

Palo Alto VA Medical Center – Comprehensive Street Outreach

An Innovative Practice in VHA Homeless Program Operations

White Paper

VA



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of Veterans Affairs**

Developed by
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Homeless Program Office**

INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The Palo Alto VA Medical Center (VAMC) has been identified as a site with an innovative practice for their comprehensive street outreach to homeless Veterans.

PRACTICE OVERVIEW

Highly trained health technicians and peer support specialists are effective at engaging Veterans in places not meant for human habitation.

For over 10 years, the Palo Alto VAMC Domiciliary has operated a comprehensive street outreach program that literally meets homeless Veterans where they are. Whether venturing out onto roads, under bridges, or into encampments, few locations are off limits. This approach is made more impressive by the immense geographic area the outreach team is responsible for. The homeless program at Palo Alto is unique in that it is aligned under Domiciliary Service, which technically services the entire VISN 21 catchment area. This includes the northern half of California and three quarters of Nevada. As a result, the outreach team is responsible for that same area as well. The team routinely visits over 100 sites throughout central and northern California. Their commitment to reach as many Veterans as possible often leads to extended travel, with some outreach encounters taking up to 6-hours to drive, round trip, each week.

Palo Alto's outreach team is comprised of a health technician, a peer support specialist, and a program support assistant. The program support assistant's position description has been written to allow him/her to assist with outreach activities. Each is a formerly homeless Veteran who previously participated in VA homeless services. This emphasis on using peers is critical to the team's ability to quickly and effectively build rapport with the Veterans they encounter. In contrast to traditional VA outreach, no clinical case management is provided. At Palo Alto, outreach is viewed as initial engagement, motivational enhancement, and linkage to service entry points like shelters, resource and referral sites, and outpatient settings.

Domiciliary social workers later meet with the Veterans at the service entry points to provide case management for the assessment of needs, development of plans, and referral to services. This role distinction also allows the peer staff to work independently while in the field.

The team undergoes rigorous training and preparation prior to field work. Of highest priority is community safety training - a specific safety protocol developed to prepare the team to go into remote encampments. Additional training includes Prevention and Management of Disruptive Behavior to address potential conflicts

“The thing is that you have to have staff who are committed and enjoy doing this kind of work. Our staff? They love going to encampments and into the woods. It's overwhelmingly positive and a lot of fun.”

**David Grillo, LCSW
Assistant Chief of the
Domiciliary
Palo Alto VA Medical Center**

that may arise and Motivational Interviewing to hone the team's skills in making initial contact and working through Veterans' ambivalence to accessing services. Binders of information including one pagers, how-to guides, and flyers serve as a library of resources for the various communities the team encounters. VA issued iPhones, iPads, laptops, mobile broadband hot spots for internet access, and a dedicated fleet vehicle for transportation ensure that the team stays connected to the VA network while away.

A social work supervisor provides clinical and administrative oversight to the outreach team. Evaluating productivity and effectiveness can be challenging since the team's encounters do not generate workload credit. Instead, the numbers of Veterans encountered and engaged are the primary metrics for evaluating success. **During fiscal year 2016, the team engaged with 258 unique Veterans.**

Historically, the facility leadership has been deeply supportive of the team's efforts as their effect on operations has been overwhelmingly positive. There is a carryover effect on other staff when they know that the outreach team is in the woods, inspiring them to go the extra mile. If the outreach team finds an elderly Veteran in an encampment, the social work staff are more inclined to go out there as well to help bring that Veteran in for services.

Acknowledging that today's outreach programs may not be as effective in the future, Palo Alto is exploring online and virtual outreach by making use of social media to connect with the next generation of homeless and at risk Veterans. Discussions between Palo Alto leadership and its neighbor Facebook are ongoing to see how social media can help to identify Veterans with housing instabilities and connect them to resources.

CONCLUSION

The outreach team at Palo Alto has been at the forefront of VA's street outreach activities for over a decade. They plan to use that same spirit of innovation to continue creating new and effective ways to engage homeless and at-risk Veterans. We would like to thank the staff at the Palo Alto VAMC for their time and effort in sharing this practice.

If you have questions about the Palo Alto street outreach program, or are interested in learning more about how to start a comprehensive street outreach program at your facility, please contact David Grillo, LCSW, Assistant Chief of the Domiciliary at David.Grillo@va.gov.

"The core mission of HCHV is to reach all homeless Veterans who are disconnected from services, with a significant emphasis on those Veterans who are most vulnerable and sleeping outside. Success in those outreach efforts takes persistence, flexibility, and dedication on the part of the VA staff. This is an absolutely crucial piece of our continuum of VHA homeless services."

**Eileen Devine, LCSW
National Director, Health
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