



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Community Resource and Referral Centers (CRRCs): An Implementation Framework

Overview:

Community Resource and Referral Centers (CRRC) are places where Veterans who are homeless or at risk of homelessness can get connected to stable housing and supportive services. Through the National Center on Homelessness among Veterans (the Center), this “one-stop shopping” homeless service model is being tested in 17 densely populated, strategically located sites across the country. CRRCs are collaborative, multi-agency, multidisciplinary programs that provide access to housing, health care, job development programs, and other VA and non-VA benefits.

Goals & Objectives:

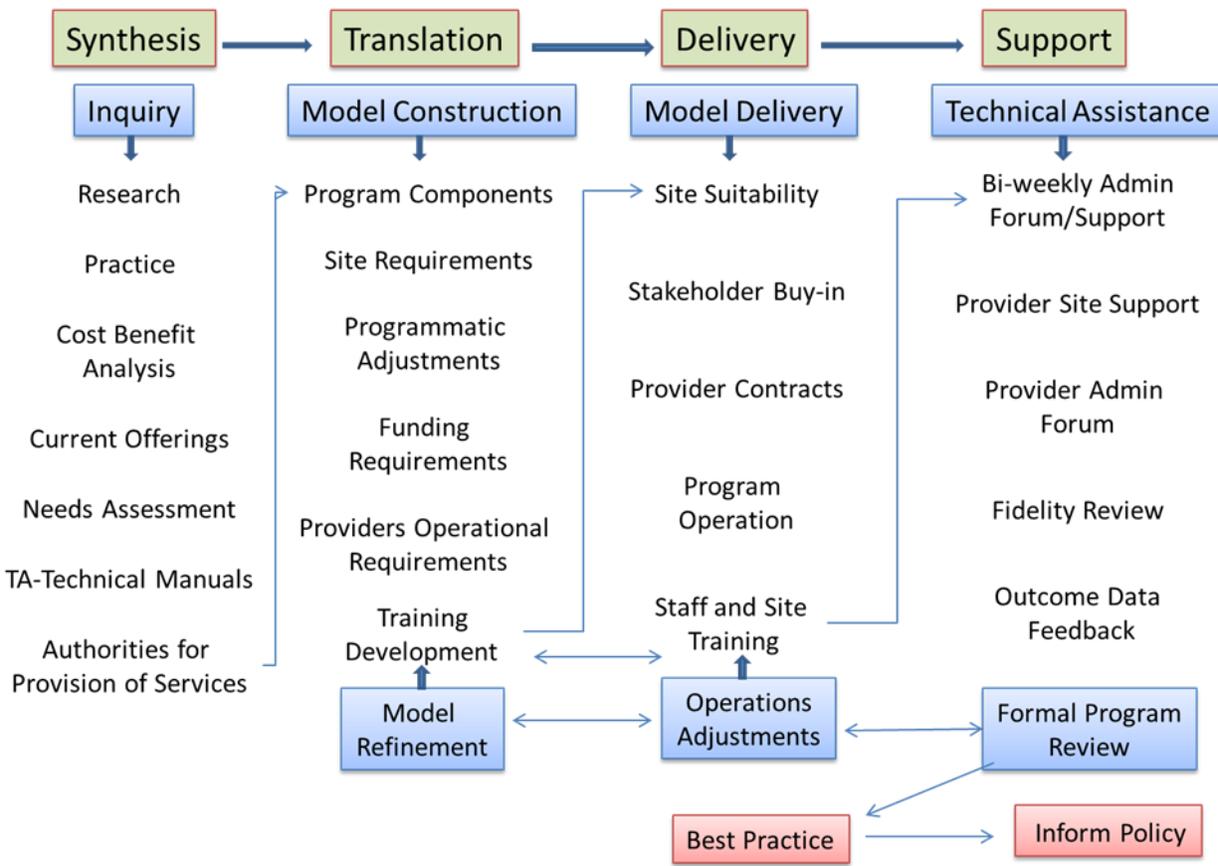
Funding was provided to establish Community Resource and Referral Centers in strategically selected urban locations to provide “one-stop shopping” to serve homeless and at risk for homeless Veterans and their families. All of the centers are being located in community settings that will facilitate access for homeless Veterans and their families. These sites are being established in collaboration with local community based homeless providers and other federal and state partners engaged in providing services to the homeless. These partners will be co-located at the centers and the VA and community providers will collaboratively offer services such as enhanced outreach/case management, access to VA and other benefits and vocational services, and immediate access to treatment, shelter, residential care, and housing services.

