who were riding the rails and
congregating in the cities were the Civil War veterans (Markee, 2013). A large majority of the homeless veterans during this period had suffered physical injuries and trauma during the war. The Great Depression period marked another homelessness crisis which severely affected the veterans that came home from World War I and II (Markee, 2013). In the 1940s, New York City saw an increased need for emergency shelters, where as many as 900 men resided after serving their country (Markee, 2013). These veterans would have continued to be affected by homelessness if the United States had not at this time experienced a national economic upturn and provided benefits for these veterans from the G.I. Bill (Markee, 2013). The general public again saw a link between homelessness and veterans during the Vietnam War era. A large majority of Vietnam veterans were unable to find work after being discharged, and the majority of the men sleeping on the streets were armed forces veterans. Also, many veterans who struggle with homelessness after combat tend to experience post traumatic stress disorder, substance abuse and physical disabilities (Carlson, Garvert, Macia, Ruzek, & Burling, 2013). By observing the veteran population, we can see several indicators that lead these individuals into a homeless situation. Within the 1970s and 1980s, there was a considerable decrease in available and affordable housing, reduction in demand for seasonal, unskilled laborers, a decrease in public benefits, and dramatic change in the standards for admission at mental hospitals (Harper-Rotem, Rosenheck, & Desai, 2011).. The lack of these community resources led to the increased visibility of the homeless veterans who had served their country and were living and dying on the streets. Veterans experienced several issues after returning from service, including not receiving services needed to prevent them from becoming homeless (Harper-Rotem et al., 2011). At risk veterans returning from service may need a transitional period in which the veteran receives assistance with the struggles that may place them at risk for
homelessness (Goldstein et al., 2010). This transitional period should include assisting these veterans with the numerous health problems that they may have experienced, along with addiction recovery assistance, psychological treatment, and general medical needs.

Returning veterans’ ability to maintain stable housing is limited when they are struggling with addiction disorders, mental illnesses, and unmet medical needs. As of November 2011, 6,320 servicemen were killed in the line of duty, and an estimated 100,000 have experienced wounds and injuries during their deployment (Gibson, 2012). Typically, veterans returning home have lost all income sources while deployed because they return with physical or mental conditions that prevent them from maintaining employment (Gibson, 2012). Even if they are able to obtain treatment for their conditions, the lack of housing options may place them without housing. Some servicemen who are able to locate housing struggle to maintain their housing due to lack of supportive services.

Lack of supportive services, affordable housing, and the loss of wages has placed a strain on many returning veterans. Therefore, in order for servicemen and women to overcome these struggles, supportive services are required. The government and Veteran Assistance set up a program called the Health Care for Homeless Veterans’ (HCHV) which provides medical and psychiatric care in community facilities, and this program is set up for veterans, whether they suffer from mental illness or not (Perl, 2013). Perl (2013) claimed that of those veterans participating in HCHV programs, 55% had serious psychiatric problems, 60% are dependent on drugs and/or alcohol, and 36% have both a psychiatric and substance use disorder.

The primary model of service delivery includes assisting with the needs of the homeless veteran population with emergency shelter, temporary shelters and/or transitional housing. However, most shelters will provide 90 days of temporary housing. If a veteran is not placed into
a transitional or permanent housing facility at the end of their 90 days, these individuals usually end up back on the streets.

Veterans’ housing programs offer temporary housing, rather than emergency shelters. The HCHV and HUD provide transitional housing up to but no longer than 24 months. Under these programs, the majority of clients work to achieve sobriety and remain compliant with their psychiatric care from the VA or private provider to maintain their place in the housing program (Garcia-Rea & LePage, 2008). When the individual does not comply with the program rules, this constitutes a violation and a repeated incident of homelessness.

With the new population of veterans who are returning home from war, many cities across the United States have implemented a Housing First treatment model (Tsai et al., 2012). This program focuses on the immediate need for stable housing and then provides supportive services. The Housing First model for veterans focuses on services to address drug and alcohol disorders along with psychiatric treatment for any crisis they may have experienced (Tsai et al., 2012). This treatment model allows for homeless veterans to receive immediate and private housing, regardless of sobriety (Tsai et al., 2012). The level of supportive services that go along with this model is based on each individual’s needs. These services can include mental healthcare, medical care, job counseling, and case management.

