



National Resource Center on Homelessness and Mental Illness

Veterans

June 2004

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

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Policy Research Associates, Inc., under contract to the Center for Mental Health Services

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Order #: 6956

Authors: Applewhite, S.L.

Title: **Homeless Veterans: Perspectives on Social Services Use.**

Source: Social Work 42(1): 19-30, 1997. (Journal Article: 12 pages)

Abstract: This article describes a study that analyzed the nature and scope of homelessness and issues related to social services use. The study used focus group interviews to examine the expressed needs of homeless veterans and the obstacles encountered in obtaining health and human services. Results indicated that veterans self-reported a high incidence of health and mental health problems, limited resources, negative public perceptions and treatment, insensitive service providers, dehumanizing policies and procedures, and high levels of stress and frustration with the service delivery system. They encountered personal, situational, and bureaucratic barriers to obtaining these services and were highly critical of service providers. The author concludes that these findings suggest a need for greater emphasis on advocacy-based case management services, affordable housing, employment opportunities, increased sensitivity in service delivery systems, and empowerment-centered practice (author).

Order #: 13471

Authors: Benda, B.

Title: **Discriminators of Suicide Thoughts and Attempts Among Homeless Veterans Who Abuse Substances.**

Source: Suicide and Life-Threatening Behavior 33(4): 430-442, 2003. (Journal Article: 12 pages)

Abstract: In this article, six-hundred military veterans who are homeless and abused substances were examined to determine what factors discriminate between non-suicidal veterans, those who had suicidal thoughts, and persons who had attempted suicide. The authors assert that several factors were considered based on attachment theory, including caregiver attachment, sexual abuse, physical abuse, resilience, self-efficacy, and self-esteem. The article states that suicide attempters were discriminated from others by psychiatric comorbidity, early abuse, severity of substance abuse, and longevity of drug use. In contrast, the article states that discriminators between non-suicidal homeless substance abusers and others were elements of attachment and commitments such as marriage, employment, and religiosity. Some implications of the findings for intervention are discussed (author).

Order #: 2330

Authors: Berman, S., Barilich, J.E., Rosenheck, R., Koerber, G.

Title: **The VA's First Comprehensive Homeless Center: A Catalyst for Public and Private Partnerships.**

Source: Hospital and Community Psychiatry 44(12): 1183-1184, 1993. (Journal Article: 2 pages)

Abstract: This article describes the development of a comprehensive homeless center at the Dallas Veteran Affairs Medical Center, its mission and goals, the public-private partnerships created, and the specialized programs it has initiated to serve homeless veterans with mental and physical illnesses in the Dallas-Fort Worth area of Texas. Among the activities of these specialized programs include: extensive outreach efforts, primary inpatient rehabilitation, transitional housing and employment opportunities. The authors contend that ongoing community involvement is an important factor in providing comprehensive services to area homeless veterans (authors).

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Order #: 10720

Authors: Binder, S.R.

Title: **The Homeless Court Program: Taking the Court to the Streets.**

Source: Federal Probation 65(1): 14-17, 2001. (Journal Article: 4 pages)

Abstract: This article describes the Homeless Court Program with homeless veterans at Stand Down in San Diego, CA. Most of the crimes attributed to people who are homeless are public disturbance offenses such as illegal lodging, blocking the sidewalks, drinking in public, urinating in public, or riding the trolley without paying. Occasionally, someone will arrive with a more serious offense like petty theft or being under the influence of a controlled substance. In this program, a courtroom was set up and run outside of the courthouse. The prosecution and defense outlined a plea agreement and guidelines for alternative sentencing to facilitate the resolution of cases. The plea bargain held defendants responsible for their offenses and recognized that most offenses were as a result of their condition. The guidelines for alternative sentencing drew upon the services offered on site at the event. Involvement with activities that helped to move participants off the streets and through programs, toward self-sufficiency, became court orders at time of sentencing.

Order #: 5711

Authors: Burling, T.A., Seidner, A.L., Salvio, M.A., Marshal, G.D.

Title: **A Cognitive-Behavioral Therapeutic Community for Substance Dependent and Homeless Veterans: Treatment Outcome.**

Source: Addictive Behaviors 19(6): 621-629, 1994. (Journal Article: 9 pages)

Abstract: This article presents data regarding a residential rehabilitation program that integrates cognitive-behavioral and therapeutic community techniques to treat homeless persons with substance use disorders. The study cohort was 110 military veterans admitted to a Domiciliary Care for Homeless Veterans Program of the Department of Veterans Affairs. The cohort had multiple psychosocial problems at admission, and all had drug/alcohol abstinence as a treatment goal. Structured interviews conducted at three, six, nine, and 12 months postdischarge revealed that a substantial proportion had positive outcomes with respect to housing, substance abuse abstinence, employment, and self-rated psychological symptoms. This integrated cognitive-behavioral therapeutic community approach appears to be a viable treatment for this subset of homeless individuals and also may be effective for other populations with similar clinical characteristics (authors).

Order #: 3982

Authors: Castellani, B., Wootton, E., Rugle, L., Wedgeworth, R., Prabucki, K., Olson, R.

Title: **Homelessness, Negative Affect, and Coping Among Veterans With Gambling Problems Who Misused Substances.**

Source: Psychiatric Services 47(3): 298-299, 1996. (Journal Article: 2 pages)

Abstract: A total of 154 formerly homeless veterans with substance use disorders were assessed six months after treatment to determine: (1) whether those who had concurrent gambling problems had poorer coping skills than those without a gambling problem; and (2) whether gambling impacted housing and employment stability. Findings indicate that although the gamblers had poorer coping skills, they did not differ from their non-gambling counterparts in terms of housing and employment stability.

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Order #: 7302

Authors: Conrad, K.J., Hultman, C.I., Pope, A.R., Lyons, J.S., Baxter, W.C., Daghestani, A.N., Lisiecki, J.P., Elbaum, P.L., McCarthy, M., Manheim, L.M.

Title: **Case Managed Residential Care for Homeless Addicted Veterans: Results of a True Experiment.**

Source: Medical Care 36(1): 40-53, 1998. (Journal Article: 14 pages)

Abstract: This article examined the effectiveness of case-managed residential care (CMRC) in reducing substance abuse, increasing employment, decreasing homelessness, and improving health. A five-year experiment included 358 homeless addicted male veterans at three, six, and nine months during their enrollment and at 12, 18, and 24 months after the completion of the experimental CMRC program. The experimental group showed significant improvement compared with the control on the medical, alcohol, employment, and housing measures during the two-year period. These group differences tended to occur during the treatment year, however, and to diminish during the follow-up year (authors).

Order #: 12262

Authors: Desai, M.M., Rosenheck, R.A., Kaspro, W.J.

Title: **Determinants of Receipt of Ambulatory Medical Care in a National Sample of Mentally Ill Homeless Veterans.**

Source: Medical Care 41(2): 275-287, 2003. (Journal Article: 12 pages)

Abstract: This study used the Behavioral Model for Vulnerable Populations to identify determinants of receipt of outpatient medical care within 6 months of initial contact with a national homeless veterans outreach program. Data from structured interviews conducted at the time of program intake were merged with Veterans Affairs administrative data to determine subsequent medical service use. The authors conclude that a majority of homeless veterans contacted through a national outreach program failed to receive medical services within 6 months of program entry. Greater efforts are needed to ensure that people who are homeless and have mental illnesses are successfully linked with and engaged in medical treatment (authors).

Order #: 8791

Authors: Disabled American Veterans.

Title: **We Don't Leave Our Wounded Behind: A Program for Homeless Veterans.**

Source: Washington, DC: Disabled American Veterans, undated. (Videotape: 17 minutes)

Abstract: This video addresses the critical needs of our nation's veterans who are homeless, including issues of poverty, discrimination, and despair. The video reports on the vast numbers of veterans who are homeless, the causes of homelessness, and how the organization, Disabled American Veterans, is committed to creating partnerships with community organizations to help those in need. The video highlights the efforts of one organization in Indiana that provides food, clothing, and health care to veterans who are homeless (authors).

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Order #: 12941

Authors: Drebing, C., Rosenheck, R., Schutt, R., Kaspro, W., Penk, W.

Title: **Patterns in Referral and Admission to Vocational Rehabilitation Associated with Coexisting Psychiatric and Substance-Use Disorders.**

Source: Rehabilitation Counseling Bulletin 47(1): 15-23, 2003. (Journal Article: 9 pages)

Abstract: In this article, archival data from 17,929 homeless adults entering the Veterans Health Administration's Healthcare for Homeless Veterans program were analyzed to identify whether the rate of referral and admission to vocational rehabilitation differed between adults with psychiatric disorders alone and those with psychiatric disorders with a coexisting substance-use disorder (SUD). According to the authors, participants with an SUD had an eleven percent greater chance of being referred to vocational rehabilitation than did those with a psychiatric disorder alone. The article also states that of the participants referred to vocational rehabilitation, those with an SUD were almost twice as likely to participate. Those with an SUD also had a higher rate of employment prior to evaluation than did those with a psychiatric disorder alone. The authors assert that these advantages were significant after covarying for demographic variables, specific psychiatric diagnosis, and Addiction Severity Index psychiatric composite score. The authors conclude that these findings fail to support the hypothesis that there is a bias in the process of referral or admission into vocational rehabilitation and suggests that work and participation in work rehabilitation are not negatively affected by a coexisting SUD (authors).

Order #: 6716

Authors: Frisman, L.K., Rosenheck, R.

Title: **The Relationship of Public Support Payments to Substance Abuse Among Homeless Veterans With Mental Illness.**

Source: Psychiatric Services 48(6): 792-795, 1997. (Journal Article: 4 pages)

Abstract: A suspicion that disability payments may exacerbate substance use among persons with chemical addictions recently led Congress to limit federal disability entitlements of applicants whose disability status is related to substance abuse, even if they have another serious mental disorder. This study empirically explored the relationship between receipt of disability payments and substance use among homeless mentally ill veterans. The study sample included 2,474 homeless veterans with a current diagnosis of schizophrenia and a substance abuse or dependence disorder who were assessed in a community outreach program sponsored by the Department of Veterans Affairs. After adjustment for other relevant factors, receipt of disability payments showed no significant relationship to the number of days of substance use a month, even among frequent users of alcohol and drugs. Findings about substance use among the homeless veterans with serious mental disorders in this study provide no support for the assertion that disability payments exacerbate substance use (authors).

