REducing Veteran Homelessness in Washington, DC

A thesis presented by

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DEDICATION

This effort is dedicated to my mother, Mertella Vernon in memoriam. She was my biggest supporter in good and bad times. She was the best mother, anyone could ask for, and I appreciate her teaching me love, respect, and leadership. Her teachings remain very special in my heart and life. She taught me how to do a lot with a little and taught me how to be steadfast, patient, and courageous.

This effort is also dedicated to Rev. Dr. Julius Augustus Bailey in memoriam. He provided the foundational elements of discipline and courage and taught me how to be a leader in times of unpopularity. He instilled honesty, honor, integrity, and commitment, encouraged personal and professional development through mentorship, religiosity, and fatherhood. He was an amazing brother, father, and friend.

Finally, this effort is dedicated to Rev. Louise Bailey for her love, support, and guidance. You have been a second mother and a special friend. Your support means a lot to me. You are continually in my heart, my thoughts, and my prayers. You taught me the true meaning of tough love for I am forever grateful. You are and forever will be, my mother.
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Thanks to my former research advisor Dr. Neenah Estrella-Luna, former Associate Teaching Professor at Northeastern University, for her tremendous contributions and mentorship during the early stages of this process. Thanks to my family in Jamaica for believing in me and pushing me to my fullest potential. Thanks to my sister Charlene for all her support. Finally, thanks to Professor Leon W. Hutton, Professor at Webster University, for his leadership and recommendation to the Doctor of Law and Policy program.
ABSTRACT

The impacts of homelessness in the United States are significant, causing severe social, socioeconomic, psychosocial, physical, and other psychological impacts on many individuals, subcultures, and social institutions for decades (American Psychological Association, 2017). Various factors contributed to the high levels of homelessness including inadequate resources and lack of interests in this subject due to social stigmas. The study was conducted in Washington, DC. The District of Columbia currently has one of the largest homeless populations in the U.S. and had the highest national increase in homelessness in 2016 at 14% (Pitofsky, 2017). The purpose of this exploratory study is to examine the issues contributing to, and prolonging the high levels of homelessness among veterans in the District of Columbia (DC).

The present study hypothesized that non-governmental entities provide access to services for veterans experiencing homelessness with better efficacy than federal efforts. To test this hypothesis, convenience and purposive sampling were employed generating participation from sixty-one veterans who are homeless, representatives from Veterans Affairs (VA), and three non-profits. The methodological approach in this study allowed gathering and synthesizing data using interviews, surveys, document reviews, and analysis using various statistical tests. Results showed shared interests exist among VA and non-profits, collaborating on new strategies to reduce veteran homelessness in DC. Four variables influenced veterans’ preference for services: (1) favorability; (2) benefits; (3) perception, and (4) capability. Findings showed financial instability, housing crises, and drug abuse as top causes of homelessness. This study recommends collaboration between VA and non-profits using existing non-governmental resources in optimizing efficient strategies to address the complexities of veteran homelessness.
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHA</td>
<td>Annual Homeless Assessment</td>
</tr>
<tr>
<td>CRRC</td>
<td>Community Resource and Referral Center</td>
</tr>
<tr>
<td>ESP</td>
<td>Evidence-based Synthesis Program</td>
</tr>
<tr>
<td>ETH</td>
<td>Economic Theory of Homelessness</td>
</tr>
<tr>
<td>HBM</td>
<td>Health Belief Model</td>
</tr>
<tr>
<td>HUD</td>
<td>Department of Housing and Urban Development</td>
</tr>
<tr>
<td>HUD-VASH</td>
<td>Housing and Urban Development - Veterans Affairs Supportive</td>
</tr>
<tr>
<td>LCT</td>
<td>Life-Course Theory</td>
</tr>
<tr>
<td>NCH</td>
<td>National Coalition for the Homeless</td>
</tr>
<tr>
<td>NLCHP</td>
<td>National Law Center on Homelessness and Poverty</td>
</tr>
<tr>
<td>PIT</td>
<td>Point In Time</td>
</tr>
<tr>
<td>PPRF</td>
<td>Patient Power Resources Framework</td>
</tr>
<tr>
<td>RPF</td>
<td>Reduction and Prevention Framework</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
</tr>
<tr>
<td>SSVF</td>
<td>Support Services for Veterans and Families</td>
</tr>
<tr>
<td>USIACH</td>
<td>United States Interagency Council on Homelessness</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs/Veterans Administration</td>
</tr>
<tr>
<td>VAHC</td>
<td>Department of Veterans Affairs Homeless Coordinator</td>
</tr>
</tbody>
</table>
Chapter 1

Introduction

Statement of the problem

Homelessness is currently one of the biggest social problems in the United States. A social problem is an undesirable community-wide situation with the potential of negatively affecting many members of the community (Spector & Kitsuse, 1973). Although homelessness has an obviously visible presence, it often does not get national attention, leaving many people including veterans to live in inhumane conditions without the proper aid necessary to maintain basic life functions. Meanwhile, the devastating impacts of homelessness continue to destroy families and increase the level of stigmatization toward individuals who are homeless. Currently, more than half a million people are experiencing homelessness in the United States with almost 40,000 of that population being veterans (HUD, 2016). In Washington, DC, more than 8,000 people are homeless, and 4% of the population is veterans (HUD, 2016).

This exploratory study, examines the varying contributors to veterans becoming homeless in the District of Columbia. The study also evaluates existing services and examines the extent to which humanitarian organizations are interested and capable of supplementing the federal government’s efforts to reduce homelessness among veterans in the District of Columbia. The proposed study examines four research questions.
Research Questions

1. Does the Department of Veterans Affairs have the capabilities to independently reduce veteran homelessness in Washington, DC using its current approach?
2. How can the VA improve trustworthiness with the DC homeless veteran population?
3. What are the constraints on the VA in reducing veteran homelessness in DC?
4. To what extent do humanitarian organizations have the capacity and interest in contributing toward reducing veteran homelessness in Washington, DC?

The first research question explores whether the current policies and operational strategies offered by the Veteran Administration are sufficient to address the issues affecting the homeless veteran population in the District of Columbia. By exploring current VA plans to address the needs of the population, this study hopes to understand whether the VA can manage these problems independently. The second research question explores potential ways the VA can build a better relationship with the homeless veteran community. Many veterans have an unfavorable view of the Veterans Administration (Slack, 2015). In general, the lack of trust for the VA and other service providers is an ongoing challenge among veterans experiencing homelessness (Walker, 2015). Veterans usually do not trust service providers, but with the right attention to details, some improvements seem possible (Van den Berk-Clark & McGuire, 2014). By answering this question, this study hopes to understand the perception of veterans who are homeless in DC regarding whether the VA can help the homeless veteran community without further marginalizing the population. The third research question explores the underlying factors prolonging the large number of veterans who are homeless in DC. By answering this question,
this study hopes to understand the factors that may catalyze possible services. The fourth research question explores whether non-governmental entities are capable and interested in helping the VA resolve the inherent homeless issues.

**Significance of the Problem**

The problems with veteran homelessness are significant for several reasons. First, homelessness among veterans remains very high despite years of government intervention. Second, the lack of resources remains a major challenge in the many efforts to reduce this population. Finally, varying reasons cause veterans to become homeless including financial instability, mental illness, drug abuse, and many other factors (HUD Exchange, 2016).

The Department of Housing and Urban Development (HUD) provides the official annual homeless report to Congress, and each year the report shows fluctuations in the numbers among different states, cities, and localities (HUD Exchange, 2016). The annual point in time count (PIT) reports the state of homelessness across the U.S. The PIT attempts to count all homeless people in the United States every year (HUD Exchange, 2016). However, many scholars and researchers remain skeptical about the accuracy of the PIT data (Bosman, 2009).

This present study assessed the PIT count to distinguish between PIT reports from 2013 and 2016. The PIT assessment showed that no single contributor to homelessness exists across the United States. That finding is consistent with the fluctuations of the official homeless count. Figure 1.0 illustrates the 2016 point in time count showing the number of veterans experiencing homelessness across the U.S. reporting observations from a single night in January 2016. The
difficulty of finding homeless individuals on the streets in winter gives credibility to the ongoing skepticisms of the HUD point in time count (Bosman, 2009).

Figure 1.0. The Number of veterans experiencing homelessness, by state including the District of Columbia.

Source: HUD 2016 AHAR

Several advantages exist for using the annual point in time count report including the idea that the report provides a geographic and demographic breakdown, which is significant in delineating the contributors and the impacts on different subcultures. The combined annual report serves as a mechanism for tracking and telling a comprehensive story of the various issues affecting homeless people across the United States. Table 1.0 is an illustration of the demographic breakdown of the overall homeless population in the District of Columbia as presented by the 2016 HUD point in time count. Table 1.0 illustrates that 350 veterans are
Currently homeless in DC with 322 living in emergency homeless shelters, and only 28 living on the streets. It is important to note that this present study found more than 28 veterans living on the streets. One speculation could be that emergency shelters only house people temporarily.

Table 1.0

Washington, DC 2016 Homeless Demographics

<table>
<thead>
<tr>
<th>Demographics Summary by Race</th>
<th>Emergency Shelter</th>
<th>Transitional Housing</th>
<th>Unsheltered Homeless</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African Americans</td>
<td>5,892</td>
<td>1,614</td>
<td>183</td>
<td>7,689</td>
</tr>
<tr>
<td>White</td>
<td>236</td>
<td>115</td>
<td>88</td>
<td>439</td>
</tr>
<tr>
<td>Asian</td>
<td>23</td>
<td>7</td>
<td>5</td>
<td>35</td>
</tr>
<tr>
<td>Native American or Alaska Native</td>
<td>20</td>
<td>6</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>78</td>
<td>25</td>
<td>30</td>
<td>133</td>
</tr>
<tr>
<td>Total</td>
<td>6,259</td>
<td>1,773</td>
<td>318</td>
<td>8,350</td>
</tr>
<tr>
<td>Veterans</td>
<td>322</td>
<td>28</td>
<td>350</td>
<td></td>
</tr>
</tbody>
</table>

Source: Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations (HUD 2016).

Important Notes: The report is based on point-in-time information provided to HUD by Continuums of Care (CoCs) as part of their CoC Program application process, per the Notice of Funding Availability (NOFA) for the Fiscal Year 2016 Continuum of Care Program Competition. HUD has conducted a limited data quality review but has not independently verified all of the information submitted by each CoC. The reader is, therefore, cautioned that since compliance with these standards may vary, the reliability and consistency of the homeless counts may also vary among CoCs. Additionally, a shift in the methodology a CoC uses to count the homeless may cause a change in homeless counts between reporting periods (HUD 2016).

In 2015, the number of homeless individuals living in the United States was 564,708, of which 11% were veterans (Henry, Shivji, De Sousa, & Cohen, 2015). Between 2014 and 2015, veteran homelessness in the U.S. fell by 4% (Henry et al., 2015). However, the 4% reduction was
not significant enough to show any real change across the board. In 2016, 549,928 people were experiencing homelessness in the United States (HUD, 2016). The 2016 number shows a slight 2.6% reduction compared to 2015. The yearly fluctuations and slow decline represent real problems in the fight against homelessness. Therefore, it remains difficult to predict future cuts.

The District of Columbia continues to report a large homeless incidence. In 2016, Washington, DC reported 8,350 people experiencing homelessness of which 350 were veterans (Chapman, 2016). The significance of reducing this population in Washington, D.C. is critical because comparatively Washington, D.C. is smaller to other areas affected by high rates of homelessness. The HUD reports between 2013 and 2016 did not demonstrate any significant reduction in veteran homelessness. The continuously high numbers have caused an influx of inquiries regarding government involvement in attempts to fix the homeless problems among veterans in DC. Efforts to address these problems from either a macro or micro level have stalled, and residents continue to lose hope in government’s proposed solutions (Zielinski, 2016).

Impacts to DC communities are noticeable. Community relations and public views are contributing factors to the state of homelessness. The public views regarding the state of homelessness play a role in actions taken and resources committed toward homeless people. In general, DC communities do not want individuals who are homeless to live near private residences. The District of Columbia has recently reignited the community debate regarding veteran homelessness. Residents, businesses, federal, and local DC governments raised concerns relating to the rate of homelessness in the area. The DC Mayor recently announced plans to tear down one of the District’s largest homeless shelters to replace it with a bigger one (Zielinski,
Community cries for the removal of homeless people from certain neighborhoods can yield both positive and negative results. Sometimes the results generate new transitional housing for the homeless based on the agencies handling the removal. Other times these situations are more trivial, often leading to jailed and abused homeless individuals, or further marginalized homeless people. The criminalization of homelessness is a serious problem that affects veterans experiencing homelessness. Criminalizing homelessness is a process allowing law enforcement to arrest homeless individuals for sleeping in public places (Tars, 2015). People who are homeless, therefore, are battling various dilemmas including arrests, physical attacks, and stigmatizations. Organizations such as the National Law Center on Homelessness and Poverty have fought for years against the criminalization of homelessness and continue to represent homeless interests across the United States. Among unsheltered veterans who are homeless, 74% are unaware of where to find safe places to sleep (NLCHP, 2017). The National Law Center on Homelessness and Poverty focuses on defending human rights and supports homeless initiatives that create opportunities to lift people out of homelessness and poverty in the United States.

A common misconception among service providers fighting against homelessness is that many veterans do not use shelters and other services because they are unaware of the various resources available to them. However, veterans experiencing homelessness refused possible care for a variety of reasons, including concerns over personal safety, stigmas, discrimination, and diseases (Shay, 2017). Further analyses indicate that homeless people are frustrated with the
many stipulations associated with some of these programs, which then cause many people to lose hope in the federal support system.

**Planning Forward**

There are serious underlying issues related to the homeless veteran population in Washington, DC. The underlying risk factors are unique to the individual veteran (Balshem, Christensen, & Tuepker, 2011). Some of these issues include post-traumatic stress disorder (PTSD), trauma, physical injuries, social isolation, disengagement from family and friends, and lack of social support (Tsai & Rosenheck, 2015). A better understanding of this population is required to determine appropriate care because each veteran may need different treatment and services.

Therefore, treatment will have to be specialized, which will no doubt require specific resources. A recent VA study illustrated that veterans might return to homelessness if care is not individualized and monitored through a long-term rehabilitation process (Balshem et al., 2011). However, lack of resources is a significant gap in that proposed personalized approach. The implications for adopting the individualized approach would be tremendous. The VA would need to request more funding appropriations to adopt this concept. Taking veterans off the streets and providing transitional and permanent housing is only the first step. Keeping veterans from becoming homeless again is an additional step. It is hard to get full control over the challenges of veteran homelessness because each situation is different. Understanding reasons veterans become homeless is relevant to this study. Exploring the constraints on the VA is critical to understand and identify potential gaps in services, resources, delegated authority, strategies, and
policies. Multiple factors contribute to veteran homelessness including co-occurring disorders like severe mental illnesses, substance abuse, and depression that affect veteran homeless populations (O’Connor et al., 2013).

In addition to Virginia and Connecticut that reportedly ended veteran homelessness, several U.S. cities made noticeable reductions in the number of reported homeless veteran cases in 2015 including Houston in Texas, Philadelphia in Pennsylvania, Las Cruces and Santa Fe in New Mexico, and New Orleans in Louisiana (Girard, 2015). To achieve the reported reductions federal, state, and local governments had implemented the concept known as functional zero. Functional zero is a new phenomenon declaring that if the number of people entering homelessness equals the same amount of individuals exiting homelessness, then there is zero increase in homelessness (Erlenbusch, 2015). Many have argued against and debunked such claims including Erlenbusch, given the known difficulties in eliminating homelessness among veterans. Critics like Erlenbusch argued that by matching the number of people exiting homelessness to new cases of homelessness, government officials are neglecting the existing veteran population that remains without adequate support (Erlenbusch, 2015). Nevertheless, it seems the public has accepted the functional zero concept as an official practice.

Despite having access to some of the same funding and sources, other states used to reduce veteran homelessness, Washington, D.C. failed to make significant reductions in its homeless population (McDermott, 2016). In fact, the overall Washington, DC homeless population grew by 14 percent between 2015 and 2016 adding 1,052 new homeless cases (HUD Exchange, 2016). One speculation is that the homeless problems in Washington, DC have a different set of circumstances. Another is that the concept of functional zero does not work.
The United States Interagency Council on Homelessness (USICH) is the official federal body responsible for reducing and preventing homelessness in the U.S. The HEART Act granted authority to USICH to coordinate with federal agencies on solutions-based approaches to reduce homelessness. The VA serves as one of 19 participating organizations under USICH and is the lead federal agency responsible for reducing veteran homelessness (USICH, n.d.). The federal government continued to invest in the VA’s efforts to reduce veteran homelessness during the Barack Obama Administration. In the 2012 annual federal budget, VA was allotted over 9 million dollars in support of the department’s homeless initiatives including expanding services for veterans at-risk of becoming homeless (The White House, 2012). Furthermore, the Administration worked with the USICH, the VA, and HUD in targeting veteran homelessness. The Obama Administration received much public credit for directly targeting and reportedly eradicated veteran homelessness in Virginia and Connecticut (Culhane, Metraux, & Byrne, 2011). However, Walker (2015), reported based on pilot study findings that the need exists to explore alternatives to current VA strategies because the VA’s efforts have failed in DC.

Trust and Confidence in the VA

One of the more damaging constraints on the Veterans Administration is the lack of trust among the various homeless veteran populations. The VA recently declared the lack of confidence among veterans experiencing homelessness for VA is a vital issue regarding the department’s image (Derricks, 2015). Fixing this problem is of critical importance in creating a potential path forward. Without overcoming the trustworthiness problems, implementing potential new strategies to reduce veteran homelessness including the proposal of measures to
prevent future cases of homelessness among veterans in Washington, DC remains difficult for the VA.

**Humanitarian Support**

Due to the reported lack of trust between veterans who are homeless and the VA, this present study explores whether humanitarian organizations can help bridge that gap as a new alternative. Finding a way to rebuild trust with the homeless veteran population in DC might improve the VA’s image and aid veterans experiencing homelessness regain confidence in the government’s approach. However, the VA would need to enhance its strategic vision to tackle directly real issues affecting the homeless population. The American Red Cross, Salvation Army, and Habitat for Humanity have actual records of accomplishments for helping veterans experiencing homelessness. The extents to which these organizations can assist the VA’s effort were examined in detail in this present study. Furthermore, these three agencies were included in this current study because these are three of the larger humanitarian and charitable organizations in the United States and each either worked with the federal government in the past or had national sponsorships in previous humanitarian efforts.

The first organization, the American Red Cross has an existing congressional charter and a healthy relationship with the federal government. Goals under the charter include support to the U.S. military through emergency messaging and maintaining a system of domestic and international disaster relief efforts (American Red Cross, 2017). The charter existed for a long time and had gone through numerous modifications. The second organization, Habitat for Humanity, also worked on past federal programs with hopes of soliciting federal aid to expand
housing development plans (Habitat for Humanity, 2013). Finally, the Salvation Army also has prior experience working with homeless individuals and continues to solicit federal funds to support disaster relief efforts.