A number of studies show that positive outcomes with homeless veterans who receive public support through HCHV increased significantly when exiting the program (Chen et al., 2007). When veterans are placed in stable housing, they are able to focus on their mental and physical health conditions. Research has shown that if supportive services are able to assist with demographic characteristics, substance use disorders, and severe mental illnesses, the risk for homelessness is lessened (Edens, Kasprow, Tsai, & Rosenheck, 2011). However, if substance
abuse and mental health disorders go untreated, these veterans are vulnerable to becoming homeless. The best way to permanently affect change is to place individuals in housing and then address their physical and mental health needs (LePage & Garcia-Rea, 2008). When veterans have received needed mental and physical health treatment within their communities, they are at lower risk for homelessness.

Many housing assistance programs for veterans are moving to the aforementioned Housing First Treatment Models (Chen et al., 2007). The research has demonstrated that meeting the initial housing, psychological, and physical needs of veterans has been most effective in reducing the risk for homelessness among this population (Chen et al., 2007). The intention of this study is to consider the effectiveness of the current Health Care for Homeless Veterans’ grant.

Methods

The purpose of this study was to determine the effectiveness of the current Health Care for Homeless Veterans Housing Program in helping veterans maintain permanent housing after completing the program. The Housing Center of Coeur d’Alene has provided a Housing First Model and supportive services to homeless veterans and their families since 2009. Tasi, O’Connell, Kasprow, & Rosenheck (2011) that utilized a survey, found that Veterans’ Affairs, Supportive Housing Program is successful at assisting individual in maintaining permanent housing after leaving the housing program.

Sample

The research conducted was a convenience sample that consisted of 100 veterans who completed the Health Care for Homeless Veterans’ Program during the time period of January 2009 through August 2012. The Veteran Housing Program was located in Kootenai County,
Idaho. Both males and females of all ages, races and ethnicities were asked to participate in the research that was conducted. The veterans eligible for the housing program were selected based on their applications and the initial interview performed by the Housing Program. An eligible individual for the veterans housing program is any veteran that has been given an honorable or dishonorable discharge. The veterans who utilized the Health Care for Homeless Veterans’ Program had to have a disability, which could include developmental, physical or mental (including substance abuse issues). The veteran also needed to be considered chronically homeless in order to qualify.

The study utilized a quantitative exploratory design using a survey. The survey allowed for the ability to ask questions, and minimized or eliminated the bias or judgment that the researcher may have had with the participant involved. In measuring the effectiveness of this program, it was important to insure the data was current and reliable. This is an exploratory study because the purpose was to examine the effectiveness of the Health Care for Homeless Veterans’ Program.

Instrumentation

In the survey for completion of Health Care for the Homeless Veterans’ Program, quantitative data was collected from veterans that participated in the program. Variables and described levels of measurement were inquired of the veterans in order to properly examine their participation in the housing program.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Level of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age?</td>
<td>Ratio</td>
</tr>
<tr>
<td>Gender?</td>
<td>Nominal</td>
</tr>
<tr>
<td>Marital Status?</td>
<td>Nominal</td>
</tr>
</tbody>
</table>
The data was collected from participants who had completed the Health Care for Homeless Veterans’ Program in North Idaho. While surveys were taken and data collected, office doors were locked, thus securing access of data to the researchers. No identifying data was required while completing the survey. The survey questions answered by participants were kept in a locked office at the north Idaho agency. All raw data was returned to the Veterans’ Housing supervisor in North Idaho.

Descriptive statistics will be run on all variables. Data was analyzed in order to answer the following questions.
1. Is there a relationship between how participants answered completing the program requirements helped in overcoming homeless and how participants answered the ability to maintain permanent housing after leaving the Health Care for Veterans Program?

2. Is there a relationship between how a participant answered if being referred to community resources was helpful in overcoming homelessness and how participants answered if the case manager was helpful in assisting with overcoming homelessness?

3. Is there a relationship between how participants answered if the household income has increased or decreased after leaving the Health Care for Veterans’ Program and how participants answered the ability to maintain permanent housing after leaving the Health Care for Veterans’ Program?

4. Is there a relationship between how participants answered if Transitional Housing was helpful in assisting veterans successfully maintain permanent housing and how participants answered how much of the program was completed?

5. Is there a relationship between if participant answered married or not married and how participants answered if income has increased or decreased in the household after leaving the Health Care for Veterans’ Program?

6. Is there a relationship between how participants answered if they had children under the age of 18 while in the Health Care for Veterans’ Program and how participants answered on the ability to maintain permanent housing after leaving the Health Care for Veterans’ Program?
7. Is there a relationship between if participants answered male or female and how participants answered on being able to maintain permanent housing after leaving the Health Care for Veterans’ Program?

8. Is there a relationship between how participants answered on the overall experience at Health Care for Veterans’ Program and how participants answered no how much of the program was completed?

