VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

HOMELESS EVIDENCE AND RESEARCH SYNTHESIS [HERS] ROUNDTABLE PROCEEDINGS

Where are we with Housing First?

August 16, 2021

Homeless Evidence and Research Synthesis (HERS) Roundtable Series

The National Center on Homelessness among Veterans (the Center) in the Veterans Health Administration (VHA) established the Homeless Evidence and Research Synthesis (HERS) Roundtable Series in 2015 as a policy forum. The virtual symposium convenes researchers and subject matter experts to discuss research findings on key issues in homelessness. The online webinar is available to interested parties within and outside of the U.S. Department of Veterans Affairs (VA). Topics covered to date include: **Enumeration of Homelessness** (July 2015), **Aging and the Homeless Community** (November, 2015); **Women Veterans and Homelessness** (May 2016); **Opioid Use Disorder and Homelessness** (February 2017); **Rural Veterans and Homelessness** (June 2017); **Suicide and Homeless Veterans** (February 2018); **Addressing Social Determinants of Health: Exploring Implications for Policy through the Veteran Health Administration's Universal Screening for Housing Instability among Veteran Outpatients** (September 2018); **Potential Benefits and Pitfalls in Predictive Analytics Among Veterans Experiencing Homelessness** (July 2019); and **Housing for Veterans with a Sex Offender History: Policy and Programmatic Solutions to Address Barriers for a High Need Population** (January 2020).

Links to the recorded webinars and proceedings are available on the Center website.
https://www.va.gov/HOMELESS/nchav/research/HERS.asp

Where are we with Housing First?

The proceedings of *Where are we with Housing First?* are a summary of the presentations and round table discussion that took place on August 16, 2021 in a virtual symposium. A portion of the recorded webinar and downloadable copies of the individual presentations are available here: Homelessness National Training Series 2021_Sept 27 (adobeconnect.com)

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Anthony Love, MPA, Acting U.S. Interagency Council on Homelessness (USICH) Executive Director
Stacie Penrod, HUD-VASH Peer Specialist
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Executive Summary

Homelessness and the associated stigma have been a long-documented issue in our Nation. Homelessness has been studied since the Great Depression (Kertesz, 2009) and over the years government and resources to address poverty and homelessness have evolved to confront the growing problem, especially among U.S. Veterans (Tsai, 2019). In 1987, at the end of the Reagan Administration, the McKinney Homeless Assistance Act was signed into law. This first major federal intervention to address homelessness provided federal funding for emergency shelters, health care, and education (Library of Congress, 2021). The Act also mandated the inception of the United States Interagency Council on Homeless (USICH), required housing plans by states and local communities in order to receive federal funding, and provided support for mental health and substance abuse services, as well as education and job training. Since its origination in 1987, the McKinney Homeless Assistance Act has been amended numerous times and is currently known as the McKinney-Vento Act. The Act continues to provide legislative oversight of all national homeless service provision, including homeless services provided by VA.

The U.S. Department of Housing and Urban Development and Department of Veterans Affairs Supportive Housing (HUD-VASH) Program was established in 1992 (Department of Veterans Affairs [VA], 2021). Congress authorized additional funding beginning in 2008 (Department of Housing and Urban Development [HUD], 2021). However, during the early years of HUD-VASH, no notable decrease in homelessness was documented as the McKinney-Vento Act funding strategy primarily supported the linear staircase model to housing. The linear approach supported service models where individuals experiencing homelessness would begin in emergency shelters, then gradually transition to permanent housing based on their levels of success within each subsequent program (Kertesz, 2009). In early 2000, a new model, Housing First, was being developed and studied. Housing First challenged the linear staircase conceptualization of services leading to housing, where individuals who had significant mental health and/or substance use diagnoses were not determined to be successful in housing until they "graduated" from different levels of intervention. Housing First is founded on the belief that housing is a right (Tsemberis, 2004) and does not require treatment or compliance with treatment in order to obtain or maintain housing. The Housing First model does, however, provide the individual with services and supports of their choosing and those supportive services are adjusted based on the need of the individual. The Housing First model has been studied and researched over the past few decades to improve housing (Tsai, 2020) and is now identified as the recommended solution to homelessness by USICH and a successful evidence-based practice for homeless services (Kertesz, 2009).

