



Supporting the Employment of Veterans Experiencing Homelessness

Implementation Study Report for the Evaluation of the Homeless Veterans' Reintegration Program (HVRP)

September 6, 2022

Samantha Batko (Urban Institute), Mindy Hu (Mathematica), Alyse Oneto (Urban Institute), Linda Rosenberg (Mathematica), Amy Rogin (Urban Institute), Abigail Williams (Urban Institute), Emily Rosen (Mathematica), Hande Inanc (Mathematica)

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Acronyms

AJC	American Job Center
CDL	commercial driver's license
CEO	Chief Evaluation Office, U.S. Department of Labor
CoC	Continuum of Care
CWT	Compensated Work Therapy
DOL	U.S. Department of Labor
DVOP	Disabled Veterans' Outreach Program
FOA	Funding Opportunity Announcement
GPD	Grant and Per Diem Program
HMIS	Homeless Management Information System
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development–U.S. Department of Veterans Affairs Supportive Housing Program
HVRP	Homeless Veterans' Reintegration Program
IEP	individual employment plan
JVSG	Jobs for Veterans State Grants
LVER	Local Veterans' Employment Representative
NVTAC	National Veterans' Technical Assistance Center
SSVF	Supportive Services for Veteran Families
VETS	Veterans' Employment and Training Service
VA	U.S. Department of Veterans Affairs
WIOA	Workforce Innovation and Opportunity Act

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Executive Summary

On a single night in January 2020, over 37,000 American veterans experienced homelessness, which is defined as sleeping outside, residing in an emergency shelter, or living in a transitional housing program (Henry et al. 2021). Veteran homelessness and its associated outcomes—including family, housing, and employment instability; substandard health; and increased interactions with the criminal justice system (Rountree et al. 2019; Culhane and Byrne 2010)—are of deep public concern, especially given veterans’ service to the country.

The Homeless Veterans’ Reintegration Program (HVRP), which has been administered by the U.S. Department of Labor’s (DOL’s) Veterans’ Employment and Training Service (VETS) since 1987, is the only federal program focused exclusively on helping veterans experiencing homelessness find stable employment. In July 2020, DOL announced program year (PY) 2020 awards totaling \$53 million for 157 HVRP grantees, including state, local, and tribal governments; local Workforce Development Boards; and private and community organizations. HVRP grantees recruit and enroll qualifying veterans into the program, assess their needs for employment and other services, and, through partnerships with complementary community programs, provide them with employment and training services. Using a case management approach, grantees tailor their services to the needs of individual veterans and work to address these needs through both direct service provision and referrals to community partners.

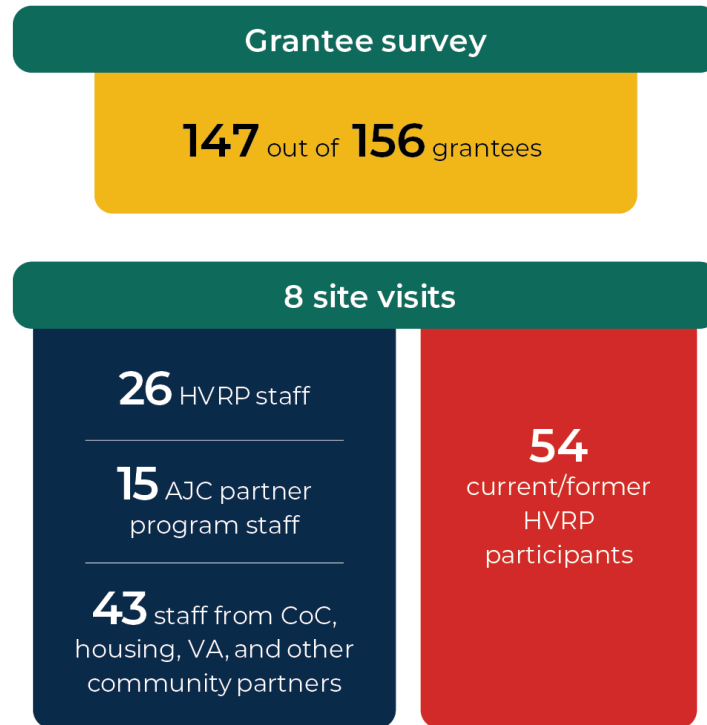
To assess HVRP’s impact on employment outcomes, DOL contracted Mathematica and its subcontractors, the Urban Institute and Social Policy Research Associates, to complete an HVRP evaluation consisting of two studies: (1) an impact study and (2) an implementation study. This report presents the findings from the implementation study, which addressed three main research topics:

1. *Eligibility and enrollment.* How did HVRP grantees identify and enroll eligible veterans for their programs, and how did they determine eligibility? What were the eligibility requirements and screening methods? To what extent did the grantees screen for program readiness or other characteristics? What types of assessment tools did the HVRP grantees use, and for what purpose? What were the characteristics of HVRP participants? How and when were HVRP participants enrolled in a program at the American Job Center and entered in the state data system?
2. *Program services and partnerships.* What were the key components of HVRP, and what role did partnerships play in HVRP? What services and supports were provided, whether directly by the grantees or through referral services? What were the primary functions and activities related to case management? How were systems and partnerships developed and maintained? What was the role of HVRP services in these systems and partnerships? How strong were these partnerships?
3. *Other community services.* Without HVRP, what was usual care? In other words, what services would participants have received in the absence of HVRP? What did usual care look like for homeless veterans? What types and intensity of services did HVRP add to this usual care?

The implementation study included two data collection activities: (1) a survey of all PY 2020 grantees and (2) site visits to eight HVRP grantee communities deliberately selected to inform the impact study. The site visits included key informant interviews with grantee staff and their partners as well as in-depth interviews with veterans who had received services from one of the eight selected grantees (Figure ES.1). Data collection began in October 2020, seven months after the March 2020 start of the COVID-19 pandemic, and ended in September 2021; thus, data collected reflected the experiences of grantees, partners, and veterans amidst the challenges of this time. In addition, instead of visiting each of the eight

selected grantees and their communities in person, the study team conducted site visits and in-depth interviews virtually because of the pandemic.

Figure ES.1. Data sources for the implementation study



Source: HVRP evaluation data, 2020-2021.

AJC = American Job Center; CoC = Continuum of Care; HVRP = Homeless Veterans' Reintegration Program; VA = U.S. Department of Veterans Affairs.

Implementation study findings

The implementation study examined the experiences of HVRP grantees, their partners, and HVRP participants across three key areas: (1) community resources and HVRP partnerships, (2) HVRP design and services, and (3) grantee- and partner-provided employment services.

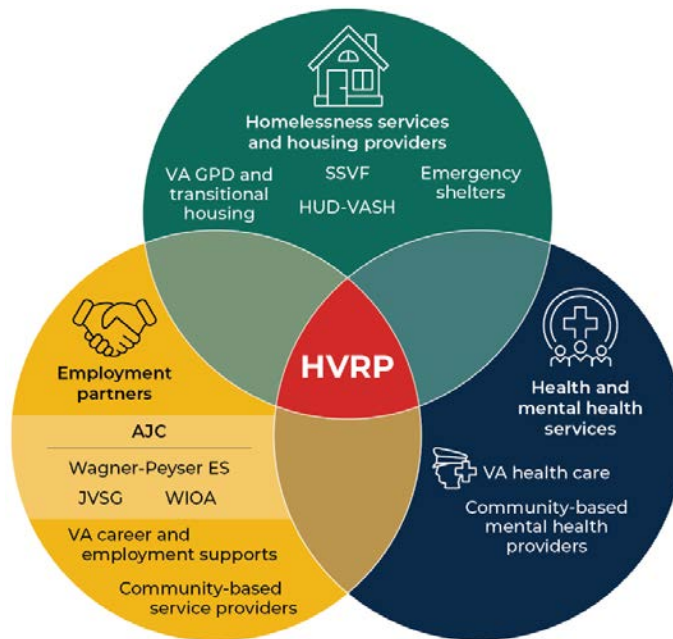
Community resources and HVRP partnerships

- **On average, grantee survey respondents reported having eight strong partners per grantee to address HVRP participants' needs for employment and supportive services.** Strong partners were those that grantees considered critical to their program's success. These partners included other programs operated by the grantee agency as well as external community partners. Partner programs provided HVRP participants with (1) employment-related services, (2) homelessness services and housing assistance, and (3) health and mental health services. These services were specifically for veterans or for the broader community (Figure ES.2).
- **For employment-related services, grantees reported the strongest partnerships with Jobs for Veterans State Grants (JVSG) staff.** JVSG staff provide employment-related services to veterans facing barriers to employment through the public workforce system's American Job Centers (AJCs).

Based on the HVRP grantee survey, 63 percent of respondents reported strong partnerships with JVSG staff. According to the site visit grantees, Disabled Veterans’ Outreach Program (DVOP) specialists, who are funded through JVSG, played a key role in linking HVRP participants with AJC employment services.

- **For homelessness services and housing providers, grantees commonly reported partnerships with programs that provided veterans with temporary housing assistance.** In particular, survey respondents reported strong partnerships with two U.S. Department of Veterans Affairs (VA) housing programs: (1) Supportive Services for Veteran Families (SSVF) (72 percent of respondents), which provides rapid rehousing assistance, and (2) the Grant and Per Diem (GPD) Program (54 percent of respondents), which provides transitional housing and assistance.
- **HVRP participants reported receiving a variety of VA services, such as permanent housing, employment, and health care.** Specifically, half of the HVRP participants interviewed (27 of 54) reported receiving employment services, followed by housing assistance (15 of 54), and then health care (8 of 54). In general, the site visit grantees did not report a VA partnership for employment services. However, informants from two of these grantees and the VA in their communities said they collaborated to address veterans’ physical and mental health needs.

Figure ES.2. HVRP grantees partnered with community providers of employment, homelessness, and health services



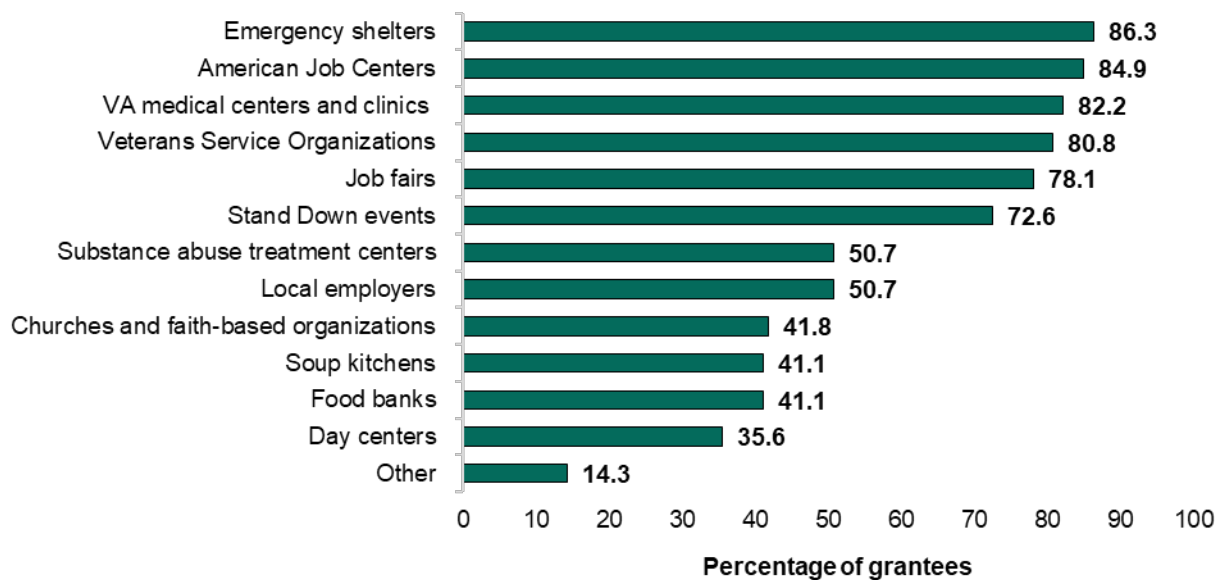
Source: Authors’ synthesis based on a review of relevant documents.

AJC = American Job Center; ES = Employment Services; GPD = Grant and Per Diem Program; HUD-VASH = U.S. Department of Housing and Urban Development–U.S. Department of Veterans Affairs Supportive Housing Program; HVRP = Homeless Veterans’ Reintegration Program; JVSG = Jobs for Veterans State Grants; SSVF = Supportive Services for Veteran Families; VA = U.S. Department of Veterans Affairs; WIOA = Workforce Innovation and Opportunity Act.

HVRP design and services

- **Two temporary housing assistance programs the VA administers—SSVF and GPD—were especially important referral sources for HVRP.** Over half of the grantee survey respondents indicated one of these programs as a main *referral* source. Five site visit grantee agencies operated at least one of these housing programs and, through them, referred veterans to their HVRP staff. Site visit grantees observed that SSVF in particular was complementary to HVRP. Grantee survey respondents also reported *recruiting* veterans from emergency shelters (86 percent), AJCs (85 percent), VA medical centers and clinics (82 percent), and Veterans Service Organizations (VSOs) (81 percent) (Figure ES.3).

Figure ES.3. HVRP grantees recruited potential participants from multiple sources



Source: 2020 Grantee Survey, question A7: “From which of the following do you recruit homeless veterans for your HVRP program?”

Note: Respondents could select multiple responses; percentages do not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program; VA = U.S. Department of Veterans Affairs.

- **Grantees reported screening veterans for work readiness.** Among survey respondents, 45 percent said they assessed veterans for job readiness before HVRP enrollment. All the site visit grantees and some of their referring agencies reported screening veterans for job readiness or an interest in pursuing employment or training. Survey respondents and site visit informants described similar processes of (1) assessing veterans for program eligibility and work readiness, (2) identifying their needs for employment and other services, and (3) providing them with relevant services and referrals. If a veteran was not considered job ready, site visit grantees reported referring that veteran to other services to help them become job ready before enrolling in HVRP.
- **Barriers to employment, such as mental health and substance abuse challenges, prevented veterans from enrolling in HVRP.** Grantee survey respondents attributed veterans’ non-enrollment in HVRP to various factors, including challenges with mental health and substance abuse (37

percent), not returning to the program after an initial intake interview (32 percent), and lack of interest in employment (31 percent). Similarly, site visit grantees reported that eligible veterans did not enroll in HVRP because they did not want to engage in services or faced a barrier to employment.

- **Site visit grantees highlighted the importance of hiring case managers who could relate to veterans and provide participants with a positive experience.** Staff from all the site visit grantees noted that to become a trusted resource for veterans' employment and supportive service needs, it was important to "meet participants where they are." Among all eight site visit grantees, participant-facing staff were either veterans themselves or had close connections to veterans.

Veterans' perspectives: Case management successes

Veterans valued their working relationships with HVRP staff. Of the 54 veterans interviewed, 30 emphasized their positive experiences with their HVRP case manager. Ten of these veterans attributed their positive experiences to the trust they had in their case manager. For example, one veteran said he trusted HVRP staff because they understood work anxiety and did not judge HVRP participants. Another veteran said that, for him, it was important to know that "someone was on (his) team." Similar sentiments were reflected by other veterans who described their case managers as "a guardian angel," "my closest ally," and "like a big brother." ▲

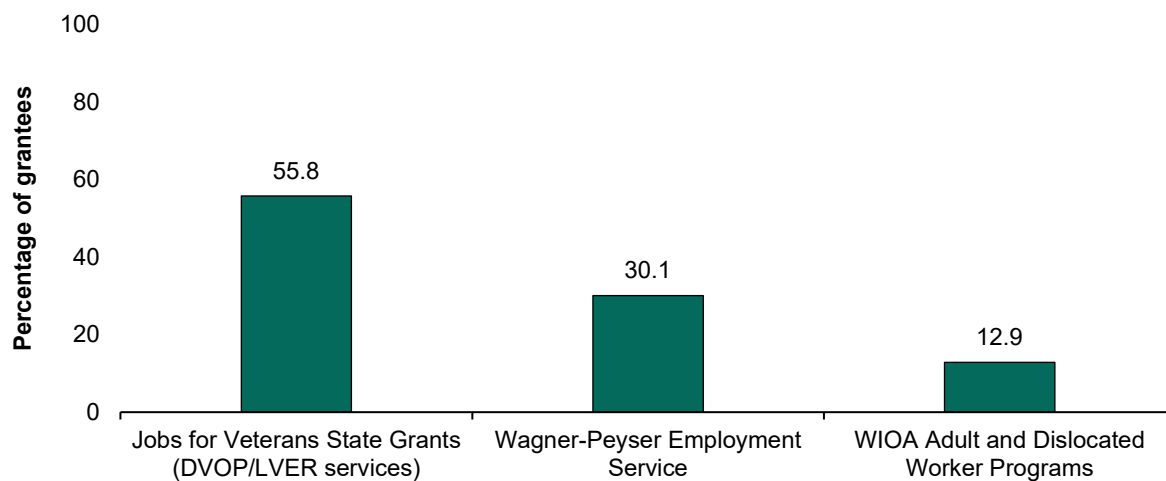
- **According to the grantee survey respondents, the most common referrals from HVRP were for substance abuse (95 percent) or mental health (93 percent) services.** Other common referrals were for emergency or preventative health care (88 percent), permanent housing (85 percent), child care challenges (85 percent), and transitional housing, emergency shelter, or rapid re-housing (84 percent). Site visit grantees noted they could offer additional supports to HVRP participants through in-house services, such as help paying for cell phones, legal assistance, and budgeting and financial planning.

Grantee- and partner-provided employment services

- **According to the grantee survey respondents, the most common types of employment-related services HVRP grantees provided were job search assistance (97 percent), tools or specific work clothing (96 percent), job placement (95 percent), and work readiness or basic skills training (91 percent).** These grantees indicated that they provided other services, such as occupational skills training and certification, through a mix of grantee (69 percent) and non-grantee (47 percent) resources.
- **Consistent with the DOL requirement that HVRP participants co-enroll in an AJC program (U.S. Department of Labor 2016a), over 90 percent of grantee survey respondents reported that at least some of their participants received employment and training services at the AJC.** However, only 42 percent of grantees reported that most or all of their HVRP participants received concurrent AJC services. Site visit informants described four ways that AJC co-enrollment was confirmed: (1) AJC and HVRP staff shared a file of co-enrolled veterans, (2) AJC staff provided the HVRP grantee with documentation of the veterans co-enrolled at the AJC, (3) the AJC received information about co-enrolled veterans through its state employment portal, and (4) AJC and HVRP staff confirmed co-enrollment through email and phone calls.
- **According to grantee survey respondents and site visit grantees, the DOL requirement that HVRP participants co-enroll at the AJC was most often met through JVSG services, particularly through the DVOP specialist.** Over half of grantee survey respondents (56 percent) reported that a majority of their HVRP participants were co-enrolled in JVSG services at the AJC,

including both DVOP specialist and Local Veterans’ Employment Representative (LVER) services (Figure ES.4). Site visit informants elaborated that the DVOP specialist was the main connection between HVRP and AJC programs and that the role of the DVOP specialist included determining which other AJC programs were appropriate for co-enrolled HVRP participants.

Figure ES.4. Percentage of grantee survey respondents reporting that majority of HVRP participants were co-enrolled in a program at the AJC



Source: 2020 Grantee Survey, question E5: “What percent of participants are co-enrolled in the following employment services...?”

Note: Sample includes 147 grantees. Participants could be co-enrolled in more than one AJC program; therefore, grantees reported the percentage of participants co-enrolled in each separate program.

AJC = American Job Center; DVOP = Disabled Veterans’ Outreach Program; HVRP = Homeless Veterans’ Reintegration Program; LVER = Local Veterans’ Employment Representative; WIOA = Workforce Innovation and Opportunity Act.

- **The site visits revealed two general models for providing complementary employment services to HVRP participants; grantee agencies relied on either (1) the AJC or (2) their own in-house services.** In the first model, informants from four of the site visit grantees noted a reliance on community referrals and AJC services to complement their HVRP services. Three of these four HVRP programs were co-located at the AJC in at least part of the HVRP service area, including one that operated both HVRP and WIOA Title I, facilitating HVRP and AJC staff coordination. In the second model, informants from the other four site visit grantees indicated that their organization’s in-house employment services could meet HVRP participants’ needs. In this model, HVRP participants were also typically co-enrolled in SSVF or GPD housing programs the HVRP grantee operated.
- **The majority of grantee survey respondents (58 percent) listed employers as a strong HVRP partner.** Site visit informants said that their work with employers included (1) identifying and building relationships with new employer partners, (2) maintaining contact with existing employer partners, and (3) advocating for participants who had submitted job applications. Grantees also partnered with other programs to enhance their employer networks. For example, to identify potential employers, grantee survey respondents reported coordinating with other employment and housing programs (58 percent), other grantee organizations (50 percent), and LVERs (49 percent). The HVRP

director of one site visit grantee explained that the grantee and the area LVER conducted employer outreach jointly to avoid duplicating efforts.

- **According to grantee survey respondents, site visit informants, and interviewed participants, HVRP helped veterans get hired quickly.** More than 75 percent of the grantee survey respondents reported that HVRP participants were placed in jobs within three months of enrollment. Although job placements varied among the site visit grantees, many of them reported placing HVRP participants in particular sectors and job types, such as warehouses and construction (including forklift operation) and the security, culinary, and commercial driving fields. Of the 54 veterans interviewed, 21 were working at the time of the interviews, and 15 of these employed participants said that HVRP helped them find their jobs. These 15 participants reported getting hired immediately into security and warehouse jobs, but 13 of them did not think these jobs were a great fit for their interests or needs.

Implications for the impact study

A primary goal of the implementation study is to inform and contextualize findings from the impact study. The impact study will compare the employment status and earnings of two groups of veterans experiencing homelessness: (1) those participating in HVRP and co-enrolled in the Wagner-Peyser Employment Service (the treatment group) and (2) similar veterans registered for the Wagner-Peyser Employment Service but not participating in HVRP (the comparison group). Although the impact study analysis is ongoing, the implementation study provides important information that can help the study team interpret the impact study findings.

Characteristics of HVRP participants compared to veterans enrolled only at AJCs. To better understand how HVRP participants might differ from similar veterans enrolled only in AJC services, the study team examined the ways HVRP grantees identified and enrolled participants. The site visit findings indicate that grantees sought to enroll veterans who were job ready. Veterans uninterested in employment or who faced challenges, such as substance abuse or mental health issues, generally were not enrolled in HVRP. The extent to which veterans not considered job ready might enroll in AJC services¹ is unclear. The only requirement for the Wagner-Peyser Employment Service is that the individual be eligible to work in the United States. Despite concerns about low co-enrollment rates of HVRP participants at AJCs, especially due to the COVID-19 pandemic, the study team analyzed the administrative data to be used for the impact analysis and determined that the desired impact study analyses could be conducted with the HVRP and non-HVRP veterans identified in the data.² The impact study data will reflect PY 2019 and PY 2020; the majority of this timeframe coincides with the data collection for the implementation study reflecting challenges and adaptations during COVID-19. This analysis will be detailed in future reports from the HVRP evaluation's impact study.

¹ Through the AJCs, veterans can access employment services from various programs, including the WIOA Adult and Dislocated Worker Programs, the Wagner-Peyser Employment Service, and JVSG. These services are available to all veterans in the community, regardless of their HVRP enrollment status. As mandated by the Jobs for Veterans Act, veterans and eligible spouses receive priority of service for all DOL-funded employment programs.

² The impact study sample will include approximately 1,400 HVRP participants co-enrolled in the Wagner-Peyser Employment Service and 4,700 homeless veterans enrolled in the Wagner-Peyser Employment Service but not in HVRP. Further information about this analysis and the impact study sample will be described in the evaluation's final impact study report due in 2024.

Approaches to HVRP implementation and the program model. The implementation study documented different approaches to HVRP implementation with a particular emphasis on partnerships and coordination with other local agencies and systems. Three key HVRP features—and their role in supporting HVRP participants’ employment—provide important context for understanding how HVRP might result in positive outcomes for participants:

1. *Case management.* Site visit grantees and interviewed veterans noted the value of participant-centered case management, in which case managers helped connect veterans with needed services and provided them with continued support.
2. *AJC relationship.* As previously noted, there were two generally observable program models: (1) the HVRP grantee depended on community providers for referrals and complementary services or (2) the HVRP grantee provided a complement of in-house services. HVRP grantees and AJC partners that implemented the first model more often (a) identified strong referral pathways that linked HVRP with AJC services and (b) noted reliance on the AJC for key employment services. Conversely, in communities that used the second model, HVRP helped round out the delivery of a broad set of services that contributed to veterans’ stability in housing, employment, and life. The COVID-19 pandemic may have also affected co-enrollment rates and AJC service delivery during the program years reflected in this study.
3. *Job placement.* Site visit grantees reported a focus on job development and rapid job placement. However, the HVRP participants interviewed did not always find the HVRP-referred jobs desirable. Although the veterans interviewed were not representative of all HVRP participants, their willingness to stay in jobs they did not find desirable and their ability to find jobs that were a better fit may have implications for HVRP’s impact on participants’ employment and earnings. Thus, the impact study’s eight-quarter follow-up period is important; it will allow sufficient time to assess HVRP effects beyond participants’ immediate job placement.

Community services available to veterans experiencing homelessness. The site visits provided valuable information about other community services available to veterans experiencing homelessness. Without HVRP, it is likely that veterans could have accessed employment services through programs that do not focus on veterans experiencing homelessness, such as those provided by the AJC, the VA, and other state or local funding sources. These alternative services were often similar to those offered through HVRP. However, HVRP grantees also offered case management services that addressed barriers to employment for veterans experiencing homelessness.

Through the implementation study, the study team sought to identify how HVRP’s unique focus—helping veterans experiencing homelessness find meaningful work—affected service delivery, partnerships, and veterans’ lives. The HVRP evaluation’s forthcoming impact study will assess whether these and other aspects of HVRP led to increased job placement and earnings for HVRP participants compared to similar veterans receiving services solely from the AJC.

I. Introduction

On a single night in January 2020, over 37,000 veterans experienced homelessness, which is defined as sleeping outside, residing in an emergency shelter, or living in a transitional housing program (Henry et al. 2021). Veteran homelessness and its associated outcomes—including family, housing, and employment instability; substandard health; and increased interactions with the criminal justice system (Rountree et al. 2019; Culhane and Byrne 2010)—are of deep public concern, especially given veterans’ service to the country.

Veterans often face complex challenges that put them at risk of experiencing homelessness. For instance, veterans report that mental and physical health challenges, competing with candidates who have been in the workforce longer, and translating their military skills to civilian work are all barriers to employment (Iraq and Afghanistan Veterans of America 2020). Unemployment and a low income also put veterans at risk of experiencing homelessness (Tsai and Rosenheck 2015). In addition, service-related trauma can lead to physical and mental disabilities, mental health challenges, or substance abuse issues, which are all risk factors for homelessness among the broader population (Balslem et al. 2011; Tsai and Rosenheck 2015).

Multiple government agencies seek to address homelessness among veterans. These include the U.S. Departments of Veterans Affairs (VA) and Housing and Urban Development (HUD). However, the only program that focuses exclusively on providing employment services to veterans experiencing homelessness is the Homeless Veterans’ Reintegration Program (HVRP), which is administered by the U.S. Department of Labor’s (DOL’s) Veterans’ Employment and Training Service (VETS).

