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Abstract

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Community integration—an individual's embeddedness in his/her community—impacts mental and physical health. This study aimed to understand factors affecting community integration among Veterans in the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program. Semi-structured interviews and focus groups were conducted with HUD-VASH staff (n=14) and persons residing in project- (n=9) and tenant-based (n=9) housing at VA Greater Los Angeles. Participants identified neighborhood safety concerns as a limitation to community integration. Participants were reluctant to connect with HUD-VASH peers living nearby because they wanted to focus on their own recovery **(e.g., from substance use); and many were dissatisfied with the location of their apartments.** Staff valued community **integration but** saw it as secondary to housing retention. **Increased access to safe neighborhoods (e.g., through relationship building with landlords) and the addition of staff dedicated to improving community integration (e.g., peer-support specialists) would enhance community integration in the HUD-VASH program.**

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INTRODUCTION

Permanent supportive housing (PSH) is an evidence-based practice that offers subsidized, community-based housing and supportive services to persons experiencing homelessness (Martinez & Burt, 2006; Rog et al., 2014; Tsemberis & Eisenberg, 2000). In addition to increasing housing tenure, PSH is associated with decreased Emergency Department visits and inpatient hospitalization rates (Rog et al., 2014). However, persons in PSH have limited success in community integration, which encompasses community participation (e.g., use of community resources), civic activity (e.g., involvement in local government), religious involvement, vocational activities, and social support (Friedrich, Hollingsworth, Hradek, Friedrich, & Culp, 2014; Siegel et al., 2006; Tsai & Rosenheck, 2012). We know little about why formerly homeless persons in PSH struggle to achieve community integration, including how housing and neighborhood characteristics affect the integration process.

PSH serves vulnerable individuals; participants are chronically homeless with high rates of mental illness, substance use disorders, and/or chronic medical conditions ("Supportive Housing : CSH," 2018). **For persons with physical and mental health disabilities, "recovery" encompasses the process of building a meaningful and fulfilling life, with autonomy and social relationships (Lloyd and Wagner, 2008). Community integration is a central recovery goal for persons with disabling conditions (McColl, Davies, Carlson, Johnston, & Minnes, 2001; Organization, 2001; Yanos, Stefanic, & Tsemberis, 2011). One definition of community integration consists of three dimensions: physical, social, and psychological integration. Physical integration involves time spent within one's community and the ability to live independently. Social integration takes a social network perspective, examining social interactions, social roles, and social support. Psychological integration consists of a sense of belonging, including self-perception of community membership (Wong & Solomon, 2002).** Among formerly homeless individuals, **community integration is** associated with improved mental health, decreased substance use (Hwang et al., 2009), better housing retention (Nelson et al., 2015; Wong & Stanhope, 2009), and improved subjective well-being (Barczyk, Thompson, & Rew, 2014).

The U.S. Department of Housing and Urban Development (HUD)-Veteran Affairs Supportive Housing (VASH) program is the nation's largest PSH program and an ideal setting to examine outcomes among PSH participants. HUD-VASH uses vouchers to provide subsidies for independent, permanent housing with supportive services, including non-mandated linkages to healthcare (Austin et al., 2014). HUD-VASH uses two voucher types, project and tenant-based. Project-based vouchers (8% of HUD-VASH vouchers) subsidize housing in dedicated

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multi-unit facilities for low-income persons, with **on-site case management** (A. Montgomery et al., 2019). Tenant-based vouchers (92% of HUD-VASH vouchers) subsidize market rate housing in the community. Regardless of voucher type, participants receive **field-based** case management and linkages to community-based resources. Engagement in health services and sobriety are not mandated in the program. There are no differences in housing stability by voucher type (Pearson, Montgomery, & Locke, 2009; Somers et al., 2017), but limited research suggests that only project-based recipients show improvements in subjective experiences of belonging and community participation (Somers et al., 2017). However, little is known about reasons for these differences in community integration outcomes, including the potential impacts of housing and neighborhood characteristics (e.g., socio-economic factors).