Order #: 11116

Authors: Gamache, G., Rosenheck, R., Tessler, R.

Title: **The Proportion of Veterans Among Homeless Men: A Decade Later.**

Source: Social Psychiatry and Psychiatric Epidemiology 36(10): 481-485, 2001. (Journal Article: 5 pages)

Abstract: The purpose of this report is to evaluate the risk of homelessness among veterans as compared to non-veterans, and to ascertain whether the exceptionally high risk of homelessness among post-Vietnam era veterans first observed in 1987 was still evident one decade later. Results show that the cohort of veterans aged 20-34 that was most at risk in the 1980s, although no longer the youngest, still has the highest risk for homelessness. The observed cohort effect, which demonstrates an especially high risk of homelessness among veterans of the immediate post-Vietnam era, even as they age, may reflect the continuing influence of the early problems in recruiting for the All Volunteer Force (AVF). In contrast to the national draft, which promised a fair representation of the entire population of draft eligible young men, the AVF also had the potential to attract young men with fewer alternative opportunities (authors).

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Order #: 12577

Authors: Gamache, G., Rosenheck, R., Tessler, R.

Title: **Overrepresentation of Women Veterans Among Homeless Women.**

Source: American Journal of Public Health 93(7): 1132-1136, 2003. (Journal Article: 5 pages)

Abstract: This article is based on a study which estimated the proportion of veterans among homeless women and their risk of homelessness relative to that of nonveterans. The data came from two surveys of homeless women (one clinical and one nonclinical), and one survey of domiciled women. According to the authors, the proportion of veterans among homeless women was greater than the proportion of domiciled women, and after computing the odds ratios for being a veteran among homeless women compared with nonhomeless women, homeless women were significantly more likely than nonhomeless women to be veterans. The article concludes that women veterans are at greater risk for homelessness than are nonveterans. The authors assert that further study is needed to determine whether increased risks for veterans are a product of military service or reflect volunteers' self-selection into the armed forces (authors).

Order #: 8679

Authors: Gamache, G., Rosenheck, R.A., Tessler, R.

Title: **Factors Predicting Choice of Provider Among Homeless Veterans with Mental Illness.**

Source: Psychiatric Services 51(8): 1024-1028, 2000. (Journal Article: 5 pages)

Abstract: This article examines the relative importance of predisposing factors, illness factors, and enabling factors as determinants of the use of Veterans Affairs (VA) health care services by mentally ill homeless veterans seeking services from a non-VA program. Data were analyzed for 698 homeless veterans with mental illness who were enrolled in the Access to Community Care and Effective Services and Supports (ACCESS) program. Homeless veterans were almost twice as likely as other poor veterans to use VA services; those with a dual diagnosis were also more likely to use VA services. Enabling factors were more important than either predisposing or illness factors in predicting VA service use. Veterans most likely to use VA services were those who received VA benefits that gave them priority access to VA services and those who lived near a VA medical center. Specific characteristics of the service system and of veterans' entitlement were more important than clinical needs or predisposing factors in predicting service use (authors).

Order #: 2378

Authors: Hartz, D., Banys, P., Hall, S.M.

Title: **Correlates of Homelessness Among Substance Abuse Patients at a VA Medical Center.**

Source: Hospital and Community Psychiatry 45(5): 491-493, 1994. (Journal Article: 3 pages)

Abstract: According to the authors, because many studies of homeless individuals sample only populations in emergency shelters or on the streets, those that are marginally or temporarily housed may be overlooked. This study sought to address this deficiency by exploring substance abuse patterns in a large sample of veterans seeking treatment for drug and alcohol abuse at the Veterans Affairs Medical Center in San Francisco, CA. Findings indicate that with decreasing housing stability, alcohol use increases and heroin use declines. In contrast, cocaine use rates among patients who were marginally and permanently housed were similar but much lower than rates among those living in the streets or shelters (authors).

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Order #: 2925

Authors: Hartz, D.T., Banys, P., Hall, S.M.

Title: Repeat Users of Substance Abuse Services at a VA Medical Center.

Source: Psychiatric Services 46(3): 285-286, 1995. (Journal Article: 2 pages)

Abstract: The authors studied demographic characteristics and type of substance abuse among 1,838 patients treated at a Veterans Affairs substance abuse triage unit in order to reveal patterns of service use. They found that African-American and male substance abusers appeared most likely to return for triage services. Among heroin users, the strongest predictor of return was gender. Among alcoholics, homelessness was the sole predictor of return. No predictors were found for cocaine users. The authors conclude that the relationship between return rates and type of substance abuse needs further study (authors).

Order #: 8685

Authors: Higate, P.

Title: Ex-Servicemen on the Road: Travel and Homelessness.

Source: Sociological Review 48(3): 331-348, 2000. (Journal Article: 18 pages)

Abstract: In this article the author argues that one way in which to account for the high mobility of the homeless population is to focus on its gendered grounding. Drawing on a study of 17 homeless ex-servicemen, the author explores the long-term influence of military-masculine gender ideology in a civilian environment pervaded by disadvantage. The themes of the emotions, camaraderie, alcohol use, and "freedom from the military" are discussed within an empirical and theoretical framework. It is suggested that a number of ex-servicemen are both disposed to, and equipped for, a life on the road, and may become "addicted" to travel and fleeting fixedness to place (author).

Order #: 7397

Authors: Humphreys, K., Rosenheck, R.

Title: Treatment Involvement and Outcomes for Four Subtypes of Homeless Veterans.

Source: American Journal of Orthopsychiatry 68(2): 685-694, 1998. (Journal Article: 10 pages)

Abstract: This article presents the results of a longitudinal study that examined treatment services and outcomes in a nationwide sample of 565 homeless veterans who were classified as alcoholic, psychiatrically impaired, multi-problem, or best-functioning. All four groups experienced some improvement in their primary problem area, in employment status, and in residential quality at eight-month follow-up. There were significant differences, however, in degree of improvement across groups. Implications for the design of homeless programs and policies are discussed (authors).

Order #: 7996

Authors: Irving, L.M., Seidner, A.L., Burling, T.A.

Title: Hope and Recovery from Substance Dependence in Homeless Veterans.

Source: Journal of Social and Clinical Psychology 17(4): 389-406, 1998. (Journal Article: 18 pages)

Abstract: This article examines the relationship between current hopeful thinking about goals ("state hope") and recovery from substance dependence as assessed among residents and graduates of a residential treatment program for substance dependent homeless veterans. Contrary to the authors' predictions, residents and graduates did not differ in their level of state hope. As predicted, higher state hope was related to greater time abstinent and better quality of life, as well as greater self-efficacy, placing less emphasis on the advantages of substance use, and greater perceived social support. Also as predicted, current hopeful thinking was correlated with a greater number of recovery-related variables for residents than for graduates of the program. The implications and limitations of the results are discussed.

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Order #: 11872

Authors: Kashner, T.M., Rosenheck, R., Campinell, A.B., Surtis, A.

Title: **Impact of Work Therapy on Health Status Among Homeless, Substance-Dependent Veterans.**

Source: Archives of General Psychiatry 59(10): 938-944, 2002. (Journal Article: 7 pages)

Abstract: This article examines the effect of the Department of Veterans Affairs compensated work therapy program (CWT) on nonvocational outcomes. With mandatory urine screenings and adherence to addiction treatment schedules, CWT provided work opportunities (wages, hours, and responsibilities) with jobs created from private industry. The authors conclude that work therapy can enhance nonvocational outcomes of addiction treatment for homeless persons, although long-term gains remain unknown (authors).

Order #: 8064

Authors: Kaspro, W., Frisman, L., Rosenheck, R.

Title: **Homeless Veterans' Satisfaction with Residential Treatment.**

Source: Psychiatric Services 50(4): 540-545, 1999. (Journal Article: 6 pages)

Abstract: This article examined homeless individuals' satisfaction with mental health services and the association between satisfaction and measures of treatment outcome. Demographic and clinical data were obtained from intake assessments conducted before veterans' admission to residential treatment facilities under contract with the Dept. of Veteran Affairs Health Care for the Homeless Veterans program, a national outreach and case management program. Clients completed a satisfaction survey and the Community-Oriented Programs Environment Scale, which asks them to rate dimensions of the treatment environment. Outcome data came from discharge outcome summaries completed by VA case managers. Overall satisfaction with residential treatment services was high among the 1,048 veterans surveyed. Greater satisfaction was associated with more days of drug abuse and more days spent institutionalized in the month before intake and with an intake diagnosis of drug abuse. Regression analyses indicated that satisfaction was most strongly related to clients' perceptions of several factors in the treatment environment. Policy clarity, clients' involvement in the program, an emphasis on order, a practical orientation, and peer support were positively related to satisfaction; staff control and clients' expression of anger were negatively related. Satisfaction was significantly associated with case managers' discharge ratings of clinical improvement of drug problems and psychiatric problems. Homeless veterans are more satisfied in environments they perceive to be supportive, orderly, and focused on practical solutions. The results indicate that client satisfaction is not related to treatment outcomes strongly enough to serve as a substitute for other outcome measures.

Order #: 7292

Authors: Kaspro, W.J., Rosenheck, R.

Title: **Substance Use and Psychiatric Problems of Homeless Native American Veterans.**

Source: Psychiatric Services 49(3): 345-350, 1998. (Journal Article: 6 pages)

Abstract: This study estimated the proportion and representation of Native Americans among homeless veterans and compared their psychiatric and substance use problems with those of other ethnic groups of homeless veterans. The study was based on data from the Department of Veterans Affairs' Health Care for the Homeless Veterans program, which operates in 71 sites across the country. The authors found that Native Americans are overrepresented in the homeless veteran population. They have more severe alcohol problems than other minority groups but somewhat fewer drug dependence and psychiatric problems (authors).

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Order #: 8503

Authors: Kaspro, W.J., Rosenheck, R.

Title: Mortality Among Homeless and Nonhomeless Mentally Ill Veterans.