9. Is there a relationship between how participants answered on the overall experience at Health Care for Veterans’ Program and how participant answered on being able to maintain permanent housing after leaving the Health Care for Veterans’ Program?

10. Is there a relationship between how participants answered on feeling safe while at the Housing Program lead and how participants answered on how much of the program was completed?

The Institutional Review Board (IRB) at Lewis-Clark State College has allowed this research project to be conducted. The research personnel ensured the information obtained was held in confidence because of the sensitive nature of the data.

Bias

The information gathered for this research study was collected by phone survey only. This survey excludes part of the homeless veteran population who are without phones. These surveys also exclude veterans with unlisted or updated phone numbers. Also excluded within this study are individuals who were not at home or could not answer the phone during the time the survey was conducted.

The answers from the participants depended on how they viewed the questions, which can affect the final outcome of the survey. The research was limited to homeless veterans who
received services from Veterans’ Housing Program, which causes a bias in this research study. Data was not collected from any participant who could not speak English or answer the research questions, thus excluding all individuals who were unable to understand the English language.

Assumptions/Limitation

The research was based on the assumption that past clients that participated in the Health Care for Homeless Veterans’ Program would participate in the survey. It was also assumed that the veterans that participated in this report concerning the Veterans’ Housing Program answered the questions accurately and with honesty. It was also assumed that a cross section of homeless veterans was represented within Region 1 in Idaho.

The research was limited to the Kootenai County area of Idaho, but the study would have benefited from a much larger sample of Homeless Veterans. The individuals that participated in the survey were limited to Kootenai County, Idaho. With increased resources and time, this study would do well to participate in follow-up data collection with the veterans to determine their ability to maintain long-term, stable housing after completing the program.

Results

Sample

The sample consists of 10 individual program participants who utilized services from Health Care for Homeless Veterans’ Program during the period of January, 2009 through August, 2012. These participants had completed or been out of the program for at least one year. Of the people participating, the ages ranged from 32 to 65 years old, with an average age of 55, give or take 10 years. The participants identified themselves as 100% male with no female participants. The following tables and charts contain the information obtained from the surveys
completed by these participants. An explanation of the qualitative data has been outlined and is based on the data obtained from the surveys that were conducted.

Table 1 shows the number and percentage of the participants’ average age while obtaining services from Health Care for Homeless Veterans’ Program. This measurement was taken at the time the survey was conducted.

Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 32</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>45</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>53</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>55</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>59</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>61</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>63</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>65</td>
<td>1</td>
<td>10%</td>
</tr>
</tbody>
</table>

Table 2 shows the number and percentage of participants in regard to their marital status while participating in the veteran’s assistance program. This measurement was taken at the time the survey was conducted.

Table 2

<table>
<thead>
<tr>
<th>Marital Status while Participating in the Program (n=10)</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Married</td>
<td>9</td>
<td>90%</td>
</tr>
</tbody>
</table>

Table 2
Table 3 shows the number and percentage of participants who had children under the age of 18 while participating in the program. This measurement was taken at the time the survey was conducted.

Table 3

*Children Under the Age of 18 while Participating in the Program (n=10)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>70%</td>
</tr>
</tbody>
</table>

Table 4 shows the number and percentage of the participants and their feelings of safety while participating in the program. Participants rated their feelings of safety on a scale of one to ten, with one representing unsafe and ten representing very safe. This measurement was taken when the participants completed the survey after leaving the program.

Table 4

*Felt Safe While Participating in the Program (n=10)*
Table 5 shows the number and the percentage of the participants in regard to their overall experience while participating in the program. Participants rated their feelings and perception of their overall experience in the program on a scale of one to ten, with one being a very bad experience and ten being a great experience. This measurement was taken when the participants completed the survey after leaving the program.

Table 5

<table>
<thead>
<tr>
<th>Overall Experience in the Program (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>Rating 1</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>
The data gathered for the survey considered the different areas of participation and completion of the program requirements to determine if these factors lead to permanent housing. The data was used to measure the status of housing when the participants exited from the program. Data was also recorded to measure some of the obstacles that may prevent participants from achieving permanent housing. The ability to track the participants’ progress after leaving the program will assist in determining which opportunities assisted in overcoming homeless barriers.

Descriptive statistics were performed on the completion of the program to determine the clients’ ability to maintain permanent housing after leaving the program. Chart 1 and 2 represents whether the clients felt they completed the program, as well their ability to maintain permanent housing after leaving the program. A comparison of each variable was conducted to determine whether completion of the program leads to maintaining permanent housing. Of the participants, 70% felt that they had completed the program while 50% stated that this led to permanent housing.