The Housing First approach has been recognized as a successful model in the United States and other countries. The Housing First model was implemented in VA homeless programs beginning in 2011. Research and subsequent fidelity studies have shown that Housing First is most successful when applied with the five basic tenants of the model: consumer choice, separation of housing and support, services to match needs, recovery focused, and social inclusion/community integration (Tsemberis, 2004). VA programs were most successful in implementation of Housing First when multidisciplinary teams were in place, often being relocated and housed together within the facility (Kertesz, 2014). Additionally, community partnerships with specific points of contact at frequently used apartment complexes, housing authorities, and support agencies were keys to success.

While many agencies, including the VA, have adopted the Housing First model, full implementation can present challenges. Barriers may include general housing inventory, housing costs, adequate staffing, and landlord hesitancy with the model. Frequently, landlords think that Housing First means "Housing

Only." Landlords may be under the false belief that if they accept a vouchered individual, they will have to provide special exceptions to allow the person to remain housed despite violations of the lease, non-payment of rent, or other issues. Despite these barriers, programs utilizing this model in lieu of the traditional linear model of housing have high success rates with sustaining long-term housing, reducing recidivism, and increasing overall satisfaction.

Presentations

Housing First & HUD-VASH: Myths, Facts & Hope

Sam Tsemberis, PhD

Housing First Principles, Successes, and Challenges

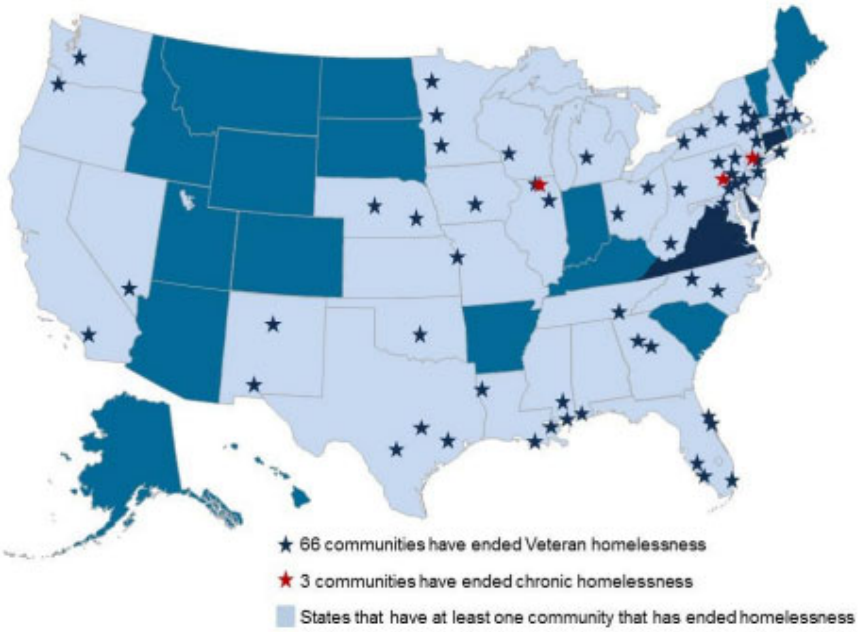
Dr. Tsemberis describes the reduction in federal public housing, increases in housing costs, and decreases in wages and benefits as the root of homelessness. He challenges the thinking that addiction, mental illness, or lack of motivation are the primary causes of homelessness. Utilizing the five Housing First program principles, Dr. Tsemberis indicates that several randomized control trials demonstrated that the Housing First model is an effective intervention for ending homelessness for Veterans and reports housing stability rates of approximately 80-90%.