To assess HVRP’s impact, the DOL Chief Evaluation Office (CEO), in collaboration with VETS, contracted Mathematica and its subcontractors, the Urban Institute and Social Policy Research Associates, to complete a mixed-methods evaluation. The goal of this evaluation is to assess, through an impact study, HVRP’s effectiveness at helping homeless veterans find stable employment. As a complement to the evaluation’s impact study, the study team also conducted an implementation study to understand program outreach and enrollment processes; core components of the HVRP model that may drive participant outcomes; the role of partnerships in referrals, enrollment, and service provision; and the extent of services available to veterans who do and do not enroll in HVRP. This report provides findings from the implementation study,³ which relied on data from (1) a survey of all program year 2020 (PY 2020) HVRP grantees, (2) semi-structured interviews with key stakeholders from eight deliberately selected grantees and their community partners, and (3) in-depth interviews with veterans who received services from one of those eight grantees. Data collection began in October 2020, seven months after the March 2020 start of the COVID-19 pandemic, and ended in September 2021; thus, feedback reflected the experiences of grantees, partners, and veterans amidst the challenges of this time. In addition, instead of visiting each of the eight selected grantees and their communities in person, the study team conducted site visits and in-depth interviews virtually because of the pandemic.

The remainder of this chapter includes an introduction to HVRP (Section A), the evaluation (Section B), a description of the implementation study’s goals and methods (Section C), and a discussion of the study’s limitations (Section D). The chapter concludes with a road map to the rest of the report (Section E).

³ Findings from the impact study will be available in 2024.

A. HVRP background

HVRP was authorized by the Stewart B. McKinney Homeless Assistance Act in 1987. Since then, VETS has administered HVRP through competitive grants to state, local, and tribal governments; local Workforce Development Boards; private for-profit and non-profit organizations; and community organizations to provide employment services and develop effective service systems. In July 2020, DOL announced PY 2020 awards totaling \$53 million for 157 grantees; this included 77 grantees in the first year of a possible three-year grant and 80 grantees in their second or third grant year.⁴ The 2020 awards were intended to support an estimated 21,000 veterans (U.S. Department of Labor 2020c) and represented a funding increase of about 52 percent from PY 2015, when VETS announced 151 grants totaling \$35 million (U.S. Department of Labor 2015a).

The federal competition for HVRP grants is held annually. Organizations can apply for an HVRP grant that serves (1) a broad population of veterans experiencing homelessness, (2) incarcerated veterans (through the Incarcerated Veterans' Transition Program [IVTP]), or (3) female veterans and veterans with children (through the Homeless Female Veterans' and Veterans' with Children Program [HFVWVC]). Organizations can apply for multiple grants if each application is for a unique service delivery area.

As of PY 2020 (U.S. Department of Labor 2020a), individuals discharged from the military with an other than dishonorable discharge are eligible for HVRP services if they meet one of the following criteria:

- Experiencing homelessness at any time during the 60 days prior to program entry
- At risk of homelessness within 60 days of program entry
- Participating in the U.S. Department of Housing and Urban Development-VA Supportive Housing Program (HUD-VASH) or the Tribal HUD-VA Supportive Housing Program (Tribal HUD-VASH)
- Native American veterans receiving assistance under the Native American Housing Assistance and Self Determination Act of 1996
- Recently released from incarceration and at risk of homelessness
- Participating in the VA Rapid Rehousing and Prevention Program

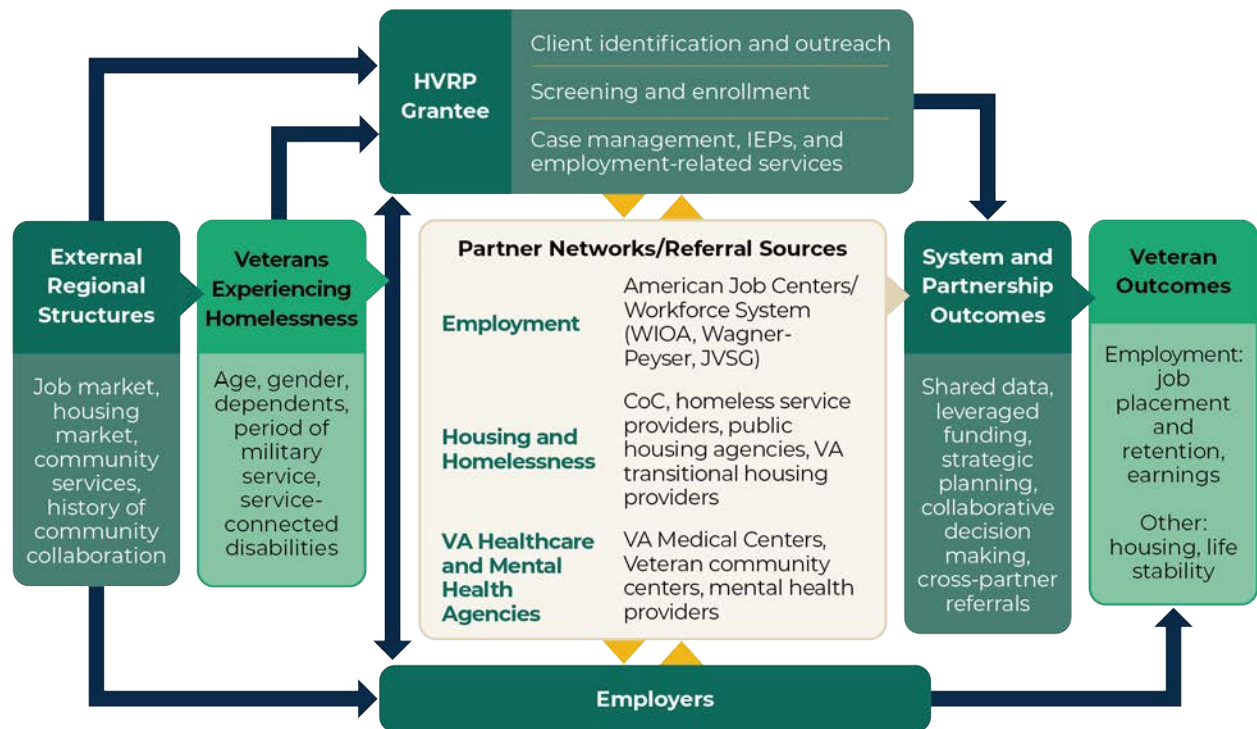
As illustrated in Figure I.1, the conceptual framework for generating successful program outcomes incorporates various characteristics of individual veterans, grantee agencies, grantee partners, and grantee locations:

- *HVRP grantees* aim to reintegrate veterans experiencing homelessness into the labor force through a program model that includes outreach and recruitment; screening and assessment; program enrollment; case management services; and employment, training, and support services tailored to participant needs.
- *External regional structures* affect the framework and the veterans themselves. These external forces may include local labor market and housing conditions as well as the availability of community support services outside the HVRP partner networks.
- *Veterans experiencing homelessness* enter the program under varying circumstances that influence their future employment.

⁴ This evaluation focused on PY 2020 grantees. In PY 2021, [DOL announced](#) 155 new and continuing grants totaling \$52 million.

- *Partner networks and referral sources* are important resources that grantees use, expand, or develop to meet the needs of veterans experiencing or who have experienced homelessness. As described in the funding opportunity announcement (FOA) for PY 2020 grants (U.S. Department of Labor 2020b), HVRP grantees were expected to build a strong network of partners to provide services, including those services that grantees cannot provide directly. Chapter II further describes the partners in each domain—employment, housing, and health, including mental health—and discusses the implementation study findings related to partnerships.
- *Employers* are both partners and customers of HVRP grantees. As partners, employers agree to consider hiring HVRP participants and, potentially, to train them through work-based learning. As customers, employers rely on HVRP to fill vacant positions; grantees must thus ensure employer satisfaction with the veterans they hire. Dissatisfied employers may be less willing to hire HVRP participants in the future.
- *System and partnership outcomes* can be positively affected through collaborations among grantees and partners that serve veterans through HVRP.
- *Veteran outcomes* in the form of improved employment, housing, and life stability are potential program benefits for participating veterans.

Figure I.1. Conceptual framework linking HVRP services to improved outcomes for veterans



Source: Authors' synthesis based on a review of the grant announcement (U.S. Department of Labor 2020b), a formative evaluation of HVRP (Trutko et al. 2016), PY 2020 grant applications, and HVRP evaluation data (2020-2021).

CoC = Continuum of Care; HVRP = Homeless Veterans' Reintegration Program; IEP = Individual Employment Plan; JVSG = Jobs for Veterans State Grants; VA = U.S. Department of Veterans Affairs; WIOA = Workforce Innovation and Opportunity Act.

Organizations awarded HVRP grants receive funding for up to three years; the second and third years of funding are dependent on the availability of funds and the grantee’s ability to meet performance goals. A grantee’s success and potential for continued funding are determined based on performance metrics defined in each competitive funding opportunity. For PY 2020, grantees were evaluated based on seven performance indicators: (1) number of participants enrolled, (2) job placement rate for all who exited the program, (3) average hourly wage at placement, (4) job placement rate for the chronically homeless, (5) percentage of program participants in unsubsidized employment in the second quarter after exiting the program, (6) percentage of program participants in unsubsidized employment in the fourth quarter after exiting the program, and (7) median earnings of program participants in unsubsidized employment in the second quarter after exiting the program (U.S. Department of Labor 2020b). To help grantees meet these performance thresholds, VETS provides them with technical assistance through the National Veterans’ Technical Assistance Center (NVTAC).

Over the years, VETS has adjusted the grant requirements in their annual FOAs. For example, in PY 2017, VETS increased the maximum annual grant funding to \$500,000 per grantee (a 67 percent increase compared to PY 2016) and stopped requiring that grantees exit program participants by the end of the program year (U.S. Department of Labor 2016b; U.S. Department of Labor 2017).⁵ These changes were likely due in part to findings from a formative, DOL-commissioned evaluation (Trutko et al. 2016) (see Box I.1). More recent changes to HVRP include an eligibility expansion in 2019 to include veterans who are at risk of homelessness in the 60 days prior to enrollment (U.S. Department of Labor 2019); additional guidance on program data reporting; and approved expenditures related to the COVID-19 pandemic response.⁶

Box I.1. Findings from the 2016 Formative Study of HVRP

In 2016, DOL commissioned a formative evaluation of HVRP to understand and improve HVRP operations (Trutko et al. 2016). Based on site visits with 12 grantees, key findings from this evaluation included:

- Grantees relied heavily on partnerships with other service providers and on community collaborations to assemble the various resources and services required to transition veterans experiencing homelessness toward long-term self-sufficiency.
- Given the level of HVRP funding available, grantees carefully screened and assessed veterans to ensure that participants would benefit from the limited services provided and successfully exit the program by the end of the grant year. There was a particular focus on meeting performance standards for job placement goals during the program year.
- Grantees were reluctant to provide long-term education and job training assistance because of concerns that such training might not be completed within the program year.

B. Overview of the HVRP evaluation

The HVRP evaluation consists of two studies: (1) an impact study, which uses a quasi-experimental design, and (2) an implementation study, designed to help interpret the impact study findings. The impact study uses a comparison group design to compare key employment-related outcomes for HVRP participants with the outcomes of similar veterans experiencing homelessness who did not participate in HVRP. It includes veteran data from 11 locations, including 10 states and the District of Columbia, that

⁵ In PY 2016, the maximum award amount was \$300,000 for grants to urban areas and \$200,000 for grants to non-urban areas.

⁶ This guidance was superseded by Veterans’ Program Letter 01-21 (U.S. Department of Labor 2020a), which went into effect five months into PY 2020.

agreed to provide these data for the evaluation.⁷ These analyses are ongoing, and completion is expected in 2024.⁸

By providing data that can help with interpreting the impact study's findings, the implementation study supports the impact study's design. For example, the implementation study provided information on the ways grantees enrolled participants and provided services, including any partnerships with programs at the public workforce system's American Job Centers (AJCs); this information is important for understanding the comparison group drawn for the impact study. Similarly, information obtained on the services HVRP offers and the community services available to all veterans can help interpret the contrast in services between veterans who participated in HVRP and those who did not.

Specifically, the implementation study addresses the following key research topics:

1. *Eligibility and enrollment.* How did HVRP grantees identify and enroll eligible veterans for their programs, and how did they determine eligibility? What were the eligibility requirements and screening methods? To what extent did the grantees screen for program readiness or other characteristics? What types of assessment tools did the HVRP grantees use, and for what purpose? What were the characteristics of HVRP participants? How and when were HVRP participants enrolled in a program at the American Job Center and entered in the state data system?
2. *Program services and partnerships.* What were the key components of HVRP, and what role did partnerships play in HVRP? What services and supports were provided, whether directly by the grantees or through referral services? What were the primary functions and activities related to case management? How were systems and partnerships developed and maintained? What was the role of HVRP services in these systems and partnerships? How strong were these partnerships?
3. *Other community services.* Without HVRP, what was usual care? In other words, what services would participants have received in the absence of HVRP? What did usual care look like for homeless veterans? What types and intensity of services did HVRP add to this usual care?

C. Data sources

The implementation study had two main data sources: (1) a grantee survey of 147 PY 2020 grantees and (2) site visits to eight HVRP grantees and their communities, which were deliberately selected to inform the impact study. The study team administered the web-based survey from October 2020 through January 2021 to all 156 PY 2020 grantees. The site visit communities were limited to those where the HVRP grantee operated in a state participating in the impact study and had listed an AJC as a partner agency in their grant application. Site visit grantees were selected to reflect geographic and urban-rural diversity. The site visits, which were conducted virtually from November 2020 through September 2021, included two main components: (1) key informant interviews with 26 grantee staff and 58 representatives of partner organizations and (2) in-depth interviews with 54 veterans who had received services from one of the eight selected grantees⁹ (Figure I.2). The grantee survey, key informant interviews, and in-depth

⁷ The 11 locations are Arizona, District of Columbia, Florida, Georgia, Michigan, Oregon, Rhode Island, South Carolina, Tennessee, Virginia, and Washington.

⁸ More information about the impact study can be found in Department of Labor Evaluation Design Pre-Specification Plans on the CEO website. Available at https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/HVRP_Prespecification_Plan.pdf.

⁹ As part of the implementation study and to further inform the impact study, in-depth interviews were planned with non-HVRP veterans who were experiencing or had experienced homelessness and received services at the AJC. However, due to challenges recruiting these veterans, only seven such interviews were conducted.

interviews with veterans informed answers to all three research topics. Throughout this report, the perspectives of the veterans interviewed are presented in tan-shaded boxes. The implementation study methods are further described in Appendix A.

Figure I.2. Data sources for the implementation study

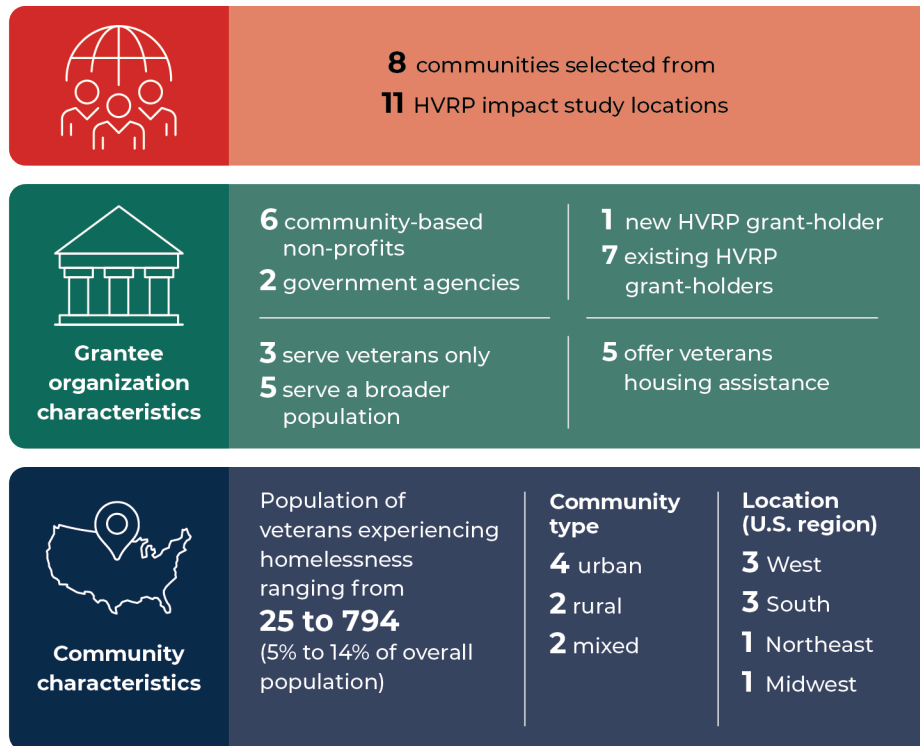


Source: HVRP evaluation data, 2020–2021.

AJC = American Job Center; CoC = Continuum of Care; HVRP = Homeless Veterans' Reintegration Program; VA = U.S. Department of Veterans Affairs.

The impact study will compare employment and earnings for veterans experiencing homelessness who are participating in HVRP to similar veterans who are receiving AJC services but not participating in HVRP. Therefore, to better understand the experiences of these veterans, the site visits were limited to currently funded grantees that met two criteria: (1) they were from one of the 11 locations included in the impact study and (2) they listed an AJC as a partner agency in their grantee application. Figure I.3 summarizes the characteristics of the site visit grantees and their communities. See Appendix A for more details on how the site visit grantees were selected.

Figure I.3. Characteristics of grantee organizations and communities included in site visits



Source: 2020 U.S. Department of Housing and Urban Development point-in-time data. Available at <https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

HVRP = Homeless Veterans' Reintegration Program.

D. Limitations

The implementation study provides important information for understanding how HVRP grantees provided HVRP services. However, the research method used only allows for observing and reporting what HVRP survey respondents and site visit informants implemented at the time of data collection—that is, during the COVID-19 pandemic. In addition, findings from the site visit data are limited in their generalizability to a broader set of HVRP grantees.

Data collection occurred during the COVID-19 pandemic. The study team began collecting data in October 2020, seven months after the March 2020 start of the COVID-19 pandemic, and ended in September 2021. This timing affected both the context of the findings and the ability to complete all aspects of the data collection. Grantees completed the grantee survey 7 to 10 months after the pandemic began; thus, the experiences they shared reflected that particular time period. The site visit interviews took place between 8 and 18 months after the pandemic began, but the information collected was also colored by the difficulties that grantees, grantee partners, and veterans faced during the pandemic as service delivery shifted from in-person to virtual. In addition, instead of visiting each of the eight selected grantees and their communities in person, the study team conducted site visits and in-depth interviews virtually because of the pandemic. This likely contributed to the study team's difficulty connecting with veterans and key partners, such as AJCs. It also meant that the study team did not directly experience the

community context where programs were implemented. Throughout this report, blue-shaded boxes highlight the pandemic's impact on veterans and on the ability of HVRP grantees to provide services.

Site visits reflected the experiences of eight deliberately selected grantees. The grantees chosen for the site visits were purposely selected to inform the impact study. They are not, nor were they intended to be, representative of all grantees or best practices. Rather, the study team selected these grantees based on their ability to inform findings from the 11 locations in the impact study. Based on these eight selected grantees and their communities, overlapping themes and program implementation processes are identified. Insights from these grantees and their communities offer an in-depth and nuanced perspective on how grantees that met the selection criteria implemented HVRP. Still, the study team visited (virtually) just 8 out of 157 HVRP grantees; the experiences of the majority of grant recipients is therefore inherently missing.

Within each grantee community, the study team interviewed just a subset of stakeholders and HVRP participants. The study team did not interview all relevant community providers, grantee partners, or HVRP participants. For example, for one grantee, the study team only interviewed one external partner. When the study team did interview grantee partners, they typically interviewed just one staff member, and they did not interview grantees' employer partners. In addition, for each selected grantee, the study team only interviewed a subset of participants who had agreed to an interview from among those whom grantee staff had identified. Thus, the findings presented in this report should not be considered a comprehensive reflection of all partners' and participants' experiences.

E. Road map

The remainder of this report examines the experiences of HVRP grantees, their partners, and program participants, followed by a discussion of implications for the impact study.

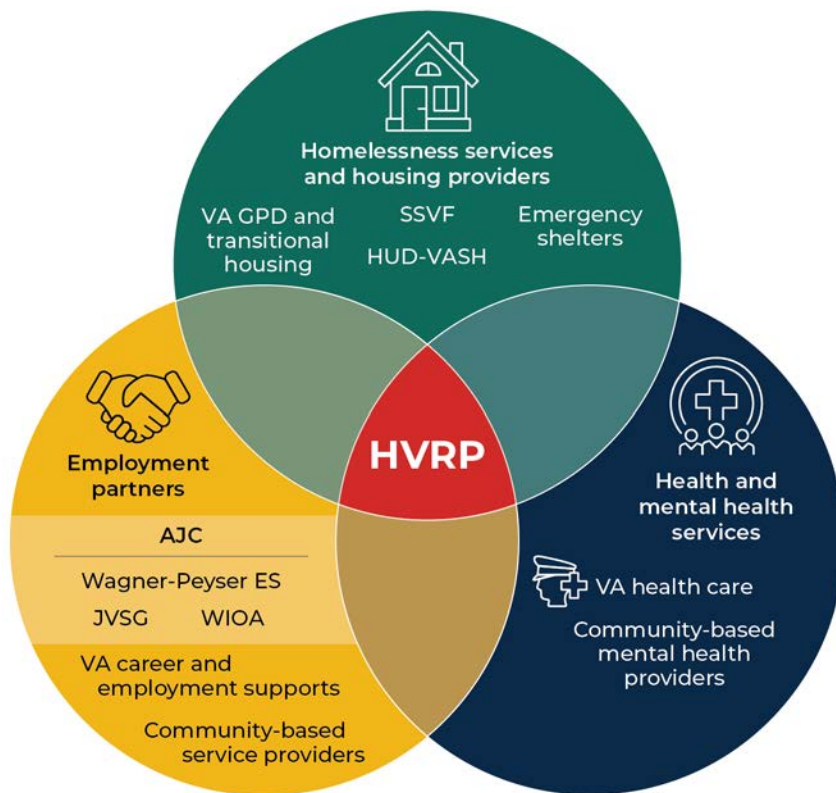
The report is organized as follows:

- Chapter II describes community resources and their partnerships with HVRP grantees in the areas of employment, housing, and health and mental health services. This chapter addresses questions about the role of partners and the strength of those partnerships (research topic 2) and about usual care for veterans experiencing homelessness (research topic 3).
- Chapter III describes HVRP design and services, including the initial referral and outreach, eligibility, enrollment, and case management. This chapter examines how veterans were enrolled in HVRP (research topic 1) and the key components of the program model and case management (research topic 2).
- Chapter IV describes the employment-related services at the core of the HVRP model. These include the services grantees provide directly and those offered in collaboration with the AJC and employers to address a range of veterans' training and job placement needs. This chapter examines the ways HVRP grantees implemented employment services and the role of partner agencies in employment services (research topic 2); it also looks at usual care for employment services for veterans experiencing homelessness (research topic 3).
- Chapter V describes the implications of the implementation study for the impact study, with a focus on veterans who participate in HVRP, program features associated with veteran outcomes, and employment services available to veterans in the community.

II. Community Resources and HVRP Partnerships

Veterans experiencing homelessness can participate in and receive services from both HVRP and other programs in their communities to support their path toward gainful employment. These services, such as those available from homeless services programs or AJCs, vary by community, and are available to both veterans and other jobseekers; HVRP grantees can help connect HVRP participants to these other needed services. The study found that grantees' main community partners focused on (1) employment-related services, (2) homelessness services and housing assistance, and (3) health and mental health services (Figure II.1). Based on findings from the grantee survey and site visits, this chapter identifies grantees' key community partners in each of these three domains. It then describes programs and services generally available to veterans experiencing homelessness and how the eight selected HVRP grantees partnered with them.

Figure II.1. HVRP grantees partnered with community providers for employment, homelessness, and health and mental health services



Source: Authors' synthesis based on the grantee survey and site visits.

AJC = American Job Center; ES = Employment Services; GPD = Grant and Per Diem Program; HUD-VASH = U.S. Department of Housing and Urban Development–U.S. Department of Veterans Affairs Supportive Housing; HVRP = Homeless Veterans' Reintegration Program; JVSG = Jobs for Veterans State Grants; SSVF = Supportive Services for Veteran Families; VA = U.S. Department of Veterans Affairs; WIOA = Workforce Innovation and Opportunity Act.

Summary of findings

- Grantees reported forming partnerships with multiple providers to address HVRP participants' needs for housing, employment, and health and mental health services. On average, survey respondents reported having eight strong partners.
 - In terms of employment services partners, 63 percent of grantee survey respondents reported strong partnerships with Jobs for Veterans State Grants (JVSG) staff. Disabled Veterans' Outreach Program (DVOP) specialists are funded through these grants, and, according to site visit grantees, the DVOP specialists played a key role linking HVRP participants with employment services at the AJC. DVOP specialists also reported providing veterans with services similar to those provided by HVRP grantees.
 - Among housing and homelessness services providers, grantee survey respondents reported strong partnerships with Supportive Services for Veteran Families (SSVF) (72 percent) and the Grant and Per Diem Program (GPD) (54 percent). These two programs provide temporary assistance for veterans' housing needs. Over half of the site visit grantees operated both HVRP and at least one of these housing programs.
 - HVRP participants described receiving a variety of VA services, including permanent housing (15 participants), employment (27 participants), and health care (8 participants). However, HVRP grantees did not indicate that the VA was a main partner of their program.▲
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A. Grantees' main partners

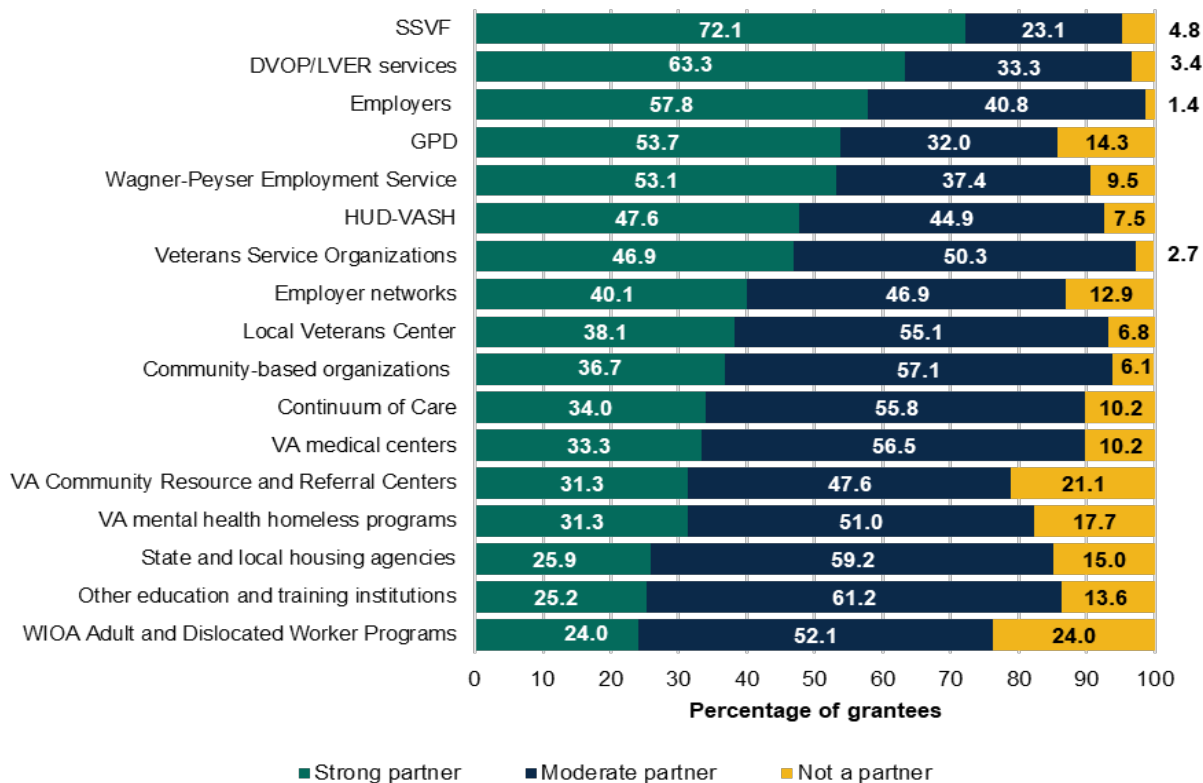
Although diverse community resources are available to address the various needs of homeless veterans, which vary based on the local context, HVRP grantees generally reported common categories of key partners. These included other programs that serve veterans exclusively, local employers, and employment services offered through the public workforce system. Site visit grantees tended to report the same main partners as the grantee survey respondents.