Humanitarian organizations have excellent records of accomplishment regarding supporting world crises with high degrees of success (Fassin, 2011). Humanitarian agencies have expertise in rescuing and assisting people in emergencies. The recent 2016 flood disaster in West Virginia is an excellent example of how reputable and reliable these humanitarian organizations are, and the significance of the role each agency plays. The American Red Cross quickly responded to the West Virginia crisis setting up emergency shelters to help the many residents who lost homes in the flood (Red Cross, 2016). Exploration of the data seeks to understand whether the expertise of Habitat for Humanity, the American Red Cross, and the Salvation Army match the various problems, Veterans Affairs continues to encounter in the District of Columbia.
Chapter 2

Literature Review

Overview

A comprehensive literature review is presented in this chapter. This presentation includes theoretical framework and theories used to construct this current study. Consideration of the literature and theories are crucial to understanding the challenges associated with veteran homelessness. Furthermore, this chapter illustrates the different types of homelessness and the impacts on veterans. Also included are the benefits and advantages of adopting the existing theories, frameworks, and models to this research study. Finally, this chapter includes an illustration of the various known contributors to veteran homeless including physical and mental health issues, recent efforts addressing homelessness among veterans and the remaining constraints the Department of Veterans Affairs encounters on a regular basis. The literature review supports the idea that the Veterans Administration needs to implement more robust and practical strategies to optimize care to the homeless veteran population in the District of Columbia.

The design of this current study is different from prior studies because this exploratory study aims at exploring whether using non-governmental entities in coordination with federal efforts through the Veterans administration is a viable option in reducing veteran homelessness in the nation’s capital. One major difference with this present study compared to others is that this present study outlines a new typology of the current state of veteran homelessness in DC.
The typology and theoretical framework introduced are new contributions to the literature regarding veteran homelessness.

Types of Homelessness

Several categories of homelessness exist including sheltered, unsheltered, chronic, veteran, families, and youths (NHCHC, 2016). Sheltered includes people who live in homeless shelters while unsheltered describes individuals who sleep on the street side. Chronic homelessness relates to people experiencing homelessness for more than one year with long term disability issues or those who have been homeless on and off with long-term disabilities (Caton et al., 2005). Veteran homelessness accounts for individuals who served in the U.S. armed forces regardless of the branch of service or active or reserve status (Cohen, Culhane, Henry, Khadduri, Shivji, & Sousa, 2015). Homelessness among families includes entire family units living together either in homeless shelters or on the streets. Youth homelessness includes homeless children living with family as well as children living alone often on the streets (NHCHC, 2016).

Of the categories mentioned, veteran homelessness stands as one of the most severe because it is harder to reduce homelessness among veterans due to other secondary issues such as serious and prolonged mental illnesses (NHCHC, 2016). Other categories of homelessness affect many veterans. There are chronically homeless veterans with children, families, both sheltered and unsheltered (HUD Exchange, 2016). The idea of totally eradicating veteran homelessness, at times seems like a far-fetch phenomenon due to the incredibly complex associated factors like dealing with severe mental illnesses among veterans who are homeless, dealing with chronically homeless veterans in need of specialized medical care, and addressing
the need for lifelong care after homelessness. These and many other factors are responsible in some cases for the lack of interest in taking on this problem.

Following an exploratory research design enabled this present study to examine core elements and associated factors that contribute to the larger issues affecting the homeless veteran population in Washington, D.C. The present study explored intrinsic and extrinsic factors by developing a typology that illustrates the underlying problems and living conditions of the homeless veteran community. Exploring each element in-depth showed the complexities of the problems previously mentioned that are affecting the homeless veteran community in Washington, D.C.

Table 2.0 illustrates the new typology showing the current state of veteran homelessness in the District of Columbia. This typology represents primary data gathered through pilot study observations and analyses (Walker, 2015). The proposed typology identifies potential risk factors if problem areas remain unchanged. Each category of homelessness as outlined in table 2.0 requires different sets of treatments and services because each challenge has different risk factors and would need different tools to help with the survivability of each veterans experiencing homelessness in those particular categories (Balshem et al., 2011).

Table 2.0 lists six categories of homelessness. While each of the six groups is standalone, each also serves as a subset under veteran homelessness. There are cultural barriers to each category listed including geographic, service providers’ attitude, eligibility, and stigmas related to mental illness (McMurray-Avila, 2001). The marginalization and stigmatization of homeless veterans and veterans at risk of homelessness are tremendously discomforting to those impacted.
Table 2.0

*Ethos: A typology of veteran homelessness in the District of Columbia*

<table>
<thead>
<tr>
<th>Ethos Categories</th>
<th>Living Situation</th>
<th>Existing Circumstances</th>
<th>Potential Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Sheltered</strong></td>
<td>1.1. Periodic/temporary housing</td>
<td>1.1.1. Veterans have some housing and looking for permanent solutions</td>
<td>1.1.2. Lose status</td>
</tr>
<tr>
<td></td>
<td>1.2. Emergency shelters</td>
<td></td>
<td>1.2.1. Prioritized services</td>
</tr>
<tr>
<td></td>
<td>1.3. Transitional housing</td>
<td></td>
<td>1.3.1. Long wait times</td>
</tr>
<tr>
<td><strong>2 Unsheltered</strong></td>
<td>2.1. Sleeping in public areas (Bridges, Sidewalks, Parks)</td>
<td>2.1.1. No help in sight</td>
<td>2.1.2. Chronic homeless</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2. Illegal + unsafe living</td>
<td>2.2.1. Criminalization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3. Hopelessness</td>
<td>2.3.1. Mental illness</td>
</tr>
<tr>
<td><strong>3 Chronic</strong></td>
<td>3.1. 1+ year of Homelessness with medical issues</td>
<td>3.1.1. Lack of medical care (Physical and mental health)</td>
<td>3.2. Early death</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2.1. Terminally ill</td>
</tr>
<tr>
<td><strong>4 Youth</strong></td>
<td>4.1. Adolescence and younger</td>
<td>4.1.1. Abnormal childhoods</td>
<td>4.1.2. Chronic homeless</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.2. Lack of education</td>
<td>4.2.1. Full Illiteracy</td>
</tr>
<tr>
<td><strong>5 Family</strong></td>
<td>5.1. More than one biological relative</td>
<td>5.1.1. Sheltered+Unsheltered</td>
<td>5.1.2. Abandonment</td>
</tr>
<tr>
<td><strong>6 At Risk</strong></td>
<td>6.1. Veterans with unstable employment/finance</td>
<td>6.1.1. Unstable housing</td>
<td>6.1.2. Increase veteran homelessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.2. Not counted</td>
<td></td>
</tr>
</tbody>
</table>

**Theoretical Frameworks**

The literature introduced several progressive approaches that address individual elements of the overall homeless crisis in Washington, D.C. The selected framework, theories, and model focus primarily on interpersonal, psychological, and sociological effects of homelessness on veterans. Other ideas focused on external factors such as economic conditions and market factors influencing personal decision-making leading many veterans to homelessness. The framework,
theories, and model applicable to this study are the Life-Course Theory, Patient Power Resources Framework, the Economic Theory of homelessness, and the Health Belief Model. These phenomena are directly applicable to this current study in that each provides a set of principles that helped to form the research design, interviews, survey questions, and recommendations.

**Life-course theory (LCT).** The LCT focuses on exploring ways of reducing the mental and other past life threatening impacts which, if left untreated, can lead to overreliance on drugs and alcohol, which are direct contributors to veterans becoming homeless (Benda & Belcher, 2006). The Life-Course Theory emphasizes the concept of forgiveness as a means of suppressing and relieving an individual from trapped pains, anger, and trauma from past negative experiences. The premise here is that if these go unresolved, veterans are likely to engage in substance abuse, which is one of the underlying and contributing factors for becoming homeless (Benda & Belcher, 2006). The Life-Course Theory focuses on prevention, aiming to stop veterans from becoming homeless by addressing the more severe mental and psychological challenges affecting many veterans (Benda & Belcher, 2006). The focus on prevention helped influence the new Reduction and Prevention Framework (RPF) generated by this present study. Implementation of the Reduction and Prevention Framework would require Congressional authorization, and time commitment needed to form the different partnerships. Further discussion of the Reduction and Prevention Framework occurs in Chapter 5.

A 2006 study tested the Life-Course Theory involving 625 men and women veterans who were homeless, conducted at a VA medical facility. Benda and Belcher (2006) focused on the Life-Course Theory, testing whether forgiveness of early childhood and adolescence incidents and mistreatments might reduce homelessness among veterans by eliminating the need for the
overreliance on drugs and alcohol (Benda & Belcher, 2006). The idea behind the Life-Course Theory is that the events in a person’s life can have lasting impacts and can affect people, as time passes (Benda & Belcher, 2006).

The Life-Course Theory applies to this current study, delineating among the different mental and emotional factors associated with veteran homelessness and measured how negative life altering episodes might cause substance abuse. The survey instrument explored whether misuse of substances were contributors to veterans becoming homeless. The Life-Course Theory also influenced this current research study because it demonstrated that access to a network of medical and psychological professionals is an essential and viable treatment option (Bender & Belcher, 2006). Adopting the Life-Course Theory could help strengthen resources available by creating a network of medical services including physical and mental health services.

**Patient power resources (PPR).** The PPR framework focuses on using nursing intervention programs to conduct outreach and engagement services to veterans experiencing homelessness (Tollett & Thomas, 1995). PPR promotes innovation and response as means of finding creative ways of reaching veterans who are homeless. Mobilizing services to homeless sites have been successful in past efforts, and this practice has increased support to veterans experiencing homelessness (Olivet, Bassuk, Elstad, Kenney, & Jassil, 2010). Outreach and engagement services help eliminate gaps in services and expedite support to veterans by going where homeless individuals are instead of waiting for those veterans to seek help, which could be a long wait. Adopting the Patient Power Resources approach may help alleviate some constraints on the VA and may assist in resolving some of the trust issues among veterans. PPR influenced this present study through its outreach and engagement principle. This current study adopted the
outreach and engagement concept, using it as one of three platforms in the new Reduction and Prevention Framework developed from this present study.

**The economic theory of homelessness (ETH).** Assessment of the literature showed that socioeconomic challenges are common contributors to veterans becoming homeless (American Psychological Association, 2017). The ETH directly influenced this current study design by contributing toward structuring the survey instrument. Benefits under ETH include better access to financial literacy and information sharing and awareness. ETH highlights economic and market conditions that affect individual decision-making. It proposes to examine whether poor economic conditions are responsible for a significant percentage of homelessness among veterans (Curtis, Corman, Noonan, Reichman, 2013). ETH assumes that prolonged negative economic conditions have caused increased, and sustained high levels of homelessness within the United States; declaring adverse market conditions created circumstances that pushed people into homelessness (Curtis et al., 2013).

**Health belief model (HBM).** Developed in the 1950s, HBM has served as a lasting phenomenon emphasizing the notion of perceived behavioral insights regarding health-related issues, a concept that personal beliefs directly influence health behaviors and health decision-making (Hochbaum, 1958; Kegeles & Rosenstock, 1974). Revisions to HBM occurred several times incorporating the principles of Perceived Susceptibility, Perceived Seriousness, Benefits, Modifying Variables, Cues to Action, and Self-Efficacy (Hochbaum, 1958). HBM asserts that peoples’ perceptions of risks determine health behaviors. The HBM promotes the idea that people may ignore professional medical advice and may prioritize risks to health from personal perspectives. Such conduct is consistent with the behavior of veterans who are homeless in the
District of Columbia. The HBM directly influenced this present study by helping to shape the survey instrument particularly the sections focusing on causes of homelessness and services needed. Homeless Veterans have severe mistrust for the VA and other medical service providers’ expertise (Derricks, 2015). Post-traumatic stress disorder, depression, and hopelessness are lasting and serious mental illnesses among veterans who are homeless (Taylor, 2016). It is important to explore whether health impacts and individuals perceptions are influencing the behavior of veterans in the sample population in this present study.

**Theoretical influences.** The Life-Course Theory (LCT), Patient Power Resources (PPR) Framework, Economic Theory of Homelessness (ETH), and the Health Belief Model (HBM) influenced this current study in various ways. Figure 2.0 below is an illustration of how these theories directly contributed to forming the newly proposed Reduction and Prevention Framework. The Reduction and Prevention Framework is a new theoretical framework guided by three new platforms Outreach and Engagement, Collaboration, and Information Sharing and Awareness. LCT inspired the notion of outreach and engagement by promoting practical strategies of mobilizing services, taking services on the streets to veterans experiencing homelessness. PPR inspired the idea behind enhancing collaboration through a network of providers to increase the level of care to veterans who are homeless. ETH encouraged information sharing and awareness, providing financial literacy to at-risk veterans and service members leaving the military. HBM inspired the exchange of information and outreach and engagement.
Figure 2.0. Theories used to form new theoretical framework
Impact of Homelessness on Veterans in DC

The effects of homelessness on veterans in Washington, D.C. have caused many veterans to lose hope in the federal support system. Homelessness among veterans, in general, has been less publicized than it should (Rockett & Evans, 2016). Veterans at risk of becoming homeless represent a growing population. Since these veterans are not yet homeless, there is no need for HUD to count these veterans in the annual point in time count. Such an oversight could lead to more increases in the amounts of at-risk veterans becoming homeless. This anomaly might explain the 14% increase in the general homeless population in the District of Columbia in 2016. The inconsistent services to at-risk veterans and veterans who are homeless caused many to lose hope in the VA system, after seeing no end to their troubles (Costello, 2012). Another homeless impact on veterans is the brutal attacks on veterans living on the streets showing as much as 23% increase in crimes against the homeless in 2013 (Goldberg, 2014).

Applewhite (1997) conducted an exploratory qualitative research study using convenience sampling through focus group sessions with veterans currently homeless and sought perspectives on service providers. Veterans in the Applewhite study reported receiving robotized care, many barriers to care, and a lack of interest in case management (Applewhite, 1997). The Applewhite study is important because it captures a long history of poor services and a high level of stigmatization toward veterans who are currently homeless. The top problems included public perception issues including public rejection, lack of self-worth, and other cognitive issues, and low self-esteem (Applewhite, 1997). Veterans’ perceptions in the Applewhite study are similar to present day perceptions of veterans who are homeless toward care providers (Tsai et al., 2017).
**Efforts to Address Veteran Homelessness**

Homelessness among veterans requires careful calculation and a dynamic treatment design similar to those identified by the evidence-based synthesis program (ESP) because veterans become homeless for various reasons, often with lingering impacts (Rosenheck, Frisman, & Gallup, 1995). Federal, state, and local governments have reserved specific resources to address homelessness among veterans, creating numerous federal homeless programs to increase resources (Perl, 2015). The Veterans Administration has structured a threefold approach to resolving the homeless veteran crises. According to open source VA information, the Department has outlined these methods in an attempt to tackle problems associated with veteran homelessness, through outreach programs, through partnerships with third-party organizations, and through increased employment of caseworkers, and health care initiatives (VA, 2017). One of the main challenges with veteran homelessness is that it is often unpredictable. Plans to eradicate veteran homelessness have seen hiccups several times over.

In 2010 the Obama Administration announced it would end veteran homelessness by 2015, an initiative pursued by the Veterans Administration through the Opening Doors program, which was unable to yield the necessary results the federal government promised (USICH, 2015). Since then the VA struggled to overcome the different sets of challenges surrounding veteran homelessness. Due to some of the unprecedented challenges, the VA revised the Opening Doors strategy and re-aligned efforts incorporating prevention methodologies instead of a singular focus on ending veteran homelessness (USICH, 2017). The concept of ending veteran homelessness is significant. There are far too many obstacles and arbitrary timelines have done nothing to help veterans experiencing homelessness.
The federal government through a multifaceted approach has proposed broad policy initiatives aimed at reducing and ultimately eradicating homelessness among veterans (NAEH, 2015). The National Alliance to End Homelessness (2015), reported that top federal priorities include funding allocations to fund HUD’s housing initiatives, increased funding for many VA re-housing and rehabilitation programs, and other specialized federal homeless priorities including transactional housing. Despite the many national efforts, the majority of those programs failed within the last five years (Balshem et al., 2011).

Although Veterans Affairs failed in its previous homeless initiatives, the department continues to look for ways to reduce veteran homelessness across the United States. The literature found that the Veterans Administration continues to revise existing policies and programs as a way of trying different methods of addressing the challenges associated with veteran homelessness in D.C. (USICH, 2015). The VA continues to look for new preventive methods to reduce new entrants (VA, 2017). The VA also continues to work with different community organizations and federal entities in its approach to address the homeless veteran crisis (VA, 2017).

**VA resources.** Despite the failures, Veterans Affairs still has some programs providing support to homeless veterans. However, majority of those programs have strong restrictions and enrollment criteria. The HUD-VASH program is one of the key VA homeless program and one of the more popular ones specifically developed to help veterans who are chronically homeless with long-term housing, and mental illness support services. The significance of this program is that it is a joint program with the Department of Housing and Urban Development. This is an excellent example showing the proper use of federal resources. Both departments have unique
expertise that spreads across a broad spectrum, allowing the federal government more opportunities to address more veteran issues and challenges associated with homelessness. The VA advertised the HUD-VASH program as a highly anticipated homeless initiative created to help veterans significantly. However, the literature asserted that high barriers to entry have negatively affected the program’s reach. Eligibility requirements turned away many veterans looking for help.

Eligibility under the HUD-VASH program requires veterans seeking homeless services to meet VA’s definition of homelessness under the McKinney Homeless Assistance Act, must be eligible for VA healthcare and must need medical, mental illness, and substance abuse services, and need case management services and meet certain income requirements (VA, 2017). Being eligible for VA health care is more involved than it seems on the surface. Eligibility requires a specific type of separation discharge from the military, may further require each veteran to have a service-connected disability, the length of duty, time, and place of duty, and have a particular type of medical condition (Guina, 2016). With such strict eligibility requirements and stipulations, it is apparent why many veterans may have given up on the process.

To its credit, the Veterans Administration has attempted to improve the system of care. The VA has conducted several third party research studies but has not necessarily implemented all recommended changes based on research study results. A recent study testing evidence-based treatment options for veterans experiencing homelessness found some benefits of incorporating mental health and substance abuse treatment protocols. The study meant to explore ways to improve services to veterans who are homeless through the Housing and Urban Development-VA Supportive Housing (HUD-VASH) program.
Chinman, McCarthy, Hannah, Byrne, and Smelson (2017), conducted a clustered randomized study exploring ways to improve homeless services to veterans. To improve treatment, the researchers proposed an integrated co-occurring disorders (CODs) treatment model (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking-Veterans Edition), otherwise known as MISSION-Vet and intended on generalizing across various VA medical centers and treatment facilities. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2016, co-occurring disorders include at least one diagnosed mental disorder, and one diagnosed substance abuse disorder under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The HUD-VASH study included case managers, and veterans experiencing homelessness, testing their feedback on the dual treatment system. Chinman et al. reported that although HUD-VASH case managers found the system useful and adaptable, VA did not implement the system because HUD-VASH case managers were not comfortable adjusting to some of the changes under the proposed system, which included time to learn the new system.