We used qualitative methods to understand factors associated with community integration in HUD-VASH participants. **We used a multi-dimensional definition (i.e., physical, social, and psychological integration)(Chinchilla et al., 2019) and** were interested in understanding HUD-VASH participants' integration into the Veteran and broader community. **Using participants' experiences and HUD-VASH staff observations, we** explored differential experiences of community integration among HUD-VASH participants in project-based vs. tenant-based housing. **Research suggests that voucher type can impact community integration (Harris et al., 2018; Somers et al., 2017); however there has been minimal qualitative analysis of PSH participants' experience by voucher type and much less research examining community integration among formerly homeless Veterans, which is what we proposed to do under this study**. Findings are used to suggest programmatic changes that may improve HUD-VASH participants' community integration outcomes.

METHODS

Setting

This study was conducted in the HUD-VASH program at VA Greater Los Angeles (VAGLA), which has nearly 7,000 participants. In the HUD-VASH program, HUD provides a financial subsidy for housing (Housing Choice Voucher), while the VA provides clinical services delivered by multidisciplinary teams (A. E. Montgomery et al., 2018). HUD-VASH participants must be eligible for VA healthcare, be homeless or on the verge of homelessness, and meet HUD income requirements for a housing subsidy. Unlike other PSH programs, HUD-VASH requires that participants have a need for and be willing to participate in case management.

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Regardless of voucher type (i.e., project- or tenant-based), Veterans pay 30-40% of their monthly income toward rent (HUD Exchange, 2018). HUD-VASH includes field-based case management, access to a housing specialist to assist with housing location, and linkages to a breadth of VA services, including medical and mental healthcare, substance abuse treatment, and vocational training. However, there are rarely any structured supports for community integration, even in project-based housing. The case management to client ratio is 1 to 25; while case management may be provided at differing levels of intensity based on client need, HUD-VASH rarely provides Assertive Community Treatment-level services.

Guidance on voucher allocation states that project-based vouchers are designed to serve high need participants, such as people with more days homeless or more episodes of homelessness, complex medical and mental health conditions, or criminal records (Ellison et al., 2012). Project-based sites at VAGLA range from 7 to 54 HUD-VASH participants and these sites can be found across Los Angeles County. Currently, VAGLA has only one project-based site located on hospital grounds. Tenant-based participants live in apartments located across the County and rely on private landlords' willingness to receive rental payments through the voucher program.

Previous research suggests there are no significant differences with regard to housing stability by voucher type (Pearson, Montgomery, & Locke, 2009; Somers et al., 2017). Nationally, 25% of HUD-VASH participants exit the program every year (O'connell, Kasprow, & Rosenheck, 2010), many returning to homelessness (Gabrielian et al., 2015). The VA tracks basic community integration participant information (e.g., housing retention, employment, and community adjustment) through quarterly progress reports, and research shows that participants with mental health needs have poor community integration outcomes (Chinchilla et al., 2019).

Participants

Between August 2017 and January 2018, we performed semi-structured interviews and focus groups with HUD-VASH staff (social workers, nurses, and peer support specialists, n=14); persons residing in project-based HUD-VASH (n=9); and persons residing in tenant-based HUD-VASH (n=9) at the VAGLA.

We e-mailed all HUD-VASH staff at VAGLA to identify individuals interested in participating in data collection. Staff reached out directly to the interviewer. We strove to include staff across the professional disciplines represented in HUD-VASH, i.e., social work, nursing, and peer support specialists. Subsequently, HUD-VASH staff

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identified a convenience sample of Veterans on their HUD-VASH caseload. These Veterans resided in two project-based sites and in tenant-based housing throughout Los Angeles County; some HUD-VASH participants were identified using snowball sampling, with participants referring subsequent interviewees. We were limited to collecting data from nine persons each in project- and tenant-based housing by the Paperwork Reduction Act of 1995, 5 Code of Federal Regulations 1320 (Office of Mangament and Budget, 1995). **The Paperwork Reduction Act of 1995 was designed to minimize burdens and maximize practical utility and public benefit of research disseminated by or for the Federal government. The Act allows researchers to collect data on less than 10 individuals through an expedited approval process.** Verbal consent was obtained from all interviewees. This project was formally designated a VA quality improvement activity; **as such, we were not allowed to run analyses on demographics and diagnoses of participants and, therefore, did not collect this data.** Authors report no conflicts of interest and certify responsibility.