Grantee survey respondents reported that their strong partners—that is, those they considered critical to program success—provided employment and housing services (Figure II.2). Employment and housing programs providing these services are described in Boxes II.1 and II.2, respectively. Respondents less often indicated that health and mental health service partners were strong partners.

Among the employment programs provided at AJCs, the most grantees (63 percent) considered the Disabled Veterans' Outreach Program (DVOP) and Local Veterans' Employment Representative (LVER) services—which are funded by JVSG—strong partners, followed by the Wagner-Peyser Employment Service (53 percent). Fewer grantees (24 percent) viewed the WIOA Adult and Dislocated Worker Programs as strong partners. Chapter IV discusses coordination between HVRP and their partner programs at AJCs, including a description of veterans' co-enrollment in HVRP and DOL-funded programs located at the AJC.

In terms of housing services, Supportive Services for Veteran Families (SSVF) was considered a strong partner by the most grantees (72 percent), followed by the Grant and Per Diem Program (GPD) (54 percent). Almost half of grantees (48 percent) identified HUD-VASH as a main partner, and about one-third of grantees indicated that VA medical centers were a major partner. As described below, site visit grantees also said that SSVF was an important and complementary partner.

Figure II.2. HVRP grantees' perceptions of the strength of their partnerships



Source: 2020 HVRP grantee survey, question E1: “To what extent do you consider each of the following a partner to your HVRP program, including any that you subcontract with or that is part of your grantee organization? A “moderate partner” is one that you work with but is not considered critical to your program’s overall success. A “strong partner” is one that is considered critical to the success of your program.”

Note: Sample includes 147 grantees.

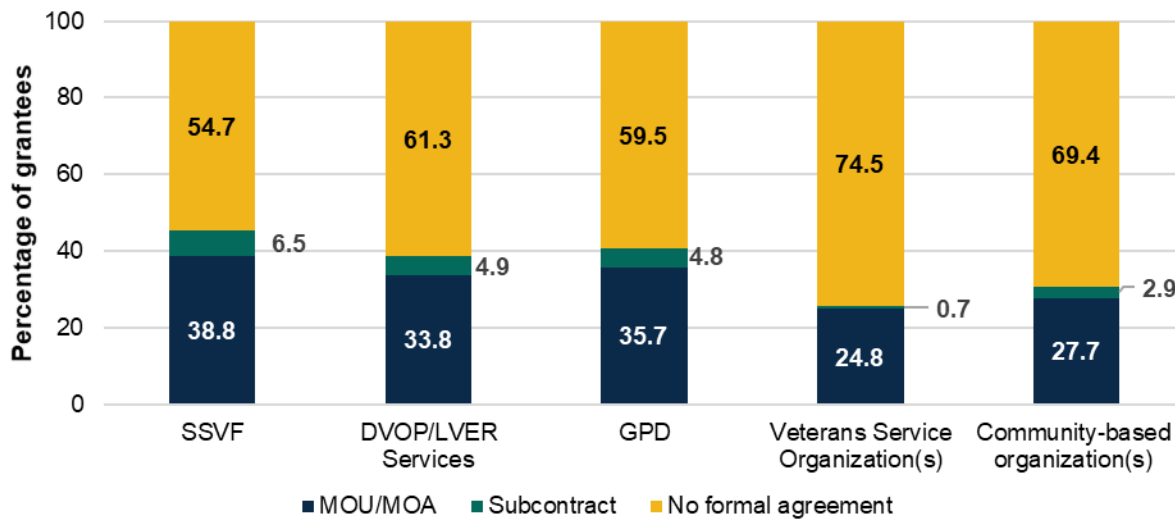
DVOP = Disabled Veterans’ Outreach Program; GPD = Grant Per Diem Program; HUD-VASH = U.S. Department of Housing and Urban Development-U.S. Department of Veterans Affairs Supportive Housing; HVRP = Homeless Veterans’ Reintegration Program; LVER = Local Veterans’ Employment Representative; SSVF = Supportive Services for Veteran Families; VA = U.S. Department of Veterans Affairs; WIOA = Workforce Innovation and Opportunity Act.

Grantees reported that their main partners supported HVRP by referring veterans to and receiving referrals from HVRP, although they often did not have formal agreements for these relationships.

In addition to reporting on the strength of partnerships, grantees were asked to identify their three main partners in the grantee survey. The five most frequently reported main partners were (1) SSVF, (2) JVSG’s DVOP and LVER services, (3) GPD, (4) Veterans Service Organizations, and (5) community-based organizations. Figure II.3 illustrates the percentage of grantees that had a memorandum of understanding (MOU), a subcontract, or no formal agreement with these five partners. Over 50 percent of grantees did not report formal agreements with any of their partners. However, almost half of grantees that reported SSVF as a main partner also reported having an MOU or subcontract with that program (45 percent). Grantee survey respondents also reported that these five main partners commonly referred participants to and received referrals from HVRP (see Appendix B, Table B.1). Some partners provided

more specialized supports, such as housing assistance through SSVF and employment services through DVOP and LVER services (see Appendix B, Table B.1).

Figure II.3. HVRP grantees' formal agreements with their main partners



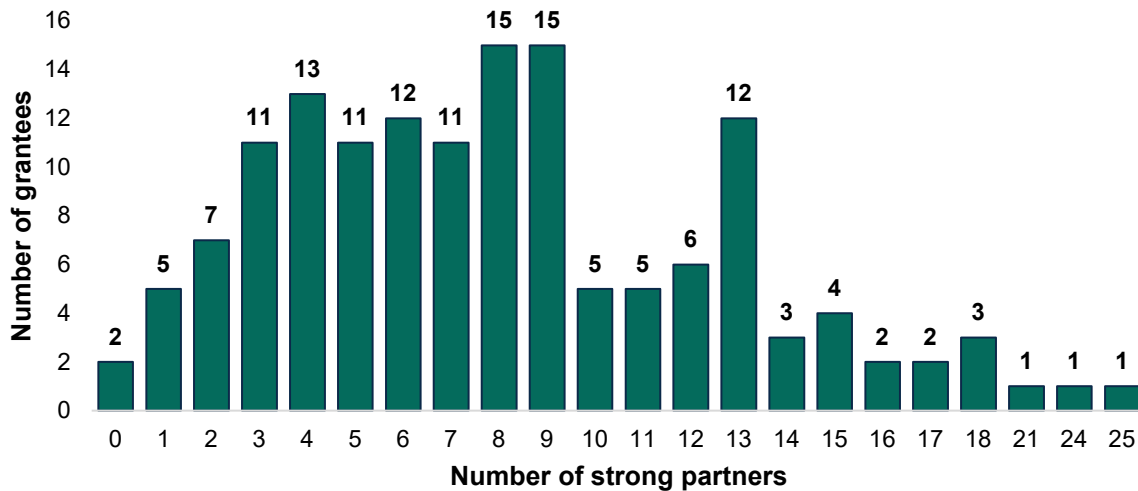
Source: 2020 HVRP grantee survey, question E2: “[Among the partners selected in E1] with which of the partners do you have a formal memorandum of understanding [MOU]/memorandum of agreement [MOA] or subcontract?”

Note: Sample includes grantees that reported the partner as either a moderate or strong partner. SSVF: 140; DVOP/LVER services: 142; Grant and Per Diem: 126; Veterans Service Organization(s): 143; community-based organizations: 138.

DVOP = Disabled Veterans’ Outreach Program; GPD = Grant Per Diem Program; HVRP = Homeless Veterans’ Reintegration Program; LVER = Local Veterans’ Employment Representative; MOU/MOA = memorandum of understanding/memorandum of agreement; SSVF = Supportive Services for Veteran Families.

On average, grantee survey respondents reported eight strong partners per grantee, but grantee partnerships varied widely in quantity and perceived strength. According to the grantee survey, individual grantees reported strong partnerships with 0 to 25 partners (Figure II.4). The eight site visit grantees also reported a wide range of partnership experiences. For example, one grantee in a rural area had limited active partnerships at the time of the site visit, while a larger, statewide grantee had numerous partnerships. The small grantee, whose grant had lapsed before being reestablished in 2019, noted difficulties reestablishing relationships with partners due to the COVID-19 pandemic. As a result, only one in-house partner program (a program operated by the grantee organization) and one AJC informant participated in site visit interviews related to this grantee. Conversely, the larger grantee had held an HVRP grant for approximately 30 years and established over 20 partnerships across the wide geographic area its grant served. For this grantee, the study team limited the partners interviewed to those the grantee identified as their strongest partners; thus, 14 partners participated in interviews, including 7 informants representing 5 AJCs.

Figure II.4. Number of strong partnerships, as reported by HVRP grantees



Source: 2020 Grantee Survey, question E1: "To what extent do you consider each of the following a partner to your HVRP program, including any that you subcontract with or that is part of your grantee organization?"

Note: Sample includes 147 grantees

B. Employment-related service providers

HVRP is the only federal program focused on providing employment services to veterans experiencing homelessness. However, other federal programs also provide employment services that can support HVRP participants and other veterans. As described in the HVRP FOA, grantees can directly provide services such as job search assistance and training; however, they are also required to co-enroll participants in an AJC program through the public workforce system (U.S. Department of Labor 2016a, 2020b). In addition, grantees are encouraged to collaborate with other partners, such as vocational rehabilitation programs that promote employment for individuals with physical and mental health challenges. The FOA required grantees to provide training—either directly or through partner programs—to at least 80 percent of their planned participants.

Box II.1 describes employment and training services that are particularly relevant for veterans experiencing homelessness.¹⁰ Through the AJCs, veterans can access employment services, including case management, job search assistance, and training, through programs at the AJC, including the WIOA Adult and Dislocated Worker programs, Wagner-Peyser Employment Service, and JVSG’s DVOP and LVER services. Grantees can work with AJC partners to provide job training and development or to help find an appropriate job for a veteran’s skills and interests. These services are available to all veterans in the community, whether they are enrolled in HVRP or not. However, as mandated by the Jobs for Veterans Act, veterans and eligible spouses receive priority of service for all DOL-funded employment programs. In practice, this means that veterans and their spouses receive employment-related services

¹⁰ WIOA identified six core one-stop partners, including the Title I Adult, Dislocated Worker, and Youth Programs; the Title II Adult Education and Family Literacy Act; the Title III Wagner-Peyser Employment Service; and Title IV Vocational Rehabilitation. Additional programs, including Jobs for Veterans State Grants, were included as required one-stop partner programs.

before other individuals, or instead of other individuals if resources are limited (U.S. Department of Labor 2009).

1. Key employment services available through the public workforce system

Veterans can receive services through federal programs offered at the AJC regardless of HVRP participation. At the AJC, DVOP specialists focus on serving veterans with significant barriers to employment (U.S. Department of Labor 2015b, 2015c), including homelessness.

Site visit grantee informants reported that DVOP specialists were the primary point of contact between HVRP and AJC services. Informants from across the eight site visit communities described DVOP specialists as liaisons between HVRP and all other AJC programs. As further described in Chapter IV, in accordance with program guidance, each of the eight grantees reported having processes in place to enroll HVRP participants in at least one of the three AJC programs (U.S. Department of Labor 2016a). Grantees reported that the DVOP specialists typically made referrals to HVRP or served as the designated AJC staff to accept HVRP referrals.

DVOP specialists reported providing veterans with services similar to those provided through HVRP. To help develop individual employment plans (IEP) for veterans, DVOP specialists in five communities noted that they tried to learn about their veteran customers' personal history, such as background and family life, and their barriers to employment, such as criminal charges and service-connected disabilities. The IEP described the employment activities and other types of referrals that can support the veteran. Based on the determination of need, the DVOP specialist then connected the veteran with employment services offered at the AJC to help with job-readiness, including workshops, resume assistance, job searching, and computer skills.

DVOP specialists reported engaging with veterans for varied lengths of time, depending on the individual veteran's needs. For example, DVOP specialists in two communities reported that, typically, a veteran would remain on their caseload for six months. However, one of these DVOP specialists described decreasing contact intensity over a period that could last up to two years, and one said there was no limit on the amount of time a veteran could remain on a DVOP specialist's caseload.

To address barriers to employment, DVOP specialists reported that, in addition to HVRP, they also referred veterans to other community partners. Informants noted that they referred veterans to programs such as SSVF and the VA if there was a need for housing assistance. (See Box II.2 for descriptions of veteran housing programs.) A DVOP specialist from one community added that they would refer a veteran in need of health care or mental health support to the VA.

Informants from half of the site visit communities believed veterans benefited from strong relationships between the HVRP and AJC programs. In half of the site visit communities, grantee and AJC informants believed the strong collaboration between their programs benefited veterans experiencing homelessness. In these four communities, informants from both the HVRP grantee and the AJC described a high level of collaboration between their programs. They noted that

both agencies prioritized the partnership and have sought ways to improve communication and share information—especially during the COVID-19 pandemic—to provide timely and individualized services

“I would say our relationship specific to HVRP is symbiotic. The DVOP [specialist] would not be able to solve those barriers without the HVRP dollars. And even those dollars won't solve everything, because they can't be used to pay for housing or deposits. So we have to work with other community partners to reach a successful outcome.”

- AJC partner

to veterans. Of these four communities, three had facilities where DVOP and HVRP staff were co-located, further integrating services, facilitating communication, and creating an environment where veterans do not need to seek assistance from agencies and individuals in multiple locations. One of these agencies operated both HVRP and the WIOA Title I Adult and Dislocated Workers programs. However, informants from other grantee communities noted challenges in this partnership, mostly involving HVRP enrollment procedures for AJC programs. These challenges are further discussed in Chapter IV.

Box II.1. Key employment services for veterans experiencing homelessness

- 1. Adult and Dislocated Worker Programs (WIOA Title I):** Administered by DOL's Employment and Training Administration (ETA), the WIOA Adult Program provides individualized career and training services, with priority of service to individuals with low incomes and who lack basic skills. The WIOA Dislocated Worker Program helps workers dislocated by job loss or transitions in economic sectors overcome barriers to employment and find new job opportunities.
- 2. Wagner-Peyser Employment Service (WIOA Title III):** Administered by ETA, the Employment Service offers job seekers assistance with job searches, job referrals, and job placement. It supports employers by developing job order requirements, organizing job fairs, and helping to match job seekers with jobs requiring their skills.
- 3. Jobs for Veterans State Grants (JVSG):** Administered by DOL VETS, JVSG allocates grants to states that fund three staff positions for veterans at AJCs.^a
 - *Disabled Veterans' Outreach Program (DVOP)* specialists provide case management and other employment assistance to eligible veterans. They focus on serving veterans with disabilities and other veterans facing barriers to employment.^b
 - *Local Veterans' Employment Representatives (LVERs)* conduct outreach to employers on behalf of veteran customers and work with DVOP specialists and other AJC staff to help veterans find employment.
 - *Consolidated DVOP/LVER Position* staff perform the duties of both a DVOP specialist and an LVER.
- 4. Homeless Veteran Community Employment Services (HVCES):** Administered by the VA, HVCES provides most VA medical centers with Community Employment Coordinators (CECs) to improve employment outcomes for veterans either experiencing or at risk of homelessness. CECs collaborate with VA partners, local community organizations, and employers that can hire veterans.
- 5. Veteran Readiness and Employment (Chapter 31 or VR&E):** Administered by the VA, VR&E was formerly called Vocational Rehabilitation and Employment. It provides multiple support-and-services tracks for veterans with service-connected disabilities that impact their ability to work. Services offered include assistance with: reemployment, rapid access to employment, self-employment, employment through long-term services (for example, professional or vocational education and training), and independent living.
- 6. Compensated Work Therapy (CWT):** Administered by the VA, CWT is a clinical, vocational rehabilitation program offered at every VA medical center. It provides intensive supports to help veterans living with a mental illness or physical impairment obtain and maintain community-based competitive employment. Services are provided in partnership with business, industry, and government agencies.

Sources: Jobs for Veterans State Grants: available at <https://www.dol.gov/agencies/vets/programs/grants/state/jvsg>; Workforce Innovation and Opportunity Act: available at <https://www.dol.gov/agencies/eta/wioa>; U.S. Department of Veterans Affairs Homeless Programs: available at <https://www.va.gov/homeless/hchv.asp>; Veteran Readiness and Employment: available at <https://www.va.gov/careers-employment/vocational-rehabilitation/>; Veterans Health Administration: available at <https://www.va.gov/HEALTH/cwt/veterans.asp>. ▲

^a JVSG is authorized under Title 38, United States Code, Section 4102A (b) 5 (38 U.S.C. §4102A(b)5). Funding for most state workforce agencies is determined by a ratio reflecting the total number of resident veterans seeking employment in that state to the total number of veterans seeking employment in all states.

^b DOL issued guidance in 2014 directing DVOP specialists to provide employment services only to those veterans and eligible spouses and caregivers who attest to having at least one of the six significant barriers to employment (U.S. Department of Labor 2014). Because one of these six barriers is homelessness (U.S. Department of Labor 2015b, U.S. Department of Labor 2015c), veterans who identify as homeless when seeking AJC services qualify for DVOP services.

Based on site visit data collection, grantee partnerships with AJCs were observed to be influenced by other employment services available in their communities. For example, in addition to HVRP funding, one grantee received supplemental funding for employment and training services through a state grant as well as additional funds from a local company. These combined funds allowed the grantee to provide a suite of employment services to HVRP participants. One veteran in this community noted that there was no need to go to any other providers because of the employment services this grantee offered. Conversely, another grantee’s HVRP was embedded in a group of employment services funded by WIOA and JVSG, including a co-located DVOP specialist. At the time of the site visit, HVRP funds were not used for case management in that community because the relevant role was unfilled. Instead, staff from other DOL funding streams provided case management services.

Resolving partnership challenges resulting from the COVID-19 pandemic

All of the site visit grantees noted that the shift to remote work at the start of the COVID-19 pandemic adversely affected partnerships between HVRP and the AJC. Common processes that had occurred through face-to-face interactions before the pandemic—such as in-person referrals—were no longer possible. Communication between AJC and HVRP staff was also interrupted. However, these challenges improved by the time of the site visits. For example, AJC and HVRP staff in two communities noted that, although they were unable to communicate about participants at the start of the pandemic, they had since established new processes for communication when staff were not physically working in their offices. However, developing and implementing these new processes took several months.

2. Key employment services available through the U.S. Department of Veterans Affairs, community-based organizations, and Veterans Service Organizations

The U.S. Department of Veterans Affairs (VA) also offers employment-related services and supports, as described in Box II.1. Through the VA’s Homeless Veterans Community Employment Services, Community Employment Coordinators (CECs) can connect veterans to employment resources and employers in the community. The CECs collaborate with both VA partners, such as vocation rehabilitation programs, and non-VA partners, such as the AJC and HVRP. Local community-based providers may also offer employment-related services.

Six site visit grantees partnered with programs offering employment services like those available from HVRP and the AJC. In three of these communities, the HVRP grantee was a veteran-serving agency, which, along with its HVRP grant services, provided similar employment supports to veterans through internal partner programs. Two of these three grantee agencies operated programs involving outreach and employer partnerships to help place veterans in jobs. For example, in one of these grantee agencies, outreach focused on the broader veteran population, not just those eligible for HVRP. However, an informant from that grantee agency remarked that the work can be synergistic, noting that outreach for veteran employment in general also “builds bridges” for those participating in HVRP. According to informants, HVRP participants might be eligible for additional services the third grantee agency offered, which provided emergency financial relief as well as education, training, and employment assistance.

“I work with local organizations that assist veterans with their housing but also with employment. But they also refer them to me as well because you can never have too many people looking out for you when it comes to that.”

- AJC informant

In three other communities, site visit grantees mentioned external partnerships with community organizations that provide employment-related services. For example, in one community, a grantee

informant explained that they referred veterans to the VA for employment supports, including education and training. The VA partner in that community confirmed this relationship, noting that the VA partner offered services that could be appropriate for an HVRP participant, such as compensated work therapy (CWT) to help veterans with a disability gain work experience.

Veterans' perspectives: VA and community-based employment services

Grantees did not generally report a VA partnership for employment services; however, 27 of the 54 HVRP participants interviewed mentioned receiving employment services through the VA. Ten of the veterans interviewed said they participated in CWT or other vocational rehabilitation services through the VA. Those who participated in CWT said they worked at a hospital or a partner organization for six months and received a work stipend. Veterans did not frequently mention the VA's other employment resources, which include education, training, and career planning, as well as programs specific to those experiencing barriers to employment (see Box II.1). For example, only two veterans in one grantee community reported working with a VA career counselor and participating in resume review and interview training. The VA also provides continuing education support for veterans with disability status; only two veterans mentioned receiving education stipends from the VA.

During in-depth interviews, few veterans mentioned receiving employment services outside of HVRP, the AJC, or the VA. Veterans who did receive additional services mentioned local and national organizations, among them Goodwill's training program, which offers employment services to people in the community. ▲

C. Housing assistance and HVRP partners

For veterans experiencing homelessness, housing supports are available through Continuums of Care (CoCs), coordinating and governance bodies for local homelessness response systems, and public and private homeless service providers. HVRP grantees also coordinate with housing programs designed specifically for veterans, such as SSVF, HUD-VASH, and GPD. Box II.2 briefly describes each of these programs.

Box II.2. Key housing supports for veterans experiencing homelessness

- 1. Supportive Services for Veteran Families (SSVF)** is primarily a short-term, rapid response housing program that focuses on homelessness prevention and rapid rehousing assistance. The VA administers SSVF through a competitive funding process.
- 2. The HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program** is a collaboration between the U.S. Department of Housing and Urban Development (HUD) and the VA. It combines housing vouchers with VA supportive services to help veterans and their families find and sustain permanent housing. HUD-VASH vouchers are allocated to jurisdictions based on a formula.
- 3. The Grant and Per Diem (GPD) Program** provides transitional housing and services until a veteran can find permanent housing. The VA administers GDP through a competitive grant funding process.

Sources: VA Homeless Programs. Available at <https://www.va.gov/homeless/gpd.asp> and <https://www.va.gov/homeless/hud-vash.asp>; Supportive Services for Veteran Families. Available at <https://www.va.gov/homeless/ssvf/ssvf-overview/>.

All site visit communities had a plan to end homelessness, but five noted a lack of affordable housing as a challenge. Grantee and partner staff shared that their local context influenced the housing services veterans in their community needed and received. In five communities, informants described a general lack of affordable housing stock as a challenge. The lack of suitable housing, or resources to pay for housing, was even more challenging for veterans with barriers, such as a disability. For veterans with a disability, the general housing stock did not address their needs for supportive health and social services. In addition, multiple HVRP partners, including CoC, housing programs, VA, and DVOP, expressed a greater need for permanent supportive housing programs in their community than for time-

Veterans' perspectives: Paths to homelessness

Of the 54 HVRP participants interviewed, 11 described destabilizing events or conditions in their personal lives that contributed to their job loss and homelessness. For example, four veterans stated that the mental health challenges they experienced after their time in the military made it difficult to get and maintain employment, and two veterans described events or situations at work that amplified the effects of their post-traumatic stress disorder (PTSD). Others described depression, paranoia, and anxiety that kept them from regularly attending work. Five veterans also mentioned physical health and age challenges. Other reported barriers to employment included conflicting personal responsibilities, difficulties navigating the job market, lack of access to documentation required for work, criminal citations, and insufficient access to transportation.

Generally, the veterans interviewed said that losing their job led to their loss of housing and their experience of homelessness, and they described co-occurring periods of unemployment and housing instability. Homelessness experiences varied among those interviewed. Not all veterans interviewed specified how long they experienced homelessness; the five veterans that did described homelessness periods lasting anywhere from a few weeks to 11 years. Most of the veterans interviewed experienced only one episode of homelessness; however, eight veterans described multiple occurrences of homelessness or periods that spanned several years.

Veterans reported living in tents, motels, shelters, and cars, as well as temporary stays with relatives and friends while experiencing homelessness. Four of the interviewed veterans worked while experiencing homelessness and, until they were able to find housing assistance, stayed in their cars or on friends' couches between shifts. Veterans reported various challenges to employment while experiencing homelessness, including navigating available services, accessing veteran benefits, and keeping a job while staying in a shelter, a car, or couch-hopping. ▲

limited housing assistance, such as GPD that provides two-years of support for veterans to transition to permanent housing.

Local CoCs led efforts to coordinate plans and strategies to end homelessness across different agencies. According to grantee and partner informants from the eight communities, each service area had a plan to end homelessness that included a target of functional zero for veteran homelessness; this is achieved when the area can quickly rehouse any veteran who becomes homeless. The CoCs' plans to end homelessness were reported to include strategies for data sharing, improving connections among partner agencies, and increasing the availability of permanent housing. Progress on ending veteran homelessness was measured by the number of veterans that remained homeless and the efficiency of placing them in housing.

"It's a snowball effect, and you lose your job, how are you going to pay bills, and if you can't pay your bills, where are you going to live?"

- HVRP participant

Site visit communities reported making strides in reducing the number of veterans experiencing homelessness. In six of the site visit communities, informants said progress had been made toward decreasing veteran homelessness. They credited HUD-VASH and SSVF for helping reduce veteran homelessness. Indeed, two communities included in the implementation study were among the locations the U.S. Interagency Council on Homelessness certified as having effectively ended veteran homelessness.¹¹ In addition, informants from partner agencies in all eight site visit communities noted that improved coordination among service providers and involvement with HVRP grantees helped address veteran homelessness.

¹¹See the USICH website for more information on the criteria used to certify that a location has ended homelessness as well as a full list of certified communities and states. Available at <https://www.usich.gov/communities-that-have-ended-homelessness>.

Site visit grantees reported varied levels of engagement with the broader homelessness response system.

The eight site visit grantees did not operate HVRP as a stand-alone program for veterans experiencing homelessness; HVRP was either embedded in a system of care or integrated into a larger organization that provided a continuum of services. All the grantee service areas contained a coordinated entry system, which is a federally required process to connect people experiencing homelessness to housing and assistance. Additionally, informants from four grantees reported that a representative from their grantee agency sat on the CoC board. According to one of these informants, the grantee’s service area contained an integrated veteran service provider working group; this working group held weekly case conferences to coordinate services. Key stakeholders from two other grantee agencies reported difficulty integrating veteran specific services into the CoC system because they did not have a strong relationship with the CoC. Information was not available for the other two grantees.

Use of the Homeless Management Information System (HMIS)

HMIS is an information management system used to track person-level data on housing and other services provided to individuals and families experiencing homelessness and those at risk of homelessness. CoCs determine which HMIS to use in their local community.

In addition to internal data collection, informants from seven communities noted that HMIS is widely used in the broader homeless service community. Five of the site visit grantees noted that they had access to HMIS within their organization, but they did not use it except to verify veterans’ homeless status or demographic information. All five of these grantees were housed within organizations that also administer other services, such as housing grants or counseling.

