USC School of Social Work

Understanding the Behavioral Health Needs of Veterans who are Homeless

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Goals for this Presentation

- To understand the challenges facing veterans who are homeless.
  - Trends, barriers to service, and current community collaborations.
- To inform service providers on areas of need for these veterans.
- In particular the need for a greater awareness around prevention and treatment for STD.

Background

- Research suggests that approximately 2.3 to 3.5 million people are likely to experience a period of homelessness in a given year (Burt, 2004;
- Estimates of the proportion of veterans in the homeless population range from 18% to 49%, a high figure considering veterans make up only 12.7% of the population (Gamache, Rosenheck, & Tessler, 2001; O'Toole, Conde-Martel, Gibbon,

Background (cont.)

- The National Alliance to End Homelessness estimated that 495,400 veterans experienced a period of homelessness in 2006.
- Los Angeles has more homeless people than any other U.S. city and the highest concentration of homeless veterans in the country (Nakashima, Burnette, McGuire, & Edwards, 2006).

Background (cont.)

- Most of the homeless population in the Los Angeles metropolitan area is concentrated in a 50-square-block area known as Skid Row, and recent studies illustrate that at least 16% of the homeless population in the Skid Row area are veterans (Los Angeles Homeless Services Authority, 2009).

Background (cont.)

- In response to the large and increasing number of veterans experiencing homelessness, the Dept. of Veterans Affairs has targeted ending homelessness for veterans and has initated a series of community collaborative efforts to meet this goal.

Barriers

- Despite this goal of ending homelessness, several barriers still exist for veterans who are homeless to receive services in order to move off of the streets.
- These barriers consist of cultural, institutional, and attitudinal obstacles that may prevent homeless veterans from using these services (Burnam et al., 2008).

Barriers (cont.)

- Among homeless veterans, almost 50% suffer from severe mental illness and approximately 70% have substance use problems (USICH, 2010b); additionally, mental illness and substance use often co-occur in this population (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

Barriers (Cont.)

- Homeless persons are at high risk of developing short- and long-term health complications, including acquiring infectious diseases (Levy & O'Connell, 2004).
- Substance use and poor mental health are associated with risky sexual behaviors that may lead to acquiring and transmitting STIs, including HIV (Hutton, Lyketsos, Zenilman, Thompson, & Erbelding, 2004; Klein, Elifson, & Sterk, 2008; Reisner, Mimiaga, Safren, & Mayer, 2009).

Barriers (cont.)

- Despite this elevated risk of sexually transmitted infections, few programs are geared to address these risks specifically among homeless populations (Strauss, Bosworth, Stechuchak, Meador, & Butterfield, 2006;Author, 2010; Valdiserri, Nazi, McInnes, Ross, & Kinsinger, 2010).

Barriers (cont.)

- Among veterans with mental health problems, misconceptions about HIV risk are common (Strauss et al., 2006). In a random sample of sexually active homeless veterans who were interviewed in Skid Row, 6% of veterans (compared to 1% of nonveterans) reported having been told by a health care provider that they are HIV positive; an additional 14% of veterans and 3% of nonveterans reported having a reason to believe that they are HIV positive (Wenzel, 2011).

Focus of Study

- We focused on discovering what are the perceived behavioral health needs of homeless veterans.
- We define behavioral health to include mental health, substance use, and sexual behaviors that place one at risk of HIV and other sexually transmitted infections.

Methods

- From January to March of 2011, we conducted four focus groups with veterans (*N* = 39) currently receiving services on Skid Row.
- Veterans were recruited from four major service agencies in the skid row area: a single room occupancy (SRO) hotel serving homeless veterans, a non-VA veterans-only shelter, an employment center for individuals who are homeless, and a large shelter that had contracted with the VA to provide 200 veteran-dedicated beds

Methods (cont.)

- We also conducted two focus groups, with four to seven participants each, held with service providers (*N* = 11) from these same four programs in the skid row area.
- The purpose of these groups was to offer triangulation of the findings from the veterans' focus groups in order to further clarify the type, nature, and goals of services provided to veterans who are homeless.

Methods (cont.)

- A semi-structured guide was used to lead the discussion. The questions included (1) the kinds of services that homeless veterans can obtain on Skid Row, including behavioral health, employment, and housing, as well as where such services are obtained, (2) what is most helpful and least helpful about these services and how they could be improved, (3) what services are needed but not available or hard to obtain, and what services they wish to receive. We also asked about (4) their awareness of HIV preventive services, testing, and treatment.

	Mean age (*SD*)	African American (%)	Latino (%)	White (%)	GED/High School (%)
Site 1[a]	55 (9.47)	85.71	14.29	0	100
Site 2[b]	52.5 (6.66)	83.33	16.67	0	100
Site 3[c]	53.86 (7.34)	85.71	0	14.29	100
Site 4a[d]	43.5 (9.52)	66.67	33.33	0	100
Site 4b[d]	49.57 (7.72)	85.71	0	14.29	100
Site 4c[d]	48 (10.86)	33.33	16.67	50	100
All Sites	**50.59 (8.98)**	**74.36**	**12.82**	**12.82**	**100**

Findings

- Overall, veterans felt that the VA and its community partners did a “very good” job at addressing their Mental Health, physical health, and substance issues.
- Veterans also felt that they had a good understanding of the services that can be provided and where to receive them.
- Veterans felt the quality of care from the VA was “excellent”.

