VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Promoting data-driven, evidence-based solutions to end Veteran homelessness

Women Veterans and Homelessness

Homeless Evidence & Research Roundtable Series

July 2016

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On May 4, 2016, the VA National Center on Homelessness Among Veterans partnered with VA Women's Health Services to host a virtual research symposium on women Veterans and homelessness. This report summarizes the research findings presented and panel discussion and provides additional resources for further learning.

Message from the Director

On behalf of the VA National Center on Homelessness Among Veterans and the VA Women's Health Services Program Office , we are proud to present a summary of our recent Homeless Evidence and Research Roundtable Series (HERS) symposium which focused on women Veterans and homelessness. Our goal for the event was to bring together key researchers, providers, and policy makers for a presentation of current research findings and to discuss opportunities in the areas of prevention and service delivery.

The number of Veterans experiencing homelessness nationwide on a given night dropped by 35% between 2009 and 2015 and many cities and states have declared that they have effectively resolved the issue, but what about homeless women Veterans? What proportion of the homeless population do they represent and what numbers might we expect over the next 10 years? What are their particular needs and how well is VA addressing them? What are the gaps in services and what steps might be taken to bridge them? These issues were considered by VA investigators and policy makers who discussed research on population projections, demographics, service use, and opinions of women Veterans who have experienced homelessness.

We would like to acknowledge our presenters, roundtable participants, and co-sponsors in VA Women's Health Services for their contributions to this symposium. We would especially like to thank our women Veterans who have sacrificed so much in the service of their country.

This event was the third in a series of HERS events hosted by the Center. Previous symposia topics were Enumeration of Homelessness and Aging and the Homeless Community. Future subjects will include opioid dependency and rural homelessness. We hope you find the information presented here helpful and relevant in learning more about homelessness among women Veterans.

Thomas O'Toole, M.D.
Director, VA National Center on Homelessness Among Veterans

HERS Contributors

Research Presenters

Ann Elizabeth Montgomery, MSW, MPA, PhD, is an affiliated investigator with the VA National Center on Homelessness Among Veterans; a Health Science Specialist with Birmingham VAMC Health Services Research & Development, and an Assistant Professor at the University of Alabama at Birmingham, School of Public Health, Department of Health Behavior. Her work—including research, evaluation, and policy analysis—informs programs and policies at the national level and focuses on several substantive areas including identifying homelessness and risk among Veterans seeking healthcare, assessing interventions intended to mitigate this risk, and studying vulnerable populations and related health disparities.

Tom Byrne, MSW, PhD, is an affiliated investigator at the VA National Center on Homelessness Among Veterans and an Assistant Professor at the Boston University School of Social Work. As part of the research team at the National Center, Dr. Byrne conducts research on a number of topics related to homelessness among Veterans and VA specialized homeless programs in support of VA's efforts to prevent and end homelessness among Veterans.

Alison B. Hamilton, MPH, PhD, is a Research Health Scientist and Director of the Qualitative Methods Group at the VA Greater Los Angeles. Her work focuses on women Veterans' health and health services. She directs the EMPOWER QUERI and co-leads the VA HSR&D Women's Health Research Network and is also an Associate Research Anthropologist in the Department of Psychiatry at UCLA.

Rani A. Hoff, MPH, PhD, serves as Director of the Northeast Program Evaluation Center (NEPEC), which performs national program evaluation of mental health services within the Office of Mental Health Operations in VA Central Office; the Director of the Evaluation Division of the National Center for PTSD; the head of the Women and Trauma Core of Women's Health at Yale; and Associate Director of the Robert Wood Johnson Foundation Clinical Scholars Program at Yale. Dr. Hoff's research utilizes principles of psychiatric epidemiology and services research to examine risk factors and correlates of psychiatric disorders, with particular attention paid to co-occurring disorders and vulnerable populations.

Roundtable Participants

Thomas O'Toole, MD: (Panel Moderator), Director, VA National Center on Homelessness Among Veterans and National Director, Homeless Veterans Patient Aligned Care Team (H-PACT) Program, is a general internist based at the Providence VA Medical Center in Rhode Island and a Professor of Medicine at Brown University. His research for the past 25 years has focused on access to care, health and social service needs and intervention studies for homeless and other vulnerable and disadvantaged populations with funding from VA HSR&D, NIH, SAMSHA, and private foundations. He has published over 70 articles and book chapters on the subject.