1. **Consumer Choice**: Staff often must work harder than the client to actively engage and build relationships with the Veterans to demonstrate the benefits of participating in services. Staff must also convey hope for positive outcomes. Successful engagement with Veterans includes offers of immediate access to housing and a respectful and Veteran-centric approach to providing services such as harm reduction, motivational interviewing, and trauma-informed care.
2. **Separation of Housing and Support:** Housing is a central feature of the program. Home visits engage and offer a wide variety of services ranging from assistance with day-to-day chores to support and treatment. Participation in formal treatment is not a requirement or a condition for keeping housing but a goal for the program. Additionally, HUD-VASH programs must provide assistance with locating, obtaining, and retaining housing. HUD-VASH staff act as liaisons and support the Veteran and the landlord. Staff assure landlords that rents will be paid and the Veteran will receive support from VA. In addition, the landlord or property manager is assured that VA will be responsive to any concerns they have about the tenant. Staff respond to landlords when an issue arises to prevent escalation, crisis, or possible eviction. Landlords are expected to operate housing utilizing non-discriminatory fair housing practices and enforce leases in a fair manner. Veterans are expected to abide by the terms and conditions of a standard lease. In the event of housing loss, relocation, hospitalization, incarceration, or other disruption in housing, the principle of separation of housing and supports allows for the HUD-VASH team to continue to work closely with the Veteran until the housing disruption is resolved.
3. **Services are Matched to Needs:** Staff adapt service provision to acuity to meet the need of the Veteran. Frequency of visits, wraparound services, sharing service provision with team for Veterans with high needs are all key to ensuring service needs are met. Services needed by the Veteran but not offered directly by VA are provided through direct referrals or other formal and informal agreements with a network of local providers.
4. **Recovery Focused:** Staff utilize a recovery-based approach to all services. Veterans are the driver of their own recovery and treatment. Hope is at the center of the recovery process and utilizing communication strategies that encompass this principle is critical to recovery.

5. **Social Inclusion/Community Integration:** Staff assist Veterans with building community supports and community networks to meet relationship, spiritual, cultural, leisure, employment, and education needs and interests.

Conclusions

The Housing First model continues to prove successful for 80-90% of all individuals served. Communities that utilize this model properly have had success; 82 communities identified by stars on this map have ended homelessness for Veterans at the time of this presentation (United States Interagency Council on Homelessness [USICH], 2021). Adherence to Housing First program fidelity is imperative to achieve success in this modality. Communities have been moving away from using the prioritization tools that have proven inaccurate and biased. Dr. Tsemberis indicates that further research is needed to determine alternatives for those individuals who are not successfully housed using Housing First.



Housing First in VA Homeless Programs

Meghan Deal, LICSW, ACSW

Implementation Successes and Challenges in VA Programs

In 2011, the Housing First model was piloted across 14 sites nationally. The evaluation conducted by the National Center on Homelessness among Veterans indicated benefits of decreased hospitalization, increases in outpatient care, and reduced overall cost to the VA. Due to the pilot's success, the model was transitioned into all VA Homeless Programs. VA continues to work towards moving Veterans into housing in alignment with the Housing First model; however, there are some barriers that prohibit full implementation.

Challenges:

Housing Availability: Ideally, Housing First would have individuals immediately entered into housing. However, due to housing supply and access to housing options in certain communities, placement is not always readily available. The HUD voucher process can be slow, with wait times dependent on other agencies that are involved, including landlords and housing authorities.

HUD VASH really bookends low barrier approach to entry with high barrier approach to exit. The team places high barriers to program and housing exits.

Meghan Deal

Landlord Hesitancy: Some landlords have not been supportive of the Housing First model due to their false belief that they must provide leniency on rules and expectations with vouchered tenants. Hesitancy of landlords can limit the available housing pool in communities and further limit access to immediate housing.

Successes:

Low Barrier Entry: Eliminating barriers to enrolling in the HUD-VASH program sets the stage for the Housing First model.

Creatively Engaging Veterans in Treatment: Using harm reduction, motivational interviewing, and Veteran-centered goal setting are frequently keys in success stories from the field in building engagement and buy-in from the Veteran.

Engaging Landlords: Continuing to educate landlords and community providers that housing and services are separate. Landlords are able to follow fair housing laws with HUD-VASH tenants while Veterans continue to be supported by care management.

