



National Veterans'
Technical Assistance Center

Homeless Veterans' Reintegration Program (HVRP): Case Management for Veterans with Complex Barriers

Community of Practice

August 28, 2025

Reminder

HVRP best practices will be shared during this session. The National Veterans' Technical Assistance Center (NVTAC) encourages all grant recipients to utilize best practices that may improve their service delivery. Before implementing a practice discussed during this session, please review your award statement of work and contact your Grant Officer's Technical Representative (GOTR) to discuss if it is an allowable cost or activity or if it requires an amendment to your approved plan.

Introduction

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- Veterans often face a unique combination of post-service challenges
- These challenges are frequently interconnected, making recovery more complex
- It is critical that HVRP staff are familiar with common challenges that veterans experience and be able to refer out for needed supports

Common Overlapping Challenges

Common Overlapping Challenges (1 of 3)

➤ Mental Health Challenges

- PTSD, depression and anxiety
- Veterans experiencing homelessness have significantly elevated rates of mental health conditions like PTSD, depression, schizophrenia, and other serious illnesses. These disorders often co-occur with homelessness and create barriers to recovery, housing, and care. (Source: [Factors Associated with Homelessness Among US Veterans-SAGE Journals Health Systems Research](#))

➤ Substance Use Challenges

- Substance use is a frequent overlapping issue: up to 70% of homeless veterans struggle with substance abuse, and 60% entering housing have Substance Use Disorders (SUDs). Many report both alcohol and drug use. (Source: [National Coalition for Homeless Veterans Science Direct Health Systems Research](#))

Common Overlapping Challenges (2 of 3)

- Barriers to Care
 - Many veterans experience stigma, lack transportation, or difficulty navigating VA mental health services and benefits in a timely manner
 - For Veterans experiencing homelessness, a lack of transportation can lead to numerous hardships. It can be a barrier to stable employment.
(Source: [VA Homeless Programs](#))
- Legal challenges can create a cycle of instability
 - Difficulty qualifying for housing programs
 - Risk of eviction or return to homelessness
 - Legal challenges can also block access to certain jobs or VA benefits, reducing income needed for housing

Common Overlapping Challenges (3 of 3)

- Financial Instability
 - Low income or poverty is a consistent risk factor for homelessness among veterans. (Source: [Health Systems Research-Using Research and Data to End Veteran Homelessness](#))
 - Veterans face medical cost burdens. About 13% reported difficulty paying medical bills, 8% skipped necessary care, and nearly 40% worry about medical costs. (Source: [CDC-Financial Burden of Medical Care Among Veterans Aged 25–64, by Health Insurance Coverage](#))
- Housing Instability
 - Without stable housing, veterans struggle to maintain employment, access to healthcare, and participate in social and community programs
 - Veterans often face a shortage of affordable housing options, long waitlists, or eligibility barriers (e.g., prior evictions, criminal records, etc.)

Defining Complex Barriers

What are Complex Barriers?

- Complex barriers are multiple interconnected obstacles that may hinder stability and independence, of an individual, family or community.
- A veteran experiencing Post Traumatic Stress Disorder (PTSD), chronic pain, and unemployment and homelessness at the same time.
 - Requires coordinated, multi-faceted support rather than single-service intervention.
 - The strongest and most consistent individual-level risk factors for homelessness among veterans were mental health disorders and substance use disorder. (Source: [VA Health Systems Research-Using Research and Data to End Veteran Homelessness](#))

Common Complex Barriers for Veterans

Common Complex Barriers for Veterans (1 of 2)



- Mental health conditions
 - PTSD, depression, anxiety, moral injury
- Substance use challenges
 - Often linked to trauma or coping mechanisms
- Physical disabilities/chronic health
 - Injuries, chronic illnesses from military service
- Housing instability
 - Homelessness, unsafe or temporary housing

Common Complex Barriers for Veterans (2 of 2)