Patricia Hayes, PhD, is the Chief Consultant for Women's Health Services in the Office of Patient Care Services for the Department of Veterans Affairs. In this role, she oversees the delivery of VA health care services for over 400,000 women Veteran health care users. Dr. Hayes is a 32-year VA employee, having started in the early 1980s as a clinical psychologist seeing Vietnam-era Veterans with PTSD. She is currently the VHA Lead for the VA Women Veterans Program. Recently, Dr. Hayes has successfully worked across VHA to expand initiatives for women Veterans' health care into a broad range of areas of importance, including cardiac health, reproductive health and birth defect prevention, and a comprehensive evaluation of care provision to women Veterans.

HERS Contributors

LaRanda Holt is the National Assistant Director of the Women and Minority Outreach Program for the American Legion. In this role she functions as lead staff in informing Departments and Post leadership of their role in the American Legion Women Veterans Outreach Program and the need for communities to be prepared to understand the need to support and recognize women Veterans. Ms. Holt is a Navy Veteran who experienced a period of homelessness after separating from the service because of complications with her disability benefits.

Lisa Pape, LISW, is the Executive Director of Homeless Programs for the Veterans Health Administration within the Department of Veterans Affairs. She has been with the VA for over 20 years. Prior to her current role, she served as the National Director of Mental Health Residential Rehabilitation Treatment Programs in the Office of Patient Services. Her focus is on operationalizing plans and approaches designed to most effectively meet the needs of the nation's Veterans who are homeless or at risk of becoming homeless. Her primary efforts include oversight and implementation of homeless programs nationwide that provide prevention, outreach, treatment, transitional and permanent housing solutions and supportive services. Ms. Pape is the recipient of NASW's Knee/Wittman Outstanding Achievement Award in Health and Mental Health Policy among her many awards and recognitions.

HERS Logistical Support

Roger Casey, PhD: Director Model Development & Dissemination, VA National Center on Homelessness Among Veterans

Nora Hunt-Johnson, MS: Research Coordinator, VA National Center on Homelessness Among Veterans

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Marty Oexner, Project Manager: VHA Employee Education System

If you have any suggestions for future HERS topics related to homelessness please contact Nora Hunt-Johnson at Nora.Hunt-Johnson@va.gov

HERS Research Highlights

Characteristics and Needs of Women Veterans Experiencing Homelessness

Ann Elizabeth Montgomery, MSW, MPA, PhD

Dr. Montgomery summarized research on the prevalence of homelessness among women Veterans and their risk factors for homelessness, highlighted differences between men and women, and discussed what the evidence suggests for program intervention.

Prevalence - The most recent point-in-time count of people experiencing homelessness, reported by the U.S. Department of Housing & Urban Development (HUD), identified 4,338 women Veterans who were experiencing homelessness, comprising 9.1% of the entire Veteran homeless population. Further, it is estimated that 1–2% of all women Veterans and 13–15% of women Veterans living in poverty experience homelessness over the course of a year.

Risk Factors- Veteran women are more than twice as likely as non-Veteran women and over three times as likely as non-Veteran women living in poverty to experience homelessness. Demographic characteristics associated with risk include younger age, being unmarried, unemployment, having a 100% service-connected disability rating or being otherwise disabled, identifying as black, and living in the Northeast. While women Veterans are more likely than their non-Veteran counterparts to be recently employed and married, unmarried status and unemployment are both associated with an increased risk of homelessness among women Veterans. A number of studies have also identified mental health and substance abuse issues that may pose risk for homelessness among women Veterans. One study found that women Veterans who had a diagnosis of anxiety disorder were more than four times as likely to be homeless as those who did not. Another study found that women Veterans who had a diagnosis of post-traumatic stress disorder (PTSD), depression, schizophrenia and other psychoses, alcohol abuse, drug abuse, and a previous suicide attempt or intentional self-inflicted injury were at increased risk of reporting recent or expected housing instability. Substance use and suicide or self-inflicted injury were associated with the greatest odds of women Veterans reporting housing instability. A third category of risk factors is **e**xperience of trauma whether related to intimate partner violence (IPV), military sexual trauma (MST), combat, or other sources. One in three women who have served in the military report experiencing threatened or actual physical or sexual violence from an intimate partner compared to one in four non-Veterans. Among a cohort of Veterans who were engaged with VHA care and experiencing homelessness, 39.7% of women reported experience of MST (Military Sexual Trauma - sexual assault or severe and threatening sexual harassment) compared with 22% of all VHA users. Women Veterans who have experienced MST have a significantly increased likelihood of mental health conditions including PTSD. Both MST and PTSD increase the likelihood of homelessness by more than a factor of four.

