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Veteran Homelessness in Schuylkill County, PA

Nicole Tag

COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Nicole Tag

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OVERVIEW

Keywords: Homeless Veterans in Schuylkill County, PA

[Veteran Homelessness in Schuylkill County, PA]

Goal Statement: This portfolio aims to develop a comprehensive understanding and development of programs to address prevention, consultation, and advocacy to reduce the rate of homeless veterans in Schuylkill County, PA.

Significant Findings: According to HAC Veterans Data Central (n.d), the veteran population in Schuylkill County, PA was 12,810. 13% of the veteran population claims to be homeless (HAC Veterans Data Central, 2014). Resources such as the VA are about an hour from the center hub of Schuylkill County, and often times veterans have no transportation, family or friends to get them to important appointments.

Objectives/Strategies/Interventions/Next Steps: Counselors may begin to advocate within their own organizations to increase recognition of the need for outreach, indirect service, and community collaboration (Toporek et al., 2009). The objectives of this portfolio are to help professionals understand the depth of homelessness in the veteran population in the community of Schuylkill County, and for those homeless veterans and their families to receive much needed health and social services. Another goal is for more advocacy to help reduce the number of homeless veterans by allowing for progress in prevention, reducing, and ending homelessness in veterans. Each professional should research this topic in their community with an open mind, and seek to understand the issues presented through multiple perspectives. Another goal of this portfolio is to encourage more community programs such as H-PACT, which is an outreach

program designated to help veterans disconnected from VA services (US Department of Veteran Affairs, n.d). H-PACT reduces the number of barriers that a veteran may face to receiving care.

INTRODUCTION

[Veteran Homelessness in Schuylkill County, PA]

According to County Health Rankings and Roadmaps (n.d.), Schuylkill County is ranked amongst one of the least unhealthy counties in Pennsylvania. In the following Social Change Portfolio, the author will specifically be focusing on veterans. Veterans are often an overlooked population, with little to no resources for help. Working in a not for profit clinical, the author has come across several veterans looking for assistance not only for drug and alcohol counseling, but also looking for help with basic necessities, such as food, shelter, and clothing. The following paper will take a look at prevention and advocacy methods that can be used to help raise awareness and to help prevent homelessness for veterans in Schuylkill County.

PART 1: SCOPE AND CONSEQUENCES

[Veteran Homelessness in Schuylkill County, PA]

In Schuylkill County, resources for veterans are almost non-existent. According to HAC Veterans Data Central (n.d), the veteran population in Schuylkill County, PA was 12,810 between the years of 2012-2016. Of that, 809 veterans are currently living below the poverty level. That is compared to the 1,358,501 total veterans in the United States that are living below the poverty line. According to the National Coalition of Homeless Veterans (2014), 40,056 veterans are homeless on any given night. Only 7% of the general population claims a veteran

status, but of the 13% of the veteran population claims to be homeless (HAC Veterans Data Central, 2014).

Due to the lack of resources, veterans often go undiagnosed and untreated. Veterans often struggle with untreated drug and alcoholism, mental health, and PTSD. Veterans are often times separated from family and friends, lose their jobs, their homes, and often times wind up homeless. Working currently in a drug and alcohol outpatient center, we often struggle to help veterans get back on their feet. Resources such as the VA are about an hour from us, and often times veterans have no transportation, family or friends to get them to important appointments. The goal of my social change portfolio is to increase awareness and prevention of homelessness for our veterans in Schuylkill County, PA.

PART 2: SOCIAL-ECOLOGICAL MODEL

[Veteran Homelessness in Schuylkill County, PA]

The social-ecological model consists of four parts including individual, relationship, community, and societal impacts (CDC., n.d.). The individual level identifies biological and personal history factors (CDC., n.d.). These factors include, but are not limited to, education, income, substance abuse, attitude and beliefs (CDC., n.d.). The relationship level identifies and examines close relationships that may impact a person (CDC., n.d.). This includes peers, partners and family members. The third level is the community impact. This includes how a person's school, workplace and neighborhood all affects them (CDC., n.d.). The final level, the societal factor, looks into how economic and societal policies, cultural norms or climate affect a person (CDC., n.d.).

