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Preventing Homelessness Among Veterans in Riverside County, California

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Preventing Homelessness Among Veterans in Riverside County, California

Goal Statement: The goal of this social change portfolio is to identify the causing factors behind veteran homelessness, as well as ways to prevent this population from becoming homeless.

Significant Findings: An estimated 37,252 of the homeless population in the United States are veterans, 11,401 of which reside in the state of California (State, 2020). That's 31% of the nations homeless veteran population residing in one state! Whats worse, every year this number is increasing. Many in need veterans are let down by the VA due to shortages of resources, funding, and long waitlists. Stigma, diversity, and and neglect are a few more issues behind this populations shortcomings. By focusing on prevention at an individual, family, community, and societal level, this population can receive the support it needs in order to succeed. Resources and acceptance are at the core of prevention for this population.

Objectives/Strategies/Interventions/Next Steps: The most important step in this social change project is advocacy on institutional, community, and public policy levels focusing on bringing awareness, funding, and providing resources to those in need. One evidence based program that may help prevent homelessness among veterans is the Critical Time Intervention (CTI), which aims to prevent recurrent homelessness in individuals with mental illness who are leaving mental health institutions, hospitals, and shelters (Social Programs that Work, 2018). The social organization theory of action and change (SOAC) is another evidence based theory

suggesting that a sense of community has the capacity to wield positive influence on communities and the families within them. Community and social connections play elemental role in helping military members and their families manage challenging and stressful experiences (O'Neal, Richardson & Mancini, 2020). Thus, coping with military life is reflected by ones own well-being and their family's well-being.

INTRODUCTION
Preventing Homelessness Among Veterans

I live in San Jacinto, California, where homelessness is an increasing issue my community among the veteran population. Many veterans are in a constant state of "survival" when overseas. Imagine not only coming home and integrating into a country that is entirely different, but one that is antagonistic to veterans as individuals (Russell, 2013). According to years of studies by the Veterans Benefits Administration (VBA), veterans face many dilemmas when seeking mental health care through their benefits. Upon seeking help, veterans are faced with the VBA's long backlogs and waits, procedural errors, claims processing performance problems, and delayed corrective actions (VBA, 2000). Without proper care, veteran mental health declines often lead to homelessness. Making mental health care more accessible is a key factor in preventing homelessness in this population.

PART 1: SCOPE AND CONSEQUENCES
Preventing Homelessness Among Veterans

The target problem identified for social change is preventing homelessness among veterans. As of January 2020, it was estimated that approximately 37,252 of the homeless

population in the United States were veterans (National Alliance to End Homelessness, 2021). Shockingly, an estimated 11,401 of those homeless veterans reside in the state of California (State, 2020). That's 31% of the nation's homeless veteran population! What's worse, every year this number is increasing. From 2018-2019, California's homeless veteran population increased by 24.3% and from 2019-2020, this number increased again by 3.8% (State, 2020).

In thinking about the rising trends, it is also important to understand the consequences or ripple effect happening among the community. As veterans become homeless, their families are affected and may also become homeless, their social lives are affected, they are treated differently by society, and their mental health often declines. Although the Veterans Affairs (VA) reimburses community housing agencies for 50% of housing costs for veterans, they do not have authority to provide reimbursements for the cost of the families and children of veterans (Bandisi, 2019). As a result, the homeless families and children of veterans are left with very minimal support. In creating social change to prevent homelessness among veterans, we are preventing homelessness of their families as well. My goal for social change is to bring awareness of the increasing statistics and provide more options for veterans to seek mental health care that is affordable or free.

PART 2: SOCIAL-ECOLOGICAL MODEL
Preventing Homelessness Among Veterans

Looking at the issue of homelessness among veterans through the social-ecological lens, it is clear that prevention can be effective on various levels. This model shows the unavoidable interplay between individuals, relationship, community, and society. The idea of these overlapping sub-groups gives an example of the ripple effect in which each sub-group can affect

one another. Approaching prevention plans in this way can be more sustainable and achieve population level impact (CDC, 2021).

The individual level identifies the biological and personal factors that would make individuals more likely to experience homelessness or mental health issues after deployment. The factors of concern are age, education, substance use, income, and history of mental illness or trauma (CDC, 2021). Prevention strategies on an individual level focus on promoting positive self-image and acceptance, career/passion exploration, stability, and healthy habits. Specific approaches might include life skills training, social-emotional learning, identifying triggers, journaling, etc.

The relationship level involves close relationships and how they might influence the possibility of becoming homeless. This level includes intimate partners, family, or close social circles. Imagine if the individuals social circle used alcohol or other substances as an escape method for past trauma or daily stressors. This type of factor would increase the chances of an individual becoming homeless. Prevention strategies at this level would include mentoring, promoting positive peer norms, problem solving skills, self-help groups, promoting healthy relationships, and educating about substance use and temptation.