HERS Research Highlights

Projecting the Need for VA Homeless Services Among Female Veterans

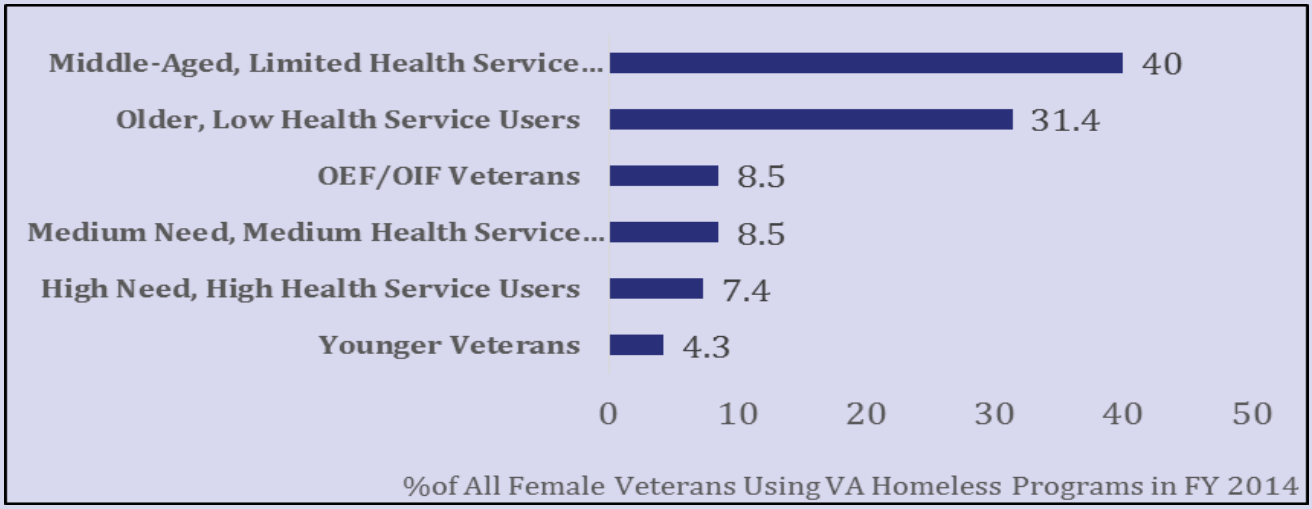
Tom Byrne, MSW, PhD

Dr. Byrne provided projections of the potential future need for VA homeless prevention and treatment services among different groups of female Veterans by looking at estimates of population growth and recent use of VA specialized homeless services.

Population and VA Homeless Program Use Projections -While the overall Veteran population is projected to decline substantially over the next 25 years, the number of female Veterans will increase both in absolute and relative terms. In FY 2015 there were an estimated 2 million female Veterans. By 2020, there will be approximately 2.2 million, with growth projected to level off in 2035. By 2040, there will be about 2.4 million female Veterans. Along with the growth in the female Veteran population, the number of women accessing VA specialized homeless programs or with a homeless identification has tripled over the past five years, from 11,016 in FY 2010 to 36,443 in FY 2015 – 1.8 % of the female Veteran population. It is important to note that these increases do not necessarily reflect growing numbers of female Veterans who experience homelessness since the numbers also include women who were *at risk* of homelessness. In addition, the increases can be attributed, in part, to the expansion of VA homeless programs in recent years. Finally, it must be understood that the VA data only capture women who use the VA health system and therefore miss an unknown proportion of Veterans who may use only community-based homeless assistance programs. Taking these caveats into account, Dr. Byrne projected that the growth in the number of female Veterans who may require assistance from a VA homeless program between FY 2015 and FY 2025 will rise by about 4.4%, from 36,443 in FY 2015 to 38,048 in FY 2020. By FY 2025 the number is projected to increase again to 39,686, representing an overall projected increase of about 9% between FY 2015 and FY 2025.

Profiles of Female Veterans -Dr. Byrne employed a statistical technique known as latent class analysis (LCA) to identify six distinct profiles of women Veterans who are homeless or at-risk, using the variables of gender, age, service in OEF/OIF, race, ethnicity, presence of behavioral health diagnoses, presence of chronic health diagnoses, and utilization of VA inpatient and/or outpatient services in FY 2014.