Findings: Attitudes

- We noticed a difference between recent veterans and longer-term veterans. This was even more manifest in how the veterans saw themselves and what it meant for the services they needed:

Findings: Attitudes

- Veterans noted difficulties in learning of the services that were available and so they relied primarily on word of mouth from each other, with secondary attention given to their VA liaison. They expressed a preference for learning and navigating the system, adding that the VA or their liaison doesn’t always know of services before their peers. In fact, many reported informing their liaisons of services they were otherwise unaware of.

Attitudes toward Service

- There was additional frustration about how they were approached and categorized had wide-ranging consequences in terms of what options participants felt were available to them. While the veterans reported being grateful for the services they received, and the fact that this kept them from having to live on the streets, they noted another area of frustration stemming from the perceived lack of long-term planning or support from the VA. In particular, there were two areas in which veterans felt frustrated: career services and housing.

Attitudes toward Services

- “These systems are archaic. They need to reevaluate, upgrade. They are stuck back in the 80s. Like job training -- they need to have computer training. There needs to be some outreach to specific companies who need people to work. There is not enough effort on [the VA and VA contractors’] part to get us careers, not jobs.”
- “They don't deal with you on an individual basis. To them, everybody has used drugs, is no good at managing money, is stupid and is unemployable—because if you are here you must be no good.”
- “Demographics have changed here, and drugs is not the problem. It's the economy and people are here for different reasons. But the staff haven't changed.”

Employment

- Regarding career and employment help, one veteran remarked that the VA offers “jobs not careers.” Most of the respondents indicated that they were directed to becoming a janitor or security guard (both hourly wage jobs with no benefits).
- One of the poignant facts often brought up was that the veterans were trained for their higher skill jobs during active duty, and they felt the VA approach was an abandonment of their military commitment, and thus, a further painful reminder of their current homeless status, and the feelings of powerlessness that they associate with this change in status.
- They voiced concern over the need to attend substance use groups or VA job training programs rather than having the VA pay for specific classes or skills.

Employment

Many respondents indicated that they had long-term career or employment histories, and that they simply needed to update their job skills. For example, one respondent who is a computer programmer wished to learn newer programming languages. Another respondent was an electrician who needed to be recertified through an eight-week program. A third respondent was a marine architect whose privately owned business went bankrupt and who needed a place to stay while seeking new employment. Most respondents noted that the shelters in which they were staying did not offer this flexibility, and instead encouraged the one-size-fits-all approach. This lack of flexibility, especially when the needed responses are less cumbersome than the standard agency approach of complete job training for low skill jobs, again seen as “jobs and not careers” was a source of severe anger in all veteran focus groups

Housing

- The VA and HUD have created a joint program known as VASH, to offer section 8 vouchers to veterans. Those veterans seen as in most severe need are the priority focus of this program. However, veterans and providers reported a great deal of confusion amongst the veterans over this program.

Housing

- I asked counselor what status of VASH was and he said no one is getting on that until they clear the current list. And I said, OK, how many people on the list? He said 1,500 people, and I asked how long would it take to clear that many people and he said it was unknown, but that I wouldn't qualify anyways since I had not been homeless long enough nor had a drug or alcohol problem. Then he said, but you might be able to get on the list. So again I asked how. He said there isn't a list and I said—so I said, what are you telling me, that I have to wait to get on a list that doesn't exist, but first I have to wait ‘til 1,500 people are cleared from that list that doesn't exist? He said, well, it is on hold and I can't tell you more.

Housing

- Veterans also felt there were mixed messages in housing options- such as VASH vs. SRO's.

- "this is what I don't like; these programs encourage bad behavior. You can't get benefits unless you do something stupid or do something against the law. Hey if you're on drugs, oh no problem, the door is wide open to you - here's money, here's food, here's everything you want. But if you are trying to lead a decent life you ain't getting nothing from them."

HIV

- “The way I look at it, you're homeless and you don't have a job, who is going to sleep with you anyways?”
- Veterans reported that many were getting tested, but few had information on the risks of STD/HIV transmission.
- In separate work we are finding high levels of risky behavior.

HIV

- To date, to our knowledge, the VA has no specific HIV-related program or literature it shares with staff or veterans, although respondents reported frequent encouragement to get tested.
- They reported being tested most often in mobile clinics in skid row.

HIV

- One shelter offers free condoms in its office if veterans ask, but otherwise does not ask about or promote safe sex or drug use.
- Other providers did express interest in learning more about what they could or should do regarding HIV prevention, but are unaware of where they might get this information.

HIV

- Providers in our focus groups acknowledged that no training or discussion related to HIV occurs in their social service organizations.
- Some providers indicated that they were not comfortable talking about HIV with veterans.

Conclusions

- Veterans feel that they do have a safety net in the community.
- The VA and its community partners are offering quality care for health, mental health and SA.
- Since this study was initiated, the VA has begun an effort to improve HIV prevention and awareness.

Conclusions

- There are areas of service delivery that can be improved:
  - A realization that the type of veterans in skid row are changing.
  - Better attempts at “career” training vs. job training.
  - Clearer guidelines for housing services, and who is eligible for certain programs.

Conclusions

- An urgent need for improving provider training and available services to prevent and treat STD/HIV.
  - Increased testing through the VA and its affiliated services
  - Reducing risky behavior
  - EBP for HIV prevention

Questions?

- Thank you to all the veterans who participated and our study team!