



# Denver HUD/VASH : Housing is the Door to Recovery

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# Abstract:

- ▶ In January of 2016, Denver's HUD/VASH program used Housing First principals to redesign in order to better meet challenges faced by veterans and staff.
  - ▶ Denver's HUD/VASH program approaches our most vulnerable homeless with
    - ▶ A veteran-centered approach
    - ▶ Recovery based interventions
    - ▶ Trauma informed care
    - ▶ Housing First practice




# Learning Goals:

- ▶ One agency can not do this on their own- housing is an effort of partnerships
- ▶ Old systems and old practices can change
- ▶ Clients are their own experts- if it doesn't work, change your approach
- ▶ Homelessness is an acute (constant) state of crises
  - ▶ Employ a trauma response not a trauma treatment



# Objectives:

- Housing- removal from trauma, ending the state of crisis
  - Once housed- treatment options broaden, recovery goals can be explored, the lens widens
  - Housing is the *DOOR* to recovery
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# What is HUD-VASH?

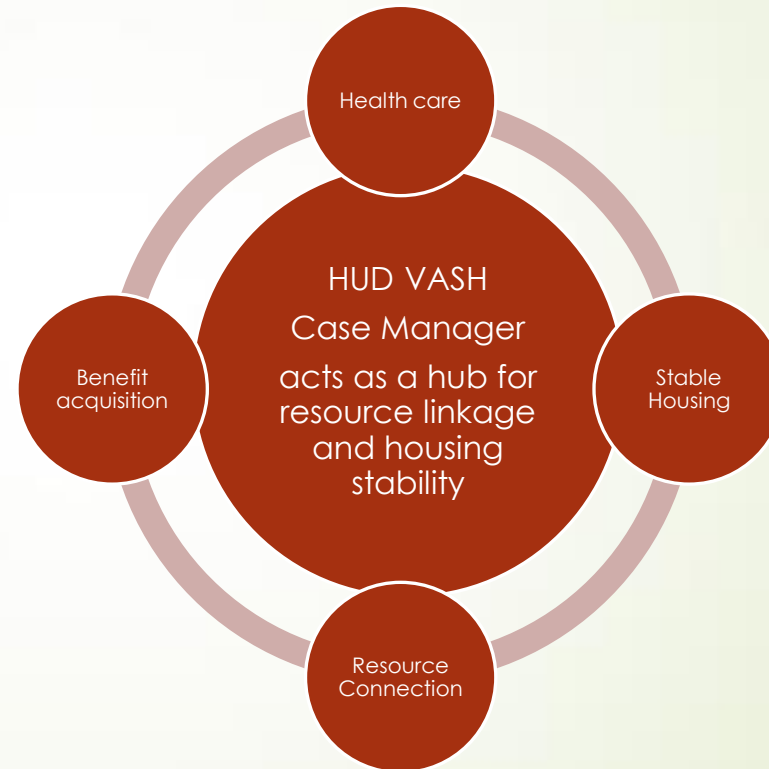
- Collaboration between Department of Veterans' Affairs (VA) and The Department of Housing and Urban Development (HUD)

