

**National Veterans' Technical Assistance Center (NVTAC)**  
**Homeless Veterans' Reintegration Program (HVRP) Community of Practice (CoP)**  
**Case Management for Veterans with Complex Barriers**  
**Thursday, August 29, 2025, 3 – 4 p.m. ET**

**NVTAC Staff**

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**Key Points**

- **Introduction**
  - NVTAC coaches led the August Community of Practice session, which focused on effective case management approaches for veterans facing complex barriers. NVTAC reminded attendees that, while these best practices are recommended, grantees should always review their Statement of Work (SOW) and consult with their Grant Officer's Technical Representative (GOTR) before implementing any new activities that may impact allowable costs or approved plan.
- **Veterans and the Challenge of Transition**
  - Veterans, particularly those who served for extended periods, often experience difficulty transitioning from a highly structured military environment to civilian life.
  - Military culture often discourages seeking help, creating internal barriers to accepting support.
  - The loss of routine, identity, and built-in community can exacerbate feelings of disconnection, especially among justice-involved, chronically homeless, or long-term unemployed veterans.
- **Characteristics of Complex Barriers**
  - Veterans with complex barriers may experience multiple overlapping challenges, including:
    - Mental health conditions: PTSD, depression, moral injury, anxiety
    - Substance use disorders: Often co-occurring with trauma or used as coping mechanisms
    - Legal involvement: Past convictions, discharge status upgrades, fines, or restrictions
    - Housing instability: Evictions, bad credit, affordability issues
    - Lack of support system: Disconnection from family, community, or institutions
    - Financial barriers: Difficulty budgeting, managing debt, or navigating benefits
- **Case Management Strategies**
  - Veteran-Centered Service Planning

- Begin with the veteran's wants and work backward to create realistic, step-by-step goals.
- Acknowledge that employment may not be the first step; focus first on housing, healthcare, or legal stabilization if needed.
- **Whole-Person Approach**
  - Veterans with complex barriers often cannot follow a linear employment plan. Instead, case managers must adopt a fluid, adaptive approach.
  - Focus on housing stability, health needs, and trust-building before workforce development.
- **Motivational Interviewing and Trauma-Informed Care**
  - Motivational Interviewing (MI) techniques help build trust and identify readiness for change.
  - “Under-promise and over-deliver” is a best practice when working with veterans who may have experienced repeated disappointment from service systems.
- **Strengthening Partnerships**
  - Grantees were encouraged to develop partnerships across multiple systems to support veterans holistically.
  - Veteran peer specialists or staff with lived experience can model recovery and provide relatable support.
  - Cross-sector coordination: Housing providers, VA services, treatment courts, faith-based organizations, and mental health systems can fill service gaps.
  - Use one-pagers or updated resource lists to facilitate referrals and improve navigation for both veterans and staff.
- **Staff Development Recommendations**

To serve veterans with complex needs effectively, HVRP teams should:

  - Ensure new and current staff are trained in:
    - Motivational Interviewing
    - Trauma-Informed Care
    - Mental Health First Aid
  - Create a culture of continuous learning, sharing best practices, and peer-led training internally or with local partners.
  - Implement regular file reviews and case conferencing to adjust IEPs and build staff confidence.

## Discussion Questions

- Question: How do you build trust with veterans who are reluctant to accept help?
  - Response: Trust starts with consistency, honesty, and patience. Veterans often want to know “who you are” before they trust “what you offer.”
  - Response: Under-promise, over-deliver, and always follow through
  - Response: Consistent check-ins are helpful
  - Response: Participation agreements with roles and responsibilities

- Question: How do you ensure all direct service staff are equipped to serve veterans with complex barriers?
  - Response: Cross-train with partners, invite resources to monthly meetings, and provide orientation to the network.
  - Response: Train all HVRP staff in MI, Trauma-Informed Care, and Mental Health First Aid, and attend partner training.

## Resources

- [NVTAC Website](#)
- [VA Homeless Programs](#)
- [VA Health Systems Research – Using Research and Data to End Veteran Homelessness](#)
- [BMC Health Services Research – Reducing barriers to post-9/11 veterans’ use of programs and services as they transition to civilian life](#)
- [Pubmed Central – Prevalence, correlates, and mental health burden associated with homelessness in U.S. military veterans](#)
- [PsychArmor](#)
- [988 Lifeline](#)
- [Factors Associated with Homelessness Among US Veterans – Health Systems Research](#)
- [CDC – Financial Burden of Medical Care Among Veterans Aged 25-64, by Health Insurance Coverage](#)

## Conclusion

Veterans experiencing complex barriers require flexible, empathetic, and coordinated case management prioritizing housing stability, trust-building, and service navigation. Grantees are encouraged to continue exploring ways to strengthen community partnerships, upskill their teams, and center veterans’ needs in all aspects of service delivery.

You can review the presentation recording here: [NVTAC CoP August 2025 – Case Management for Veterans with Complex Barriers](#)