Source: Journal of Nervous and Mental Disease 188(3): 141-147, 2000. (Journal Article: 7 pages)

Abstract: This article compares mortality risk in homeless and nonhomeless mentally ill veterans and compares mortality rates in these groups with the general U.S. population. The study assessed mortality over a nine-year period in homeless (N=6,714) and nonhomeless (N=1,715) male veterans who were treated by Department of Veterans Affairs (VA) specialized mental health programs. The study showed that mortality rates in all homeless veterans were significantly higher than the general population. Relative to the nonhomeless, significant increases in mortality risk were observed in those who at baseline were age 45 to 54 and had been homeless one year or less and those age 55 and older who had been homeless one year or less. Medical problems at baseline and history of prior hospitalization for alcohol problems elevated mortality risk. Employment at baseline and minority group membership reduced mortality risk. The study suggests that mentally ill veterans served by specialized VA mental health programs are at elevated risk of mortality when compared to the general population (authors).

Order #: 7101

Authors: Kaspro, W.J., Rosenheck, R., Chapdelaine, J.D.

Title: Health Care for Homeless Veterans Programs: The Tenth Annual Report.

Source: West Haven, CT: U.S. Department of Veterans Affairs, Northeast Program Evaluation Center, 1997. (Report: 155 pages)

Abstract: This report is the 10th in a series concerning the Department of Veterans Affairs' Health Care for Homeless Veterans (HCHV) programs. The programs involve a number of specialized programs in addition to providing outreach services to severely mentally ill veterans, linkage with VA services, and treatment and rehabilitation services. This report provides an overview of the program's history and services, describes monitoring of the program and veterans served, discusses program process and treatment outcomes, and explains the supported housing program. A summary of program performances is also included.

Available From: U.S. Department of Veterans Affairs, Northeast Program Evaluation Center, VA CT Healthcare System, 950 Campbell Avenue, West Haven, CT 06516, (203) 932-5711, www.visn1.med.va.gov/vact.

Order #: 8678

Authors: Kaspro, W.J., Rosenheck, R.A., Frisman, L., DiLella, D.

Title: Referral and Housing Processes in a Long-Term Supported Housing Program for Homeless Veterans.

Source: Psychiatric Services 51(8): 1017-1023, 2000. (Journal Article: 7 pages)

Abstract: The article examines client characteristics, case management variables, and housing features associated with referral, entry, and short-term success in a Department of Veterans Affairs (VA) national intensive case management and rental assistance program for homeless veterans. Information collected from homeless veterans at the time of initial outreach contact and from case managers during the housing search. Those referred were more likely to be female, to have more sources of income, to have recently used VA services, and to have serious mental health problems. Once in the program, 64% of veterans eventually moved into an apartment, and 84% of those who obtained an apartment were stably housed one year later. In general, activities of case managers, such as accompanying the veteran to the public housing authority and securing additional sources of income, were associated with success in the housing process. This supported housing program was judged appropriate for a small percentage of eligible veterans. However, a large proportion of clients were successful in attaining permanent housing, which lends support to the effectiveness of the supported housing approach (authors).

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Order #: 1690

Authors: Leda, C., Rosenheck, R.

Title: **Mental Health Status and Community Adjustment After Treatment in a Residential Treatment Program for Homeless Veterans.**

Source: American Journal of Psychiatry 149(9): 1219-1224, 1992. (Journal Article: 6 pages)

Abstract: An uncontrolled outcome study was conducted to examine clinical improvement and the relationship of psychiatric and substance abuse problems, community adjustment, and housing status among homeless veterans who participated in a multisite residential treatment program. Program participation was found to be associated with improvement in all areas of mental health and community adjustment. Improvement in psychiatric symptoms was associated with superior housing outcomes and improvement in community adjustment. When correlates of improvement in alcohol and drug abuse were examined, only one of eight possible relationships was found to be significant: improvement in alcohol problems was positively associated with improvement in employment. Homeless mentally ill veterans derive clear benefits from participation in a multidimensional residential treatment program (authors).

Order #: 5750

Authors: Leda, C., Rosenheck, R.

Title: **Race in the Treatment of Homeless Mentally Ill Veterans.**

Source: Journal of Nervous and Mental Disease 183(8): 529-537, 1995. (Journal Article: 9 pages)

Abstract: This article describes a multi-site descriptive outcome study that examined the differences between black and white veterans in admission characteristics, program participation, and outcomes following an episode of treatment in a Veterans Affairs residential treatment program for homeless veterans with psychiatric and substance abuse problems. Findings show that on admission blacks were younger and had more problems with drugs and violent behavior, but were less likely than whites to have clinical diagnoses of alcohol abuse or a serious psychiatric disorder, and had fewer suicide attempts. Blacks also had more social contacts and had more frequently experienced a recent disruption in an important relationship. Few differences were found between the two racial groups in measures of program participation. One year after discharge, both black and white veterans had improved in virtually all domains, as both had benefited from participation in residential treatment.

Order #: 1786

Authors: Leda, C., Rosenheck, R., Gallup, P.

Title: **Mental Illness Among Homeless Female Veterans.**

Source: Hospital and Community Psychiatry 43(10): 1026-1028, 1992. (Journal Article: 3 pages)

Abstract: This study examined sociodemographic and psychiatric diagnostic data from 19,313 veterans seen in the Department of Veterans Affairs Homeless Chronically Mentally Ill (HCMI) Veterans Program from 1988 to 1991. The purpose of the study was to determine the proportion of women among homeless veterans, to compare the prevalence of psychiatric disorders and substance abuse problems among homeless female and male veterans, and to compare diagnostic distributions among homeless female veterans and nonveterans. Compared with homeless male veterans, female veterans were younger and less likely to be employed, a significantly larger proportion were diagnosed as having major psychiatric disorders, and a significantly smaller proportion had substance use diagnoses - but they were less likely than males to be dually-diagnosed (authors).

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Order #: 5815

Authors: Lloyd-Cobb, P., Dixon, D.R.

Title: **A Preliminary Evaluation of the Effects of a Veterans' Hospital Domiciliary Program for Homeless Persons.**

Source: Research on Social Work Practice 5(3): 309-316, 1995. (Journal Article: 8 pages)

Abstract: The article describes a study where the Clinical Anxiety Scale, the Generalized Contentment Scale, the Revised UCLA Loneliness Scale, and the Problem-Solving Inventory were administered to nine male veterans in a Domiciliary Care for Homeless Veterans program. All four rapid assessment instruments were administered when the veterans were admitted into the program, and again after three months of participation. The program had an intense focus on individual and group counseling. Results suggested that this program is effective in helping reduce homeless veterans' feelings of anxiety, depression, and loneliness, and in helping them gain confidence in their problem-solving abilities (authors).

Order #: 6929

Authors: Lomas, B., Gartside, P.S.

Title: **Attention-Deficit Hyperactivity Disorder Among Homeless Veterans.**

Source: Psychiatric Services 48(10): 1331-1333, 1997. (Journal Article: 3 pages)

Abstract: This article reports the results of a screening for ADHD among participants in a Department of Veterans Affairs domiciliary program for chronic mentally ill homeless veterans. Eighty-one participants who were not psychotic and did not have central nervous system damage were screened for attention-deficit hyperactivity disorder (ADHD). Results indicated that 50 of the 81 participants screened positive, yet none of the patients or their clinicians had considered ADHD a possible influence on their lives. The authors concluded that these results suggest that clinical staff working with homeless veterans should receive better training in recognizing the various manifestations of ADHD among adults (authors).

Order #: 8433

Authors: McFall, M., Malte, C., Fontana, A., Rosenheck, R.

Title: **Effects of an Outreach Intervention on Use of Mental Health Services by Veterans with Posttraumatic Stress Disorder.**

Source: Psychiatric Services 51(3): 369-374, 2000. (Journal Article: 6 pages)

Abstract: This article examines the effectiveness of an outreach intervention designed to increase access to mental health treatment among veterans disabled by chronic posttraumatic stress disorder (PTSD) and identify patient-reported barriers to care. Participants were 594 male Vietnam veterans who were not enrolled in mental health care at a Department of Veterans Affairs (VA) center but who were receiving VA benefits for PTSD. Half the sample were placed in the intervention group and received a mailing that included materials describing treatment available and informing them about how to access care. Veterans in the intervention group were significantly more likely to schedule an intake appointment, attend the intake, and enroll in treatment. Patient-identified barriers associated with failure to seek VA mental health care included personal obligations that prevented clinic attendance, inconvenient clinic hours, and receipt of mental health services from a non-VA provider.

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Order #: 11422

Authors: McGuire, J., Rosenheck, R., Burnette, C.

Title: **Expanding Service Delivery: Does it Improve Relationships Among Agencies Serving Homeless People with Mental Illness?**

Source: Administration and Policy in Mental Health 29(3): 243-256, 2002. (Journal Article: 15 pages)

Abstract: This study examines the association of expanded funding of client-level homeless services, a bottom-up approach, with strengthening of inter-organizational relationships. The study compared Veterans Affairs/non-Veterans Affairs inter-agency relationships at Veterans Affairs facilities supporting community-oriented programs, at Veterans Affairs facilities supporting on-site internally focused homeless programs, and at facilities with the no specialized homeless programs. Veterans Affairs facilities that supported community-oriented homeless programs enjoyed stronger Veterans Affairs-community agency relationships than the other two Veterans Affairs facility types. The study identifies an effective bottom-up resource-based approach to services integration (authors).

Order #: 12011

Authors: McGuire, J., Rosenheck, R.A., Kaspro, W.J.

Title: **Health Status, Service Use, and Costs Among Veterans Receiving Outreach Services in Jail or Community Settings.**

Source: Psychiatric Services 54(2): 201-207, 2003. (Journal Article: 7 pages)

Abstract: This article describes a study that compared client characteristics, service use, and health care costs of two groups of veterans who were contacted by outreach workers: a group of veterans who were contacted while incarcerated at the Los Angeles jail and a group of homeless veterans who were contacted in community settings. The findings show that specialized outreach services appear to be modestly effective in linking veterans who become incarcerated with VA health care services. Although it is clinically challenging to link this group with services, the fact that the rate of current substance use is lower during incarceration may provide a window of opportunity for developing linkages between inmates and community rehabilitative services (authors).

Order #: 9467

Authors: McMurray-Avila, M.

