

# **Occupational Therapy Services in Homeless Programs**

An Innovative Practice in VHA Homeless Program Operations

**White Paper**

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## INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The North Florida / South Georgia Veterans Health System (VHS) and the VA Ann Arbor Healthcare System (HCS) have been identified as sites with innovative practices in utilizing occupational therapy (OT) services with homeless Veterans.

## PRACTICE OVERVIEW

**OT practitioners are effective in helping homeless Veterans overcome barriers related to activities of daily living (ADLs) and instrumental activities of daily living (IADLs).**

Across VHA, as homeless Veterans grow older and present with increasing levels of clinical complexity and acuity, homeless programs recognize the importance of providing a diverse array of clinical services. Though many programs have added professions such as nurses, peer support, and housing specialists to their teams, one valuable profession that can help with these new clinical realities is often overlooked: occupational therapy. While there are approximately 1,400 OT practitioners currently active across VHA, OT services are underrepresented in homeless program operations. In contrast to other disciplines, what makes OT unique is its focus on helping Veterans complete their ADLs – physical, cognitive, sensorimotor, and psychological self-care tasks – and their IADLs – performance tasks of home management, work, play, school, and community participation – as independently as possible, working through any emotional or physical barriers that may be present.

OT practitioners are experts at task analysis – the method by which an occupation or activity is broken down to understand the physical, cognitive, and social processes required. For something as basic as opening a can of soup, an OT practitioner must consider what physical steps are involved and what environmental barriers may inhibit accomplishing this task. Perhaps the Veteran will need special tools or to learn new techniques. Additionally, in contrast to the traditional OT patient, when working with homeless Veterans, OT practitioners often place additional focus on mental and behavioral concerns. Many homeless Veterans experience losses of temporal orientation, losses of established routines, and reluctance to engage in traditional medical services. By offering community based, client centered OT services, Veterans can begin to re-establish their important daily routines and live independently once again. Although most homeless programs would need to consult with their facility's Physical Medicine and Rehabilitative (PM&R) service to access OT services, some homeless programs have added OT practitioners to their homeless care teams.

In 2015, the North Florida / South Georgia VHS added an OT practitioner to their Community Resource and Referral Center (CRRC) team to serve as a liaison between the homeless program and PM&R. In this role, the OT practitioner can expedite access to services and develop treatment plans that incorporate the three main types of OT modifications: environmental, adaptive, and compensatory.

Environmental modifications include the installation of durable medical equipment such as grab bars and raised toilet seats. Adaptive modifications include tools like specialized oven mitts or weighted utensils to mitigate the impact of hand tremors. These modifications are primarily funded through PM&R. Compensatory modifications seek to identify alternative ways to complete a task. If the Veteran has difficulty getting into a shower stall, perhaps they can step into the stall facing a different direction and then turn around. In addition to completing evidence-based functional assessments and facilitating service linkages with Veterans encountered at the CRRC or participating in the Housing and Urban Development-VA Supportive Housing (HUD-VASH) program, the OT practitioner also leads self-care and hygiene groups with Veterans participating in the Grant & Per Diem (GPD) program and budgeting groups for Veterans at the Domiciliary Care for Homeless Veterans (DCHV) program. **During FY 2017, the CRRC OT practitioner at North Florida / South Georgia provided services to over 160 unique patients.**

*“A lot of people don’t know what OT is, so we have to keep advocating and educating. It’s not just about giving people walkers and doing arm exercises. It’s about helping Veterans maintain independence in their homes and figuring out, step by step, how to do that.”*

**Alicia Fason, OTR/L**  
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An emerging theme at North Florida / South Georgia is “aging in place” – the desire to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level. This often involves extensive use of environmental, adaptive, and compensatory modifications. Aging in place shares many principles with Housing First. No matter how old the Veteran, or how serious their physical or cognitive decline, the goal is to keep them in their home, for as long as possible, while bringing all needed services to them.

Occupational therapy services have also been available to homeless Veterans at the VA Ann Arbor HCS since 2013. In contrast to North Florida / South Georgia, the OT practitioner at Ann Arbor is funded by HUD-VASH specific purpose funds and aligned under the PM&R service. The OT practitioner is assigned back to the homeless program for 30 hours per week. The OT practitioner meets with Veterans in the community, at local shelters, at GPD settings, or in their own homes through the HUD-VASH program. For vulnerable Veterans with cognitive impairments, program participation

can be structured to provide the least restrictive environment and support services possible. Through evidence-based assessment, the OT practitioner at Ann Arbor identifies Veterans' physical, cognitive, social, or sensorimotor problems which can interfere with ADL and IADL skills such as financial and home management, grocery shopping, and educational and vocational functioning. The OT practitioner then provides treatment, education, and/or or support to improve functional status. The practitioner also facilitates HUD-VASH orientations with VA housing navigators to educate Veterans on the various performance roles of tenancy and how to transition from homelessness to housing. Often, the OT practitioner meets with Veterans, who have indications of impairments, early in the housing process to pre-identify what environmental or adaptive modifications may be needed in prospective apartments. The delivery of these services is made more effective due to the collaborative relationships established with VA medical center staff. **During FY 2017, the homeless program OT practitioner at Ann Arbor provided services to over 191 unique patients.**

Homeless program leaders considering adding OT practitioners to their programs should focus on identifying the most relevant clinical outcomes desired and being open and educated to the activities and roles core to OT. This will help OT practitioners integrate more effectively into the homeless continuum of services. Persistent advocacy and education is critical as one of the greatest barriers facing OT practitioners in homeless programs is a lack of understanding about OT as a profession. It is also important to continually reaffirm the value that OT practitioners offer and resist temptations to create ad hoc physical therapists or social workers. Regarding how OT practitioners should be aligned, both sites noted that, when the OT practitioners are not aligned with PM&R, they inadvertently lose access to some resources and funds to pay for modifications.

## CONCLUSION

As facilities consider expanding the scope of clinical serves offered within homeless programs, OT offers numerous benefits that aid Veterans transitioning from homelessness to home, sustaining them in housing, and preventing returns to homelessness. We would like to thank the dedicated staff at the North Florida / South Georgia VHS and the VA Ann Arbor HCS for sharing these practices. For questions, please contact Alicia Fason, OTR/L at the North Florida / South Georgia VHS at [Alicia.Fason@va.gov](mailto:Alicia.Fason@va.gov) or Deborah Davis-Worden, MA, OTR, LPC at the VA Ann Arbor HCS at [Deborah.Davis-Worden2@va.gov](mailto:Deborah.Davis-Worden2@va.gov).

If you have general questions about OT services across VHA, please contact Deborah Voydetich, VA Central Office Occupational Therapy Discipline Lead, at [Deborah.Voydetich@va.gov](mailto:Deborah.Voydetich@va.gov).