Results:

As of November 2012, there were 17 CRRCs in various phases of development and operation. Five CRRC sites were fully operational in the cities of Denver, Colorado, Detroit, Michigan, Portland, Oregon, and Washington DC. Eleven sites were providing services in shared or temporary facilities until space was secured. One site was still under development. NCHAV has provided guidance and consultation on a new CRRC expansion plan. A modified CRRC design will be implemented through this expansion plan, based on existing site program reviews and fidelity assessments of the 17 original sites: Akron, OH; Atlanta, GA; Chicago, IL; Cleveland, OH; Denver, CO; Des Moines, IA; Detroit, MI; Harlem / NYC; Las Vegas, NV; Minneapolis, MN; New Orleans, LA; Omaha, NE; Philadelphia, PA; Phoenix, AZ; Portland, OR; San Francisco, CA; Washington, DC.

Community Resource and Referral Center Implementation Model

To promote the integration of research findings and evidence into implementation of homeless services policy and practice, the National Center on Homelessness among Veterans (the Center) has developed an implementation science framework model. There are four key steps in most implementation science models. The model detailed below summarizes the key steps and processes for implementation of a CRRC. The first step begins with synthesis (inquiry), the process of compiling and summarizing information about innovations. The next step is translation (model development), the process of converting scientific knowledge into a practitioner friendly service delivery model. The third step, delivery (model delivery), details the specific actions of launching the program in the settings chosen for implementation of the model. The final step, support (technical assistance), details the activities necessary to sustain the model through the process implementation, refinement, and evaluation of the model. The model is a dynamic interactive model based on the emerging field of implementation science.



SYNTHESIS

Inquiry

Click on link for CRRP program specific criteria and process

Research: evidence in peer reviewed or other professional journals or publications that directly references the program model, or components of the model, and discusses process, outcome, utilization, effect, etc.

Practice: discussion, presentation in publications or web that cites the model, or components of the model, practice evidence, or model design.

Cost-benefit Analysis: review of literature or existing program evaluation studies that demonstrate costs associated with program outcomes and/or those costs associated with similar programs; costs associated with the lack of or ineffective programs, or use of alternative services.

Current Offerings: list, description, or discussion of sites or agencies using the model, or components of the model, and, if available, presentation of effect or impact.

[Needs Assessment](#): formal or non-structured assessment through VA or other agency, or combination, providing evidence of value of implementing model.

[Technical Manuals](#): presentation of the model or components of the model, in publication or web, as implemented under other funding authorities or agencies presenting description of operational specifics for program managers.

[Authorities for Services Provision](#): public law, directives, manuals, circulars, or other documents to authorize services, including EDMs and other internal documents.

TRANSLATION

Model Construction

Click on link for CRRC program specific criteria and process

[Program Components](#): key program operational principles and components, including intent, population served, course of treatment, outcomes and expected utilization and work load.

[Site Requirements](#): necessary elements to implement at sites, general and not specific to individual sites, includes requirement specifics but general enough to list for all sites.

[Programmatic Adjustments](#): modifications of model, moving from 'perfect' model, based on research and practice, to a model that retains core components but satisfies unique aspects of VA or site.

[Funding Requirements](#): developed based on constructed model, needs assessment, funding availability, and developing site priority – the estimated total for each site and estimated total for all sites, considering start up costs, prorated for implementation date, and possible readjustment of funds once sites are operational.

[Operational Requirements for Providers](#): recognizes the VA requirements and, if providers are a component of the model, the provider requirements such as education, facility structure, contractual agreements, etc.

[Training Development](#): based on an assessment of design newness and current knowledge of site management and core staff, the necessary elements in educational curriculum development.

DELIVERY

Model Delivery

Click on link for CRRC program specific criteria and process

[Site Suitability](#): the necessary infrastructure and support, including ability to obtain facility, contract (if necessary), access, feasibility of location within community.

[Stakeholder Buy In](#): stakeholder commitment, including VA upper, mid, line level staff support as well as community support including political, community provider, continuum, coalition leaders and staff.

[Provider Contracts](#): (if necessary) the contractual arrangements that providers may have existing or in the past and developing those contracts through processes necessary.

[Program Operation](#): initial operational challenges and participant impact.

[Staff and Site Training](#): initial educational scheme, including curriculum and method of delivery, to inform stakeholders through overview, and line level VA and community staff.

SUPPORT

Technical Assistance

Click on link for CRRC program specific criteria and process

[Bi-Weekly Admin Forum/Support](#): bi-weekly calls for management and line staff, VA.

[Provider Site Support](#): calls with individual sites to address unique challenges.

[Provider Admin Forum](#): calls with core administration and program leads.

[Fidelity Review](#): on-site or tele-com reviews of model design through methods developed to determine model adoption and adherence.

[Outcome Data/Feedback](#): reviews of participant outcomes – meeting, achieving model intent, and effect.

REFINEMENT ADJUSTMENTS FORMAL REVIEW BEST PRACTICES

Click on link for CRRC program specific criteria and process

[Model Refinement](#): as program design is being formulated, modifications may be needed that acknowledge regulations, law, site characteristics, or population demographics and/or needs. Refinement is in the development, translational phase, before implementation to increase likelihood of successful program operational and outcomes.