Health care measures. A 2013 research study on the efficiency of healthcare services conducted by Sarah Knopf examined whether there was a systematic and universal method of caring for veterans who are homeless with significant medical issues. The study carried out interviews and surveys of various healthcare providers operating under the Nation Health Care for the Homeless Council (HCH). Some of the HCH providers coordinated with the VA on many health programs designed to provide services to veterans experiencing homelessness. Knopf acknowledged that many veterans who are experiencing homelessness preferred assistance from
HCH providers compared to services obtained through the VA. The study also focused on exploring why veterans experiencing homelessness were choosing HCH facilities instead of the VA. Knopf (2013) found that there was no universal systematic approach to caring for veterans experiencing homelessness. Instead, the study found many programs and organizations providing care to homeless individuals, some more focused on veterans than others did. The study also found veterans, who found themselves homeless, preferred medical treatments from HCH facilities because of bad past experiences with the VA. The study also showed that HCH service providers had the demonstrated expertise providing successful care to veterans trying to rise above homelessness.

**Impacts of Mental Illness on Veterans Experiencing Homelessness**

Mental illness among veterans who are currently homeless is a crippling contributor often rendering many of these veterans hopeless under certain conditions. Mental illness affects about 80% of veterans experiencing homelessness (VA, 2017). Mental illness is common among veterans experiencing homelessness in particular among those who served in combat (Rosenheck, Leda, & Gallup, 1992). The 2016 Annual Homeless Assessment indicated there are not enough resources to care for homeless individuals with severe mental illness (HUD, 2016). Kessler et al. (2001) asserted that untreated mental illnesses could lead to impacts on people’s way of life and life activities such as caring for one’s self, maintaining good hygiene, and eating disorders. The literature suggested policymakers should revisit existing policies and make necessary changes not only to improve resources but also to examine carefully the cost and
different types of services required by veterans who are homeless (Rosenheck, Frisman, & Gallup, 1995).

**Post-traumatic stress disorder.** Schnurr, Lunney, Bovin, and Marx conducted a 2009 study highlighting the effects of PTSD on veterans of the wars in Iraq and Afghanistan otherwise known as Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The study compared other wars with those of OIF/OEF with the intent of finding out how combat affects veterans and how PTSD affects veterans trying to adjust back into society. Additionally, the study examined various other studies on the effects of PTSD on veterans.

Schnurr et al. (2009) examined the psychological impacts on those veterans who became homeless after service in OIF/OEF and after leaving military service. Schnurr et al. focused on lifestyle changes including mental and physical changes. The researchers examined the quality of life phenomenon and the effects of PTSD on veterans’ quality of life. The 2009 study showed that the Department of Defense (DoD) and the VA had implemented numerous programs attempting to rehabilitate service members with PTSD before being discharged from military service (Schnurr et al., 2009).

Furthermore, the 2009 study reported that PTSD had a significant impact on service members’ quality of life, and had caused many to become homeless. The study also showed that OIF/OEF combat exposures had the same impacts on service members as other wars (Schnurr et al., 2009). Incorporating this 2009 study was important because it outlined several alarming notions about PTSD and veterans experiencing homelessness. It also supports the idea that DoD and the VA should have more efficient rehabilitation services. Also, it showed that the VA had been trying but had not been able to provide effective measures against this problem. The
Schnurr study did not explicitly define any method of how the VA and DoD should address the issue affecting veterans from a prevention perspective.

Learning how to fix this challenge is important. Therefore, this present study adopted lessons gained from the 2009 Schnurr et al. study and identified a direct approach the VA and DoD could adopt to fill the gaps in services that remain. By incorporating community partnerships under the newly proposed Reduction and Prevention Framework, VA could improve services to veterans who are homeless and suffering from severe mental illness and substance abuse.

**Lifestyle Effects of Mental Illness**

Past efforts to identify causes of mental illness on veterans who are homeless have led to various discoveries. Not all homeless veterans with mental illnesses were traumatized by military service, at least not solely (Hamilton, Poza, & Washington, 2011). Hamilton et al. (2011) identified a particular set of issues associated with mental trauma with women veterans, who are homeless. Hamilton et al. asserted that homelessness among veteran women had increased in recent years just before 2010. Hamilton et al. explored the causes for the rise in homelessness among women veterans, examining whether military trauma was the main reason for the increase. Hamilton et al. used several focus groups of homeless veteran women to gather the study data.

Hamilton et al. (2011) reported surprising results. Study results showed that more than half of the study participants had some form of trauma before military service that either caused them to become homeless before joining the military or became homeless after the military. The
remaining participants showed signs of mental and drug abuse after the military that caused them to become homeless. For the majority, early childhood or adolescent trauma coupled with military trauma caused prolonged mental illnesses, which resulted in these individuals becoming homeless (Hamilton et al., 2011).

The Hamilton et al. (2011) study was unique because the findings reported that many variables played a part that led to homelessness. The study is useful because it helps identify the different underlying issues associated with veteran homelessness. This study supports the idea that homelessness among veterans is a complex phenomenon that requires significant and specialized resources to address the different aspects of this problem. The Hamilton et al. study is also useful because it demonstrated the peculiarities of homelessness as it relates to the individual. The women in the 2011 Hamilton study had different causes to becoming homeless. The study participants also identified as not seeking treatment for substance abuse and other mental illnesses, which are similar to reports under the Health Belief Model showing individual preference self-evaluation and measurement of the seriousness of risks to personal health.

**Summary of the Literature**

The literature identified common trends in the causes of homelessness, prevailing trends in the various forms of mental illnesses associated with veteran homelessness, and patterns of trustworthiness issues between the VA and homeless veteran populations. The causes of homelessness among veterans vary. Further examination of the literature illustrated a fair amount of common themes and patterns in methods of data collection, methods of analysis, interpretation of the data, and common themes and patterns in study findings and recommendations.
Recurring themes include the stigmatization of homelessness and mental illness. The stigmatization of homelessness among veterans continues to play a significant role in preventive care especially the mental illness stigmas that sometimes are deterrents to care (Savitsky, Illingworth, & DuLaney, 2009). Further examination of existing studies is required to identify causes and real impacts of stigmatization of homelessness and mental illness among veterans who are homeless.

In addition, the lack of public support further marginalized and stigmatized the homeless veteran community. A common trend in the public domain is that many people do not always believe homeless individuals claiming to be veterans (Harbaugh, 2015). The literature reported a rise in cases where veterans living on the streets found themselves being challenged to prove their military service because some homeless individuals claimed to be veterans when they have never served in the military (Harbaugh, 2015). People experiencing homelessness holding signs in the streets declaring military veteran status have come under fire in recent years (Harbaugh, 2015). Harbaugh (2015) reported that in some cases some homeless people falsified veteran status in hopes of increasing the odds of getting help.

**Critical Review of the Literature**

The literature illustrated some ongoing efforts addressing veteran homelessness in the District of Columbia, and the United States. The literature also illustrated some practical frameworks, theories, and concepts used to study and propose new ideas to the overall subject matter. Summation of the literature illustrated there is a significant need for a more robust strategy for tackling veteran homelessness in the District of Columbia. Furthermore, the various
efforts over the years addressing this issue have not necessarily solved the problem. The theoretical approaches examined in the literature further illustrated a need for a more strategic approach to resolving the different issues regarding veteran homelessness. A recent VA evidence-based synthesis program calls for more dynamic and more structured resources to address individual homeless veteran needs (Balshem et al., 2011). The problem with this method is that such an individualistic approach will probably require more resources.

The literature also highlighted the idea that outreach and engagement efforts had been an effective method for reaching veterans living on the streets (Tollett & Thomas, 1995). The Patient Power Resources Theory also suggested that outreach and intervention programs are good ways to reach veterans, indicating this might be an adaptable practice capable of promoting positive changes moving forward (Tollett & Thomas, 1995). Connecting the outreach and engagement concept to gaps outlined in the literature could help structure a better strategy and a good starting point for bridging the divide between some of the problems currently affecting veterans who are homeless. Overall, this literature review provided a resourceful tool through past studies by showing that this subject matter requires more contributions to strengthen the likelihood of reducing and preventing future cases of homelessness among veterans.

**Gaps in the Literature**

While there have been contributions of previous research regarding potential problem-solving tools for reducing veteran homelessness, several gaps exist in the literature. The studies previously mentioned do not identify comprehensive strategies for reducing homelessness among veterans in the District of Columbia. Furthermore, there are several deficiencies with the Health
Belief Model because it focuses only on individual responsibilities related to health decisions making (Becker, 1974). It does not take into consideration other factors such as environmental factors, economics, financial instability, and inadequate sharing of information (LaMorte, 2016).

Results of this current study will add to the literature by employing a comprehensive theoretical framework that proposes a collaborative approach between humanitarian, public and private sector agencies including federal, state, and local governments to address the gaps limiting services to veterans who are homeless in the District of Columbia. Also, this study adds a new typology of veteran homelessness in Washington, DC, with emphasis on utilizing a sound social constructs to support the use of cultural competencies to address the different impediments affecting veterans in Washington, DC who are homeless. Also, this present study explores accessibility, affordability, appropriateness, acceptability, and availability as foundational elements for delivering efficient services to veterans who are homeless in DC (Callejas, Hernandez, Inniss, Nesman, & Mowery, 2009). Finally, the existing research focused primarily on mental illness, showing the impacts on veterans who are homelessness (Hamilton et al. 2011; Schnurr et al. 2009). Mental illness is only one area of concern among veterans who are homeless. A more comprehensive approach is required. Most studies on veteran homelessness focus on mental illness. The present study takes a more holistic view of the subject matter in evaluating contributing factors and causes.
Chapter 3

Methodology

Overview

The research methods utilized in this study including design and measurements, data sources, methods of data collection and analyses, and assumptions are addressed in this chapter. The present study explored the feasibility of whether utilizing non-governmental entities to supplement the federal government’s effort is a viable approach to reduce veteran homelessness in the District of Columbia significantly. Also, this study aimed to understand the different reasons veterans are becoming homeless in DC, and Veterans Affairs’ constraints that are prolonging high levels of homeless in the nation’s capital.

Research Questions

The present study aimed to understand the extent to which veterans experiencing homelessness can obtain better services. This study explored the following research questions:

1. Does the Department of Veterans Affairs have the capabilities to independently reduce veteran homelessness in Washington, DC using its current approach?
2. How can the VA improve trustworthiness with the DC homeless veteran population?
3. What are the constraints on the VA in reducing veteran homelessness in DC?
4. To what extent do humanitarian organizations have the capacity and interest in contributing toward reducing veteran homelessness in Washington, DC?
**Research Hypothesis**

**H₀**: Non-governmental entities provide access to services for veterans experiencing homelessness with better efficacy than the current federal approach.

**H₁**: Non-governmental entities have no significant relationship with access to services among veterans experiencing homelessness.

*Figure 3.0. Hypothesis Conceptual Model*
This study hypothesized that non-governmental entities provide access to services for veterans experiencing homelessness with better efficacy than the current federal approach. Testing of the hypothesis for correlation attempted to answer the fourth research question. Figure 3.0 is an illustration of the conceptual hypothesis model explaining the supposition based on pilot study evidence (Walker, 2015), that non-governmental entities provide better access to care for veterans in Washington, DC experiencing homelessness. The conceptual model demonstrated a presupposed notion that humanitarian organizations have the requisite knowledge, experience, and capabilities providing care to alleviate the strains of homelessness. Therefore, this study aimed to find out whether non-governmental entities have the background necessary to help reduce veteran homelessness in DC.

**Utilizing an Exploratory Study**

Utilizing humanitarian organizations as partners to the federal government in reducing veteran homelessness is a new contribution to the literature. While many scholars have contributed to the literature regarding veteran homelessness, none explored the relevant themes, focus, research questions or hypothesis outlined in this present study. Given the unexplored phenomena presented in this study, an exploratory approach was necessary to obtain new insights on the subject matter. Exploratory research allows researchers to explore new areas and test methods in support of new ideas (Balnaves & Caputi, 2001). The exploratory approach optimized the investigation of small data elements determining applicability to the overall study. This exploratory study used relational analysis and descriptive statistics to explore the correlation between causes of homelessness, lack of available resources, and services needed.
Using an exploratory study was critical in this research study endeavor. The research questions addressed crucial elements of veteran homelessness. Learning whether VA can resolve the veteran homeless issues is important given the reported lack of resources in the literature. Further, exploring ways the VA can build trust with the homeless veteran population is important. Review of the literature indicated a significant lack of confidence of the homeless veteran community for Veterans Affairs. Without a trusting relationship, Veterans Affairs would find it difficult to reduce the DC homeless veteran population. Lack of trust is one constraint on VA. Exploring other constraints is of vital importance in allowing VA time to alleviate those obstacles preventing more services the Washington, D.C. homeless veteran community.

Finally, given the lack of VA resources outlined in the literature, lack of trust within the homeless veteran community, and the various VA constraints, this study explored the extent to which non-governmental entities can help the VA reduce the DC homeless veteran population. Understanding the causes of homelessness was important in understanding the needs of the homeless veteran community. Therefore, this study used an exploratory approach to understand the intricacies surrounding these challenges.

Several major sections in this chapter outline the methodological approaches in this study. First, research design discusses the specific components and the role each played in the overall study including data collection outlining the data gathering process, measures explaining the various variables and measurements, and data analysis describing the methods used to analyze the data. Threats to internal and external validity, limitations, ethical considerations, and assumptions describe the other critical elements of this study. Finally, a summarization of the chapter details the important features of the methodological approach.
Research Design

The study design derived from current frameworks and theories outlined in the literature. The Life-Course Theory, Patient Power Resources Framework, the Economic Theory of Homelessness, and the Health Belief Model informed the methodological approach of this study as outlined in figure 2.0. However, the scopes of the current theories had limited applicability. Exploration of proposed new principles generated from this present study combined with several adopted features from the current theories formed the new Reduction and Prevention Framework displayed in chapter 5.

The current study adopted an exploratory approach examining different intricacies surrounding current challenges preventing a significant decrease in veteran homelessness in DC. Also, the present study employed both qualitative and quantitative methodologies, narrating and interpreting the data through content and statistical analyses. Mixed method analyses allowed comprehensive and holistic examination of research evidence (Hughes, 2016). Employing either a qualitative or a quantitative approach alone would have limited the statistical and content analyses. Furthermore, a mixed methods approach was appropriate since exploration of various variables required different methods of validation. The exploratory approach simplified data testing by allowing for compartmentalization of the content, descriptive, and statistical analyses.

The study employed a convenience sampling strategy using surveys to collect primary data sources from homeless respondents. Convenience sampling is a form of non-probability sampling strategy, selective, has some biases, and has possibilities for error (Patten, 2014). The study used purposive sampling to collect data through semi-structured interviews with the non-profits and the Veterans Administration. Purposive sampling allows researchers to select people
researchers believe can provide the best information (Patten, 2014). Document reviews also played a crucial role in the data collection process. Document reviews provided the current theoretical framework identified in the literature.

Three main areas of focus drove data collection including semi-structured interview sessions with the Department of Veterans Affairs, interviews with three humanitarian organizations including Habitat for Humanity, American Red Cross, and the Salvation Army. Finally, a survey of the Washington, DC homeless veteran population played a significant role in the data collection process. The interviews followed a qualitative approach, and the survey instrument followed a quantitative approach. Finally, by examining the areas separately, the study examined intricate details of current challenges and potential remedies. Investigating and synthesizing data gathered from the homeless sample helped identify the prolonging issues affecting the homeless veteran community. Examining Veterans Affairs and non-governmental data in-depth provided extraordinary evidence regarding resource availability, effective VA policies, and validated the nonprofits’ expertise.

**Research sites and participants.** Recruitment of the study participants and selection of the research sites occurred in multiple parts. The first set of study participants were from Veterans Affairs. Four members representing four different VA offices participated including three senior leaders and one staff member. Telephone calls and email invitations recruited the VA participants. Including Veterans Affairs is in the present study meant to gather first-hand knowledge regarding the department’s policies and strategic vision on its plans for addressing the homeless veteran issues in DC. Furthermore, Congress authorized VA to handle medical, social, and other matters relating to the affairs of veterans including homelessness (VA, 2017).
VA representatives participated in interview sessions conducted over the telephone. Each VA
official received informed consent forms in advance of interview sessions.

The second set of study participants were senior leaders from the three humanitarian
organizations. Participants from the nonprofits received phone calls and email invitations, and
each received informed consent forms detailing the circumstances and rights as human research
participants. Representatives from Habitat for Humanity and Salvation Army participated via
telephone interview sessions. Interview with the American Red Cross occurred at the Red Cross
Headquarters site in the National Capital Region. Including non-governmental entities in this
present study intended to gather data regarding the extensive backgrounds of each agency. Each
non-profit has demonstrated capabilities helping people with emergency services, including
veterans experiencing homelessness in the District of Columbia.

Finally, sixty-one veterans experiencing homelessness participated in this study.
Administration of hard copy paper surveys to the sample homeless population occurred at
several Washington, DC locations including Union Station, DuPont Circle, the corner of 2nd
Avenue and D Street, and two homeless shelters. Selection of these sites was due to each
location having high concentrations of homeless veterans. Given the time constraints and the
difficulty of finding homeless individuals on the streets in winter, it was easier to find
participants at the selected sites. Recruitment of unsheltered veterans came from face to face
contact with each participant. No strategies exist for choosing any set number of survey
participants from homeless shelters or on the streets. Participation based solely on availability.
Unsheltered veterans living on the streets received informed consent notifications verbally.
Telephone and e-mail inquiries with managers from homeless shelters agreeing with the
informed consent forms recruited sheltered veterans living in homeless shelters. All survey
participants received remuneration of $5. Participants from VA and humanitarian agencies
received no incentive.

Data collection. Data collection centered on the research questions and research
variables. The researcher administered interviews involving Veterans Affairs and three non-
profits, and surveyed 61 veterans experiencing homelessness in the District of Columbia, during
January and February 2017.

Veterans Administration. Each interview session with Veterans Affairs lasted about
forty-five minutes focusing primarily on the department’s policies and strategies for reducing
veteran homelessness in the nation’s capital. A few questions focused on the VA’s relationship
with the homeless veteran population in DC. Other interview questions focused on identifying
current and potential future constraints on VA’s mission to reduce the homeless population. The
remaining questions focused on finding out the VA’s interests in collaborating with the three
selected humanitarian organizations.

