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“You don’t see them on the streets of your town”: challenges and strategies for serving unstably housed veterans in rural areas

"YOU DON'T SEE THEM ON THE STREETS OF YOUR TOWN": CHALLENGES AND STRATEGIES FOR SERVING UNSTABLY HOUSED VETERANS IN RURAL AREAS

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Abstract

Research on policy and programmatic responses to homelessness has focused largely on urban areas, with comparatively little attention paid to the rural context. We conducted qualitative interviews with a nationwide sample of rural-serving agencies receiving grants through the U.S. Department of Veterans Affairs' Supportive Services for Veteran Families program to better understand the housing needs, available services, needed resources, and challenges in serving homeless and unstably housed Veterans in rural areas. Respondents discussed key challenges—identifying unstably housed Veteran, providing services within the rural resource context, and leveraging effective collaboration as key challenges—and strategies to address these challenges. Unmet needs identified included emergency and subsidized long-term housing options, transportation resources, flexible financial resources, and additional funding to support the intensive work required in rural areas. Our findings identify promising programmatic innovations and highlight the need for policy remedies that are responsive to the unique challenges of addressing homelessness and housing instability in rural areas.

Keywords: homeless; rural; Veterans; rapid rehousing; homeless prevention;

Homelessness is typically conceptualized as an urban phenomenon, yet more than one-quarter of individuals accessing emergency shelter and transitional housing do so in non-urban areas (U.S. Department of Housing and Urban Development, 2018b). The relative invisibility of rural homelessness is due in part to the federal definition of homelessness, which excludes many of the manifestations of housing insecurity that are predominant in rural areas, including "couch surfing" and residing in substandard housing (e.g., campers, garages, housing in serious disrepair) (Robertson, Harris, Fritz, Noftsinger, & Fischer, 2007; Samudra & Yousey, 2018). Official estimates of the number of people experiencing homelessness rely on counts of households using emergency shelter or transitional housing and outreach-based counts of persons experiencing unsheltered homelessness. Due to the sparsity of emergency shelters in rural areas and the difficulty of doing thorough outreach across broad geographic distances, such counts are likely to underestimate rural homelessness (Robertson et al., 2007).

A preponderance of homelessness research and policy innovation has also focused on cities. Studies on the demographics and dynamics of homelessness have generally used data from the Homeless Management Information Systems (HMIS) of larger municipalities (Culhane, Metraux, Park, Schretzman, & Valente, 2007; Fargo et al., 2012; Kuhn & Culhane, 1998; McAllister, Kuang, & Lennon, 2010). Further, research on the impact of housing interventions have predominantly focused on urban areas (Balagot, Lemus, Hartrick, Kohler, & Lindsay, 2019; Buchanan, Kee, Sadowski, & Garcia, 2009; Evans, Sullivan, & Wallskog, 2016; Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003; Larimer et al., 2009; Tsemberis & Eisenberg, 2000). In effect, much of what is known about homelessness and housing instability fails to take into account challenges that are specific to the rural context, such as the limited availability of housing and the lack of a robust network of transportation, employment, and social services (Stefancic et al., 2013).

Since prioritizing preventing and ending Veteran homelessness in 2009, the U.S. Department of Veterans Affairs (VA) has made considerable investments into programmatic approaches to promote Veterans' housing stability. The two largest of these investments are especially noteworthy. First, in collaboration with the U.S. Department of Housing and Urban Development (HUD), the VA has greatly expanded the HUD-VA Supportive Housing (HUD-VASH) program. The HUD-VASH program—which provides permanent supportive housing to homeless Veterans via a HUD Housing Choice Voucher matched with supportive services from VA—expanded from roughly 10,000 vouchers in 2008 to roughly 90,000 vouchers in 2018, and has been linked with substantial reductions in homelessness among Veterans at the community level (Evans, Kroeger, Palmer, & Pohl, 2019). Second, in 2012, VA created the Supportive Services for Veteran Families (SSVF) program. SSVF provides short-term financial assistance, case management, and linkages to VA and mainstream services to prevent homelessness among Veteran households at risk or to rapidly rehouse Veterans who are currently homeless. Community-based agencies receive competitively funded grants from the VA to provide such services. In its first year of operation, SSVF served roughly 20,000 Veterans and in 2017 it served approximately 84,000 Veterans (and a total of about 132,000 people including Veteran family members; U.S. Department of Veterans Affairs, 2018).

Despite substantial expansion of housing and related services for Veterans experiencing or at risk of homelessness, such interventions may not be appropriately calibrated in scope, structure, format, or service type to respond to the unique needs of Veterans in rural areas. Progress across communities in reducing Veteran homelessness has been uneven, with rural

areas lagging slightly behind major cities, suggesting such a mismatch (U.S. Department of Housing and Urban Development, 2018c).

To address the paucity of knowledge on homelessness and housing instability and programmatic responses in the rural context, we conducted qualitative interviews with rural-serving agencies receiving grants through the SSVF program. We focus on SSVF providers (as opposed to staff of HUD-VASH or other VA homeless programs) because they represent community-based agencies that typically have a long history of providing homeless assistance services to both Veterans and non-Veterans in the communities. SSVF providers are often deeply enmeshed in the network of housing and social service providers in these communities. Moreover, the VA health care system is not necessarily the entry point to SSVF services and, indeed, SSVF serves many Veterans who are not engaged in VA health care. In short, given the unique features of the SSVF program and the Veterans it serves, SSVF providers are likely to have a broader and more nuanced understanding of the context of working with Veterans experiencing homelessness in rural areas than would VA staff. During interviews, these providers described rural housing needs, available services, and needed resources, and identified challenges and strategies for serving unstably housed Veterans in rural areas.

Background and Literature Review

Defining and Describing Rural Areas

Conceptual and operational definitions of rurality have important implications for research; however, there is not a clear consensus on how to define "rural." Rural as a concept can be defined based on both geographic and population size of an area or along economic, social, and political dimensions. The U.S. Census Bureau, the U.S. Department of Agriculture's Economic Research Service, and the Office of Management and Budget have each promulgated definitions of what constitutes a rural area (2010 Standards for Delineating Metropolitan and Micropolitan Statistical Areas, n.d.; Ratcliffe, Burd, Holder, & Fields, 2016; U.S. Department of Agriculture, 2013). Depending on which metric is used, between 15% and 19% of the country's population lives in rural areas comprising 60-72% of the total land area (Health Resources & Services Administration, 2018). The U.S. Department of Housing and Urban Development (HUD) uses its own definition of rurality—based on data from the Department of Education's National Center for Education Statistics—to identify the number of people experiencing homelessness in largely rural areas (U.S. Department of Housing and Urban Development, 2018c). In practice, prior research on homelessness in rural areas reflects the lack of a consistent definition of rurality: studies may rely on one of the federal agency definitions, described above, to operationalize rurality (Edwards, Torgerson, & Sattem, 2009; Latimer & Woldoff, 2010); allow respondents to self-identify the area in which they live as rural (Latimer & Woldoff, 2010); or identify themselves as focusing on rural areas, but not describe how they have defined this concept (Hilton & DeJong, 2010; Sloan, Ford, & Merritt, 2015; Stefancic et al., 2013).

