A literature review on this topic revealed the following practices to be evidence based and effective. The intention of this review is to substantiate best practices in HVRPs with research findings in the professional workforce development literature, such as they exist and are relevant to the HVRP population. Where research is limited or not directly about veterans or homeless populations, inferences were made to inform HVRP practices.

WHAT WORKS?

Research at Your Fingertips

RECRUITING AND RETAINING EXCELLENT STAFF: THE EVIDENCE

According to the Department of Housing and Urban Development's point-in-time counts for January 2014, more than half a million people were homeless on any given night in the United States. Nine percent of this cohort were veterans (National Alliance to End Homelessness, n.d.). Meeting the complex needs of this diverse subgroup can be challenging and requires a "knowledgeable, skilled, and committed workforce" (Olivet, McGraw, Grandin, & Bassuk, 2009, p. 227).

Estimated to be between 202,300 and 327,000 strong, the homeless services workforce is made up of executive leaders, clinical and program managers, independent living specialists, substance abuse counselors and prevention specialists, medical professionals, case managers, cross-system professionals, and residence-based and non-residential frontline direct support staff. Each of these job "clusters" contains many job categories and functions, and staff members serving in these roles have a variety of training and educational backgrounds. As a step toward establishing competencies and skill standards for homeless services staff specifically, the Homelessness Resource Center (HRC) developed a basic knowledge curriculum "to orient providers to the challenges of working with homeless populations" (Mullen & Leginski, 2010, p. 107).

Literature review findings were added to elements of the HRC curriculum to compile the following list of critical skills and knowledge for staff of Homeless Veterans Reintegration Programs (HVRPs), who are specifically tasked with assisting the reintegration of veterans who are homeless into meaningful employment within the labor force.

Critical Skills and Knowledge

People and issues. HRC's curriculum notes the diversity of the homeless population and their unique needs. HVRP staff members must be attentive to the diversity within its targeted clientele, as well. The average veteran experiencing homelessness is a male between the ages of 51 and 61; however, there are increasing numbers of veterans without a home who are younger, female, and heads of households (National Alliance to End Homelessness, 2015). Service members returning from Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn may be contributing to an overrepresentation among the homeless population of veterans between the ages of 18 and 30 (U.S. Department of Housing and Urban Development & U.S. Department of Veterans Affairs [VA], 2011). This age is a time for establishing self-identity, careers, and relationships, so services should be tailored accordingly (Brown, 2009). (For more characteristics of veterans who are homeless, see *Best Practice #2: Outreach Strategies*). One HVRP attributes its success to the comprehensive and holistic plan it develops for each client based on a 70-question, face-to-face interview. The plan, which is based on each client's strengths, skills, interests, barriers to employment, and need for various supportive services, leads to steady employment and permanent housing (United States Department of Labor, n.d., Best Practice Profiles).

Cultural competence. The majority of veterans experiencing homelessness identify their race as white, but numerous races are represented, including Hispanic/Latino, black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander (U.S. Department of Housing and Urban Development & VA, 2011). HVRP staff members must be prepared to work in cross-cultural situations and apply principles of cultural and linguistic competence (Homelessness Resource Center, 2009). Cultural competence also means understanding and speaking the language of military culture and of employers, such as in helping veterans relate the relevance of military skills to civilian tasks and explain military terms in civilian language, as well as updating veterans' resumes with keywords that employers use to electronically search for desired skills (Greendlinger & Spadoni, 2010; Goldfarb, 2015).

Strategies for outreach and engagement. Individuals who are homeless, particularly those experiencing chronic homelessness, can be difficult to engage in services for a variety of reasons, including unmanaged mental illness, fear of committing to a program or service requirements, and distrust. Lack of phones and fixed addresses, distance, and transportation issues can also impede engagement. Staff outreach efforts may be thwarted by a lack of language and interpretation services or lack of resources to offer those who are homeless (Knopf-Amelung, 2014). Overcoming disengagement can take significant effort and time invested over months or years of building relationships (DiPietro, Knopf, Artiga, & Arguello, 2012). HVRP staff must know how, when, and where to reach out to veterans who are homeless.