Conclusions

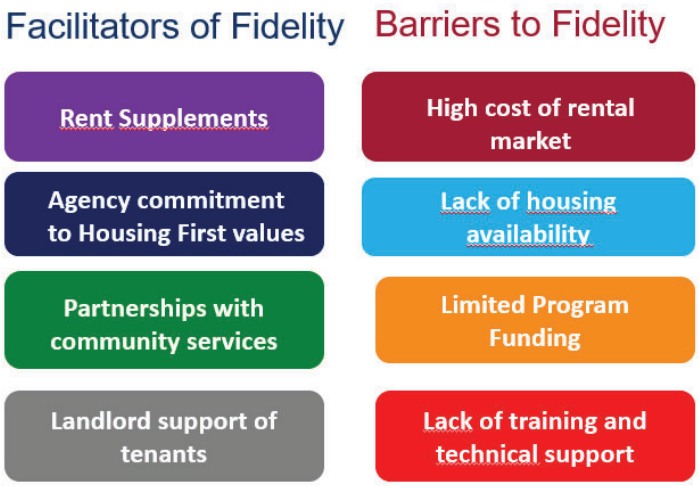
HUD-VASH and Homeless Programs continue to move to fully implement the Housing First model in all communities and programs serving Veterans experiencing homelessness. Creativity and proper training for care managers, including motivational interviewing, harm reduction, and interdisciplinary teamwork, have been most successful for teams in building early engagement with Veterans in order to assist and support them in long-term housing stability. Some challenges lie within communities that may still be misinformed about their responsibility in serving vouchered Veterans and what their roles are as landlords. VA staff continue to reach out to and engage landlords and other community partners on ways to best serve these Veterans.

Findings from the Canadian At Home/Chez Soi Demonstration Project and from a Multi-Country Study of Fidelity of Housing First Programs

Tim Aubry, PhD, CPsych

Housing First Program Fidelity and Multi-Country Impacts

Dr. Aubry discusses studies that have shown that individuals experiencing homelessness in Canada have challenges with mental health, substance use, and return to homelessness rates similar to those of individuals experiencing homelessness in the United States. He notes that the individuals experiencing homelessness in the multi-city Canadian At Home/Chez Soi Demonstration Study testing Housing First also all experienced physical health issues. Dr. Aubry reports that despite broad diversity in both participant type and cities that were studied, all cities showed Housing First to be more effective than usual services in ending chronic homelessness. Additionally, Dr. Aubry discusses that program fidelity to the Housing First model is important because higher program fidelity has been shown to have better outcomes. In particular, a higher level of program fidelity is associated with better housing outcomes and greater improvements in quality of life and functioning. Dr. Aubry emphasizes the importance of addressing poverty while simultaneously addressing homelessness. Availability of subsidized housing, rental vouchers, and access to resources in the community are crucial for Housing First to be successful. Also, paramount are community partnerships and landlords who are willing to house individuals experiencing homelessness. Challenges that may arise include housing availability, access to sufficient programmatic funding, high cost of housing, and ongoing training needs of Housing First staff.



Fidelity can be thought of as the recipe for a Housing First program to achieve success. The more ingredients making up a program that are present, the better the housing outcomes, functioning and quality of life for its tenants.
-Dr. Tim Aubry

Conclusions:

Housing First has proven to be effective in Canada and in other countries in Europe. Greater fidelity to the Pathways model of Housing First is associated with increased effectiveness. Dr. Aubry stresses the importance of Housing First programs partnering with community agencies and continuing to evaluate the constant flux of the community's need and population to identify and address challenges to housing sustainability. To truly resolve homelessness, poverty needs to be addressed. Dr. Aubry stresses the importance of ongoing research to identify what will work for those 10-20% of individuals experiencing homelessness for which Housing First is not effective.

Housing First Model: A Firsthand Look

Stacie Ann Penrod, HUD-VASH Peer Specialist

A Veteran's Perspective

Ms. Penrod describes her life as a Veteran of the Marine Corps and her personal struggles with untreated mental health and substance use, and subsequent legal issues and homelessness. Ms. Penrod provides a firsthand look into her personal experience and how she was introduced to the Housing First model. She compares several of her experiences and hardships with how she would have navigated them with the stepwise/linear model versus Housing First. Ms. Penrod believes she was able to continue to move forward with her goals because of Housing First. In the traditional, linear method, she would have had to stop and start over. She believes that Housing First got her to where she is at this point, having a permanent VA job, sober, and reconnecting with family. She highlights her personal experiences when she relates to Veterans experiencing homelessness and Veterans in the HUD-VASH program to support their successes.