[Operations Adjustments](#): as program is implemented, corrections, modifications, and/or design shifts may be necessary to change or enhance services, based on initial process or outcome measures and initial operational feedback.

[Formal Program Review](#): includes reviews by host sites, program staff, or other external VA departments or non-VA agencies. Posting and dissemination of reports is dependent on distribution protocols.

[Best Practices](#): unique service delivery processes and interventions to include those practices incorporated within the design model (i.e., for special populations, services to address gaps in identified and specific needs of the populations), or incorporated to the overall program design to shift and improve outcomes.

REFERENCES

[Click on link for list of References](#)

Inquiry

Inquiry-Research

CRRCs have been modeled after research that indicates:

- The creation of provider networks impacts housing gains
- Service integration leads to improved outcomes
- Non-restrictive approaches support client engagement and retention in services

There is not yet a professional body of literature that has emerged on the “One-Stop Shop” model for services to people who are homeless. Assumptions are made from literature cited above. Additionally, Researchers at the Centre for Research on Inner City Health (CRICH) in Toronto conducted a systemic evidence synthesis of community-based services for homeless adults experiencing concurrent mental health and substance use disorders that has direct relevance to the implementation of CRRC’s (O’Campo, et. al., 2009). The authors examined scholarly and non scholarly literature to explore program approaches and program elements that lead to improvements in mental health and substance use disorders among homeless individuals with co-occurring disorders. They then identified and reviewed ten programs demonstrating the most improvement. From these ten programs, the authors identified six important and promising program strategies that should be considered as part of CRRC development and implementation:

- Emphasis on client choice in treatment decision making
 - Client choices respected even when not consistent with staff treatment priorities.
 - Person-centered planning
 - Consumer input into program operations
- Positive interpersonal relationships between clients and providers
 - Strength based approach with recovery orientation
 - Staff skilled in empathic communication
 - Peer support
- Assertive community treatment approaches
 - Service is assertive, outreach focused and highly available
 - Can be modified from ACT Model
 - Comprehensive, multidisciplinary approach
- Providing housing
 - Critical to outreach, engagement, recovery, and community integration.
- Providing support for instrumental needs
 - Focusing on food, clothing and shelter can assist clients on work on less immediate needs such as mental health and substance abuse.
- Nonrestrictive program approaches.
 - Abstinence not a requirement for program entry.

- Need to arrange for on-going support as long as it is needed.

Inquiry-Practice

Community Resource and Referral Centers are places where Veterans who are homeless or at risk of homelessness can get connected to stable housing and supportive services. Through the Center, this “one-stop shopping” homeless service model is being tested in 17 densely populated, strategically located sites across the country. CRRCs are collaborative, multi-agency, multidisciplinary programs that provide access to housing, health care, job development programs, and other VA and non-VA benefits.

The Substance Abuse mental Health Services Administration (SAMHSA) conducted an evaluation of programs in 16 US cities that developed interventions for homeless individuals with co-occurring mental health and substance abuse disorders (Winarski and Dubus, 1994). The critical client characteristics and program/practitioner responses can provide valuable guidance in developing CRRC program approaches.

Common Themes Described by Programs in SAMHSA Demonstration Programs for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders (Winarski and Dubus, 1994)	
Critical Client Characteristics	Critical Program/Practitioner Responses
1. Disaffiliation <ul style="list-style-type: none"> • Isolation, fragmented relationships • Loss of fundamental roles 	1. Develop relationship <ul style="list-style-type: none"> • Need to build bridge to life with dignity • Commitment to build on-going continuous relationships
2. Multiple, complex needs <ul style="list-style-type: none"> • Broad range of psychosocial problems compounded by poverty & homelessness • Differences among individuals in process of recovery 	2. Respond to hierarchy of needs as part of a comprehensive approach <ul style="list-style-type: none"> • Start with person centered plan based on hierarchy of needs • Need coordinated community response
3. Impoverished environments <ul style="list-style-type: none"> • Histories of poverty, unemployment • Deprivation and abuse 	3. Develop positive support network <ul style="list-style-type: none"> • Need to address both physical and emotional dimensions of loss • Peer interventions
4. Effects of illness and addiction <ul style="list-style-type: none"> • Cognitive and behavioral functioning impaired • Homelessness a major obstacle to recovery 	4. Provide treatment, rehabilitation, support and education <ul style="list-style-type: none"> • Do not focus on primacy of one-disorder • Combination of direct care and linkages
5. Low motivation for change/low self esteem	5. Develop readiness

<ul style="list-style-type: none"> • Lack of belief in positive change • External locus of control • Powerlessness, lack of self efficacy 	<ul style="list-style-type: none"> • Refrain from character judgment – focus on strengths • Replace notions of “compliance’ with strategies to help build commitment and motivation to change.
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Inquiry-Cost-Benefit Analysis