Prior research documents clear differences between the urban and rural context that may translate into differences in the scope and nature of homelessness and housing insecurity between the two areas. Economic factors such as unemployment, income, and home ownership rates have been identified as predictors of homelessness (Byrne, Munley, Fargo, Montgomery, & Culhane, 2013), as have social factors like strength of social support networks and the presence of health and behavioral health conditions (Tsai & Rosenheck, 2015). Yet, rural areas simultaneously occupy seemingly opposite ends of the economic, social, and health spectrums. Although rural areas have higher rates of unemployment and lower median incomes than urban areas, they also have lower overall poverty rates (U.S. Census Bureau, 2016). Furthermore, rural

residence is a known source of health disparities across multiple domains (e.g., access to primary and behavioral health care, aging) (Bolin & Bellamy, 2011), but at the same time, compared with urban Americans, those in rural areas are more likely to have medical insurance. And, though people in rural areas are significantly more likely to own a home, the value of their property is generally lower than their urban counterparts (U.S. Census Bureau, 2016). While rural culture is by no means homogenous, rural areas are generally more politically and religiously conservative, ascribing to a narrative of personal responsibility while also supporting neighbors and family members in need through faith-based and other informal means of support (Edwards et al., 2009). Persons in rural areas also have stronger family ties than their urban counterparts and are more likely to receive financial support from family members in times of need (Hofferth & Iceland, 1998), factors that may help buffer experiences of homelessness and housing insecurity.

Prior research also suggests that it is appropriate to view Veterans residing in rural areas as a distinct population. Veterans are over-represented among people living in rural areas, with 24% of Veterans living rurally compared to only 19% of the overall population (Holder, 2017). Rural Veterans differ from their urban counterparts in ways that may shape their risk of homelessness and other forms of housing insecurity. Veterans residing in rural areas tend to be older than their urban counterparts and report higher rates of physical health problems (Weeks et al., 2004). Rurality is also associated with decreased access to health care among Veterans (West & Weeks, 2006).

In sum, there are clear differences between the rural and urban contexts broadly and between Veterans residing in rural versus urban areas specifically. These differences highlight the importance of considering the experiences of rural homelessness and housing insecurity, as well as programmatic responses to these phenomena, as discrete from urban settings.

Defining and Describing Homelessness in the Rural Context

The official HUD definition of homelessness encompasses the following four categories: (1) individuals and families who are "literally homeless" (i.e., staying in a place not designed for or ordinarily used as a regular sleeping place for human beings such as a car, park, abandoned building, bus station, or campground or are residing in emergency shelter or transitional housing programs); (2) individuals and families at imminent risk of losing their housing with no subsequent residence or family/social support networks to obtain housing; (3) unaccompanied youth or families with children who have not had housing or have experienced frequent moves within the past 60 days; and (4) people fleeing a domestic violence situation, with no alternative residence or resources to obtain housing (General definition of homeless individual, n.d.). From a conceptual standpoint, homelessness in rural areas often manifests itself in forms that do not align with any of these categories. Prior research suggests that other forms of housing insecurity—including "doubling up" or "couch surfing" (i.e., staying sporadically and temporarily with family members, friends, or others) or living in substandard or makeshift housing that may not be as severe as unsheltered homelessness (e.g., seasonal workers' housing, campers/RVs, garages)——are more common in rural areas (Forchuk et al., 2010; Post, 2002; U.S. Government Accountability Office, 2010). Service providers, advocates, and other stakeholders have argued that excluding these living situations from the official federal definition of homelessness introduces an arbitrary distinction between homelessness and other severe housing problems and result in an incomplete representation of the true scope of housing insecurity in rural areas (Bittle, 2019; Homeless, 2007; Housing Assistance Council, 2008). In addition, there is both ambiguity about what constitutes a place not designed for or ordinarily used as a regular sleeping place for human beings and variation in how that designation is

applied across the rural and urban contexts. For example, as Robertson and colleagues (2007) point out, living in housing that has been condemned as unfit for human habitation would qualify an individual as homeless, but formal condemnation processes may be inconsistently used or nonexistent in rural communities. As a result, structures officially deemed to not be meant for human habitation in urban areas where condemnation processes are more consistent might be viewed merely as substandard housing in rural areas.

Other research describes the unique coping strategies employed by persons experiencing homelessness in rural areas. Formal homelessness assistance is sparse in rural areas and access to agency-based housing support services is highly limited. Moreover, those facing housing crises rely heavily on family as a source of support, and may deliberately avoid interacting with the formal homeless assistance system to the extent it does exist, preferring to live either outdoors or in a vehicle (Hilton & DeJong, 2010; Trella & Hilton, 2014). Avoidance of the formal homeless assistance system may be tied to the highly stigmatized nature of these services in rural areas, and the concern that, in a small community, individuals seeking services may have a dual relationship with service providers. Others may cobble together residential arrangements through some combination of formal and informal assistance. In short, lived experiences of rural homelessness vary, and are arguably more diverse than urban manifestations of homelessness.

Features of the rural context also complicate established mechanisms for counting and categorizing homelessness. Official statistics on the scope of homelessness in the United States focus primarily on enumerating persons who are experiencing literal homelessness, stratifying the population into those who are "sheltered" (i.e., in emergency shelter or transitional housing) or "unsheltered" (i.e., in places not meant for human habitation). These enumeration efforts rely on data from providers of emergency shelter and transitional housing as well as organized canvassing efforts by teams of service providers and volunteers to identify persons in unsheltered locations. However, given the sparsity of residential homeless service providers and widely dispersed population in rural areas, these official counts are viewed as underestimating the true number of people experiencing homelessness per the federal definition (National Health Care for the Homeless Council, 2013). These measures are further confounded by a lack of data about households experiencing homelessness that migrate from rural to urban areas in search of services, employment, and housing (U.S. Government Accountability Office, 2010).

The challenges in estimating the size of the rural homeless population notwithstanding, the most recent HUD figures show that, among the approximately 553,000 people experiencing homelessness on a single night in the United States in 2018, 18% (or roughly 100,000 people) were in largely rural communities (U.S. Department of Housing and Urban Development, 2018c). However, unsheltered homelessness is more common in rural areas, with roughly 40% of the homeless population on a single night in rural areas being unsheltered as compared to 35% of those in major cities. HUD estimates also show that among the roughly 1.4 million people who accessed emergency shelter or transitional housing over the course of 2017, roughly 30% (or 390,000 people) did so in a suburban or rural area. Other research suggests that episodes of homelessness are typically shorter and less frequent in rural areas than urban areas, with more people experiencing homelessness in their community of origin (Burt et al., 1999). Compared with those in urban areas, people experiencing homelessness in rural areas are more often female; white and non-Hispanic; younger; disabled; and part of a household (as opposed to being homeless as an individual) (U.S. Department of Housing and Urban, 2017). When considering the Veteran population specifically, roughly 17% of the 38,000 Veterans experiencing homelessness on a given night in the United States were in largely rural areas (U.S. Department

of Housing and Urban Development, 2018c). Among these Veterans, the proportion experiencing unsheltered homelessness (42%) was roughly comparable to the share of unsheltered homeless Veterans in major cities (43%).

Beyond these HUD estimates, which provide a sense of the overall scope of homelessness among Veterans in rural areas, the body of research on homelessness among rural Veterans is highly limited and focuses almost exclusively on Veterans who access health care through the Veterans Health Administration (VHA). This modest body of research suggests that Veterans in rural areas are less likely to be identified as homeless in VHA administrative data (Nelson et al., 2017), and that those who access care at VHA facilities in rural areas are less likely to experience persistent and unsheltered homelessness (Byrne et al., 2015). Similarly, homeless Veterans accessing care at VHA facilities in non-metropolitan areas have lower incomes, poorer health status, and faced more barriers to accessing VHA care than their counterparts using care at VHA facilities in metropolitan areas (Gordon, Haas, Luther, Hilton, & Goldstein, 2010; Tsai, Ramaswamy, Bhatia, & Rosenheck, 2015). However, because these studies rely solely on samples of Veterans who use VHA care, they may not be representative of the experiences of the broader population of Veterans who experience homelessness in rural areas.