The nine questions asked of VA participants intended to address the first, second, and
third research questions from the government’s perspective. Table 3.0 illustrates the data
collection instruments including interviews, surveys, and document reviews. Table 3.0
demonstrates the data instruments, sources, and evidence sought. All evidence sought as
illustrated in Table 3.0 were obtained during data collection.
Table 3.0

*Data Collection Instruments*

<table>
<thead>
<tr>
<th>Data Collection Methods</th>
<th>Sources</th>
<th>Evidence Sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary data analysis/Archival research</td>
<td>Literature Review</td>
<td>(1) Existing VA polices + laws</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Non-profits’ capabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Impacts of homelessness on vets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Current frameworks + theories</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5) Existing/relevant research studies</td>
</tr>
<tr>
<td>Homeless Survey</td>
<td>Sheltered + Unsheltered Veterans</td>
<td>(1) Causes of homelessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Services received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Efficiency of services received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Trust in VA services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5) Services needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(6) Length of homelessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(7) Service provider preference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(8) Perception of Non-Profits</td>
</tr>
<tr>
<td>VA Interviews</td>
<td>Four Veterans Affairs Offices</td>
<td>(1) VA policies + strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) VA homeless programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Effectiveness of services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Interests working with non-profits</td>
</tr>
<tr>
<td>Non-governmental Entity Interviews</td>
<td>Habitat, Red Cross, Salvation Army</td>
<td>(1) Organization’s homeless expertise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Existing resource + capabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Interests working with VA</td>
</tr>
</tbody>
</table>

*Homeless population.* Several visits to Washington, DC were required to administer the homeless paper surveys at various sites. Figure 3.1 is an illustration of the survey instrument, depicting the intrinsic and extrinsic factors relevant to the DC homeless veteran population. Veteran status was not verified for participants living on the streets due to various stigmas associated with homeless veteran communities. Participants said they were veterans. Homeless shelter managers confirmed veteran status for homeless participants in the homeless shelters.
The homeless survey contained twenty-five questions. The survey instrument grouped the questions into several categories as informed by the literature review and theoretical framework including causes of homelessness, duration of homelessness, types of services needed, preferences in service providers, and homeless participant’s trust for the VA. The survey instrument included several five point Likert scales intended to gather ordinal data from survey respondents.

Additionally, the survey queried whether survey participants had received help from those non-governmental organizations as well as asked questions about humanitarian
organizations. Other survey questions comparatively inquired which service provider between VA and non-profits, provided the most efficient services addressing the needs of the homeless population. The survey instrument provided valuable data from the veterans’ perspective.

*Humanitarian organizations.* The researcher encountered numerous challenges attempting to recruit and collect data from the three humanitarian agencies due mainly to representatives’ concerns regarding the release of personal information to the public and association with this present study. Non-profit participants were assured confidentiality, which further encouraged participation.

The interview process included seven questions regarding the types of services each non-governmental entity offers to the public and the organizations’ experience working with veterans experiencing homelessness. Some questions inquired about each organization’s experiences working with the federal government, and interests and capabilities in potentially collaborating with the VA to potentially reducing veteran homelessness in Washington, DC. These questions specifically addressed the first and fourth research questions from the non-profit’s perspective.

**Measures.** Several variables and measurements examined the extent to which the federal government can reduce the Washington, DC homeless veteran community. Table 3.1 illustrates the qualitative variables and measures used to answer the research questions from a qualitative perspective. These variables include (1) perception; (2) quality of care; (3) obstacles; (4) resources; and (5) authorization. The independent variable is the ability to reduce veteran homelessness in Washington, DC, as examined in the fourth research question.
Analyzing Veterans Affairs’ and non-governmental entities’ data required synthesis of five qualitative variables and five qualitative measures, which included (1) veterans’ trust for VA; (2) VA constraints; (3) VA and non-profit expertise; (4) VA and nonprofit resources; and VA expertise as a standalone. The first research question examined VA’s ability to reduce the homeless population independently which first requires appropriate congressional authorization. The authorization and resources variables measured VA’s expertise in addressing the first research question. The second research question used both the resources and perception variables to determine the VA’s ability to foster trust with the homeless population. Obstacles and quality of care variables measured VA’s and non-government entities’ expertise in an attempt to answer the third research question. Finally, the resources variable measured VA and non-profits’ expertise responding to the fourth research question. While the survey instrument was mostly
quantitative, questions 10 and 25 were qualitative, which provided the qualitative measures as mentioned above. All other qualitative data derived from interviews and document reviews.

Several quantitative variables and measures played crucial roles in addressing the fourth research question. Analysis of the research hypothesis outlined in figure 3.0 help addressed the fourth research question. Table 3.2 illustrates the various quantitative variables and measures.

Table 3.2

*Quantitative Research variables and measures*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Measures</th>
<th>Instrument</th>
<th>Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>% veterans helped by Gov’t</td>
<td>VA Expertise</td>
<td>Survey</td>
<td>4</td>
</tr>
<tr>
<td>% veterans helped by Non-Gov’t</td>
<td>Non-Profit Expertise</td>
<td>Survey</td>
<td>4</td>
</tr>
<tr>
<td>Benefits of services received</td>
<td>Impact</td>
<td>Survey</td>
<td>4</td>
</tr>
<tr>
<td>Favorability</td>
<td>Provider Preference</td>
<td>Survey</td>
<td>4</td>
</tr>
<tr>
<td>Capabilities</td>
<td>VA+ Non-Profit Expertise</td>
<td>Survey</td>
<td>4</td>
</tr>
</tbody>
</table>

**Independent variable:** Ability to reduce veteran homelessness in DC.

**Data analysis.** There were two phases of data analysis. First, analysis of the qualitative interview data began with transcribing and coding with a predefined qualitative codebook in Dedoose. Dedoose is a mixed methods software application capable of organizing and synthesizing data (Taylor & Treacy, 2013). Data from Dedoose downloaded into Microsoft Word synthesized then analyzed the variables and measures using content analysis. This study used conceptual and relational content analysis examining trends and relations VA and the three non-governmental entities’ data. Figure 3.2 depicts the qualitative data analysis process.
Figure 3.2. Qualitative Analysis Process

- **VA and Non-Profits Interview Data**
  - Research Question 1: VA Abilities
  - Research Question 2: Homeless Trust - VA
  - Research Question 3: VA Constraints
    - Relational Content Analysis (Data Relations/Patterns)
    - Conceptual Content Analysis (Code Frequency)
The second phase included a quantitative analysis. Figure 3.3 illustrates the quantitative data analysis process, variables, measures, and steps taken to test the research hypothesis.

**Quantitative Analysis**

**Research Question 4**
To what extent do humanitarian organizations have the capacity and interest in contributing toward reducing veteran homelessness in Washington, DC?

**Research Hypothesis**
H1: Non-governmental entities provide access to services for veterans experiencing homelessness with better efficacy than the current federal approach.

- **Descriptive Statistics**
- **Chi-square Analysis**
  - **Summary Statistics**
  - **95% Confidence Interval (.05)**

- **Bivariate Variables**
  - **Favorability + Benefits**
  - **Perception + Capabilities**

- **VA Resources**
- **Non-Profit Resources**
- **Collaboration**
- **Test of statistical significance**

*Figure 3.3. Quantitative Analysis Process*
Quantitative data analysis was conducted in two parts including analysis of descriptive statistics and chi-square tests to address the fourth research question. Descriptive summary statistics focused on VA and non-governmental resources examining which was most efficient in meeting the needs of the sample population of homeless veterans. Chi-square tests using bivariate variables were performed to test for correlation between non-governmental capabilities and the ability to reduce veteran homelessness in DC.

**Threats to internal and external validity.** Threats to internal validity are concerned primarily with observed and potential changes in research studies, while threats to external validity are mainly concerned with the extent to which researchers can generalize study results (Patten, 2014). In this particular study, there were no serious threats to internal validity. In this study, there was no maturation of research participants, and only one interaction with each participant occurred. There were no requirements for pre-tests or post-tests.

There are several threats to external validity based on the specifics of the research design. More specifically, there are three threats to external validity regarding place, time, and people. First, convenience sampling has some selection biases that limit generalizability. The study occurred only in a single city. Therefore, the degree to which the results of this study would apply to other regions is minimal because of the sampling biases. Second, this study was conducted during the winter months, limiting the number of survey participants. Finding unsheltered veterans living on the streets was extremely difficult during the cold weather. It would be difficult to generalize the results of this study comparing the winter months in Washington, DC to other warmer sites. Finally, this study used a predetermined sample population based on veteran status. The results of this study could be wrong if generalized to
other areas because the type of people involved in this study might not have the same
demographic factors or other challenges including social isolation, cognitive impairments and
other health related ailments or economic instabilities as other areas outside of DC.

Limitations

Several limitations exist with this study. First, this study took place solely in the District
of Columbia. Therefore, careful consideration is necessary regarding generalizing and applying
the study’s findings and recommendations to other cities, states, and localities. The situations and
circumstances in Washington, DC may differ to other areas.

Another factor of limitation is the sample size of this current study. Initially, the study
targeted one hundred veterans experiencing homelessness in the District of Columbia. However,
given the difficulty of reaching this population in the cold winter months, recruitment obtained a
smaller sample (n=61). Such a small sample size limits generalization. Furthermore, convenience
and purposive sampling as forms of non-probability sampling limit generalization (Draugalis &
Plaza, 2013). In addition, a limitation exists regarding the research method. While the mixed
methods approach allows for a comprehensive exploration of the data from both qualitative and
quantitative perspectives, it may limit the level of details either method could yield. For instance,
this study is statistically limited based on the sample size. However, utilizing an exploratory
design allowed increased qualitative analyses, which when compared to the reduced statistical
outputs forms an in-depth view of the different study variables.

Another barrier is the inherent circumstances associated with veteran homelessness.
Homelessness among veterans is a challenging topic because this is a vulnerable population with
a lack of trust for outside groups because of the stigmatization of homelessness. Cultural barriers and limitations exist when sampling homeless veteran communities because this is a transient group, with a prolonged lack of trust for service providers and researchers.

**Ethical Considerations**

This study adhered to all ethical standards and stipulations as instructed by the Northeastern University’s Institutional Review Board (IRB). No report from this study will include any readily discernible identifiers. Furthermore, no reports from this research study will contain the names of study participants. The researcher will store all data including audio files on a secured encrypted password protected external hard drive in a secured space with only the researcher having access. Additionally, the researcher will preserve all audio consent files and destroy the content after three years based on guidance from the Northeastern University’s IRB. De-identified transcripts and the survey database will be on file for future research efforts. The study design assured confidentiality to all study participants including the protection of participants’ personally identifiable information.

**Assumptions**

Several assumptions exist with the present study. First, the current study assumed all study participants gave 100% honest effort in answering interview and survey questions without biases. Furthermore, the present study assumed the reliability of data collection instruments given the frequency of use in previous studies outlined in the literature. There is also a theoretical assumption that the frameworks and theories described in the literature are reliable
given the utilization of these principles in past studies. Also, for chi-square test results to be valid, the following assumptions must be present.

(1) Sample size: No expected frequency should be lower than one; no more than 20% of expected frequency is less than five.

(2) Independence: All observations are independent. VA and non-profit participants are interviewed only once. Administration of surveys to the homeless veteran sample population occurs only once. No duplicate entry was allowed.

**Summary**

The present study used an exploratory approach to investigate the intricacies involved in addressing veteran homelessness in Washington, D.C. Several theories identified in the literature informed the methodological design of this study including (1) life-course theory; (2) patient power resources; (3) economic theory of homelessness; and (4) the health belief model. Qualitative and quantitative variables and measures were used to address the four research questions. Multiple statistical analyses were administered to test the research hypothesis in answering the fourth research question. Comparative analyses occurred between survey results of the needs identified by the homeless population compared with the current services offered by both the VA and humanitarian organizations. The present study utilized descriptive statistics to illustrate veterans’ preferences in service provider.
Chapter 4

Results

Overview

The purpose of this exploratory study was to examine the reasons preventing the Veterans Administration from significantly reducing the Washington, D.C. homeless veteran population. This study explored whether using non-governmental entities was an efficient option for helping the federal government reduce the homeless veteran population in the District of Columbia. Finally, this study verified whether the proposed Reduction and Prevention Framework was applicable and appropriate to the Veterans Administration’s efforts in the fight against veteran homelessness.

The present study explored four research questions. Data were analyzed in multiple parts. First, data were analyzed by looking at Veterans Affairs data in investigating VA’s capabilities and addressing the first three research questions. Second, data were analyzed by synthesizing the survey data collected from sixty-one veterans experiencing homelessness in determining the preference of treatment from varying service providers and addressing the fourth research question and validating results of the second research question regarding trustworthiness. Finally, data were analyzed examining non-profit data to determine non-profits’ suitability and capabilities and the extent to which non-governmental entities can provide care to veterans experiencing homelessness in DC, addressing the fourth research question.
Results

Veterans Administration Interview Results

Analysis of VA data showed existing VA policies addressing challenges associated with veteran homelessness. Although VA made some progress using these policies, VA respondents indicated work remains to resolve existing problems. Exploration of VA data showed resource scarcity, conflicting agendas, and recurring uncertainties. Nevertheless, VA participants remained optimistic regarding the department’s ability to resolve ongoing internal and external constraints but insisted the department needed more resources to address long-term issues.

In general, Veterans Affairs played a vital role in this present study. Participants A, B, C, and D represent VA representatives ensuring confidentiality. Interviews with VA included nine interview questions, some concerning constraints affecting the department’s efforts. In addition, evaluating the effectiveness of VA’s policies was crucial in this study. Determining the department’s capabilities in managing and reducing homelessness for veterans in Washington, DC was also critical. As such, several variables were employed to assess VA capabilities, including available VA resources, congressional authorizations, quality of care, obstacles and veteran’s perceptions of services received.

Participant A. Veterans Affairs described the lack of information sharing and lack of resources as the primary constraints on the department regarding veteran homelessness. The first participant affirmed the speculations that the VA is doing an insufficient job disseminating information necessary to help veterans get to the appropriate VA component office for help. According to the first participant, “increased engagements with the homeless community are the
Participant A outlined several consultation programs the VA uses to care for veterans experiencing homelessness including the outreach consultation program and the emergency consultation program. According to participant A, “the VA uses the outreach and emergency consultation programs to help veterans who are experiencing certain conditions find immediate help.” The outreach consultation program according to Participant A, “worked well when people notified the VA about seeing homeless veterans living on the streets.” Upon receiving these notifications, Veteran Affairs deploys agents to the sites to help those homeless veterans. However, according to this participant “the challenge with that approach is, it is not widely known.” The public is unaware of this program and lacks the information to notify VA. According to participant A, “the emergency consultation program specifically deals with helping sheltered and unsheltered veterans experiencing emergencies, living in toxic conditions, or homeless veterans living on the streets with children.” Although the emergency consultation program seems promising, it is also mostly unknown to the public.

**Participant B.** According to participant B, “lack of resources and Congressional bureaucracies are the most significant constraints causing delays in the department’s homeless efforts.” Furthermore, according to this representative, “finding people who preferred to live in isolation is difficult especially when people have given up hope in the system.” Regarding the failed Opening Door policy, this participant declared that, “VA should do more to revise this policy because the VA cannot fix the homeless veteran crisis in DC alone.” Finally, this participant highlighted that the VA routinely works with some private organizations and
welcome collaboration with major humanitarian agencies because they have the requisite expertise including Habitat for Humanity, the Salvation Army, and the American Red Cross.

Participant C. The third participant also believed the Veterans Affairs could not resolve the Washington, DC homeless crisis alone. Participant C said, “Unrealistic VA strategies and unrealistic timelines were the main reasons Veterans Affairs struggled.” Additionally, the third VA participant indicated there are too many stipulations and restrictions associated with the VA’s programs. For example, registered sex offenders who are veterans are ineligible for services based on the criteria under most if not all VA homeless programs. Those stipulations automatically eliminate some members of the homeless veteran community from receiving federal aid. Participant C reported that the VA needs more resources to address the enormity of veteran homelessness in the District.

Participant D. The fourth VA participant provided feedback from an overarching and general perspective. Participant D provided feedback relating to exploring ways the VA could expand broad range services to fight veteran homelessness. The fourth VA participant focused on creating extensive systems and frameworks that could help all veterans experiencing homelessness in DC and nationwide. According to the fourth participant, “the VA is exploring a national agenda where the organization would examine inherent problems with a long-term national focus instead of focusing on immediate local and regional issues, but VA needs help.”

VA Homeless Programs

Veterans Affairs offices tasked with resolving the veteran homelessness issues in DC continue to explore new approaches capable of addressing the different obstacles. VA uses
several options to help veterans experiencing homelessness. These include the HUD-VASH program, VA Homeless Providers Grant Per Diem (GPD) program, Enhanced-Use Lease (EUL) program, and the Acquired Property Sales for Homeless Providers Program (VA, 2017).

The Grant and Per Diem (GPD) program subsidizes funding to community-based homeless shelters providing transitional and permanent housing to veterans experiencing homelessness (VA, 2017). Homeless shelters are useful conduits for reaching veterans living on the streets. Overall, the VA participants all favored the grant per diem program because it provides access to transitional housing and case management services. The main limitation with the Grant and Per Diem initiative is that VA has limited resources to maintain this program.

The Enhanced-Use Lease (EUL) Program offers numerous housing opportunities through VA acquired real estate ventures (VA, 2017). The program grants housing through underutilized VA properties. Under the EUL program, Veterans Affairs offers essential amenities to veterans helping cut living expenses. Limitations under this program include space availability and scarce resources. EUL offers the sale of VA properties to some homeless shelters to use as transitional housing and other services (VA, 2017). VA participants reported these programs as being effective tools the VA is utilizing to create access and opportunities to veterans experiencing homelessness. VA also has the Acquired Property Sales for Homeless Providers Program, which is very similar to the EUL program.

In general, Veterans Affairs reported that veteran homelessness is unnecessary and that veterans experiencing homelessness deserve a chance to rise above the inhumane conditions. Interview data demonstrated that VA has several overlapping areas with multiple programs providing some of the same services leading to some redundancies. Some of the services
Veterans Affairs offer such as the HUD-VASH, and Opening Doors programs serve similar purposes. Table 4.0 illustrates a combined VA feedback outlining the programs’ impacts on veterans experiencing homelessness in the District of Columbia. Furthermore, table 4.0 shows VA’s perspectives relative to varying constraints, potential remedies, and VA policies. VA participants acknowledged several redundancies among the different VA homeless programs.

Table 4.0

*Combined Veterans Administration’s Interviews Assessment*

<table>
<thead>
<tr>
<th>Participant</th>
<th>VA Constraints</th>
<th>Potential Remedies</th>
<th>Existing VA Strategies</th>
<th>Should VA work with Non-Profits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Information Sharing</td>
<td>Outreach</td>
<td>Consults, SSVF, Grants</td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>Budget, Congress</td>
<td>Collaboration</td>
<td>Grant programs</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>Unrealistic Goals</td>
<td>Better Policies</td>
<td>SSVF, Grants</td>
<td>Yes</td>
</tr>
<tr>
<td>D</td>
<td>Housing Prices</td>
<td>Partnerships</td>
<td>Grants</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note:* All statements independently submitted. Interview of VA participants occurred separately. There was no coordination between participants occurred. Participants were unaware of each other’s participation and contribution to the study.

**Summary of VA Results**

The redundancies found among Veterans Affairs’ homeless programs demonstrate some of the issues the department is having coordinating efficient services. VA representatives said, “the need exists for additional help outside the department.” These findings answered the first research question showing VA’s inability to reduce veteran homelessness in DC. All VA
participants said the department should consider collaborating with Habitat for Humanity, the American Red Cross, and the Salvation Army. VA leadership indicated these three organizations have the background and expertise working with vulnerable populations.

Analysis of Veterans Affairs’ interview data showed veterans’ lack of trust VA derived from negative past experiences seeking care from Veterans Affairs. Furthermore, VA participants agreed gaps in VA services are preventing a better relationship among veterans experiencing homelessness and VA. VA respondents said, “A better relationship might help reduce the trust issues.” These findings answered the second research question from the VA’s perspective regarding how VA can foster trust with the homeless veteran population.