There is a significant lack of literature or research findings on cost benefit analysis of “one-stop” homeless service centers. However several factors related to cost benefit analysis are well known, but not substantiated formal research:

- Duplication of services –When service providers are operating one roof in a consolidated operation, the chances of the providers duplicating services already being provided by another service provider are substantially reduced.
- Faster, on time service delivery –Homeless clients must often travel considerable distances to several agencies with appointments spread out over days to get the services they need. Consolidated services provide services more rapidly in one place, eliminating travel, and supporting a faster exit from homelessness.
- Improved service coordination –Homeless clients often require multiple services requiring complex coordination. When these services are provided in one setting with service providers communicating on a daily basis, coordination of services is greatly enhanced. The efficiency of the intervention activities generally produces better client satisfaction and ultimately better outcomes.

Inquiry-Current Offerings

In preparation for implementation of the CRRC model, VA reviewed its current offerings of outreach alternatives for homeless Veterans. This review was a necessary step in the model development process to determine the need for the new program, to determine “fit” with existing programs, and to avoid duplication of programs already offered.

VA currently provides the following programs that offer outreach services for homeless Veterans:

- The National Call Center: Veterans, family members, community agencies and anyone with a concern about a homeless Veteran can call a toll free number twenty four hours per day, seven days a week to access services for their local communities for homeless Veterans
- The Health Care for Homeless Veteran Program: In addition to providing contract residential treatment services, this program has 300 outreach staff that conduct street level outreach to homeless Veterans and their families on a daily basis in most major cities.
- HUD-VASH: The HUD-VASH program offers outreach services and permanent housing with case management/supportive services in a joint partnership with HUD. The program targets chronically homeless Veterans and families.

- Grant and Per Diem: This grant program provides outreach services and transitional housing and supportive services to homeless Veterans via grants and per diem payments to non-profit community providers.
- Domiciliary Care for Homeless Veteran Programs: This VA program provides outreach and time limited residential treatment services to homeless Veterans. The facilities are usually on the grounds of VA medical centers and have capacity to provide care for Veterans with mental illness and substance abuse treatment issues.

A review of the offerings determined that the majority of these programs do not offer one-stop community-based outreach in concert with other community providers. There was a need to establish comprehensive one-stop community based service centers.

Inquiry-Needs Assessment

According to The 2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report to Congress¹, 67,495 Veterans were homeless in the United States on a single night in January 2011.

Rather than a determination of national need, specific locality needs were determined based on individual submissions by interested sites. Submissions included area Homeless Information Management (HMIS) data indicating the continuum of care numbers regarding homeless and sheltered individuals; VA Homeless Operational Management Evaluation Systems data indicating the number of homeless Veterans as well as those Veterans in VA homeless programs; and community needs assessments and gap analyses compiled by the community and/or VA through local homeless coalition processes. In response to this need, VHA's Homeless Program Office provided funding for Community Resource and Referral Centers (CRRC) in strategically selected locations.

Inquiry-Technical Manuals

The Center developed the following check list of activities critical to establishing a successful CRRC Program:

CRRC Guide for Development and Implementation

A. CRRC Critical Development Activities

Site selection/ Lease/ Site Modification

- Consider CWT participation in construction and modification plans for physical space.

Staffing

- Recruitment and hiring of VA staff
- Staff training/orientation plans

Identification and recruitment of community partners

- Development of strategic plan should include

¹ *The 2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report*. U.S. Department of Housing and Urban Development, Office of Community Planning and Development (2011).

- Federal agencies
- State Agencies and Tribal Governments
- Local, community, and faith based agencies
- Participation by consumers/formerly homeless Veterans
- Quality improvement/accreditation Issues

Planning and implementation of key CRRC components

- Transportation services
- Food services and food pantry services
- Emergency shelter services
- Clothing room/lockers/laundry services
- Hygiene/showers/toiletries
- Case management services
- Primary care health services
- Mental health/substance abuse services
- Women Veteran services
- Services for Veteran's family/children

Community announcement of services/public affairs/formal opening ceremonies

Program evaluation/data management activities

- VA requirements
- HMIS/COC requirements

B. CRRC Program Elements from Deputy Under Secretary for Health Operations and Management Memorandum (8/3/2010)

Physical Space

- Accessible to homeless Veterans and families
- Space should accommodate up to 15 VA and community staff
- Established by lease or sharing agreement

CRRC Core Services

- 24/7 outreach/case management teams
- Access to benefits and vocational services
- Repaid access to residential care: GPD, VA Mental Health Residential treatment, HUD-VASH
- Access to Primary and specialty care
- Integrated mental health substance abuse treatment
- Integrate access to Veterans Benefits Administration, benefit claims and vocational rehabilitation services
- Immediate access to shelter
- Homeless prevention services
- Access/referral for community-based economic assistance.

