

GRANT & PER DIEM NATIONAL PROGRAM OPERATIONAL GRANTEE CALL

August 8, 2023

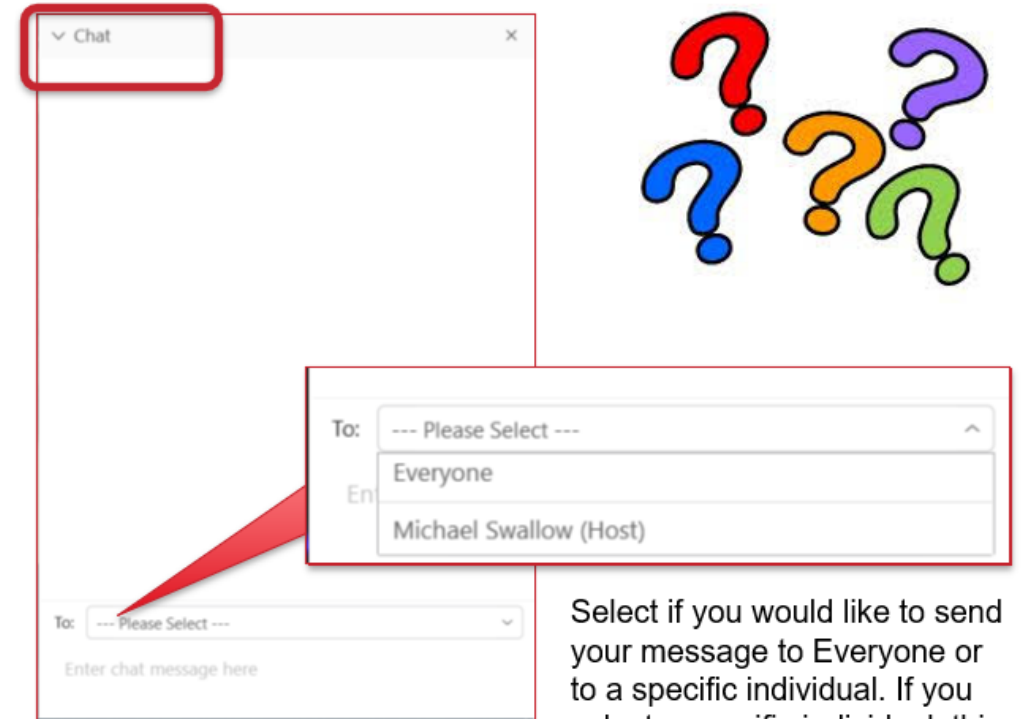
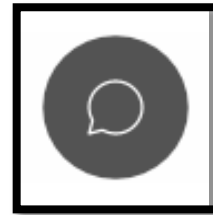
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RECORDING PASSWORD: Homeless1!

HOUSEKEEPING

- This meeting is being recorded.
- Past recordings are available on the GPD provider website:
https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp
- The webinar will last approximately 60 minutes.
- Mics and video are disabled (but always check to make sure you're on mute).
- Questions can be submitted using the Chat function.

Select the Chat icon on the tool bar at the bottom of the screen.



Select if you would like to send your message to Everyone or to a specific individual. If you select a specific individual, this will send the message privately so no one else in the meeting will see it.

AGENDA

- **Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 – Toxic Exposure Screening: Dr. Stephen Hunt**
- **Street Outreach Strategies: Doug Tetrault, Eric Gammons, Randy McCoy; TAC & Abt, VA Homeless Programs Technical Assistance**
- **Questions**

HONORING OUR PROMISE TO ADDRESS COMPREHENSIVE TOXICS (PACT) ACT OF 2022 – TOXIC EXPOSURE SCREENING HPO: GRANT PER DIEM PROGRAM- GPD COMMUNITY PARTNER GRANTEEES

August 8, 2023



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PRESENTER



Dr. Stephen Hunt

National Director of the VA Post-Deployment Integrated Care Initiative since 2007, co-lead of the PACT Pain Initiative, and National Physician lead for the Toxic Exposure Screening, a key feature of PACT Act Legislation.

Dr. Hunt has been the Registry Physician at VA Puget Sound since the beginning of his career. He is a Clinical Professor of Medicine at the University of Washington School of Medicine in the Occupational and Environmental Medicine Program. He is involved in clinical care, research, policy development, education and outreach related to health concerns of combat Veterans nationally.