From 2005-2006, it was reported by the VA that 3.7% of veterans experienced a 5-year homeless period after leaving the military (Tsai, 2017). There are a lot of risk factors for veterans

potentially facing homelessness. On an individual level, veterans are at an increased risk of homelessness due to untreated substance abuse, mental illness, financial distress and lack of social support (Tsai et al., 2018). On a relationship and community impact, veterans often struggle with relationships with family, partners, friends and peers. In a study by Tsai (2017), it was shown that veterans who were younger, not married or did not already have VA connections in place, had lower income, and were diagnosed with a substance use disorder were more likely to become homeless. Veterans who reported homelessness tended to be more socially distant than those who were housed (Tsai, 2017). Veterans often struggle to find resources, or there is no VA close to where they live (Tsai, 2017). This often times will lead them to either not reach out for help, or get frustrated by the lack of help and give up. On a societal level, there are many roadblocks for veterans. In 2017, it was recommended by the government to reroute millions of dollars for VA homelessness services to other services (Tsai, 2017). Since then, there has been policy changes, and protests from advocates of veterans to return these funds (Tsai, 2017).

On a personal and relationship level, education is important. It is important for veterans and their families to understand risks and signs of addiction and mental health disorders, such as PTSD. It is important that veterans have resources and access to care, regardless of where they live. On a community level, the VA has implemented screening tools to help identify at risk veterans (Tsia, 2017). On a societal level, there are several protective factors in place. The VA allows for care for veterans. Tsia et al. (2018) noted that less than one quarter of the veteran population has never used VA resources. Currently, the VA has efforts to identify, screen and monitor, crisis intervention, treat and refer veterans as needed (Tsia et al., 2018). Another community program that is for veterans is the Supportive Service for Veteran Families (Tsia, 2017). This program was created to help veterans and their families prevent homelessness.

PART 3: THEORIES OF PREVENTION

[Veteran Homelessness in Schuylkill County, PA]

A theory that fits in working with the homeless population in Schuylkill County would be the Social Cognitive Theory or SCT (National Cancer Institute, 2005). This model describes an ongoing process in which personal factors, environmental factors, and human behaviors exert influence upon on another (National Cancer Institute, 2005). In working with homeless veterans, you are working with trying to change a populations behavior. The SCT allows the likelihood that a person will change their behaviors if they have a sense of self-efficacy, goals, and they outcome expectancies (National Cancer Institute, 2005). Often times there are several different factors that lead to homelessness in veterans. The SCT states that behavior is not simply a product of the environment and the person, and the environment is not simply a product of the person and the behavior (National Cancer Institute, 2005). I think that this complex statement allows good insight into homelessness in veterans. The most important goal of SCT is self-efficacy (National Cancer Institute, 2005). Self-efficacy is the most important personal factor in behavior change, and I believe that it is also the most important when working with homeless veterans as well (National Cancer Institute, 2005). Self-efficacy strategies include setting incremental goals, behavioral contracting, and monitoring and reinforcement (National Cancer Institute, 2005).

Another theory that fits into working with the homeless veteran population would be the Community Organization and Participatory Models (National Cancer Institute, 2005). This is a process through which community groups are helped to identify problems, mobilize resources, and develop and implement strategies to reach collective goals (National Cancer Institute, 2005).

Working with homeless veterans will take community time and resources. Local development, social planning, and social action are all key components to begin to address the problem (National Cancer Institute, 2005). This model is grassroots based, conflict oriented, and geared towards mobilizing disadvantaged persons, i.e. homeless veterans, to act on their own behalf (National Cancer Institute, 2005). Looking at community preventative services, determinants, such as equity, social justice, societal resources and physical environment all impact immediate outcomes (National Cancer Institute, 2005). Immediate outcomes can include but are not limited to neighborhood living conditions, community development, health promotion, and opportunities for growth (National Cancer Institute, 2005). This leads to healthier communities and ultimately a healthier population (National Cancer Institute, 2005).