The community level explores larger settings such as neighborhoods, schools, and workplaces. It is here that social relationships occur and individuals seek to identify or associate with characteristics of these settings (CDC, 2021). This can pose potential risks if these environments are triggering or stressful to the individual. For example, if an individual experiences post-traumatic stress disorder, being triggered in the workplace may lead to loss of employment. Prevention strategies for this level involve addressing and communicating possible triggers and improving the environment in these settings.

The societal level focuses on the social and cultural norms that are supporting or influencing homelessness among veterans. These factors include a lack of support for veterans transitioning to civilian life, mental illness stigma, problems with Veterans Affairs (VA), low accessibility to VA hospitals, etc. In California, there are six VA hospitals, many of which are backlogged and have higher than average (nationally) number of delayed appointments (Caruso, 2015). Prevention strategies at this level include improving VA grants and funding, education and employment opportunities, efforts to promote norms that protect veterans transitioning to civilian life, and promoting norms that support veterans struggling with mental health and employment.

PART 3: THEORIES OF PREVENTION
Preventing Homelessness Among Veterans

Now that the social ecological model has shown how impactful relationships, community, and society can be towards veteran homelessness, let's take a closer look at understanding how families and their communities intersect. The social organization theory of action and change (SOAC) suggests that a sense of community has the capacity to wield positive influence on communities and the families within them. In a recent study at the University of Georgia's Department of Human Development and Family Science, researchers used this theory to assess if social connections influence coping and well-being among military members and their families.

According to the SOAC, community and social connections play elemental role in helping military members and their families manage challenging and stressful experiences

(O'Neal, Richardson & Mancini, 2020). Findings showed that coping with military life was reflected in their own well-being and their family's well-being. For example, how well a military member copes with active duty is highly dependent on the well-being of their homelife. In addition, families and service members who lived on base had a greater sense of community support and overall well-being (O'Neal, Richardson & Mancini, 2020). Considering the SOAC, it is apparent that military members well-being and level of coping is highly influenced by community and family support and well-being. When planning for prevention of homelessness among veterans, this is an important insight to keep in mind.

One evidence-based program that may help prevent homelessness among veterans is the Critical Time Intervention (CTI), which aims to prevent recurrent homelessness in individuals with mental illness who are leaving mental health institutions, hospitals, and shelters (Social Programs that Work, 2018). The approach of this method is to strengthen individuals' connection to family, friends, and services, while providing emotional and practical support during their civilian transition (Social Programs that Work, 2018). This prevention plan will comprise of a nine-month program focusing on three phases. Phase one considers the individuals transition into the community. Before the client is discharged from the institution, hospital, or shelter, a caseworker will examine their needs and link them with community supports that fulfill their needs. After the client is discharged, the caseworker will plan home visits and meetings with the client, their caregivers, and community supports. In phase two, the caseworker gives the client a little more autonomy, encouraging them to problem-solve. The case worker will also adjust the systems of support as necessary to meet the client's needs. Phase three is defined as the "transfer of care". This is where the caseworker helps the client develop and implement a long-term plan to achieve their goals (Social Programs that Work, 2018). This transfers the clients care from the

caseworker to the community support system set in place. Long term goals that veterans in this situation can focus on are steady employment, family reunification, and maintaining close relationships within their community.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
Preventing Homelessness Among Veterans

The majority of homeless veterans can be characterized as being unemployed, Caucasian, unmarried, white males in their forties, who have experienced homelessness or incarceration in the past (Tsai, Pietrzak & Rosenheck, 2013). Because of this profile, much research on homeless veterans is focused on male subjects. In a 2013 survey by the California Office of Veteran Affairs (2013), 13% of female veterans in California were either currently homeless or had recently been homeless; the majority of which had children or dependents with them. As you can see, the issue not only affects female veterans but their families as well. Because the majority of research is male focused, many treatment and prevention plans are catered to male subjects and do not fully adhere to the needs of homeless female veterans.

Post-traumatic stress disorder (PTSD) is one of the largest mental health threats that veterans face upon returning from active duty (National Coalition for Homeless Veterans, nd.). PTSD and other mental health challenges that veterans face led to employment difficulties, substance abuse difficulties, and other factors that increase their risk of homelessness. One mechanism that may help to increase cultural relevance of a prevention program for female veterans is bringing awareness to PTSD and military sexual trauma (MST), which 14.6% of female veterans experience (National Coalition for Homeless Veterans, nd.). However, this

statistic only involves reported sex crime victims. Fear of retaliation or being ostracized prevents many women from reporting this type of abuse (National Coalition for Homeless Veterans, nd.).