PURPOSE

This presentation provides an overview of the Toxic Exposure Screening, implemented as part of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022.

The following topics will be covered:

- Definition of toxic exposure
- Toxic exposure screening introduction
- Current Data
- Phase 2 & 3 Implementation: Pathways forward



TOXIC EXPOSURE

The PACT Act defines the term “toxic exposure,” but generally, “toxic exposure” refers to a subset of Military Environmental Exposures. Whether an exposure is “toxic” is determined by the substance, the concentration of exposure, route of exposure (inhalation, ingestion, transdermal or intradermal, intravenous, etc.), and duration of exposure.

Chemicals	Herbicides (Agent Orange) used during Vietnam era, burn pits, sulfur fire in Iraq, Camp Lejeune water supplies, pesticides used during Gulf War, depleted uranium, industrial solvents
Air Pollutants	Burn pits, oil well fire during Gulf War, sulfur fire in Iraq, Atsugi (Japan) waste incinerator, sand, dust, and very small, fine particles or liquid droplets
Occupational Hazards	Asbestos, industrial solvents, lead, radiation, vibration, noise, fuels, polychlorinated biphenyl (PCBs), and special paint used on military vehicles
Radiation	Nuclear weapons and testing, x-rays, depleted uranium
Warfare Agents	Chemical weapons, Project 112/Project Shipboard Hazard and Defense (SHAD), herbicide tests and storage, and chemical experiments

VA TOXIC EXPOSURE SCREENING – LEGAL REQUIREMENTS

- On November 8, 2022, enrolled Veterans began receiving an initial Toxic Exposure Screening. Screenings will be completed at least once every 5 years.
- Veterans who are not enrolled and who meet eligibility requirements will have the opportunity to enroll and receive the screening.
- Veterans are asked questions about potential exposure to an open burn pit or other hazards commonly associated with military environmental exposure. Responses are entered into their health care record.



VA TOXIC EXPOSURE SCREENING QUICK FACTS

- **Who:** All Veterans enrolled in VA health care
- **What:** A brief screening averaging 5–10-minutes to identify and document any potential exposures to toxins during military service
- **When:** At least once every 5 years.
- **Where:** At VA medical centers/clinics, including virtual encounters.
- **Why:** To support the long-term health plan of the Veteran—ensuring they receive informed, whole-health care—and connect them with follow-up resources as requested.




⇒ **EXPOSURE INFORMED CARE**


TOXIC EXPOSURE SCREENING RESOURCES

It is a **legislative requirement** that complementary [print materials](#) that outline toxic exposure related resources are available at each medical facility and are offered to Veterans during initial screening. Print materials provide information about:


- Types of toxic exposures
- How to participate in health registries
- How to submit a claim
- Presumptive conditions
- Connecting with VA health care team

In an effort to bridge the gap between VHA and VBA, VBA has developed a [handout](#) to provide to Veterans with positive screens. VHA and VBA are exploring more ways to strengthen the connection between positive screens and benefits applications, including data sharing.


 **THANK YOU FOR YOUR SERVICE. WE'RE HERE FOR YOU IF YOU NEED US.**

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PACT ACT ELIGIBILITY

 The PACT Act expands eligibility to VA benefits and services for Veterans exposed to burn pits, Agent Orange, and other toxic substances.

Learn more at va.gov/PACT



LET'S MEET



TOXIC EXPOSURE SCREENING INFORMATION


VA is committed to providing screening, health care, and resources to Veterans with toxic exposure concerns from military service.


TOXIC EXPOSURES

While toxic exposure is defined by law, generally there are several types of possible exposures or hazards Veterans may have experienced during their military service. Some common examples appear below.


- » **Open Burn Pits/Airborne Hazards:** Contaminants or substances in the air including smoke and fumes from open burn pits and fine particulate matter.
- » **Gulf War related exposures:** Veterans may have been exposed to a variety of environmental hazards including pesticides and oil well fires.
- » **Agent Orange:** An herbicide used to thin-out thick foliage commonly found in jungles and fields.
- » **Radiation:** Exposure from sources such as nuclear weapons.
- » **Camp Lejeune contaminated water exposure:** Between August 1, 1953, and December 31, 1987, Veterans and their families may have been exposed to contaminated drinking water.
- » **Other exposures:** There are other potential toxic exposures that may occur during military service.