Barriers to Housing	My Experience	Stepwise Model	Housing First
Felony convictions	3 wrongful felony convictions, 3 years probation	✗	↓
Sobriety	Relapsed after 8 years sober	✗	↓
Income	Unemployed. Owed court 16k, IRS 9k, $100/mo for probation	✗	↓
Connected to mental health supports	Depression, alcohol use disorder, and undiagnosed post traumatic stress & military sexual trauma	✗	↓
Connected to physical health supports	Accessing emergency care	✓	↓
Stable in transitional housing	Homeless / living in a tool shed	✗	↓

Keys to my apartment = health, recovery, and a second chance

Conclusions

Ms. Penrod shares her personal experiences and relays how differently her path in life may have been if provided assistance through a transitional "stepwise" model of care. She attributes much of her success in life to the framework of Housing First and how that model was approached and carried through in her personal experience. Ms. Penrod believes in the importance of early engagement with Veterans and establishing a care management partnership to obtain and retain long-term housing.

> *Because of the Housing First Model, regardless of what I had going on in my life at the time, I was able to move forward.*
>
> *-Stacie Penrod, HUD VASH Peer Specialist*

U.S. Interagency Council on Homelessness and Housing First

Anthony Love, MPA, Acting USICH Executive Director

Strategic Challenge and Solution

Anthony Love discusses the mission and vision of USICH, which is an independent federal agency that coordinates the federal response to end homelessness. USICH was created by the McKinney Act of 1987 and expanded further with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. USICH is tasked with providing a federal strategic plan to end homelessness. USICH evaluates evidence-based practices to end homelessness and recommends the continued use of Housing First. Mr. Love discusses successes that USICH has identified since 2010. Most notably, the number of individuals identified as experiencing homelessness was reduced by 9% in the U.S., with a 49% decrease in the number of Veterans. Additionally, 82 communities have been listed on a national register as ending homelessness. USICH identified that people of color are impacted more significantly, with 39% of the homeless population identifying as African American. Mr. Love also notes that chronic homelessness has increased 15% since 2019.

USICH believes that housing should be a right, not a privilege. When someone is hungry, do we believe they should go through treatment first before they get something to eat?

-Anthony Love

Housing First:

- USICH studies show that communities that utilize the Housing First model to house individuals and families experiencing homelessness have a higher success rate with sustaining housing, with food security, and less usage of crisis services in the communities. (USICH, 2017)
- USICH continues to impart the vision that housing is a right, not a privilege; and
- Housing First reduces barriers for individuals who have substance use, and/or physical and mental health needs to obtain housing quickly and with supports in place to assist them with long-term success.

Conclusions

Housing First continues to be the USICH recommended housing model for ending homelessness. Studies have shown overall success when fidelity to the Housing First model is followed, with appropriate support services that are matched to the needs of the individual and family. Housing individuals rapidly, without barriers, and with supports continues to show overarching benefits for individuals, families, and communities. Mr. Love stresses that it is important to act now to continue to incorporate the Housing First model in homeless delivery, as homelessness numbers have increased during the past 4 to 5 years.

Interactive Panel Discussion:

Is there a model or principle that could potentially be modified to be more effective in reaching the 20% who are not currently successful with the Housing First model?

Dr. Tsemberis: Barriers limiting full implementation of program to scale include voucher amounts below market value and there needs to be an increase and reallocation of resources from emergency and transitional care to getting people housed.

Ms. Deal: Ensuring appropriate resources are available in the community, access to adequate housing inventory, and ensuring community commitment to Housing First.
Dr. Aubry: Growing community support and enhancing substance use treatment is important, as well as supported employment and other ways to fill people's time for effective recovery.

Funding and resource allocation is a challenge, and states and countries allocate funding in different ways. How does this impact service provision?