Title: **Homeless Veterans and Health Care.**

Source: Nashville, TN: Health Care for the Homeless Branch, Division of Programs for Special Populations of the Bureau of Primary Health Care/HRSA, 2001. (Resource Guide: 103 pages)

Abstract: This document is presented as an introduction to what has been learned from research and practice about the needs of homeless veterans, plus current resources available to meet those needs, and some ideas for future collaboration. It addresses the complex range of services and benefits offered by the VA and community-based organizations, including eligibility requirements and how to facilitate access. It is primarily directed towards health care providers who serve homeless veterans as part of their general client population, although it may also be of use to others in the field. An excellent reference guide is included for additional sources that can be consulted for more complete information on each of the topics discussed, which include: characteristics of homeless veterans, what clinicians should know when treating homeless veterans, eligibility for VA benefits and services, VA programs, and obstacles to access faced by homeless veterans.

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN, 37206, (615) 226-2292, www.nhchc.org.

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Order #: 2616

Authors: National Association of State Mental Health Program Directors.

Title: **PATH Finder Report: Meeting the Needs of Homeless Veterans.**

Source: Washington DC: National Association of State Mental Health Program Directors, 1994. (Newsletter: 16 pages)

Abstract: The primary purpose of this issue of the PATHFinder Report is to assist State PATH Contacts and local PATH service providers in developing, or strengthening, collaborative efforts with programs that serve homeless veterans -- especially those that serve veterans with mental illnesses. Included with this issue is a list, provided by the United States Department of Veterans Affairs, of Veterans Affairs Regional Offices, Health Care for Homeless Veterans Programs, and VA Medical Centers and Veteran Centers (authors).

Order #: 13308

Authors: National Coalition for Homeless Veterans.

Title: **Planning for Your Release: A Guide for Veterans Incarcerated.**

Source: Washington, DC: National Coalition for Homeless Veterans, 2004. (Guide: 15 pages)

Abstract: This guide offers instruction on how veterans can apply for VA benefits; where to look to find affordable housing; how to find employment training programs and job placement assistance; where to obtain medical and mental health services; and who is available to provide counseling and other assistance programs in their communities. The authors suggest that each veteran should have his or her own copy of the workbook in which notes can be recorded on the progress being made, community contacts who have helped, and agreements that are reached with service providers. The guide also serves as a guidance tool for corrections, social services and federal agency personnel who are trying to help incarcerated veterans. A wealth of contact information is provided, as well as tips on letter writing, filling out forms, and a timeline for when certain actions should be taken prior to the veteran's release (authors).

Available From: National Coalition for Homeless Veterans, 333 ½ Pennsylvania Avenue, SE, Washington, DC 20003, (202) 546-1969, www.nchv.org.

Order #: 13271

Authors: National Coalition for the Homeless.

Title: **Homeless Veterans.**

Source: Washington, DC: National Coalition for the Homeless, 2004. (Fact Sheet: 3 pages)

Abstract: This fact sheet examines homelessness among U.S. veterans. Background information, demographics, and programs and policy issues are also discussed. The authors include a list of additional resources for further study (authors).

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Veterans

Order #: 3101

Authors: Neale, M.S., Rosenheck, R.A.

Title: **Therapeutic Alliance and Outcome in a VA Intensive Case Management Program.**

Source: Psychiatric Services 46(7): 719-721, 1995. (Journal Article: 3 pages)

Abstract: The therapeutic alliance, or the emotional bond and level of collaboration between the clinician and client, offers one avenue for exploring case manager-client interaction. This study examined associations between the therapeutic alliance and a broader set of outcome measures, including independently assessed outcomes. A total of 143 clients and their case managers in a Veterans Affairs intensive case management program, modeled on the assertive community treatment (ACT) program, provided self-ratings of their therapeutic alliances with their case managers after two years in the program. Strong client-rated alliance was associated only with positive client-perceived outcome. The authors contend that the therapeutic alliance appears to be a significant component of therapeutic effectiveness (authors).

Order #: 10953

Authors: Oddone, E.Z., Petersen, L.A., Weinberger, M., Freedman, J., Kressin, N.R.

Title: **Contribution of the Veterans Health Administration in Understanding Racial Disparities in Access and Utilization of Health Care.**

Source: Medical Care 40 (1): I-3-I-13, 2002. (Journal Article: 11 pages)

Abstract: The authors first introduce the context and reasons for conducting racial variation research with regard to health care disparities in the veterans population. They discuss four general paradigms for explaining these disparities and continue with more specific factors. The section on clinical factors includes a discussion of ischemic heart disease, cerebral vascular disease, and mental health disorders. The section on the role of the patient includes a discussion on patient perceptions of health, patient preferences, patient trust and satisfaction, and patient-physician interaction. Finally, the section on the role of the provider includes a discussion on provider education.

Order #: 6456

Authors: Porat, H., Marshall, G., Howell, W.

Title: **The Career Beliefs of Homeless Veterans: Vocational Attitudes as Indicators of Employability.**

Source: Journal of Career Assessment 5(1): 47-59, 1997. (Journal Article: 13 pages)

Abstract: This article analyzes homeless veterans' attitudes toward employment. Using the Career Beliefs Inventory (CBI) the vocational attitudes of 279 homeless veterans were compared to those of two control groups: one employed (n=390), and the other unemployed (n=67). Even though the three groups had significant demographic, medical, and social differences, there were remarkable similarities in how they viewed employment, including having a high interest in achieving and improving their socioeconomic conditions; desire to excel over others within the workplace; interest in learning new job skills; and believing that obstacles can be overcome, undermining the common notion that homeless veterans are unwilling to take active, positive steps to improve their employability.

Veterans

Order #: 2952

Authors: Prabucki, K., Wootton, E., McCormick, R., Washam, T.

Title: **Evaluating the Effectiveness of a Residential Rehabilitation Program for Homeless Veterans.**

Source: Psychiatric Services 46(4): 372-375, 1995. (Journal Article: 4 pages)

Abstract: This study sought to evaluate the effects of a residential rehabilitation program for homeless veterans with serious mental illnesses using several measures of community adjustment. Housing status, financial and vocational status, psychological stability, utilization of coping resources, and extent of social contacts were measured at entry into the residential rehabilitation program and six months after discharge from the program. As a group, subjects assessed at follow-up showed significant improvement in housing, financial and vocational status. Comprehensive residential rehabilitation programs can help homeless veterans improve several aspects of their lives and maintain stability in those areas after discharge (authors).

Order #: 11370

Authors: Ritsher, J.B., Moos, R.H., Finney, J.W.

Title: **Relationship of Treatment Orientation and Continuing Care to Remission among Substance Abuse Patients.**

Source: Psychiatric Services 53(5): 595-601, 2002. (Journal Article: 7 pages)

Abstract: This study examined whether continuing outpatient mental health care, the orientation of the treatment program, and involvement in self-help groups were linked to substance abuse patients' remission status two years after discharge. The data were from a cohort of 2,805 male patients who were treated through one of 15 Department of Veterans Affairs substance abuse programs. Remission was defined as abstinence from illicit drug use and abstinence from or non-problem use of alcohol during the previous three months. The relationship of the three variables to remission were tested with regression models that controlled for baseline characteristics. The results extend previously published one-year outcome findings showing that cognitive-behavioral and 12-step treatment programs result in similar remission rates. Routinely engaging patients in continuing outpatient care is likely to yield better outcomes. The duration of such care is probably more important than the number of sessions (authors).

Order #: 148

Authors: Robertson, M.J.

Title: **Homeless Veterans: An Emerging Problem?**

Source: In Bingham, R.D., Green, R.E., and White, S.B. (eds.), *The Homeless in Contemporary Society*. Newbury Park, CA: Sage Publications, 1987. (Book Chapter: 18 pages)

Abstract: In this chapter, the author documents postwar trends of increasing numbers of homeless veterans that follow wars through World War I. The trend broke down after World War II and Korea, however, when very few veterans hit skid row. However, recent studies document the fact that large numbers of veterans are among the homeless. Robertson reviews these studies with a particular focus on Vietnam veterans. She finds that there is little empirical evidence on this "new" generation of homeless. She concludes that veterans are homeless because they are poor, gained few job skills in the service, or have not been helped by the Veterans Administration. She finds little support for the assumption that most young vets are "crazy" Vietnam combat veterans (author).

Veterans

Order #: 12846

Authors: Rosenheck, R.

Title: Stages in the Implementation of Innovative Clinical Programs in Complex Organizations.

Source: Journal of Nervous and Mental Disease 189(12): 812-821, 2001. (Journal Article: 10 pages)

Abstract: In this article, the authors state that organizational processes can have an important impact on the introduction of innovative treatments into practice. Conceptual frameworks from organization theory and experiences implementing several hundred specialized mental health programs in the Department of Veterans Affairs (VA) over the past 15 years are used to illustrate stages and processes in the implementation of new treatment models. Four phases in the implementation of new treatments in complex organizational settings are described: the decision to implement; initial implementation; sustained implementation; and termination or transformation. Key strategies for moving research into practice include constructing decision-making coalitions, linking new initiatives to legitimate goals and values, quantitative monitoring of implementation and performance, and the development of self-sustaining communities of practice as well as learning organizations. Effective dissemination of new treatment methods requires different organizational strategies at different phases of implementation (authors).

Order #: 7900

Authors: Rosenheck, R., Bassuk, E., Salomon, A.

Title: Special Populations of Homeless Americans.

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 36 pages)

Abstract: Surveys conducted over the past two decades have demonstrated that homeless Americans are exceptionally diverse and include representatives from all segments of society -- the old and the young; men and women; single people and families; city dwellers and rural residents; white and people of color; and able-bodied workers and people with serious health problems. Veterans appear in substantial numbers among the homeless, as do former criminal offenders and illegal immigrants. Each of these groups experiences distinctive forms of adversity resulting from both societal structures and personal vulnerabilities, and has unique service delivery needs. Attention to the distinctive characteristics of subgroups of the homeless is important in facilitating service delivery and program planning, but may also diffuse attention away from shared fundamental needs, and generate unproductive policy debate about deserving vs. undeserving homeless people (authors).

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691,
<http://aspe.os.dhhs.gov/progsys/homeless/symposium/Toc.htm>.

Veterans

Order #: 5533

Authors: Rosenheck, R., Fontana, A.

Title: Utilization of Mental Health Services by Minority Veterans of the Vietnam Era.