ASK ONLINE

 Submit a question online at ask.va.gov



GET LOCAL HELP



MANAGE YOUR HEALTH

Proactively developing a long-term health care plan with your care team can help detect conditions early and treat or lessen the effect of complications resulting from exposure(s).


TALK WITH A VA PROVIDER:


- » Call 1-800-MyVA411 then press 8, or a local VA clinical care team
- » Send a secure message to your clinical care team through your patient portal: My HealtheVet at: www.myhealth.va.gov or My VA Health at: patientportal.myhealth.va.gov
- » Discuss exposure concerns at your next VA appointment

ENROLL IN VA CARE:

- » Online www.va.gov/health-care/apply/application/introduction
- » Call 877-222-VETS (8387)
- » Visit your nearest VA medical center and enroll in person: www.va.gov/find-locations

Speak to a VA benefits specialist by calling **1-800-MyVA411**

 Scan with your mobile device to access this document

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Updated: September 22, 2022

TOXIC EXPOSURE SCREENING (TES) NAVIGATOR



- TES Navigators have been identified at each VHA facility to serve as a general resource for Veterans and to disseminate information about the Toxic Exposure Screening

These personnel are likely your greatest resource for all things “TES” in your local VAMCs.

WHAT IS THE TES...

UP TO a 2 stage Reminder in CPRS; currently 1 stage in Oracle

1st Stage: Toxic Exposure Screening Reminder

- **Purpose:** Ask Veterans if they have experienced toxic exposures while serving in the Armed Forces, and if so, what types
- NOT limited to known risks/exposures

2nd Stage: Toxic Exposure Screening Follow-Up Reminder

- Completed **ONLY** if Veteran reports exposure **OR** if they are unsure of exposure and have questions
- **Purpose:**
 - Connect Veterans with resources to meet their needs (VSO/VBA, Registry, etc)
 - Records reported exposure in medical record
 - Reported symptoms must be managed as a part of ongoing medical care

What IS the TES... and what is it NOT?

FAST FACTS:

NEW TOXIC EXPOSURE SCREENING FOR VETERANS

If you're enrolled in VA health care, you can now receive the toxic exposure screening at VA medical centers and clinics across the country. If you're not enrolled but meet eligibility requirements to [enroll](#), you will have an opportunity to receive the screening after you enroll.

During your screening, you'll be asked if you believe you experienced toxic exposures during your military service. If you answer yes, you may be connected to support and resources, including a review by your primary care team or provider.



HERE ARE SOME FAST FACTS TO GET TO KNOW THE PROCESS:

- » **It's quick.** The screening is a series of questions that takes around 5-10 minutes and can occur as part of a regular health care appointment.
- » **It documents a variety of exposures.** There are several types of possible exposures or hazards you may have experienced during your military service. This includes open burn pits and airborne hazards, Gulf War-related exposures, Agent Orange, radiation, Camp Lejeune contaminated water exposure, and others.
- » **It helps support your long-term care plan.** The toxic exposure screening aims to make your VA health care team aware of any potential exposures to toxins during your military service. This allows for ongoing care that ensures early diagnosis and treatment of any health concerns that may arise in the future related to your exposure(s).
- » **You'll receive additional information.** After your screening, you will also receive [information](#) about benefits, registry exams, and clinical resources to address any concerns you may have.
- » **You can ask about the toxic exposure screening at your next VA health care appointment.** If you don't have an upcoming appointment or want to be screened sooner, contact your local VA facility and ask to be screened by the Toxic Exposure Screening Navigator.
- » **You'll be screened at least once every 5 years.** Even if you don't have concerns today, you may in the future.
- » **You can decline.** If you choose not to be screened, you will have the option to decline until the following year.



THINGS TO KEEP IN MIND:

- » **It's not diagnostic.** The screening identifies and documents potential exposures. If there is a need, it will support you in connecting with your health care team. You can also always contact your local VA health care team through Secure Message or call 1-800-MyVA411 and press 8.
- » **It's not part of the VA benefits claims process.** For information about how to file a claim, visit <https://www.va.gov/disability/how-to-file-claim/>.
- » **Being screened is separate from joining a VA environmental health registry.** You'll receive information about [registry participation](#) after your screening.



One of the best ways to manage your health is to proactively develop a long-term health care plan with your care team. The new toxic exposure screening can be an important part of that discussion.



For information about enrolling in VA health care, visit:

<https://www.va.gov/health-care/apply/application/introduction>.