In addition to lack of trust, descriptive statistics showed several other constraints are affecting the VA’s progress in DC regarding veteran homelessness. Data showed that the lack of information sharing with veterans about current VA services, and the lack of VA engagement with the homeless population are addition constraints on VA. These findings answered the third research question regarding VA constraints. VA participants said, “Collaborating with the three humanitarian organizations would help improve the department’s image, and could help the VA reduce strain on the limited available government resources.”

**Homeless Survey Results**

The homeless survey instrument collected and analyzed data delineating causes of homelessness, veterans’ perceptions of VA’s capabilities, and needs of the homeless population. Survey data aimed at answering questions regarding veteran’s trust for VA. Finally, the survey data intended to respond to the fourth research question regarding services received from mon-
governmental entities, and veterans’ perceptions of humanitarian organization’s capabilities.

Survey results showed top causes of veteran homelessness were due to financial instability (41%), housing crises (39%), and drug abuse (20%). The fourth reason was due to healthcare related issues including mental health (PTSD and depression). Figure 4.0 gives an illustration of the top three reasons identified by veterans who took the homeless survey.

![Figure 4.0. Causes of homelessness](image)

The literature reported mental illness as a major contributor of homelessness among veterans (Taylor, 2016). However, this exploratory study reported other factors as leading contributors. One speculation is that different factors may affect veterans experiencing homelessness in the District of Columbia compared to other areas. Another reason might be financial instability may be highest due to the prevalence of the recent economic recession. Future research requires examination of mental illness impacts on veterans experiencing homelessness in Washington, D.C to determine why mental illness did not rank in the top three.
Trust. Some homeless veteran participants indicated severe discontent with the level of care VA offers. In general, 63% of veterans in this study received no services from the Veterans Administration. Of those who received VA services, 51% indicated VA services were helpful. Overall, 49% reported receiving insufficient services from VA. Figure 4.1 illustrates the level of trust veterans in the Washington, DC homeless population have for the VA overall.

Overall, 60% of participating veterans in this present study reported a lack of trust for VA. Lack of leadership and inefficient VA practices including eligibility stipulations for services were reasons for the mistrust. Finally, a mere 14% of veterans homeless would choose to get services from VA instead of other service providers. Survey participants expressed frustrations with inadequate transitional housing in the District of Columbia. Many veterans claimed that availability of transitional housing might have prevented them from becoming homeless.

Question 19 of the homeless survey examined homeless veterans’ confidence in Veterans Affairs. Results showed 40% of veterans currently experiencing homelessness in DC believed VA could address the homeless needs. However, 60% lacked trust in VA. In general, veterans in this study lacked favorability for VA compared to non-governmental entities.

![Figure 4.1](image.png)

*Figure 4.1. Question 18, do you trust for the VA to provide the level of care you need?*
**Homeless Shelters**

The two homeless shelters that participated in this present study mentioned receiving VA grant funding. Shelter managers reported the process as “very competitive and extremely burdensome.” Sheltered veterans who are homeless in DC found the two shelters moderately helpful. Some veterans complained that, “at times some staff members did not always project the best professional attitude, often showing a lack interest in the job.”

Additionally, survey data showed severe restrictions regarding access to care based on program eligibilities, stipulations, and low availability of services. Survey respondents said, “it is almost impossible getting help from VA because there are limited services and some VA case managers do not know where to send us to get help.”

**Summary of Survey Results**

Lack of trust for VA is common among veterans affected by homelessness in the District of Columbia. Some features of the survey results help answered the first three research questions about VA’s inability to fix the problems prolonging veteran homelessness, and the obstacles stopping the VA’s progress.

**Humanitarian Organizations’ Interview Results**

The fourth research question examined the extent to which humanitarian organizations have the capacity and interest in contributing toward reducing veteran homelessness. A series of assessments were performed to answer the fourth research question. First, an evaluation of non-profit interview data was conducted evaluating whether the non-profits have
the expertise, capacity, and interests in collaborating with the federal government to tackle veteran homelessness. Incorporating humanitarian feedback has provided a unique and valuable perspective. Habitat for Humanity, Salvation Army, and American Red Cross accounted for 40% of services rendered from non-governmental entities to veterans experiencing homelessness in the District of Columbia, Washington, D.C. The other 60% came from other local and regional nonprofits including homeless shelters, faith-based organizations, and small charities.

The three non-profits in this present study reported concerns over VA’s inability to fix the homeless crises in Washington, D.C. Nonetheless, the non-profits expressed optimism in helping find an effective strategy moving forward. Table 4.1 illustrates the non-profits’ perspective regarding VA’s efforts. Interview data interestingly indicated episodes where the three non-profits attempted to work with the VA at some point in the past.

Qualitative content analysis and synthesis of the data were administered in Dedoose. Comparison of the non-profit data with VA interview data demonstrated shared interests between VA and the non-profits regarding collaboration. Furthermore, VA participants indicated the recurring problems were outside the department’s expertise expressing a need for outside help. Study findings indicated that together, these entities could potentially reach thousands of veterans in need of homeless services, based on interview data. The opportunity exists for these agencies to work together.

Table 4.1 illustrates recent non-profit interactions with VA and depicts external institutional reviews of VA services to veterans affected by homelessness. Non-governmental entities of all types have worked with the federal government on past initiatives. The non-profit
entities involved in this present study shared institutional views of VA as demonstrated in table
4.1

Table 4.1

_Humanitarian Feedback on the Department of Veterans Affairs_

<table>
<thead>
<tr>
<th>Programs</th>
<th>Representatives Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habitat for Humanity</td>
<td>“We have tried very hard to coordinate with the Dept. of Veterans Affairs, and have been extremely frustrated by their lack of detailed response. We have had many meetings, but no results.”</td>
</tr>
<tr>
<td>The Salvation Army</td>
<td>“We would collaborate with the Veterans Administration on such a critical initiative. However, I must say that we have not had much luck dealing with the VA in the past. While I am not trying to bad mouth the VA, I know personally that their programs are not working and are not doing much for veterans.”</td>
</tr>
<tr>
<td></td>
<td>“I know that because we have regular interactions with the homeless population in Washington, DC and we talk with people on the streets every day. Homelessness is one of our core missions, so we understand very well what is working and what is not working in our area of expertise.”</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>“We collaborate with the VA every January (last Saturday) to host an outreach event in Washington, DC where different service providers meet to provide service support to veterans. During these sessions, various non-profit groups are there including medical, mental health professionals, housing, and other professional services. Veterans are not allowed to get the onsite handouts (jackets, boots, other clothes) unless they visit each station to see what aids are available.”</td>
</tr>
</tbody>
</table>

_Habitat for Humanity_. Habitat accounted for 5% of services veterans received from non-governmental entities. Habitat recommended rapid re-housing, access to health care, and job training initiatives as top priorities the government should pursue. Habitat raised concern
regarding working with VA due to negative past experiences. Habitat for Humanity also expressed great concerns regarding VA’s lack of commitment and inconsistent agency strategies. Nonetheless, Habitat expressed interest collaborating with the federal government through the Veterans Administration to help identify potential paths forward to tackle veteran homelessness.

**The Salvation Army.** The survey results reported that the Salvation Army contributed 22% the services given to veterans who are homeless in DC. The Salvation Army outlined several homeless programs the organization uses to tackle veteran homelessness in Washington, DC. The Salvation Army representative presented an overview of four programs utilized to reach unsheltered veterans living on the streets. The four programs include:

*Harbor light program.* The Salvation Army uses the harbor light initiative to help veterans experiencing homelessness and experiencing issues relating to substance abuse. “We provide detoxification services, counseling, and other treatment assistance to people who have become addicted to substance.”

*Emergency assistance housing program (EAHP).* “Through this program, we provide homeless shelter services to homeless individuals, including counseling and other forms of aid.”

*Turning point program.* “This is a two-year transitional housing program for single mothers. It helps single mothers experiencing homelessness find permanent homes.”

*Grate patrol program.* “Our van service provides dinner every night of the year to homeless individuals in Washington, D.C., we feed people every night and provide case management service to help with finding employment and help people settle into a more manageable lifestyle.”
The Salvation Army received the highest support among veterans who are homeless as compared to the American Red Cross and Habitat for Humanity. The high ratings are likely due to the daily van service. Of the four Salvation Army homeless programs, Grate Patrol provides more immediate reliefs to veterans. The Salvation Army listed affordable housing as the biggest challenge affecting homeless veterans in DC, declaring, “rental and mortgage prices are too high in the District for people to live comfortable lives.” Further, Salvation Army indicated, “more than 50,000 people on the waiting list in DC under the fair housing law waiting for housing opportunities.” Washington, D.C. is not currently accepting new applicants. Finally, the Salvation Army indicated having the capacity, expertise, and unequivocal interests collaborating with Veterans Affairs to reduce veteran homelessness.

The American Red Cross. The American Red Cross provided 13% of services by nongovernmental entities to veterans who are homeless in Washington, D.C. The American Red Cross has a federal charter that directly aligns with the U.S. military allowing Red Cross to provide expedited services to active military service members (American Red Cross, 2017). The American Red Cross also specializes in veteran services and has extensive programs providing aid to veterans including those who are homeless in the National Capital Region (American Red Cross, 2017). The American Red Cross listed the following programs:

Partnerships. “The American Red Cross collaborates with various federal, state, local, and private agencies to support veterans’ interests including several key partnerships we use on a recurring basis in support homeless veterans.”
**Give an hour initiative.** “Through the Give and Hour initiative, we use physicians to provide a free hour of service to veterans including the homeless to help with medical related illnesses including providing mental health counseling.”

**Get to know us program.** “Our Get to Know us program educates service members and veterans about the various American Red Cross programs providing support to active service members, veterans, and their families, including ways of finding help before it is too late.”

**Hero care network.** “This program provides emergency services to veterans needing immediate assistance. The Hero Care mobile application software allows ease of access to American Red Cross services 365 days per year.”

**Resilience network/reconnection workshop.** “This program focuses on community preparedness understanding and fighting problems affecting veteran communities including homelessness. The program offers a series of seminars and workshops informing veterans of available services.”

Table 4.2 illustrates various services provided by each of the non-profits. Table 4.2 gives a breakdown of each entity’s background and expertise regarding working with veterans. Finally, table 4.2 help answered the fourth research by showing that non-governmental entities have the skills and capabilities, and are willing to collaborate with Veterans Affairs to provide continuous services to veterans affected by homelessness. Other factors contributed to answering the fourth research questions including descriptive statistics and chi-square tests present later in this chapter.
Table 4.2

*Combined Humanitarian Organizations’ Perspectives*

<table>
<thead>
<tr>
<th>Organization</th>
<th>Expertise</th>
<th>Programs</th>
<th>Interests Collaborating with VA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habitat for Humanity</td>
<td>○ Worked with HUD</td>
<td>○ Housing Programs</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>○ Helped homeless Veterans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army</td>
<td>○ Worked with VA</td>
<td>○ Daily Van Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ Helped many Vets</td>
<td>○ Emergency Shelters</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Single Mom Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Substance Abuse Program</td>
<td></td>
</tr>
<tr>
<td>American Red Cross</td>
<td>○ Federal Charter</td>
<td>○ Hero Care Network</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ Worked with Military</td>
<td>○ Get to Know Us</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>○ Collaborated with VA</td>
<td>○ Resilience Network</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ Helped homeless Veterans and Service Members</td>
<td>○ Give an Hour</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Overall, the three humanitarian organizations displayed genuine interests in collaborating with the federal government through the Department of Veterans Affairs. All three agencies have had previous interactions with the Veterans Administration. Habitat for Humanity expressed the most concern about VA’s commitments. In general, the non-profits want to help veterans in any way possible. Finally, the non-governmental entities self-declared expertise in the National Capital Region especially Washington, DC regarding homelessness and a willingness to working with VA.
Summary of Humanitarian Results

Data collected and analyzed from the three humanitarian organizations and the Veterans Administration showed shared interests regarding collaboration between the VA and the non-profits. The common interest revelation is a significant finding helping to answer the fourth research question, showing that humanitarian organizations have the expertise and interests collaborating Veterans Affairs to reduce homelessness among veterans in the District of Columbia. Each of the three humanitarian agencies outlined various programs addressing homelessness showing that each organization has a long history of helping veterans.

Descriptive Statistics

Table 4.3 illustrates the descriptive statistics from survey data collected from 61 veterans experiencing homelessness in Washington, D.C. It outlines several factors contributing to answering the fourth research questions regarding non-profit capabilities. Table 4.3 illustrates findings regarding veterans’ perceptions of service providers including veterans’ favorability between the VA and humanitarian organizations. While figure 4.3 helped address the fourth research question, additional information contained in 4.3 are also applicable in validating previous answers to the first three research questions. Table 4.3 demonstrates a 29.9% difference of opinion among survey respondents believing non-profits provide better services than VA. Finally, almost 40% of veterans who took the questionnaire were homeless between one and five years, and 47% reported being homeless after five years of leaving military service. No test of independence was conducted regarding the length of military service and homelessness. The need exists to explore those tests in future research.
Table 4.3

**Descriptive Statistics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Causes of homelessness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Instability</td>
<td>25</td>
<td>41</td>
</tr>
<tr>
<td>Housing Crisis</td>
<td>24</td>
<td>39.3</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>16</td>
<td>26.2</td>
</tr>
<tr>
<td>Health Issues</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Type of services needed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Care</td>
<td>19</td>
<td>31.1</td>
</tr>
<tr>
<td>Housing</td>
<td>50</td>
<td>82</td>
</tr>
<tr>
<td>Food</td>
<td>24</td>
<td>39.3</td>
</tr>
<tr>
<td>Clothing</td>
<td>21</td>
<td>34.4</td>
</tr>
<tr>
<td><strong>Years of homelessness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 Year</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>1-5 Years</td>
<td>24</td>
<td>39.3</td>
</tr>
<tr>
<td>5-10 Years</td>
<td>18</td>
<td>29.5</td>
</tr>
<tr>
<td>Over 10 Years</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td><strong>Branch of Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Army (include Reserves)</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Air Force (include Reserves)</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Navy (include Reserves)</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Marines (include Reserves)</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Coast Guard (include Reserves)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Length of Mil. Separation before Homeless</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 Year</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>1-5 Years</td>
<td>9</td>
<td>15.5</td>
</tr>
<tr>
<td>5-10 Years</td>
<td>27</td>
<td>46.6</td>
</tr>
<tr>
<td>Over 10 Year</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td><strong>Trust for the VA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>39.3</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>60.7</td>
</tr>
<tr>
<td><strong>Help from VA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>63.7</td>
</tr>
<tr>
<td><strong>Help from Nonprofits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>43</td>
<td>71.1</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>28.3</td>
</tr>
<tr>
<td><strong>Best Service Provider</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Nonprofits</td>
<td>25</td>
<td>43.9</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>42.1</td>
</tr>
</tbody>
</table>

Note: Total sample was n=61. Several survey questions allowed for multiple answers. Given the vulnerable population, some participants felt uncomfortable answering some questions. All participants answered the survey questions relating to each research question.
Chi-square Analysis

To assess the research hypothesis, and help answer the fourth research question a series of bivariate chi-square tests were administered. Chi-square test can assist researchers to accept or reject the null hypothesis indicating whether there are direct links between the observed and expected values, or whether things occurred by chance (Patten, 2014). Given the utilization of the non-probability convenience sampling which represents a biased sample, inference and statistical significance do not demonstrate generalizability.

**Hypothesis (H₀).** Non-governmental entities provide access to services for veterans experiencing homelessness with better efficacy than the current federal approach.

**Null hypothesis (H₁).** Non-governmental entities have no significant relationship with access to services among veterans experiencing homelessness.

The categorical variables examined include (1) Capability- the percentage of veterans (homeless) helped by non-profits in general (71.7%), (2) Perception- combined percentage of the top three homeless needs (financial, housing, drugs/medical) received from non-profits (85.1%). (3) Favorability-percentage of preference non-profits instead of VA (43.9%), and (4) Benefits- percentage of positive views by veterans who are homeless regarding non-profits (67.2%). Presentations of the chi-square outcomes are below.
Table 4.4

*Chi-Square test output: Favorability and Benefits Utilizing Non-Profits*

<table>
<thead>
<tr>
<th></th>
<th>Favorability</th>
<th>Benefits</th>
<th>Marginal Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Sample (Yes)</td>
<td>44 (49.52) [0.62]</td>
<td>67 (61.48) [0.5]</td>
<td>111</td>
</tr>
<tr>
<td>Homeless Sample (No)</td>
<td>14 (8.48) [3.6]</td>
<td>5 (10.52) [2.9]</td>
<td>19</td>
</tr>
<tr>
<td><strong>Marginal Column Totals</strong></td>
<td>58</td>
<td>72</td>
<td>130</td>
</tr>
</tbody>
</table>

The chi-square statistic is 7.6095. The *p*-value is .005806. The result is significant at *p* < .05. Since the *p*-value is less than the significance level of (.05), the study rejects the null hypothesis. Favorability and benefits correlate. Benefits received by veterans from non-profits and charitable organizations were contributors to the non-profits’ favorability over the VA.

Table 4.5

*Chi-square test output: Capacity and Perception Utilizing Non-Profits*

<table>
<thead>
<tr>
<th></th>
<th>Capability</th>
<th>Perception</th>
<th>Marginal Row Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Sample (Yes)</td>
<td>72 (78.5) [0.54]</td>
<td>85 (78.5) [0.54]</td>
<td>157</td>
</tr>
<tr>
<td>Homeless Sample (No)</td>
<td>28 (21.5) [1.97]</td>
<td>15 (21.5) [1.97]</td>
<td>43</td>
</tr>
<tr>
<td><strong>Marginal Column Totals</strong></td>
<td>100</td>
<td>100</td>
<td>200</td>
</tr>
</tbody>
</table>

The chi-square statistic is 5.0067. The *p*-value is .02525. The result is significant at *p* < .05. Again, the *P* value is less than the level of significance at .05, and again the results prompted
rejection of the null hypothesis. Capability and perception correlate. Humanitarian organizations’
capabilities played a role in veterans’ perception of non-profits and charitable organizations.

Summary

The results of this research study confirmed the findings in the literature review that the
intricacies of veteran homelessness are more complicated than seen on the surface. The issues
associated with veteran homelessness span across multiple problem areas and various disciplines.
The focus of this study was on finding reasons veterans become homeless, evaluation of existing
services, and exploration of whether humanitarian organizations are able and willing to help the
government reduce veteran homelessness. Data derived from surveying 61 veterans experiencing
homelessness in the District of Columbia. The study also examined four interviews from the
Veterans Administration and three interviews from humanitarian organizations.

Federal strategies through the Veterans Administration, Housing and Urban
Development, the Interagency Council on Homelessness, and through partnerships with private
industries have prompted some reductions in homelessness among veterans. However, those
reductions have not necessarily stabilized the uncertainties nor have they unequivocally
eliminated future cases of veteran homelessness. One central theme among survey participants is
that veteran homelessness is unpredictable. Due to different reasons, it is tough to prevent future
cases of homelessness. Based on the homeless survey results of this study, the reasons vary why
these veterans became homeless. Also, it is worth noting that there are also varying reasons why
people return to homelessness after receiving access to permanent housing. The many cases of
individuals returning to homelessness are indications of the unpredictability surrounding this
veteran homelessness. Further research is required to help identify reasons veterans return to homelessness.