- Employment challenges
 - Gaps in civilian job experience, skill translation challenges
- Legal challenges
 - Court involvement, fines, military discharge status
- Social isolation
 - Difficulty reintegrating into civilian communities
- Veterans reported barriers across four major domains: vocational, legal/financial/housing, health and social relationships. (Source: [BMC Health Services Research-Reducing barriers to post-9/11 veterans' use of programs and services as they transition to civilian life](#))

Why Some of Veterans' Needs are Unique

Veteran-Specific Needs (1 of 2)

- Military Culture – Values of discipline, resilience, and self-reliance that are instilled through military service may lead to feelings of inadequacy if a veteran needs to ask for help.
- Transition Challenges – Loss of military structure, a change in self-identification, and changes in social networks from military social networks to civilian
- Stigma – Concerns about what others may think about them if they need to seek assistance, particularly for mental health concerns, such as Post-Traumatic Stress Disorder (PTSD).
- Systems Navigation – Resource systems may be difficult to understand and seem overwhelming without proper guidance, whether benefits through the US Department of Veterans Affairs (VA) or through other resources.

Veteran-Specific Needs (2 of 2)

- Trust Factors – Many veterans value providers who "speak their language," or at least understand service culture
 - Hiring staff with lived experience as either prior military, previously unhoused, or both can be highly valuable, but is not required for effective service delivery.
- Lack of Connection to Benefits – Often, veterans do not connect to military-related benefits, either due to a lack of understanding of what is available, or due to a lack of trust in VA systems.
 - Misconceptions that someone has to have an honorable discharge to receive any kind of veterans' benefits may prevent someone from applying.

Role of the Case Manager

Role of the Case Manager (1 of 3)

- Advocate – Ensure your veterans' needs are heard and met throughout different systems. Case managers have connections and can advocate from the provider perspective, however veterans often do not have the resources or leverage to advocate for themselves.
- Resource Navigator – Utilize your valuable experience and community connections to help veterans move through VA, healthcare, housing, social services, and benefits processes.

Role of the Case Manager (2 of 3)

- Community Relationship Builder – Develop critical connections with resources that address all areas of a person's potential needs and maintain those relationships through a stakeholder management perspective. Consistent communication and tracking of communication details (date and time of contact, who made contact, name of person contacted, position, contact information, their role, any important notes).
- Coordinator – Be willing to act as a case coordinator with all agencies in each veteran's circle of care to align services from multiple agencies and providers.

Role of the Case Manager (3 of 3)

- Monitor – Constantly and consistently check in on progress with each veteran in your case load. This means not only checking in with the veterans themselves, but also with partnering agencies to check for progress on goals, changes in situations, and other important information.

Building Trust with Veterans

Know The Population

- As stated, prior military service is NOT required to be an effective case manager for veterans. Having a strong sense of service, curiosity, knowledge and respect of the challenges our veterans face is enough. Even people who have served may not have a great understanding of what other service members have experienced.
- Understand different branches, ranks, campaigns, enlisted vs. Commissioned vs. Warrant officers, components, etc.
- Understand common experiences and challenges that veterans face.

Active Listening

- Veterans are often hesitant to open up about their military experiences or to seek assistance. When a veteran shares their stories, utilize active listening to validate their experiences and concerns about seeking service. Let the veterans talk – case management can come later.
- Be prepared to ask follow-up questions that are respectful, engaging, and allow the veteran the opportunity to continue to share in a way that is likely difficult.
- Always thank veterans for sharing their stories and concerns and acknowledge that the conversation is not easy for them.

Consistency

- Your participants will respect when you say what you will do, then do what you say. Following through on your end of a participation agreement, advocating for your veterans, making the appropriate referrals, and standing by them with unconditional positive regard will all lend to your participants having a higher level of trust in you as a provider.

Autonomy

- It is easy to think of HVRP in terms of being a prescriptive program, but that is not the case. Veterans should have the ability to make their own decisions regarding their employment, their referrals, and program participation. While there are certain requirements to participate to receive services, when veterans can have a say in their programmatic direction, their employment pathway, and their referrals, they will be more likely to willingly participate in employment activities.