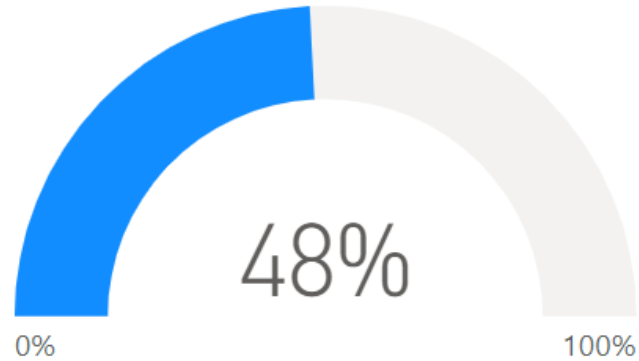
<https://news.va.gov/wp-content/uploads/sites/3/2023/02/TOXIC-EXPOSURE-SCREENING-FAST-FACTS.pdf>



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SCREENING TO DATE*

Percent Screened



Percent Screened

Number of Enrollees that have had a TES Screen divided by the Number of Enrollees



4,134,336

Total Toxic Exposure Screenings
(09/06/2022–07/31/2023)



1,755,553 (42.46%)

Toxic Exposure Screenings where Veterans Endorsed at least 1 Potential Exposure



344,326 (8.33%)