CRRC Program Elements:

Outreach and Intake

- Collaborate with VA Healthcare for homeless Veterans (HCHV) and community outreach programs

- Develop formal plan with partners to facilitate access to CRRC.
- Staff assigned to establish Veteran's eligibility.
- Screening using standardized screening tool for every Veteran entering CRRC (to be determined).
- Documentation for any eligible Veteran denied service approved by CRRC director.
- Veteran and family offered shelter placement on the day of intake.

Assessment

- Assessment not required for Veteran to receive services.
- Bio-psycho-social assessment completed over time.
- Entitlement eligibility assessment: Including Medicaid, SSI/SSDI, public assistance, food stamps, and Veterans benefits.
- Veterans Benefits Administration representative available at least 2 days per week.
- No cost space available for community agencies, including social security, local/county social services, Department of Labor, local/county employment services, and other agencies.
- Vocational Rehabilitation Specialist placed at CRRC.

Case Management and Service Planning

- Time-limited case management, individual and group counseling, and other support services.
- Assign each Veteran a case manager – develop housing sustainability/placement plan.
- Evidenced based practices – assist with transition to community living: develop skills and supports required for success.
- Coordinate with CWT Homeless program for vocation/employment services and support.
- On-going-coordination with Outreach staff to stay connected with Veterans who have not fully connected or who have returned to the streets.

Concrete Services

- Food (pantries and soup kitchens)
- Bathroom/Showers
- Clothing
- Lockers

Housing Placement

- Collaboration with HUD services, VASH, Grant and Per Diem Program, and supportive Services for Veteran's families.
- Provide linkages to services and supports in both the VA and community system to support successful functioning.
- Provide support in completing applications for services.

Security

- Develop a plan to monitor access to the facility 7 days per week.

Triage Services

- Schedule appointments with VA Medical Centers and community-based outpatient clinics.

- Provide access or direct referral for the following: Hepatitis C, HIV and TB testing, medical and preventative screenings, influenza, pneumococcal and Hepatitis A and B vaccines.
- Provide on-site mental health and substance abuse treatment resources.

Transportation

- Provide for VA shuttle, public transportation, car fare or van as needed for community appointments for medical/social services and housing appointments.

Inquiry-Authorities for Provision of Services

The authority for provision of outreach services for homeless Veterans is authorized by Public Law 100-6, passed into law in 1987. The law was broadened later and the VA program authorized by this legislation came to be known as The Health Care for Homeless Veteran Program (HCHV). As currently authorized by 38 U.S.C. § 2031 the HCHV program may provide outreach as well as “care, treatment, and rehabilitative services (directly or by contract in community-based treatment facilities, including halfway houses)” to Veterans defined as homeless by the McKinney Act.

TRANSLATION

Model Construction

Model Construction-Program Components

The basic components of a CRRRC program are as follows:

- Secure store front community accessible space or partner with an existing community partners for space and services.
- Provide space free of charge to collaborating community partners thru a sharing agreement or memorandum of understanding.
- Maintain operations seven days per week.
- Provide showers and laundry facilities on site or thru sharing agreements.
- Provide access to food and clothing services via non-profit community providers.
- Provide rapid referral to housing services (emergency and permanent).
- Provide medical and mental health services either on site or by referral.
- Provide comprehensive services to prevent and/or end homelessness directly or by referral.

Model Construction-Site Requirements

The basic site requirements are as follows:

- Must be a store front operation that is based a community that is accessible to the homeless
- Must provide the following homeless services:
 - Outreach

- Case management and service planning
- Enhanced 24/7 joint outreach/case management teams between VA and communities to target homeless Veterans on the streets and to prioritize them for services
- Access to VA and other benefits
- Rapid access to VA Primary and Specialty Care
- Integrated mental health and substance use treatment
- Integrated access to vocational rehabilitation services
- Access to housing options
- Prevention services

Model Construction-Programmatic Adjustments

VA closely modeled the CRRC program based on other community based one- stop homeless service centers, with the following notable differences:

- Program is a Model Development Initiative
- HCHV contract funding authority is used to support the program
- Food, clothing, and emergency shelter can only be provided by community partners due to limitations established by legislation and/or regulation that do not allow VA to use appropriated funds for these services.
- Program effectiveness and fidelity are regularly measured

Model Construction-Funding Requirements

The seventeen CRRC model development sites received an average of \$1,000,000 per site in FY 2012. The funding was provided to cover lease and build out costs, and to fund staff and medical services provided at the CRRC. It is recommended to limit this funding for current offerings based on formula rather than amounts. First year costs average should include approximately 75% site costs and 25% operational costs. It is expected that second year funding for newly awarded sites to equate to 25% site costs and 75% operational costs.

