

VA St. Louis HCS – “Front Door” to Vocational Services

An Innovative Practice in VHA Homeless Program Operations

White Paper

VA



**U.S. Department
of Veterans Affairs**

Developed by
VHA National Homeless Program Office

INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The VA St. Louis Health Care System (HCS) has been identified as a site with an innovative practice for their collaboration in delivering vocational services across the system.

PRACTICE OVERVIEW

Unifying vocational supportive employment services through a “no wrong door” approach is effective in connecting Veterans to competitive employment.

Homeless programs across VA continually recognize the important role that vocational and employment services play in ensuring the financial and housing stability of Veterans who have experienced homelessness. While there is often a myriad of these services provided by VA, navigating them and getting connected to the right program can be a challenge. Vocational services vary from site to site, often operate independently, and can be disconnected from each other. Borrowing from the “no wrong door” approaches originally developed for Aging and Disability Resource Centers, and later incorporated into the *Opening Doors: Federal Strategic Plan to Prevent and Homelessness*, the Therapeutic and Supported Employment Services (TSES) Compensated Work Therapy (CWT) program and the Homeless Veterans Community Employment Services (HVCES) at the St. Louis HCS developed a centralized “front door” to vocational services, ensuring that Veterans seeking employment were assessed consistently and connected to the right intervention, regardless of where they presented.

The St. Louis HVCES team was composed of a homeless program Community Employment Coordinator (CEC), a Health Care for Homeless Veterans (HCHV) Employment Specialist, and a Housing and Urban Development-VA Supportive Housing (HUD-VASH) Employment Specialist. Joining them was the team from CWT which included a Certified Peer Specialist, a Program Support Assistant, a Program Manager, and numerous Vocational Rehabilitation Specialists (VRs) focusing on Supported Employment (SE), Transitional Work (TW), and Community Based Supported Employment (CBSE). The dedicated staff that made up this collaborative came from various educational backgrounds and disciplines contributing to diverse perspectives and a broad knowledge base.

With the “front door” model, Veterans and VHA healthcare providers could contact any St. Louis employment specialist and have access to the same information. A weekly orientation meeting offered



Veterans opportunities to learn about the wide range of VA vocational services and be connected to an employment specialist with resources tailored to their unique needs and program eligibility, regardless of prior service engagement. VA employment specialists from the collaborative provided standardized orientation content on a rotating basis, ensuring that all staff were knowledgeable about, and could disseminate information on, all available employment services. The focus of the orientation was to encourage Veterans to engage in readily available resources while they awaited an initial appointment with an employment specialist. The orientation was open to any Veteran on a walk-in basis with no referral or medical consult required. Facility staff were also encouraged to attend to learn more. All attendees were given the Vocational Services Handbook that contained resources and brief overviews of each employment service. The orientations were great opportunities to highlight the St. Louis HCS computer lab; the State of Missouri's employment resources; and any upcoming groups, trainings, and employment events. When Veterans wished to connect with an employment specialist, they completed a simple form that team members of the collaborative used to connect them to the appropriate employment specialist.

Several collaborative activities took place to provide structure and focus to these employment operations. Weekly huddles and monthly meetings disseminated information, directed activities, and ensured that team members had access to shared information and documents. Through these meetings, as well as email distribution, team members shared employment leads, community resources, and high leverage network contacts. Clinical and professional guidance was also shared to problem-solve unique Veteran challenges.

Sharing information and resources between CWT and HVCES resulted in increased options and solutions for Veterans with complex needs. As an example, CWT had agreements with the Office of Child Support Enforcement to reduce arrears payments for Veterans receiving VA services, and with the

“Our practice lends to the clinical collaboration, sharing of information/resources, and ability to present employment opportunities to all Veterans in Vocational Services. We have adopted the SE practice of having weekly evidenced based meetings to staff cases, discuss employment outcomes, and other related issues. I have expanded the MOUs with Child Support Enforcement and the Department of Corrections to include all Vocational Services and not just CWT. I truly believe these practices have led to St. Louis' competitive employment outcomes.”

**Jay Mendell,
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Department of Corrections to waive intervention fees when Veterans met with their probation or parole officers. Similarly, based on clinical need, homeless Veterans were easily referred to components of the CWT program such as TW. This created a seamless continuum of employment services. As a result of this collaborative, competitive employment outcomes for Veterans exceeded national targets. **In fiscal year (FY) 2018, 70.31 percent of Veterans exiting DCHV did so with competitive employment, greatly exceeding the 35 percent target. Additionally, for Veterans served in HUD-VASH, 67.35 percent had competitive employment by the end of FY 2018, also exceeding the target of 40 percent.** Critical to this work was support from homeless program and CWT leadership. Program managers from both sections encouraged collaboration with the understanding that it would increase access to community employers and services for the all the Veterans served. A unified message shared to the line staff was that, “it did not matter how we were aligned, we all did the same work, so we all would collaborate under the same umbrella.”

CONCLUSION

Unifying the various employment services within a health care system not only leads to a better service experience for Veterans, but also leads to greater efficiency and better outcomes for everyone. We would like to thank the dedicated staff at the VA St. Louis HCS for sharing their practice with us.

If you would like more information, please contact Jay Mendell, Vocational Service Supervisor at Jay.Mendell@va.gov.