Interview Structure and Data Analysis

Most data from staff and Veterans were collected in the form of semi-structured individual interviews (n=27, ~45 minutes/each), except for five project-based HUD-VASH participants who participated in a 60-minute focus group. HUD-VASH participants were interviewed in person and HUD-VASH staff were interviewed by phone. All interviews and the focus group were conducted in English by one author (MC). Data collection explored factors associated with community integration (McColl et al., 2001) from staff and program participants' perspectives. Interviews and the focus group examined the interactions between housing type (project-based vs. tenant-based), neighborhood characteristics, and social networks, as well as the implications of these variables on HUD-VASH participants' community integration. **Questions were meant to elicit participants' perspectives** about their experience in PSH **(e.g., why they chose their current place of residence and what they disliked and liked about their housing unit)**, their neighborhoods **(e.g., accessibility to and use of local resources, as well as concerns about safety),** and their socialization patterns **(e.g., whether they know their neighbors, spend time with family and friends, or engage with the surrounding community through local activities or events). Previous research shows that the three topic areas covered (i.e., housing characteristics, neighborhoods, and support networks) are central to community integration experiences.** We obtained HUD-VASH staff members' perceptions of program participants' community integration, including the obstacles faced and opportunities to enhance outcomes. **Questions for both participants and staff were open ended and the interviewer (MC) used**

follow-up probes to extend and clarify responses.

All interviews and focus groups were audio-recorded and professionally transcribed. We used thematic data analyses to identify patterns in interviewees' descriptions of factors associated with community integration in PSH. A top-level codebook was constructed using the interview and focus group guides, as well as the community integration conceptual framework (**physical, social, and psychological integration)** (McColl et al., 2001; Wong & Solomon, 2002). **Interviews were examined as a whole, as well as aggregated by sample (i.e., staff, project-based, and tenant-based participants).** Coding was an iterative process and themes were refined through ongoing analysis and discussion of qualitative data and field notes. **First, transcripts were read and broad topics were identified (e.g., neighborhoods). Text was organized by broad categories, then re-read and re-organized into subcategories (e.g., neighborhood safety). The subcategories were reviewed for exemplary passages that illustrated the various themes.** The primary author (MC) coded all interview and focus group data. The codebook, prevalent themes, and associated examples from the narratives were discussed iteratively with two co-authors (SG, AG) to clarify emergent ideas and identify thematic connections (Saldaña, 2015). The final list of themes and examples were reviewed and finalized with the entire research team. Specific attention was given to similarities and differences by theme across HUD-VASH staff and program participants. All analyses were conducted with ATLAS.ti, a qualitative data software tool **that allows for the organization of data** ("ATLAS.ti," 2018).

RESULTS

Sample

Most (n=16, 89%) HUD-VASH participants were men; only two participants were women. Participants' time **housed by** the HUD-VASH program ranged from seven months to three years. HUD-VASH staff included case managers (n=11), peer support specialists (n=2), and a nurse practitioner (n=1). Project-based participants lived in two different housing sites, one on the VA campus that targeted only Veterans and one in the community that housed a mixed population (i.e., Veteran and non-Veteran). Tenant-based participants lived in communities across Los Angeles County.

Staff respondents had varying program experience; some worked in both project-based and tenant-based housing, while others worked primarily with one voucher type (i.e., project-based or tenant-based). Staff respondents' time working for the HUD-VASH program ranged from one to seven years. Staff respondents worked across southern California and California's Central Valley.

We identified significant parallels between participant responses regardless of voucher type. Therefore, we report participant themes as part of an aggregate sample. We identified four salient themes across our qualitative data analyses:

Theme 1: Temporary Nature of Supportive Housing Placement

Participants frequently felt that they had limited housing choice and were choosing rental units simply to exit homelessness instead of picking a unit they desired. As such, participants conceptualized their housing as temporary or a bridge to higher quality housing in more desirable locations. Staff respondents corroborated that limited housing stock and time constraints for voucher use meant that HUD-VASH participants often ended up in undesirable housing placements. Such placements negatively impacted participants' sense of permanency and community.