- **VA provides intensive case management**

- Move a veteran from homelessness to stable housing

- **Public Housing Authorities**

- Housing Subsidy
  - » Additional advocacy for the veteran in housing





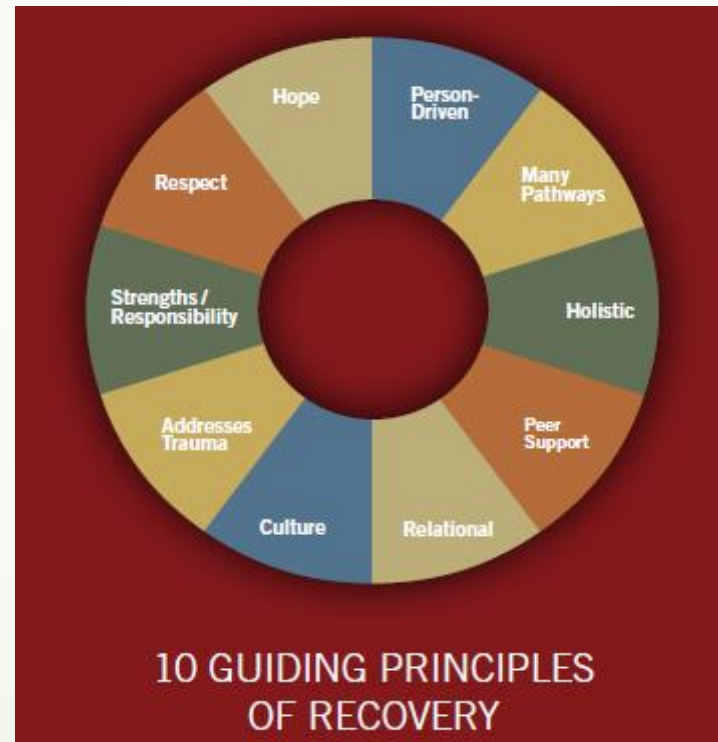
# Targeting:

- In 2008 program targeted any veteran who identified as homeless or imminently homeless
  - Often these individuals were already connected to healthcare and resources within the community and VA system
- In 2012 the VA shifted the program to serve Chronically Homeless
  - Often these individuals were street homeless with multiple functional impairments who likely were not connected to health care – adopting the “Housing First” approach
- In 2014, Through the use of the VI-SPDAT screening tool, the VA ensured that Denver Metro HUD-VASH accepted the most vulnerable of the veteran homeless population- Keeping in line with Housing First Principles and National HUD-VASH guidelines

# Recovery Model

- ▶ SAMHSA Recovery Model

- ▶ A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential





# The Denver HUD-VASH program 2008-2016

- ▶ 2008-10,000 vouchers awarded nationwide
  - ▶ Denver Metro awarded 175
  - ▶ 5 FTE, one homogenous team
  - ▶ 1 Housing Authority
- ▶ By December 2016
  - ▶ Denver Metro awarded 949 vouchers
    - ▶ 44+ FTE, divided into 4 interdisciplinary teams
    - ▶ 5 Housing Authorities
    - ▶ 5 project based sites
- ▶ From 2008-2016 teams were built around yearly voucher distribution; All teams worked with veterans from time of entry to the program through exit
- ▶ While we found our overall retention rate in this model consistent, our time from entry to the program to lease up lagged





# The Denver HUD-VASH program 2008-2016

- ▶ While we found our overall retention rate in this model consistent (averaging 90%), our time from entry to the program to lease up lagged
  - ▶ In 2016 55% of participants who entered programming leased within 90days
- ▶ The Denver Metro Area had a very low vacancy rate (less than 2%)
- ▶ Landlord recruitment and retention was maintained by teams and clinical case managers and not shared program wide
- ▶ We began to get knowledge of other HUD-VASH programs across the country (Los Angeles, California) who redesigned their teams that were phase specific
  - ▶ most notable forming a housing specific team as a first phase of programming that would work with veterans from point of entry to lease up
  - ▶ After lease up veteran moved to the next phase of programming geared toward remaining housed



# Redesign

- ▶ Goals

- ▶ Increase our lease up rate and utilize our program staffing to maximize access to housing in an increasingly difficult rental market
- ▶ Further our mission that the key to Recovery is rapid access to housing, a Housing First approach to service delivery, and consistent support through case management



# Redesign

- ▶ Staffing strategy- repurpose the 44+ existing FTE into teams
  - ▶ Social Work Associates, Clinical Social Workers, Peer Support Specialists, Substance Use Disorder Specialists, Management
    - ▶ POCs for Public Housing Authorities, landlords, and management companies
    - ▶ Recovery Plans- CTI approach
- ▶ Four phases of care- determined by local Acuity Scale
  - ▶ Housing Team- Point of entry to lease up
  - ▶ Stabilization - Post lease up
  - ▶ Community Integration- Available to all veterans in programming
    - ▶ focus on connection to community and reduction of case management services
  - ▶ Graduation with Subsidy
    - ▶ Veterans who maintain stability independently and no longer need case management services