Motivational interviewing. Listed on the Substance Abuse and Mental Health Service Administration's (SAMHSA's) National Registry of Evidence-based Programs and Practices (December 2007), motivational interviewing (MI) has, in the words of the United States Interagency Council on Homelessness (USICH), "been proven effective at providing people with the motivation and confidence they need to change their lifestyles and instill healthier habits" (n.d.). It has four principles: expressing empathy, rolling with resistance, developing discrepancy, and supporting self-efficacy. In addition to positive treatment outcomes, the use of MI may result in greater job satisfaction and job retention, less confrontation between staff and consumers, and fewer no-shows or drop-outs (Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010; USICH, n.d.; Professional Patient Advocate Institute, 2010; Case Western Reserve University Center, n.d.; Levinson, 2004).

Basics of behavioral and physical health. Mental illness and substance-related disorders are the strongest predictors of becoming homeless after discharge from activity duty (VA Office of Inspector General, 2012). Just under half of the veterans who are homeless have serious mental illness, and up to 70 percent have substance abuse problems (Homelessness Resource Center, 2011). One-quarter of veterans have been diagnosed with some form of traumatic brain injury (Clervil, Grandin, & Greendlinger, 2010). In one study of veterans who were homeless, two-thirds of the participants reported a chronic medical

condition, and one-third had two or more chronic medical conditions, such as hypertension, hepatitis/cirrhosis, diabetes, and heart disease (O'Toole, Conde-Martel, Gibbon, Hanusa, & Fine, 2003). HVRP staff members need connections to behavioral and physical health providers and resources to guide veterans to the path to recovery and better health. Counseling skills can be useful in helping veterans who are reticent about seeking help for behavioral health issues.

Trauma-informed services. As noted in the HRC curriculum, many individuals who are homeless have experienced catastrophic illness, violence, abrupt separations, physical or sexual abuse, and combat (Homelessness Resource Center, 2009). As many as one-third of veterans have screened at risk for post-traumatic stress disorder (PTSD) (Clervil at al., 2010). PTSD stemming from military sexual trauma (MST) has been noted as "perhaps one of the most pressing mental health concerns facing female service members and veterans today" (Williams & Bernstein, 2011, p. 142). Female veterans are considered the fastest growing segment of the homeless population and nearly 40 percent of those experiencing homelessness screened positive for MST (Vasquez, 2011).

Systems 101. A thorough understanding of services provided through the Departments of Veterans' Affairs, Housing and Urban Development, and Health and Human Services, as well as the eligibility requirements of those services, will facilitate HRVP staff members' ability to help veterans maximize their benefits. HVRP staff must also be knowledgeable about the Social Security system and how to plan for changes in benefits as a result of earning income. Finally, it is beneficial to establish working relationships with other services in the community that address the needs of veterans who are homeless, such as Disabled Veterans' Outreach Program and Local Veterans' Employment Representatives stationed in the local employment service offices of State Workforce Agencies, Workforce Investment Boards, One-Stop Centers, Veterans' Workforce Investment Program, the American Legion, Disabled American Veterans, Veterans of Foreign Wars, transitional housing programs, day service programs, local coalitions that address veterans' issues,

Department of Corrections, public health clinics, etc. (U.S. Department of Labor, n.d., VETS HVRP Fact Sheet 4; Greendlinger & Spadoni, 2010).

Housing options. The Washington Legal Clinic for Homeless (2014) notes that "it is incredibly difficult to get or keep a job when you don't have a stable home." The VA adopted, as national policy, a Housing First approach for its homeless programs (Montgomery, Hill, Culhane, & Kane, 2014). This evidence-based approach provides permanent housing as an initial service, with no prerequisites for abstinence, psychiatric stability, or completion of treatment programs (National Registry of Evidence-based Programs and Practices, November 2007; Tsemberis, Gulcur, & Nakae, 2004). Housing First has been documented to reduce veterans' time to housing placement and increase their housing retention rates (Montgomery, Hill, Kane, & Culhane, 2013). In the absence of readily available permanent housing, HRVP staff should be prepared to make referrals to temporary or transitional housing. Staff should understand that limited resources sometimes result in a priority system that favors single parents with dependent children, individuals who are older, and individuals with disabilities over veterans with no obvious substance use disorder, mental illness, or other disability (National Coalition for Homeless Veterans, 2010).