When asked about housing satisfaction and whether he would like to remain in his current building, one project-based participant stated, "Well remember nobody in this [building] is jumping up hollering I'm happy, happy, happy, happy. This is just a stopping place. This is just a go between to take the pressure [off]…" Participants described moving into their housing as a last resort, as the easiest option after spending significant amounts of time looking for housing opportunities with tenant-based vouchers with limited success; "I started out with the [tenant-based] voucher. I could not find a one bedroom in a neighborhood in LA that I would live in…This was a last resort for me...The only reason I moved here was because it was an easy move." Participants also felt that their vouchers provided them with a stable place to work toward recovery and subsequently explore other housing options.

Participants stressed a desire to move to higher quality and safer neighborhoods. One participant described his future plans: "Now, when I initially went to look for places, not knowing this city, so best to get [my] foot in where [I could]…Now, I can look away from the semi-commercial atmosphere that I'm in and look someplace like the good parts of Baldwin Hills where it's nicer." Participants felt constrained by HUD-VASH requirements to identify permanent housing within a designated time period; due to a competitive Los Angeles rental market, they were frequently unable to find housing in desirable locations in this time frame. Nearly all participants expressed a desire to move from their initial housing placements.

Staff respondents acknowledged that requirements to find housing within a designated timespan resulted in the transitional nature of housing placement. While participants experienced pressure to use their voucher before it expired, staff respondents felt a need to meet HUD-VASH productivity goals by increasing the number of

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placements. As one case manager noted, "You know, it's focused on the numbers of how many we got housed."

Efforts to quickly house program participants resulted in poor housing matches, including poor fits between

landlords and participants and placements in unsafe and under-resourced areas. Staff respondents recognized that

such placements were not conducive to the long-term well-being and community integration of program

participants.

Theme 2: Neighborhood Safety and Social Isolation

Neighborhood safety was a primary reason why participants were dissatisfied with their communities. Unsafe

neighborhoods negatively impacted community integration by limiting community engagement and social

interactions. Safety concerns included gun violence, gangs, assault, theft, drug trade and use, traffic safety,

prostitution, noise disturbances, pan handling, issues with neighborhood cleanliness, and verbal harassment. These

concerns impacted participants' mobility and use of public spaces. Participants frequently did not feel safe in their

communities, particularly at night. A respondent expressed, "The offer of drugs, sexual harassment, physical

intimidation, they block the sidewalks…I have to go through a bunch of crap just to get home." Another participant

recounted; "I was coming home…I was approached by one of the Crips and he asked me, in a very good way, he

said, hey, old man, isn't it past your bedtime? I was out beyond a gang-imposed curfew." One participant stated that,

due to safety concerns, he did not walk more than two blocks in his neighborhood; "If I go anywhere, I don't go

walking past maybe two blocks in the daytime. At night, I don't go out the gate unless I'm in my car." These

experiences stood in sharp contrast to project-based participants that lived on the VA campus, who expressed a

greater sense of safety and mobility. One participant stated, "…tomorrow I'll be walking to the beach, I gotta go to

work. So, I put on my music and I go. But that's—I love to walk." This participant felt safe walking on VA grounds

and the local neighborhood, a middle to upper income section of the county.

Participants expressed hesitation in having children visit unsafe neighborhoods. This resulted in delayed

reunification plans and fewer family visits. One participant wanted his son to move into his HUD-VASH apartment

but had safety concerns. He stated, "It's like I would not want my child to come out here and go to school. I would

like for my child to come out here after he graduates, because that's where all the recruiting and stuff go on. You

know, for these street gangs..." Another participant described neighborhood safety as preventing him from inviting

his family to visit; "My son came and took me to lunch one time and I hated him to see the area that I live in…I

don't want to expose my son to the criminal element that's pretty evident in my neighborhood…Because I would

hate for something out of the blue to happen." In addition to feeling ashamed of his neighborhood, this participant worried about his family's safety. These concerns limited his interaction with family and likely affected the strength of his social support system.