Spreading awareness through the community about female veteran PTSD and MST may help normalize the urgency to communicate and address these hardships. Along with efforts to spread awareness, another mechanism to increase cultural relevance in prevention programs is to link women with care centers in their community that focus on female veterans experiencing PTSD or MST. The Women's Trauma and Recovery Program is one local facility that is located in Menlo Park, California, and is designed to treat female veterans. By having access to local treatment centers, female veterans will be more able to face the mental health challenges that ultimately lead to homelessness in their population.

In order to maintain cultural competence and cultural relevance in homelessness prevention programming for female veterans, it is important to consider the American Counseling Associations (ACA) Code of Ethics. According to section A.7.b regarding confidentiality and advocacy, counselors must obtain client consent before advocating for improvements in the provision of services and removal of systemic barriers or obstacles that inhibit client access, growth, and development (ACA, 2014). This is important to address, especially when working with women who have experienced MST. Counselors must take precautions to protect the client, as well as maintain healthy boundaries with the client.

Additionally, when referring clients to treatment specific facilities, it is important to consider section A.2.a regarding informed consent. Clients must be given autonomy to choose whether to remain where they are or accept treatment at other facilities. Counselors also have an obligation to review the clients' rights and responsibilities of both counselor and client, as well as document the discussions of informed consent throughout the counseling process (ACA,

2014). Although more specified treatment may be available for clients at another facility, they

may be unable or unwilling to transfer services and that decision should be respected by the

clients' counselor.

Stakeholders in the collaboration of the prevention process may be concerned about

counselors establishing fees. According to section A.10.c of the ACA (2014), counselors must

consider the financial status of their clients and locality. In order to help prevent homelessness

among female veterans, counselors must consider that the individuals who are at risk for facing

homelessness may not be financially stable enough to seek adequate help. According to this

code, counselors can adjust fees accordingly or assist clients in finding comparable, affordable

services (ACA, 2014).

PART 5: ADVOCACY
Preventing Homelessness Among Veterans

When advocating for the prevention of homelessness among veterans in the community,

it is instrumental to consider the barriers to addressing the issue at a societal level. This includes

institutional, community and public policy levels, which can be seen in detail below.

The institutional level represents the institutions within the community, such as churches,

schools, and community organizations (MSJCC, 2015). One barrier to the prevention of

homelessness among veterans, on this level, would involve support systems. Community

institutions such as these act as the backbone of the community. In other words, this is where

people go for support and guidance. By advocating for the prevention of homelessness on an

institutional level, these organizations can become more aware of the needs in their communities.

As a counselor, I can advocate in this area by promoting group therapy and guidance counseling

for the prevention of homelessness among veterans in these organizations. For example, after community church services, I can hold group counseling sessions to not only spread awareness and educate the community, but also help them identify ways to advocate for themselves and others who are struggling in this area.

The community level considers the spoken and unspoken norms, values, and regulations that can either empower or oppress growth and development at a societal level (MSJCC, 2015). One barrier on this level concerns the stigma around homelessness and mental illness. For example, homeless individuals are completely visible, yet are often ignored by society or become subject to stares. They are seen as dangerous, drug addicted, and deviant in the eyes of their community. However, these are simply just skewed beliefs that have become the norm. The truth is that many homeless individuals are stigmatized and blamed for their situation. They often suffer from mental health issues and trauma. Homeless are isolated and vulnerable due to their situation. As a counselor, advocating for this population by educating the public would help decrease these stigmas. One way to take action would be to organize a community "marathon" throughout the town. For example, a "walk" to reduce stigma surrounding homelessness and mental illness. Bringing the community together for a cause will help bring awareness to the issues and consequences of stigma as well as encourage the community to change their ways of thinking. In addition, all donations will help provide free/affordable mental health counseling to those in need.

The public policy level involves the federal, state, and local laws and regulations that influence the growth and development of society (MSJCC, 2015). The majority of veterans experiencing psychological distress, approximately 56%-87%, reported that they did not receive mental health support from the VA (APHA, 2014). There are various issues that service

members encounter when attempting to access care through the VA. One reason being that the VA requires veterans to have either an honorable or general discharge before receiving care. In order to qualify for honorable or general discharge, service members must serve a minimum of 24 continuous months or the full period in which they were called to active duty (APHA, 2014). Another issue veterans encounter when seeking care is the shortage of healthcare providers and long waitlists for care with the VA. Due to limited budgets and capacity, the VA is forced to ration their care. One way I can advocate for veterans in this area is by communicating the importance of increased funding for the VA in my community. As a counselor, I can share my experience with homeless and mentally ill veterans in my community with the VA, urging them to increase funding and availability for care. The VA is funded by a few different sources; however, I will advocate by writing a letter to congress asking to increase the budget for VA mental health care and state the current rise of homelessness among veterans. I will explain that an increase in funding will ultimately provide the care needed to prevent homelessness for many veterans.

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