

**Department of Veterans Affairs (VA)
Advisory Committee on Homeless Veterans (ACHV)
Recommendations and VA Responses**

Brief Overview: During the current pandemic, it has become clear that any public health strategy must address the needs of our most vulnerable Veterans. Testing, isolation/cohorting, and Permanent Supportive Housing all play a critical role in this response. A recent study by the Centers for Disease Control and Prevention (CDC) found that people living in shelters and other congregate living sites can spread the virus at high rates, whether they are symptomatic or not. As you know, many Veterans who are or have experienced homelessness have underlying health conditions placing them at greater risk of serious complications, and death, should they contract Coronavirus (COVID-19). It is our understanding that VA has testing capacity and, likely, staff capacity to get testing directly to sites that have high-risk populations, be it Grant and Per Diem (GPD) sites, Transition in Place, Supportive Services for Veteran Families (SSVF) providers, or Permanent Supportive Housing locations.

Recommendation 1: We implore you to consider using the Homeless Patient Aligned Care Team (HPACT) or the Patient Aligned Care Team (PACT) to dispatch testing to vulnerable sites near each hospital location.

States are providing limited testing locations, if at all, and Veterans receiving homelessness assistance might lack transportation and access to facilities where they exist. We need to bring the testing to homeless Veterans so providers, Veterans, and staff can stay safe and informed throughout the process.

VA Response: Concur. The Homeless Program Office (HPO) supports proactive COVID-19 testing of eligible Veterans residing in congregate settings in order to aid in mitigating disease outbreaks in these high-risk locations. The Assistant Under Secretary for Health for Operations (10N) memorandum, *Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Testing Protocol for Veterans in Veterans Health Administration (VHA) Homeless Programs: Grant and Per Diem (GPD) and Health Care for Homeless Veterans Contract Residential Services (HCHV CRS)*, was released August 25, 2020. This memorandum provides guidelines, including testing of eligible Veterans prior to admission to GPD and HCHV CRS programs; initial viral testing for eligible Veterans enrolled in GPD and HCHV CRS in communities with substantial community transmission based on CDC criteria; and the development of a testing strategy by VA medical centers (VAMC) to meet all testing needs.

Additionally, this memorandum recommends consideration of the following: 1) utilizing homeless program staff, in coordination with other VA clinical staff, to assist with notifying site staff, Veterans and facilities of any positive test results and potential exposures; 2) coordinating initial testing at GPD and HCHV CRS sites, when possible, where VAMC staff visit facilities to perform SARS-CoV-2 testing, rather than transporting Veterans to the local VAMC, to reduce the chance of disease transmission and increase access; 3) conducting initial testing events on weekends to

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enhance access to testing; 4) repeating testing of all Veterans enrolled in GPD and HCHV CRS if resources and staffing capacity allow; and 5) utilizing staff from the Homeless Patient Aligned Care Team (HPACT), special population PACT for testing when possible.

Recommendation 2: Testing must also be incorporated with a strategy to isolate, cohort and/or quarantine patients under investigation as that looks different based on community resources at the local levels.

The strategy will ensure all VA Hospitals and homeless programs follow a set of protocol to rapidly quarantine people under investigation and isolate those who may test positive.

VA Response: Concur. Within the August 25, 2020, memorandum discussed in response to Recommendation 1, guidance is provided regarding the need for proactive planning prior to testing. This includes identifying housing options, including but not limited to hotels/motels, for isolation and quarantine, when required. The memorandum also mentions guidance from CDC on discontinuing isolation.

Recommendation 3: It is also critical to plan for continuous re-testing of vulnerable sites as a Veteran may test negative one time and become positive later. Non-VA health care eligible Veterans should be tested as a humanitarian act for the sole purpose of screening for COVID-19.

VA Response: Concur, in part. The memorandum discusses SARS-CoV-2 testing of all new and existing enrollees in the GPD and HCHV CRS programs. This will help to avoid rapid spread of SARS-CoV-2 infection that could result in substantial adverse effects for vulnerable Veterans residing in these congregate settings. The memorandum also encourages collaboration with local and state health departments or a public medical laboratory company that holds a Food and Drug Administration emergency use authorization for SARS-CoV-2 testing, to ensure that Veterans and frontline VA staff, who are not eligible for VA health care, can receive testing.

Recommendation 4: Equally important, this strategy should include rapid placement into permanent housing so that each Veteran has the opportunity to be in a safe place where they can quarantine in the most appropriate method. Resources should be directed toward the rapid placement of the most vulnerable during this pandemic.

VA Response: Concur. SSVF's primary mission is the rapid re-housing of Veterans and their families into permanent housing. In response to the COVID-19 pandemic,

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SSVF has expanded its capacity to place homeless Veterans into emergency housing, utilizing hotels and motels as alternatives to congregate shelters, encampments and street homelessness. On March 13, 2020, the Deputy Under Secretary for Health for Operations and Management (DUSHOM) provided national guidance that SSVF will provide emergency housing in hotels and motels to vulnerable homeless Veterans to reduce their exposure risks from COVID-19. Since that time more than 9,000 homeless Veterans have been placed by SSVF in hotels/motels with more than 3,500 placed in June alone. On June 5, 2020, the DUSHOM provided further guidance that every homeless Veteran placed in a temporary accommodation (e.g., hotel, congregate shelter, isolation/quarantine facility), in response to the COVID-19 emergency, should be considered for a Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) voucher. The rapid identification, referral and placement of these Veterans into permanent housing through HUD-VASH is designed to ensure them a safe and stable environment while simultaneously freeing up capacity in temporary settings for other individuals in need.