Barriers and Facilitators to Service Provision in Rural Areas

The geographic, demographic, cultural, and structural differences between rural and urban contexts preclude the wholesale transplantation of evidence-based practices—designed largely to address urban homelessness—to rural areas. However, research on the provision of homeless services in rural areas is highly limited. One study (Stefancic et al., 2013) of the implementation of Pathways Housing First—an evidence-based housing intervention developed in New York City—in rural Vermont noted the importance of adapting the model to fit the rural context. Critical adaptations included changing case management team structures to enable geographically based caseloads and using telehealth approaches for doing "video visits," both of which helped address geographic and transportation challenges (Stefancic et al., 2013). A second study points to the unique challenges that rural areas face in adapting to federal shifts in homeless assistance policy toward an emphasis on rapid rehousing programs that provide temporary financial assistance along with housing search assistance, case management, and linkages to mainstream services to help individuals regain stable housing as quickly as possible (Sloan et al., 2015). Homeless service providers report an array of challenges in implementing rapid re-housing in the rural context, including insufficient staff capacity and training to provide rapid re-housing services as intended. Rapid re-housing providers also report a lack of available emergency shelter to provide short-term housing to homeless individuals as they transition to more permanent housing, echoing findings from other research (Adler, Pritchett, Kauth, & Mott, 2015) about the general lack of emergency shelter in rural areas.

These challenges are compounded by deficits in housing stock and material and logistical supports in rural areas. Providers report an overall lack of housing available to develop rapid re-housing or Housing First programs in rural areas; what does exist presents secondary challenges including lack of transportation, accessible employment and social services, and qualified staff to implement programming. However, when Housing First programs have been implemented in rural areas, the retention rates have been similar to those operating in urban areas (Stefancic et al., 2013), and some localities have successfully adapted other established models, such as utilizing funds from HUD's Emergency Shelter Grant, to pay for shared housing when there is insufficient independent housing (Montgomery, 2017).

Coordinated Entry Systems

The bulk of federal homeless assistance funds are awarded by HUD to local Continuums of Care (CoCs) through a competitive process. CoCs serve as the geographic units at which homeless services providers share federal resources and work collaboratively to develop a strategic plan to address homelessness. Starting in 2012, HUD began requiring CoCs to establish coordinated entry systems as a condition for receiving federal homeless assistance funding (U.S. Department of Housing and Urban Development, 2017). Motivated by a desire to improve the efficiency of the homeless assistance system, the aim of coordinated entry systems is to develop and implement a standardized set of procedures by which all individuals experiencing housing crises are identified, assessed, and connected with available resources. Minimum requirements established by HUD maintain that a coordinated entry system must cover a CoC's entire geographic area, be easily accessible by all persons seeking services, be well-advertised, and conduct a comprehensive assessment of housing and service needs using a standardized assessment tool.

HUD also requires CoCs to have standardized access points through which individuals access homeless services and prioritize persons experiencing homelessness for available housing and services based on a standard prioritization policy established by each CoC. HUD gives communities flexibility in the precise form that access points take: a single physical location where all persons must present for services; a "virtual" access point, such as a phone hotline or online system; a "no wrong door" approach in which an individual can access the coordinated entry process at any homeless service provider; or through a regional approach, in which a CoC is divided into smaller geographic areas, each with their own access "hub" (U.S. Department of Housing and Urban Development, 2017). Rural CoCs face unique technical, logistical, and financial challenges in implementing coordinated entry systems. Because they often cover a large geographic area, it can be challenging to standardize assessment and service prioritization procedures across rural CoCs (U.S. Interagency Council on Homelessness, 2018). They are also likely to face challenges in publicizing their coordinated entry system across large and sparsely populated areas, making it a challenge for persons seeking services to identify points of access to the system. Moreover, certain access point models that may be practical in urban areas—such as having a single physical access point to the coordinated entry system—are unlikely to be feasible in rural CoCs.

Addressing Homelessness among Veterans

Prior research on responses to homelessness among Veterans in rural areas is extremely limited as are precise statistics on the relative availability of VA homeless programs in rural areas. However, prior analyses of VA homeless program and electronic medical record data suggest that Veterans experiencing homelessness in rural areas utilize VA homeless programs less frequently than their urban counterparts, perhaps due to the limited availability of these programs in rural areas (U.S. Department of Veterans Affairs National Center on Homelessness among Veterans, 2017). In addition, we are aware of only one published study to date (Adler et al., 2015) that has examined the service context for Veterans experiencing homelessness in rural areas. That study involved surveys with staff at VHA outpatient clinics located in rural areas in the Mid-Atlantic and Southeast and provided information about the perceived service needs and service availability for homeless Veterans in rural areas. Survey respondents reported high rates of perceived need for medical, behavioral health, and dental care; job training; and instrumental support, such as transportation and clothing. Respondents also reported that many of these needs went unmet in rural areas and felt that Veterans experiencing homelessness in rural areas had

fewer resources available to them and less access to health care and other services than their urban counterparts. Notably, the study did not focus on identifying specific barriers to accessing housing for Veterans in rural areas, nor did it seek to identify strategies for addressing these barriers.

Current Study

There has been limited research exploring experiences of homelessness in rural areas among Veterans specifically. Existing evidence relies primarily on Veterans who access VHA health care, who represent only a subset of all Veterans who experience homelessness in rural areas. Research on programmatic and policy responses to homelessness in rural areas is sparse, and research in this vein focused specifically on the Veteran population is virtually non-existent. As a result, little is known about the challenges that providers working with Veterans experiencing homelessness in rural areas face, or effective strategies to address these barriers, despite the potential value of such information to policymakers and other stakeholders.

To address these gaps, the present study draws on qualitative interviews with employees of community-based agencies in rural areas providing SSVF. These interviews explored rural housing needs, available services, and needed resources, as well as challenges and strategies for serving homeless and unstably housed Veterans in rural areas. By purposefully selecting a sample of respondents meant to be geographically representative of all regions of the United States, this study makes a significant contribution as previous studies have relied on qualitative or quantitative data from a single or a small number of jurisdictions.

Methods

Sample

The present study is based on 24 qualitative interviews conducted with SSVF providers serving rural areas throughout the U.S. Through the SSVF program, the VA awards competitively-funded grants to community-based agencies that provide homelessness prevention and rapid rehousing services to eligible Veterans and their families. SSVF offers a range of services including case management, temporary financial assistance, and linkages to VA health care and benefits as well as other mainstream services. In Fiscal Year (FY) 2018, 308 SSVF grantees were active in all 50 state and Washington, D.C., and offered services in almost every county in the country (U.S. Department of Veterans Affairs, 2018). In their application for funding, SSVF grantees identify the communities they intend to serve as being urban, rural, or tribal. In FY 2018, roughly 14% of SSVF grantees served exclusively rural areas and about two-thirds had rural communities in their service catchment area, along with urban areas, tribal areas, or both.