Source: The Journal of Nervous and Mental Disease 182(12): 685-691, 1994. (Journal Article: 7 pages)

Abstract: This article describes a study that sought to identify differences in utilization of mental health services among members of five minority groups who served during the Vietnam-era. Data on utilization of mental health services from five different types of providers (Veterans Affairs [VA] and non-VA mental health providers, nonpsychiatrist physicians, clergy and self-help groups) were obtained from a national survey of Vietnam era veterans along with information on sociodemographic characteristics, health status, income, and health insurance coverage. Black veterans and Mexican Hispanic veterans were significantly less likely than white veterans to have used non-VA mental health services or self-help groups, after adjusting for health status and other factors. Findings show that although military service during the Vietnam conflict may have alienated many minority veterans from the federal government, the reluctance of minorities to use non-VA mental health services does not extend to the VA system. Further studies are needed to clarify the reasons for less non-VA services use among some minority groups (authors).

Order #: 2306

Authors: Rosenheck, R., Frisman, L., Chung, A.

Title: The Proportion of Veterans Among Homeless Men.

Source: American Journal of Public Health 84(3): 466-469, 1994. (Journal Article: 4 pages)

Abstract: This study examines whether particular groups of veterans based on age and race are disproportionately represented among homeless people. Although veterans appear to be overrepresented among homeless men, this overrepresentation primarily includes younger veterans who served in non-wartime periods, especially the post-Vietnam era. The authors contend that the increased vulnerability to homelessness among veterans may be related to the admission of poorly adjusted young men to military service during nonwartime eras and to the reduced availability of Veterans Affairs benefits to these veterans (author).

Order #: 3458

Authors: Rosenheck, R., Frisman, L., Gallup, P.

Title: Effectiveness and Cost of Specific Treatment Elements in a Program for Homeless Mentally Ill Vetera

Source: Psychiatric Services 46(11): 1131-1139, 1995. (Journal Article: 9 pages)

Abstract: This study examines relationships between specific treatment elements, their costs, and 10 outcome measures using data from a longitudinal outcome study of a VA program for homeless veterans with serious mental illnesses. Baseline and outcome data over an eight-month period were analyzed for 406 homeless veterans with psychiatric and substance use disorders who were treated at the program. The authors examine the relationship between outcome measures and six treatment elements including: outreach; contact with program clinicians; referrals to other services; duration of program involvement; number of days in residential treatment; and increased public support payments. Findings indicate that each of the six treatment elements was significantly related to improvement on at least one of the 10 outcome measures. The number of clinical contacts with program staff and the number of days in resident treatment were associated with improvement in the greatest number of outcome domains (authors).

Veterans

Order #: 7855

Authors: Rosenheck, R., Frisman, L., Kaspro, W.

Title: **Improving Access to Disability Benefits Among Homeless Persons with Mental Illness: An Agency-Specific Approach to Services Integration.**

Source: American Journal of Public Health 89(4): 524-528, 1999. (Journal Article: 5 pages)

Abstract: This article presents the results of a special initiative designed to improve access to Social Security benefits, including both Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), among homeless mentally ill veterans participating in the Department of Veterans Affairs (VA) Health Care for Homeless Veterans (HCHV) program. In the initiative, both a Social Security Claims Representative and a state Disability Determination Analyst were co-located with HCHV clinical teams to facilitate applications for Social Security benefits. The project has three objectives: to increase applications for SSI and SSDI among entitled veterans; to increase awards for disability benefits; and to increase the proportion of timely decisions.

Order #: 2286

Authors: Rosenheck, R., Gallup, P., Frisman, L.K.

Title: **Health Care Utilization and Costs After Entry Into an Outreach Program for Homeless Mentally Ill Veterans.**

Source: Hospital and Community Psychiatry 44(12): 1166-1171, 1993. (Journal Article: 6 pages)

Abstract: This study evaluates the impact of a Department of Veterans Affairs outreach and residential treatment program for homeless veterans with mental illnesses on both service utilization and service cost. Although utilization of inpatient service did not increase after initial contact with the program, use of domiciliary and outpatient services increased substantially. Total costs to the Department of Veterans Affairs also increased by 35%. Veterans with a dual diagnosis used fewer health care services than the other subjects. The authors conclude that although the program improves treatment access, considerable cost is incurred in the effort and it is unclear whether this cost increase is offset by reductions in hospital care (authors).

Order #: 768

Authors: Rosenheck, R., Gallup, P., Leda, C., Gorchov, L., Errera, P.

Title: **Reaching Out Across America: The Third Progress Report On the Department of Veterans Affairs Homeless Chronically Mentally Ill Veterans Program (Volume III).**

Source: West Haven, CT: Northeast Program Evaluation Center, West Haven VA Medical Center, 1989. (Report: 152 pages)

Abstract: This is the third in a series of reports on the Homeless Chronically Mentally Ill Veterans Program. This report is based on questionnaires administered to 19,697 homeless veterans; clinical summaries completed on 5,343 episodes of residential treatment; and three-month progress reports on the treatment of almost 2,000 veterans as part of a longitudinal study of treatment outcomes in this program. The findings of the study indicate that clinical improvement and residential status at the time of last contact with the program were superior for veterans who had more frequent contacts with the program and for veterans who were in residential treatment.

Veterans

Order #: 555

Authors: Rosenheck, R., Gallup, P., Leda, C., Thompson, D., Errera, P.

Title: **Reaching Out: The Second Progress Report on the Veterans Administration Homeless Chronically Mentally Ill Veterans Program (Volume I: Text).**

Source: West Haven, CT: Northeast Program Evaluation Center, West Haven VA Medical Center, 1988. (Report: 95 pages)

Abstract: This report presents program evaluation findings from the first 14 months of the Homeless Chronically Mentally Ill Veterans Program. This national program provides a comprehensive array of health care and rehabilitative services to veterans in 41 cities in 26 states and the District of Columbia. The report outlines the structure of the HCMI Veterans Program, describes the characteristics of homeless veterans contacted and treated by the program, portrays the process of treatment, and presents preliminary data on clinical outcomes.

Order #: 554

Authors: Rosenheck, R., Gallup, P., Leda, C., Thompson, D., Errera, P.

Title: **Reaching Out: The Second Progress Report on the Veterans Administration Homeless Chronically Mentally Ill Veterans Program (Volume II: Figures and Tables).**

Source: West Haven, CT: West Haven VA Medical Center, 1988. (Report: 48 pages)

Abstract: This report presents evaluation findings from the first 14 months of the Homeless Chronic Mentally Ill Veterans Program. This national program began reaching out to homeless mentally ill veterans in May of 1987 and since then has provided a comprehensive array of health care and rehabilitative services to thousands of veterans in 41 cities in 26 states and the District of Columbia. The goals of this report are to outline the structure of the HCMI Veterans Program; describe the homeless veterans contacted and treated by the program; portray the process of treatment; and present preliminary data on clinical outcomes. This volume contains statistical data only (authors).

Order #: 1145

Authors: Rosenheck, R., Gallup, P., Leda, C.A.

Title: **Vietnam Era and Vietnam Combat Veterans Among the Homeless.**

Source: American Journal of Public Health 81(5): 643-646, 1991. (Journal Article: 4 pages)

Abstract: In this paper, demographic, military service and clinical assessment data on 10,524 homeless veterans completing intake at one of 43 Homeless Chronically Mentally Ill VA programs and published data on Vietnam Era veterans in the general population are compared. Data suggest that the large percentage of Vietnam Era veterans among homeless veterans is best explained by the specific vulnerability of men in their 30s and early 40s to homelessness. Neither Vietnam Era service, Vietnam Theater service, nor exposure to combat fire appear to be unexpectedly common among homeless veterans studied. The authors conclude that while not overrepresented among homeless veterans, homeless Vietnam combat veterans may be at greater risk for homelessness, and appear to have more frequent medical and psychiatric problems.

Veterans

Order #: 12975

Authors: Rosenheck, R., Kaspro, W., Frisman, L., Liu-Mares, W.

Title: **Cost-Effectiveness of Supported Housing for Homeless Persons with Mental Illness.**

Source: Archives of General Psychiatry 60(9): 940-951, 2003. (Journal Article: 11 pages)

Abstract: Supported housing, integrating clinical and housing services, is a widely advocated intervention for homeless people with mental illness. In 1992, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) established the HUD-VA Supported Housing (HUD-VASH) program. Homeless veterans with psychiatric and/or substance abuse disorders or both were randomly assigned to one of three groups: HUD-VASH, with Section 8 vouchers (rent subsidies) and intensive case management; case management only, without special access to Section 8 vouchers; and standard VA care. Primary outcomes were days housed and days homeless. Secondary outcomes were mental health status, community adjustment, and costs from four perspectives. During a three-year follow-up, HUD-VASH veterans had 16 percent more days housed than the case management only group and 25 percent more days housed than the standard care group. The case management only group had only seven percent more days housed than the standard care group. The HUD-VASH group also experienced 35 percent and 36 percent fewer days homeless than each of the control groups. There were no significant differences on any measures of psychiatric or substance abuse status or community adjustment, although HUD-VASH clients had larger social networks. From the societal perspective, HUD-VASH was \$6200 more costly than standard care. Incremental cost-effectiveness ratios suggest that HUD-VASH cost \$45 more than standard care for each additional day housed. Supported housing for homeless people with mental illness results in superior housing outcomes than intensive case management alone or standard care and modestly increases societal costs (authors).

Order #: 2124

Authors: Rosenheck, R., Koegel, P.

Title: **Characteristics of Veterans and Nonveterans in Three Samples of Homeless Men.**

Source: Hospital and Community Psychiatry 44(9): 858-862, 1993. (Journal Article: 5 pages)

Abstract: To uncover possible explanations for the large numbers of veterans in the homeless population, the study sought to identify differences in sociodemographic and clinical characteristics between homeless male veterans and other homeless men. A secondary analysis of data from three surveys of homeless Americans conducted during the mid-1980s was used to compare homeless veterans and homeless nonveterans. Compared with nonveterans, homeless veterans were older, more likely to be white, better educated, and more likely to be previously or currently married. Generally, veterans did not differ from nonveterans on any indicator of residential instability, current social functioning, physical health, mental illness, or substance abuse. The authors conclude that veterans appear to be at risk for homelessness for much the same reasons as other American men (authors).

Veterans

Order #: 1020

Authors: Rosenheck, R., Leda, C.