Toxic Exposure Screenings where Veterans Endorsed more than 1 Potential Exposure

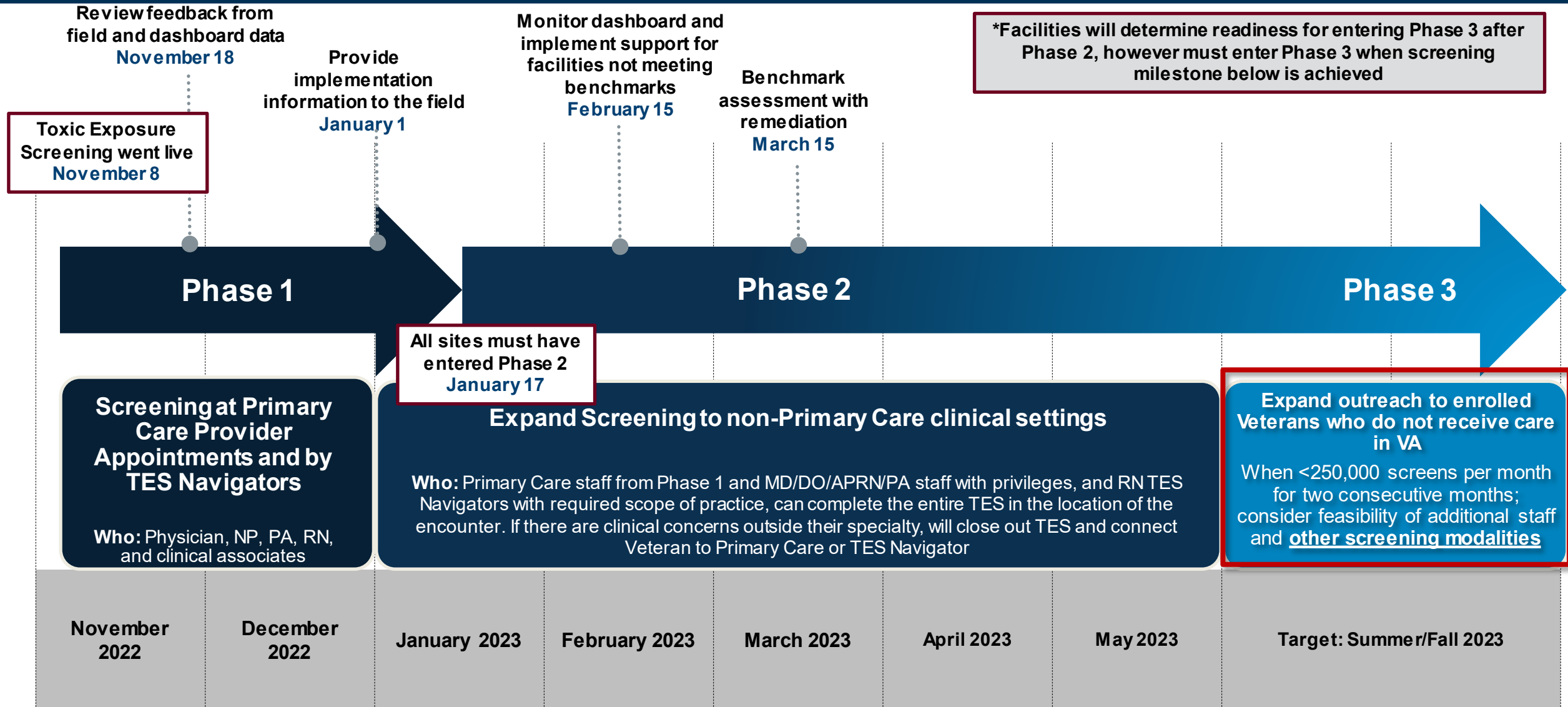


1,411,227 (34.13%)

Toxic Exposure Screenings where Veterans Endorsed exactly 1 Potential Exposure

**Selected data as of 7/31/23 from
[VA Pact Act | Veterans Affairs](#)*

Toxic Exposure Screening Phased Implementation



ADDITIONAL RESOURCES

- Visit www.va.gov/PACT or call 1-800-MyVA411, then press 8
- Access information on military environmental exposures: www.PublicHealth.va.gov/exposures/index.asp
- Access exposure benefits information: www.va.gov/disability/eligibility
- There is a suite of toxic exposure screening resources at the end of this comprehensive blog: <https://news.va.gov/109115/spread-word-pact-act-health-care-eligibility/>
- Download the free VA Exposure Ed mobile app: mobile.va.gov/app/exposure-ed



Street Outreach Strategies

Grant and Per Diem Grantee Webinar August 2023

Grant & Per Diem Outreach Expectations

- GPD grantees should be actively involved in community outreach efforts to engage unsheltered Veterans in services.
- All FY 2024 transitional housing grantees discussed within their application the frequency of outreach activities and strategies they will employ.
- Grantees must ensure eligible, unsheltered Veterans have rapid access to services (i.e., same day access from the point of identification or referral to the GPD project, or within no more than 72 hours).

Outreach and VA's CY2023 Goals

- VA's One Team approach means all VA outreach efforts are coordinated and Veterans housing pathways remain choice-based and not based on which provider identifies the Veteran first.
- VA goal of outreach engagements with at least 28,000 unsheltered Veterans man a whole One Team approach is needed to create protocol for coherent outreach strategy
- Veterans who lost housing from VA homeless programs must be re-engaged in VA services as quickly as possible, whether from an unsheltered or sheltered situation.

Core Elements of Street Outreach (SO)

Effective Design and Implementation to Achieve Housing Success

What Role Does SO Play in the Homelessness Response System?

- First line of defense to keep unhoused people alive, particularly in extremely hot or cold weather
- Reaches vulnerable Veterans who won't seek services on their own
- Reaches Veterans who can't or won't stay in shelter
- Connection to Coordinated Entry and VA services
- Education for community partners
- Relationship building
- Others?

SO & Equity

- Staffing considerations to promote equitable outreach practices include efforts to make sure staff look like and/or have similar experiences to the Veterans with whom you are trying to connect.
- Veterans with varying identities may live or spend time in places unique to their identities (Ex: LGBTQ+2IA Veterans may spend time at certain social service organizations or places, or avoid certain locations where they feel undervalued or unsafe)
- Outreach may need to be iterative – Veterans of varying identifies may need to be outreached by staff or peer specialists that represent similar populations, and this calibration or staffing efforts may take time.

Street Outreach (SO) Core Elements

- **Outreach is Systematic and Coordinated**
 - Requires collaboration between agencies and stakeholders- outreach is conducted on *behalf* of the community rather than one *agency*.
 - SO is coordinated among providers- various providers with multiple funding streams engage in SO, coordination makes these efforts successful and outcomes positive for those being served.
 - All SO contacts and housing placements are shared- this can be in HMIS, other data systems or the By-Name List (BNL).
- **Outreach is Housing Focused**
 - SO should utilize Housing First approaches.
 - The goal is connections to stable housing services with tailored services.
 - SO does not require people to enter Emergency Shelter (ES), emergency housing assistance, or Transitional Housing (TH) but should be prepared to connect people when they are willing