We obtained a complete list of the 42 SSVF grantees that served exclusively rural areas during FY 2018 from the SSVF program office and selected a stratified random sample of 24 grantees from the four Census-defined regions of the U.S. (Midwest, Northeast, South, and West). Our goal was to interview grantees from a diverse range of communities and to reach 'theme saturation,' or the point at which no new themes emerge in subsequent interviews (Guest, Bunce, & Johnson, 2006). In April and May of 2018, we emailed grantee contacts designated by the SSVF program office with a message introducing the project and its goals. The email message invited the contact or another person within the organization to participate in a phone interview focused on their views on homelessness and housing instability in rural areas; how Veterans access services in rural areas and how homelessness is typically resolved; barriers and facilitators that impact providers' ability to resolve the housing needs of Veterans; and unmet needs and opportunities to improve services. Because the position of the contact at each organization varied (e.g., executive directors, presidents, grants managers, SSVF

supervisors/program managers), the initial email also explained our preference to conduct an interview with a person in the organization who served in a role that connects Veterans with housing problems to resources provided by the organization or other organizations in the same community. If the contact designated by SSVF did not meet this criterion, we asked that they suggest another person in their organization who did.

Of the 24 grantees in our initial sample, four did not respond to our email invitation or a follow up email. As such, we randomly selected a replacement grantee from the same Census region until we completed interviews with six grantees from each of the four Census regions (N=24). The grantees included in our sample collectively provided services in 17 different states. Based on data provided by the SSVF program office, for FY 2018, these grantees received an average of $850,000, ranging from $200,000 to $3,000,000. Grantees projected that they would serve between 55 and 500 households, with an average of 172 households served per grantee. The service area covered by grantees ranged in size from one to eight CoCs, with an average grantee serving two CoCs. The service area of 60% of the grantees in the sample included a "balance of state" CoC, which tend to be large, sparsely populated areas. All but two of the grantees, which were new grantees in FY2018, had been SSVF grantees since FY 2015 or earlier.

Five of the interviews involved multiple staff members from the grantee organization for a total of 30 unique respondents. The specific job titles and organizational roles of respondents represented the variation in staffing structures across grantees, but primarily included individuals who served as either SSVF program directors or managers. Other respondent titles included Veteran services coordinator, typically overseeing multiple programs serving Veterans; homeless program manager, typically overseeing multiple homeless services programs within an agency; financial coordinator; county homeless services center director; chief operations officer; and associate director.

Interview Guide and Procedures

The research team developed an interview guide to elicit responses on the housing needs, available services, and needed resources to support Veterans experiencing housing instability in rural areas. After developing an initial draft of the interview guide, the project team solicited feedback on its content and structure from staff in the national SSVF program office to ensure face validity of our questions and facilitate our ability to elicit meaningful and relevant responses from SSVF grantees serving rural areas.

In response to this feedback, the project team made minor changes to the interview guide. However, national SSVF program staff did request one major change: asking grantees whether and to what extent Veterans were being connected to their agency via the local CoC's coordinated entry system to assess whether and how SSVF grantees were interfacing with the coordinated entry system(s) in their service areas. The final interview guide included the following sections: (1) organization, role, and experience, which included questions about the respondent's role in addressing the housing needs of Veterans and prior experiencing in this area; (2) views on homelessness and housing instability, which included questions about what homelessness looks like in the community in which the respondent worked; (3) resolving housing issues in rural settings, which included questions about how the respondent and their organizations identify Veterans experiencing housing instability and help resolve their housing issues; and (4) barriers and facilitators to serving Veterans in rural settings, which included questions about primary barriers and facilitators to helping Veterans with housing issues in rural areas. Sample questions and probes from the interview guide are included in Table 1.

A team of three interviewers conducted semi-structured telephone interviews, lasting approximately 60-90 minutes, with respondents from each of the grantee agencies. All interviews were completed between early April and early June of 2018. Interviews were recorded and transcribed verbatim.

Analysis

We used a template analysis approach to analyze interview transcripts (Brooks, McCluskey, Turley, & King, 2015). We created an initial template in an Excel spreadsheet for data reduction (transcript summaries) based on the interview guide, with a focus on summarizing respondents' responses to each question and capturing verbatim exemplar quotes. The three members of the study team who conducted interviews then summarized responses from six randomly-selected transcripts using the template, discussing the process after every two transcripts, and developing and refining the template in an iterative fashion. These team members then divided and analyzed the remaining transcripts using the final template. Team members met regularly to review and discuss emerging questions and modify the template as needed. Finally, summary points and exemplar quotes were transferred into a matrix (i.e., respondent by domain) for comparison of responses across interviews. Coding of all transcripts in this manner was conducted between May and August of 2018. After completing preliminary analysis, we presented our findings to staff from the SSVF program office to assess whether our findings resonated with their practice experience and to incorporate their feedback.

The present analysis focused on themes related to identifying challenges to serving unstably housed Veterans in rural areas, strategies used to address these challenges, and key unmet needs; the names accompanying quotations are pseudonyms. This work was formally designated as a quality improvement project by the leadership of the Veterans Health Administration Homeless Program Office and the Institutional Review Board at the first author's VA Medical Center.

Results

Two key themes emerged from our analysis: (1) specific challenges to serving unstably housed Veterans in rural areas, and (2) unmet needs affecting grantees' ability to serve Veterans in rural areas. We discuss each of these in more detail below and provide quotes. Table 2 provides an overview of the themes and related subthemes.

Challenges to Serving Unstably Housed Veterans in Rural Areas

The challenges to serving Veterans experiencing housing instability in rural areas described by respondents fell into three categories: (1) identifying unstably housed Veterans in rural areas, (2) providing services within the rural resource context, and (3) leveraging effective collaboration to serve Veterans in rural areas. Respondents also described a corresponding set of strategies that they employed in response to these challenges.

Identifying Unstably Housed Veterans in Rural Areas

SSVF grantees in our sample described being responsible for serving large, sparsely-populated, multi-county geographic areas. For example, respondents reported typical drive times of up to 4 hours in order to serve Veterans within their service catchment area, and two grantee organizations were responsible for serving more than 20 counties.

Respondents reported limited availability of emergency shelter in rural areas and noted that individuals meeting the HUD definition of literal homelessness most often stay in a range of locations that would qualify as a place not designed for or ordinarily used as a regular sleeping place for human beings, such as abandoned buildings, tents, sheds or deer blinds. They observed how this wide array of living situations makes it difficult to identify these Veterans; several

respondents suggested that identification of literally homeless Veterans is much easier in urban areas where unsheltered homelessness is more apparent and visible in public spaces, emergency shelter is more widely available, and a larger proportion of Veterans access formal homeless assistance systems. As Ella, the homeless program manager for one organization, stated:

> I was just down in [large city], and I'm staying in the downtown area. I could look out my window, and I see somebody's belongings. It looks like trash bags and blankets and stuff lying on the sidewalk, across the road from my hotel. You actually see the homelessness that way. In your rural communities, it's hidden more. They'll go camp somewhere. They'll be out in the woods. They'll be in their vehicle. You don't see them necessarily on the streets of your town.

By and large, respondents also reported feeling that homelessness "looks" different in rural areas, with more persons experiencing housing instability or living in housing of extremely poor quality, but not necessarily meeting the HUD criteria for literal homelessness. In particular, respondents reported that "couch surfing" is the predominant form of housing instability in rural areas. In some cases, respondents suggested that this was due to the unique social context of rural areas, in which social connections were perceived to be stronger than in rural areas. However, couch surfing was more frequently viewed by respondents as resulting from the lack of emergency shelter as an alternative. As Juan, the SSVF program coordinator for one grantee, described:

> In the rural areas, some places don't have shelters and they use couch surfing as a form of shelter, but they're literally homeless. They consider themselves literally homeless, but the way it's written, you know, couch surfing doesn't qualify.