Chart 1 depicts whether each individual felt they completed the program. The survey gave the participants the opportunity to rate the degree of completion on a scale of one to ten, with one representing that they did not complete the program and ten representing completion of the entire program. This measurement was collected during the completion of the survey.
Chart 2 gives a percentage representation of each participant who does or does not feel that they are now able to maintain permanent housing after exiting the program. Participants rated their ability to obtain permanent housing on a scale of one to ten, with one representing the inability to obtain permanent housing and ten representing having obtained permanent housing.

Chart 3 represents descriptive statistics that were completed on the income data portion of the survey completed by the program participants after exiting the program. The percentage representation indicates whether the participants’ income increased, stayed the same, or...
decreased upon exiting the program. Results show that within at least a year’s time or more, there was an increase in income for 20% of the participants, while 60% of participants stated that their income had stayed the same.

Chart 4 gives an overview of the perceived success of community resources in assisting individuals in overcoming barriers of homelessness. Descriptive statistics were run on the data collected from past participants that depicted the helpfulness of community resources in overcoming homeless barriers. These statistics are given as a percentage.
Frequencies were run on the data to be able to see if case management assisted with overcoming homeless barriers. Chart 5 is a percentage representation measured by the participants’ opinion of the success of case management in helping overcome homeless barriers after exiting the program.
Analysis

A correlation sample was conducted to explore the relationship between program completion and case management assistance. There was a significance correlation between completion of the program and participation in case management p<.001. Of the 10 individuals who reported on completion of the program and case management, 7 participants indicated over a 5 on completion of the program, while 3 participants rated their completion as 4 or under. The average percentage of participants who felt they completed the program was 70%. The percentage of those participants who felt that case management was helpful in overcoming homeless barriers was 70%. These results suggest that participants who completed the program also participated in case management, and felt it was successful.

A correlation sample was conducted to compare program completion with the participants overall experience in the program. There was a substantial relationship between the completing the program and the clients’ experiences p<0.05. Of the 10 individuals who participated in the study, 8 reported having a good experience while completing the program, while 2 individuals reported a negative overall experience. The average percentage of the individuals who were able to complete the program was 70%, and those who felt the experience was positive overall was 80%. The average percent of individuals who did not complete the program was 10%, while the percentage of those who felt the overall experience was negative was 20%. The results suggest that most of the participants who completed the program had a good experience.

A correlation sample was conducted to compare program completion with feeling safe in the program. There was a significant correlation between feeling safe while in the program and completing the program p<0.05. Of the 10 individuals who participated in the study, there were 9
participants who felt safe while involved in the program, and 1 individual who did not feel safe. While 70% of participants felt they completed the program, 90% felt safe while involved in the program. While 30% felt unsure of their program completion, only 10% felt unsafe in the program. The results suggest that if the individual felt safe while in the program, they were more liable to complete the housing program.

A correlation sample was conducted to compare completing the program and obtaining permanent housing. There was a significance relationship between the completion of the program and obtaining permanent housing p<0.05. Of the 10 individuals participating in the study, 7 participants completed the program and 3 did not. The average percentage of individuals that felt that they were able to maintain permanent housing was 80%, while the program completion was 70%. The average percent of individuals that did not feel that they could maintain housing was 20%, while those who did not complete the program was 30%. These results suggest that the participants who completed the program were able to maintain permanent housing.

An independent sample t-test was conducted to compare if having children under the age of 18 affected the participants ability to obtain permanent housing. There was significant evidence to imply that participants with or without children under the age of 18 were able to obtain permanent housing p<.001. The individuals who had children rated higher on being able to obtain permanent housing than individuals who did not have children. There were 3 participants with children who completed the program, and 7 without children who completed the program. These results suggest that having children did not hinder the participants’ ability to maintain permanent housing after leaving the program.
A side-by-side correlation sample was conducted to compare case management and the assistance of local resources in overcoming homeless barriers. There was not a significance relationship between the assistance of case management and the assistance of local resources in helping overcome homeless barriers. A correlation sample was conducted to compare the amount of income after leaving the program and the ability to obtain permanent housing. There was not a significant correlation between amount of income and the ability to obtain permanent housing. An independent-sample t-test was conducted to discover whether being married or single affected the participants’ income fluctuation after completing the program. There was not a significant correlation between being married or single and income increasing or decreasing.