Among providers of housing and homelessness services, grantees commonly reported partnerships with programs that provided veterans with temporary housing assistance.

As shown in Figure II.2, survey respondents reported strong partnerships with two VA housing programs: (1) SSVF (72 percent), which provides rapid rehousing assistance, and (2) GPD (54 percent), which provides transitional housing and housing assistance. All eight site visit grantees also indicated that they partnered with one or both of these programs more often than with other community housing providers; these partnerships occurred with both a grantee’s in-house programs and those operated by external organizations:

- Five of the eight grantees partnered with at least one in-house GPD or SSVF program.
- Four partnered with at least one external GPD or SSVF program.

Site visit grantees observed that SSVF in particular was complementary to HVRP. The three grantee agencies that provided housing assistance through in-house SSVF partnerships supported the idea that SSVF and HVRP are complementary programs; one of these grantee informants stated that it would be “difficult to have one without the other,” and another estimated that 90 percent of their HVRP participants were co-enrolled in SSVF. These findings support those from a 2017 report, which described how dual grant-holders could enroll veterans in both HVRP and SSVF almost simultaneously and use resources from both to address a range of veterans’ housing and employment needs (Rio and Borden 2017).

Site visit grantees did not typically name permanent housing support providers as main program partners. Only one site visit informant specifically mentioned HUD-VASH as a partner, and that grantee was co-located with SSVF and HUD-VASH services at a facility serving veterans. Although HVRP grantees did not specifically highlight partnerships with HUD-VASH, veterans interviewed for the implementation study reported being housed by HUD-VASH (see box on next page).

Veterans' perspectives: Housing assistance and HVRP

Housing was the most frequently mentioned non-HVRP service veterans reported receiving from grantee agencies. Of the 54 veterans interviewed, 17 were referred to the grantee agency to access housing through another program the agency offered (for example, SSVF or GPD). These veterans reported enrolling in HVRP employment services after receiving housing. Of the 54 veterans interviewed, 15 reported receiving their permanent supportive housing through the VA (HUD-VASH). When asked about their housing satisfaction, one veteran enrolled in HUD-VASH stated, "Sometimes I can't tell people how happy I am because I don't [want to] lose it, but hey, I'm living like a king up in this camp, and I'm very thankful."

Nine veterans received transitional housing while enrolled in HVRP, either through the grantee agency or through a referral to a housing partner. Seven of these veterans did not specify where they were co-enrolled; however, two of these veterans said their housing was associated with enrollment in the GPD program.▲

Site visit informants from the eight site visit grantees mentioned other types of emergency and transitional housing organizations as HVRP partners. These community partners included community-based housing organizations, faith-based organizations, and local shelters. For example, one community partner that operated transitional housing explained that they have incorporated HVRP into their orientation for veterans; they encouraged unemployed or underemployed veterans to enroll in HVRP within 30 days of admission. These same veterans were also expected to enroll in SSVF.

Effects of the COVID-19 pandemic on veterans' housing stability

During the COVID-19 pandemic, communities across the country used funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Federal Emergency Management Agency (FEMA) to shelter individuals experiencing homelessness in hotels and motels (Batko et al. forthcoming). At the beginning of the pandemic, communities' immediate focus shifted to safety and the provision of low-barrier and non-congregate shelter for medically vulnerable individuals, including veterans and other populations. Activities allowed under SSVF were changed so the program could pay for safe, temporary housing for veterans (U.S. Department of Veterans Affairs 2020). Despite this increased ability to fund temporary shelter options, informants from three site visit communities noted that the moratorium on evictions established during the pandemic meant that available permanent housing was now more limited and therefore even more difficult to obtain. In addition, COVID-19 led to job losses (U.S. Bureau of Labor Statistics n.d.). In all eight communities, informants observed that the job market tightened and hiring freezes contributed to diminished job availability or reduced hours. One informant noted that the accrual of rent debt would lead to a "tsunami" of rent assistance requests when the eviction moratorium ended.▲

D. Health and mental health partners

The most prominent resource available to address veterans' health and mental health needs is the VA, which provides a wide array of health care services and other benefits to veterans, including HVRP participants. VA medical centers, veteran community centers, and mental health agencies provide services for physical health, behavioral health, trauma, and substance use (Box II.3). Community-based organizations may also provide mental health and substance use counseling to veterans. HVRP grantees work with VA programs and other community partners to support veterans' health and mental health.

In addition to partnering with VA programs to address veterans' housing needs, informants from half of the HVRP site visit communities described other ways HVRP and the VA collaborated to address veterans' health and mental health needs. In three of these four communities, VA partners representing the Health Care for Homeless Veterans (HCHV) Program or the VA's employment services participated in interviews for the study. In two of these four communities, grantee informants said they would refer a veteran to the VA for medical or mental health needs if that individual was not already connected with VA services. In one of these two communities, a VA partner described its role as

Box II.3. Key VA physical and mental health supports for veterans experiencing homelessness

1. **The Health Care for Homeless Veterans Program** offers outreach, exams, treatment, referrals, and case management at more than 135 sites for veterans experiencing homelessness.
2. **The Domiciliary Care for Homeless Veterans Program** provides clinical rehabilitation and treatment in a residential setting.
3. **The Substance Use Disorder Treatment Enhancement Initiative** provides substance use services in the community.
4. **The Readjustment Counseling Service's Vet Center** programs help identify veterans experiencing homelessness and match them with services.

Sources: U.S. Department of Veterans Affairs Homeless Programs. Available at <https://www.va.gov/homeless/hchv.asp>, <https://www.va.gov/homeless/dchv.asp>, and https://www.va.gov/homeless/for_homeless_veterans.asp.

identifying and referring veterans to appropriate community services, such as HVRP, and serving as an HVRP resource for housing connections (for example, HUD-VASH). Grantees or VA partners from two of these communities also noted that they communicated about individuals they both served. However, in one community, information flowed strictly from HVRP to the VA because of VA confidentiality restrictions.

Regardless of whether a grantee specifically mentioned a VA partnership, informants from six site visit communities noted that veterans frequently received VA health services. For example, in one community, a housing partner said that veterans had a health assessment prior to admission into transitional housing and, thus, before a referral to HVRP.

Veterans' perspectives: Accessing VA health services

Of the 54 veterans interviewed, 8 reported seeking health services through the VA. Reasons given for visiting the VA included: disability assessment, rehabilitation services, mental health treatment and counseling services, dental services, physician checkups, and surgery. Six of these veterans were satisfied with VA services and benefits, although two expressed concerns with long wait times for benefits and inefficiencies in scheduling appointments, especially during the pandemic.▲

Five site visit grantees drew on mental health and substance abuse services from internal and external partners. In five site visit communities, grantees had in-house programs that help address veterans' mental and behavioral health needs. For example, one grantee was a community mental health agency; it provided medication and residential treatment as well as community-based skill-building workshops. Another grantee agency offered an internal rehabilitation program for substance use disorders, but it referred veterans with more severe needs to the VA. Grantees in two other communities offered mental health counseling. One grantee noted that, beyond its own internal supports, it partnered with a community organization to help veterans struggling with substance abuse and mental health issues.

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III. HVRP Design and Services

Veterans were initially identified for HVRP participation through the program’s outreach and partner referrals. Following a determination of eligibility and enrollment, veterans received employment services and other case management support to help them find and maintain jobs before exiting the program. This chapter examines veterans’ engagement with HVRP staff during three critical stages of the HVRP model: (1) outreach and referral, (2) eligibility determination and enrollment, and (3) case management (shown in blue in Figure III.1). The employment services HVRP provided directly or in coordination with HVRP partners are discussed in Chapter IV.

Figure III.1. HVRP participants’ progression through services



Note: The steps in blue are discussed in this chapter. The steps in green are discussed in Chapter IV.

Source: Authors’ synthesis based on the grantee survey and site visits.

HVRP = Homeless Veterans’ Reintegration Program.

Summary of findings

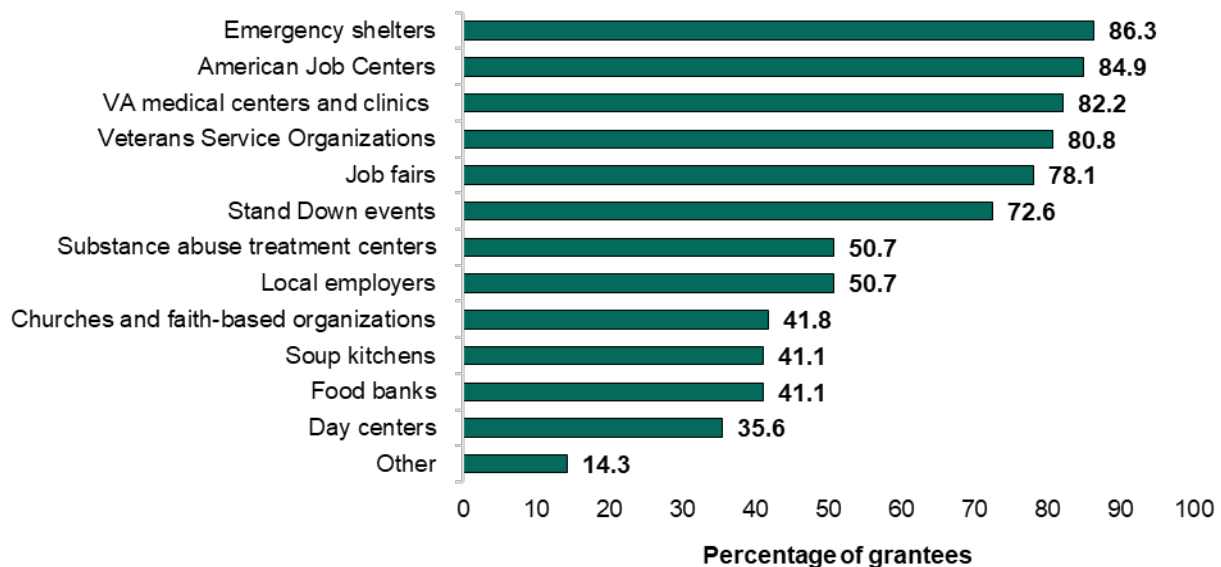
- According to grantee survey respondents and site visit informants, SSVF and GPD were important HVRP referral sources; over half of grantee survey respondents indicated one of these programs as a main referral source.
- Grantee survey respondents, site visit informants, and interviewed veterans all described similar processes that began with an assessment of eligibility and work readiness, followed by identification of employment and other needs, and then the provision of relevant services and referrals.
- Grantee survey respondents and site visit grantees attributed veterans’ non-enrollment in HVRP to challenges veterans face. Grantee survey respondents reported non-enrollment due to mental health and substance abuse (37 percent), loss of contact with the veteran (32 percent), and lack of interest in employment (31 percent). Similarly, site visit grantees perceived that veterans did not enroll because they were not interested in employment or faced employment barriers.
- All grantee survey respondents and site visit grantees reported using a case management approach to help veterans get jobs and access community services that support efforts to reenter the workforce and maintain employment. The most commonly reported referrals were for mental health and substance abuse treatment, medical care, and permanent housing. Veterans interviewed generally appreciated their relationships with their case managers. ▲

A. Referral sources and outreach strategies

Grantee survey respondents and site visit grantees described a combination of outreach and referrals to identify veterans who were eligible for and likely to benefit from HVRP. Typically, grantees identified potentially eligible veterans through (1) referrals from other agencies and (2) outreach and recruitment in locations where there were likely to be veterans experiencing homelessness. The main sources for HVRP recruitment could differ based on local context and grantees’ relationships with other organizations. Looking at larger trends from the experiences of both survey respondents and site visit grantees can offer insights on the ways grantees are reaching potential participants.

The grantee survey indicated that HVRP grantees relied on multiple sources to identify eligible candidates for HVRP services and that SSVF and transitional housing programs were especially important referral sources. Grantee survey respondents reported that they recruited veterans from both veteran-specific programs and from services available to the general population (Figure III.2). The most widely reported sources (cited by more than 70 percent of grantee respondents) included emergency shelters, AJCs, VA medical centers and clinics, Veterans Service Organizations (VSOs), job fairs, and Stand Down events (one- to three-day events that bring veterans and community agencies together to connect veterans with services). Fewer grantees reported recruiting participants from other sources, such as local employers (51 percent), substance abuse treatment centers (51 percent), churches or faith-based organizations (42 percent), and food banks (41 percent). About 14 percent of grantees wrote in other sources for recruiting veterans experiencing or at risk of homelessness. For example, 7 grantees indicated they recruited veterans from jails, prisons, or detention centers, and 6 grantees noted they recruited veterans from other community partners and social service organizations.

Figure III.2. HVRP grantees recruited potential participants from multiple sources



Source: 2020 Grantee Survey, question A7: “From which of the following do you recruit homeless veterans for your HVRP program?”

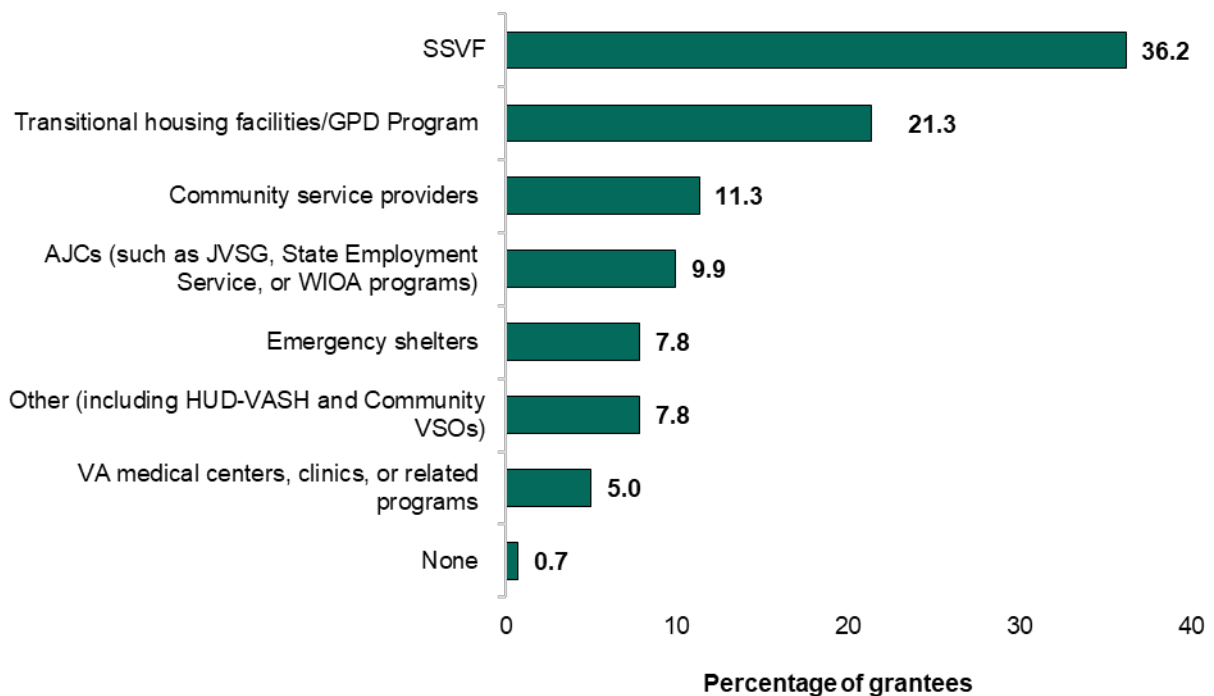
Note: Respondents could select multiple responses; percentages do not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program; VA = U.S. Department of Veterans Affairs.

When grantees were asked to identify their top three sources for recruiting the most HVRP participants, more than half of respondents named VA medical centers and clinics (61 percent), emergency shelters (58 percent), and VSOs (54 percent) (Appendix B, Table B.2). Half of grantees (50 percent) also reported AJCs as one of the top sources for recruiting the most participants.

In addition to actively recruiting veterans for HVRP, grantees received referrals from partner programs, which were often the housing partners described in Chapter II. In PY 2020, 36 percent and 21 percent of grantees, respectively, reported SSVF and GPD as their main referral sources (Figure III.3). Community service providers were the third most common referral source (11 percent).

Figure III.3. HVRP grantees' main referral source



Source: 2020 Grantee Survey, question A5: "In the current program year, what has been your main source of referrals for [your HVRP program]?"

Note: Sample includes 141 responses from the 147 grantees that participated in the survey.

AJC = American Job Center; GPD = Grant and Per Diem Program; HUD-VASH = U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing; HVRP = Homeless Veterans' Reintegration Program; JVSG = Jobs for Veterans State Grants; SSVF = Supportive Services for Veteran Families; VSO = Veterans Service Organizations; VA = U.S. Department of Veterans Affairs.

Site visit grantees reached out to a broad population of veterans

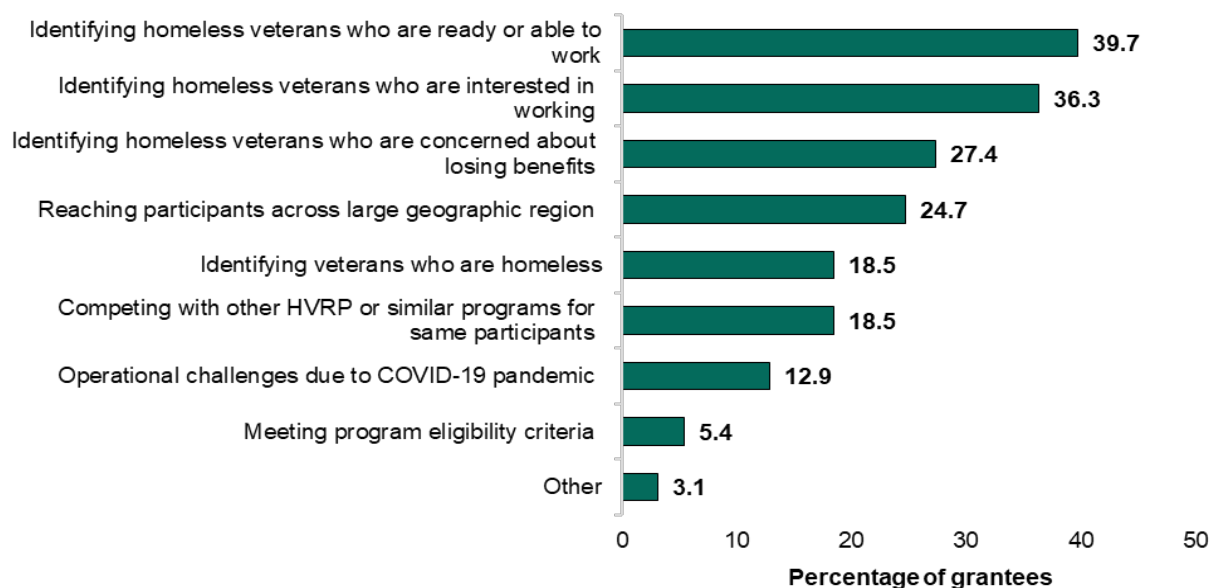
None of the site visit grantees reported focusing their recruitment on specific populations of HVRP-eligible veterans. However, two of the eight site visit grantees noted that the majority of their participants were males older than 50. Grantee informants reported that these participants often sought part-time work to supplement their Supplemental Security Income (SSI) benefits. A third grantee reported serving many previously incarcerated veterans and noted that this status affected veterans' job options.▲

According to the grantee survey, about half of grantees (48 percent) focused their outreach on veteran groups that were considered more vulnerable, such as justice-involved veterans and minorities (not shown). For example, about one-third of all grantees focused their recruitment efforts on justice-involved veterans, and one-third focused on female veterans. Among the 70 grantees that focused their outreach on specific veteran groups, 29

percent focused on just one group, 14 percent focused on two groups, and the remaining 57 percent focused on three or more groups.

The most common challenges grantees faced for enrolling veterans to HVRP were identifying veterans experiencing homelessness who were ready or able to work (40 percent) and who were interested in working (36 percent) (Figure III.4). Another challenge was concern among potentially eligible veterans that they would lose benefits (Supplemental Security Income, Social Security Disability Insurance, or veteran benefits) if they found employment (27 percent). One-fourth of grantee respondents (25 percent), presumably those covering a large service area, also reported difficulty reaching participants across a large geographic region. In the open-ended response, 13 percent of grantee respondents noted that the COVID-19 pandemic contributed to the challenges of enrolling veterans in the program.

Figure III.4. Major challenges HVRP grantees reported for enrolling homeless veterans



Source: 2020 Grantee Survey, question A9: "To what extent is each of the following a challenge in enrolling a sufficient number of homeless veterans into HVRP?"

Note: Respondents could select multiple responses, so percentages do not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans' Reintegration Program.

Effects of the COVID-19 pandemic on recruitment and enrollment

The COVID-19 pandemic forced site visit grantees to adapt their recruitment and enrollment processes, and five site visit grantees explicitly reported challenges with reaching enrollment goals as a result. In addition, as processes largely shifted from in-person to virtual modes, grantee informants noted three enrollment challenges:

1. Seven grantees commented that it was difficult to engage with participants who often had limited or unreliable phone and email access.
2. Five grantees noted that building a trusting relationship with the veteran was a crucial part of the enrollment process, and this was much more difficult without the ability to meet face-to-face.
3. Two grantees reported difficulties obtaining relevant documents, such as the U.S. Department of Defense discharge from active duty form (the DD214) and identification, due to government agency delays and additional barriers caused by COVID-19.

Informants from all site visit grantees also reported challenges receiving referrals because of COVID-19. They attributed this challenge, at least in part, to the difficulty of maintaining relationships with partner agencies while working virtually. Staff from three site visit grantees noted that partner organizations were also dealing with their own challenges in adapting to remote work and limited staff capacity, posing challenges to the referral process.▲

Site visit grantees described a variety of approaches that in-house and external partners could use to identify and refer potential participants to HVRP. Informants from the eight site visit grantees reported multiple referral sources, including partner organizations such as the local VA, the AJC, or groups that provide housing for veterans. Five site visit grantees also operated partner programs, such as SSVF or GPD, which were important referral sources for HVRP. In four of these five communities, grantee informants said that referrals typically went from the housing program to HVRP through a collaborative process among involving staff from each program. For example, one HVRP grantee agency also held a GPD grant, which was operated out of the same facility as HVRP. Informants representing both programs reported that, at intake, the GPD case manager determined whether a veteran was interested in employment, and, if so, that veteran could easily enroll in HVRP due to their co-location. In that community, HVRP staff also reported that they held case conference meetings with their internal SSVF partner to coordinate services for their common participants.

The site visit grantees described different strategies for working with their partners to identify and refer veterans to HVRP. Examples of these strategies, as reported by informants across the eight site visit grantees, included the following:

- Partner agencies of five site visit grantees included specific questions in their intake processes to help indicate whether a participant might be suitable for HVRP. For example, veterans would be referred to HVRP if they expressed an interest in employment or if they indicated that they were or were at risk of experiencing homelessness.
- A different set of five grantees provided their partner agencies with referral forms to complete to provide the HVRP grantee with information about the referred veterans.
- Three of the eight site visit grantees explicitly mentioned that they provided partner agencies with informational flyers or trainings about the HVRP program.
- For seven of the site visit grantees, most referrals were warm handoffs, where the partner organization directly connected the veteran to HVRP and made an introduction to the grantee case manager.
- One grantee reported receiving most of its referrals through a veteran provider working group that held weekly case conferences. Because of the interconnected nature of the referral process, these agencies worked together to discuss veterans, what needs they had, and which agency could best serve them.

Informants from five site visit grantees said that strong relationships between the grantee and partner agencies were critical for a successful referral process, and they noted that such relationships were created through clear communication and established roles and procedures. They also reported that these relationships allowed for expeditious handling of referrals and open communication about participants. However, partner agencies of two of these five grantees noted that they have had some difficulty establishing clear lines of communication with the grantee, and responses to their referrals had been slow.

Veterans' perspectives: Pathways to HVRP

Veterans most frequently mentioned receiving a direct referral to HVRP from a VA representative or case worker. Of the 54 HVRP participants interviewed, 22 said they were referred to HVRP by a VA representative, and 9 said they were referred by other service providers, such as a nearby shelter. Another common pathway to HVRP was through co-enrollment in HVRP and housing services provided by the same agency; 17 veterans said they came to the grantee agency seeking housing services. Six of the veterans interviewed learned about HVRP through word of mouth from other veterans receiving services or from friends or family. Two veterans found HVRP through their own research, and one veteran learned about HVRP after calling 411 for assistance. ▲

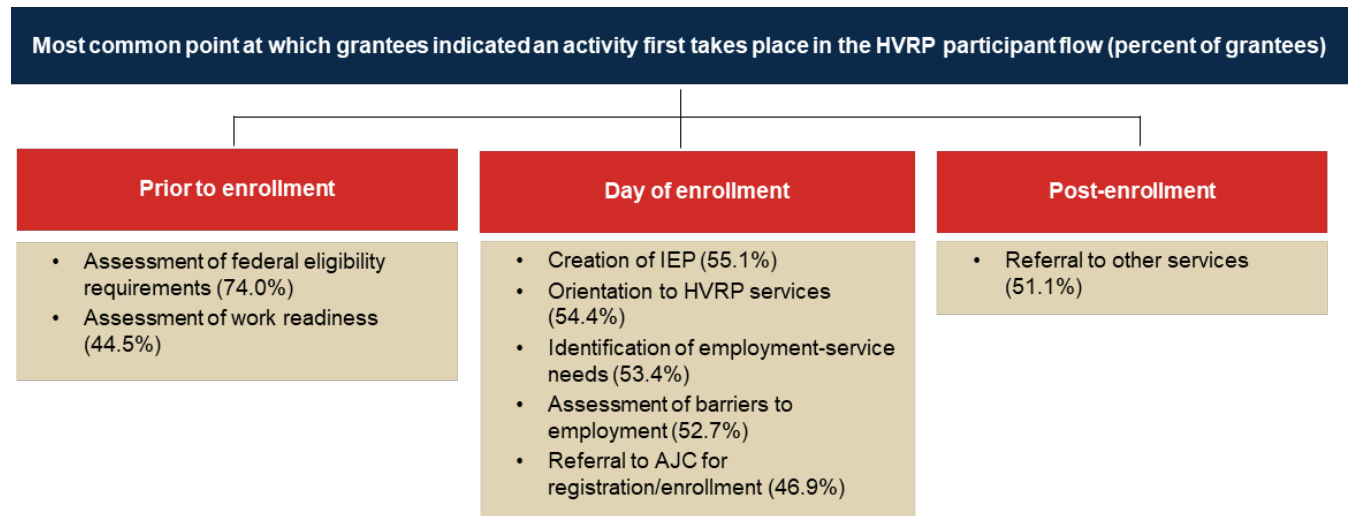
B. HVRP eligibility and enrollment

After veterans connected with the grantee, HVRP staff worked with them to determine whether they met the program's eligibility criteria and, if they did, then enrolled them in the program. As described in Chapter I, HVRP staff must determine whether a veteran meets program eligibility requirements, including whether they (1) served at least one day of active duty and had a discharge other than dishonorable as verified on their discharge papers (DD214) and (2) were homeless or at risk of homelessness in the next 60 days. HVRP grantees were also encouraged to assess whether the potential enrollee would benefit from employment services.¹²

The grantee survey and the site visit findings illustrated the processes by which grantees assessed potential participants for eligibility and work readiness, identified their employment requirements and other needs, and provided appropriate services and referrals. Figure III.5 outlines the HVRP process and indicates where in that process the largest percentage of grantee survey respondents indicated a particular enrollment or assessment activity took place. During the pre-enrollment period, 74 percent of grantees said they assessed veterans for federal eligibility requirements, and 45 percent said they assessed them for work readiness. On the day of enrollment, 55 percent of grantees said they created an IEP with veterans, 54 percent provided an orientation to HVRP services, 53 percent identified veterans' needs for employment services, 53 percent assessed barriers to employment, and 47 percent made referrals to AJCs for registration or enrollment. During the post-enrollment period, 51 percent of grantees reported that they referred participants to other support services.