Ms. Penrod: Preparation for housing is important in several ways, including mental health, substance use treatment and employment. In addition, focusing on strategies to streamline the housing process such as assisting individuals with their credit scores, budgeting, cooking, and working with landlords. Housing could be more successful if these preparatory steps are completed simultaneously while searching for housing.

What policy changes need to occur to be able to fully implement Housing First?

Mr. Love: Engaging and working with landlords is important, but also addressing the supply and demand issues. Evaluating ways to increase housing supply and reinforcing fair housing to ensure that discrimination does not occur. Looking at ways to incentivize landlords and developers that will provide housing at lower rates, potentially partnering with nonprofit organizations.
Ms. Penrod: Invite landlords to the housing authority and promote the HUD-VASH program. The information provided would engage landlords to learn more about the programs.

Potential Considerations:

In the research completed since its inception in 2000, Housing First has proven to be an evidence-based model of successfully housing individuals for the long-term. The benefits to overall satisfaction of life and cost savings for the communities are impactful. However, we know that there are ways to further improve and implement Housing First successfully throughout the world. We know that racial disparity is present in housing policy and practices in communities. Continued work to achieve racial equity in housing is necessary to adequately implement Housing First effectively. Additionally, the Housing First Model is not a model that exists independently. Despite the best efforts and intentions of service providers to implement the model, communities and organizations have different views on this model and full implementation is a challenge. During the *HERS*, several comments from both presenters and participants in the live chat communicated their thoughts on ways Housing First could be more broadly implemented with greater success.

Landlord incentivization
One theory on increasing implementation of Housing First would be development of incentivization plans for landlords. This could assist with increasing housing stock and availability to voucher holders by incentivizing landlords to accept these individuals into existing housing. Another way incentivization could be utilized would be to develop housing in high-needs or high-cost areas to improve access to housing. Incentivizing landlords could also reinforce that landlords are members of the treatment team for the Veteran, and thus continuing to build confidence that the treatment team will work with them to ensure that they are able to continue to run their business while supporting Veterans in their recovery.

In addition to tenant-based landlord incentivization, project-based housing incentivization should also be considered. There is a growing population of U.S. Veterans over the age of 60. By the end of fiscal year 2021, the number is anticipated to be 10,717,342 (VA, 2021). With this high percentage of older Veterans, there is a potential need for assisted living type of facilities, group home settings, and other structured living options. With HUD-VASH support, Veterans who may otherwise not be able to afford structured living arrangement could engage in this type of setting and service provision earlier. With earlier intervention by care management and placement into a project-based setting, the Veteran would likely have a greater ability to age in place with the built in supports available in the placement as well as additional support by the HUD-VASH case manager. Additionally, this project-based housing has great potential to decrease community intervention by Adult Protective Services to move Veterans from independent housing into nursing facilities. As a result, the Veteran's right to self-determination could be protected for a longer period of time in this type of safe setting.

Ongoing training on Housing First model to increase community buy-in and strengthen community supports

A challenge with the Housing First model consistently identified by presenters and participants in the *HERS* is incorrect implementation by communities. Housing First is often misinterpreted as "Housing Only," which confuses community agencies and challenges landlord supports. Landlords often hear "Housing First" and understand that concept to mean that they need to make special accommodations for vouchered individuals, ignore lease violations, and overlook property damage and other infractions. Community providers can hear "Housing First" and take it to mean that they continue to provide unlimited resources without time limits to get and keep individuals and families housed. This causes friction with community providers when they have limited budgets and resources and feel obligated to continue to help a small quantity of individuals when they have many other members of the community who also need assistance.

Ongoing training on the correct implementation of Housing First for community providers and landlords, as well as ongoing engagement with landlords and these providers with HUD-VASH programmatic staff would likely increase both buy-in to the correct implementation of the model, and properly educate those partners in how their support roles along with the individuals' care manager are important to sustaining housing long term. Participants in the *HERS* indicated that they have had success with landlords when those landlords are engaged frequently, kept up to date with what is going on with their tenants, and are reassured that staff is doing everything they can to continuously support the Veteran to sustain their housing successfully. Having the correct knowledge base and background for the landlords can build confidence that they are not taking a risk in leasing to a HUD-VASH Veteran, as they are still able to pursue all the same avenues necessary to protect their property as they would for any non-vouchered tenant. In fact, landlords may be more likely to rent to HUD-VASH Veterans after being properly educated and engaged with care management, as the landlords would understand that they have an advocate in sustaining the housing with the VA care manager.