**Discussion and Implications**

This is the first study conducted to observe the outcome of the Veterans’ Housing Program. Although the study is small, the findings provide evidence that the Veterans’ Housing Program can promote housing stability for veterans. Effectiveness of the program was measured by several variables, including program completion, permanent housing, safety, local resources, case management, income, and overall experience. The Health Care for Homeless Veterans sustained an approximate 70% for program completion. More importantly, the results indicated that after completion of the program, 80% of the individuals have been able to maintain permanent housing.

In order to provide compliance with the grant provider, U.S. Housing Urban Development, the North Idaho agency is required to provide measurement for goals and objectives for the healthcare of all the participants in the program. This research study was able to provide a tangible outcome to the requirements listed below.
Goal 1: Homeless veterans and their families are required to save 30% of their income now or from future income sources. Objective 1: 100% of the veterans will place at least 30% of their monthly income into a savings account each month to be used to cover their own permanent housing costs once they have left the veterans’ housing program. Goal 2: Veterans and their families will increase their health, skills and income. Objective 1: Veterans who come into the Veterans’ Housing Program without a treatment plan will develop and follow the treatment plan that is implemented by the VA doctor and the treatment team. Objective 2: Veterans who come into the program with health and human services benefits will receive entitlement benefits within 6 months. Goal 3: Veterans and their families will increase their self-determination. Objective 1: The veterans and their families will achieve at least 10 goals that will assist them in overcoming their homeless barriers or improve their potential of maintaining permanent housing (St. Vincent de Paul of North Idaho, p. 2-3).

The findings of this study indicated that the program met, and in some instances exceeded, the goals and objectives previously mentioned. In observing the goal of permanent housing for veteran individuals/families, all the objectives were satisfied. 70 percent of the individuals who came into the program remained in the program until they were able to maintain permanent housing for a period of six or more months. The study identified that there was a 60% increase in the number of participants who were able to stabilize or increase their financial resources before leaving the program. Both of these measurements indicated that the goal of assisting participants to increase their financial resources and the ability to maintain housing was satisfied. In identifying that participants were completing the program, participating in case
management, and increasing income, this study was able to show that the program was successful in helping participants achieve greater self-determination and self-reliance.

All of the participants in the study met the HUD-VASH definition of homelessness when entering the program. In addition, participants were significantly unemployed, experienced poor physical health, mental health, and poor rental histories. Unemployment, poor physical and mental health, and poor rental histories can all be significant barriers to obtaining and maintaining permanent housing. Despite the challenges these individuals face, 70% of the study sample remained engaged in housing for a period of 6 or more months.

The immediate benefit of the Veteran Housing Program in providing services to the veteran population who were directly placed into housing was that this allowed the opportunity to work on their health care and homelessness. However, program providers need to be aware that housing alone does not resolve other struggles that can impede the individual or family in obtaining successful permanent housing. It is important for case managers to understand that maintaining housing stability will require a supportive and flexible service approach that will focus on assisting individuals to overcome homelessness.

The limitations of the study include the limited sample size and the limited current phone numbers of the participants who could have been contacted to compare all the goals and objectives have been put into effect by the Veteran Housing Grant. Another limitation was that this research was conducted through a phone survey, which excluded all veterans and families who had unlisted or updated phone numbers. Further research conducted in regard to the treatment of substance abuse, physical and mental health, and how that treatment assisted in overcoming homeless barriers would be beneficial. A limitation of this study included the
difficulty of keeping updated contact information after exiting the program in order to better measure the long term impacts of the housing program.

This program utilizes promising techniques and approaches focused on ending homelessness among veterans. Further research should focus on how the veteran programs might be used with other individuals and families who are struggling with homelessness. It is essential for the veteran’s housing program to ensure that there is a contingency in place that holds units for veterans who need to leave the program on a temporary basis. These excused absences from the program could be to seek needed medical treatment, substance abuse recovery or searching for employment or housing outside the Coeur d’Alene area. To compare the effectiveness of the Veteran Housing program, research should focus on determining the degree to which the participants who receive housing and services were impacted.

Further research also needs to be conducted to compare the effectiveness of the Healthcare for Homeless Veterans’ Program and the coordination of services through the VA and the Veterans representatives. It is essential that these agencies coordinate their services in order that veterans and their families receive services to which they are entitled, but may not be receiving. Coordinating services will enable agencies to better meet their clients’ needs as well as their own. Research needs to be conducted to compare the effectiveness of the Veterans’ Housing Program and the VA, along with the VA representatives.

Assistance in overcoming the struggle of homelessness among veterans is contingent upon the development and implementation of support services designed to obtain permanent housing. Through the Veteran’s Housing Program, North Idaho agency has taken the steps to provide these services to work toward the goal of ending veteran homelessness.
References