¹² National Veterans' Technical Assistance Center. "HVRP Eligibility Changes: Frequently Asked Questions (FAQs)." Available at <https://nvtac.org/wp-content/uploads/2020/01/HVRP-Eligibility-FAQs-01172020-508-Compliant.pdf>.

Figure III.5. Enrollment pathway and most common point when key HVRP enrollment activities occurred



Source: 2020 Grantee Survey, question B3: “Typically, at what point in the HVRP participant flow does each activity first take place?”

Note: Sample includes 147 grantees.

AJC = American Job Center; HVRP = Homeless Veterans’ Reintegration Program; IEP = individual employment plan.

Over 60 percent of grantee survey respondents reported conducting an interest inventory at or after enrollment (Table III.1). Grantees conducted a test of basic skills less frequently; over half of respondents reported that they did not assess basic skills before or after enrollment.

Table III.1. Assessments administered to HVRP participants

	Percentage of grantees		
	Prior to enrollment	At/after enrollment	Not used
Test of basic skills, like WorkKeys or TABE	6.1	36.0	57.1
Interest inventory, like O*NET Interest Profiler or Career Key	6.8	68.0	23.8

Source: 2020 Grantee Survey, question B4: “When are the following types of assessments administered to participants?”

Note: Respondents could select “prior to enrollment” and “at/after enrollment” for each type of assessment so percentages do not add up to 100 percent. Sample includes 147 grantees.

TABE = Tests of Adult Basic Education.

Site visit informants reported a process for determining eligibility and enrolling veterans similar to that described in the grantee survey findings. Site visit grantees first confirmed a veteran’s eligibility; they collected their DD214, identifying the veteran’s condition of discharge, and any other relevant documents. All grantees and some referring agencies described a process for screening participants for job readiness or interest in pursuing employment or training. After eligibility was determined, grant staff at all eight site visit grantees’ programs walked veterans through program expectations and completed an IEP.

In the in-depth interviews, veterans shared their motivations for participating in HVRP and their enrollment experiences (see box on next page). One veteran’s journey from the military to HVRP is illustrated in Figure III.6.

Figure III.6. One veteran’s journey from joining the military to participating in HVRP



HVRP participant: “Michael”

Participant sentiments					
<p><i>“I couldn’t find work... I had to do something, so I joined the Army.”</i></p>	<p><i>“My runtime steadily decreased from then and till I got out... I could not run out for two miles. So, yeah, I couldn’t perform to Army standards. So, they put me out on honorable medical discharge in 2012.”</i></p>			<p><i>“It’s really hard to be able to find an employer that will be sympathetic to those things, because it’s a lot.”</i></p>	
Experiences					
<p>Specialized in a trade. Had young children and was facing pressure to support his family when recession hit in 1999.</p>	<p>Manned and maintained weapons. Completed 3 tours of duty and 4 years of service with first unit.</p> <p>Experienced a workplace accident that affected ability to perform physical tasks.</p> <p>Injuries progressed to a point where he couldn’t perform to Army standards. He was released on honorable medical discharge.</p>	<p>Cared for 5 children while looking for a job in his trade.</p> <p>Due to service injuries, Michael could not do heavy lifting and changed career to long-haul truck driving.</p>	<p>Michael lost full-time employment when he stayed home to care for a child diagnosed with a serious medical condition.</p> <p>Unable to find a job to accommodate caretaking responsibilities and his physical limitations.</p> <p>Started driving for a personal car service, but it wasn’t enough to pay for rent and Michael was evicted.</p>	<p>Michael reached out to HUD-VASH and received a housing voucher. HUD-VASH connected Michael to HVRP.</p>	<p>Michael and his case manager created an employment plan.</p> <p>After 4 months of job search, he found employment at a local shop owned by an Army veteran.</p> <p>Michael is completing training needed for full-time employment and saving money.</p>

Source: In-depth interview with an HVRP participant during site visits to 8 grantees, 2020–2021.

Note: Michael is a pseudonym and not the real name of this participant.

HUD-VASH = U.S. Department of Housing and Urban Development–U.S. Department of Veterans Affairs Supportive Housing; HVRP = Homeless Veterans’ Reintegration Program.

Veterans' perspectives: Motivation to participate and the enrollment process

Veterans described a range of motivations for enrolling in HVRP. These included wanting to find:

- A job that would accommodate their disability
- A higher paying job to financially support their family
- A job that aligned with their training and skillset
- Better working conditions
- Help to re-enter the job market
- Help with documents or licenses, including the DD214 and driver's licenses

Other services that veterans said they hoped to receive through working with the grantee—whether through HVRP or other programs the grantee agency offered—included rent assistance, work tools, and access to food, gas vouchers, and clothing.

The experiences veterans reported with the referral, eligibility, and enrollment processes aligned with reports from grantee informants. Of the 54 interviewed veterans, 31 reported that they first engaged with the program through a warm handoff from a case manager from another program. Then, the veterans reported that HVRP case managers determined if they were eligible for the program. This process started with the collection of necessary documents, including a veteran's DD214. In the three instances when a veteran did not have a DD214 or had an issue with documentation, the veterans reported that the grantee assisted them in resolving those issues or referred them to a partner who could help them. ▲

Grantee survey respondents and site visit grantees attributed non-enrollment in HVRP to challenges with mental health and substance abuse, loss of contact with the veteran, and lack of interest in employment. Not all veterans referred to HVRP services end up enrolled in the program. As reported by grantee survey respondents (Table III.2), major factors contributing to non-enrollment included (1) veterans not being job ready due to issues such as substance abuse and mental health concerns (37 percent of grantees), (2) veterans not returning to the program after an initial intake or assessment interview (32 percent), and (3) veterans not expressing interest in employment (31 percent).

Table III.2. Major factors grantees attributed to veteran non-enrollment after HVRP identification or assessment

Factor contributing to non-enrollment	Percentage of grantees reporting as a major factor
Veterans considered not job ready due to issues such as substance abuse and mental health	37.0
Veterans do not return after an initial intake or assessment interview	31.5
Veterans do not express interest in employment	30.8
Veterans do not comply with required pre-enrollment activities, such as attendance at a workshop or orientation	18.5
Program unable to confirm eligibility, including other-than-dishonorably discharged	10.3
Veterans considered not job ready due to issues such as lack of work-required documentation	9.6
Veterans' employment needs are met by services from the AJC	8.9
Program unable to confirm veterans' homelessness status	2.1

Source: 2020 Grantee Survey, question B1: "Please indicate the extent to which each is a factor as to why initially identified and/or assessed veterans do not become HVRP participants."

Note: Sample includes 147 grantees.

AJC = American Job Center; HVRP = Homeless Veterans' Reintegration Program.

According to site visit grantees, the most common reason for a veteran to be found ineligible for HVRP was not having an honorable discharge status or a DD214 to confirm the condition of discharge; however, only 10 percent of grantee survey respondents reported this as a major factor contributing to non-enrollment (Table III.2). Three site visit grantees explicitly stated that they helped veterans without a DD214 navigate the process of obtaining one. Additionally, all site visit grantees noted that veterans could be determined not job ready or not ready to participate in HVRP services for reasons such as substance abuse or mental health issues. All grantees reported referring these veterans to other services to help them become job ready, including to services within the grantee organization funded by non-HVRP resources.

Generally, site visit grantees and survey respondents reported similar reasons for eligible veterans not participating in HVRP. For example, grantee informants noted that veterans did not participate in HVRP because they were not interested in engaging with services to gain employment or they faced barriers to employment—such as unstable housing or substance abuse—that they needed to address before participating in the program.

Veteran's perspective: "Jordan's" story

Jordan enlisted in the Army over 40 years ago. At the time, Jordan felt "directionless," and saw the military as his best option for housing and personal stability. He chose to become a medic. "I am here to help," said Jordan, "I don't want to hurt nobody." He was stationed abroad during peaceful times and is thankful he did not see action or engage in conflict. Jordan's experience as a medic was positive; he found a sense of place at his military base and recalled experiences working with other military personnel from the U.S. and other countries. "It was really a blast," he said. The four years he served awarded him "mind-blowing" benefits post-service.

After his service, Jordan again felt directionless. "I was freaking lost," he said. "When I got out, same deal, I had no direction, I had no idea what I want[ed] to do." He eventually found work as a chef in a local restaurant and discovered he enjoyed cooking. For a while, he bounced around restaurant jobs. He eventually found work in construction.

Due to what he described as "challenges in my personal life," Jordan ended up in jail and without a viable housing option post-incarceration. A VA representative conducting jail in-reach referred him to the local HVRP grantee and to HUD-VASH housing. "This VA rep," he said, "turned me on to so many opportunities."

Jordan worked with HVRP to build his resume and, at the time of the interview, was applying for restaurant jobs with the leads his HVRP case manager sent him. During the peak of the pandemic, his case manager visited him at home once a week to check on his progress. By the time of the interview, Jordan was visiting the HVRP office to work on his job applications and resume. Additionally, HVRP referred him to community mental health services, and he was meeting with a psychiatrist once a month and regularly visiting a counselor. Jordan reported having had a positive experience in the program, and he would recommend HVRP to other veterans "at a drop of a hat." ▲

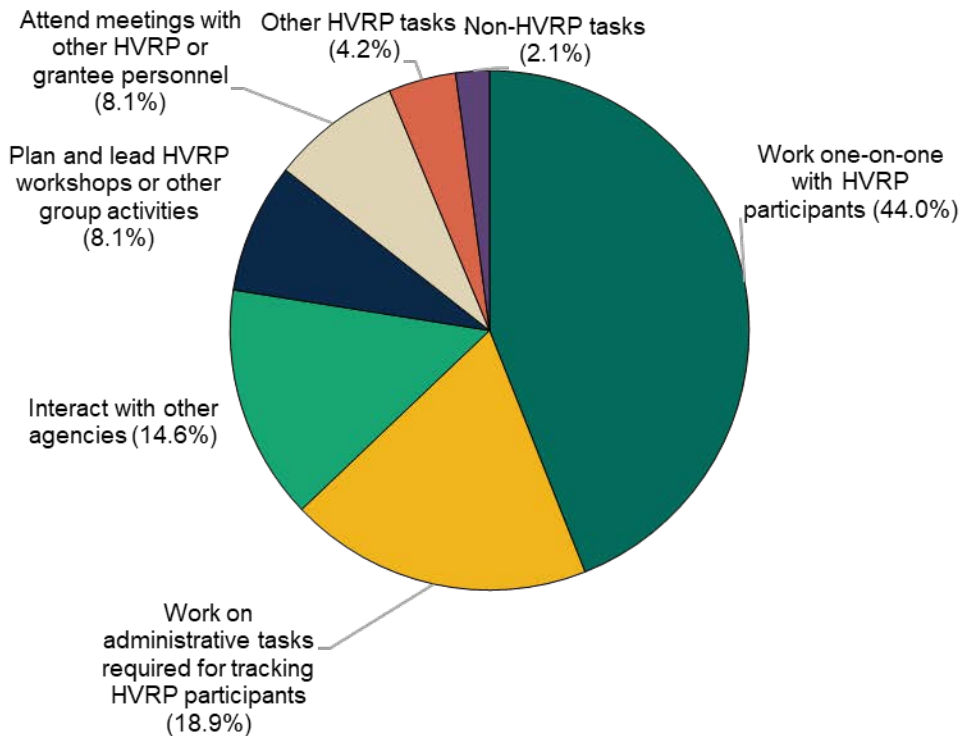
Note: Jordan is a pseudonym and not the real name of this participant.

C. Case management services

As described in the FOA for HVRP, grantees are expected to use a case management approach to assist veterans in obtaining jobs and accessing community services that will help them reenter the workforce and be successful (U.S. Department of Labor 2020b). Thus, in addition to directly assisting veterans with employment-related needs, as described above, case managers link them to a variety of support services in the community.

Most grantee survey respondents (97 percent) reported having at least one full-time case manager who worked one-on-one with an average of 20 HVRP participants to support their reentry into the workforce. One-fourth of grantee survey respondents reported also having a part-time case manager. Survey results also showed that caseloads varied across grantees from as few as two participants per case manager to as many as 70 participants per case manager (Appendix B, Table B.3). Survey respondents also reported that, in a typical week, about 40 percent of the case managers' time was spent working directly with participants, and almost 20 percent of their time was spent on administrative tasks (Figure III.7).

Figure III.7. Average percentage of time case managers spent on activities in a typical week as reported by grantees



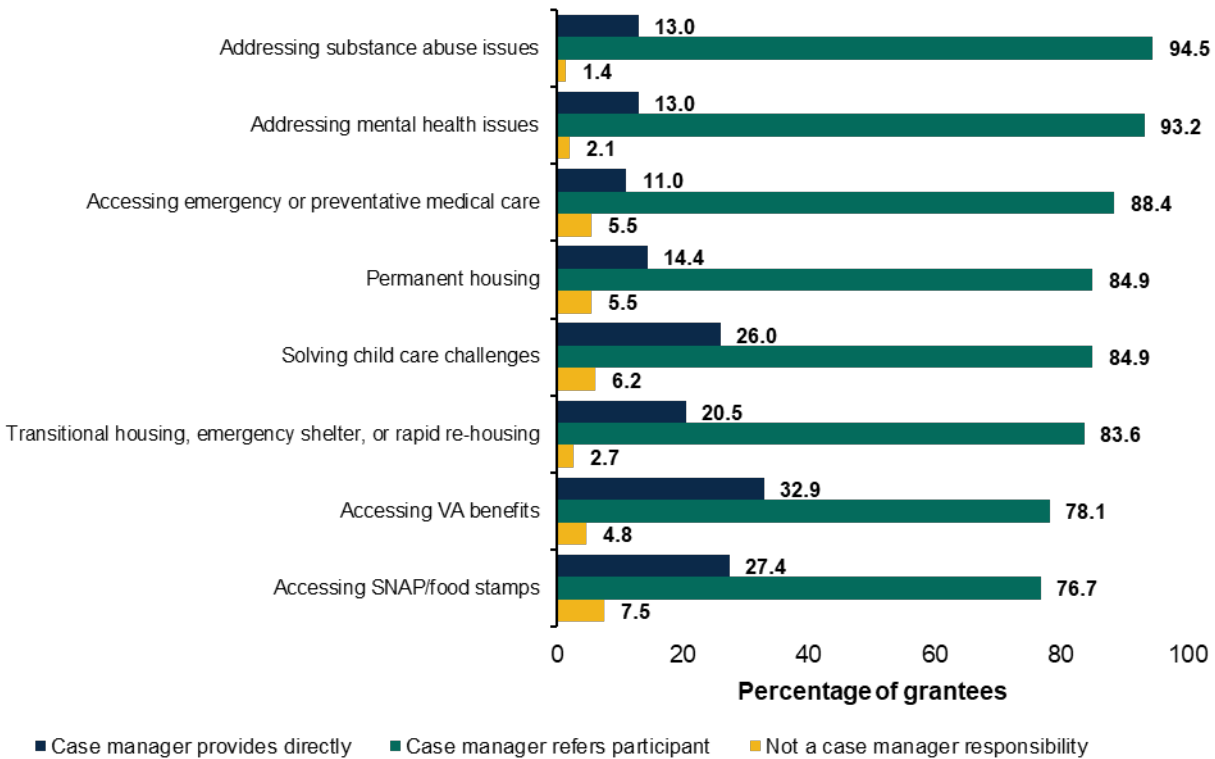
Source: 2020 Grantee Survey, question C6: "In a typical week, how do HVRP case managers split their time? Total must equal 100%."

Note: Sample includes 147 grantees.

HVRP = Homeless Veterans' Reintegration Program.

According to the grantee survey respondents, the most common HVRP case manager referrals were to services for substance abuse (95 percent) or mental health (93 percent). Other common referrals included emergency or preventative health care (88 percent), permanent housing (85 percent), child care challenges (85 percent), and transitional housing, emergency shelter, or rapid rehousing (84 percent) (Figure III.8). For transportation needs, grantee survey respondents reported a nearly even split between case managers providing this service directly (53 percent) and making referrals for this service (54 percent) (Appendix B, Table B.4). Case managers' provision of employment services is discussed in Chapter IV.

Figure III.8. Common case manager referrals to support services



Source: 2020 Grantee Survey, question C5: “Does the HVRP case manager directly provide or refer participants for the following services?”

Note: Respondents could select multiple responses so percentages might not add up to 100. Sample includes 147 grantees.

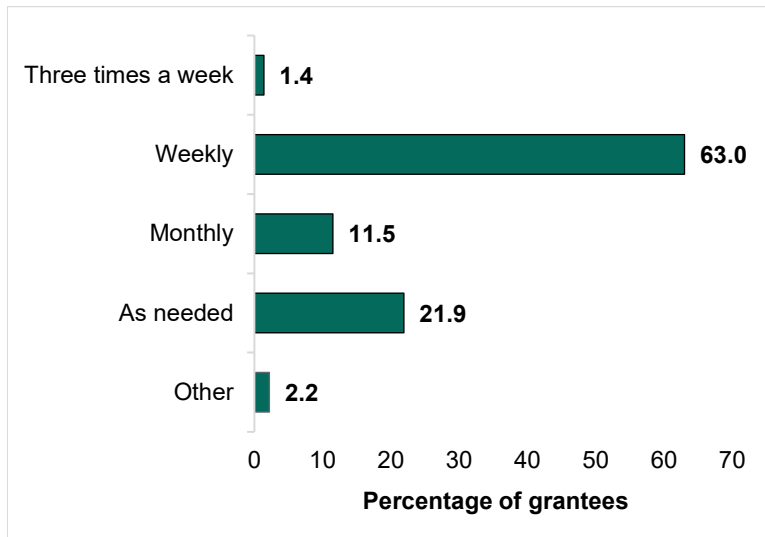
HVRP = Homeless Veterans’ Reintegration Program; SNAP = Supplemental Nutrition Assistance Program; VA = U.S. Department of Veterans Affairs.

All site visit grantees reported referring participants to a variety of in-house and external partners to promote their employment and housing stability. One informant reported that the grantee agency provided wraparound services—a comprehensive package of services aimed at addressing multiple needs—to help veterans pay for needs like phones. Another grantee agency provided legal assistance in the community, and the informant noted that many veterans use this service. For instance, veterans may be referred to legal services if they have had difficulty obtaining a disability rating from the VA. Two grantees described in-house services available to veterans to help them maintain housing and employment stability. One of these grantees reported providing a financial service to create a budget, manage bills, and pay rent for those who had recently been homeless. The other grantee reported providing continued care to address veterans’ barriers to employment even after a two-year period of employment retention services. For instance, this aftercare could include assistance with money management and emergency needs.

As discussed in Chapter II, site visit grantees noted that HVRP referred participants to external partners in the community to meet individuals’ needs. In three communities, grantees described how they were connected to a local network of providers that collaborated to address veterans’ needs; they would therefore make referrals through the network rather than to individual service providers. In one of those

communities, the grantee noted that the network of providers would discuss which agency or agencies could best meet the needs of the veteran, and in this way determined services for that individual. In other communities, grantees described various types of referrals to community partners based on individual need, such as organizations that help previously incarcerated veterans find employment, provide interview clothing, or provide transportation to help veterans get to work.

Figure III.9. Frequency with which HVRP case managers were expected to meet with participants



Source: 2020 Grantee Survey, question C3: “How often are case managers expected to interact with participants on their caseload?”

Note: Sample includes 147 grantees.

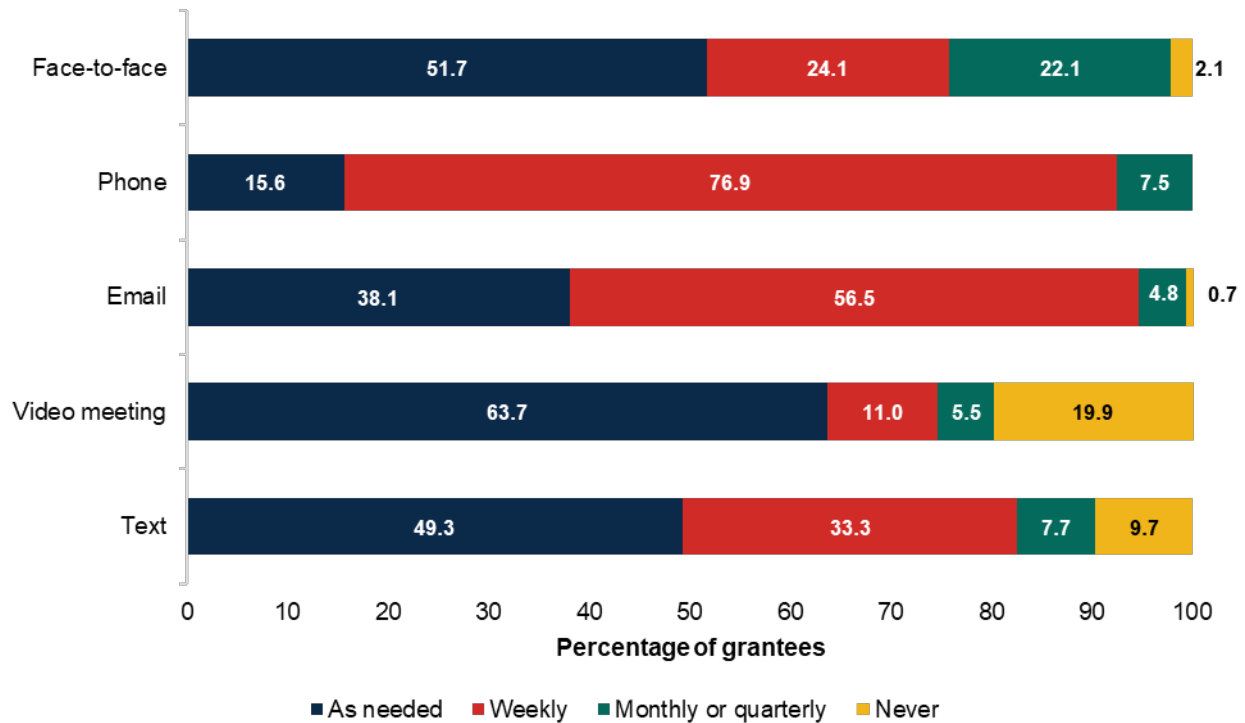
Approximately two-thirds of grantee survey respondents (63 percent) reported that case managers were expected to meet with participants at least weekly; site visit grantees noted that the frequency of this communication depended on veterans’ needs for support. In the grantee survey, another 22 percent of respondents reported that they expected case managers to meet with participants on an as-needed basis (Figure III.9). Case managers interacted regularly with participants through a variety of methods, including by phone, email, video meeting, text messaging, and face-to-face meetings. Grantees reported that most phone and email contacts were weekly, at 77 percent and 57 percent, respectively (Figure III.10).¹³ Unsurprisingly, given that

the survey was administered during the pandemic between October 2020 and January 2021, face-to-face and video meetings mostly occurred on an as-needed basis—52 percent and 64 percent, respectively.

Site visit informants from across the eight grantees reported that the frequency with which they met with participants varied depending on where they were in the employment process. They usually met with participants more frequently earlier in the process and then gradually reduced the number of contacts over time. They noted that they still attempted at least weekly or monthly check-ins.

¹³ Because the survey was conducted within one year of the pandemic’s onset, methods might reflect the stay-at-home orders and office closures experienced across the country.

Figure III.10. Methods HVRP case managers used to interact with participants



Source: 2020 Grantee Survey, question C4: “How often do case managers typically interact with participants using the following methods?”

Note: Sample includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program.

Veterans’ perspectives: Communication with case managers and HVRP staff

Across the eight site visit grantees, veterans’ accounts of their experiences reflected that they had more frequent contact with HVRP staff when services began and fewer contacts once they became employed. According to the veterans, communication with case managers started with check-ins at least once per week, moving to biweekly, and sometimes monthly check-ins. Communication tapered as they advanced in their job search or found a job. Employed veterans said that their communication with HVRP staff consisted mostly of check-ins once per month or every few months.

Across all sites, veterans said that they communicated with HVRP staff through a combination of in-person visits, phone calls, texts, and emails. Phone calls and in-person visits were the primary means of communication described. Outside of scheduled meetings, 20 veterans said they received texts or emails from HVRP staff with job opportunities that matched their employment goals. Three veterans enrolled in HVRP before the onset of the COVID-19 pandemic noted that the pandemic shifted communication to become mostly virtual, although several providers opened their offices for distanced in-person visits according to local guidance. ▲

Informants from all eight site visit grantees reported hiring staff—especially case managers and employment service staff—who could relate to veterans and help them become independent and self-sufficient by breaking down barriers to employment. Each of the eight site visit grantees had between one and six case managers who worked directly with participants, and four grantees had other

staff, such as employment service specialists, providing direct services to participants.¹⁴ Among all site visit grantees, key informants reported a strong preference for hiring veterans or people with close relationships with veterans for the case manager and other HVRP positions. At the time of the interviews, all site visit grantees had HVRP staff who were veterans or family of veterans. For two grantees, every HVRP staff member was a veteran, and two grantees also reported employing staff who previously received HVRP services.

Core competencies of HVRP staff that were mentioned across site visit grantees included the ability to build relationships, independence, empathy for veterans' challenges, and customer service or social work experience.

The ability to “meet participants where they are” was the most important quality highlighted by at least one staff person from all site visit grantees. When case managers met with HVRP participants, they discussed progress on the goals identified in the individual employment plan, their job search, and barriers participants faced; they also referred participants to other services, such as housing, healthcare, or food. Informants from seven site visit grantees focused on building relationships with participants so that they became a trusted resource through the employment process. One person reported doing this by having an open door policy; veterans could come in and talk when they needed, regardless of whether it was related to their HVRP services. Another example was helping veterans see their existing skills through motivational interviewing. In addition to helping veterans find and maintain employment, two other grantees said that connecting clients with supportive services was a key success. An example of this would be connecting a participant to housing services or legal support to address barriers to employment.

“If I could bump one thing to the top, the first thing I ask about in an interview is your level of empathy, you have to be able to look at everyone’s situation, and engage every client in a professional manner like they are the first client you’ve served.”

- HVRP grantee staff member

According to grantee informants from the site visits, a substantial amount of staff training at their agencies was done through staff-to-staff learning and job shadowing. These informants reported that training focused on organization processes and culture, as well as intake and assessment procedures. Through interviews, all grantees shared that they utilized NVTAC trainings and DOL conferences for staff training. However, the COVID-19 pandemic caused training programs and conferences to be moved online or to Zoom.

Site visit grantees said that coordinating services with other providers was an essential role for HVRP case managers. Informants from half the site visit grantees reported participating in collaborative case management meetings with community partners to coordinate services for veterans. These meetings were convened through the CoC, state office of veterans services, or the local DVOP specialist. Before the COVID-19 pandemic, informants from one other community reported holding case management meetings involving multiple partners. For the four communities where these meetings were

¹⁴ At least two grantees had open case manager positions at the time of the interviews.

Data sharing

Among site visit grantees, information sharing across partners was common for three grantees, and less so for the other grantees. All grantee sites required participants to sign a release of information before they would share any of their information with other providers or external case conferences. Informants from three communities noted that the release of information was fundamental for service coordination. In one of these communities, a partner noted that the release allowed partners to discuss the participant during community case management meetings, which involved over fifteen agencies.