The Department of Veterans Affairs has implemented some practical strategies for tackling veteran homelessness. Some VA programs are thriving while others struggle to make a difference. The Veterans Administration’s grants programs efficiently align VA resources with community-based social service programs in providing services to veterans. Through the grant programs, the VA collaborates with some local homeless shelters in Washington, D.C. in providing access to transitional housing for veterans who meet VA’s established housing criteria. The Support Services for Veterans and Families is another VA program that has yielded some meaningful results (VA, 2017).
Chapter 5

Recommendations and Conclusions

Overview

The purpose of this exploratory study was to examine the challenges preventing the reduction of homelessness among veterans in the District of Columbia. Additionally, this study explored the feasibility whether utilizing humanitarian organizations was a viable option for supplementing the federal government’s efforts regarding significant reduction veteran homelessness. To assess the research goals a series of qualitative analyses and statistical tests were performed using data collected to answer four research questions. The theoretical framework and review of the literature influenced the development of four categorical variables in testing for statistical significance. These factors include favorability, perception, benefits, and capability. Assessment of the four factors occurred using data gathered from the survey instrument to determine the level of significance between the independent and dependent variables using a 95% confidence interval using chi-squares. Chapter 5 includes discussion of the findings presented in Chapter 4, the implication of different results, limitations of this study, the impacts on law and policy, and implications for future research.

Discussion of Results

Assessment of the interview and survey instruments demonstrated an existing need for an alternative approach to reducing homelessness among veterans in Washington, D.C. The continued lack of resources remains a significant challenge limiting the number of veterans
Exiting homelessness in DC each year. The challenge will continue until the Department of Veterans Affairs implements a concentrated homeless strategy outlining practical solutions capable of addressing ongoing problems. Reducing the DC homeless veteran population will require an evaluation of existing structural strains on the homeless community including poverty and behavioral contributions. The Life-Course Theory, Patient Power Resources Framework, Economic Theory of Homelessness, and the Health Belief Model are instruments that influenced the proposed recommendations capable of addressing the different issues affecting the homeless community. Figure 5.0 illustrates how each theory directly influenced each proposed recommendations.

Figure 5.0. Theory connections
Figure 5.0 is an illustration of the general connections between the existing theories and the new proposed framework resulting from this present study. The current framework, theories, and model from the literature colored in blue influenced the new proposed platforms in gray. The platforms in gray make up the new Reduction and Prevention Framework. The Reduction and Prevention Framework forms the basis for recommendations presented in this chapter.

VA capabilities. The first research question examined whether the Department of Veterans Affairs can reduce the homeless veteran population using its current resources. Data obtained from VA interviews showed VA is incapable of significantly reducing veteran homelessness without external resources. Survey results found showed that 60% of veterans experiencing homelessness in the District of Columbia lacked confidence in Veterans Affairs’ ability to provide the help necessary to assist veterans exit homelessness. VA needs to adopt outreach and engagement strategies capable of sharing pertinent information with veterans living on the streets regarding places to get help. Furthermore, based on survey data and challenges to access, VA should consider revising eligibility criteria reducing the stipulations on various homeless programs. The Veterans Administration is encouraged to consider these recommendations including leveraging and enlisting regional and community resources in its homeless endeavor.

Trust for the VA. The second research question explored possible measures the VA may utilize to foster trust with the homeless population. After further analyses, the data suggested there is a significant amount of mistrust for the VA by the DC veteran homeless population. Veterans who are experiencing homelessness in Washington, D.C. do not trust the VA for
providing the level of care they need. Quantitative survey data indicated there is a 61% lack of confidence among veterans experiencing homelessness in DC for the VA. The lack of engagement with veterans experiencing homelessness in Washington, D.C. was a recurring theme among survey respondents. Mistrust for the VA is partly due to the VA’s lack of presence.

VA constraints. The third research question explored the restrictions preventing the VA from making progress regarding the reduction of homelessness among veterans in Washington, D.C. Veterans Affairs and non-profit data showed numerous stipulations among VA’s homeless programs. Another VA constraint is the slow process time responding to submitted requests for services. To expedite services and resolve the concerns Veterans Affairs needs to evaluate its existing homeless programs addressing stipulations placed on veterans. Finally, the need exists for VA to revise eligibility requirements for services under the various homeless programs.

Humanitarian alternative. The fourth research question explored the extent to which Habitat for Humanity, the American Red Cross, and the Salvation Army are capable and interested in supplementing the VA’s efforts to reduce homelessness among veterans living in Washington, D.C. The interview and survey instruments demonstrated shared interests between the Department of Veterans Affairs and all three humanitarian organizations involved in this present study. The non-profits welcomed the opportunity to work with the VA and demonstrated a long history of providing support to many people including veterans experiencing homelessness in Washington, D.C. The Veterans Administration was impressed with the level of expertise of each organization based on experience the VA had working independently with each of the three non-profit organizations. The shared interests expressed by the VA and the non-
profits answered the fourth research question showing overwhelming support for this proposed approached.

Recommendations

Four recommendations to the federal government resulted from this exploratory study including: (1) framework implementation and humanitarian partnership; (2) facilitate resource coordination; (3) revision of the annual point in time count; and (4) coordination with DoD.

Recommendation 1: Framework Implementation and Humanitarian Partnerships

The first recommendation derived from results of the chi-square tests, which rejected the null hypothesis, verifying the correlation between non-profit agencies’ capabilities and the ability to reduce veteran homelessness in DC. This study recommends a robust strategy by Veterans Affairs to address homeless among veterans by collaborating with non-profits. VA should consider collaborating with Habitat for Humanity, the American Red Cross, and the Salvation Army to reduce homelessness among veterans in DC given the results of the hypothesis tests. Furthermore, results of interviews conducted with each of the three humanitarian organizations, the VA, and survey data obtained from the homeless sample support this proposed recommendation.

Additionally, survey results demonstrated veterans experiencing homelessness in the District of Columbia preferred services from non-governmental entities compared to services received from Veterans Affairs. A more stable relationship exists between veterans experiencing homelessness in DC and the non-profits compared to VA. Survey data confirmed non-
governmental entities provided services to veterans in DC experiencing homelessness with more efficacy than from the federal government.

The need also exists for the federal government to build a coalition of service providers to address the challenges associated with reducing veteran homelessness in the District of Columbia. Additionally, given the current problems, this study recommends the VA adopt a system of stratification regarding addressing the homeless concerns among veterans because the challenges this population encounters are different from other homeless sub-cultures. The proposed homeless typology introduced in Table 2.0 identified the demographics and sub-cultural challenges within the Washington, DC homeless veteran population. Stratifying within the population using the typology would allow the Veterans Administration to categorize treatment options based on perceived causes and potential risk factors. Furthermore, adopting the proposed typology would allow the VA to better align its limited resources.

Data collected and analyzed from the Veteran Administration showed modest progress over the years. The VA has many programs specifically catering to veteran homelessness. The VA’s HUD-VASH, Support Services for Veterans and Families (SSVF), and the Opening Doors programs are essential federal programs that have made some differences in people’s lives. Furthermore, the Veterans Administration collaborates with local shelters in Washington, D.C. to help alleviate strain on veterans currently homeless and living on the streets or under bridges. However, the VA’s progress remains stagnant under these programs.

The VA has a favorable view from the homeless shelters interviewed in Washington, D.C. However, the homeless population had mixed views of Veterans Affairs’ efforts. Survey results showed that 35% of survey participants believed the Veterans Administration is doing an
excellent job in providing care. The other 65% reported an unfavorable view of VA’s services. One VA representative said that these views are attributed to the growing stipulations to VA homeless program. The survey instrument showed that stipulations with VA programs and past negative experiences with VA are the leading causes of mistrust. The VA denied care to many veterans causing some veterans to develop a sense of hopelessness, giving up on the VA.

To change the narrative policymakers must work on prevention methods to stop future cases of homelessness among veterans in DC. Policymakers should also work on facilitating efforts through the Department of Veterans Affairs, Non-profit Organizations, and the Department of Defense to support transitioning military service members to exit the military under better conditions, which might help prevent these service members from becoming homeless in the future. Implementing a structural network of providers is one way of controlling the various aspects required to stabilize the problem. Creating and deploying a special task force to manage the network would eliminate strain on the workforce, and reduce competing priorities among VA offices.

Results of the homeless surveys and interviews with VA and the three humanitarian organizations prompted the development of the Reduction and Prevention Framework. The Reduction and Prevention Framework outlines a comprehensive design capable of connecting veterans experiencing homelessness to services providers. The Patient Power Resources Framework influenced the RPF through the concept of outreach and engagement. Figure 5.1 is an illustration of the RPF. RPF is a centralized network of community partners including service providers such as medical, housing, social services, and financial institutions to secure transitional and permanent housing solutions.
The advantage of adopting the Reduction and Prevention Framework is that VA would immediately gain access to a network of providers willing to participate in caring for veterans who are homeless through mental health treatment regimens, financial services, physical health, and transition to permanent housing initiatives. Interviews with the three non-profits demonstrated existing networks of providers ready to collaborate with the federal government. Likewise, interviews with the VA expressed significant interests in working with these non-governmental entities. Therefore, it seems plausible for VA adopting RPF, which would address the shared interests of VA and the humanitarian organizations. This joint effort could potentially prompt social mobility for some veterans.

The Reduction and Prevention Framework introduces three platforms serving as the foundation and cornerstones for the entire network. The platforms include collaboration, outreach and engagement, and information sharing and awareness. Incorporating these principles strengthens the framework leveraging support from existing partnerships associated with Habitat, Red Cross, and Salvation Army. If Veterans Affairs were to adopt the Reduction and Prevention Framework, the department would immediately gain access to an expanded network including organizations for social change, medical institutions promoting psychosocial changes among veterans who are homeless, and other non-profits and charitable organizations.

The American Red Cross can grant VA access to its network of providers. The American Red Cross has experience participating routinely in VA’s annual DC homeless events providing services to hundreds of veterans who are homeless. The VA’s direct partnership with the American Red Cross could improve the outcome of this event tremendously.
Figure 5.1. Reduction and Prevention Framework
Platform 1- Collaboration. Current VA strategies and policies are not working according to data gathered from the interview and survey instruments. All participants in this study reported that the VA is unable to resolve the veteran homeless problems without help from other entities. By collaborating with Habitat for Humanity, the Salvation Army, and the American Red Cross, the VA could further expand services to veterans in hard to reach places. Under the Reduction and Prevention Framework, the Veterans Administration would also collaborate with local homeless shelters, small non-profits and charitable organizations to expand services utilizing local and regional efforts. Results of a comparative analysis of the survey data from the homeless sample and interview data collected from the VA and non-profits confirmed the RPF is an appropriate and applicable tool capable of helping the VA’s progress. The survey data also confirmed the RPF is an acceptable tool given the fact that more veterans preferred services from non-profits than VA, and more veterans preferred more information sharing and collaboration between VA and non-profits.

Interviews conducted with homeless shelters in Washington, D.C. indicated that the VA provides subsidized funding to some homeless shelters under the VA’s Grants Per Diem program. Under RPF, the VA could expand those services to other shelters in the District of Columbia and surrounding areas to include Maryland and Virginia as veterans who are homeless in the District often find themselves wandering across state lines according to survey respondents. Managers at shelters receiving VA funding declared that the process is very exhausting and it limits the number of veterans who benefit from these advantages. By collaborating with more homeless shelters and transitional housing, the VA could reach more veterans potentially helping to reduce the homeless veteran population.
**Platform 2 - outreach and engagement.** Under the Reduction and Prevention Framework, the outreach and engagement initiative if adopted would allow the VA to have a more visible presence with the homeless population like the Salvation Army’s daily van service. Many of the homeless survey respondents live on the streets. Adopting the principle of outreach and engagement would assist the Veterans Administration to reach more veterans living on the streets who are otherwise unaware of some VA services and who may have given up on receiving help from Veterans Affairs. The RPF would also create opportunities for VA to foster trust with the homeless population through outreach and engagement initiatives.

Finally, through outreach and engagement efforts under RPF, the VA could bridge the gap between the VA and the Washington, DC veteran homeless population by creating a task force to look for veterans living on the streets. This would help rebuild trust with the Washington, D.C. homeless veteran community and contribute to reducing anxiety and hopelessness. Analysis of the survey data indicated neglect by the VA and lack of interest by VA offices toward helping the homeless were the main reasons the VA homeless missions were failing. Lack of information is a serious problem within the homeless community. Collaboration with the Salvation Army could increase the VA’s access to the homeless population given the Salvation Army’s continuous nightly presence through its van program. The need exists for the VA to institute a protocol for disseminating information to the homeless community regarding the availability of care. VA case managers need better training and access to resources to serve the veteran homeless population better. VA should also ensure the hiring case managers with interests in the job of caring for the nation’s veterans who are experiencing homelessness.
**Platform 3 - information sharing and awareness.** Currently, Veterans Affairs homeless strategies do not promote the exchange of information. Veterans Affairs needs strong
communication strategies for disseminating and sharing information with local and private
entities capable of helping in the fight against veteran homelessness. By coordinating and
building partnerships with medical facilities and local social service agencies, the Veterans
Administration could expand services to local communities instead of relying on the VA medical
centers to fill the needs of the homeless veteran population. VA medical centers are usually
overcrowded. Data gathered through VA interviews reported that the VA medical centers usually
see an influx of active service members, veterans, and veterans who are homeless.

Adoption of the Reduction and Prevention Framework would enable the VA to share
information across a network of providers who are capable of providing faster service at the local
community level. Through RPF, the VA would not need to build these partnerships
independently. Analysis of American Red Cross data indicated Red Cross has a network of local
providers with expertise in a variety of areas. By collaborating with the American Red Cross, the
VA would automatically gain access to those local partners under the Red Cross portfolio.
Through interoperability, the VA can enhance information sharing through secured networks,
ensuring adherence to Health Insurance Portability and Accountability Act (HIPAA).

**Recommendation 2: Facilitate Resource Coordination**

The second recommendation derived from survey results gathered from the homeless
population. The Department of Veterans Affairs has multiple offices managing different
homeless efforts. To reduce redundancies, the VA should consider adopting a centralized
approach to synchronize the department’s efforts ensuring all VA offices involved in homelessness play a small part in a larger systematic effort. Furthermore, the homeless surveys indicated an immediate need for access to more transitional housing. Many of the homeless shelters in Washington, D.C. do not classify as transitional housing and provide only minimum reliefs, often dismissing veterans from the shelters after only one night’s stay.

In addition to working with private, non-profits and charitable organizations, the VA is encouraged to strengthen collaboration with the Department of Housing and Urban Development to promote transitional housing. Habitat for Humanity has a strong background in working with HUD on housing initiatives. Data gathered from Habitat for Humanity reported that Habitat expressed interest in collaborating with HUD and the VA in past efforts with no success. The representative from Habitat indicated the need exists to align its resources with VA and HUD’s homeless initiatives and believes there is enough synergy to build a lasting relationship capable of helping build more transitional housing for veterans experiencing homelessness in the District of Columbia. The VA is encouraged therefore to facilitate collaboration between HUD and Habitat helping with organizing transitional housing initiatives in the District of Columbia.

Among homeless participants, transitional housing was a primary concern. According to unsheltered veteran participants, case managers are restraint from disseminating accurate information regarding the timeline for acceptance into transitional housing because of the complexities of the system. A stronger relationship between Habitat, VA and HUD would allow for the dissemination of more accurate information to applicants for housing assistance.

The LCT and HBM added valuable perspectives and contributions toward the second recommendation. The lived experiences of the 61 veterans who participated in the study were
considered in the development of the Reduction and Prevention Framework. It is important to note that even though the RPF would create opportunities for more local medical support services, veterans experiencing homelessness might still decide not to accept those services. The Life-Course Theory and Health Belief Model were most valuable because these phenomena forewarn service providers of the different psychological state of members within the homeless population, the mindset of members of that community toward treatment, and the steps service providers can take to help relieve strain on members of the population.

**Recommendation 3: Revision to Point in Time Annual Count**

The annual Point in Time count based on testimonies from VA officials do not accurately depict the actual number of homeless people living in the United States because it is hard to find every homeless person in a single night. The Economic Theory of Homelessness focuses on financial and other economic factors causing homelessness among veterans (Curtis et al., 2013). Under the auspices of the Economic Theory of Homelessness, this study recommends the VA develop a task force that accurately counts the number of veterans experiencing homelessness in DC to realistically provide the right services and help with prevention of future cases. Counting all the homeless individuals will require a long-term strategy expanding beyond the single night phenomenon. By relying on HUD’s PIT count, the VA remains a third party to the homeless crises. The VA should take a more proactive role in counting the number of veterans who are homeless by joining the Department of Housing and Urban Development in the annual point in time count. Given the many critics challenging the accuracy of HUD’s PIT data, the VA could help incorporate fact-finding techniques and other economic strategies under the Economic
Theory of Homelessness to ensure the annual assessment includes the right economic conditions, by also exploring the socioeconomic factors contributing to veteran homelessness.

**Recommendation 4: Coordination with Department of Defense**

The Life-Course Theory and Health Belief Model informed the fourth recommendation. The first three recommendations focused on the reduction portion under the RPF, the fourth recommendation deals specifically with the prevention phase of the RPF. While there are some limitations to HBM, there are multiple benefits of adopting this model. Analysis of survey data showed that majority of veterans experienced homelessness one to five years after military service and remained homeless up five years. These findings indicate that service members exiting the military have a high likelihood of becoming homeless for five to ten years. Furthermore, these results reported potential gaps in the Defense Department’s efforts in preparing service members to re-enter society as private citizens.

The need exists for further research to expand on Department of Defense policies regarding preparing service members to live balanced lives after military service. The preliminary findings demonstrated a need to look further into the potential barriers based on evidence examined as part of this present study. Veterans becoming homeless within that short time frame suggests transitioning military service members are not ready for life as civilians. The short timeline by which veterans are becoming homeless prompted the recommendation for the Department of Defense to consider revising exiting strategies and preparation techniques. Revisions to DoD policies might help veterans re-integrate better into society, which may prevent new homeless cases in the future.
The Life-Course Theory and Health Belief Model promote prevention practices to help provide necessary health treatments to veterans who are experiencing homelessness (Bender & Belcher, 2006). By adopting the prevention practice under RPF, DoD could enforce more in-depth psychological evaluations before allowing members to leave military service. The Department of Defense could also ensure service members are informed about the seriousness of mental health so when these members become veterans, they would make more informed health decisions. The HBM illustrates that people make better health decisions when they take their health seriously (Hochbaum, 1958). Veterans making better-informed health and lifestyle decisions could be the missing piece to preventing future cases of veterans becoming homeless. By coordinating with DoD, the VA might be able to save at-risk veterans from homelessness.

Conclusion

Results of the four research questions examined in this exploratory study concluded that non-governmental entities have the capacity and interests in collaborating with the federal government through partnerships with Veterans Affairs in attempt to help reduce veteran homelessness in the District of Columbia.