Staff respondents confirmed that neighborhood safety impacted participants' mobility. The tight rental market in Los Angeles, compounded by voucher timelines, often resulted in undesirable placements in high crime neighborhoods. Being afraid of going out in one's neighborhood increased participants' isolation; "if they know that [it's] a high crime neighborhood that they live in, they're not as willing to go outside. So they'll isolate more, they'll stay home more." In addition, participants living in high crime areas were likely to become victims of crime; "We got many Veterans who have been killed, who've been shot, who've been mugged." In some instances, tenant-based participants even had their homes overrun by organized crime. One staff respondent stated, "Veteran[s] have had their unit actually taken over by the local gang and we've had to go in and rescue them..." These types of interactions were more probable when participants had spent a significant amount of time living on the streets and, **among other challenges, displayed difficulty navigating social relationships**. A staff member noted that such participants were particularly vulnerable to negative influences and ending up in detrimental situations, "…some of the Veterans have difficulties setting boundaries… So, they might [allow] people to stay with them and they think they're doing them a favor…then [the Veterans] get trapped with gangs or trapped with people who are unsavory..."

In addition, staff respondents noted that, for participants, reporting a crime added to safety concerns; staff stated, "…we have to remove the Veteran 'cause he's never go[ing] back 'cause the police have been involved. 'Cause he'll get killed." Involving local authorities meant that participants were easily identified and subsequently targeted for retribution. Consequently, in some instances, participants were better off not socializing with community members.

Theme 3: The Role of VA Social Supports in Homelessness, Substance Use, and Mental Health Recovery

There was a clear divide in how participants and staff respondents viewed HUD-VASH Veteran camaraderie. Across voucher type, participants expressed hesitation to socialize with other Veterans enrolled in HUD-VASH. In contrast, staff frequently expressed beliefs that Veterans fared well living near one another.

Veteran participants felt that their HUD-VASH peers were in a different stage of recovery from mental health or substance use disorders, which might negatively affect their own well-being. One participant described a negative experience with one of his neighbors and his desire to avoid unsafe and undesirable social situations; "I kind of keep

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my distance. A lot of them are still smoking meth..." A project-based participant believed that there were a lot of "good people" in his building, but he preferred to keep to himself and focus on recovery and personal goals, stating: "I will say that I think there are a lot of really fine people here…My situation is, I got to keep my head down, focus on my school, and just be safe."

A tenant-based participant stated that he actively chose to live apart from other Veterans. This choice was based on his recovery process and a desire to move past his military experience to see himself as a civilian. As he stated, "…one get[s] over one's past. Okay. And it takes you a while to do that. But once I come to terms with it, I leave it behind… So, once that chapter is over, I'm not going to relive it. You know, hey, buddy do you remember—no, I want to build new memories." Another participant explained his desire to stay away from HUD-VASH Veterans who he saw as potential safety threats; "…a lot of them have drug issues. I have a daughter and don't invite nobody in my home from this VA." This participant went on to acknowledge that he did not mind associating with Veterans in what he referred to as a "positive setting." This was a common theme across Veterans' interviews.

Although most participants were uninterested in socializing with Veterans in HUD-VASH, they described strong support from the Veteran community at large. Several participants described attending social events, e.g., barbeques, dances, and holiday events sponsored by VA. These occasions provided opportunities to interact with other Veterans. One participant stated that he liked going to VA events because he was "…amongst other Veterans. Amongst positive people...In a safe environment." Another participant who avoided Veterans living in his building described, "...there's a comfort level being around other Vets. You know, 'cause they kind of, everybody kind of gets what we've been through." Other Veterans also expressed a sense of understanding when participating in peer-support groups. There was clear segmentation between spaces where participants wanted to interact with Veterans (i.e., VA events and recovery settings) and places where they did not (i.e., place of residence). **Participants were open to socializing with Veterans at VA events and in recovery settings because they viewed these populations as qualitatively different from their HUD-VASH peers. Participants believed that Veterans at VA events represented individuals from the broader Veteran community who, unlike HUD-VASH recipients, were not struggling with substance use or mental health challenges. With regards to recovery settings (e.g., group therapy), participants felt that Veterans in these spaces were actively working on self-improvement and could provide support and insight into their own struggles. In contrast, participants broadly viewed HUD-VASH peers as detrimental to their own stability.**