Two grantees used state data portals to share information with other programs. Data sharing agreements streamlined the intake process for veterans in multiple sites. In one site, internal spreadsheets were shared with external organizations for coordinated care. The information a grantee shared out varied between partner organizations. The most common information shared between grantees and partners included the veteran's name, military service history, and significant barriers; this information was shared at the time of the referral. Four grantees noted that data was more often received than it was shared out.

particular veteran and communicated multiple times each week. Conversely, a VA partner in a different community said there was no ongoing communication about a veteran after they made a referral to HVRP, though they considered HVRP to be a strong partner. In another location, a community partner reported interacting with the grantee agency director once every one to two weeks, in addition to talking with the case manager for co-enrolled veterans outside of weekly case management meetings.

taking place at the time of the site visits, community partners and HVRP grantees reported that they discussed which services individual veterans needed and which partner's services could best address those needs. These coordination meetings took place weekly in three communities and monthly in the other community. In two of the four communities, informants noted that they used a centralized case management system, which allowed multiple partners to see useful information for making referrals (see box to the left).

Beyond case management meetings, some HVRP grantee staff also reported that they exchanged emails and calls with partners to coordinate services for veterans. Although the amount and type of interaction varied by type of partner and location, site visit grantees in four communities noted that they commonly communicated with housing partners. For example, in one community where the grantee agency held both the HVRP and SSVF grants, staff from the two programs would meet to determine a course of action for a

Veterans' perspectives: Case management successes

Veterans valued their working relationships with HVRP staff. Thirty of the 54 veterans interviewed emphasized positive experiences working with the HVRP employment case manager. Ten veterans attributed their positive experience to the trust they had with their case manager. For example, one veteran said he trusted HVRP staff because they understood job anxiety and didn't judge their participants. Another veteran said it was important to him to know that "someone was on [his] team." These sentiments were widely reflected in veteran interviews; other veterans described their case managers as "a guardian angel," "my closest ally," and "like a big brother."

In addition to the positive reviews of HVRP staff, 13 of the veterans interviewed described a functional working relationship with their HVRP case manager. One veteran remarked, "I did my end, he did his end." Only two of the 54 veterans interviewed described a negative experience with HVRP staff; both were due to a personal conflict, and the participants were reassigned to a new case manager.

Four veterans elaborated on the benefits of HVRP case management. Two of them mentioned increased confidence after finding employment through HVRP. Another described gaining a toolkit of job navigation skills from moving through the HVRP program and completing job interviews and trainings and securing a job. The fourth veteran noted that once they had job stability, they could focus on improving other aspects of their life. ▲

IV. Grantee- and Partner-Provided Employment Services

As an employment-focused program, HVRP grantees receive funding to support the reentry of veterans experiencing homelessness into the labor force. This chapter focuses on the employment-related services of the HVRP model (shown in green in Figure III.1), including employment services provided directly by HVRP and through partnerships, veterans' co-enrollment in HVRP and a program at the AJC, employer partnerships, and job placement.

Summary of findings

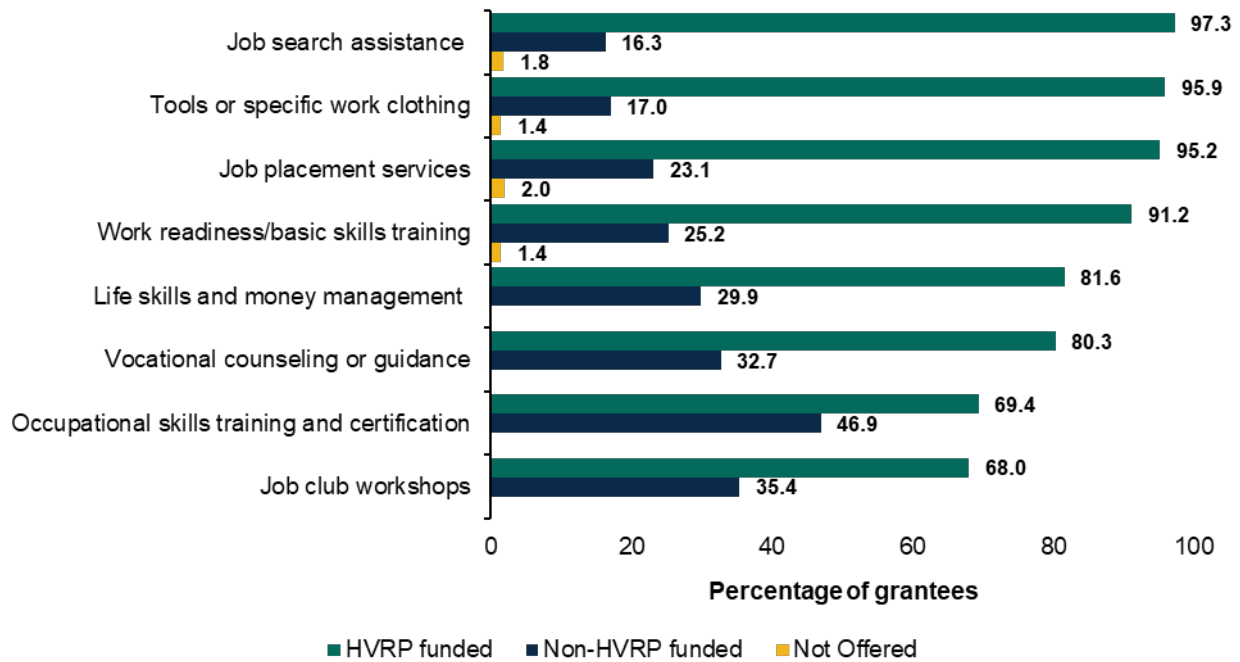
- In both the grantee survey and site visit interviews, grantees reported directly providing many employment-related services. For example, grantee survey respondents reported using grant funds to provide job search assistance (97 percent of respondents), tools or specific work clothing (96 percent), and job placement services (95 percent). Grantee survey respondents indicated that other services, such as occupational skills training and certification, were provided with a mix of grantee (69 percent) and non-grantee (47 percent) resources.
- According to grantee survey respondents, a majority of HVRP participants were typically co-enrolled in JVSG services at the AJC (56 percent of respondents). Similarly, site visit informants indicated that the DVOP specialist was the main connection between HVRP and AJC programs.
- The site visits indicated two general models for providing complementary employment services to HVRP participants; grantees relied on either (1) the AJC for these services or (2) other in-house services at the grantee organization.
- The majority of grantee survey respondents (58 percent) listed employers as strong HVRP partners. In both the grantee survey and the site visit interviews, grantees reported reaching out to employers for job development and placement and collaborating with partners, including the AJC, to enhance their employer network.
- Of 54 HVRP participants interviewed, 21 said that they were working and 15 said that HVRP staff helped them find their job. These 15 participants described being hired into jobs with immediate openings. ▲

A. Employment services

Veterans can receive employment services directly from HVRP or through other services available both within and outside the grantee organization. This section describes the employment services typically provided with HVRP funds as well as the employment services offered in collaboration with program partners.

Grantee survey respondents reported using HVRP funds to provide employment services, such as job search assistance, while also relying on partners for these services. The most common services provided with HVRP funding were job search assistance (97 percent), tools or specific work clothing (96 percent), job placement services (95 percent), and work readiness or basic skills training (91 percent) (Figure IV.1). Most grantees (69 percent) used HVRP funds to offer occupational skills training and certification, but almost half of grantees (47 percent) said they offered training to participants using non-HVRP funding.

Figure IV.1. Employment and training services commonly provided with HVRP funds



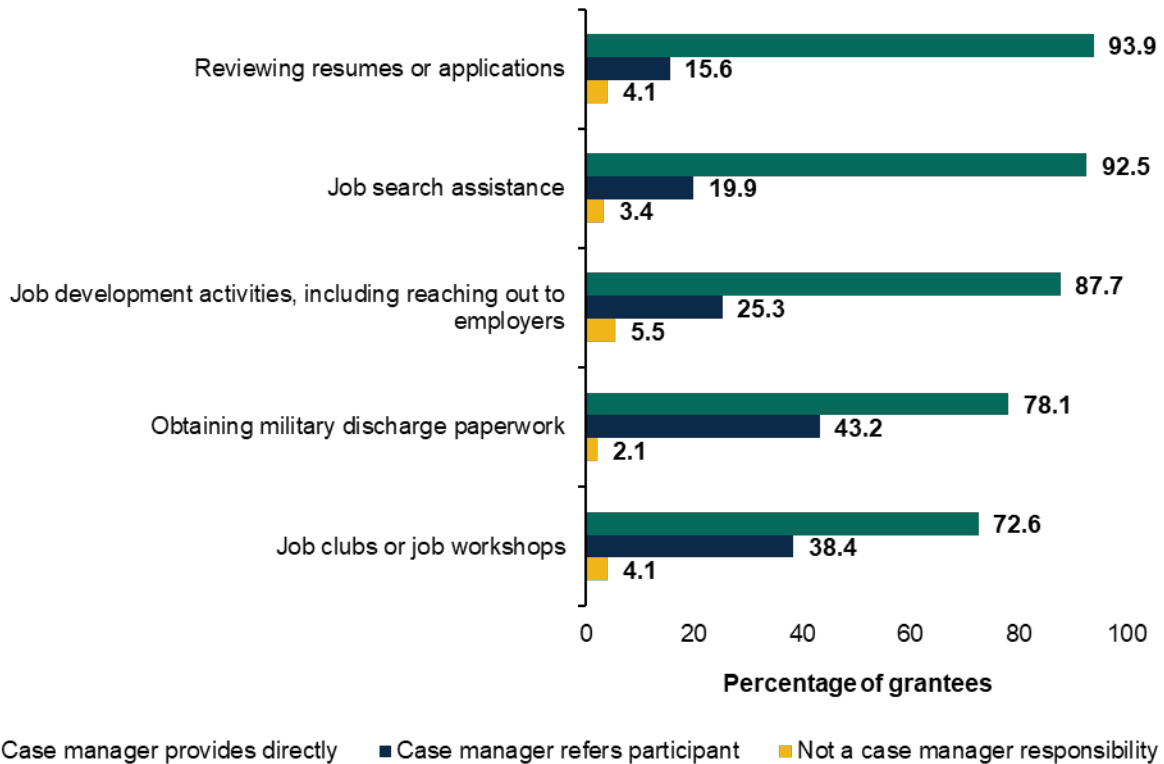
Source: 2020 Grantee Survey, question D2: “Please indicate how your program makes each of the following employment and training services available to participants.”

Note: Respondents could select multiple responses so percentages might not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans' Reintegration Program.

According to grantee survey respondents, HVRP case managers provided many of these employment services directly to help veterans find and maintain employment (Figure IV.2). Most grantees reported that these direct services from case managers included reviewing resumes or applications (94 percent), providing job search assistance (93 percent), other job development activities (88 percent), and helping to obtain military discharge paperwork (78 percent).

Figure IV.2. Employment-related services HVRP case managers commonly provide



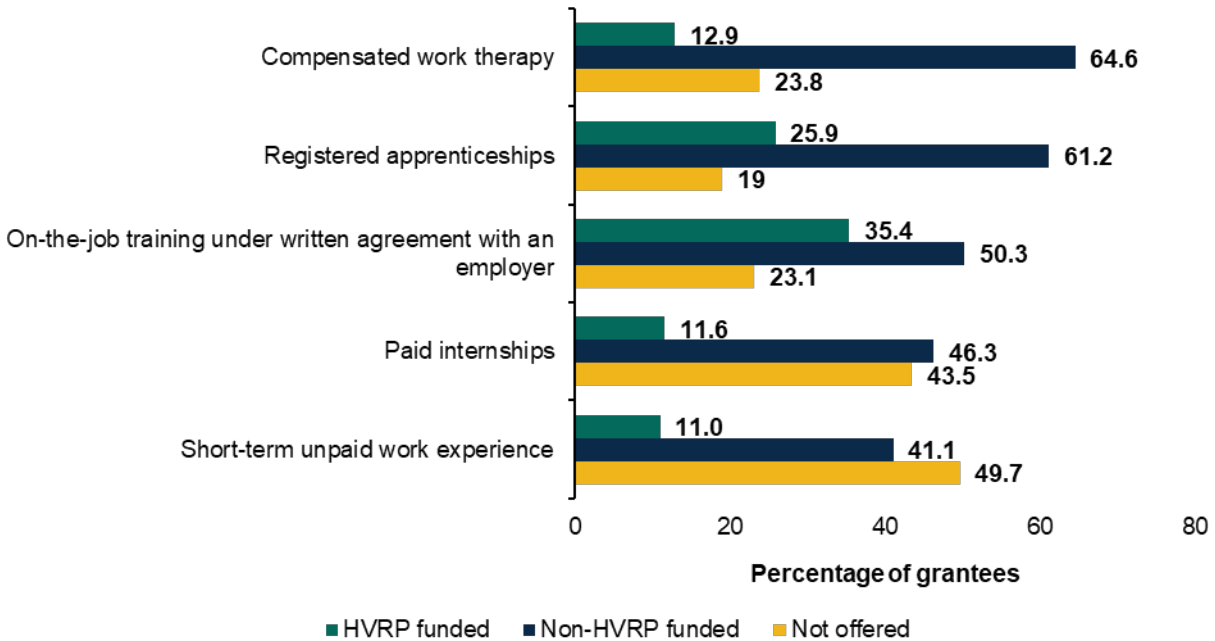
Source: 2020 Grantee Survey, question C5: “Does the HVRP case manager directly provide or refer participants for the following services?”

Note: Respondents could select multiple responses; percentages might not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans' Reintegration Program.

Grantees also relied on other funding to provide employment services. Specifically, grantees reported five employment services that were commonly provided with non-HVRP funds: (1) compensated work therapy (65 percent), (2) registered apprenticeships (61 percent), and (3) on-the-job training (50 percent), (Figure IV.3). Two other employment services—paid internships and short-term, unpaid work experience—were mostly provided with non-HVRP funds (46 percent and 41 percent, respectively) or not offered at all (44 percent and 50 percent, respectively).

Figure IV.3. Employment and training services more commonly provided with non-HVRP funds



Source: 2020 Grantee Survey, question D2: “Please indicate how your program makes each of the following employment and training services available to participants.”

Note: Respondents could select multiple responses; percentages might not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans' Reintegration Program.

Veterans’ perspectives: Employment services

Veterans received a variety of services and assistance from both HVRP and its partners to facilitate employment. The services veterans most commonly mentioned receiving included help obtaining needed documentation, funding for job training, credentials, and other items necessary for employment, such as clothing for jobs and interviews, tools, and transportation vouchers.

In addition to credentialing and education programs, most veterans reported access to job readiness trainings, including interview coaching and resume reviews. Forty-two veterans who participated in HVRP-provided employment services all indicated that these services were beneficial. However, two additional veterans felt that HVRP employment services were too rudimentary and did not help their job searches.

When considering postsecondary education or training opportunities, veterans reported either being referred to programs that would have available jobs (such as, forklift certification and commercial driving courses) or programs they were interested in that may not have available jobs (such as information technology). Eight veterans reported that HVRP staff had suggested programs—both HVRP-funded and non-HVRP funded—that would lead directly to fields with job availability. Accreditation and training programs that veterans pursued through HVRP enrollment included commercial driver’s license (CDL) training, forklift training, and security officer training. Five veterans accessed funding to pursue education and training specific to their fields of interest. Three of the veterans mentioned talking to their case managers to make the case for funding their chosen program, such as medical certifications, culinary training, and information and technology training.▲

Site visit grantees collaborated with their partners to address the range of HVRP participants' employment needs. In seven site visit communities, grantees and their partners said they collaborated to provide training, identify employers and jobs that fit veterans' skills and interests, and support veterans as they applied for and began employment. The extent to which HVRP grantees relied on partners to address veterans' needs varied based on the local context. For example, two site visit grantees reported providing employment services that prepared veterans for jobs and indicated that they, not their partners, tended to provide services such as resume and cover letter support, job counseling, employment planning, and job training. In four other site visit communities, the grantee or partner informant reported collaborating with the AJC and other direct service providers to provide these types of job preparation services. For example, in one community, the grantee and a partner noted that they were responsible for different types of services; one offered resume support, and the other provided general job training.

Effects of the COVID-19 pandemic on employment services and veteran employment

The eight site visit grantees and their partners noted several impacts of the COVID-19 pandemic on the provision of employment services and the engagement of HVRP participants in program services:

- The pandemic appeared to reduce veterans' interest in finding employment because of fear of in-person workplaces, child care needs, or loss of unemployment benefits (five communities).
- Although grantees reported continued efforts to reach out to employers virtually, this outreach was challenging because some employers were difficult to maintain contact with remotely (five communities).
- Veterans struggled to gain access to technology and use it proficiently, affecting their ability to attend virtual trainings, submit online job applications without program staff support, and complete virtual interviews (four communities).
- Grantee job preparation services were unable to continue because of the pandemic (one community).

In addition, site visit informants in seven communities noted that, during the pandemic, some sectors they had previously relied on for placements—such as restaurants, hospitality, and construction—experienced hiring freezes or poor job markets. However, in two communities, grantee and partner informants thought that other employers, including grocery stores, warehouses, and healthcare jobs, seemed to hire more during the pandemic.▲

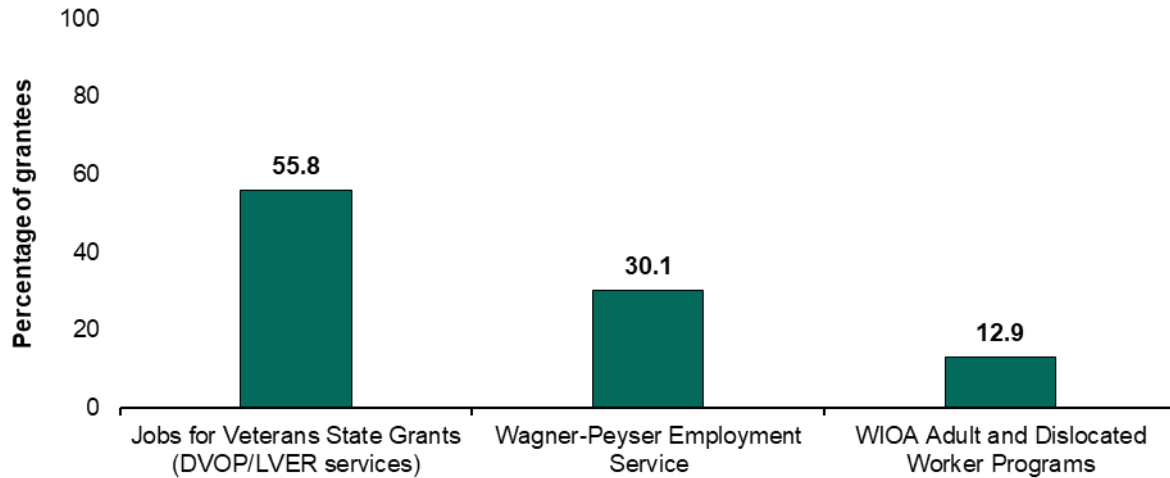
B. Co-enrollment in the public workforce system

Although HVRP grantees provide employment services tailored to the needs of veterans experiencing homelessness, the AJC is a key source of employment services for the broader community. As described in Chapter II, WIOA and the Wagner-Peyser Employment Service provide key services to job seekers in their communities, and JVSG focuses on veterans with significant barriers to employment. As noted in DOL policy guidance, VETS required HVRP grantees to co-enroll their participants in a public workforce program (U.S. Department of Labor 2016a). When reviewing HVRP participants' co-enrollment in and use of programs offered through the AJCs, it is important to note that data collection began about 7 months into the COVID-19 pandemic; many AJCs were closed or just beginning to open their offices to in-person visits again (National Governors Association 2020). In addition, HVRP grantees reported their practices as they were at the time of data collection, which may not necessarily reflect their regular pre-pandemic operations.

Over 90 percent of grantee survey respondents reported that, in accordance with HVRP program requirements, at least some of their HVRP participants received employment and training services at the AJC; this requirement was most often met through JVSG services. A majority of grantee survey respondents (56 percent) reported that more than half of their HVRP participants were co-enrolled in JVSG services (Figure IV.4). Approximately one-third of grantee survey respondents (30 percent) said that most of their HVRP participants were co-enrolled in the Wagner-Peyser Employment Service, and a

smaller proportion (13 percent) indicated that most of their HVRP participants were co-enrolled in the WIOA Adult and Dislocated Worker programs.

Figure IV.4. Percentage of grantee survey respondents reporting that majority of HVRP participants were co-enrolled in a program at the AJC



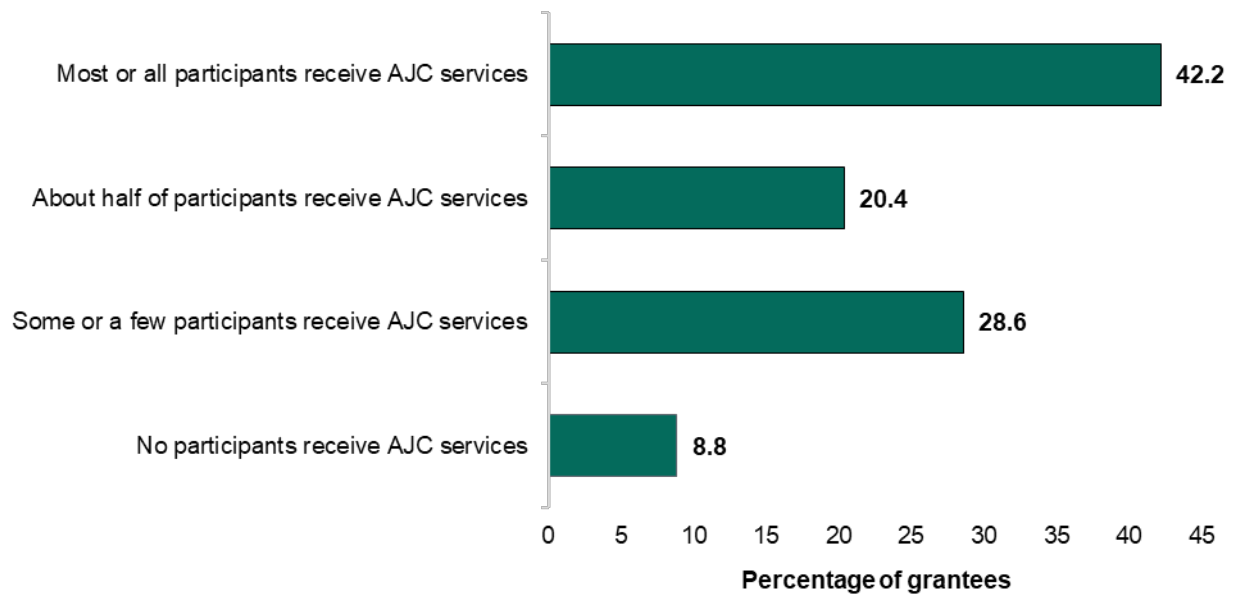
Source: 2020 Grantee Survey, question E5: “What percent of participants are co-enrolled in the following employment services...?”

Note: Sample includes 147 grantees. Participants could be co-enrolled in more than one AJC program; therefore, grantees reported the percentage of participants co-enrolled in each separate program.

AJC = American Job Center; DVOP = Disabled Veterans’ Outreach Program; HVRP = Homeless Veterans’ Reintegration Program; LVER = Local Veterans’ Employment Representatives; WIOA = Workforce Innovation and Opportunity Act.

The proportion of HVRP participants who concurrently received HVRP and services at the AJC showed a slightly different perspective on co-enrollment. According to the survey results, 42 percent of grantees reported that most or all of their HVRP participants received AJC services, and 20 percent of grantees reported that about half of their HVRP participants received services at the AJC (Figure IV.5). More than one-third of grantees (37 percent) reported that only some or none of their HVRP participants received AJC services. The box on the next page on veteran co-enrollment outlines some possible reasons for HVRP participants not being co-enrolled in AJC services during the pandemic.

Figure IV.5. HVRP participants received concurrent employment and training services at the AJC



Source: 2020 Grantee Survey, question D3: “How many of your HVRP participants concurrently receive employment and training services provided through American Job Center(s)?”

Note: Sample includes 147 grantees.

AJC = American Job Center; HVRP = Homeless Veterans' Reintegration Program.

Effects of COVID-19 on veteran co-enrollment

Participant engagement. HVRP and AJC informants in three communities noted that HVRP participant enrollment in AJC services fell during the COVID-19 pandemic due to veterans’ limited access to technology. Online service enrollment, job searches, and participation in virtual job fairs were not possible for veterans without computers or Internet access. Across all communities, HVRP grantees and their partners noted that the need to engage with services virtually was a barrier for veterans who were accustomed to accessing services in person. One grantee observed that when the AJC shifted to remote services, veterans found it confusing to access services in that format. As a result, the HVRP grantee took on several roles that they had previously relied on from the AJC, such as helping veterans with job searches and resume preparation.

Coordination with the AJC. Site visit grantees reported challenges coordinating with the AJC during the pandemic. In two of the site visit communities, AJC informants considered the partnership with HVRP to be stronger than the grantee informants did. Grantee informants from these communities cited DVOP specialist turnover as a particular challenge when trying to enroll HVRP participants at a program at the AJC. An unfilled DVOP role meant that when the HVRP grantee submitted forms to enroll HVRP participants at the AJC, those forms were not being processed in a timely manner. In another community, one grantee informant reported difficulty enrolling veterans at the AJC and verifying their co-enrolled status during the pandemic. Although the DVOP role was filled in this case, the pandemic had disrupted normal processes, such as introducing veterans to the AJC in person. Informants in three other communities noted that DVOP specialists had also been assigned to help process Unemployment Insurance claims; one community partner thought this additional responsibility diverted DVOP specialists’ attention from serving veterans. ▲

In all eight site visit communities, grantee informants reported that the DVOP specialist at the AJC typically screened veterans for employment needs and eligibility for services. The DVOP specialist would then determine which programs, including JVSOG, WIOA, and the Wagner-Peyser Employment Service,

would be appropriate for that individual. During the site visits, the study team asked grantee informants to identify the specific AJC programs in which HVRP participants commonly co-enrolled. Grantees rarely cited the Wagner-Peyser Employment Service as a co-enrolled service for HVRP veterans; however, at other points in the interviews, the grantees described job services, such as job searching and application assistance, that may have been provided through this program. One grantee informant in a community where HVRP partners with multiple AJCs specifically indicated not knowing about the Wagner-Peyser Employment Service. In contrast, in one of the two communities where HVRP was co-located with the AJC, a grantee informant said that HVRP participants were typically enrolled in the Wagner-Peyser Employment Service.

Site visit grantees more frequently reported that HVRP participants co-enrolled in WIOA services than other programs at the AJC. AJC and grantee informants from three communities reported that nearly all their HVRP participants were typically co-enrolled in WIOA-funded programs, and in another three communities, grantee informants indicated that some HVRP participants were co-enrolled in these programs. In three of these six communities, AJC and grantee informants noted that WIOA funds were used to meet veteran needs for training, helping provide veterans with both the skills needed for employment and the resources necessary to perform the job for which they were being trained, such as work-specific tools or boots.

Informants of two grantees were unable to identify the AJC programs in which their HVRP participants were co-enrolled. They noted that the DVOP specialist determined the appropriate programs for co-enrollment. However, the DVOP specialist in one site did not respond to requests for this information, and in the other community, grantee staff worked with multiple DVOP specialists covering a wide service area.