As this respondent noted, SSVF grantees serving rural areas face challenges serving Veterans who are couch surfing because program guidelines prioritize serving literally homeless Veterans and limit the proportion of households who are at risk of (but not literally) homeless that grantees can serve. Similar sentiments were expressed by many other grantees, perhaps none more explicitly than by Donna, an SSVF program manager, who stated:

> Because I am bound by the rules of the SSVF grant, I understand that somebody who is couch surfing does not count as homeless for the purpose of eligibility for rapid re-housing. My experience of many people who are couch surfing is that they are homeless. They are sometimes literally going into a family member's house in the evening. They are allowed to get a shower and do a load of laundry, but they have to be out in the morning when the family members go to work, and they cannot return. That is the same as going to a shelter. It just happens to be the home of someone they know, not being surrounded by strangers on cots. My personal experience of that is that it is homelessness. My federal guidelines says that it is not.

In response to the challenges of identifying Veterans in rural settings, respondents reported employing a number of strategies. We highlight the two most salient: implementing innovative outreach approaches and advancing coordinated entry systems.

Implementing Innovative Outreach Approaches. Respondents described a wide range of creative outreach strategies they employed to identify Veterans experiencing housing instability in rural areas. Many respondents reported conducting direct outreach to key organizations likely to encounter unstably housed Veterans in their day-to-day work. These organizations cut across sectors and included public organizations (e.g., post offices, town halls, county commissioners, law enforcement) and private businesses (e.g., grocery stores, liquor stores, laundromats) as well

as community-based providers of health care and social services. Several respondents noted how they made it a point to keep in touch with specific groups or individuals whose activities were likely to put them in a position where they would encounter encampments or other arrangements not meant for human habitation located in highly remote areas. Melanie, the regional Veterans coordinator for her county's social service department, talked about leveraging assistance from an array of groups:

> Some of our areas…it's almost barren. You can't find anybody, especially in the winter months. So, we contact the railroads, the engineers. We contact park rangers, cycle groups. We have the technology, iPhones or work phones, like "Hey, drop [a pin] in your location if you see someone." We have street outreach specialists. "Drop [a pin in] your location and we'll get to that area." We try to really use the folks around us that are always out and about, try to make a partnership or have them realize hey, we're here, and we just want to help this person.

A small number of respondents reported developing mechanisms for Veterans to self-identify housing instability, including dedicated phone hotlines and Web-based intake portals intended to make it easier for Veterans seeking services to connect with SSVF. Finally, a number of respondents described working directly with private landlords on an ongoing basis, asking them to identify and refer current Veteran tenants who may have fallen behind on rent or experienced some other issue jeopardizing their housing stability.

Advancing Coordinated Entry Systems. Most respondents reported that their agencies are active participants in the coordinated entry systems in their CoCs, and many are the lead agency for the system, allowing them to adopt innovative practices suited to the rural context. For example, one respondent had developed a Web-based coordinated entry system that sends real-time alerts to agency staff as soon as someone begins entering information into the online system, a feature that allows for immediate engagement with Veterans. Other respondents, while not serving as the lead for the entire CoC, served as the central intake point for all Veterans so that those seeking services in the CoC are referred to the agency.

Respondents generally viewed the coordinated entry system in their communities in a positive light. For example, Tanya, the SSVF program director for one agency, talked about how the Coordinated Entry System was creating synergistic partnerships and identifying gaps in needs:

> We're getting those people who work with Veterans, who are very focused on Veterans out in the sub-regions [into which the coordinated entry system is divided] together who maybe never have talked to each other before about who is doing what. And [the coordinated entry system] is also helping us identify the gaps in what we're not doing and what resources we don't have and what it's going to take for our Veterans to be successful long-term out there.

Respondents also described several practices related to the coordinated entry process that help them more easily identify Veterans. These practices include maintaining and regularly updating "by-name" lists of Veterans (i.e., a continuously updated list of all Veterans known to be experiencing homelessness in a community and their degree of contact with a service provider) and conducting regular case conferences with other service providers to more efficiently identify and engage Veterans.

At the same time, respondents were candid about the challenges of designing and implementing coordinated entry systems in rural areas. One respondent described the process as, "It's like kind of building a plane while you're flying it." Other respondents described coordinated entry

systems that were fractured in nature, either because different parts of the CoC had separate coordinated entry systems that functioned differently from one another or because a CoC's coordinated entry system was only operating in some, but not all, counties in a CoC's jurisdiction. This was considered an inevitable byproduct of the large and diverse geographic area covered by some CoCs, but it was also viewed by respondents as complicating their ability to identify and connect unstably housed Veterans with services.

Providing Services Within the Rural Resource Context

Many respondents talked at length about the challenge of working in rural areas where formal and informal resources to address housing instability specifically—and social, economic, and health needs more broadly—are highly limited. They noted the overall lack of (and corresponding need for) emergency shelter as a vital short-term housing arrangement for Veterans seeking a more stable situation. A comment by Kerry, an SSVF program director, illustrates how respondents talked about the resource context in rural areas:

> There is a lack of resources out there. There are no shelters, lack of community agencies or mental health programs. Then, because it is rural, they do not have a lot of availability in their programs. There are even less vacancies and longer waiting list times.

In addition, virtually all respondents highlighted lack of transportation as a primary challenge to serving Veterans experiencing housing instability in rural areas, making it difficult for Veterans to access the limited services available in rural areas and severely restricting housing options accessible to health care, other services, and jobs. Jim, the SSVF program manager for one grantee, described the challenge as follows:

> When you're dealing with the rural Veteran that doesn't have any transportation, or any quality transportation, that makes it extremely difficult to get them basically stably housed, and basically build around a plan to allow them to basically get those wrap-around services, because they don't have transportation to get from point A to point B, whether it be health care, or employment, or anything like that.

Many respondents also framed the resource context in a manner that went beyond the availability of formal and informal services to help those in need and encompassed economic and housing opportunities more broadly. For example, the majority of respondents discussed the lack of employment opportunities in the areas that they served as a key challenge to their work in helping Veterans maintain housing stability. In some cases, the limited economic opportunities were viewed as endemic to the community, with rural areas having less opportunities than urban areas. Likewise, respondents talked about the limited availability of affordable and good quality housing as being a particular challenge, and one that applies to providers in urban areas as well.

Respondents described creative ways they had adapted their service delivery models to respond to the unique challenges of the rural context. Strategies that merit mention include flexible case management models, the incorporation of specialists in staffing structures, and unique approaches to providing emergency shelter or temporary housing.

Flexible Case Management Models. Several respondents described adopting flexible case management models tailored to the limited availability of transportation in rural settings. For example, a number of respondents noted making use of phone-based models for delivering case management services, and in one instance, the model was based explicitly on telehealth models used in health care settings. In addition, one respondent took an even more aggressive approach to addressing transportation challenges by implementing a mobile case management model in

which case managers traveled by car to meet Veterans wherever they were. The agency leased vehicles specifically for this purpose, providing case managers with the ability to transport Veterans to appointments. The respondent noted that the (often long) time spent in transit provided a unique opportunity for case managers to develop rapport with Veterans and address other needs that they might have. This mobile case management model also leveraged technology by providing case managers with internet-connected mobile devices and scanners, so they had the ability to provide services without needing a formal office. As Steve, the SSVF program director for the organization using the mobile case management model, described:

> The way our model works, it's completely mobile. We have no office whatsoever…so we serve the whole state with mobile case managers…We give them a [car] and a laptop, cell phone, mobile Internet to meet the Veterans where they are…The fact that our model is mobile, and we're bringing services to the Veteran, changes everything for the Veteran, because the alternative is you're finding a way to get all of these Veterans in a rural area to an urban area—which, I mean that's an inevitability depending on what the service is—but there's also a basic level of service that could probably be provided on a more flexible basis by all organizations or agencies in all types of fields, too. And that's where we try to have our model bridge that gap, by saying, "We'll pick you up and bring you."