Model Construction-Providers Operational Requirements

When contracted providers are used to provide CRRC services, the provider is required to provide the same services that would be provided by a VA operated CRRC and are as follows:

- Must be a store front operation that is based a community that is accessible to the homeless
- Must provide the following homeless services:
 - Outreach
 - Case management and service planning
 - Enhanced 24/7 joint outreach/case management teams between VA and communities to target homeless Veterans on the streets and to prioritize them for services
 - Access to VA and other benefits

- Rapid access to VA Primary and Specialty Care Integrated mental health and substance use treatment
- Integrated access to vocational rehabilitation services
- Access to housing options
- Prevention services

Model Construction-Training Development

VA conducted an intense one-day training program for CRRC managers and the Homeless Patient Aligned Care Team (HPACT) managers. The course content topics for the training are listed below:

- Mission and Principles of CRRC
- One-Stop-Center Core Services
- Community Collaborations
- Integration with HPACT
- CRRC Fidelity Measure review
- Integration with Housing, Employment, and Economic Services.
- Strategies for Recruiting and Retaining Community Partners
- Outreach to Special Populations (e.g., women, children, chronic/un-enrolled Veterans)
- Workload Capture and Reporting (Report from Service Utilization Work-Group)
- Lessons Learned during Start-Up Phase
- Strategies for Shared Learning/Model Development
- Administrative Issues-Food, clothing, transportation, and sharing space

DELIVERY

Model Delivery

Model Delivery-Site Suitability

Facilities selected to establish CRRCs should meet the following requirements:

- Be committed to becoming operational in six to nine months
- Be located in a larger Metropolitan Statistical Area (VA is required to give priority to the 20 Largest MSA's)
- Be willing to exercise the option of hiring VA staff or contracting for staff and services to become operational as quickly as possible

Model Delivery-Stakeholder Buy-In

Recruitment of Federal, State, and community partners is a critical step in establishing a successful CRRC program. All of the active community agencies engaged with the local continuum of care of the homeless should be recruited to participate in the CRRC operations. The agencies that are willing to provide services to homeless Veterans at the

CRRC should be provided space and support services thru a sharing agreement or similar formal agreement free of charge. Local VA Regional Council should be consulted to establish these space agreements.

Local community non-profit organizations should be recruited to provide concrete services such as food, clothing, emergency shelter services, and other services that cannot be provided using VA appropriated funds.

Model Delivery-Provider Contracts

CRRC services can be provided by contracting with community agencies that have the capacity to provide community-based homeless services from a storefront setting accessible to homeless Veterans. A contracted provider must meet all of the requirements of models operated by VA staff. Contractors are also required to pursue the same objectives of serving homeless that a VA staffed operation would provide. Contracts should not be pursued with community organizations that have a primary focus of providing outreach to engage clients in shelter services. Contracts with agencies that engage homeless clients in outreach to connect the client with permanent housing and other services to end their homelessness can be fully supported.

Model Delivery-Program Operation

Facilities participating in the CRRC model development initiative were provided funding to lease and renovate space for a community based operation, and funding to support from five to ten staff. CRRCs are expected to provide expanded service hours that include nights and week-end services, with 24/7 services when possible. The following basic services are required to be provided by VA staff and/or participating community partners at all CRRCs:

- Outreach
- Case management and service planning
- Enhanced 24/7 joint outreach/case management teams between VA and communities to target homeless Veterans on the streets and to prioritize them for services
- Access to VA and other benefits
- Rapid access to VA Primary and Specialty Care
- Integrated mental health and substance use treatment
- Integrated access to vocational rehabilitation services
- Access to housing options
- Prevention services

Model Delivery-Staff and Site Training

VA conducted an intense one- day training program for CRRC managers and the Homeless Oriented Patient Aligned Care Team (HPACT) managers. The course content topics for the training are listed below:

- Mission and Principles of CRRC
- One-Stop-Center Core Services
- Community Collaborations

- Integration with HPACT
- CRRC Fidelity Measure review
- Integration with Housing, Employment, and Economic Services.
- Strategies for Recruiting and Retaining Community Partners
- Outreach to Special Populations (e.g., women, children, chronic/un-enrolled Veterans)
- Workload Capture and Reporting (Report from Service Utilization Work-Group)
- Lessons Learned during Start-Up Phase
- Strategies for Shared Learning/Model Development
- Administrative Issues-Food, clothing, transportation, and sharing space

SUPPORT

Technical Assistance

Technical Assistance - Bi-Weekly Admin Forum/Support:

Ongoing technical assistance has been provided through biweekly conference calls with VA CRRC managers and staff from each facility. These calls have been facilitated by staff affiliated with the Center. Standing agenda items include a review of each site's progress on establishing and renovating the sore front site, workload, operational issues, and status updates. The calls also provide a forum to plan for and provide informational updates concerning the mandatory data and annual fidelity reviews. Additional individual consultation is also provided on an as-needed basis.