Congress has provided VHA supplemental funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to address critical needs stemming from the COVID-19 health crisis, including funding to support Veterans who are homeless or at risk of becoming homeless. Nearly \$100 million of this funding has been used to support GPD to promote social distancing in transitional housing. More than \$600 million of this funding has gone to SSVF to support efforts in the following three high priority areas: 1) emergency housing to reduce COVID-19 transmission risks; 2) support of HUD-VASH placement activity in areas where Public Housing Authorities have curtailed services or staffing shortfalls have been barriers to placement activity; and 3) enhanced prevention services to avoid inflows into homelessness that would otherwise occur with the anticipated wave of evictions. SSVF grantees will also use this funding to create health care navigator positions. These positions will be responsible for working with local VAMCs and community providers in coordinating the delivery of health and mental health care services. VA distributed \$210.5 million to SSVF grantees on April 24, 2020, and announced the availability of \$400 million in supplemental CARES funds on July 10, 2020, for distribution in Quarter 1 of fiscal year 2021.

Recommendation 5: We ask you to revisit Recommendation 2 from the 17th Annual Report set of recommendations from ACHV, which addresses homelessness and suicide.

As this pandemic continues, older Veterans, including those who are or have experienced homelessness, are more isolated than ever and are at a greater risk of suicide. We need teams that are reaching out to Veterans proactively to ensure their safety at this time. If the suicide teams do not have capacity, the HUD-VASH

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teams might since they are largely telecommuting but need to be empowered with your authority to provide services beyond their current caseload.

VA Response: Concur, in principle. As noted in VA's response to Recommendation 2 from the 17th Annual Report, VA recognizes and agrees with the need for targeted interventions specific to the homeless population. This commitment continues during the COVID-19 pandemic.

As a part of their typical work, HUD-VASH team members regularly assess Veterans referred and admitted to the HUD-VASH Program for a broad range of medical, mental health and psychosocial concerns. These assessments include suicide risk assessments and linkages to appropriate adjunctive care and support, when indicated. In response to the COVID-19 pandemic, the DUSHOM provided guidance to the field on face-to-face visits with homeless program participants. This guidance included the expectation that homeless program staff make a good-faith effort to contact all known homeless and at-risk Veterans, including those who have graduated from HUD-VASH but retain a housing voucher, to assess for urgent needs and concerns.

For homeless Veterans who are not in HUD-VASH, VA's Suicide Prevention Program and its partners have worked together to proactively engage Veterans who were identified as being at high-risk for suicide – including both elderly and homeless Veterans. To do so, the Suicide Prevention Program worked with the Program Evaluation Resource Center to modify an existing dashboard, which displays Veterans individually – the Suicide Prevention Population Risk Identification and Tracking for Exigencies (SPPRITE) Report. SPPRITE is a tool to help VA clinicians track Veterans identified as at-risk for suicide. The SPPRITE Report unifies critical patient-level information about Veterans at high-risk for suicide so that providers can engage in integrated case management of high-risk Veterans; coordinate care; communicate with providers in other settings; and easily find information to facilitate outreach efforts. The dashboard information indicates whether a Veteran is receiving homeless services; therefore, facilitating collaboration and coordination between Suicide Prevention teams and Homeless Program Office teams. In addition to existing information, a Veteran's status regarding COVID-19 screening and COVID-19 lab test outcomes were added to the dashboard.

In addition, Veterans identified by the Geriatric and Extended Care Program as being high-risk and high-need were added to the dashboard. This additional information allows for the rapid identification of Veterans who are at high-risk and had either screened positive and/or tested positive for COVID-19. Subsequently, facilities were informed that proactive outreach was required for any Veteran who was at high-risk for suicide and had either screened positive or tested positive for COVID-19. That outreach was to include a standardized evaluation of current risk for suicide, following the positive

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COVID-19 screening or test results, and a plan for continued engagement in care. In the case of Veterans experiencing homelessness, the care would be coordinated with the Homeless Program Office teams.

Furthermore, guidance was provided that the SPPRITE dashboard be used to identify proactive outreach for those Veterans who were not currently identified as being high-risk for suicide, but did either screen or test positive for COVID-19 and would benefit from proactive outreach, in accordance with local procedures.

Suicide Prevention Safety Plans are developed for Veterans of all ages and housing status who are at high-risk for suicide. The Suicide Prevention Program also provided guidance to Suicide Prevention teams to contact VA clinicians serving Veterans with Suicide Prevention Safety Plans, and encourage them to proactively provide outreach to those Veterans; review the Suicide Prevention Safety Plan; and ensure that items on the Safety Plans potentially compromised by physical distancing, self-isolation, quarantine and other restrictions to interpersonal contact were reviewed, revised and if necessary, replaced with additional resources.

VA's Office of Mental Health and Suicide Prevention and the Homeless Program Office remain committed to working together to end suicide among homeless Veterans. The Suicide Prevention Program continues to work closely with the Homeless Program at all organizational levels as guided by the VHA 10N Memorandum, *VAMC Homeless Program Integration with Suicide Prevention Efforts*, dated June 8, 2018, which creates a targeted and robust effort to coordinate suicide prevention interventions among our Homeless Program.

Department of Veterans
October 2020