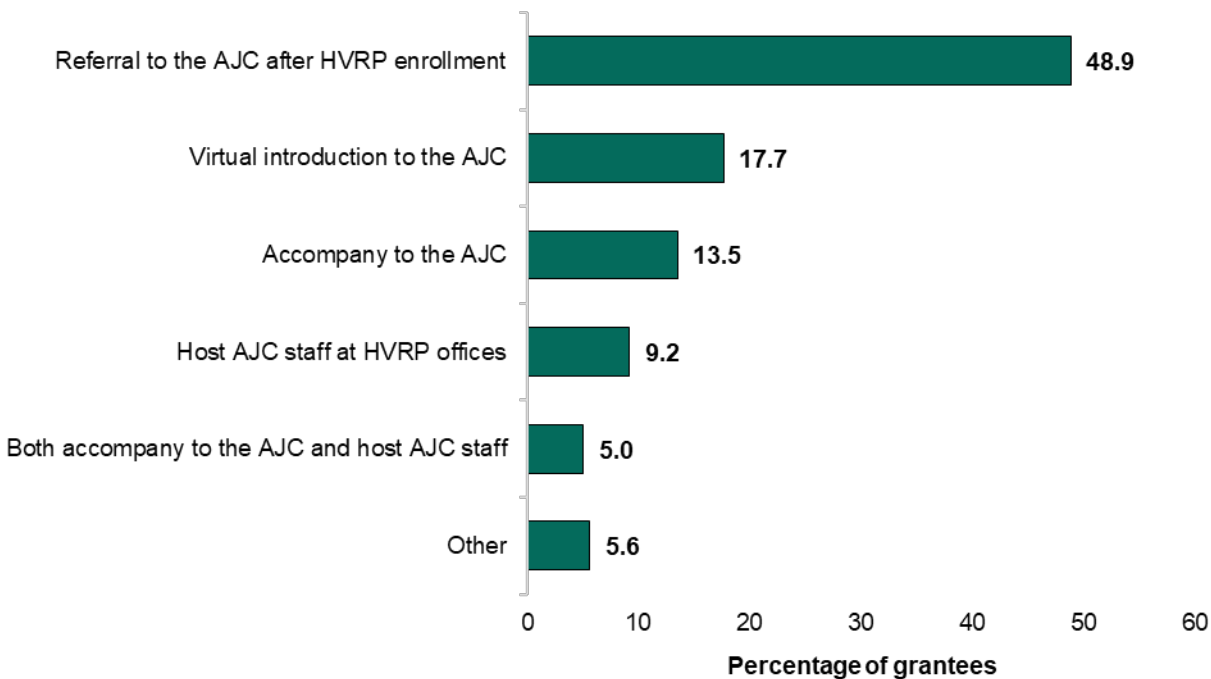
Veterans' perspectives: Employment services at the AJC

Thirteen of the 54 veterans interviewed said they interacted with the AJCs either before or after HVRP enrollment and that the employment services they received at the AJC were similar to those HVRP offered. Five veterans in one community explained that they were required to co-enroll in the local AJC when participating in HVRP, and eight veterans from other communities said they engaged with their local AJC. These 13 veterans described an overlap in services; both HVRP and the AJC offered employment readiness and job search assistance, and they connected them to the same types of jobs.

The extent of AJC services used varied across this group of 13 veterans. Some were only enrolled and never pursued services; others received assistance with their resume, job connections, and employment profiles. Veterans from two communities reported enrollment in the AJC's job database. Veterans who participated in WIOA Title I-funded training reported taking courses for alternative energy infrastructure jobs, logistics, and to obtain their CDL. ▲

In both the grantee survey and the site visit interviews, grantees described co-enrollment procedures that generally involved a referral to or from the AJC. At the time of the grantee survey, 49 percent of respondents said that referrals to the AJC were their main approach to co-enrollment (Figure IV.6). The remaining grantees reported a more hands-on approach for connecting HVRP participants to the AJC. Nearly 18 percent reported that an HVRP staff member introduced participants to an AJC staff member virtually, such as through conference calls or video meetings, and another 14 percent of grantees reported that an HVRP staff member accompanied HVRP participants to the AJC. Almost 10 percent of grantees reported that an AJC staff member conducted intake and enrollment at the HVRP office. Additionally, two grantees wrote in that they were not enrolling in AJCs at the time of the survey because the AJCs had been closed since March 2020 due to the pandemic.

Figure IV.6. Main processes for co-enrolling HVRP participants at an AJC



Source: 2020 Grantee Survey, question B5: “Which of the following is the main process used by your HVRP program to enroll participants into a program at an American Job Center [AJC]?”

Note: Sample includes 147 grantees.

AJC = American Job Center; HVRP = Homeless Veterans’ Reintegration Program.

As noted in Chapter III, grantee survey respondents commonly identified potential program participants through the AJCs. In half of the site visit communities, grantee or AJC informants indicated that, typically, a veteran was enrolled at the AJC before becoming an HVRP participant. Grantee or AJC informants noted that veterans who first sought services from the AJC were screened for barriers to employment, including risk of homelessness, and were then referred to the DVOP specialist. One informant elaborated that a DVOP specialist might also learn of at-risk veterans through other avenues, such as outreach activities and partner referrals. DVOP specialists then determined the most appropriate services and referrals, including HVRP. In one community where HVRP and DVOP staff were co-located, a DVOP specialist noted the ability to hand a referral form to the HVRP representative at the AJC. In another community, HVRP and DVOP staff were co-located in a veterans center; there, the center manager made concurrent referrals to HVRP and DVOP if a veteran was determined to be homeless. In three other communities, grantee informants indicated that, typically, the veteran first enrolled in HVRP, and then HVRP staff referred the participant to the DVOP specialist. In the eighth community, referrals commonly flowed in both directions. If veterans first connected with employment

“I’m gonna keep [the AJC] as a resource in case I need them, but at this point, I don’t really see myself calling them saying I need a job or anything like that. But in the future, I may patronize their services at some point.”

- HVRP participant

services through the HVRP grantee, AJC informants reported that the grantees would contact DVOP specialists to co-enroll those participants in AJC services.

AJC and grantee informants from seven communities described their co-enrollment processes at the time of the site visits.¹⁵ Referrals to or from the AJCs were typically made by email or a phone call. Informants from three of these communities noted that they also coordinated an in-person introduction to the other agency when possible. Across the seven communities, informants reported four ways to confirm if veterans were co-enrolled at the AJC or HVRP, depending on the direction of the referral:

1. AJC and HVRP staff shared a file of co-enrolled veterans (2 communities).
2. AJC staff provided the HVRP grantee with documentation showing the veterans co-enrolled at the AJC (2 communities).
3. The AJC received information about co-enrolled veterans through their state employment portal (2 communities).
4. AJC and HVRP staff confirmed co-enrollment through email and phone calls (4 communities).

During the pandemic, in-person co-enrollment was unusual. However, prior to the pandemic, AJC and HVRP staff in seven site visit communities had some means of co-enrolling veterans through an in-person warm handoff. In three of these communities, AJC and HVRP services were co-located in at least part of the service area, and the usual process for co-enrollment had involved in-person interactions between AJC and HVRP staff. In other communities, informants said that DVOP specialists had made regular visits to the HVRP grantee facility, and grantee staff had visited the AJC office to introduce veterans.

In five communities, site visit grantees and their partners perceived that co-enrollment helped veterans reach their employment goals. Across the site visit communities, HVRP grantees and AJC staff recognized an overlap in their services. Informants noted that HVRP provides employment-related services that were also available from the AJC, such as assisting with resumes and job applications, providing or funding training and education, and connecting veterans with potential employers. However, although the AJC and HVRP provided similar services, informants from a group of five communities observed that these programs complemented each other. For example, informants from two of these communities perceived that access to the state employment agency's jobs database facilitated faster veteran employment. Furthermore, each program could take advantage of the capabilities and connections of the other to best address a veteran's needs. For example, in one community, an AJC informant noted that a veteran may seek training in a specific area or be interested in working for a specific employer. In that situation, the AJC or HVRP may have a more suitable training program or employer connection to assist the veteran, and they would communicate with each other to determine the best way to proceed. A DVOP specialist from another community echoed this sentiment, explaining that they discussed which program could best serve a veteran with HVRP staff.

¹⁵ According to grantee informants from the eighth site visit community, co-enrollment had stalled there due to the pandemic.

Across all site visit communities, either a grantee or an AJC informant noted that HVRP could provide unique financial supports that otherwise would not be available through programs at the AJC. These funds could be used to help address urgent survival needs, which informants observed would help veterans obtain and maintain a job. In some instances, the AJC and HVRP worked together and use HVRP funding to supplement veteran training (see box below) or pay for tools or work boots that veterans needed for their new jobs.

“With regards to funding, we can provide things that the [AJC] can’t fund. For example, if someone needs a license, an electrical license or a plumber’s license, a cosmetology license, we can help them secure those.”

- HVRP grantee staff member

Leveraging WIOA Title I funds to meet veterans’ needs

Informants from two site visit grantees provided specific examples of ways WIOA Title I program funds support HVRP participants. For example, one HVRP grantee informant reported that tuition for commercial driver’s license (CDL) training is \$3,500, a cost covered primarily by the HVRP grant. If the participant also required work tools or boots after completing the course and receiving the license, then they would use WIOA funds to cover those additional costs.

Another grantee informant observed that HVRP provided resources that made it possible to leverage resources from WIOA Title I. For example, a veteran might need a certification that costs \$600. If WIOA support was capped at \$400, then the participant would need to identify an additional source to pay the remaining \$200. If \$200 were secured from HVRP, then WIOA would be able to provide the \$400.▲

Site visits indicated two general models for providing complementary employment services to HVRP participants; grantees relied on either: (1) the AJC for these services or (2) the grantee organization’s own in-house services. As described above, in four of the site visit communities, HVRP grantees and AJC partners reported that, in addition to HVRP services, veterans used complementary AJC resources. In three of these communities, AJC and HVRP staff were co-located in at least part of the HVRP service area, and, as noted in Chapter II, one grantee operated both HVRP and WIOA Title I. In these three communities, AJCs typically made referrals to HVRP. In the fourth community, according to grantee and AJC informants, the AJC role was to determine veterans’ skills and training needs and facilitate employment opportunities that used those skills, and the HVRP role was to provide individual employment supports, such as resume assistance, as well as housing and other wraparound services provided by the grantee agency.

Conversely, in three other communities, grantee informants said their agencies could meet a veteran’s needs for employment services through HVRP or other employment services the grantee agency offered. Veterans receiving services in these communities were typically co-enrolled in the grantee agencies’ SSVF or GPD housing programs.¹⁶ In two of these communities, informants did not think the requirement to co-enroll HVRP participants with the AJC had any additional benefit for their clients. In both instances, these informants noted that AJC services were redundant; the grantee agency or HVRP itself provided similar education, training, and job placement services. In one of these communities, a grantee informant noted that job placement did not increase with co-enrollment; however, a DVOP specialist

¹⁶ The eighth community is not categorized because, as noted in Chapter II, co-enrollment was not occurring at the time of the site visit due to the COVID-19 pandemic.

from the same community commented that the veterans referred were not interested in employment assistance. In the other community, a grantee informant said that their agency's employment services coupled with HVRP financial assistance addressed veterans' employment support needs. Thus, they did not see any additional benefit from co-enrollment at the AJC.

C. Employer partnerships and job placement and retention

The ultimate goal of HVRP is to place HVRP participants in self-sustaining jobs. Therefore, one of the key program outcomes is participant employment. To secure this employment, HVRP grantees need to engage employers to identify job opportunities for participants and provide participants with job placement and retention services. To this end, employer engagement is a key component of the HVRP model. Indeed, the FOA for PY 2020 required applicants to describe their approach to employer engagement to meet program goals for participant employment (U.S. Department of Labor 2020b).

Among grantee survey respondents, the majority (58 percent) listed employers as strong HVRP partners); both grantee survey respondents and site visit informants reported building and maintaining employer networks through a combination of outreach and resources drawn from complementary programs, including those from the AJC. To identify employment opportunities for veterans, grantee survey respondents indicated that they regularly used, on average, four of the eight methods listed in Figure IV.7. Specifically, more than half of the grantees reported regular engagement with employers through local job fairs (67 percent) and through coordinated employer outreach with various groups, including other employment and housing programs (58 percent). Approximately half of the grantees said they called employers to inquire about job openings or hiring veterans (50 percent), coordinated with other grantee organizations (50 percent), or worked with LVERs to identify potential employers (49 percent).

Site visit grantee informants reported building and maintaining relationships with employers, identifying jobs for veterans, and finding ways to encourage employers to hire veterans. Informants from three of the site visit grantees said that employer outreach was one of their primary HVRP functions, and four other grantee informants reported that the grantee agency and AJC collaborated on employer outreach activities. In one of these four communities, grantee staff noted that the HVRP director and LVER jointly conducted employer outreach. In two other communities, the HVRP grantees said that, while they had some involvement in outreach efforts, they relied on the AJC for most employer outreach. One of these two grantees served a large geographic area; the other operated both HVRP and WIOA Title I programs and was co-located in a veterans center with AJC services. For the latter, AJC and HVRP staff divided outreach responsibilities by employer and sector.

Figure IV.7. HVRP grantee methods for identifying potential employers



Source: 2020 Grantee Survey, question D7: “How often are each of these methods used by HVRP staff to identify potential employers for participants?”

Note: Sample includes 147 grantees. Respondents could select multiple responses so percentages might not add up to 100.

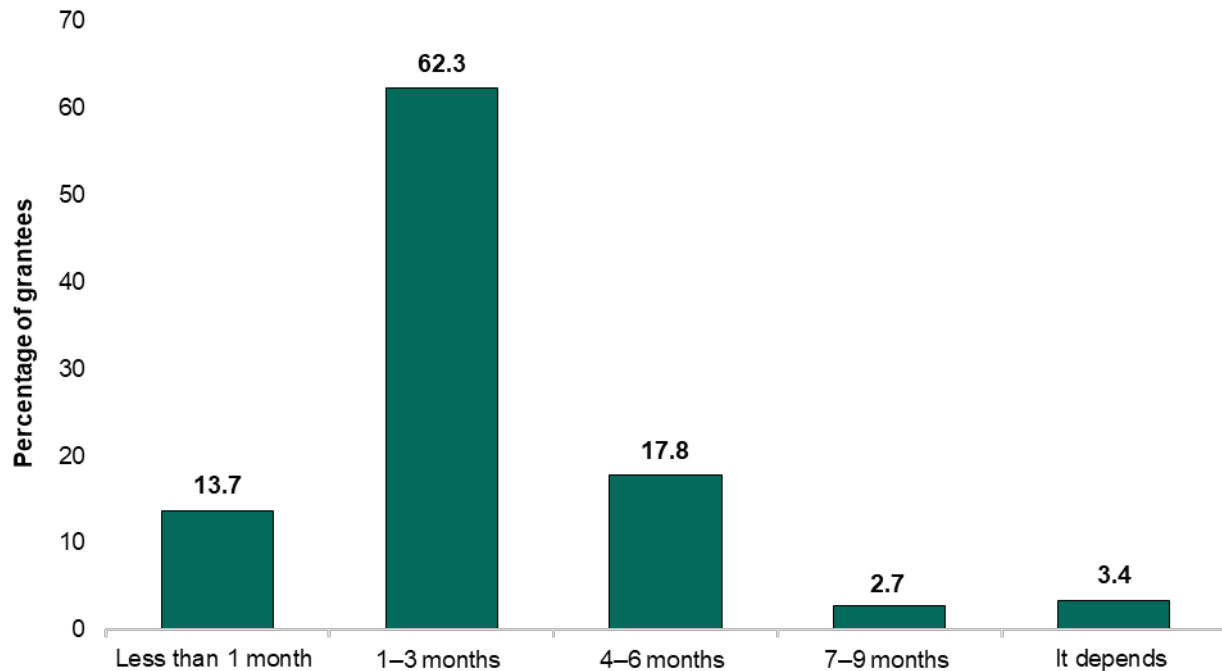
HVRP = Homeless Veterans’ Reintegration Program; LVERs = Local Veterans’ Employment Representatives.

Grantee informants across all the site visit communities said they identified new employer contacts or job openings, maintained relationships with employers, pitched employers, or some combination of the three. Informants identified three main types of collaborative employer outreach activities involving grantees and their partners: (1) conducting outreach to identify job openings and engage new employer partners, (2) maintaining contact with existing employer partners, and (3) advocating for veterans who have submitted job applications to employer partners. Informants from five grantees indicated that they identified new employers or job openings through online searches, cold calls to human resources contacts, and job fairs. Six grantee informants shared the approaches they used to encourage employers to hire veterans, including discussing tax benefits, appealing to employers’ hiring needs, and describing HVRP’s mission and ongoing support for veterans.

From another set of six grantees, informants described their work to maintain connections or build rapport with employers. Their outreach approaches included revisiting employers the grantee had previously worked with and encouraging them to hire veterans (one grantee) and contacting individuals the HVRP case manager knew from their own previous employment (three grantees). Informants from four of the six grantees reported that employers reached out to them with information on new job openings. Once a veteran applied to a job opening, case managers from two grantees indicated that they contacted the employer to check on the application status and advocate for the veteran.

According to grantee survey respondents, site visit informants, and interviewed participants, HVRP helped veterans get hired quickly. Grantees reported that, on average, it took HVRP participants four weeks to secure a job interview (not shown). More than 75 percent of grantees reported that HVRP participants were placed in jobs within three months of enrollment (Figure IV.8).

Figure IV.8. Average interval from HVRP participants' enrollment to job placement



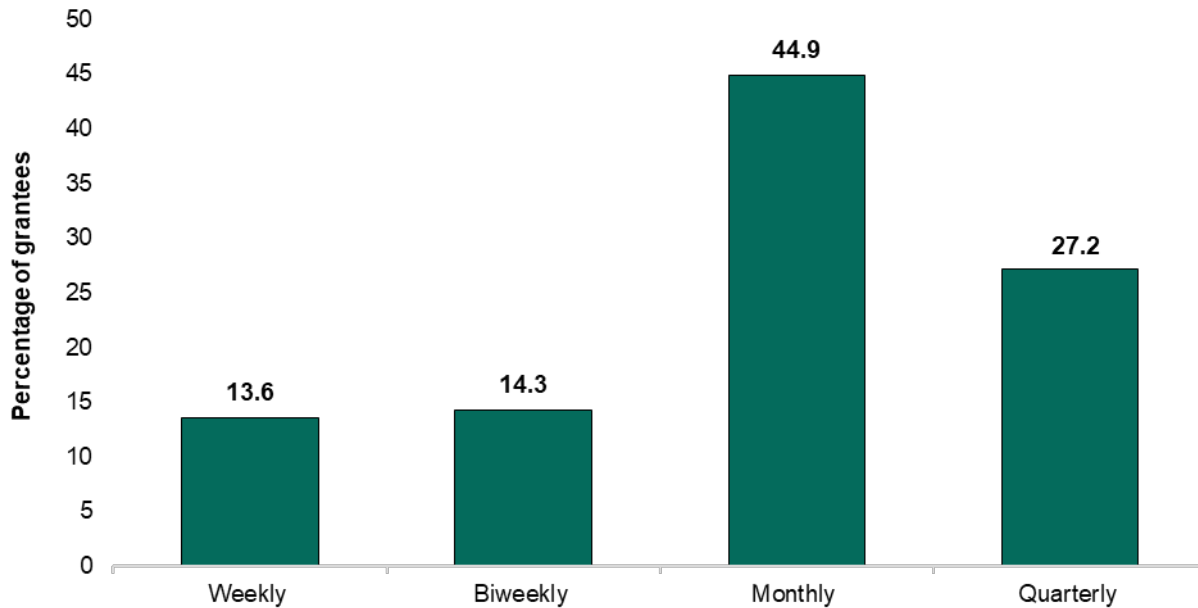
Source: 2020 Grantee Survey, question D9: "Approximately how long does it take the average participant from enrollment to job placement?"

Note: Sample includes 147 grantees.

HVRP = Homeless Veterans' Reintegration Program.

Almost half of HVRP grantees (45 percent) reported maintaining monthly contact with HVRP participants after they were placed in jobs, and 28 percent reported biweekly or weekly communication (Figure IV.9). Over two-thirds of HVRP grantees (69 percent) said they continued providing HVRP participants with follow-up support for at least 10 months after job placement (Appendix B, Table B.5).

Figure IV.9. HVRP grantees’ contact frequency with participants after job placement



Source: 2020 Grantee Survey, question D10: “Following job placement, how often does your program stay in contact with HVRP participants?”

Note: Sample includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program.

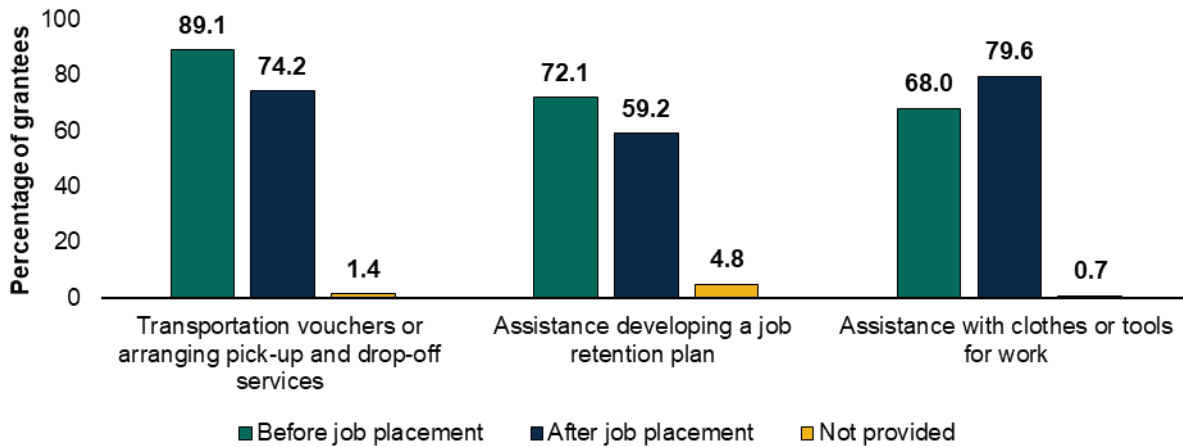
According to grantee survey respondents, the most common ways they helped HVRP participants obtain and maintain jobs included transportation assistance, job retention plans, and help securing clothes or tools for work (Figure IV.10). Transportation assistance was the most common tangible support, and it was provided both before (89 percent of grantees) and after (74 percent of grantees) job placement. Transportation support included vouchers (such as metro cards and gas cards) and arranging pick-up or drop-off services. Next was assistance with clothes or tools for work, which was also provided both before (68 percent of grantees) and after (80 percent of grantees) job placement. HVRP grantees also helped participants develop job retention plans, again both before (72 percent of grantees) and after (59 percent of grantees) job placement.

Veterans’ perspectives: Additional employment supports

Financial supports. HVRP participants from six grantees said they received funds from the grantee agency for services that helped facilitate their employment or personal stability. These funds may have come from HVRP or other programs and helped participants pay for expenses, such as cell phone bills, first month rent, and gift cards for groceries and laundry. Other uses veterans reported included car repairs and work clothing. Six of the interviewed veterans considered this type of funding the most practical and helpful aspect of HVRP.

Technological supports. Beyond direct case management and job searches, access to office resources, such as drop-in computer labs and printers—including those at the AJC—helped facilitate participant employment. Three of the veterans interviewed said they did not have experience using employment websites before HVRP; they were able to access online job boards and databases using the grantee agency’s computer lab and HVRP staff assistance. Four other veterans said they conducted self-directed job searches using the grantee agency’s computer lab.▲

Figure IV.10. Most common supports and assistance HVRP grantees provided participants



Source: 2020 Grantee Survey, question D14: “Please indicate if the following supports or incentives are provided to participants.”

Note: Respondents could select multiple responses so percentages might not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program.

Informants from all site visit grantees said they continued to engage with HVRP participants for some time after their job placement to ensure they were stable in their jobs and to help them navigate any challenges that might arise. However, four grantees reported that they frequently had trouble staying in contact with participants after they were employed because they might not have had consistent phone service, did not answer calls, and rarely reached out on their own. In addition, three grantees explicitly noted that veterans can re-enroll in HVRP if needed.

Data collection and reporting

Informants from all site visit grantees reported collecting the data required for the HVRP technical performance report (TPR) as well as client management data. Two site visit grantees tracked additional data related to participant placement, wages, and housing status. All site visit grantees recorded case details and veteran outcomes as well as program and staff performance indicators. Two reported using “homegrown” spreadsheets for internal methods of data reporting. Two grantees explicitly reported challenges with entering and cleaning in a timely fashion, due to the high reporting loads for case workers.

Among grantee survey respondents, only 9.5 percent indicated that tracking participant data and outcomes was a “major challenge.” Of those, 35.7 percent attributed the challenge to the COVID-19 pandemic.

According to site visit grantees, participant job placements were primarily in warehouses, construction, security, food service, and commercial driving. Informants from six site visit grantees reported learning about veterans’ needs, skills, and interests in preparation for job placement. For example, one grantee described performing a thorough intake process for veterans and building rapport with employers to determine whether a placement was a good fit for the employer and veteran. While job placements varied, certain sectors and job types were more common and referenced by multiple grantees. These included jobs in warehouses or construction (including forklift operating jobs), and the security, culinary, or commercial driving fields.

Veterans' perspectives: Job opportunities through HVRP

Of the 54 veterans interviewed, 21 reported being employed at the time of the interview, and 15 noted that HVRP staff helped them find their current job. These 15 veterans represented four different grantee agencies. They described their experiences being referred to and hired for jobs as outlined below.

Referrals were for:

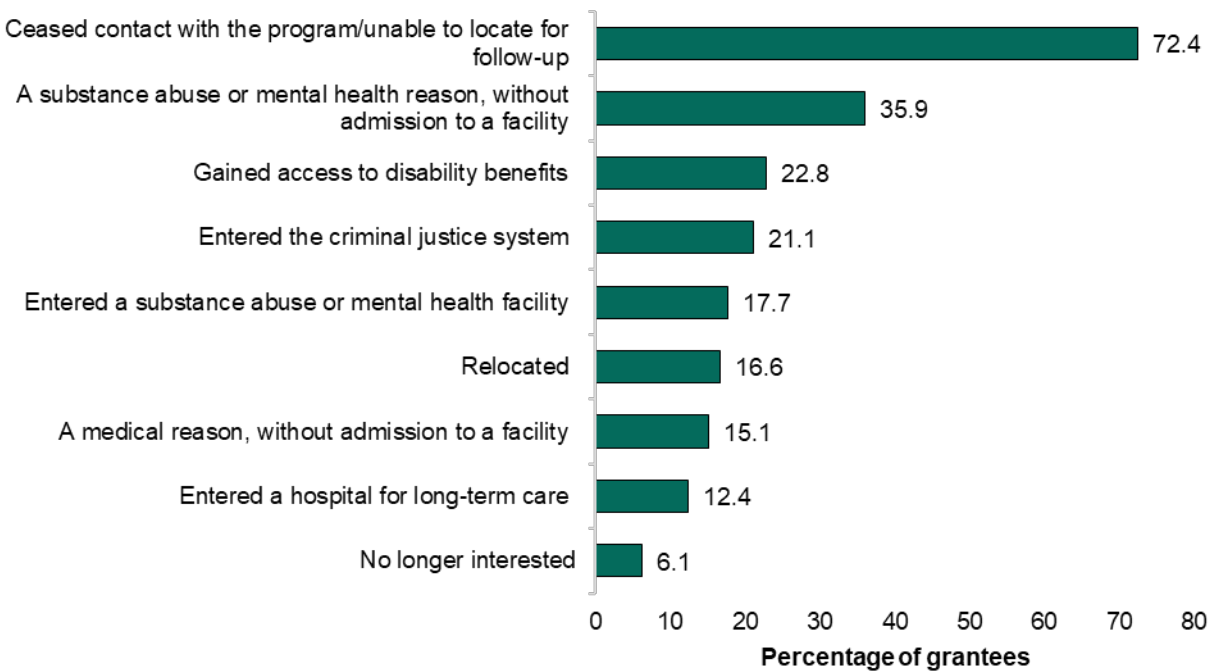
- **Jobs with immediate openings.** All 15 veterans reported being hired for jobs with immediate openings, generally in labor or service industries, or where HVRP staff had employer connections. According to these veterans, when HVRP staff coordinated with an employer, the interview and hiring processes were expedited; one veteran stated, "all I needed to do was show up." Five of the seven veterans interviewed from one grantee said that they were immediately referred to security positions because their case manager had an established connection with two local security companies. Two participants from another grantee reported finding employment in nearby warehouses through HVRP staff connections.
- **Jobs that did not meet their interests.** Of the 15 veterans, 13 said the most readily available job openings were not a good fit for their interests, skills, or qualifications. Five of these veterans noted that staff suggested jobs with immediate availability rather than finding the "right fit" for them because staff were focused on minimizing their unemployment period. These veterans discussed the option to revisit their employment plan with their HVRP case worker and seek a better match after they attained stability in their first job. One veteran reflected on the first job acquired through HVRP services: "So, yes, I'm grateful. Is it my first choice? No. But I'm sticking with it for the time being." Two of the five veterans were still connected with HVRP services to seek better jobs. In addition, eight veterans expressed frustration that they had not found a job that matched their professional background and qualifications, which included technology, information systems, and business administration.