Title: **Who is Served by Programs for the Homeless? Admission to a Domiciliary Care Program for Homeless Veterans.**

Source: Hospital and Community Psychiatry 42(2): 176-181, 1991. (Journal Article: 6 pages)

Abstract: Demographic and clinical data are presented on 4,138 veterans assessed in the 20-site Department of Veterans Affairs (VA) Domiciliary Care for Homeless Veterans program during its first year of operation. More than two-thirds of the veterans who were screened had been hospitalized in VA medical centers during the year before assessment, and 34% were hospitalized at the time of assessment. Compared with veterans who were not admitted for residential treatment, veterans who were admitted were more likely to be previously involved in mental health treatment, literally homeless rather than at risk for homelessness, and without public financial support. Specialized service programs for the homeless such as the VA domiciliary care program may also be called on to play a broader role in the discharge and rehabilitative efforts of public mental health service systems (authors).

Order #: 6976

Authors: Rosenheck, R., Leda, C., Frisman, L., Gallup, P.

Title: **Homeless Mentally Ill Veterans: Race, Service Use, and Treatment Outcomes.**

Source: American Journal of Orthopsychiatry 67(4): 632-638, 1997. (Journal Article: 7 pages)

Abstract: This article reports the findings of a study that used outcome data from a Department of Veterans Affairs Homeless Chronically Mentally Ill veterans program to determine whether there are differences between black and white veterans in program participation, receipt of other health services, and in degree of observed improvement, and whether or not such differences are related to the use of residential treatment services. The authors found that comparisons of service use and treatment outcomes for 145 black and 236 white homeless veterans with mental disorders showed few differences. The greater improvement on psychological and alcohol problem measures shown by white veterans was true only in comparisons with black veterans who had not been admitted to residential treatment, suggesting that residential treatment may be an especially important first step out of homelessness for black veterans. The authors concluded that the findings of the present study suggest that blacks have a greater need for residential treatment services to maximize their gains in some areas (authors).

Order #: 724

Authors: Rosenheck, R., Leda, C., Gallup, P.

Title: **Initial Assessment Data From a 43-Site Program for Homeless Chronic Mentally Ill Veterans.**

Source: Hospital and Community Psychiatry 40(9): 937-942, 1989. (Journal Article: 6 pages)

Abstract: In May 1987 the Veterans Administration established the Homeless Chronically Mentally Ill Veterans Program at 43 sites to provide outreach, health care, and residential rehabilitation services. Intake assessment data on 10,529 homeless veterans screened as potential candidates for clinical services during the program's first 11 months are presented. With a median age of 40, the homeless veterans were considerably younger than veterans in the general U.S. population. More had served in the Vietnam era than in other military eras. Almost three-fifths were white, and a third were black; more than 40 percent were receiving some form of public support. Almost half manifested one or more severe psychiatric symptoms at screening, and almost two-thirds had previously been hospitalized for either a psychiatric or a substance abuse problem (authors).

Veterans

Order #: 1349

Authors: Rosenheck, R., Leda, C., Gallup, P.

Title: **Combat Stress, Psychosocial Adjustment, and Service Use Among Homeless Vietnam Veterans.**

Source: Hospital and Community Psychiatry 43(2): 145-149, 1992. (Journal Article: 5 pages)

Abstract: Clinical data were gathered on 627 homeless Vietnam veterans evaluated in a Department of Veterans Affairs clinical program for homeless mentally ill veterans. More than two fifths (43%) of the 627 veterans showed evidence of combat stress that was associated with more severe psychiatric and substance abuse problems, although not with greater social dysfunction. In comparison with Vietnam veterans assessed in a national epidemiological study, homeless veterans were severely socially and vocationally dysfunctional. While homeless mentally ill veterans with combat stress used VA mental health services more frequently than did homeless mentally ill Vietnam veterans with other disorders, many received no mental health services. Combat stress appears to be a significant problem among homeless mentally ill Vietnam veterans (authors).

Order #: 556

Authors: Rosenheck, R., Leda, C., Medak, S., Thompson, D., Olson, R.

Title: **Progress Report on the Veterans Administration's Domiciliary Care for Homeless Veterans Program.**

Source: West Haven, CT: Northeast Program Evaluation Center, 1988. (Report: 69 pages)

Abstract: This evaluation was designed to collect detailed information on the clinical assessment and treatment of veterans who received services from the DCHV Program. Data was collected on 2,273 veterans who received pre-admission assessments; on 1,121 veterans who were admitted to the DCHV Program; and on 612 veterans who had been discharged from the program. The findings indicate that the DCHV Program has a positive impact on the health care status, residential status and employment status of veterans treated.

Order #: 6434

Authors: Rosenheck, R., Leda, C.A., Frisman, L.K., Lam, J., Chung, A.

Title: **Homeless Veterans.**

Source: In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press 97-108, 1996. (Book Chapter: 12 pages)

Abstract: The authors explain that for as long as there has been armed forces, homeless veterans have been subjects of concern. Military risk factors for homelessness are examined including post-traumatic stress disorder, service in combat, socioeconomic status, substance abuse, and mental health. The authors conclude that homelessness among veterans is not clearly related to military experience, rather it is the result of the same interrelated economic and personal factors that cause homelessness in the civilian population.

Available From: Greenwood Publishing Group, 88 Post Road West, Westport, CT 06881, (203) 226-3571, www.greenwood.com.

Order #: 13394

Authors: Rosenheck, R., Neale, M.

Title: **Therapeutic Limit Setting and Six-Month Outcomes in a Veterans Affairs Assertive Community Treatment Program.**

Source: Psychiatric Services 55(2): 139-144, 2004. (Journal Article: 6 pages)

Abstract: This study examined the relationship of limit-setting interventions and six-month outcomes in assertive community treatment. Case managers from forty Veterans Affairs assertive community treatment teams at different sites documented their use of limit-setting activities with clients during the first six months of treatment. The authors assert that clients exposed to limit-setting interventions had poorer outcomes than others on many measures, suggesting that within the limits of a nonexperimental study, such interventions do not appear to prevent adverse outcomes (authors).

Veterans

Order #: 8777

Authors: Rosenheck, R.A., Dausey, D.J., Frisman, L., Kaspro, W.

Title: **Outcomes After Initial Receipt of Social Security Benefits Among Homeless Veterans With Mental Illness.**

Source: Psychiatric Services 51(12): 1549-1554, 2000. (Journal Article: 6 pages)

Abstract: This article examines the relationship between receiving disability payments and changes in health status, community adjustment, and subjective quality of life. The study evaluated outcomes among homeless mentally ill veterans who applied for Social Security Disability Insurance or Supplemental Security Income through a special outreach program. Veterans who were awarded benefits were compared with those who were denied benefits; their sociodemographic characteristics, clinical status, and social adjustment were evaluated just before receiving the initial award decision and again three months later. Beneficiaries did not differ from those who were denied benefits on any baseline sociodemographic or clinical characteristics. However, beneficiaries were more willing to delay gratification, as reflected in scores on a time preference measure. Three months after the initial decision, beneficiaries had significantly higher total incomes and reported a higher quality of life. They spent more on housing, food, clothing, transportation, and tobacco products but not on alcohol or illegal drugs. The authors conclude that receipt of disability payments is associated with improved subjective quality of life and is not associated with increased alcohol or drug use.

Order #: 617

Authors: Roth, D.

Title: **Homeless Veterans: Comparisons With Other Homeless Men.**

Source: In Robertson, M.J. and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY: Plenum Press, 1992. (Book Chapter: 7 pages)

Abstract: This chapter presents data on homeless veterans, gathered as part of a comprehensive study of homelessness in Ohio in which 979 people were interviewed in 19 different counties of the state. Data on veterans' demographic characteristics, patterns of homelessness, and problems and patterns of use of social services are compared with these same variables for non-veteran homeless men (author).

Order #: 7114

Authors: Seibyl, C.L., Rosenheck, R., Sieffert, D., Medak, S.

Title: **Fiscal Year 1996 End-of-Year Survey of Homeless Veterans in VA Acute Inpatient Programs.**

Source: West Haven, CT: Northeast Program Evaluation Center, VA Health Services Research and Development Service, 1997. (Report: 139 pages)

Abstract: This report presents findings from a national end-of-year survey of homelessness among 17,836 veterans hospitalized in acute care sections at Department of Veterans Affairs (VA) medical centers as of midnight on Sept. 30, 1996. Altogether 2,045 veterans (13.5%) had been homeless at the time of their admission: 1,331 (7.5%) were literally homeless, residing in shelters, the streets or similar circumstances, while 1,074 (6%) were temporarily doubled-up with family or friends. Rates of homelessness varied from a high 47.2% in substance abuse treatment programs, to 24.3% in psychiatry beds, and 4.7% in medical and surgical beds. The authors conclude that these data show that the VA continues to treat many homeless veterans in its acute inpatient units, and that the extensive closure of substance abuse and psychiatric beds in the VA during fiscal year 1996 reduced the availability of these services to numbers of homeless veterans that had used them. The authors state their hope that alternative forms of community treatment are made available to homeless veterans who would otherwise have received VA hospital treatment (authors).

Available From: Northeast Program Evaluation Center, West Haven Veterans Administration Medical Center, 950 Campbell Avenue, West Haven, CT 06516, (203) 932-5711, www.visn1.med.va.gov.

Veterans

Order #: 1064

Authors: Seidner, A.L., Burling, T.A., Fisher, L.M., Blair, T.R.

Title: **Characteristics of Telephone Applicants to a Residential Rehabilitation Program for Homeless Veterans**

Source: Journal of Consulting and Clinical Psychology 58(6): 825-831, 1990. (Journal Article: 7 pages)

Abstract: This study gathered descriptive data on 163 individuals who applied by telephone to a residential rehabilitation program for homeless veterans and compared these data with general veteran and homeless populations. The study sample was a young and educated subgroup of homeless men with histories of relatively high, stable functioning and high rates of medical, substance abuse, psychiatric, and legal problems. These characteristics appear to be different from those of other subgroups of homeless people, and they provide a basis for beginning to develop distinct remedial strategies that are specific to this subpopulation. The advantages of studying subgroups of homeless people and the utility of the telephone interview data collection methodology are discussed (authors).

Order #: 12606

Authors: Siegal, H., Fisher, J., Rapp, R., Kelliher, C.