Including Specialist Positions in Staffing Structures. Respondents described a range of staffing structures used by their agencies' SSVF programs, including having various specialist positions, described as staff members tasked with addressing highly specific housing-related needs as part of their SSVF program or agency. Respondents described these specialist positions as being different from SSVF case managers, who were typically viewed as generalists working on a wide array of Veteran needs and connecting Veterans with a variety of VA and non-VA services. Specialist positions that respondents described included Supplemental Security Income/Social Security Disability Income (SSI/SSDI) Outreach, Access, and Recovery (SOAR) Specialists who worked to help eligible Veterans obtain SSI or SSDI benefits; housing specialists whose sole job was to engage landlords and identify housing options for Veterans; peer support specialists—Veterans who may or may not have experience of housing instability—who were frequently described as being especially useful for assisting with transportation; and employment specialists, who worked with Veterans to connect them with job opportunities. These specialists were seen as critical in rural areas where, in contrast to comparatively better resourced urban areas, the services they provided were not viewed as otherwise being available through another service provider.

Unique Approaches to Providing Emergency/Temporary Housing. In light of what many respondents described as the overall lack of emergency shelter in rural areas, respondents reported using a range of unique approaches for meeting the short-term emergency housing needs of Veterans. Many respondents reported that, in the absence of VA or other federal resources, churches and other faith-based organizations played an important role in providing shelter on an ad-hoc or short-term basis to Veterans facing housing crises. For example, one respondent noted working with a network of churches that would take turns on a weekly basis serving as the de facto emergency shelter in the service area where the grantee worked. Other respondents talked about working with faith-based charities, Veterans Service Organizations, or other organizations that have flexible funds at their disposal to pay for a hotel/motel room or another short-term housing arrangement for a Veteran.

Leveraging Effective Collaboration to Serve Veterans in Rural Areas

Respondents discussed a range of creative ways to use SSVF grants to serve Veterans in rural areas. However, they noted that the services and temporary financial assistance available through SSVF are not always sufficient to meet the full range of needs of the unstably housed Veterans whom they served and that such service gaps are sometimes challenging to fill in the rural context. Respondents viewed SSVF as an important resource, but also understood that they would need to engage with a wide range of stakeholders to leverage the full range of resources required to help Veterans obtain and maintain stable housing. Carli, the lead case manager for one SSVF grantee, summarized the challenge as follows:

> That's something that's specific in rural areas. You really have to reach out and engage your community to assist in those areas [to supplement services SSVF cannot provide]. Because we don't have a lot of the grant funding and program resources that other areas have, larger areas.

In response to this challenge, respondents discussed the wide array of collaborations they had developed, including efforts to engage and work with partners in the public, private, and non-profit sectors to meet the full scope of Veterans' needs. Below, we highlight strategies that stood out: developing new formal collaborative entities to address gaps, engaging the broader community using creative approaches, and strategically building relationships with landlords.

Developing New Formal Collaborative Entities. One respondent described how their agency had collaborated with all other organizations in their area that provided services to Veterans to form a new non-profit organization specifically dedicated to filling gaps in available services for Veterans. This respondent described how the new non-profit entity engaged in its own fundraising efforts and used the resulting resources as a source of flexible funds to address Veterans' needs that might otherwise go unmet. For example, the respondent noted relying on this non-profit to pay for cell phones for Veterans, car insurance so a Veteran could get to work, or for emergency housing. The respondent viewed this non-profit entity as a critical and highly flexible resource to complement SSVF services and noted that fundraising efforts were made easier by the patriotism of the community.

Engaging the Broader Community Using Creative Approaches. A number of respondents spoke about the importance of engaging their entire community as part of their efforts to address housing instability among Veterans. Many noted that efforts to engage the community were easier in rural areas, where social ties in communities made residents more inclined to "take care of their own" and where it would be less likely for Veterans to "fall into the shadows." Jim, the SSVF program manager for one grantee, summed up how the rural context was helpful for engaging the broader community by saying:

> When you have a homeless Veteran in a rural population, everybody is looking out for everybody else. So, it's like there's that immediate sense of crisis, and the desire to fix that crisis right away. Whereas, in an urban population, you don't necessarily have that.

Respondents described a variety of approaches they used to connect with the broader community. For example, one respondent talked about the importance of engaging in advocacy efforts to raise awareness about the problem of homelessness and housing instability in their community. Other respondents talked about developing and maintaining relationships with public officials, such as town clerks, mayors, and county commissioners who may be knowledgeable about new opportunities or resources available for Veterans, which they saw as essential to their work.

Respondents also emphasized the importance of developing relationships with a broad network of partners across sectors. These partners included entities with whom the work of SSVF grantees naturally overlapped, such as other homeless assistance providers, public housing authorities, food and furniture banks, Veterans Services Organizations, and VA Medical Centers and Community Based Outpatient Clinics. Respondents also described partnering with state, county, and municipal programs that provide cash assistance or other services specifically to Veterans and emphasized the utility of mainstream employment programs.

In addition, many respondents described working with partners in the private sector with whom they otherwise had little overlap. These partnerships were viewed as crucial for filling gaps in services in rural areas. Several respondents talked about working with local businesses who provided financial or in-kind help. One respondent described working with a local car dealership who would repair Veterans' vehicles and, in at least one case, had given a Veteran a car. Another mentioned working with a local bike shop who would provide bicycles for Veterans. Yet another respondent described partnering with the human resource departments of potential employers who assisted in developing ride-sharing arrangements, enabling Veterans to get a ride to work from nearby coworkers.

Finally, some respondents described efforts to proactively develop new resources when they identified a gap in service availability. For example, one respondent described an effort in which they collaborated to help build a network of lawyers in their area to provide pro-bono legal services to Veterans to help them apply for VA benefits or discharge upgrades.

Strategically Building Relationships with Landlords. Respondents overwhelming viewed building and maintaining positive relationships with landlords as crucial to their ability to help Veterans access stable housing and to the overall success of their SSVF program. As Mike, the director of operations for one SSVF grantee, put it:

> I think another thing that is incredibly needed is having strong landlord relationships. When you're dealing with a community that has less than 2% [of] units available, it is those relationships that—we treat our landlords as just as important to us as our clients.

Some of the specific tactics seen as important for forming effective relationships with landlords included ensuring open and continuous communication and making it easy for landlords to reach SSVF staff. Likewise, many respondents noted the importance of making it clear to landlords that the SSVF program was willing to serve as an intermediary for any tenant-related issues that might arise when renting to a Veteran served by the program.

Respondents also described efforts to expand the pool of potential landlords who would rent units to Veterans receiving services through SSVF. Several respondents described maintaining and updating a detailed list of landlords that included information about the specific problematic tenant characteristics (e.g., history of eviction, criminal history) that they were (and were not) willing to work with. Such a list was seen as useful in helping to quickly house Veterans with more complex housing barriers. Respondents also talked about recruiting new landlords who would rent to SSVF participants by creating websites and/or program materials specifically targeted to landlords. Some also described having a dedicated staff member who served as the program's landlord liaison.

Key Unmet Needs

Four categories of unmet needs among unstably housed Veterans in rural areas emerged from our data: (1) emergency and subsidized long-term housing options; (2) transportation resources; (3)

flexible financial resources to address barriers to housing; and (4) funding to support the intensive work of serving Veterans in rural areas.