Identify strategies to involve hard to engage Veterans in treatment

Research has shown that motivational interviewing, harm reduction, and trauma-informed care have all built buy-in and engagement with Veterans and their care managers. There is a high prevalence of trauma experience in individuals and families that experience homelessness. Homelessness itself can cause ongoing trauma to these individuals, and it is critical that treatment providers are trauma informed. Applying a trauma-informed care approach to treatment of individuals experiencing homelessness can be achieved by ensuring safety, being transparent in all aspects of treatment, having peer supports available and accessible, and collaborating with the individual and empowering them in

their life (USICH, 2021). However, when Veterans' substance use and mental health disorders are not in remission, these strategies can prove to be a challenge. In this instance, it is important that care managers continue to be mindful to meet the Veteran where they are in their recovery and identify the things that are important and valuable to the Veteran while attempting not to follow a passive, case manager-developed treatment plan. Addressing the Veteran's own strengths and resourcefulness, as well as resiliency and problem solving during their period of homelessness can build the framework for strong initial relationships between the Veteran and the care manager.

With Veterans who are difficult to engage in treatment, VA does offer programming, such as Grant and Per Diem (GPD)-Low Demand and Health Care for Homeless Veterans (HCHV) Safe Haven. These programs provide immediate access to shelter, food, and other basic needs. Using the Critical Time Intervention (CTI) case management model, staff work with the Veteran to identify their goals. During this time, the Veterans can work slowly with staff and care management to build a relationship and engage in treatment that will support their long-term success in housing and reintegration into their community. In this transitional placement setting, HUD-VASH care managers and community supports can get involved and engaged early to facilitate the transition into the HUD-VASH program.

Identify how to continue to work to house Veterans when barriers such as felony history, being listed on sex offender registry, previous eviction history, and lack of income prevent landlords from accepting applications

These difficult barriers challenge the Housing First model. Despite best efforts by care managers, there are often limits that cannot be overcome. Persons with felonies and individuals on a sex offender registry, depending on laws for each state, may prohibit them from obtaining housing in rental property. Combining this legal history with a previous eviction and no income or very low income will often result in no housing options in the community. So, while care managers may very well stand behind the Housing First model, there may be systemic barriers in place that prevent housing these individuals.

Creativity and communication, as well as adequate wrap-around services and engagement with the Veteran, will be necessary in successfully housing individuals with this type of history. If a housing resource is located, it may not present itself again, so sustaining the housing will be critical. In these situations, having a Veteran who is engaged in care management services and has goals to remain engaged and housed will also be important. In the event that the Veteran is difficult to engage or is not at a point where housing is their goal, Safe Haven or a Grant Per Diem-Low Demand program may be a better short-term solution while the HUD-VASH team continues to partner with GPD and HCHV staff to build a meaningful care management relationship so that the Veteran can commit to the long-term goal of sustaining housing. During the *HERS* discussion, chat participants and presenters both reflected on the importance of relationship building and how often times that relationship between the care manager and the Veteran is what sustains the housing long term.

Identify how to house those individuals who are not successfully served by the Housing First model

Global studies reviewed by Drs. Tsemberis and Aubry have shown that the Housing First model has success rates of 80-90% and is an evidence-based model that has shown great success for Veterans and non-Veterans. However, communities and staff who have worked in this field for years have identified that those 10-20% of individuals who are not successfully housed with this model are often those who take up the majority of staff time and community resources. Their crises can result in excessive community resource acquisition and, ultimately, burnout of staff working in these programs. The Housing First model can successfully enroll these individuals, but it may not ultimately be effective in long-term housing sustainment.