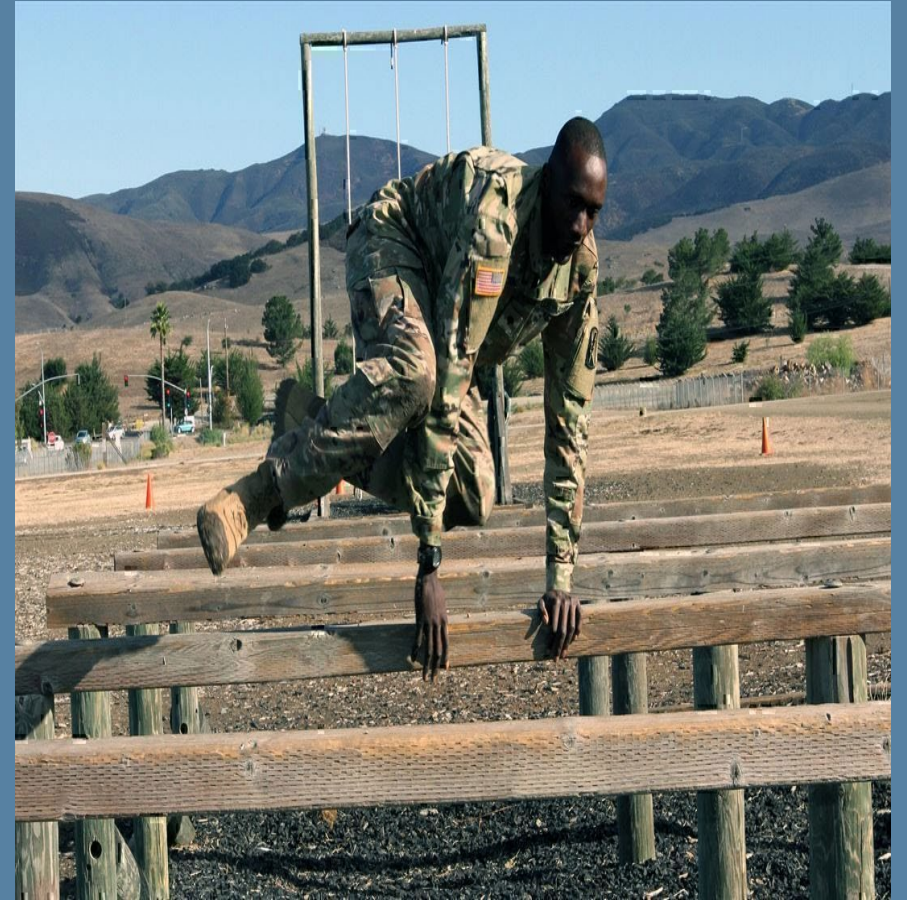
Street Outreach (SO) Core Elements Cont.

Outreach is Person Centered, Trauma Informed and Culturally Responsive

- Focuses on the person and their strengths and resources
- Does not make assumptions about what a person might need or want
- Is respectful and responsive to individual beliefs, identities and preferences
- Looks to local data to evaluate equity and disparities and tailors responses to address inequities
- Provides people the opportunity to say, ‘No’ multiple times while respectfully attempting to engage again
- Utilizes diversion and problem-solving techniques to explore safe housing options
- Emphasizes Safety and Harm reduction
 - Accepts that some individuals may not initially accept offers of shelter or housing
 - Outreach providers have protocols to ensure safety of all individuals seeking assistance

Overcoming Obstacles

GPD Grantee Webinar August 2023



Different Geographies Present Different Barriers

Rural and Balance-of-State	Suburban	Mix of Urban, Suburban and Rural
<ul style="list-style-type: none"> • Fewer homeless service providers and specialized resources • Wide distances between providers • Lack of connectedness or collaboration between providers • Limited visibility of homeless populations • Limited public transportation • Limited jobs and affordable housing • Lack of awareness about issue of homelessness 	<ul style="list-style-type: none"> • Fewer homeless service providers and resources • Limited visibility of homeless population • Limited public transportation • Lack of awareness about issue of homelessness 	<ul style="list-style-type: none"> • Variation in availability of homeless service providers and resources • Variation in needs of homeless population(s) in different areas of the CoC • Variation in key stakeholders and access points across the CoC • Lack of awareness about issue of homelessness outside urban areas