Profiles of Female Veterans Using VA Homeless Programs in FY 2014



HERS Research Highlights

***Middle-Aged, Limited Health Care Service Users*:** 40% of all female Veterans using VA homeless programs; largely middle-aged (roughly 50% were between the ages of 40 and 60) and were characterized by low rates of VA health care services use, which suggests they have a limited connection with VA services.

***Older, Low Health Care Service Users*:** 31.4% of all female Veterans using VA homeless programs; generally older (roughly 50% were aged 50 and above and nearly 15% were aged 60 and above); made limited use of VA health care services. It is possible that some members of this group may only require a limited form of assistance, although some may need more intensive services as they age and experience more complex health and aging-related challenges.

***OEF/OIF Veterans*:** 8.5% of all female Veterans using VA homeless programs. Everyone in this group had service in OEF/OIF and the vast majority (82%) were aged 39 or younger.

***Medium-Need, Medium Health Care Service Users*:** 8.5% of all female Veterans using VA homeless programs; roughly 1 in 10 had a behavioral health diagnosis and nearly 60% had a chronic medical condition. They made more intensive use of VA health care services than all other identified sub-groups, except for the high-need, high service users.

***High-Need, High Health Care Service Users*:** 7.4% of all female Veterans using VA homeless programs; generally older (the majority were aged 40 and above, and roughly 1/3 were age 50+); characterized by high rates of both behavioral health diagnoses (roughly 25% had a diagnosis indicating a serious mental illness, 6% had a drug/ alcohol disorder, and 11% had both) and chronic health conditions (76% had a diagnosis for a chronic health condition). This group also made more extensive use of both inpatient and outpatient VA health care than any other group.

***Younger Veterans*:** 4.3% of all female Veterans using VA homeless programs; nearly 40% were between 18 and 29 and 28% had a record of service in OEF/OIF. This group made very limited use of VA health care services.

Service Barriers Among Women Veterans Experiencing Homelessness

Alison Hamilton, MPH, PhD

Dr. Hamilton reported that most women Veterans use services outside the VA and that homeless women Veterans and those at risk for homelessness are often being seen in community-based organizations. It is therefore important to understand the barriers to care that women Veterans are experiencing in order to develop more appropriate and comprehensive services.

Limited Information, Access to Services and Coordination Across Services -Focus group studies conducted by Alison Hamilton and Donna Washington with homeless women Veterans who experienced barriers trying to access VA care. These women identified a lack of information about social and psychosocial services; limited access to services; and lack of coordination across services. Cutting across these barriers was a sense of isolation. Women reported that they did not have information about what services were available to them as Veterans, such as VA benefits, housing programs, and mental health care, especially in the area of trauma. They also described the barriers posed by limited access to programs, including the lack of gender-appropriate care; services inaccessible due to their location far from women's homes; the scarcity of long-term housing options; and the restrictive entry criteria of many interventions.

Finally, women in the studies were frustrated by the lack of coordination between screening and services, temporary and permanent housing, incarceration and community services, and VA and county services.

Homelessness Services in the Veterans Health Administration

Rani Hoff, MPH, PhD

Dr. Hoff discussed VA homelessness services and their genesis, noting that over the past three decades the population has shifted from older Veterans with psychotic and substance use disorders to younger Veterans with PTSD and co-occurring addiction disorders. The VA offers several homelessness services, including Mental Health Residential Rehabilitation and Treatment (MH RRTP) and Domiciliaries; Health Care for Homeless Veterans (HCHV); Grant and Per Diem programs (GPD); HUD-VASH; Veterans Justice Outreach and Re-Entry programs; Specialized Homeless Women's programs; and Homeless Veterans Supported Employment programs.

Differences in Service Use Between Women and Men-MH RRTPs provide state-of-the-art, high quality residential rehabilitation and treatment services for Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial challenges such as homelessness. Data from 2012 indicated that female Veterans were younger and less likely to be homeless than men in RRTPs. They were also less likely to be diagnosed with substance abuse problems but more likely to have serious mental illness, in particular PTSD and depression. Their length of stay was similar to male Veterans but women were more likely to follow up with post-discharge outpatient treatment services. Between 2005 and 2012 the total number of stays in RRTPs among female Veterans increased by nearly 75%.

Women Veterans are also served by GPD programs, which provide time-limited housing with supportive services as an aid to the transition to permanent housing. Managed by community-based organizations, some programs have been funded to specifically serve women and their families. However, only 4.5% of Veterans placed in GPD programs are women. Many programs do not have the capacity to serve women due to structural or physical limitations and many are not able to handle families, which restricts access for women.