Emergency and Subsidized Long-term Housing Options

When asked about additional resources needed to assist unstably housed Veterans, respondents reported the need for additional housing options at both ends of the housing spectrum. On the one hand, many respondents talked about the need for emergency or short-term housing to assist Veterans facing acute housing crises. When talking about the need for emergency shelter, respondents were, by and large, clear that they did not view shelter as the solution to homelessness, but rather as a necessary short-term option for Veterans as they transitioned to more stable housing arrangements. Jim, the SSVF program manager for one grantee, described this need as follows:

> If you can get somebody into shelter, it lifts a little bit of that crisis burden and that trauma, that feeling of immediate crisis. There's a lifting of that, and a bit of calming, and that you're able to actually work on a plan…We can have a better approach that we're making sure that we're putting the Veteran into the best place possible for them.

On the other hand, many respondents noted the need for more long-term subsidized housing for Veterans. In particular, many felt that the number of HUD-VA Supportive Housing (HUD-VASH) vouchers in their area were inadequate to meet demand or noted that some counties they served did not have HUD-VASH vouchers available at all. More generally, many respondents noted the overall lack of affordable, quality housing in their community as a challenge and at least one respondent talked about the broader need for more income-based and subsidized housing.

Transportation Resources

Given that virtually all respondents identified lack of transportation as a key challenge to their work in rural areas, it was not surprising that they also talked about transportation resources as a key unmet need. In regions where public transportation is an option, respondents said it would be helpful to have more transit subsidies available. However, as respondents discussed at length, in many rural areas there is no public transportation available; therefore, there is a need for other resources to support transportation for Veterans to get to their jobs, medical appointments, or other services that might support housing stability. A number of respondents talked about some specific transportation resources that they thought would be helpful. For example, one respondent talked about potentially partnering with other non-profit agencies to provide rides for Veterans. Several others talked about wanting to bring back and expand transportation programs that they viewed as highly valuable for their area, but whose funding had run out and thus no longer existed. However, most acknowledged the challenges, both logistical and financial, in expanding transportation resources in rural areas.

Flexible Financial Resources to Address Barriers to Housing

A number of respondents articulated the need for flexible funds to address issues that presented barriers to Veterans accessing or maintaining stable housing. In many cases, respondents wanted to address factors that were only tangentially related to housing, such as resources to support employment. For example, a number of respondents mentioned that it would be useful to have access to funds to help Veterans pay off legal fees or fines, often for driving-related offenses. Respondents viewed an inability to pay such fees as a barrier to employment.

Funding to Support the Intensive Work of Serving Veterans in Rural Areas

Respondents observed that serving Veterans in rural areas may require more time and training on the part of staff compared with serving Veterans in urban areas. Many cited the need for increased or additional funding to hire adequate staff to provide case management for Veterans, support staff time dedicated to programs such as SOAR (which helps individuals access SSI and SSDI benefits) and support training of staff generally as well as in relevant specialty areas (e.g., running a tenant readiness education program). Donna, the SSVF program manager for one grantee, summed up this sentiment:

> The thing is that [the SSVF program] expects us to do SOAR work but it is completely unfunded. It is very, very work intensive but nobody is paying for it.

Discussion

To our knowledge, this study is the first to examine responses to rural homelessness and housing insecurity using data from a nationwide sample. We identified a set of key challenges around identification, service provision, and collaboration as well as strategies for addressing these challenges. We also identified key unmet needs identified by respondents. Our study makes three key contributions to advancing research, programmatic practices, and policy responses to homelessness and housing insecurity in rural areas.

Implications for Research

First, our study confirms findings from prior research on rural homelessness and extends these findings in important ways. Nearly 30 years ago, Fitchen (1992) observed that, "the more significant problem in rural areas is not literal homelessness, but poor people who are just a day away, or a relative away, from literal homelessness" (p. 190). Studies conducted in the intervening years have echoed this same observation, describing challenges to address housing insecurity in rural areas where resources may be constrained (Edwards et al., 2009; Forchuk et al., 2010; Sloan et al., 2015). This creates a particular challenge given a policy and programmatic context that makes the provision of assistance contingent upon households meeting the federal criteria for literal homelessness (i.e., households experiencing homelessness in areas that do not have homeless-specific resources often have difficulty "proving" their housing instability). These same themes came across strongly in the interviews we conducted with respondents.

What is novel about the findings of this study is that they provide insight into how more recent policy developments play out in the rural context; in particular, our findings provide insights into how coordinated entry systems function in rural areas. HUD requires communities to implement and maintain a coordinated entry system, but there is very little research about how to do so effectively and efficiently. Study respondents highlighted some of the promises of coordinated entry in rural areas (e.g., promoting new partnerships and collaboration) as well as some of its pitfalls (e.g., challenges in implementing coordinated entry across a large and sparsely populated area).

In addition, this study's focus specifically on homeless and insecurely housed Veterans in rural areas is a noteworthy contribution. Over the past decade, federal efforts to prevent and end homelessness have prioritized Veterans, but the unique needs of rural Veterans have received scant attention. Many of the challenges in serving Veterans in rural areas parallel those identified by prior studies of rural homelessness more broadly. However, focus on SSVF providers—which has been one of the centerpieces of VA's efforts to address homelessness among Veterans—underscores how the expansion of VA resources has not been accompanied by a strategic tailoring of such resources to the rural context.

Implications for Programmatic Practices

Second, our findings make inroads toward identifying concrete and much needed rural-specific programmatic practices for addressing homelessness among both Veterans and the general population. Many existing evidence-based practices reflect the urban environment and do not fit in the rural context. The need for rural-specific practices is widely recognized and is best evidenced by HUD's recent launch of a new strategy for addressing rural homelessness called *All Routes Home* (U.S. Department of Housing and Urban Development, 2018a). A key component of this strategy entails disseminating best practices that have some success in rural areas. Study respondents described a wide array of innovative programmatic practices: practices such as engaging in concerted efforts to build relationships with landlords and using "by name" lists of Veterans experiencing homelessness represent good practices that are equally important in both rural and urban areas. However, some respondents described practices tailored specifically to the rural context: mobile case management models, formal collaborative entities to address the unique resource gaps that affect rural communities, outreach practices to identify unsheltered persons in sparsely populated areas, and web-based coordinated entry systems to minimize the barriers to accessing the formal homeless assistance system in CoCs that cover large geographic areas. While we were not able to assess the actual impact of these practices, their identification and description may lead to them being dissemination to other rural communities, tested, and refined as needed.

Implications for Policy

Third, the study highlighted unmet needs and other challenges in addressing homelessness that will require broader policy remedies to address the perceived shortage of resources in rural areas as found in other studies (Adler et al., 2015; Edwards et al., 2009; Sloan et al., 2015). For example, many respondents perceived that rural Veterans do not meet the federal definition of literal homelessness because of the limited availability of emergency shelters in their service areas. They explicitly noted that, as a result, Veterans use couch surfing as a substitute for emergency shelter and as their only means to avoid experiencing "rooflessness." While it is true that lack of emergency shelter capacity and couch surfing are not exclusive to rural areas, there are functional differences to these phenomena in rural areas compared to urban areas. Respondents reported that the need for additional shelter capacity was more acute in the rural communities they served; this is backed by empirical analysis of HUD data. In a supplemental analysis, we found that CoCs designated by HUD as "major cities" had roughly 14.5 emergency shelter beds per 10,000 inhabitants as compared to only 6.6 in rural CoCs. (See Appendix for additional details.) While respondents described creative approaches they employed to provide emergency housing (e.g., partnering with faith-based organizations), a broader policy response that would increase the availability of emergency housing options in rural areas may be warranted.

