



October 2023

Homeless Patient Aligned Care Team (HPACT)

Homeless Patient Aligned Care Team (HPACT) is a multi-disciplinary, population-tailored medical team designed around the unique needs and distinct challenges homeless Veterans face when accessing and engaging in health care. HPACT addresses these unique needs in one setting.

The HPACT care model centers on five core elements that distinguish it from traditional primary care models:

1. **Reducing barriers to care** by providing open-access, walk-in care and community outreach to engage those Veterans disconnected from VA services.
2. **One-stop, wrap-around services that are integrated and coordinated**, including mental health, homeless programs and primary care staff that are co-located to create a continuum of care and integrated care team. Most HPACTs also provide food and clothing assistance, hygiene items, showers, laundry facilities and other services on-site to meet the full spectrum of Veteran needs.
3. **Engaging Veterans in intensive case management** coordinated with community agencies, partners and other VA services for continuous care with more seamless transitions.
4. **Providing high-quality, evidence-based, and culturally sensitive care**, validated through research evaluation and achieved through ongoing homeless education for HPACT staff.
5. **Being performance-based and accountable with real-time data and predictive analytics** to assist teams in targeting Veterans most in need, provide ongoing technical assistance and personalized feedback to teams, and inform field-based performance.

Program Statistics and Evaluations

Launched in 2011 and aligned under the Veteran Health Administration Homeless Program Office, HPACT began with 32 pilot sites and now has 62 sites across the US in VA Medical Centers, Community-Based Outpatient Clinics, and Community Resource and Referral Centers. HPACTs are located in every Veterans Integrated Service Network, in high-volume homeless cities and rural communities, with over 171 full-time equivalent staff serving almost 22,000 Veterans annually. Compared to standard primary care, HPACT is associated with lower rates of emergency department use and hospitalizations¹, is more effective at engaging Veterans in ambulatory care with decreased care cost², assists Veterans in obtaining housing faster³, provides better care experiences for homeless Veterans⁴, and increases timely access to mental health care⁵.

HPACT as a Platform for New Initiatives

HPACT is a platform for new initiatives and pilot programs to improve homeless Veteran care and access to key programs and services. Examples include:

- **Mobile Medical Units:** VA is deploying 25 new Mobile Medical Units, or MMUs, to HPACT sites nationwide in fiscal years 2023 and 2024. The purpose of the MMUs is to increase access to medical care, mental health care, and social services for Veterans experiencing homelessness, or those who are at risk of experiencing homelessness, by meeting them where they are. The units provide HPACT staff with the necessary infrastructure to provide

care in community-based settings in a safe and confidential space with equipment and medical supplies readily available.

- **Harm Reduction Initiatives:** In fiscal year (FY) 2023, 14 HPACT sites participated in an Opioid Overdose Education and Naloxone Distribution Quality Improvement Initiative to increase access to harm-reduction resources and life-saving overdose reversal medication for Veterans at increased risk of death by opioid overdose. In FY 2024, the HPACT Program Office will evaluate the outcomes of this initiative and consider methods for expanding harm reduction services, including Syringe Services Programs, overdose education and naloxone distribution.
- **Predictive Analytics/Super-Utilizer Identification Tool:** This tool works by developing a real-time predictive algorithm for identifying homeless Veterans at high risk for being “super-utilizers” of acute care services in the next three months. This algorithm includes pre-identified evidence-based interventions the HPACT team can use to mitigate this risk.
- **Hospital to Housing Program:** This partnered initiative tested the feasibility of providing direct transfers from inpatient care to transitional housing for homeless Veterans by bridging health care and care management support by the HPACT team. The goal is to use acute hospitalization as a facilitator to start the housing process while supporting these Veterans’ respite needs, saving money and ending that Veteran’s homelessness.

Next Steps

HPACT presents a unique model that can enhance access and efficiently integrate VA resources while caring for the whole Veteran. As HPACT reaches across the continuum of care, needs are met for homeless and at-risk Veterans who may be challenged in their capacity to access and engage in traditional care models. In FY 2024-2025, the focus of HPACT will be on completing the deployment of all 25 MMUs and then closely evaluating the effectiveness of MMUs on health outcomes for homeless Veterans. Additionally, six new HPACT sites were awarded in FY 2023. HPACT is focused on supporting the launch of these new sites to continue addressing this vulnerable population’s physical health, mental health, and social needs across the VHA system.

Additional Information

For additional information or questions, please contact the HPACT National Program Manager, Jillian Weber, PhD, RN, CNL, via email at jillian.weber@va.gov

1. O’Toole et al. (2016). Tailoring care to vulnerable populations by incorporating social determinants of health: The Veterans Health Administration’s “Homeless Patient Aligned Care Team” program. *Preventing Chronic Disease*, 13. DOI: 10.5888/pcd13.150567
2. O’Toole et al. (2018). Populations-tailored care for homeless Veterans and acute care use, cost, and satisfaction: A prospective quasi-experimental trial. *Preventing Chronic Disease*, 15. DOI: <http://dx.doi.org/10.5888/pcd15.170311>
3. Johnson et al. (2017). No wrong door: can clinical care facilitate veteran engagement in housing services? *Psychology Service*, 14(2). DOI: 10.1037/ser0000124
4. Jones et al. (2019). Providing positive primary care experiences for homeless Veterans through tailored medical homes: The Veterans Health Administration’s Homeless Patient Aligned Care Teams. *Medical Care*, 57(4). DOI: DOI: 10.1097/MLR.0000000000001070
5. Jones, A. L., Chu, K., Rose, D. E., Gelberg, L., Kertesz, S. G., Gordon, A. J., ... & Leung, L. (2023). Quality of Depression Care for Veterans Affairs Primary Care Patients with Experiences of Homelessness. *Journal of General Internal Medicine*, 1-9.