Looking at current evidence-based programs, one program I found stuck out the most. It is along the lines of a community organization. It is called the Homeless Patient Aligned Care Teams or H-PACT for short. It is an evidence-based program ran by the US Veterans Department of Affairs (n.d). H-PACT is a multidisciplinary, population based medical home model organized to help homeless veterans (US Department of Veteran Affairs, n.d.). Veterans enrolled in H-PACT were housed faster and at higher rates than those not involved (US Department of Veteran Affairs, n.d.). H-PACT reduces the number of barriers that a veteran may face to receiving care. This program allows for outreach to communities where veterans are disconnected from VA services (US Department of Veteran Affairs, n.d.).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

[Veteran Homelessness in Schuylkill County, PA]

Looking into more specific data about homeless veterans in Schuylkill County, Pennsylvania, one specific group who seems to lack services is homeless female veterans. It seems that female veterans have less access to shelters and other resources than their male counterparts do. According to HAC Veterans Data Central (n.d.) 6.1 % of veterans in Schuylkill County are female. Female veterans are nearly three times more likely to be homeless than non-veteran women (VA National Center on Homelessness Among Veterans, 2016). It was reported that female veterans who have a diagnosis of post-traumatic stress disorder, depression, schizophrenia and other psychosis, drug or alcohol abuse, suicide attempt or self-inflicted injury attempts have an increased risk of housing instability (VA National Center on Homelessness Among Veterans, 2016).

In a report by the VA National Center on Homelessness Among Veterans (2016), Dr. Alison Hamilton discussed that most homeless veteran women report that their biggest frustrations are at the lack of coordination between screening and services, temporary and permanent housing, incarceration and community services, and VA and county services. Dr. Hamilton also reported that most female veterans use services outside of the VA, and that they are often seen in community-based organizations (VA National Center on Homelessness Among Veterans, 2016).

In reading the report by Dr. Hamilton, it seems that community agencies need to communicate and work better together. It is important for counselors to keep the ACA code of ethics code A.2.e, Informed Consent in mind though (2014). It is important to always have written and verbal consent from clients, and it is important that they understand their rights at all times. Another ACA code of ethics (2014), C.2.a., boundaries of competence, is also very

important. As counselors, it is important that we only practice within the boundaries of our competence, based on our education, training, supervised experience, credentials, and appropriate experience. It is also important for us to have names of agencies and contacts to give to clients to point them in the right direction if they need services that we cannot offer them.

PART 5: ADVOCACY

[Veteran Homelessness in Schuylkill County, PA]

Advocacy is the action taken by a counseling professional to help remove external and institutional barriers to a client's well-being (Toporek et al., 2009). According to the Multicultural and Social Justice Counseling Competencies (2015) a counselor should intervene with and on behalf of clients at several different levels, including intrapersonal, interpersonal, institutional, community, public policy, and international levels.

The social institutions represent societal places such as schools, churches, and community organizations (Multicultural and Social Justice Counseling Competencies, 2015). An institution barrier to helping homeless veterans would be that transportation, educational limitations, and substance abuse all are major barriers (ASPE, 2017). Another major barrier is the complexity and lack of coordination between social institutions' (Ijadi-Maghsoodi et al., 2021). It would be important to get veterans set up with agencies who would be able to help them meet needs they cannot meet on their own. Agencies that would be able to help alter inequities influencing them, such as schools, businesses, churches, etc. (Multicultural and Social Justice Counseling Competencies, 2015).

The community as a whole represents the spoken and unspoken norms, values, and regulations that are embedded in society (Multicultural and Social Justice Counseling

Competencies, 2015). As a counselor, one needs to employ social advocacy to address community norms, values, and regulations embedded in societies that can hinder growth and development of homeless veterans (Multicultural and Social Justice Counseling Competencies, 2015). Places such as the VA offer coordinated outreach programs to proactively seek of Veterans in need of assistance (Ijadi-Maghsoodi et al., 2021). Many people and communities do not know about all the programs that exist in order to help homelessness in their community. Often time, homeless is overlooked and not talked about. Opening up lines of communication, and opening up lines of education about programs that are out there are important steps in offering help to homeless veterans (Ijadi-Maghsoodi et al., 2021).

