BRIDGE HOUSING & CLINICAL TREATMENT

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Today’s agenda:

- Bridge Housing Model
- Clinical Treatment Model
- Frequently asked questions about the two models

Our call today is in lecture mode (callers on mute) for the benefit of all participants.

Questions can be submitted to GPDgrants@va.gov.

We post prior presentations on the GPD website www.va.gov/homeless/gpd.asp.
Important Take Away Points

• Bridge Housing
  • Coordination with the source of the permanent housing intervention (SSVF, HUD-VASH) is very important to program success
  • Veterans must have been offered and accepted into a permanent housing intervention program prior to placement in bridge housing
  • Treatment is limited the focus is on the movement to permanent housing
  • Expected to be 90 days or less but could be up to 24 months

• Clinical Treatment
  • Veterans still need to be homeless for entry
  • Must provide substance abuse or mental health treatment by a member of your staff who is licensed to do so
  • Veterans should desire both clinical treatment and to work to exit to permanent housing.
We formally began using bridge housing as a model in FY 2016.

- Previous presentations on GPD provider webpage
  https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp

- Bridge Housing reflects the need for safe, brief, temporary housing that supports Housing First initiatives such as HUD-VASH and SSVF.

**Model Performance Expectations**

- Exits to Permanent Housing >70%
- Negative Discharges <23%
Bridge Housing Model Overview

• Targeted Population - Homeless Veterans that have been offered and accepted a permanent housing intervention (e.g., SSVF, HUD-VASH, Housing Coalition/CoC) but, are not able to immediately enter the permanent housing.
  • Housing offer must be made and accepted prior to admission.
    • Acceptance for SSVF, HUD-VASH case management, or other housing programs.

• Length of Stay (LOS) is individually determined based on need but, in general not expected to exceed 90 days.

• Goals are short-term with the focus on the move to permanent housing, rather than the completion of treatment goals.
• **Lower Barriers/ Short term Expectations:**
  • Expectation that Veterans will not complete some parts of what would be traditional GPD programing
  • Veteran goals should be short-term with the focus on the move to permanent housing

• Veterans may have unresolved mental health or substance use disorders
  • Which may keep them from participating in a traditional GPD program
  • Use of low barrier approaches focusing on safety may be considered
  • Assisting Veterans in accessing services as needed/requested
Veterans are expected to receive case management and support which should be coordinated with the applicable HUD-VASH or SSVF team.

Co-Enrollment HUD-VASH and GPD
- Veterans are provided a safe place while going through the lease up process.

Co-Enrollment SSVF and GPD
- Veterans are provided safe, temporary housing while SSVF provides primary case management, including assistance searching for permanent housing.

Types of assistance needed from GPD:
- Regular communication, gathering necessary documents, housing search, help with the initial lease up process, furniture assistance referrals, life skills, budgeting
Bridge Housing Coordination

• Bridge Housing is a model that needs to be integrated into an overall strategy.
• Key stakeholders to plan bridge housing
  • Housing assistance programs
  • HUD-VASH, SSVF, Shelter Plus Care, etc.…
  • Continuum of Care
• Questions to Consider in planning:
  • How much is Bridge Housing needed in your community (gaps in service needs)?
  • Who makes referrals to bridge housing?
  • Who will assist Veterans with completing certain applications?
  • Who will assist Veterans with their housing search?
  • How will the GPD provider and the HUD-VASH or SSVF team communicate with each other? With the Veteran?
FAQ’s

• Can I refer someone to bridge housing after they complete one of my other program models if they get a HUD-VASH or other housing subsidy?

• Does the Veteran have to have an address for their housing to be approved for bridge housing?

• Can I accept Veterans who express the desire for permanent housing and will be referred to SSVF or HUD-VASH in to bridge housing?

• How do I determine how much demand there may be for bridge or clinical treatment models?
Clinical Treatment Model Formulation & Performance

• Clinical treatment GPD programs have been around since 1996
• On 10/1/17 new clinical treatment GPD grants commenced
• Recognizing some homeless Veterans are seeking community based residential treatment services that are integrated with services to assist in the Veterans transition to the community.

**Model Performance Expectations**

- Exits to Permanent Housing >65%
- Negative Discharges <23%
- Employed at Exit >50%
Clinical Treatment Model Overview

• Targeted Population - Homeless Veterans with a specific diagnosis related to a substance use disorder and/or mental health diagnosis; Veteran actively chooses to engage in clinical services.

• Clinically focused treatment provided in conjunction with supportive housing and services

• This is not a phase of another program the intent is admission, treatment, exit to permanent housing from the CT program.
Clinical Treatment Programming

- Treatment must be:
  - Provided by the grantee
  - Can be contracted by the grantee
  - Can not be a free community resource
  - Can not be provided by VA

- Lower Barriers and Engagement:
  - Aim to engage Veterans struggling with relapse
  - Lower Barriers to entry and continue to engage those who relapse
Clinical Treatment Programming

- In the NOFA we ask: Describe how you will ensure homeless Veterans will be offered available permanent housing resources prior to entering treatment resources.
  - Offered Permanent housing
  - Actively chooses clinical treatment
  - Aligns with the Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness
Clinical Treatment Programing

- Clinical Treatment GPD Programs:
  - Incorporate strategies to increase income and permanent housing attainment
  - Complete individualized assessments, services, and treatment plans
  - Have licensed and/or credentialed staff for the SUD/MH services provided
  - Veterans are offered a variety of treatment service modalities, such as:
    - Individual counseling
    - Group counseling
    - Family support groups
Clinical Treatment Coordination

• Key stakeholder for coordination and establishing need
  • VA Homeless Programs
  • Local VAMC SUD and/MH clinics
  • Local CoC

• Questions to Consider in planning:
  • How much is clinical treatment is needed in your community (gaps in service needs)?
  • What services will be offered to those in other forms of clinical treatment such as those Veterans in VA treatment?
  • What staff will be needed to provide the desired level of clinical treatment what specific qualifications are needed in your state to provide this treatment?
FAQ’s

• How do I determine how much demand there may be for clinical treatment models?

• Can I accept Veterans who are getting clinical treatment at the VA into my clinical treatment model?

• Can I contract the clinical treatment services?
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