Veterans were hired for jobs with:

- **Nontraditional work hours or a lack of benefits.** Of the 15 veterans, 10 reported getting a job through HVRP that did not typically follow a 9-to-5 work schedule. For example, four veterans mentioned early morning start times or long shifts. These positions included long-haul commercial driving, warehouse and manufacturing jobs, and food-service jobs.
- **Part- or full-time hours.** Employed veterans described a mix of part-time and full-time work; most of the 15 veterans employed through HVRP were working 15 to 40 hours per week. Although one veteran working part-time expressed a desire to work full-time and receive employee benefits, such as paid time off, at least two veterans working part-time said that they were not concerned about employee benefits because they received adequate benefits, such as health care, from the VA.
- **Challenging work conditions.** Five veterans described challenging work conditions, including physically demanding manual labor or long work hours. Three of these veterans represented one grantee; they were employed in warehouses and described difficult, labor-intensive work. One of the five veterans reflected on a manufacturing job, saying, "It's demoralizing because it's like I'm almost treated like I'm not good enough. There's no part of me in this world that is lazy...I just physically am killing myself. It's a 10-hour shift, and it's heavy lifting the whole day." Veterans who found a job with HVRP assistance frequently mentioned access to transportation as another challenge. For example, two veterans reported jobs that were too far away from their housing. Another veteran explained that his job had irregular hours and started before the public transit hours of operation, making it difficult to find affordable transportation to work without a car.▲

Grantees indicated that loss of contact with HVRP participants was the most common reason for veterans exiting the program before finding employment (Figure IV.11). Almost three-quarters of grantee survey respondents (72 percent) said that a major reason participants exited HVRP before finding employment was that grantees lost contact with them. Other major reasons cited were that participants had a substance abuse or mental health issue without admission to a facility (36 percent); participants gained access to disability benefits (23 percent); and participants entered the criminal justice system (21 percent).

Figure IV.11. Factors grantees considered a major reason veterans exited HVRP before finding employment



Source: 2020 Grantee Survey, question D12: “In your experience, is each of the following not a reason, a minor reason, or a major reason for participants to exit the program before employment?”

Note: Sample includes 146 responses out of the 147 grantees that participated in the survey.

HVRP = Homeless Veterans’ Reintegration Program.

Veterans’ perspectives: Leaving HVRP

Of the 54 veterans interviewed, 8 had exited HVRP at the time of their interviews. These veterans said they initiated their own exit, usually after a drop in services and communications. Reasons they gave for leaving included becoming employed, no longer needing services, falling out of touch with their case worker, deciding not to pursue services after initial contact, and moving to a different location. For example, two veterans said the pandemic made it too difficult to sustain communications and services. Two other veterans said they were no longer pursuing employment services because they were ready to retire.▲

V. Implications for the Impact Study

A primary goal of the implementation study is to inform and contextualize the findings of the impact study. For the impact study, the study team will use data from PY 2019 and PY 2020 to compare the employment status and earnings of two groups of veterans experiencing homelessness: (1) those participating in HVRP (the treatment group) and (2) those registered for the Wagner-Peyser Employment Service but not participating in HVRP (the comparison group). Although the impact study analysis is ongoing, the implementation study can inform three key areas to help interpret the impact study's findings: (1) HVRP outreach, referral, and enrollment; (2) approaches to implementation and the program model; and (3) community services available to veterans experiencing homelessness, whether or not they are participating in HVRP.¹⁷ As previously noted, the implementation study was conducted during the COVID-19 pandemic and reflects the challenges of that particular time. In addition, the generalizability of the site visit findings to a broader set of HVRP grantees or to other contexts is limited. However, the grantee survey and site visit data provide valuable information for informing and contextualizing the impact study findings.

A. HVRP outreach, referral, and enrollment

The ideal comparison group for the impact study would include individuals similar to HVRP participants in every way—except for their HVRP participation. To create the comparison group, the study team is matching HVRP participants co-enrolled at an AJC in the Wagner-Peyser Employment Service with veterans experiencing homelessness who registered for the Wagner-Peyser Employment Service at the AJC but did not participate in HVRP. Understanding how veterans enrolled in HVRP and received HVRP services helps inform the selection process for the comparison group by identifying appropriate matching variables. For example, because programs screen for “job readiness,” it is important to match the treatment and comparison groups based on recent employment, earnings, and health and disability measures.

Generally, HVRP participants were veterans who expressed interest in employment or appeared “job ready.” According to the grantee survey and the virtual site visits, the HVRP enrollment process generally included verifying a veteran’s program eligibility and screening for “job readiness” or an interest in employment. As reported in the grantee survey, about half of grantees focused their outreach on vulnerable veterans, such as those with justice involvement. However, veterans who identified significant barriers to employment may not have been enrolled in HVRP. Over one-third of grantee survey respondents indicated that the most common reason for not enrolling a veteran in HVRP was a challenge that prevented them from being job ready, such as a substance abuse or mental health issues.

In the site visit interviews, both the HVRP grantees and the referring agencies in their communities reported that they screened for job readiness. In five of the site visit communities, partner agencies and programs, such as shelters and transitional housing providers, included questions in their intake process that would help indicate whether a veteran should be referred to HVRP. For example, a partner agency might inquire whether a veteran was interested in finding a job. In the site visit interviews, staff from both HVRP grantees and their partners noted that veterans may need help addressing barriers to employment, such as mental or behavioral health needs, before enrolling in HVRP and looking for work.

¹⁷ The impact study estimates HVRP’s impact on participants’ earnings eight quarters after their enrollment in the program. The impact study report, which will be available in 2024, will provide more details of the impact study’s quasi-experimental design and the implications of the implementation study findings.

The data indicated that veterans considered job ready were more often enrolled in HVRP; however, the extent to which veterans not considered job ready might enroll in a program at the AJC is unclear. The only requirement for the Wagner-Peyser Employment Service is that the individual be eligible to work in the United States.

Due partly to COVID-19 pandemic disruptions, co-enrollment rates and AJC service delivery to HVRP participants may have been lower than expected. Most data collection occurred in the 12 months after the March 2020 onset of the COVID-19 pandemic. Three site visit grantees indicated that co-enrollment activities stopped as a direct result of the pandemic. In addition, the frequency with which co-enrolled veterans accessed services from both HVRP and the AJCs was uncertain. Over half of the grantee survey respondents reported that at least half of their HVRP participants were co-enrolled in JVSG services; however, less than one-third of the survey respondents indicated that a majority of their participants were enrolled in the Wagner-Peyser Employment Service. Furthermore, the site visit grantees noted that the DVOP specialists, their primary point of contact at the AJCs, typically determined the appropriate program or set of services for veterans. More than one-third of grantee survey respondents indicated that HVRP participants did not typically receive AJC services; 29 percent reported that some or a few participants received employment and training services at the AJC, and 9 percent indicated that none of their participants received such services.

Low co-enrollment rates during the study period could have important implications for the impact study if they make it impossible to identify enough individuals for both the treatment and comparison groups. The impact study is using Wagner-Peyser program data stored in the Workforce Integrated Performance System (WIPS) to identify HVRP participants and match them with veterans experiencing homelessness who did not participate in HVRP.¹⁸ Within the WIPS data set, veterans participating in HVRP are indicated with an HVRP flag. However, this data does not come directly from HVRP grantees; the grantees report HVRP participation through their technical performance reports. Because some HVRP participants were not co-enrolled at the AJC as required during the time period for the impact study (PY 2019 and PY 2020), it will not be possible to include all HVRP participants in the treatment group. Despite this concern, the study team analyzed the WIPS data set for this period and determined that it was possible to identify enough veterans in the treatment and comparison groups to conduct the desired analyses.¹⁹

Other factors may have influenced eligible veterans who chose not to enroll in HVRP. In the grantee survey, 32 percent of respondents reported that a major reason veterans did not enroll in HVRP was because they did not return after the initial interview. It is unclear both why they did not return and whether they turned to the AJC for services. One possibility is that these veterans did not need HVRP's

¹⁸ The WIPS data set contains information on participants in DOL workforce programs, including those funded under WIOA, and is used for performance reporting. The data contain information on both HVRP participants and other veterans experiencing homelessness who co-enroll in the Wagner-Peyser Employment Service, and data flags exist to identify both groups. More information about the WIPS data set can be found at <https://www.dol.gov/agencies/eta/performance/wips>.

¹⁹ The impact study sample will include approximately 1,400 HVRP participants co-enrolled in the Wagner-Peyser Employment Service and 4,700 homeless veterans enrolled in the Wagner-Peyser Employment Service but not in HVRP. Further information about this analysis and the impact study sample will be described in the evaluation's final impact study report in 2024.

additional support, a sentiment shared by several interviewed veterans who did not receive HVRP services.²⁰

B. Approaches to HVRP implementation and the program model

As part of the implementation study, the study team documented different approaches to HVRP implementation, with a particular emphasis on partnerships and coordination with other local agencies and systems. Understanding the key features of grantee programs and how they interacted with local AJCs can help interpret and contextualize the impact study findings. For example, site visit interviews with grantee staff and veterans suggest that HVRP case management and the relationships that HVRP case managers developed with participants could affect participants' motivation to find and maintain their employment.

Grantees and veterans in the site visit communities identified participant-centered case management as a valuable element of standard HVRP services. Recognizing the important role case management plays in helping veterans access and benefit from other community services, the HVRP FOA stipulated that grantees use a case management approach to support veterans' employment. In this role, case managers could connect veterans to beneficial services the veterans might not otherwise have been aware of or interested in, even if those services were available in the community. According to grantee survey respondents, case managers interacted with HVRP participants most frequently through weekly phone calls (77 percent). Site visit grantees noted that their ability to develop relationships and build trust with veterans was critical for supporting HVRP participants' eventual employment. Over half of HVRP participants interviewed for the implementation study emphasized the positive experiences they had with their HVRP case managers. However, the study team was unable to collect comparable information about veterans' potential experiences with case management services from the DVOP specialists or other community providers, such as the VA. Thus, for the impact study, it will be important to account for DVOP services the comparison group might have received, using program data stored in the WIPS data set.

Based on the site visits to the eight grantees, the study team observed that the HVRP grantees either (1) depended on community providers for referrals and complementary services (the external partners model) or (2) provided a full complement of in-house services themselves (the full-service model). In the first model, four HVRP grantees worked in close concert with external partners to provide complementary services, such as employment and housing assistance, to HVRP participants. In the second model, the four other grantee agencies offered HVRP along with direct housing assistance; they could also utilize other employment programs within their organizations. In communities with the external partners model, grantees and their AJC partners more frequently described a strong referral pathway that linked HVRP with AJC services and, compared to the communities using the full-service model, they also more frequently noted a reliance on the AJC for key employment services. For grantees using the full-service model, HVRP helped round out their services; it enabled them to provide a full set of services to facilitate stability in housing, employment, and life. Two of the full-service model grantees suggested that AJC employment services were redundant with the services they provided for veterans. In areas with the full-service model, one might expect less co-enrollment in AJC services, thereby affecting the number of HVRP participants that might be identified for the impact study.

²⁰ As previously noted, the study team sought to interview veterans experiencing homelessness who did not participate in HVRP, but did receive services at the AJC. Due to challenges identifying and recruiting veterans for these interviews, the study team only completed seven such interviews.

Site visit grantees reported a focus on job development and placement; however, the HVRP participants interviewed did not always find the HVRP-referred jobs desirable. The grantee survey respondents and the site visit grantee informants reported efforts to engage employers and develop job opportunities for HVRP participants. For example, site visit grantee informants described efforts to identify new employer partners, maintain contact with existing employer partners, and advocate for their HVRP participants. Informants from site visit grantees and their partners said they helped HVRP participants find jobs that matched their interests and needs, and more than 75 percent of the grantee survey respondents indicated that HVRP participants were placed in jobs within three months of enrollment. According to the site visit grantee informants and HVRP participants, these jobs were often in warehousing, construction, security, food service, or commercial driving. Just over half of the HVRP participants who were employed at the time of the interviews (13 of 21 employed participants) said they had been placed in jobs that were not a great fit for their interests or circumstances, such as those requiring physically demanding labor. However, as veterans were identified by HVRP grantees for interviews, this group does not represent all HVRP participants. The extent to which HVRP participants remained in jobs they did not find desirable or successfully found jobs that were a better fit for their skills and interests could have implications for the impact study's findings related to HVRP's impact on participants' employment and earnings. For example, veterans who did not find jobs that matched their interests could stop working after several months. The impact study's eight-quarter follow-up period is important to allow a sufficient amount of time to assess HVRP effects beyond participants' immediate job placement.

HVRP grantees reported that they most frequently provided assistance in the form of job search assistance (97 percent), tools or specific work clothing (96 percent), job placement services (95 percent), and work readiness or basic skills training (91 percent). To supplement these common services, grantee survey respondents reported that their partners were most likely to provide HVRP participants with more intensive employment services, such as on-the-job training, registered apprenticeships, compensated work therapy, short-term unpaid work experiences, and paid internships. Across the site visit communities, informants from HVRP grantees and the AJC noted that HVRP has the flexibility to provide financial supports that veterans might need for a job, such as tools and work boots. In two site visit communities, informants noted that these financial supports can complement other assistance that might be available to veterans through WIOA.

C. Community services available to veterans experiencing homelessness

The site visits provided valuable information about the other community services available to veterans experiencing homelessness. Without HVRP, it is likely that veterans' only access to employment services would have been through programs without a focus on veterans experiencing homelessness, such as the AJC, the VA, and other state or local funding sources. Although these alternative services were often described as similar to those offered through HVRP, site visit data indicated that when HVRP grantees worked in partnership with other programs, they were able to provide a more complete package of services for veterans than would have been possible in the absence of the program.

Overall, veterans experiencing homelessness had access to housing and employment resources through multiple programs funded by the VA, DOL, HUD, and community providers. Key informants and participants interviewed reported that housing assistance was available through HUD-VASH, SSVF, and the GPD. In addition, they noted that employment services were available through the

VA, the AJC, and other community providers. The VA in particular served as an entry point to services for health, housing, and employment, including the VA's in-house employment services.

Site visit informants also reported coordinating resources for veterans experiencing homelessness. Every site visit community had a plan to address homelessness that specifically identified homeless veterans. Site visit grantee informants reported efforts to create a full package of veteran support services, including employment, housing, and other forms of assistance, drawing on all available funding sources. This included grantees referring veterans ineligible for HVRP to partners that could provide them with resources.

Site visit informants and veterans reported that HVRP and other local agencies provided similar services. Site visit informants said that HVRP and programs with other funding streams, including the AJC and state and local programs, provided similar services. Some of the veterans interviewed also reported that HVRP and the AJC offered similar services. For example, about one-fourth of HVRP veterans interviewed said they had received employment services from the AJC that were similar to those provided through HVRP. These included employment readiness services, such as resume review and interview practice, assistance with job searches and transportation, and connections to job trainings and opportunities.

Through the implementation study, the study team sought to identify how HVRP's unique focus—helping veterans experiencing homelessness find meaningful work—was associated with service delivery, partnerships, and veterans' lives. Site visit grantees generally valued their partnerships with external service providers. However, grantee agencies with internal programs that offered extensive complementary services, such as housing, employment, and other support services, may have had less need for external partnerships. Veterans appreciated their case managers' efforts to support and encourage them in their job searches; they also valued other practical assistance HVRP provided, such as funding for job training, credentials, work clothing, tools, and transportation vouchers. Interviewed veterans also reported being quickly connected to job opportunities through HVRP, although jobs with immediate availability did not always match their interests or skills. The forthcoming impact study from the HVRP evaluation will assess whether these and other aspects of HVRP resulted in higher job placement and earnings for HVRP participants compared to similar veterans receiving services from the AJC.

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Appendix A. Implementation Study Methods

The implementation study's data sources included (1) a grantee survey of all PY 2020 grantees and (2) site visits to eight communities with HVRP grantees that were deliberately selected to inform the impact study.

1. Grantee survey

From October 28, 2020, to January 19, 2021, the study team administered a one-hour, web-based survey to the 157 program year 2020 (PY 2020) HVRP grantees. With this survey, the study team aimed to document key HVRP components, the approaches HVRP grantees used to identify eligible veterans and enroll them in their programs, and the role of partnerships in referrals and service provision.

Organizations that received multiple grants were asked to respond for each of their grants. The survey response rate was 94 percent among eligible grantees.²¹

The study team conducted descriptive data analyses of the grantee survey and summarized a variety of HVRP characteristics, including grantees' main referral and recruitment sources, program assessment and enrollment activities, case manager roles and responsibilities, the services participants received, program partners and their coordination with HVRP grantees, grantees' interactions with AJCs, and program challenges.

2. Site visits

From November 2020 through September 2021, the study team conducted site visits to eight grantees and their communities and interviewed HVRP grantee staff, their community partners, and HVRP participants. These grantees were deliberately selected for their ability to inform the impact study.

a. Selected grantees

For the site visits, the potential pool of grantees was limited to currently funded grantees that (1) were from the 11 locations included in the impact study and (2) had listed an AJC as a partner agency in their grantee application. From the 19 qualifying grantees, the study team deliberately selected 8 that offered diversity in geography, urbanicity, type of grantee agency, identified partners, time operating HVRP, and number of veterans served.

The eight selected grantees were diverse in nature, with different services provided, populations served, and experiences with HVRP. For example, six were community-based, nonprofit organizations, and two were government agencies. (One is a state Veterans Affairs office, and one was a county employment and training department.) As clarified through interviews with grantee staff (see Chapter II), HVRP was one program among a larger portfolio of services for all the selected grantee organizations. Some of these grantees managed more than one federal grant, such as a housing program for veterans. Of the seven grantee organizations with prior HVRP grants, five reported having an HVRP grant for more than five years, and one reported holding an HVRP grant continuously for 30 years. Grantees served different populations; three served veterans exclusively, and the other five served broader populations. For example, one grantee organization served anyone in the community seeking employment services, and another served all people experiencing homelessness.

²¹ One of the 157 grantees had withdrawn from the program when the survey began and was deemed ineligible.

b. Key informant interviews

The site visits to the eight selected grantee communities included key informant interviews with 26 grantee staff members and 58 partner and other community respondents. Through these interviews, which occurred between November 2020 and February 2021, the study team aimed to learn from key stakeholders about (1) the veterans enrolled in their HVRP programming and the processes for enrolling them; (2) the components of their program, including the services offered and their partner networks; and (3) the services available to homeless veterans in their community. Interview respondents included HVRP managers and staff as well as direct service staff at partner entities, as identified by HVRP grantee staff.

c. In-depth interviews with HVRP participants

The study team conducted five to eight in-depth virtual interviews with current and former HVRP participants from each selected grantee, for a total of 54 in-depth interviews.²² The participants interviewed were identified by grantee staff. These interviews took place between December 2020 and September 2021, and they captured valuable information about veterans, including their pathways to homelessness, the barriers they faced for finding work and staying employed, their experiences in HVRP and other employment and support services, and their post-program job and education activities. Importantly, the study team asked veterans to identify the HVRP program aspects they felt were most important to their success. This question was intended to help inform the study team's understanding of the core HVRP components that may be related to program outcomes. The interviews resulted in a further understanding of the decisions, lived experiences, and life challenges of veterans who experience homelessness and unemployment, and they provided valuable insights to help contextualize and interpret the impact study findings.

d. Data collection and analysis

The study team coded the key informant and in-depth interview data separately using qualitative software. After coding the data for each type of interview, the team analyzed the codes to identify common themes and then used these themes to develop key findings. The study team members who conducted the site visits met regularly throughout the code analysis process to corroborate findings and identify areas for further exploration.

²² The study team also sought to interview veterans from each site visit community who had not participated in HVRP to understand their pathway to services. However, recruiting these veterans proved challenging, and only seven such interviews were conducted across all eight site visit communities.

Appendix B. Grantee Survey Tables

Table B.1. Common ways partners support HVRP grantees

Partner	Top three ways partner supports HVRP grantee
VA Supportive Services for Veteran Families	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Referral source for services for HVRP participants • Housing assistance including emergency, transitional, and permanent
DOL: DVOP/LVER services	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Referral source for services for HVRP participants • Employment opportunities
VA Grant and Per Diem	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Referral source for services for HVRP participants • Housing assistance including emergency, transitional, and permanent
Veterans Service Organizations	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Referral source for services for HVRP participants • Housing assistance including emergency, transitional, and permanent
Community-based organizations (e.g., Goodwill, Salvation Army)	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Referral source for services for HVRP participants • Housing assistance including emergency, transitional, and permanent
Individual employers	<ul style="list-style-type: none"> • Employment opportunities • Referral source for services for HVRP participants • Referrals of participants to HVRP
HUD: Veterans Affairs Supportive Housing	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Housing assistance including emergency, transitional, and permanent • Referral source for services for HVRP participants
VA Mental Health Homeless Programs	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Referral source for services for HVRP participants • Housing assistance including emergency, transitional, and permanent
VA medical centers or networks	<ul style="list-style-type: none"> • Referral source for services for HVRP participants • Referrals of participants to HVRP • Housing assistance including emergency, transitional, and permanent
VA Community Resources and Referral Centers	<ul style="list-style-type: none"> • Referrals of participants to HVRP • Referral source for services for HVRP participants • Housing assistance including emergency, transitional, and permanent

Source: 2020 Grantee Survey, question E4 (“In which of the following ways did [FILL PARTNERS WITH WHOM THE GRANTEE HAS A MODERATE OR STRONG RELATIONSHIP WITH] help support the HVRP program?”).

Note: Sample includes 147 grantees.

DOL = U.S. Department of Labor; HVRP = Homeless Veterans’ Reintegration Program; DVOP = Disabled Veterans’ Outreach Program; HUD = U.S. Department of Housing and Urban Development; LVER = Local Veterans’ Employment Representative; VA = U.S. Department of Veterans Affairs.

Table B.2. Places from which HVRP grantees recruited veterans experiencing homelessness

Place of recruitment	Percentage of grantees that reported recruiting from each place	Percentage of grantees reporting the place as one of the three places they recruit the most participants
Emergency shelters	86.3	57.5
American Job Centers	84.9	50.0
VA medical centers and clinics	82.2	61.0
Veterans Service Organizations	80.8	54.1
Job fairs	78.1	15.1
Stand Down events	72.6	6.2
Local employers	50.7	6.8
Substance abuse treatment centers	50.7	12.3
Churches and faith-based organizations	41.8	2.1
Food banks	41.1	6.2
Soup kitchens	41.1	7.5
Day centers	35.6	9.6
Other	14.3	8.2

Source: 2020 Grantee Survey, questions A7 (“From which of the following do you recruit homeless veterans for your HVRP program?”) and A8 (“From which three places do you currently recruit the most participants for your HVRP program?”).

Note: Respondents could select multiple responses, so percentages do not add up to 100. Sample for first column includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program; VA = U.S. Department of Veterans Affairs.

Table B.3. HVRP case managers and their average caseload

	Minimum	Median	Maximum	Mean
Number of case managers				
Full time	0	3	8	2.8
Part time	0	0	4	0.4
Average case load				
Full time	2	15	70	19.7
Part time	0	10	35	11.1

Source: 2020 Grantee Survey, questions C1 (“How many full-time and part-time case managers work on your HVRP program?”) and C2 (“As of today, what is the average number of participants on a case manager’s caseload?”).

Note: Sample for grantees that reported having full-time managers: 141 grantees; sample for grantees that reported having part-time managers: 37 grantees.

HVRP = Homeless Veterans’ Reintegration Program.

Table B.4. Role of case managers in providing HVRP participant services

Role of case manager	Percentage of grantees		
	Case manager provides directly	Case manager refers participant	Not a case manager responsibility
Reviewing resumes or applications	93.9	15.6	4.1
Job search assistance	92.5	19.9	3.4
Job development activities, including reaching out to employers	87.7	25.3	5.5
Obtaining military discharge paperwork	78.1	43.2	2.1
Job clubs or job workshops	72.6	38.4	4.1
Transportation to and from services or work	53.1	53.7	12.2
Accessing VA benefits	32.9	78.1	4.8
Accessing SNAP/food stamps	27.4	76.7	7.5
Solving child care challenges	26.0	84.9	6.2
Negotiating wages, salary, or benefits	25.9	19.7	61.2
Transitional housing, emergency shelter, or rapid re-housing	20.5	83.6	2.7
Permanent housing	14.4	84.9	5.5
Addressing substance abuse issues	13.0	94.5	1.4
Addressing mental health issues	13.0	93.2	2.1
Accessing emergency or preventative medical care	11.0	88.4	5.5

Source: 2020 Grantee Survey, question C5 (“Does the HVRP case manager directly provide or refer participants for the following services?”)

Note: Respondents could select multiple responses; percentages might not add up to 100. Sample includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program; SNAP = Supplemental Nutrition Assistance Program; VA = U.S. Department of Veterans Affairs.

Table B.5. Characteristics of the process from enrollment to follow-up after job placement for HVRP participants

	Percentage of grantees
Average duration between enrollment and job interview	
Weeks	4.0
Average duration between enrollment and job placement	
Less than 1 month	13.7
1–3 months	62.3
4–6 months	17.8
7–9 months	2.7
It depends	3.4
Frequency with which grantee stays in contact with HVRP participant after job placement	
Weekly	13.6
Biweekly	14.3
Monthly	44.9
Quarterly	27.2
Length of time grantee provides follow-up support after job placement	
Less than 1 month	4.9
1–3 months	14.1
4–6 months	7.7
7–9 months	3.5
10–12 months	47.2
More than 12 months	21.8
As needed	0.7

Source: 2020 Grantee Survey, questions D8 (“On average, how long after enrollment in HVRP does it take for the Veteran to have a job interview? Your best estimate is fine.”), D9 (“Approximately, how long does it take the average participant from enrollment to job placement?”), D10 (“Following job placement, how often does your program stay in contact with HVRP participants?”), and D11 (“Following job placement, for what length of time do participants receive follow-up support/job retention services?”).

Note: Sample includes 147 grantees.

HVRP = Homeless Veterans’ Reintegration Program.

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