This study hypothesized that non-governmental entities provide access to services for veterans experiencing homelessness with better efficacy than the current federal approach. An exploratory approach was employed using analysis of several variables to measure correlation and independence. The study results support the research hypothesis as validated through bivariate chi-square tests among four categorical variables. Furthermore, results obtained
through analysis of Veterans Affairs data indicated VA is incapable of resolving the homeless crises in Washington, DC without external partnerships.

Homelessness is not unique to any one subculture, demographic, ethnicity. Homelessness affects people from all lifestyles, and it includes families of all origins, youths, elderly, and military veterans. The present study examined the conceptual feasibility of whether using non-governmental entities supplementing Veterans Affairs’ effort to reduce homelessness among veterans in DC, is a viable option. Veterans experiencing homelessness expressed strong support for non-governmental services compared to services from Veterans Affairs. The Reduction and Prevention Framework is a new proposed centralized network generated from this present study, influenced by the theories outlined in the literature review and verified as applicable and appropriate to Veterans Affairs’ homeless efforts. The results of this study showed that non-governmental entities do provide access to services for veterans experiencing homeless with better efficacy than the federal government.

Implications for law and policy. Changing the construct of treatments options and strategies moving forward require government interventions. Therefore, the results of this study have several implications for law and policy. Implementation of the recommendations arising from this study would affect numerous federal statutes, policies, and strategies. The first proposed change applies to the Department of Veterans Affairs. The need exists to amend the Department of Veterans Affairs’ Opening Doors policy to allow collaboration with non-profits and charitable organizations. Through this endeavor, Congress could succinctly enhance the VA’s mission creating a platform for VA’s interaction with the American Red Cross, Habitat for Humanity and the Salvation Army. Given the federal government’s commitment to reduce
veteran homelessness, changes to VA’s Opening Doors policy will require modification given
the unrealistic projection of ending veteran homelessness by 2015, which failed. Further
amendments to the Opening Doors policy could cultivate better relationships between the
Veterans Administration and the Washington, D.C. homeless veteran population.

The second proposed change applies to the Veterans Administration, the Defense
Department, and the American Red Cross. Assessment of data received from the survey
instrument supports collaboration between the Department of Veterans Affairs and the
Department of Defense regarding strengthening the transition of military personnel back to
society as private citizens. The homeless surveys indicated transitional services through the
Department of Defense are not efficient in preparing service members to re-enter the workforce.
Based on these findings, this study recommends an amendment to the American Red Cross’
Congressional charter under the disaster relief program supplementing the Defense Department’s
efforts to better prepare services members transition for military service.

Such modifications to the charter would allow the American Red Cross to expedite these
services to transitioning military service members to help the DoD alleviate strain and better
prepare service members to exit the military, which may prevent future cases of veteran
homelessness. The VA is involved in this approach because adoption of the Reduction and
Prevention Framework aligns strategically with the Department of Veterans Affairs. The VA
would create a partnership with the Defense Department and oversee this effort between the Red
Cross and DoD.

**Implications for future research.** The need exists for future research regarding the
reasons surrounding the repeated cases of veteran homelessness. The need exists to explore why
people return to homelessness after getting appropriate help. It is an important factor to consider because repeated homelessness continues to affect the overall homeless numbers. Almost 40,000 veterans in the United States are experiencing homelessness (HUD, 2016). While overall veteran homelessness may be down a few percentage points compared to previous years, it is not low enough. Understanding reasons why people who received help once again became homeless. It is also important to delineate through considerable evidence, reasons preventing total eradication of veteran homelessness in the District of Columbia and the United States as a whole.

The results of this study will contribute significantly toward the larger field of study regarding veteran homelessness. Most of the literature on veteran homelessness previously focused primarily on the mental illness impacts on veterans experiencing homelessness. The present study contributes to the literature by employing a series of factors including comparing the needs of the sample population homeless with the services available through the VA, humanitarian organizations, and other federal, state, local and private agencies. The interview and survey instruments revealed that the Veterans Administration and the three humanitarian agencies had shared interests regarding collaboration.

The present study did not explore impacts to individual branches of the U.S. military. The U.S. Army including Army Reserves and Army National Guard accounted for 48% of the sample population. The need exists for future research to examine reasons why veterans from different branches of service end up homeless including problems the Army faces compare to the other branches of service.

Finally, utilizing a convenience sampling strategy limited the extent of this research study regarding generalizability. The need exists to examine veteran homelessness on a larger scale.
Using probability sampling might have yielded a different set of results. It would be interesting to see the impacts of a generalizable homeless veteran study using random sampling following the same research hypothesis proposed in this current study.

The findings from this research study are significant because each exposed various inadequacies in the current government approach to assisting veterans who are homeless in the District of Columbia. Furthermore, this study focused on lessons learned, and risk mitigation strategies through collaborative and coalition-based approach to addressing the problem of veteran homelessness. With more than half a million Americans experiencing homelessness including almost 40,000 veterans, the need exists to explore prevention methodologies through future research attempting to organize a federal response to this looming epidemic in search of social changes and lasting solutions.
References Cited


Chinman, M., McCarthy, S., Hannah, G., Byrne, T. H., & Smelson, D. A. (2017). Getting to outcomes to facilitate the use of an evidence-based practice in va homeless programs: A
cluster-randomized trial of an implementation support strategy. *Implementation Science*, 12(1), 34-?.


Zielinski, A. (2016). *D.C. residents debate more homeless shelters: We are talking about people, not things*. *Think Progress*. Retrieved from

http://thinkprogress.org/economy/2016/02/12/3749228/dc-homeless-plan/
Appendix A

For NU IRB use:

Date Received: 10/11/16 reviewed 11/7/16  NU IRB No. CPS16-10-09
Review Category: Approval Date

APPLICATION FOR APPROVAL FOR USE OF HUMAN PARTICIPANTS IN RESEARCH

Before completing this application, please read the Application Instructions and Procedures for Human Research Protections to understand the responsibilities for which you are accountable as an investigator in conducting research with human participants. The document, Application Instructions, provides additional assistance in preparing this submission.

Incomplete applications will be returned to the investigator. You may complete this application online and save it as a Word document.

If this research is related to a grant, contract proposal or dissertation, a copy of the full grant/contract proposal/dissertation must accompany this application.

Please carefully edit and proof read before submitting the application. Applications that are not filled out completely and/or have any missing or incorrect information will be returned to the Principal Investigator.

REQUIRED TRAINING FOR RESEARCH INVOLVING HUMAN SUBJECTS

Under the direction of the Office of the Vice Provost for Research, Northeastern University is now requiring completion of the NIH Office of Extramural Research training for all human subject research, regardless of whether or not investigators have received funding to support their project.

The online course titled “Protecting Human Research Participants” can be accessed at the following url: http://phrp.nihtraining.com/users/login.php. This requirement will be effective as of November 15, 2008 for all new protocols.

Principal Investigators, student researchers and key personnel (participants who contribute substantively to the scientific development or execution of a project) must include a copy of their certificate of completion for this web-based tutorial with the protocol submission.

☐ Certificate(s) Attached
X Certificate(s) submitted previously – on file with the NU's Office of Human Subject Research Protection
A. Investigator Information

Principal Investigator: Dr. Neenah Estrella-Luna (Associate Teaching Professor)

Investigator is: NU Faculty ___X___ NU Staff _________ Other ____________

College: College of Professional Studies

Department/Program: ___ Doctor of Law and Policy

Address: 20 BV 360 Huntington Avenue, Boston, MA 02115

Office Phone: ______ (617) 216-1890 ______ Email: n.estrellaluna@neu.edu

Is this student research? YES ___X___ NO ______ If yes, please provide the following information:

Student Name _____ Marvin C. Walker _________ Anticipated graduation date June 2017

Undergrad ___ MA/MS ___ PhD ___ AuD ___ EdD ___ DLP ___X___ Other Degree Type

College: College of Professional Studies

Department/Program: Doctor of Law and Policy

Full Mailing Address: 10615 Aspen Highlands Drive, Spotsylvania, VA 22553

Telephone ____540-693-1668 _______ Primary Email ______walker.ma@husky.neu.edu

Cell phone ____540-993-7177 ______ Secondary Email ____marvincwalker@yahoo.com

B. Protocol Information

Title: Using humanitarian organizations to help the VA reduce veteran homelessness

Projected # subjects 120

Approx. begin date of project November 15, 2016 Approx. end date ____ June 30, 2017

month, day, year month, day, year
It is the policy of Northeastern University that no activity involving human subjects be undertaken until those activities have been reviewed and approved by the University's Institutional Review Board (IRB).

- Anticipated funding agency/source for project (or none)
- Has/will this proposal been/be submitted through:
  - NU's Office of Research Administration and Finance (RAF)
  - Provost
  - Corp & Foundations
  - Other
- Grant Title:
- Grant ID:

C.

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**Homeless veteran population**

Please answer each of the following questions using non-technical language. Missing or incomplete answers will delay your review while we request the information.

**D. What are the goals of this research? Please state your research question(s) and related hypotheses.**

The research goal seeks to understand the feasibility of using humanitarian organizations to help supplement the U.S. Department of Veterans Affairs’ efforts in reducing veteran homelessness in Washington, DC. The aim of the study is to make recommendations to the VA, depending on the research findings.
This study focuses on the following research questions:

1. Does the Department of Veterans Affairs have the capabilities to reduce veteran homelessness in Washington, DC using its current approach?
2. How can the VA improve trustworthiness with the DC homeless veteran population?
3. What are the constraints on the VA in reducing veteran homelessness in DC?
4. To what extent do humanitarian organizations have the capacity and interests in contributing toward reducing veteran homelessness in Washington, DC?

E. Provide a brief summary of the purpose of the research in non-technical language.

This study explores whether the VA can reduce homelessness among veterans in Washington, DC through current VA policies or whether adjustments are needed to the VA’s current approach. Studies show that Washington, DC continues to have one of the largest homeless veteran populations in the United States. The VA serves as the lead federal agency responsible for reducing veteran homelessness and has struggled for a year to reach its goals in DC. Many veterans continue to be homeless as a result. This study seeks to understand the challenges the VA is facing that are causing service delays. Also, this study will explore the idea of instituting ongoing collaboration between the VA and three humanitarian organizations in addressing this problem.

F. Identify study personnel on this project. Include name, credentials, role, and organization affiliation.

1. Student researcher: Marvin C. Walker, Doctoral Candidate, Northeastern University, Doctor of Law and Policy Program
2. Principal Investigator: Dr. Neenah Estrella-Luna, Associate Teaching Professor, Northeastern University

3. Potential audio transcription service: Dibartolo Court Reporting Services, Rosalynn DiBartolo, Court Reporter/Communication Access Real-time Translation (CART) Provider. E-mail: Roz.dibo@dcrsreporting.com; Web: www.dcrsreporting.com

G. Identify other organizations or institutions that are involved. Attach current Institutional Review Board (IRB) approvals or letters of permission as necessary.

Not Applicable

H. Recruitment Procedures

Describe the participants you intend to recruit. Provide all inclusion and exclusion criteria. Include age range, number of subjects, gender, ethnicity/race, socio-economic level, literacy level and health (as applicable) and reasons for exempting any groups. Describe how/when/by whom inclusion/exclusion criteria will be determined.

The study participants are homeless veterans in Washington, DC, leadership, and staff at the VA, and leadership and staff at three humanitarian organizations operating in Washington, D.C. (Salvation Army, Habitat for Humanity, and the American Red Cross). The research focuses on homeless veterans regardless of gender, ethnicity, race, literacy, or health status. The study is limited to homeless veterans.
This study aims to survey 100 homeless veterans. The study will also include interviewing 1-3 leadership and staff at each of the three humanitarian organizations and interviewing 5-10 leadership and staff at the VA.

Describe the procedures that you will use to recruit these participants. Be specific. How will potential subjects be identified? Who will ask for participation? If you intend to recruit using letters, posters, fliers, ads, website, email, PsyLink description, HIT, etc., copies must be included as attachments for stamped approval. Include scripts for intended telephone recruitment.

The research participants will be recruited using convenience sampling. Data collection will occur in two parts using both surveys and interviews. The first part will happen through studying the homeless veteran population in Washington, DC by physically visiting several selected locations and surveying the community. Homeless respondents will be recruited in two ways: through homeless shelters and on the street. The student researcher will reach out to the management at the homeless shelters to seek approval to conduct surveys onsite. The student researcher will maintain contact with each housing to ensure survey dates and times are still available. Homeless veterans living on the streets will also be recruited through direct contact. The student researcher will survey homeless individuals on the street by visiting two locations: Union Station and DuPont Circle. The student researcher will visit each site and use a direct contact approach to identify veterans among those populations. The student researcher will then make a formal introduction of the research project to each homeless individual at each location and invite veterans among both populations to participate in the survey.
The second part of data collection will occur through interviewing leadership and staff at the VA and the three humanitarian organizations. To recruit interview participants the student researcher will contact the VA and the three humanitarian agencies using publicly available information to identify points of contact then send an email recruitment requesting participation. Interviews will be conducted with the VA first followed by interviewing the humanitarian organizations. (See Attachment for email recruitment letters).

The student researcher will take all possible measures to maintain a sense of safety and security. The student researcher will avoid going to hazardous locations and will be sure to avoid confrontations at all times respectfully. In the case of surveying the homeless population, the student researcher will avoid provoking anyone especially respecting individuals’ rights not to participate in the surveys. The researcher will maintain a safe distance at all times and will try at all cost to avoid visiting survey locations at night. Furthermore, the student research will notify friends and family members at all times of research/study event locations to be visited, time and anticipated duration of events. The student researcher will try whenever possible to travel with at least one other person who will not take part in the research and will not have access to the data but will at least serve as a traveling partner.

What remuneration, if any, is offered?

Each respondent will be offered $5 remuneration for his or her participation. Given that homeless individuals are usually financially unstable, they are often seeking help through monetary means. I anticipate that it might become a challenge getting homeless data without offering some remuneration. Studies have shown that homeless individuals have trust issues and
do not always talk to individuals conducting surveys. The remuneration is intended to acknowledge their participation and build confidence.

### I. Consent Process

Describe the process of obtaining informed consent*. Be specific. How will the project and the participants’ role be presented to potential participants? By whom? When? Where? Having the participant read and sign a consent statement is done only after the researcher provides a detailed oral explanation and answers all questions. Please attach a copy of informed consent statements that you intend to use, if applicable. Click [here](#) for consent form templates.

If your study population includes non-English speaking people, translations of consent information are necessary. Describe how information will be translated and by whom. You may wait until the consent is approved in English before having it translated.

The homeless population will receive an unsigned consent form. The consent form will be the top page of each survey package. The student researcher will verbally review the consent form as part of the recruitment by reading the consent form to each survey participant and provide a detail description and explanation of the consent statement to each participant. After reading the consent form to each participant, the student researcher will then hand off the form so each survey participant can have their copy. An unsigned consent form will be used because this is a low trust population.
Regarding interviews, the student researcher will email unsigned consent forms to the interview participants at the VA and the humanitarian organizations when confirming the date and time of the interviews. Approval information will be reviewed with each interview participant at the start of the interview and record their verbal consent before starting the interview. An unsigned consent form will be used for the interviews because interview participants may serve in prominent positions that they want to keep confidential. I do not anticipate any non-English speaking participants in my study.

If your population includes children, prisoners, people with limited mental capacity, language barriers, problems with reading or understanding, or other issues that may make them vulnerable or limit their ability to understand and provide consent, describe special procedures that you will institute to obtain consent appropriately. If participants are potentially decisionally impaired, how will you determine competency?

This study does not include children, prisoners, or known individuals with limited mental capacity. My research does not target children, prisoners, or persons with limited mental abilities. However, there is a possibility of encounters with homeless individuals with limited mental capacity during the survey sessions. If it becomes apparent that a particular person has limited mental capacity, I will not offer that individual the opportunity to participate.

I do not anticipate any encounters for interviewing participants with limited mental capacity either at the VA or the three focal humanitarian organizations.
If incomplete disclosure during the initial consent process is essential to carrying out the proposed research, please provide a detailed description of the debriefing process. Be specific. When will full disclosure of the research goals be presented to subjects (e.g., immediately after the subject has completed the research task(s) or held off until the completion of the study’s data collection)? By whom? Please attach a copy of the written debriefing statement that will be given to subjects.

Not applicable

J. Study Procedures

Provide a detailed description of all activities the participant will be asked to do and what will be done to the participants. Include the location, number of sessions, time for each session, and total time period anticipated for each participant, including long term follow up.

For the survey participants, the student researcher will conduct the surveys at two street locations at Union Station and DuPont Circle as well as at homeless shelters. Both street locations are near three homeless shelters. Each homeless veteran participant will complete only one survey. The likelihood of finding the same homeless person on the street for follow-on sessions is unlikely. Surveys will occur over a one-month period. Additionally, homeless veterans will be recruited from three local homeless shelters. Respondents will be allowed to complete the surveys themselves. For those respondents who are unable to complete the surveys due to literacy or other cognitive reasons, the student researcher will read the questions to them and record their responses.

For interviews, the aim is to conduct semi-structured interviews in person at locations each participant chooses in Washington, DC. Interviews will take about 45 minutes to an hour. The goal is to conduct one interview session per participant. Study participants will be asked for
permission to contact them with any follow-up questions if needed. The aim is to do the
interviews over a one-month period.

Who will conduct the experimental procedures, questionnaires, etc? Where will this be
done? *Attach copies of all questionnaires, interview questions, tests, survey instruments,
links to online surveys, etc.*

The student researcher will personally administer all interviews and surveys. The student
researcher will transcribe the interviews. There is a possibility of using DiBartolo Court
Reporting Services, which is a fee for a service company, for audio transcriptions. The cost for
this service or quote has not yet been obtained. At this time, using a third party transcription
service remains an option. See Attachment for the survey and interview questions.

K. Risks

Identify possible risks to the participant as a result of the research. Consider possible
psychological harm, loss of confidentiality, financial, social, or legal damages as well as
physical risks. What is the seriousness of these risks and what is the likelihood that they
may occur?

There might be some potential psychological anxieties associated with my research
relating to the homeless population and VA representatives. For the homeless population, the
concerns may occur because of talking about the severity of homelessness, and how it affects
each homeless participant, especially if the questions trigger flashbacks of past negative
experiences.

For the VA the psychological anxieties may occur because some of the research
questions may cause some uneasy feelings related to the VA’s unfavorable homeless prevention
or response efforts. Additionally, there is a risk of reputational harm to VA representatives if
there was a breach of confidentiality.
Describe in detail the safeguards that will be implemented to minimize risks. What follow-up procedures are in place if harm occurs? What special precautions will be instituted for vulnerable populations?

To minimize risks, the following steps will be taken:

As part of the remuneration, the student researcher will provide a list of resources for mental health, housing, and other resources to homeless veterans. The student researcher will not ask for names of interviewees and will remove any names or other identifying information from the transcripts. Additionally, the student researcher will not request or record the names of survey respondents. Please see Section L for data management measures.

L. Confidentiality

Describe in detail the procedures that will be used to maintain anonymity or confidentiality during collection and entry of data. Who will have access to data? How will the data be used, now and in the future?

Survey respondents’ information will be kept confidential. Signed consent forms will not be used for survey participants. Homeless individuals are a part of a vulnerable population, which means the security of data related to homelessness is essential. No homeless person will be identified by name or any other identifying characteristics. The study researcher will develop a numerical system to represent identity to alleviate risks further.