Documentation. HVRP staff is required to document veterans' participation in HVRP, as well as their goals and progress toward those goals. Taking accurate notes and keeping complete records are also important when clients seek help in applying for benefits and entitlements, and when documenting a disability. One in 10 veterans is disabled, and combat-related mental and physical disabilities are noted as primary causes of homelessness among veterans (Veterans, Inc., n.d.). The employment rate of veterans with a disability is significantly lower than that of veterans without a disability (Erickson & Rudstam, n.d.). To receive Social Security Disability Insurance and other disability benefits, extensive documentation is required. Challenges that veterans who are homeless have in filing disability claims have been noted in the news media (Freemark, 2012). For veterans experiencing homelessness who have no personal files or

computers, it is simpler for the HVRP office to manage documentation.

Employment readiness and job placement.
The Deputy Director of the USICH stated that the "best defense against homelessness is a job that pays enough to afford a place to live" (Love, n.d.). Unemployment and underemployment are two of the most critical issues affecting veterans who are homeless. Veterans often have difficulty transferring their military occupational specialty skills to the civilian workplace, and the work experience of younger veterans may seem only applicable to jobs that offer little pay (National Coalition for Homeless Veterans, 2010). Veterans need job assessment, training, and placement assistance (National Coalition for Homeless Veterans, n.d.). Job readiness training commonly encompasses identifying participant's career interests, refining job search skills, assisting in completing job applications, building résumés, developing interview skills, and practicing workplace behavior (sometimes referred to as "soft skills"). Research indicates that soft skills are more important to employers than technical skills, particularly when job seekers have low incomes (Chaganti, Meschede, & Routhier, 2015).

Community-based job development. In HRVP, job development entails both a "supply" side and a "demand" side. The purpose of the supply side is to meet job-seekers' needs (described in the preceding paragraph). The purpose of the demand side is to meet employers' needs. Often associated with employer marketing, this involves establishment of Business Advisory Councils, labor market identification, job testing, and hiring incentives (Shaheen, n.d.). Traditional job development activities, such as "prospecting, sales pitches, overcoming objections, and deal closings," are giving way to strategies that connect veterans with a job that fits them and that form a bond between employers and job seekers. Customized employment, for example, uses a discovery process that gathers information on the veteran's skills, employment interests, and support needs (the supply side) to guide the job search, which may include informational interviews of employers, pursuit of small businesses, and negotiation with employers (demand side) (Griffin, 2010).

Job-driven training. The fifth objective listed in Opening Doors, USICH's strategic plan to prevent and end homelessness, is to increase meaningful and sustainable employment for people experiencing homelessness (USICH, 2015). In 2014, the Obama administration resolved to implement steps to make federal training programs more "job-driven," meaning responsive to the needs of employers in order to effectively place ready-to-work Americans in jobs that are available now or train them in the skills needed for better jobs (The White House, Office of the Press Secretary, 2014). HVRP grantees must promote active engagement with industry, employers, and employer associations to identify the skills needed for in-demand jobs and careers (The White House, 2014).

Personal Characteristics

In addition to the critical skills and knowledge noted above, effective homeless service workers possess certain personal characteristics. One literature review indicated that outreach workers need to be flexible, empathetic, respectful, non-judgmental, committed, and persistent in order to engage individuals who are homeless (Olivet, Bassuk, Elstad, Kenney, & Jassil, 2010). A curriculum for homeless outreach workers added the following descriptors: patient, diplomatic, assertive, resourceful/creative, calm, clear-headed, and centered (Kraybill, 2002). Homeless service workers also demonstrate good judgement and street sense, hold realistic expectations, and have a sense of humor (Erickson & Page, 1999). They communicate effectively in a non-threatening manner, take the initiative, express a desire to learn, perform well as team players, and set appropriate boundaries (Olivet et al., 2009; Erickson & Page, 1999; Kraybill, 2002).