# Housing Team

- ▶ Embedded in the Community Resource and Referral Center
  - ▶ Access to outreach
- ▶ Coordinated Entry
  - ▶ Match resource to need- most vulnerable, chronically homeless
- ▶ Mobilized the team
  - ▶ Outreach engagement
- ▶ Same day acceptance
  - ▶ VASH intake clinic availability- flexible to demand
- ▶ No barriers
  - ▶ Harm reduction, easy access, trauma informed, outreach, crisis response
- ▶ Relationships with community
  - ▶ Public Housing Authorities, Landlords, Supportive Services for Veterans Families, eligibility verification, documentation obtainment
- ▶ Acuity Scale
  - ▶ First time- access to intervention



# Stabilization teams

- ▶ Second Phase of HUD-VASH programming
- ▶ Begins at lease up
  - ▶ Critical Time Intervention Principles
  - ▶ Recovery Model- appropriate interventions and resources
  - ▶ Focus on maintaining housing through consistent case management support and resource connection
- ▶ Transition of case management- transition to housing
  - ▶ 30 day overlap form housing team to stabilization team, warm hand off from housing team to stabilization



# Community Integration



- ▶ Demonstration of reduced need

- Use of program designed acuity scale to assess readiness for community integration and graduation phases

- Home visits decrease

- Veterans are increasingly independent

- ▶ Primary goal to assist veterans in their continued movement toward independence and self-reliance.

- Focus on helping veterans move toward achievement of their long-term personal goals.

- Encourages veterans to become involved in their community through employment, volunteerism, recreation, and socializing.



# Graduation

- ▶ Goal of HUD-VASH program is to empower veterans who no longer need case management to live independently while retaining their VASH voucher.
- ▶ Eligibility for graduation includes assessing ability to maintain housing independently.
- ▶ A more fluid approach to continuity of care
  - ▶ increased stability and access to the program using phases of care
- ▶ The support continues
  - ▶ Graduation Ceremony
  - ▶ Quarterly check ins with Social Work Associates
  - ▶ CI programming
  - ▶ Alumni Group
  - ▶ Regular communication with PHA



# How did we do with meeting our goals?

- ▶ November 2015- 929 total vouchers, 141 people searching for units of housing, 190 available vouchers
- ▶ March 02, 2018- 949 vouchers, 52 people searching for units of housing, 14 available vouchers
- ▶ Engagement and Leases increased
  - ▶ 2015- 78+ move ins
  - ▶ 2016- 227 new VASH intakes, 197+ move ins
  - ▶ 2017- 261 new VASH intakes, 226+ move ins
  - ▶ January 1- February 28, 2018- 26 new VASH intakes, 15 move ins
- ▶ In 2017 our percentage of participants who leased within 90 days increased to 68.12 percent from 55 percent in 2016
- ▶ All clinicians began using framework and language geared toward recovery principles in their work
- ▶ Veterans were encouraged toward resource obtainment and self sufficiency by working through the phases of the HUD-VASH program





# Where do we go from here....

- ▶ Acuity fidelity- retention and recidivism
  - ▶ Housing Team, Stabilization, Community Integration, Graduation
- ▶ Housing First before *housing*
  - ▶ *Case management in place- preparing for the next step(s)*
- ▶ Substance Use Disorder Specialists
- ▶ Peer Support Specialists
- ▶ H-PACT
- ▶ Medicaid- aging in place
- ▶ Further identify, assess, and address
  - ▶ Gaps in services
  - ▶ Specialized populations

# Resources

- (n.d.). Retrieved February 27, 2018 from [www.samhsa.gov](http://www.samhsa.gov)
- (n.d.). Retrieved February 26, 2018 from <https://endhomelessness.org/resource/permanent-supportive-housing-coststudy-map/>
- See Parvensky, J: "Housing First in the United States of America: a new healthcare approach of the homeless". FEANTSA *Alternative Approaches to Homelessness*
- Lozier, J. (n.d.). Housing is Healthcare. Retrieved February 27, 2018, from <https://www.nhchc.org/wp-content/uploads/2011/10/Housing-is-Health-Care.pdf>
- (n.d.). Retrieved March 02, 2018 from VA Homeless Operations Management and Evaluation System (HOMES)

## Thank you

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