To protect the identities of interview participants, the student researcher will not record or report participants’ names or positions/titles. Signed consent forms will not be used.
How and where will data be stored? How will electronic data be encrypted? When will data, including audiotapes and videotapes, be destroyed? If data is to be retained, explain why. Will identifiers or links to identification be destroyed? When? Signed consent documents must be retained for 3 years following the end of the study. Where and how will they be maintained?

All collected data will be stored on a password protected, secured an external hard drive in a locked safe in the student researcher’s home office. The student researcher is the only person who has the only key to the room and safe.

The student researcher will destroy all audio consent files after three years. Audio recordings of the interviews will be destroyed after the thesis is defended. De-identified transcripts and the survey database will be kept for future research efforts.

M. If your research is HIPAA-protected, please complete the following; Individual Access to PHI.

Not applicable

Describe the procedure that will be used for allowing individuals to access their PHI or, alternatively, advising them that they must wait until the end of the study to review their PHI.

Not applicable

N. Benefits

What benefits can the participant reasonably expect from his/her involvement in the research? If none, state that. What are potential benefits to others?

There are no benefits to participants in the research. The significance of the research results could have positive implications on homeless veteran laws and policies moving forward through recommendations to the Dept. Veterans Affairs.
O. Attachments

Identify attachments that have been included and those that are not applicable (n/a).

<table>
<thead>
<tr>
<th>Attached</th>
<th>Copy of fliers, ads, posters, emails, web pages, letters for recruitment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attached</td>
<td>Scripts of intended telephone conversations*</td>
</tr>
<tr>
<td>N/A</td>
<td>Copies of IRB approvals or letters of permission from other sites</td>
</tr>
<tr>
<td>Attached</td>
<td>Informed Consent Form(s)* (see our templates for examples)</td>
</tr>
<tr>
<td>N/A</td>
<td>Debriefing Statement*</td>
</tr>
<tr>
<td>Attached</td>
<td>Copies of all instruments, surveys, focus group or interview questions, tests, etc.</td>
</tr>
</tbody>
</table>

On file

- Signed Assurance of Principal Investigator Form (required)
- NIH Human Subject Training Certificate(s) (required if not already on file at HSRP)

*(Approved forms must be stamped by the IRB before use)*

P. Health Care Provision During Study

Please check the applicable line:

- [X] I have read the description of HIPAA “health care” within Section 4 of the Policies & Procedures for Human Research Protection. I am not a HIPAA-covered health care provider and no health care will be provided in connection with this study.

- I am a HIPAA-covered health care provider or I will provide health care in connection with this study as described in Section 4 of the Policies & Procedures for Human Research Protection. This health care is described above under “Study Procedures,” and the Informed Consent and Health Information Use
and Disclosure Authorization form will be used with all prospective study participants.

If you have any questions about whether you are a HIPAA-covered health care provider, please contact Nan C. Regina, Director, Human Subject Research Protection at n.regina@neu.edu or (617) 373-4588.

Completed applications should be submitted to Nan C. Regina, Director, Human Subject Research Protection with the exception of applications from faculty and students of the College of Professional Studies, which should be submitted to Kate Skophammer, IRB Coordinator for CPS.

<table>
<thead>
<tr>
<th>Nan C. Regina, Director</th>
<th>CPS applications only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeastern Univ., Human Subject Research Protection</td>
<td>Kate Skophammer, IRB Coordinator</td>
</tr>
<tr>
<td>360 Huntington Ave., Mailstop: 490 Renaissance Park</td>
<td>Northeastern Univ., College of Professional Studies</td>
</tr>
<tr>
<td>Boston, MA 02115-5000</td>
<td>Phone: 617.390.3450;</td>
</tr>
<tr>
<td>Phone: 617.373.4588; Fax: 617.373.4595</td>
<td><a href="mailto:k.skophammer@neu.edu">k.skophammer@neu.edu</a></td>
</tr>
<tr>
<td><a href="mailto:n.regina@neu.edu">n.regina@neu.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

The application and accompanying materials may be sent as email attachments or in hard copy. A signed Assurance of Principal Investigator Form may be sent as a scan, via fax or in hard copy.

IRB# CPS16-10-09
Approved 11/16/16
Expiration Date 11/15/17
APPENDIX B

Homeless Survey

Population: Homeless Veterans (Washington, DC)

Question 1: In your opinion what would you say caused you to become homeless? (Choose all that apply).

☐ Financial Instability
☐ Drug Abuse
☐ Health Issues
☐ Domestic Violence
☐ Housing Crisis
☐ Other _____________________

Question 2: Have you ever served in the armed forces of the United States? (Choose One).

☐ Yes
☐ No

Question 3: What are some of the services you lack currently? (Choose all that apply).

☐ Medical Care
☐ Housing
☐ Food
☐ Clothing
☐ Other

Question 4: Do you agree that homeless shelters can help you overcome homelessness? (Choose One).

☐ Strongly Agree
Question 5: Do you believe the U.S. Government *can* help you overcome homelessness? (Choose One).

- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

Question 6: Do you believe the Government *should* help you overcome homelessness? (Choose One).

- Yes
- No

Question 7: Which of the following services have you received from federal government? (Choose all that apply).

- Housing Assistance
- Medical Assistance
- Clothing
- Food
- Financial Assistance
- Other ___________________
- None

Question 8: Were these services helpful? (Choose One).

- Yes
- No
- N/A

Question 9: How much do you agree with the following statement: the federal government can help people out of homelessness? (Choose One).
Question 10: What do you think could have made these services better? *(Explain).*

Question 11: How long have you been homeless? *(Choose One)*
- Less than 1 Year
- 1-5 Years
- 5-10 Years
- Over 10 Years

Question 12: In which branch of service did you serve? *(Choose all that apply).*
- U.S. Air Force (including Reserves)
- U.S. Army (including Reserves/National Guard)
- U.S. Navy (including Reserves)
- U.S. Marine Corps (including Reserves)
- U.S. Coast Guard (including Reserves)

Question 13: Did you retire? *(Choose One).*
- Yes
- No

Question 14: How long after military life did you become homeless? *(Choose One)*
- Less than a year
- 1 - 5 years
- 5-10 years
- over 10 years

Question 15: Did you serve in combat/war? *(Choose One).*
- Yes
Question 16: Have you ever received help from the Dept. Veterans Affairs? (Choose One).
  o Yes
  o No

Question 17: How helpful were those services? (Choose One).
  o Very helpful
  o Helpful
  o Neutral
  o Somewhat helpful
  o Not helpful
  o N/A

Question 18: Do you trust the VA to provide you with the level of care you need? (Choose One).
  o Yes
  o No

Question 19: How confident are you that the VA can help you and other homeless veterans with the services you need?
  o Very Confident
  o Confident
  o Neutral
  o Somewhat Confident
  o Not Confident

Question 20: Have you received help from private organizations? (Choose One).
  o Yes
  o No

Question 21: What kind of services did you receive? (Choose all that apply)
Question 22: Were those services helpful? (Choose One).

- Yes
- No
- N/A

Question 23: Which of the following have you received help from?

- Habitat of Humanity
- American Red Cross
- Salvation Army
- Other ______________________
- None

Question 24: In comparing services received from the VA with services received from private organizations, which is better? (Choose all that apply).

- VA (Explain) ______________________
- Private Organizations (Explain) ______________________
- N/A

Question 25: Is there anything else you would like to add?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

IRB# CPS16-10-09
Approved 11/16/16
Expiration Date 11/15/17
Interview Questions

Population: The Department of Veterans Affairs

Question 1: What are the VA’s efforts and strategy for reducing the homeless veteran population in Washington, DC?

Question 2: How would you describe the VA’s relationship with the Washington, DC homeless veteran population?

Question 3: What progress has the VA made regarding reducing the homeless population?

Question 4: What constraints are there on the VA that might be affecting your progress?

Question 5: Regarding the VA’s Opening Doors programs, why do you think the VA did not reach its goals?

Question 6: Do you believe the VA has the necessary resources to reduce the DC homeless veteran population significantly?

Question 7: Has the VA considered partnering with private entities such as humanitarian organizations to help in its homelessness initiatives?

Question 8: Are there any reasons to believe that humanitarian organizations are unable to help in this regard?

Question 9: Does the VA have any specific policies directly related to interacting with and procedures for reducing the Washington, DC homeless veteran population?

Question 10: Would it be okay to contact you for further follow-on questions regarding this subject matter?

IRB# CPS16-10-09
Approved 11/16/16
Expiration Date 11/15/17
APPENDIX D

Interview Questions

Population: Humanitarian Organizations (Habitat for Humanity, American Red Cross, Salvation Army)

Question 1: Does your organization have any specific policies dealing with veteran homelessness?

Question 2: Does your organization have experience dealing with homeless veterans?

Question 3: Do you think your organization has the capacity to tackle veteran homelessness?

Question 4: If there were opportunities to coordinate with the Dept. Veterans Affairs to reduce veteran homelessness in Washington, DC do you think your organization would be interested in doing so?

Question 5: Can you please describe programs or projects that your organization has partnered (if any) with or on behalf of the federal government?

Question 6: To the best of your knowledge, what would you say are the biggest challenges to significantly reducing veteran homelessness in Washington, DC?

Question 7: In your opinion what are the best options for reducing veteran homelessness in DC?
APPENDIX E

Intended Telephone Script

Hello Mr/Ms (participant name), my name is Marvin Walker and I am a doctoral candidate at Northeastern University, College of professional Studies, Doctor of Law and Policy program. I am currently doing my doctoral research on veteran homelessness. I sent you an email two weeks ago about this effort.

The purpose of my call today is to make sure you received that email and answer any questions you have.

[Answer questions]

Would you be willing to participate in this study?

[If yes]

How does a week from today sound?

Thank you. I will send to you via email the informed consent for you to review. [Confirm email address]

Thank you again for the opportunity to talk with you about veteran homelessness and some the possible remedies for some of the challenges currently facing our nation’s capital. I look forward to speaking with you further on [date and time].

[If no]

Is there anyone in your organization that might be interested and able to discuss your organization’s efforts to address homelessness?

[If yes – ask for their contact information.]

[If no]
Thank you again for your time. If anyone comes to mind, please do not hesitate to contact me.

Have a good day.
APPENDIX F

UNSIGNED CONSENT DOCUMENT

Department of Veterans Affairs
Northeastern University, College of Professional Studies, Doctor of Law and Policy

Name of Investigator(s): Doctor Neenah Estrella-Luna (Principal Investigator),
Marvin C. Walker (Student Researcher)

Title of Project: Reducing Veteran Homelessness

Subject: Request to Participate in Homeless Research

The interview is part of a research study whose purpose is to explore the challenges the
Department of Veterans Affairs faces regarding its efforts to reduce veteran homelessness in the
District of Columbia, Washington, DC. This study also examines whether using humanitarian
organizations (Habitat for Humanity, American Red Cross, and The Salvation Army) to help
supplement the VA efforts is a feasible option for reducing veteran homelessness in DC.

The interview should take about 45 minutes. I am asking you to participate in this study
because the VA serves a vital role in the mission to reduce veteran homelessness in Washington,
DC and across the United States. You must be at least 18 years old to take this study. The
decision to participate in this study project is voluntary. You do not have to participate and you
can refuse to answer any question. Even if you begin the session, you can stop at any time. There
are no foreseeable risks or discomforts to you for taking part in this study. There are also no
direct benefits to you from participating in this study. However, your responses may help us
learn more about ways to help improve VA’s homeless initiatives. You will not be paid for your
participation in this study.
The researcher will not use your name or title in any report and your answers will also not be a part of any report. Any reports or publications based on this study will use only group data and will not identify you or any individual as being affiliated with this project.

If you have any questions about this study, please feel free to contact Marvin C. Walker (Study Researcher) at walker.ma@husky.neu.edu, the person mainly responsible for the research. You can also contact Dr. Neenah Estrella-Luna at n.estrellaluna@northeastern.edu, the Principal Investigator.

If you have any questions regarding your rights as a research participant, please contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email:n.regina@neu.edu. You may call anonymously if you wish.

Thank you for your time.

Marvin C. Walker, MBA
APPENDIX G

From: Marvin C. Walker, MBA (Doctoral Candidate)
Northeastern University, College of Professional Studies

To: [NAME OF POINT OF CONTACT] [NAME OF AGENCY]

Date: Fall 2016/Winter 2017

Subject: Request for interview on homelessness

Dear [Mr./Ms./Dr. NAME OF CONTACT],

I am a doctoral candidate with Northeastern University’s Doctor of Law and Policy program in Boston, Massachusetts. I am doing my doctoral thesis on homelessness in Washington, DC with a focus on homeless veterans. My research proposal is to explore the feasibility of using humanitarian organizations to supplement Department of Veterans Affairs efforts to reduce veteran homelessness in DC. My research examines the extent to which humanitarian organizations are capable and interested in helping reduce veteran homelessness in DC. I am a veteran of the U.S. Marine Corps with a tour in combat in Iraq in 2003. I have personally seen the effects of homelessness through my fellow comrades and believe we can do better to care for homeless veterans.

I am writing to request an interview with you regarding your organization’s efforts to address homelessness. Your participation in this study would be held confidential. This means that no one other than my research advisor will know that you participated in this study. Any reports or publications based on this study will use only group data and will not identify you or any individuals as being part of this project.
I expect the interview will last about 45 minutes. I am happy to schedule a face to face or in person interview at a day and time convenient to you. Please respond to this email about whether you are able and willing to be interviewed. If you decide to participate, I will reach out to you soon after receiving your confirmation to schedule an interview date. I will follow up with a phone call to your office in two weeks to answer any questions you might have.

Please email me at walker.ma@husky.neu.edu if you would like to volunteer for this study. Your participation is voluntary.

Thanks,

Marvin C. Walker, MBA
Doctoral Candidate
Northeastern University Doctor of Law and Policy Program
APPENDIX H

From: Marvin C. Walker, MBA (Doctoral Candidate)
Northeastern University, College of Professional Studies
To: Dept. Veterans Affairs, Community Resource and Referral Center
Date: Fall 2016/Winter 2017
Subject: Request for interview on veteran’s homelessness

To Whom It May Concern,

I am a current doctoral candidate with Northeastern University’s Doctor of Law and Policy program in Boston, Massachusetts. I am doing my doctoral thesis on veteran homelessness in Washington, DC. My research proposal focuses on the VA’s veteran homelessness initiatives in DC and associated challenges. Understanding that the VA has responsibility to reduce veterans homelessness in the District of Columbia, I am interested in finding out more about VA’s policies and programs to address homelessness among veterans.

I am writing to request your participation in an interview regarding the VA’s homeless efforts in Washington, DC. Your participation in this study would be held confidential. This means that no one, other than my research advisor, will know about your participation. Any reports or publications based on this study will use only group data and will not identify you or any individuals as being part of this project. I am a veteran of the U.S. Marine Corps with a tour in combat in Iraq in 2003. I have personally seen the effects of homelessness through my fellow comrades and believe we can do better to care for homeless veterans.

I expect the interview to last about 45 minutes. I am happy to schedule a phone interview at a day and time convenient for you. I am also available for face-to-face interviews if that works
better. Please email me at walker.ma@husky.neu.edu if you are able and willing to participate. I will follow up with your office in two weeks to answer any questions you may have.

Thanks,

Marvin C. Walker, MBA

Doctoral Candidate
APPENDIX I

UNSIGNED CONSENT DOCUMENT

Humanitarian Organizations

Northeastern University, College of Professional Studies, Doctor of Law and Policy

Name of Investigator(s): Doctor Neenah Estrella-Luna (Principal Investigator), Marvin C. Walker (Student Researcher)

Title of Project: Reducing Veteran Homelessness

Subject: Request to Participate in Homeless Research

The interview is part of a research study whose purpose is to explore whether using humanitarian organizations to help the Department of Veterans Affairs leverage available resources is a feasible option for reducing veteran homelessness in the District of Columbia, Washington, DC. The interview should take about 45 minutes. I am asking you to participate in this study because your organization has a strong background in helping homeless veterans and I am interested in leveraging lessons learned as well as strategies and organizational input in developing a framework to help the VA reduce veteran homelessness in DC. You must be at least 18 years old to take this study.

The decision to participate in this project is voluntary. You do not have to participate and you can refuse to answer any question. Even if you begin the session, you can stop at any time. There are no foreseeable risks or discomforts to you for taking part in this study. There are no direct benefits to you from participating in this study. However, your responses may help us learn more about potential ways to improve homeless veteran lives. You will not be paid for your participation in this study.
Your part in this study will be handled in a confidential manner. Any reports or publications based on this study will use only group data and will not identify you or any individual as being affiliated with this project.

If you have any questions about this study, please feel free to contact Marvin C. Walker at walker.ma@husky.neu.edu, the person mainly responsible for the research. You can also contact my advisor Dr. Neenah Estrella-Luna at n.estrellaluna@northeastern.edu, the Principal Investigator. If you have any questions regarding your rights as a research participant, please contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email:n.regina@neu.edu.

You may call anonymously if you wish. This study has been reviewed and approved by the Northeastern University Institutional Review Board (# xx-xx-xx). [protocol # will be provided to you by the HSRP office].

Thank you for your time.

Marvin C Walker Marvin C. Walker, MBA
APPENDIX J

UNSIGNED CONSENT DOCUMENT

Homeless Survey/Homeless Shelters

Northeastern University, College of Professional Studies, Doctor of Law and Policy

Name of Investigator(s): Doctor Neenah Estrella-Luna (Principal Investigator), Marvin C. Walker (Student Researcher)

Title of Project: Reducing Veteran Homelessness

Subject: Request to Participate in Homeless Research

The purpose of this study is to explore the best ways to reduce veteran homelessness in Washington, DC as well as to investigate the difficulties in helping homeless veterans in past efforts. This study also seeks to understand this crisis from veterans’ perspectives to identify current issues. Therefore, it is important to hear from individual homeless veterans about their homeless experiences. This will help capture a better picture of the effects and impacts of veteran homelessness.

You must be at least 18 years of age to participate in this study. The study will take place at Union Station, DuPont Circle, and at homeless shelters in Washington, DC and will take about 20 minutes to complete. If you decide to take part in this study, you will be asked to fill out a survey and answer a series of questions about your experience with homelessness. The survey will be handed off to you and collected when you are done.

There are no expected risks to you for taking part in this study. You may feel a little uncomfortable answering some questions. If that happens, you have the right to stop participating. There are no direct benefits to you for participating in the study. However, your
answers may help us to learn more about how the Veterans Administration might improve the level of care and quality of service it provides to homeless veterans like yourself.

No one will know that you took part in this study. That means only the researchers will know your answers. The reports from this study will use only group data and will not identify you by name. The decision to participate in this study is up to you. You do not have to participate and you can refuse to answer any question. Even if you begin the study, you may withdraw at any time. You will receive $5 (U.S.) for participating in this study.

If you have any questions about this study, please feel free to email me Marvin C. Walker at walker.ma@husky.neu.edu. You can also contact my advisor Dr. Neenah Estrella-Luna at n.estrellaluna@northeastern.edu. If you have any questions about your rights in this study, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University.
Appendix K

IRB Approval