Engaging Veterans

- **All Veterans are Different, understand their uniqueness and individual needs**
 - Lack of trust in systems or the government
 - Possibly isolated in rural areas for a reason
 - Trauma histories- personal trauma, service-connected trauma
 - Cultural norms may reinforce the idea of not taking handouts
 - **“Improvise, Adapt, Overcome”**
- **Tailor engagements to the individual Veteran**
 - Authentic engagement
 - Under promise and over perform
 - Accept that they may say no to supports and services more than once

Street Outreach: Strategies and Best Practices

Learn from Veterans with Lived Experience

- **Developing relationships and gaining knowledge**
 - Learn how to identify other Veterans experiencing homelessness
 - Learn where Veterans go for services or how they meet basic needs
 - Learn about communication networks, how they hear about services and connect with them
 - Learn what their unmet needs are in the community

Focused Engagements and Services

- **Be prepared to start with the little things**
 - Sleeping bags, tents, food.
 - Target items to the season- Sunscreen, water in hotter months. Chapstick, hand warmers in colder months.
 - Ask Veterans with lived experience what the needs are.
 - These supplies are not the purpose of outreach, but can support engagement and trust
- **Training in overdose first aid and access to Naloxone**
- **Engagements should focus on housing- often not a linear path...keep trying**
- **Address specific needs identified by the Veteran**

General Safety Considerations

Create a safety policy

- **Don't “go in blind”, do your research before going to new locations, and if possible, engage local contacts who regularly engage with the individual in the initial visit**
- Team up, teams of two, at minimum
- Team members should have identified division of labor
- Make sure you have phone service
- Ask permission to enter someone's space
- Understand real vs. perceived threats
- When in doubt, trust your gut
- Others?

General Outreach Do's and Don'ts

Do:

- Clearly identify yourself and your agency
- Be yourself
- Listen
- Respond, don't react
- Describe available resources and allow the Veteran to decide how to proceed
- Use Motivational Interviewing and Harm Reduction
- Make repeat visits to build trust and continue to offer resources and services

Don't:

- Sneak up or corner someone
- Don't invade someone's space
- Don't promise what can't be delivered
- Don't "case manage"
- Don't go alone
- Don't preach, pry or prod
- Don't go at 4 a.m.

Connect With Community Resources

- **Connect with public systems**
 - Common public systems- Police and Sheriff's offices, jails, libraries, schools
 - Uncommon systems- County road crews, game wardens and conservation agents, USDA
- **Non-profits**
 - Common non-profits- Food banks, Community Action Agencies, shelters
 - Uncommon- Churches and religious organizations, Veteran Service Organizations (VFW, AM Vets etc.), hiking and camping organizations
- **Site based outreach**
 - Common- Day programs, meal locations, shelters
 - Uncommon- Truck stops/gas stations, laundromats, Wal Mart (other 24/7 locations)

Questions

Resources

- [Rural Veteran Outreach Workbook and Toolkit V.3](#)
- [Assessing the Evidence: What We Know About Outreach and Engagement](#)
- [National Health Care for the Homeless Council Blog Post: Tips to Ensure Safety in Street Outreach](#)
- [Challenges and Strategies for Serving Unstably Housed Veterans in Rural Areas: Evidence from the Supportive Services for Veteran Families \(SSVF\) Program](#)
- [Service Delivery in Rural Areas \(Presentation\) \(hudexchange.info\)](#)

Community Resources List

Natural

- Interstate exits
- Canyons/hollows
- Rest areas
- Campgrounds
- National and State Parks or Nature Refuges
- Department of Natural Resources properties
- Sites with outdoor toilet facilities
- Construction sites
- Dumpsters
- Beaches, riverbeds
- Farm Buildings

Community

- Stores open 24 hours
- Diners/Fast Food Restaurants
- Convenience stores/Tobacco store/Gas stations
- 7am liquor store openings
- Grocery stores
- Recycling Centers
- Laundromat
- Rundown or budget m/hotel With formerly homeless individuals already housed
- Churches
- Storage unit centers
- Parking garages
- Truck stops
- Car impound lot

Institutional

- Social Security
- Post Office
- Small community colleges
- Library
- National Guard Armories
- City and long distance bus /train stations
- Law enforcement
- Jails
- Rural health centers
- VA CBOCs
- Health clinics
- Hospital/Emergency rooms
- Plasma Centers
- Food pantries/ Federal food assistance offices (SNAP, WIC, and TEFAP)

Thank You!

THANK YOU!

*Thank
You*

Next Call: Tuesday, September 12th @ 2pm ET