Title: **Enhancing Substance Abuse Treatment with Case Management.**

Source: Journal of Substance Abuse Treatment 13(2): 93-98, 1996. (Journal Article: 6 pages)

Abstract: This article examines the effectiveness of strengths-based case management in assisting persons with substance abuse problems improve employment-related functioning. In a study of 632 veterans seeking treatment for substance abuse problems, Wright State University's Enhanced Treatment Project found that veterans in substance abuse treatment had improved in several areas of employment functioning, including number of days employed. According to the authors, among clients who expressed interest in receiving assistance with employment-related issues, those who received strengths-based case management demonstrated additional improvement in employment functioning including more days employed, fewer employment problems and being less troubled about their employment situation. The article asserts that correlations between improved employment functioning and improved functioning in other life areas further support the value of case management (authors).

Order #: 1808

Authors: Smith, K., Yates, J.M.

Title: **The New England Shelter for Homeless Veterans: A Unique Approach.**

Source: New England Journal of Public Policy 8(1): 669-684, 1992. (Journal Article: 16 pages)

Abstract: In this article, the authors examine the problem of homelessness in the veteran community, and describe what is being done throughout the country to address this problem. The New England Shelter for Homeless Veterans in Boston is described and its methods and programs to serve and rehabilitate homeless veterans are explained. The shelter provides basic necessities, offers rehabilitation activities, and addresses the needs of those suffering from post traumatic stress disorder.

Veterans

Order #: 6269

Authors: Stovall, J., Flaherty, J.A., Bowden, B., Schoeny, M.

Title: Use of Psychiatric Services by Homeless Veterans.

Source: The Journal of Mental Health Administration 24(1): 98-102, 1997. (Journal Article: 5 pages)

Abstract: The authors describe a study where patients treated in a Department of Veterans Affairs (VA) emergency room were evaluated to delineate the differences in use of services between homeless and domiciled veterans who have mental disorders. Data were obtained and compared on DSM-III-R diagnoses, number of hospitalizations, lengths of stay, and outpatient visits in the preceding year. Homeless veterans with mental disorders were significantly more likely to have emergency visits and psychiatric admissions in the preceding 12 months than were the domiciled veterans. However, the average length of stay was shorter for the homeless group. These differences must be accounted for in the design of programs targeting homeless veterans with mental illness (authors).

Order #: 6957

Authors: Stovall, J.G., Cloninger, L., Appleby, L.

Title: Identifying Homeless Mentally Ill Veterans in Jail: A Preliminary Report.

Source: Journal of the American Academy of Psychiatry and Law 25(3): 311-315, 1997. (Journal Article: 5 pages)

Abstract: This article describes a program for identifying and providing treatment and housing for homeless mentally ill veterans detained at the Cook County Jail in Chicago. Preliminary data are provided describing characteristics of the veterans assessed, as well as those veterans who follow up with services upon release. The authors conclude that the initial phases of the project indicate that a large urban jail is a useful location for outreach efforts that target homeless mentally ill veterans (authors).

Order #: 5661

Authors: Sutker, P.B., Allain, A.N.

Title: Assessment of PTSD and Other Mental Disorders in World War II and Korean Conflict POW Survivors and Combat Veterans.

Source: Psychological Assessment 8(1): 18-25, 1996. (Journal Article: 8 pages)

Abstract: Mental disorders were assessed in 326 prisoners of war (POW) of World War II European, the Korean Conflict and in combat veterans of both wars. Diagnoses were identified using a structured diagnostic interview including a Post Traumatic Stress Disorder (PTSD) module. POW trauma severity was measured by a trauma events index, captivity weight loss, and captivity duration. Korean Conflict and World War II former POWs reported the most extreme trauma and, as hypothesized, showed highest prevalence of lifetime and current mental disorders and PTSD. POW subgroups exhibited greater psychopathology than combat veterans. PTSD was frequently associated with other mental disorders and found in high prevalence in all subgroups, pointing to the persistent, far-reaching impact of combat and POW experiences on mental health (authors).

Veterans

Order #: 11612

Authors: Tessler, R., Rosenheck, R., Gamache, G.

Title: **Comparison of Homeless Veterans With Other Homeless Men in a Large Clinical Outreach Program.**

Source: Psychiatric Quarterly, 73(2):109-119, 2002. (Journal Article: 6 pages)

Abstract: This paper compares homeless veterans with homeless nonveterans from different eras in an effort to better understand the connection between military service and urban homelessness. Two research questions are addressed based on interviews with over 4,000 homeless men who enrolled in a national outreach program for persons suffering from serious mental illness: first, is there anything unique in the social and personal characteristics of homeless veterans in the 1990s that would help to explain their relatively high prevalence in the homeless population, especially among those who were 19 or younger when the draft ended in 1973? Second, aside from age, are the homeless veterans of the era of the All-Volunteer Force different from homeless veterans who served during the era of the military draft? The results replicate many findings from research in the 1980s showing that even homeless veterans with psychiatric disorders tend to have more personal resources compared to homeless men who did not serve in the Armed Forces. Although veterans from the era of the All-Volunteer Force are different from veterans from the era of the draft, the introduction of the All-Volunteer Force per se does not appear to have changed the composition of the adult male homeless population (authors).

Order #: 3451

Authors: Thompson, J.P., Thornby, J., Boeringa, J.A., Lewis, F.

Title: **Some Selected Psychological and Social Characteristics of Veteran Psychiatric Inpatients Without Stable Housing.**

Source: Psychological Reports (76): 391-394, 1995. (Journal Article: 4 pages)

Abstract: This article compares demographic variables of 58 veterans with stable housing to those of 54 veterans without stable housing. Both groups were selected from the same inpatient psychiatric treatment program at the Houston, TX, VA Medical Center. Findings indicate that the homeless veterans were significantly less likely to be married or employed. Results underscore the relevance of social services to treatment, discharge, and rehabilitation planning when working with veterans without stable housing (authors).

Order #: 12119

Authors: Thompson, R., Katz, I.R., Kane, V.R., Sayers, S.L.

Title: **Cause of Death in Veterans Receiving General Medical and Mental Health Care.**

Source: Journal of Nervous and Mental Disease 190(11): 789-792, 2002. (Journal Article: 4 pages)

Abstract: This article examines the rates of causes of death among veterans served by Pennsylvania Veterans Affairs Medical Centers (VAMCs) and the relations between recent mental health treatment, age at death, and cause of death. The authors also examine site differences in VAMCs across Pennsylvania in rates of unnatural deaths in general and suicide in particular (authors).

Veterans

Order #: 6385

Authors: Tollett, J.H., Thomas, S.P.

Title: A Theory-Based Nursing Intervention to Instill Hope in Homeless Veterans.

Source: Advances in Nursing Science 18(2): 76-90, 1995. (Journal Article: 17 pages)

Abstract: The authors describe a study sought to determine if a specific nursing intervention to instill hope would positively influence levels of hope, self-efficacy, self-esteem, and depression in homeless veterans. Miller's Model of Patient Power Resources served as the conceptual framework from which a middle-range theory of homelessness-hopelessness was derived to guide the study. Homeless veterans completed pretests on admission to a Veterans Affairs Medical Center, were randomly assigned to a treatment or waiting control group, and completed post-tests at the end of four weeks. There was support for the homelessness-hopelessness theory as evidenced by a high level of depression and low levels of hope, self-efficacy, and self-esteem among these homeless veterans. Further support for the theory was seen in the increased levels of hope and self-esteem and decreased depression in veterans who received the nursing intervention. Treatment and control groups differed significantly with regard to hope at post-test (authors).

Order #: 7389

Authors: United States Department of Labor.

Title: Hiring Disabled or Low-Income Veterans Can Earn Employers Substantial Tax Savings: The Work Opportunity and Welfare-to-Work Tax Credits.

Source: Washington, DC: United States Department of Labor, 1998. (Information Packet: 1 page)

Abstract: This fact sheet, aimed toward the veteran community, describes two tax credit programs offered to employers: the Work Opportunity Tax Credit (WOTC) and the Welfare-to-Work Tax Credit (WtWTC). The WOTC is a tax credit that encourages businesses to hire eight targeted groups of job seekers that include disabled veterans, members of a family receiving welfare, or SSI recipients. The WtWTC encourages businesses to hire long-term welfare recipients. The fact sheet provides information about who may qualify, whom to contact for further details, and how employers can apply for these tax credits.

Available From: U.S. Department of Labor, Frances Perkins Building, 200 Constitution Avenue, NW, Washington, DC 20210, (866) 4-USA-DOL, www.dol.gov.

Order #: 10610

Authors: United States Department of Veteran Affairs.

Title: Federal Benefits for Veterans and Dependents.

Source: Washington, DC: U.S. Department of Veteran Affairs, Office of Public Affairs, 2001. (Resource Guide: 102 pages)

Abstract: This publication describes the various benefits that veterans and their dependents are eligible to receive. It first explains who qualifies and how one files a claim. It then discusses in more detail the health care benefits, as well as disability compensation, pension, education, employment, home loan guaranties, life insurance, and burial benefits.

Available From: U.S. Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 273-5700, www.va.gov

Veterans

Order #: 2093

Authors: United States Department of Veterans Affairs.

Title: **Homeless Programs and Activities.**

Source: Washington, DC: U.S. Department of Veterans Affairs, 1993. (Information Packet: 23 pages)

Abstract: This packet contains information about homeless veterans and the U.S. Department of Veterans Affairs homeless programs and activities. Also included is a section called "Homelessness Facts," and two true/false quizzes regarding homelessness and veterans (author).

Available From: U.S. Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420 (202) 273-5700, www.va.gov.

Order #: 11310

Authors: United States Department of Veterans Affairs.

Title: **VA Programs for Homeless Veterans.**

Source: Washington, DC: U.S. Department of Veterans Affairs, 2002. (Program Description: 6 pages)

Abstract: This fact sheet describes the programs and services offered by the VA for homeless veterans. The VA is the only federal agency that provides substantial hands-on assistance directly to homeless persons. Although limited to veterans and their dependents, VA's major homeless programs constitute the largest integrated network of homeless assistance programs in the country, offering a wide array of services and initiatives to help veterans recover from homelessness and live as self-sufficiently and independently as possible. Nearly one-quarter of homeless veterans have said they have used VA homeless services and 57 percent have said they have used VA health-care services (authors).

Available From: U.S. Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420 (202) 273-5700, www.va.gov/pressrel/hmls01fs.htm.

Order #: 12813

Authors: United States Department of Veterans Affairs.