Building the HVRP Team

A study on staffing challenges and strategies for organizations serving individuals who experience chronic homelessness presented its findings in three categories; the first of these categories is creating diverse, multi-disciplinary teams (Olivet et al., 2009).

Team composition. Constructing a staff team in HVRP involves assembling employees who possess

the above noted skills, knowledge, and characteristics. A team of three may have a common background in workforce development, but each contributes to the team a unique skill or specific knowledge, such as benefit planning or use of social media in job retention or client engagement. Another model is for job developers or employment specialists to work closely with peer support/community integration specialists. Many HVRP teams are small staff groups, but some programs integrate their HVRP team within a larger veteran services team funded by other sources, such as the **Grant and Per Diem** program or the **Supportive Services for Veteran Families** program.

Peer-to-peer approach. Peer-delivered services have been used in social service programs for many years and are designated by the Center for Mental Health Services as an evidence-based practice (Rio & Kirkman, 2013). In the afore-mentioned study on staffing challenges and strategies for organizations serving individuals who experience chronic homeless, "formerly homeless individuals as peer counselors or peer support specialists" is included as a best practice related to staffing programs. One study respondent noted that peer inclusion was crucial to engaging difficult populations (Olivet et al., 2009). A SAMHSA study (2011) on peer-delivered services found an overall increase in well-being among study participants and a greater average increase in well-being among those who used the service the most, as well as an increase in most measures of empowerment correlated with the extent to which consumers used peer services. The VA adopted peer-delivered services as a key component of its behavior health treatment system, and in 2012, President Obama ordered the VA to hire peer-to-peer support counselors to support other veterans (Rio & Kirkman, 2013). HVRP has long advocated for the involvement of veterans who have personally experienced homelessness in staffing. Originally intended as an outreach component, HRVPs are now using peers in counseling, coaching, intake, and follow-up services. A program featured in Best Practices: Profiles of Promising Homeless Veterans Reintegration Program Grantees partially attributes its success to the "number of former [veterans who experienced homelessness] who now provide

assistance to other homeless veterans struggling with the fears and challenges they once encountered" (National Coalition for Homeless Veterans, 2012).

Retaining the HRVP Team

Retaining homeless service workers is perhaps as demanding as recruiting them. There are many challenges associated with this work, including interacting with a population with unique needs, experiencing difficulty engaging clients in services, working in non-traditional settings, managing multiple systems, confronting negative public attitudes, working in a low-wage environment, and dealing with burnout and compassion fatigue (Mullen & Leginski, 2010). The following strategies can counteract these challenges and decrease staff turnover:

Conduct training. Initial basic training in the competencies noted above should be regularly supplemented by focused training on mental health, substance abuse, HIV, crisis management, basic first aid, supportive employment, and accessing benefits. The heavy emphasis on evidence-based practices calls for training on the rationale for using them and on the skills for their proper implementation (Olivet et al., 2009).

Develop a supportive organization. Workers benefit from the support and advocacy of their leadership (Erickson & Page, 1999). Strong supervision is recommended, and it should be tailored to the operating style of the agency and the employees: weekly individual supervision, group supervision, or in vivo supervision on home visits or work in the community. Other formal supports include staff retreats with discernable follow-up, peer support in team meetings, and critical incident debriefing. The latter not only helps staff deal with difficult events, such as client death, but also provides opportunity to improve clinical practice (Olivet et al., 2009). Offering flexible work schedules to staff has been found to improve organizational resilience and reduce the desire to find a new job (Mullen & Leginski, 2010).

Provide informal supports. Celebrating accomplishments, honoring staff birthdays, injecting humor into the workday, holding staff appreciation days, and providing social outings for staff all help prevent burnout and build team solidarity (Olivet et al., 2009).

Encourage self-care. Staff should be prompted to regularly practice self-care to maintain a healthy balance physically, emotionally, intellectually, and spiritually (Homelessness Resource Center, 2007). Actions to take at the workplace include working reasonable hours, having a comfortable and functional workspace, and developing collegial relationships with co-workers. Identifying and addressing sources of frustration can also counteract burnout (Olivet, 2007).

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