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In contrast **to HUD-VASH participants' expressed preferences**, staff respondents generally believed that Veterans enjoyed socializing with other **HUD-VASH participants** in their place of residence. Project-based buildings that served Veterans were described as creating a sense of camaraderie and, potentially, facilitating community integration. One case manager stated, "Well, it can be a beneficial thing because of the camaraderie with other Veterans. Sometimes they'll be able to pull their friends and fellow Vets into a community program." Although various staff respondents believed that living among other Veterans could be beneficial for participants, respondents acknowledged that some participants verbalized a desire to live away from Veterans; "…some Veterans will say I don't want to live near Veterans because they're crazy, they're dangerous." Other staff respondents noted that social dynamics in project-based sites vary by residents' behavior, which is contingent on population mix. For example, one staff respondent noted that if Veterans are doing well it is helpful to have them living together, but if their behavior is negative it can have detrimental consequences for all residents. The general perception among staff was that living amongst other Veterans resulted in mutual support, but this support was dependent on Veteran characteristics and socialization contexts. Staff respondents also believed that a connection to the VA was important for program participants and noted that participants frequently expressed a desire to live near the VA, which was described as facilitating medical care.

Theme 4: Programmatic Challenges to Improving Community Integration

Staff respondents felt overwhelmed by program demands and high caseloads, which led to limited time and resources spent addressing HUD-VASH participants' community integration. Staff described their work as focusing on meeting participants' immediate needs, including crisis intervention: "...unfortunately, we're so busy caring about the chronic cases or the current issue or just managing the everyday stuff that I don't know that we give ourselves time to really amplify and clarify those other avenues that I think the Vets need." Moreover, respondents noted that case management focused on housing stability; after Veterans achieved stable housing, they often received less case management. As one case manager described, "That next step of reaching out in integration, as far as I see, isn't happening. I never saw any case management that really went into any [community integration] issues. You know, like the treatment plan just focused on the housing..."

One respondent recognized that community engagement was an important part of participants' life satisfaction and systematized her efforts to assess participants' engagement in recreational activities; "I helped [create] a template for the home visit [documentation]. And so, in one of the categories I put hobbies and interests

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on there." The same respondent stated that case managers often focus on participants' medical needs and housing stability. She perceived this approach as centered on deficiencies, failing to consider the interests or skills that HUD-VASH participants possess that may contribute to more satisfying lives.

While community integration, including connections to local resources, social supports, and life satisfaction, were recognized as important factors for participants' success, staff respondents felt limited in their ability to meet these needs. One staff respondent stated, "I just don't want it to be about the numbers of how many we got housed this week, but how many progressed towards being more successful." Respondents noted a need to hire more staff to specifically address HUD-VASH participants' adjustment to their new neighborhoods and housing; these staff could **assist with social skills that help facilitate** community integration and enhance participants' independent living skills. Peer supports were specifically highlighted as potentially playing an important role in community integration: "…peer support[s] are really key…they will find activities [to] take all the Veterans who live in a certain area, maybe to a museum or something like that, to help them start integrating…we take them around to grocery stores, the different services that they need, post offices, and help them to learn where everything is in their neighborhood." Another staff respondent noted, "We need more peer support specialists to do their community integration work. […] To show them how to have a calm, reasonable conversation with the landlord..." Overall, staff respondents felt that greater resources were needed to address participants' community integration needs.