Respondents did not see increases in emergency shelter as a sufficient end goal and expressed a desire for more long-term affordable housing options in their communities. The lack of affordable housing is an issue that affects urban areas as well, but the problem has unique contours in light of recent disinvestment in federal programs intended to create affordable rental housing in rural areas (Housing Assistance Council, 2018). Reversing this trend will also require a policy response and reinvestment of federal resources in rural affordable housing. Similarly, every single respondent we interviewed emphasized the urgency of transportation challenges in rural areas, and new policy approaches may be needed to address these challenges. Lack of access to transportation is an issue that affects all persons in rural areas, not just those experiencing homelessness (Rosenbloom, 2003). However, as respondents noted, the lack of

transportation is particularly problematic for individuals experiencing homelessness as it complicates access to the goods, services, and opportunities that such individuals need to obtain and maintain stable housing. For example, research shows that transportation plays an important role in access to health care (Arcury, Preisser, Gesler, & Powers, 2005) and employment (Fletcher, Garasky, Jensen, & Nielsen, 2010) in rural areas.

Each of these potential policy responses would require the investment of new resources geared toward addressing housing insecurity in rural areas. However, our findings also point to policy changes that, in permitting the more flexible use of existing resources in rural areas, could also be highly important. For the SSVF program specifically, respondents expressed concerns about perceived lack of fit between the official definition of homelessness and manifestations of housing instability in rural areas; a responsive policy change would be to shift the allowable proportion of SSVF resources dedicated toward prevention (as opposed to rapid rehousing) in rural areas. Currently, the majority of SSVF funding is dedicated to rapid rehousing rather than prevention services (68% vs 32% in FY 2012-2017; (U.S. Department of Veterans Affairs, 2018)—reversing this split may allow SSVF grantees to serve rural Veterans in areas where prevention services could offer the optimal path for greater housing security. More broadly, policy shifts are needed to allow rural CoCs to use federal homeless assistance funds more flexibly to address barriers identified by respondents (e.g., paying for driver's license fines) to assist insecurely housed households who do not meet the literal definition of homelessness. Such policy changes would be consistent with *All Routes Homes*, HUD's dedicated strategy for addressing homelessness in rural areas, which calls for allowing rural communities to make more flexible use of federal homeless assistance funds (U.S. Department of Housing and Urban Development, 2018a).

Limitations

While this study uses national data to examine housing instability in rural areas, there could be conditions, context, and policies specific to individual regions that impact service provision that we were unable to parse out. The providers we interviewed were also associated with a VA-funded program, SSVF. While several respondents had extensive experience both within and outside of VA working with clients experiencing housing instability, some views may apply specifically to Veterans. Finally, our findings reflect the perspectives of service providers, and not of Veterans experiencing homelessness. As such, the extent to which the perceptions voiced by these service providers align with the views of the Veterans with whom they are working is unclear.

Directions for Future Research

This study explored the perspectives of service providers providing temporary support to Veterans and their families facing housing instability in rural areas. Most of their interactions with clients were brief and episodic. Understanding the importance of various services from the perspective of the client could provide needed context about what works best in rural settings. Additionally, formally adapting and evaluating promising practices in rural settings could help identify and promote successful practices on a larger scale.

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Table 1. Sample qualitative questions by topic area

Organization, role, and experience
Can you tell me about the organization you work for and its role in serving rural Veterans who are experiencing homelessness or housing instability?
Can you tell me about the geographic area your organization serves?
Can you tell me about your role in providing services to Veterans who are experiencing homelessness or housing instability (Probe: What do you do on a daily basis)?
Views on homelessness and housing instability
What is your definition of homelessness and what it looks like in the community you serve (Probe: What does a typical situation of homelessness or housing instability look like in the community you serve)?
Can you speak to any differences between what homelessness and housing instability look like in a rural community such as the one you serve compared to a more urban setting?
Resolving housing issues in rural settings
How do Veterans typically find their way to your organization? (Probe: Can you describe how Veterans end up coming to you through the Coordinated Entry System in your community?)
Can you describe how a Veteran's housing situation is generally addressed or resolved when they come to you for help? (Probe: What has worked well? What challenges do you encounter?)
Can you tell me about other existing resources within the community that you may turn to when assisting Veterans with housing issues?
Can you tell me about any unique ways to deliver SSVF in rural settings?
Barriers and facilitators to serving Veterans in rural settings
Can you tell me about any barriers (facilitators) to working in a rural setting that get in the way (make it easier) for you to resolve housing issues for Veterans?
What, if any, essential resources are needed to help Veterans resolve their housing issues?

Table 2. Themes and subthemes

Themes	Subthemes

Challenges to serving unstably housed Veterans in rural areas	• Identifying unstably housed Veterans in rural areas
	  o Implementing innovative outreach approaches
	  o Advancing Coordinated Entry Systems
	• Providing services within the rural resource context
	  o Flexible case management models
	  o Including specialist positions in staffing structures
	  o Unique approaches to providing of emergency/temporary housing
	• Leveraging effective collaboration to serve Veterans in rural areas
	  o Developing new formal collaborative entities to address gaps
	  o Engaging the broader community using creative approaches
	  o Strategically building relationships with landlords

Key unmet needs	• Emergency and subsidized long-term housing options • Transportation resources • Flexible financial resources to address barriers to housing • Funding to support the intensive work of serving Veterans in rural areas

Appendix 1

To estimate the number of emergency shelter beds per capita in rural versus major city Continuums of Care (CoCs), we used data from the following sources: 1) geographic information system (GIS) shapefiles from the U.S. Department of Housing and Urban Development (HUD) containing CoC boundaries; 2) GIS shapefiles of Census tract boundaries from the U.S. Census Bureau; 3) the 2018 HUD Point-in-Time (PIT) Count data, which is available at the CoC level; 4) the 2018 HUD Housing Inventory Chart (HIC) data, which includes information about the total number of emergency shelter beds at the CoC level; and 5) population estimates from the Census Bureau's 2013-2017 American Community Survey (ACS) 5-Year Estimates.

Using these data sources, we employed a four step process to calculate the number of emergency shelter beds per capita at the CoC level. First, we used geospatial matching procedures to match each Census tract to the corresponding CoC in which it was located. To do this, we took a point representing the geographic center of each tract and matched it to the CoC in which this point was located. Second, based on this Census-tract-to-CoC crosswalk, we used tract-level total population estimates from the ACS 2013-2017 5-year estimates to calculate the total population in each CoC by summing the population of all tracts located within a CoC. Third, we calculated the number of shelter beds per capita in a CoC based on these total population estimates and the total number of emergency shelter beds in each CoC as reported in the 2018 HUD HIC.

After calculating the number of emergency shelter beds per capita, we then used a one-way ANOVA with Tukey post-hoc tests to examine variation in the per capita number of shelter beds across CoC type, based on 2018 PIT count data, which classify each CoCs into one of the following categories: 1) major cities; 2) other urban CoCs; 3) suburban CoCs; and 4) rural CoCs. The results of this analysis are shown below in Table A1.

Table A1. Comparison of Number of Per Capita Emergency Shelter Beds by Continuum of Care (CoC) Category, 2018

	Major Cities (N = 48)	Other Urban CoCs (N = 59)	Suburban CoCs (N = 174)	Rural CoCs (N = 117)	Pairwise comparisons, significant at p <.05
Emergency shelter beds, mean (SD)	14.5 (18.5)	9.9 (5.8)	7.2 (10.4)	6.6 (9.5)	Major cities vs. Suburban CocS Major cities vs. Rural CoCs