These individuals often have high rates of returning to homelessness within programs in the community and at the VA, and, in addition, often frequent community hospitalizations. Both presenters and participants in the *HERS* have identified that relationship building using several different models has been the key to success with many of these challenging cases. In addition, GPD-Low Demand and Safe Haven placements are often also entry points into engagement and commitment to housing. In these circumstances where Veterans continue to cycle through programming with what seems to be little to no success in sustaining any stability in their mental health, sobriety, or housing, how do we move forward?

Persistence in focusing on recovery-oriented treatment practices and providing a range of supportive services, including health care, is imperative to help reach Veterans and honor their individual preferences. It may be important to consider, with harder-to-engage individuals, a modified linear approach to housing, using the Veteran's goals for measures of achievement and forward movement. Shifting the mechanics of how to set goals with these individuals, along with rewards for success, may be the key to sustaining long-term housing in addition to recovery-based care and Housing First. Additional research is necessary to determine "what is best for whom" and how to achieve housing success across subgroups.

Presenter Biographies:

Tim Aubry, PhD, CPsych is a Full Professor in the School of Psychology and Senior Researcher at the Centre for Research on Educational and Community Services at the University of Ottawa. A community-clinical psychologist by training, his research focuses on community mental health services, homelessness, and housing. He was a Member of the National Research Team and the Co-Lead of the Moncton site in At Home / Chez Soi Demonstration Project of the Mental Health Commission of Canada. More recently, he completed an international study of program fidelity of Housing First programs located in Europe and North America. Dr. Aubry is the Co-Founder and Co-Chair of the Ontario Housing First Regional Network – Community of Practice.

Meghan C. Deal, LICSW, ACSW is the National Director of VA's Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program Office. Ms. Deal joined VA's Homeless Program Office in January 2020 as a HUD-VASH Regional Coordinator, prior to which time she served as the Interim Chief of Social Work for VA Puget Sound Health Care System. She began working at VA Puget Sound in 2004, first as a primary care social worker and later in substance use treatment where she supervised inpatient and intensive outpatient programs for Veterans with co-occurring substance use and mental health disorders. Between 2014 and 2019, she worked as the Associate Director and Director of Community Housing and Outreach Services at VA Puget Sound, overseeing homeless programs across a broad geographic area. Ms. Deal received her MSW from University of Washington and has been working with homeless and other underserved populations for more than 20 years.

Dina Hooshyar, MD, MPH is the Director of the National Center on Homelessness among Veterans. With a background in internal medicine, psychiatry, and public health, she has served in the U.S. Public Health Service Commissioned Corps; worked as Medical Director of VA North Texas Health Care System Mental Health Service's Comprehensive Homeless Center Programs; and held the position of Physician Advisor in the VA North Texas Health Care System's Chief of Staff Office. Dr. Hooshyar is also an Associate Professor at the University of Texas Southwestern Medical Center.

Anthony Love, MPA is currently serving as USICH's Interim Executive Director via detail assignment from the Department of Veterans Affairs. In his role at VA, Mr. Love serves as the Senior Advisor and Director of Community Engagement, VHA Homeless Programs. Prior to his tenure at VA, he served as Deputy Director at USICH, where he was responsible for coordinating the state and local work of the Council and served as the lead on Veterans' issues for the Council. Mr. Love has almost 25 years of experience in homelessness, Veteran, and poverty issues. He holds a BA in Broadcast Journalism from Texas State University and a Master's of Public Administration from the University of Missouri-Kansas City.

Stacie Penrod is a HUD-VASH Peer Specialist who served honorably in the United States Marine Corps from 1989 to1992. She battled with addiction and untreated mental health challenges for many years. In 2010, Ms. Penrod lost everything and was homeless and hopeless. Thanks to HUD-VASH, the Housing First model, and intensive case management, she is currently living the life she always dreamed.

Sam Tsemberis, PhD is a clinical-community psychologist and the originator of Housing First. He currently serves as CEO of the Pathways Housing First Institute, Clinical Associate Professor at UCLA's Department of Psychiatry and Biobehavioral Sciences, and the Executive Director of the VA-UCLA Center of Excellence for Training and Research on Veterans Homelessness.

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