DISCUSSION

Permanent housing is only a starting point in the process of recovery for HUD-VASH participants. Once participants achieve housing, other fundamental components of recovery grow important, including integration in their community. These data reveal challenges in HUD-VASH participants' community integration. Participants in both project and tenant-based housing expressed neighborhood safety concerns, often viewing their initial placements as temporary, as a place to gain stability before moving to a permanent home; as such, they may have had little motivation to integrate into their communities. Staff and participants expressed mixed views on the value of having HUD-VASH participants live in close proximity to one another. Staff believed that living near other HUD-VASH participants, e.g., in project-based housing, facilitated community integration. However, despite feeling connected to the Veteran community and engaging in activities at the VA, Veterans in project-based housing were reluctant to connect with HUD-VASH peers who they generally perceived as struggling

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with recovery. Some Veterans in tenant-based housing described their voucher choice as being impacted by a desire to live apart from other Veterans. Further, HUD-VASH staff described crisis management and housing stability as their central focus. Though staff desired to help Veterans with community integration, this need fell secondary to program mandates of housing attainment and retention.

PSH program implementation influences where Veterans live, including the type of housing participants obtain and the neighborhoods in which they reside (Darrah & DeLuca, 2014; Keels, Duncan, DeLuca, Mendenhall, & Rosenbaum, 2005; Patterson, Nochajski, & Wu, 2014). Case management services are essential in assisting Veterans in locating and retaining housing (Cunningham, 2009; O'Connell, Kasprow, & Rosenheck, 2008); these services also impact housing and neighborhood choices (Darrah & DeLuca, 2014; Keels et al., 2005; Mares, Desai, & Rosenheck, 2005). **As noted in our findings, housing choice can affect participants' ability to establish and maintain supportive relationships, including the ability to reunite with family and friends. Furthermore, the best housing placements will be those in which the landlord and property management are willing to work with PSH participants when challenges arise.** Unfortunately, competitive rental markets, time constraints for voucher use, and limited staff time to assist with housing location resulted in less than ideal housing placements, specifically placements in neighborhoods with high crime. These findings may be amplified in Los Angeles, which has one of the nation's tightest rental markets (Boeing & Waddell, 2017) and the nation's largest HUD-VASH program. Veterans often used project-based vouchers as a last resort, because they could not find housing using a tenant-based voucher. **Previous research shows consumer choice is positively associated with community integration (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005; Hull & Thompson, 1981; van Wel, Felling, & Persoon, 2003). If participant's feel that limited housing options stifle choice, this may be problematic for integration.**

Staff also said that they spent the majority of their time addressing participants' immediate needs and fulfilling administrative requirements. They felt limited in their ability to assist with community integration and noted that greater resources are required to address Veterans' long-term needs. The VA recently disseminated a Community Integration Specialist Training program for its peer support specialists, aiming to train these individuals in specific skills that facilitate Veterans' community integration (U.S. Dept. of Veteran Affairs, 2018). Identifying HUD-VASH peers to serve these roles could significantly enhance Veterans' community integration, regardless of constraints placed on case management staff. **HUD-VASH peers can use a strengths-based approach, a case**

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management technique that takes into account participants' abilities and current resources, when developing a plan for community integration (Rapp & Chamberlain, 1985; Rothman, 1994; Weick, 1983). For example, peer supports may work with HUD-VASH participants to identify their personal interests and hobbies before connecting them to community resources.

Neighborhood safety greatly affects participants' engagement in the local community, including physical mobility and social connections. In fact, even when resources are available, concerns about crime can impede physical activity (Sundquist et al., 2006). Neighborhood factors, including crime, perceived values, and racial/ethnic composition, impact psychological community integration (Yanos, Barrow, & Tsemberis, 2004). Both staff respondents and program participants described unsafe neighborhoods as decreasing Veterans' willingness to walk in their neighborhoods, use public spaces, and engage with local community members. Participants in unsafe neighborhoods were vulnerable to organized crime and were more likely to isolate themselves. We found significant disparities in perceived safety among Veterans residing in project-based HUD-VASH on the VA campus, as opposed to persons living in the greater Los Angeles community. VAGLA's plans to build >1,000 project-based PSH units on its campus over the next decade—coined the "Master Plan"(U.S. Dept. of Veteran Affairs, 2018) – will provide a unique opportunity to **house participants** without the neighborhood safety concerns that arise in Los Angeles' under-resourced neighborhoods. Moreover, landlord education initiatives and incentives could facilitate broader housing options—in better neighborhoods—for HUD-VASH participants.