Title: **VA National Summit on Homelessness Among Veterans Source Book.**

Source: Washington, DC: VA National Summit on Homelessness Among Veterans, 1994. (Resource Guide: 191 pages)

Abstract: This guide was created for the first National Summit on Homelessness Among Veterans, held at the Sheraton Washington Hotel, in Washington, DC on February 24 and 25, 1994. This guide offers a wealth of useful information and insight from a diverse range of experts and practitioners, as well as develops explicit goals and strategies for the future. The National Summit, and this source book were created in an effort to raise awareness and understanding of the national tragedy of homelessness among veterans; bring together as many persons and organizations as possible to share information, support new initiatives, form new partnerships, and develop new strategies for helping homeless veterans escape homelessness; identify available and potential resources to support new and existing programs and initiatives to help homeless veterans; and to set the stage for dramatic new progress to end homelessness among veterans as part of the national effort to end all homelessness (authors).

Veterans

Order #: 6737

Authors: United States Department of Veterans Affairs.

Title: **Heading Home: Breaking the Cycle of Homelessness Among America's Veterans.**

Source: Washington, DC: U.S. Department of Veterans Affairs, 1997. (Report: 118 pages)

Abstract: This post-summit action report and resource directory summarizes what was learned from the first National Summit, convened in February 1994, to discuss homelessness among veterans. Included are priorities for action, consensus principles upon which to base intervention strategies, and suggested guidelines for implementation of summit recommendations. The report also reviews the impact of the McKinney Act programs on local service and homeless assistance networks. Three new initiatives, which build upon the summit recommendations and expand the model of VA assistance, are also discussed.

Available From: U.S. Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420 (202) 273-5700, www.va.gov.

Order #: 8199

Authors: United States General Accounting Office.

Title: **Homeless Veterans: VA Expands Partnerships, but Homeless Program Effectiveness is Unclear.**

Source: Washington, DC: U.S. General Accounting Office, 1999. (Report: 50 pages)

Abstract: Despite spending \$640 million on homeless programs between fiscal years 1987 and 1997, the Department of Veterans Affairs (VA) has little information about their effectiveness. VA's homeless program sites routinely submit data about the clients' characteristics and site operations. Yet little is known about whether the clients remain housed or employed or relapse into homelessness, and VA's Northeast Program Evaluation Center has little information about whether its programs are more beneficial than other strategies for helping the homeless. The General Accounting Office recommends that VA undertake program evaluations to clarify the effectiveness of its homeless initiatives and to obtain information on how to improve them. Where appropriate, VA should make decisions about the type of data needed and the methods to be used in coordination with other federal agencies that have homeless programs.

Available From: U.S. General Accounting Office, 441 G Street, NW, Washington, DC 20548, (202) 512-6000, www.gao.gov/archive/1999/he99150t.pdf.

Order #: 8790

Authors: Vietnam Combat Veterans Coalition.

Title: **Homeless Veterans USA: Their Story.**

Source: Trenton, NJ: Vietnam Combat Veteran Coalition, Inc., 1993. (Videotape: 25 minutes)

Abstract: In this video, Vietnam-era veterans talk about their lives as persons who are homeless. They explain how they became homeless and talk about what it's like to be homeless, their difficulties finding work, how they feel about their time in the military, their biggest fears, and how they feel about the future.

Available From: John D. Warwick, c/o Vietnam Combat Veterans Coalition, Inc., P.O. Box 3290, Trenton, NJ, 08619, (215) 295-4340, jdw2000@aol.com COST: \$35.00.

Veterans

Order #: 5965

Authors: Vietnam Veterans of San Diego, Inc.

Title: **Vietnam Veterans of San Diego: Integrated Treatment for Homeless Veterans with Co-Occurring Mental Illnesses and Substance Use Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, undated. (Manual: 55 pages)

Abstract: Vietnam Veterans of San Diego (VVSD) provides up to one year of intensive residential rehabilitation services to male and female homeless veterans who are dually diagnosed. About half of VVSD's residents are Vietnam veterans, 25% are parolees, and 10% are women veterans. Virtually all are substance-dependent, many suffer from Post-traumatic Stress Disorder (PTSD), and others have major depression or personality or anxiety disorders. The manual describes the residential program and elements essential to providing services. Their approach engages and retains a high proportion of homeless dually diagnosed veterans through to independent living. This treatment manual includes the following: conceptual framework; history and setting of the intervention; literature review; description of client population; description of the intervention; program structure; the treatment process; case studies; and lessons learned.

Order #: 11651

Authors: Walker, R.D., Howard, M.O., Anderson, B., Walker, P.S., Lambert, M.D., Suchinsky, R., Johnson, M.

Title: **Diagnosis and Hospital Readmission Rates of Female Veterans with Substance-Related Disorders.**

Source: Psychiatric Services 46 (9): 932-937, 1995. (Journal Article: 6 pages)

Abstract: This study examined the prevalence of substance use, psychiatric, and medical disorders in female veterans discharged from VA hospitals. Alcohol and cocaine use disorders were the most prevalent substance use disorders. Women with substance use disorders were more frequently diagnosed as having personality disorders, depression, and posttraumatic stress disorder than women without substance use disorders. Substance use disorders and associated comorbidities are endemic among women treated in VA hospitals. Additional studies examining characteristics of indigent women with substance abuse disorders are needed (authors).

Order #: 3327

Authors: Wenzel, S.L., Bakhtiar, L., Cashey, N.H., Hardie, E., Redford, C., Sadler, N., Gelberg, L.

Title: **Predictors of Homeless Veterans' Irregular Discharge Status From a Domiciliary Care Program.**

Source: The Journal of Mental Health Administration 22(3): 245-260, 1995. (Journal Article: 16 pages)

Abstract: This article addresses the relationship of homeless veterans' discharge status from a domiciliary care program to bio-psychosocial characteristics presented at admission into the program. Hypotheses were that younger age, less education, and substance abuse or psychiatric disorder would predict an irregular discharge. Research participants were 367 homeless male veterans who had been admitted to a domiciliary care program at the West Los Angeles Veterans Affairs Medical Center for treatment of medical, psychiatric, or substance use disorders. Status of veterans' program discharge (regular or irregular) served as the outcome measure. Findings indicated that irregular discharge from the program was more likely among veterans who were black, who had poor employment histories, or who had problems with alcohol. Results are discussed in light of the need to maintain homeless veterans in treatment programs so that they can achieve maximum benefit from available programs (authors).

Veterans

Order #: 2332

Authors: Wenzel, S.L., Gelberg, L., Bakhtiar, L., Caskey, N. Hardie, E., Redford, C., Sadler, N.

Title: Indicators of Chronic Homelessness Among Veterans.

Source: Hospital and Community Psychiatry 44(12): 1172-1176, 1993. (Journal Article: 5 pages)

Abstract: This article reports the findings of a study conducted in Los Angeles, CA, which sought to develop a set of indicators of chronic homelessness among veterans. Findings indicate that veterans experiencing long-term homelessness were more likely to be white, have poor employment histories, symptoms of mental and substance abuse disorders, and weaker social support systems than veterans who reported short-term homelessness. The authors contend that variables other than duration of homelessness, such as ethnicity, history of homelessness, employment, mental and substance abuse disorders, and social support, are indicators of chronic homelessness (authors).

Order #: 3223

Authors: West Los Angeles Veterans Medical Center.

Title: Second Chances: A Model for Changes.

Source: Los Angeles, CA: Visionworks Entertainment, LLC, 1994. (Videotape: 21 minutes)

Abstract: This video describes some of the partnerships the West Los Angeles Veterans Medical Center has developed with community organizations to assist homeless veterans in the Los Angeles area. The Center has forged partnerships with area shelters, soup kitchens and drop in centers. It also has created Westside Residence through a collaboration with Cantwell/Anderson, Inc., a real estate development endeavor. The residence offers veterans who have completed treatment programs a safe, permanent and affordable place to live as well as referral for steady employment.

Order #: 10955

Authors: Westermeyer, J., Canive, J., Thuras, P., Chesness, D., Thompson, J.

Title: Perceived Barriers to VA Mental Health Care Among Upper Midwest American Indian Veterans.

Source: Medical Care 40 (1): I-62-I-71, 2002. (Journal Article: 10 pages)

Abstract: This community-based study was undertaken to understand why Native-American veterans in the Upper Midwest choose not to use VA mental health services despite high rates of certain psychiatric disorders. A sample consisting of 543 Native-American veterans was obtained using a focused-intensive nonprobability sampling method, structured to over-sample urban and female veterans. Data sources included interview (ie, an open-ended query regarding barriers to VA mental health care), questionnaire (demography, psychiatric rating scales), and computer-based diagnostic questionnaire, the Quick Diagnostic Interview Schedule, and a treatment questionnaire. These data confirmed that Native-American veterans were less apt to employ VA mental health services. Perceived barriers to VA mental health care were coded using a schema developed among Native American and Hispanic VA workers. Types of perceived barriers were qualitatively similar to those obtained from the VA workers, i.e., barriers in the VA system, among Native-American veterans themselves, in VA staff members, and among Native American families and communities. Demographic and clinical characteristics among these 543 veterans were not associated with presence-versus-absence of barrier reporting. Among those who did not report any barriers, veterans who used more traditional-alternative-complementary (TAC) care reported more barriers than did other veterans. Secondary analysis of those who reported barriers and used TAC revealed that this group had high current rates of Mood Disorder and PTSD symptoms, and high lifetime rates of PTSD and Mood Disorder. Although this latter group had tended to use VA mental health services in the past, they had generally not used them in the last year (authors).

Veterans

Order #: 11730

Authors: Willer, J.K., Grossman, L.S.

Title: **Mental Health Care Needs of Female Veterans.**

Source: Psychiatric Services 49 (9): 938-940, 1995. (Journal Article: 3 pages)

Abstract: This article examines the gender differences in diagnosis, demographic and family characteristics, and the trauma histories among psychiatric outpatients at a Veterans Affairs Clinic. Results of the study done indicate that significantly more women had affective disorders and schizoaffective disorder. The authors also state that women had sharply higher rates than men of every type of trauma except combat trauma, and were more likely to be the sole caretakers of minor children. The article concludes that these differences have important treatment and policy implications, and the findings confirm that recently initiated VA programs recognize important treatment needs of female veterans (authors).