Public Policy reflects the local, state and federal laws and politics that regulate and also influence development (Multicultural and Social Justice Counseling Competencies, 2015). Policies can hinder and well as help the growth and development of privileged and also marginalized populations (Multicultural and Social Justice Counseling Competencies, 2015). It is important that counselors continue to advocate for homeless veterans, and continue to bring awareness and to collaborate with local, state, and federal laws and politics (Multicultural and Social Justice Counseling Competencies, 2015). On a public policy level, several programs exist to try to help veterans. Programs such as the Department of Veteran Affairs, the US Department of Housing and Urban Development-VA Supportive Services Housing Program, and Supportive Services for Veteran Families are all critical programs to help homeless veterans (Ijadi-Maghsoodi et al., 2021).

REFERENCES

ACA Code of Ethics. (2014). 2014 ACA code of ethics.

<https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

ASPE. (2017, February 21). *Barriers to Work Faced by Homeless People*.

<https://aspe.hhs.gov/report/toward-understanding-homelessness-2007-national-symposium-homelessness-research-employment-and-income-supports-homeless-people/barriers-work-faced-homeless-people>.

CDC (n.d). *The social-ecological model: A framework for violence prevention*.

County Health Rankings & Roadmaps. (n.d.). *Pennsylvania*.

<https://www.countyhealthrankings.org/app/pennsylvania/2021/rankings/schuylkill/county/outcomes/overall/snapshot>.

HAC Veterans Data Central. (n.d.). *General Demographics for Veterans*.

<http://www.veteransdata.info/report?category=1&state=2420001&county=2421070&indicator=0>

Ijadi-Maghsoodi, R., Feller, S., Ryan, G. W., Altman, L., Washington, D. L., Kataoka, S., &

Gelberg, L. (2021). A Sector Wheel Approach to Understanding the Needs and Barriers to Services among Homeless-Experienced Veteran Families. *Journal of the American Board of Family Medicine : JABFM*, 34(2), 309–319. <https://doi-org.ezp.waldenulibrary.org/10.3122/jabfm.2021.02.200331>

Multicultural and Social Justice Counseling Competencies. (2015).

<https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

National Cancer Institute (2005). *Theories at a glance: A guide for health promotion practice*.

Washington D.C.: US Department of Health and Human Services: National Institute of Health. <https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>

National Coalition for Homeless Veterans (2021, February 4). *Veteran Homelessness*.

<https://nchv.org/veteran-homelessness>

Social Programs That Work. (2018). *Critical Time Intervention*.

<https://evidencebasedprograms.org/programs/critical-time-intervention/>

Toporek, R. L., Lewis, J.A., Crethar H. (2009). *Promoting systemic change through ACA advocacy competencies*. *Journal of Counseling and Development*, 87, 260-268

Tsai, J., Hoff, R. A., & Harpaz-Rotem, I. (2017). One-year incidence and predictors of homelessness among 300,000 US Veterans seen in specialty mental health care. *Psychological Services*, 14(2), 203–207. [https://doi-](https://doi-org.ezp.waldenulibrary.org/10.1037/ser0000083)

[org.ezp.waldenulibrary.org/10.1037/ser0000083](https://doi-org.ezp.waldenulibrary.org/10.1037/ser0000083)

Tsai, J., Trevisan, L., Huang, M., & Pietrzak, R. H. (2018). Addressing veteran homelessness to prevent veteran suicides. *Psychiatric Services* (Washington, D.C.), 69(8), 935–937.

<https://doi-org.ezp.waldenulibrary.org/10.1176/appi.ps.201700482>

US Department of Veteran Affairs. (n.d.). *Homeless Patient Aligned Care Teams*.

<https://www.va.gov/HOMELESS/nchav/resources/special-models/h-pact.asp>

VA National Center on Homelessness Among Veterans. (July, 2016). Women veterans and homelessness. *Homeless evidence and roundtable series*.

<https://www.va.gov/homeless/nchav/docs/hers-womens-proceedings.pdf>

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