In these data, contrary to the views of staff, HUD-VASH participants expressed a desire to live apart from other HUD-VASH Veterans, i.e., in tenant-based settings. Participants desired social distance from Veterans in the early stages of recovery, though they valued socializing with Veterans more broadly and using VA resources. While research suggests that Veterans' peers provide emotional support (Laffaye, Cavella, Drescher, & Rosen, 2008), in line with our findings, other data does show that participants committed to recovery from substance use disorders may find proximity to users of drugs and alcohol to be detrimental for their recovery (Henwood, Padgett, & Tiderington, 2014; Milby et al., 2000). These perceptions are valuable in preparing for VAGLA's Master Plan, suggesting the value of careful assessments of Veterans' recovery goals and substance use disorders. There may be value in placing Veterans with similar goals and stages of recovery in a single building.

This study had limitations. First, the Paperwork Reduction Act of 1995 limited the number of HUD-VASH participants we could interview without additional permissions, which restricted the types and number of Veteran

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perspectives we could obtain. Project-based participants were limited to two sites, one of which was relatively unusual in that it was located on a VA medical center campus. Second, Veteran participants interviewed were limited to urban Los Angeles County, whereas staff respondents served the VA Greater Los Angeles' catchment area, which includes part of Central Coast California and a mix of rural, suburban, and urban communities. **Third, as a study conducted under the umbrella of quality improvement, we were unable to analyze demographic and diagnostics information including participants' age, physical health, mental health, and substance use disorders which may affect community integration (Cherner, Aubry, & Ecker, 2017; McColl et al., 1998; Yanos et al., 2004). Future studies may examine if these factors interact with housing and neighborhood characteristics to impact community integration outcomes. Fourth,** our sample was limited to Veterans and may not apply to non-Veteran populations; the Veteran community shares unique attributes, particularly camaraderie from shared military service and use of the VA that impact community integration experiences. **Fifth, our study sample consisted of volunteer participants and therefore does not represent all viewpoints present in the HUD-VASH population. For example,** our sample included only two female participants, limiting our understanding of how women Veterans experience community integration in PSH, which likely differs from their male counterparts (Benda, 2006; Tsai & Rosenheck, 2015; Tsai, Rosenheck, & Kane, 2014; Tsai, Rosenheck, & McGuire, 2012). **Males account for the majority of VA users and HUD-VASH participants, therefore, subsequent studies may utilize a stratified sampling strategy to assure that female experiences are fully represented. Furthermore, future studies may also look to stratify by other characteristics associated with community integration, including length of time housed**. Last, we conceptualized community integration through participants' narratives and did not collect objective data (i.e., community integration scales) that quantifies this construct.

Overall, our research identified factors that influenced the community integration of formerly homeless Veterans housed through HUD-VASH. We found that several HUD-VASH participants viewed their initial housing placements as temporary and reported notable neighborhood safety concerns, which made them less likely to engage with their surrounding community. HUD-VASH participants working on recovery also reported focusing on their personal needs and limiting contact with others dealing with similar issues. Lastly, staff respondents noted the importance of community integration but did not feel that it was not a high program priority. Our findings suggest that PSH programs would benefit from greater flexibility in the timeline for voucher use and increased access to a

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variety of neighborhoods, e.g., engagement with landlords to increase participation in HUD-VASH. Further there is a need for added personnel, e.g., peer support specialists, who are trained to address Veterans' community engagement following housing placement. **Added personnel can create standardized services that help focus recovery goals toward successful community integration, a central aim for PSH programs.** Future research should explore HUD-VASH participants' community integration in localities with broader rental markets than Los Angeles County. Such research could facilitate comparison of community integration across a variety of neighborhood types. Research assessing the role of population mix in project-based facilities (e.g., ratio of PSH to non-PSH units) may also prove valuable.

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