Transparency

- Communicating every aspect of a participant's HVRP journey and clearly explaining processes, confidentiality limits, next steps, referrals, recommendations, and having honest conversations about barriers can break down mistrust between the case manager and the veteran.

Collaboration and Partnerships

Collaboration and Partnerships (1 of 3)



Collaboration is the backbone of effective case management. Case managers serve as connectors linking veterans with VA resources, community supports, and specialized providers to create wraparound care.

- **VA Services**
 - Access to veteran specific services with healthcare, mental health services, and benefits they've earned.
- **Community Organizations**
 - Immediate, flexible support to fill urgent needs compared to federal resources.
- **Faith-based groups**
 - Emotional connection and reducing Isolation (Food, clothing, emergency funds).

Collaboration and Partnerships (2 of 3)



Partnerships with providers and advocates ensure veterans face these systems with support. Close communication with probation/parole aligns case management with legal requirements.

➤ Mental Health Providers

- Counseling, Medication management, reduces relapse risk, strength recovery.

➤ Legal Aid

- Expungement, discharge updates, veteran courts (offers supportive approach to justice involvement)

➤ Probation and Parol

- Coordinating compliance support (Align goals with legal requirements)

Collaboration and Partnerships (3 of 3)



Partnerships with vocational program and employers build career pathways. Diverse housing options prevent bottlenecks. Treatment facilities can be a bridge for recovery and long-term housing.

➤ Employers & Vocational Programs

- Job Placement, Job readiness, apprenticeships, and trainings.

➤ Housing Resources

- Transitional, PSH, HUD-VASH, SSVF, Treatment facilities, or halfway houses. Explore non-veteran options to expand options in tight rental markets.

Best Practices in Case Management

Best Practices in Case Management

(1 of 2)

Case management must be holistic and strengths-based, focusing on resilience. Flexibility allows case managers to adjust as veterans' situations evolve. Strong communication ensures all providers, and the veteran are aligned on goals.

➤ Holistic Approach

- Recognize the veterans' needs are interconnected (health, housing, employment, social support)
- Tailor services that address the mind (mental health), body (medical), and environment (housing and social supports)

➤ Strength-Based Approach

- Focus on the veterans' skills, resiliencies, and accomplishments rather than deficits.

Best Practices in Case Management (2 of 2)

➤ Flexibility

- A Veteran's needs may shift. Case managers should be ready to pivot on strategies.
- E.g., Shifting from employment planning to crisis housing support when emergencies arise.

➤ Communication

- Clear, consistent communication across providers ensures everyone is aligned on the veteran's goals.
- Case managers should take the lead in scheduling check ins.
- Transparency reduces duplication of services and build trust with the veteran.

Resources for Case Managers

Resources for Case Managers (1 of 2)



- **Trauma Informed Care Concepts**
 - Case managers should recognize signs of trauma, triggers, and stressor interactions.
 - A trauma informed approach emphasizes safety, trustworthiness, choice, collaboration, and empowerment
- **Motivational Interviewing**
 - MI is a conversational style that helps veterans explore doubts and strengthen their motivation for change.
 - MI is effective in addressing areas of employment hesitations, reluctance to engage and addressing substance abuse.

Resources for Case Managers (2 of 2)



➤ Crisis Resources

- Veterans should always have access to immediate support such as Veterans Crisis Line, shelters, or local emergency housing options.
- Case Managers should keep an updated crisis resource list at hand for rapid response.

➤ PsychArmor

- Free, quality online courses tailored for veteran-focused training

Resources (1 of 2)

- [Factors Associated with Homelessness Among US Veterans-Health Systems Research](#)
- [National Coalition for Homeless Veterans](#)
- [Alcohol and drug use disorders among homeless veterans: Prevalence and association with supported housing outcomes-Science Direct](#)
- [CDC-Financial Burden of Medical Care Among Veterans Aged 25–64, by Health Insurance Coverage](#)

Resources (2 of 2)

- [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](#)

Do you have any examples and/or tips on how you serve veterans with complex barriers?

How are you ensuring that all direct service staff are equipped with the skills to serve veterans with complex barriers?



Questions?

Thank you!

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