Technical Assistance - Provider Site Support

The Center provides technical assistance, site support, and program evaluation to establish ongoing mentoring for the management of the CRRC managers and staff

Technical Assistance - Provider Admin Forum

Technical assistance for contracted providers is also provided to implement CRRC programs by the Center. The local VA Liaisons or Contract Officer's Technical Representatives (COTAR) provide ongoing monitoring of provider concerns, successes, and challenges, and they relay this information to VA National Center staff so that assistance or recognition can be provided as appropriate.

Technical Assistance -Fidelity Review

Annual fidelity reviews are conducted with each CRRC facility to ensure that they are operating in a manner consistent with the model requirements detailed in the CCRC Program Fidelity Survey. These are accomplished during site visits led by staff affiliated with the National Center on Homelessness among Veterans. Activities for each fidelity review include:

- conducting interviews with VA and Safe Haven staff
- touring the facilities
- reviewing program materials
- observing program activities

The fidelity instrument utilized to review the CRRC Programs is attached below:

CRRC Program Fidelity Survey

Item	CRRC Program Fidelity Items	Present	Not Present	Comments
	Physical Space			
1.	CRRC space is accessible by foot or public transportation for homeless Veterans and families.			
2.	CRRC makes office space available to community agencies at no cost.			
3.	CRRC space should accommodate (up to) 15 VA and community agency staff.			
	Access			
4.	CRRC case management service is available 24 hours per day, 7 days per week.			
5.	All Veterans entering the CRRC are promptly acknowledged and welcomed by a staff person.			
6.	An assessment is not required for the Veteran to receive services at the CRRC.			
7.	CRRC staff return communication from Veterans and staff at first opportunity.			
8.	CRRC offers next best alternatives and provides on-site support to the Veteran and family if there is a waiting list for needed service.			
	Recovery Orientation			

9.	CRRC staff attitudes towards Veterans indicate respect, mutual partnership, and optimism about recovery.			
10.	Veterans receiving services at the CRRC are assisted in identifying their own goals.			
11.	The Veteran's right to refuse treatment is respected.			
12.	The CRRC provides all Veterans in the program with the opportunity to provide feedback about satisfaction with services.			
13.	CRRC provides services of a formerly homeless Veteran's Peer Specialist on-site.			
	Outreach and Intake			
14.	CRRC has a formal plan developed with community partners to facilitate access to services.			
15.	CRRC utilizes Survey Manager and HOMES system to collect intake information for Veteran.			
16.	CRRC staff determines Veteran's eligibility as part of intake.			
17.	CRRC offers the Veteran and family shelter placement on the day of intake.			
18.	CRRC identifies the special needs of women Veterans on the day of intake.			
	Service Coordination			
19.	CRRC assigns a case manager to each Veteran who wants one.			
20.	CRRC assists Veteran in developing an individualized housing and service plan.			
	Concrete Services			
21.	CRRC provides food and pantry services on-site.			

22.	<p>CRRC provides bathroom and shower services on-site.</p> <ul style="list-style-type: none"> • Separate area designated for women 			
23.	<p>CRRC provides clothing on-site.</p> <ul style="list-style-type: none"> • Separate area designated for women 			
24.	<p>CRRC provides lockers on site.</p> <ul style="list-style-type: none"> • Separate area designated for women 			
25.	<p>CRRC has a clean and comfortable space for Veterans to relax during day-time hours.</p>			
26.	<p>CRRC coordinates concrete services with the full array of VA and community resources including:</p> <ul style="list-style-type: none"> ✓ Veteran Drop-In Centers ✓ National Call-In Center for Homeless Veterans ✓ Local food pantries ✓ Restaurant food pick-up organizations ✓ Local public and faith based drop-in centers/shelters 			
Housing Services				
27.	<p>CRRC offers Veteran immediate access to housing resources.</p>			
28.	<p>CRRC coordinates housing services with the full array of VA and community resources including:</p> <ul style="list-style-type: none"> ✓ VASH ✓ Grant and Per Diem ✓ VA Mental Health Residential Treatment ✓ Supportive Services for Veteran Families ✓ HUD/local housing authorities 			
Vocational/Employment Services				

29.	CRRC offers Veteran immediate access to vocational/employment resources.			
30.	CRRC coordinates vocational/employment services with the full array of VA and community resources including: <ul style="list-style-type: none"> ✓ VA Compensated Work Therapy (CWT)/supported employment ✓ Department of Labor (DOL) ✓ State Vocational Rehabilitation Offices ✓ Veterans Service Organizations 			
	Educational Services			
31.	CRRC offers Veteran immediate access to educational resources.			
32.	CRRC coordinates educational services with the full array of VA and community resources including: <ul style="list-style-type: none"> ✓ Post 9/11 GI Bill ✓ Local universities/technical schools ✓ Veteran's Educational Assistance Program (VEAP) ✓ Veteran's Upward Bound ✓ Veteran's Employment and Training 			
	Health and Behavioral Health Services			
33.	CRRC has mental health services available on-site.			
34.	CRRC has substance abuse services available on-site.			
35.	CRRC has primary health care nurse available on-site.			
36.	CRRC provides access or direct referral for the following: Hepatitis C, HIV and PPD -TB testing, medical			

	and preventive screening, influenza, pneumococcal and Hepatitis A and B vaccines.			
37.	<p>CRRC coordinates health and behavioral health services with the full array of VA and community resources including:</p> <ul style="list-style-type: none"> ✓ VAMC ✓ Healthcare for the Homeless ✓ Veterans Resource Center ✓ Veteran Justice Outreach ✓ Veteran Dental Assistance ✓ Local hospitals/ER's & clinics ✓ Local peer support organizations 			
	Economic Services			
38.	CRRC has Veterans Benefits Administration representative available on-site at least two days per week.			
39.	<p>CRRC coordinates economic services with the full array of VA and community resources including:</p> <ul style="list-style-type: none"> ✓ Homeless Veteran Benefit Assistance ✓ Social Security ✓ County/community social services ✓ Food Stamps ✓ Credit Repair Services 			
	Community Integration			
40.	<i>Transportation:</i> CRRC provides for VA shuttle, public transportation, car fare or van as needed for community appointments for medical/social services and housing appointments.			
41.	<i>Communications:</i> CRRC provides Veteran with access to telephone, voice mail, and internet services.			

42.	<i>Legal:</i> CRRC coordinates legal services with the full array of VA and community resources including: <ul style="list-style-type: none"> ✓ Veterans Legal Aid Society ✓ Veterans Justice Outreach ✓ Local legal aid 			
	Security			
43.	CRRC has plan for security that includes on-site security staff			
44.	CRRC has relationship with local law enforcement			
45.	CRRC has Veteran participation in managing a safe program culture			

Technical Assistance - Outcome Data Feedback

Biweekly calls also provide a forum to discuss data reporting requirements, including procedures to assist with mandatory submission of VSSC workload and HOMES data. Data are compiled by VA staff and periodically reviewed during the biweekly calls.

The existing data capture systems used by VA Homeless Programs (VSSC Data Capture and HOMES) were not designed to capture specific workload provided by community partners. The Center is currently piloting a workload capture system with the Northeast Program Evaluation Center (NEPEC) to capture community partner workload.

REFINEMENT ADJUSTMENTS FORMAL REVIEWS BEST PRACTICES

Model Refinement

Program designs were refined for the second round of CRRC development. These refinements, based on technical assistance, model delivery adjustments, and on-site or tele-review reviews or initial assessments included the following:

- Ensuring sites could be operational within 6-9 months;
- Limiting staffing to 5-7 FTE;
- Limiting building costs to 75% or total budget (first year); 25% second year;
- Ensuring that facilities are in areas of high homeless populations.

Operations Adjustments

Provision of meals and clothing: Provision of meals and clothing to homeless Veterans is considered to be an essential part of providing services in a CRRC, but due to lack of VA

regulatory authority to provide these services with VA appropriated funds, the services are being provided thru collaborative agreements with community non-profit organizations

Hour of operation: Most sites modified hours of operation for several reasons. Many sites found that late night hours were not cost effective or unnecessary and shortened hours of operation. All sites have expanded hours or arrangements to provide services on a 24/7 basis through collaborative arrangements with community partners.

Co-location of existing VA homeless staff: Many CRRC sites have negotiated co-location of some or all of VA Homeless Program staff. This arrangement has enhanced service delivery in sites that have implemented co-location.

Data gathering of services provided by community partners: The existing data capture systems used by VA Homeless Programs (VSSC Data Capture and HOMES) were not designed to capture specific workload provided by community partners. The Center is currently piloting a workload capture system with the Northeast Program Evaluation Center (NEPEC) to capture community partner workload.

Formal Program Reviews

In accordance with model development procedures, individual site program reviews were completed after site was operational during the initial phase. Reports are internal and for technical assistance purposes to assist sites in continued development.

Best Practices

During the brief time some of the CRRCs have become operational, several best practices have emerged:

- Three sites have are piloting programs to provide enhanced gender specific services to women Veterans. Growing numbers of women Veterans, many with families warrant this special initiative.
- Bed bug control procedures involving purchase and utilization of heat treatment equipment to eliminate bed bugs from the personal belongings brought into the CRRCs by homeless Veterans have been implemented at most sites. Bed bug infestations are an increasing problem among homeless clients
- Several sites have student interns and graduate students participating in learning experiences regarding provision of services to homeless Veterans. One site has established a third year psychiatry residency rotation.
- Some homeless Veterans present to CRRCs with pets and refuse to accept emergency homeless services if it involves separation from their pet. The CRRC has established a collaborative relationship with a nearby shelter to provide temporary care for the pet until permanent housing can be secured for the Veteran.