Roundtable Discussion

It's easy to paint a picture of all the things that need to be done or that could be done better. From your perspective, how would you

Moderated by Center Director Dr. Thomas O'Toole, the roundtable discussion with leaders from the VA and the homeless advocacy community focused on the current state of services for homeless and at-risk women Veterans and how they could be improved. There was consensus that although many services are available, we do not know if there are enough, in the right places, or how effective they are for homeless women. More research is needed to answer these questions, preferably bringing women themselves to the program planning and policy table .

Lisa Pape, National Director of VA Homeless Programs Office, stated that while the VA has done a good job of building its program capacity to incorporate the needs of women, particularly through HUD-VASH and SSVF, the data suggest that more adjustments must be made. She and other panelists spoke of the need for gender-specific programs, better screening, and increased awareness of trauma-informed care and the impact of intimate partner violence and military sexual trauma.

Patricia Hayes, Chief Consultant for Women's Health Services in the VA Office of Patient Affairs, emphasized the importance of tailoring programs to women's needs, paying greater attention to the issues of service navigation and coordination, and doing more to incorporate Veteran voices and experience in program development and implementation.

LaRanda Holt, National Assistant Director of the Women and Minority Outreach Program for the American Legion, spoke from the personal perspective of an African American Veteran who was homeless after discharge due to problems in accessing VA disability support. Being unmarried and without children, she found there were few resources available to assist her during that period. She echoed Dr. Hayes in stressing the need for supports and safety nets to be better coordinated within the VA and among other government systems to improve the transition for women from the military to civilian life, especially in the area of securing employment commensurate with the high level skill sets acquired during service.

Nan Roman, President and CEO of the National Alliance to End Homelessness, addressed the importance of the VA's work with community partners. She argued for increased cooperation, coordination, and information sharing: community programs have significant experience serving women and families but may not understand some of the needs particular to women Veterans, while the VA brings strength in the areas of health care and prevention, although it does not currently have enough services appropriate and accessible to women. Ms. Roman also suggested that the VA and community partners join forces to help address underlying issues of poverty and better integrate other service systems such as TANF (Temporary Assistance for Needy Families). She cited SSVF as a VA-community partner success story for its coordination across systems and its capacity to provide prevention and rehousing services and serve single women and families.

Additional Resources

Suggested Readings:

Projecting the Need for VA Homeless Services Among Female Veterans

U.S. Department of Veterans Affairs Office of the Actuary. Veteran Population Projection Model-VetPop2014. Available at: **http://www.va.gov/vetdata/veteran_population.asp**.

Decker SE, Rosenheck RA, Tsai J, Hoff R, Harpaz-Rotem I. Military Sexual Assault and Homeless Women Veterans: Clinical Correlates and Treatment Preferences. Women's Heal. Issues 2013;23(6):e373-e380. doi:10.1016/j.whi.2013.09.002.

Tsai J, Pietrzak RH, Rosenheck RA. Homeless veterans who served in Iraq and Afghanistan: gender differences, combat exposure, and comparisons with previous cohorts of homeless veterans. Adm. Policy Ment. Health 2013;40(5):400-5. doi:10.1007/s10488-012-0431-y.

Byrne T, Montgomery AE, Dichter ME. Homelessness among female veterans: a systematic review of the literature. Women Health 2013;53(6):572-96.

Characteristics and Needs of Women Veterans Experiencing Homelessness

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Montgomery, A. E., Dichter, M. E., Thomasson, A. M., & Roberts, C. B. Receipt of social services following a positive screen for homelessness among Veteran outpatients. American Journal of Preventive Medicine 2015, 50(3), 336–343.

Montgomery, A. E., Dichter, M. E., Thomasson, A. M., Fu, X., & Roberts, C. B. Demographic characteristics associated with homelessness and risk among female and male Veterans accessing VHA outpatient care. Women's Health Issues 2015, 25(1), 42–48.

Service Barriers Among Women Veterans Experiencing Homelessness

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Pavao J, Turchik JA, Hyun JK, Karpenko J, Saweikis M, McCutcheon S, Kane V, Kimerling R. Military sexual trauma among homeless veterans. J Gen Intern Med. 2013 Jul;28 Suppl 2:S536-41.

Tsai J, Rosenheck RA, Decker SE, Desai RA, Harpaz-Rotem I. Trauma experience among homeless female veterans: correlates and impact on housing, clinical, and psychosocial outcomes. J Trauma Stress. 2012 Dec;25(6):624-32.

Tsai J, Link B, Rosenheck RA, Pietrzak RH. Homelessness among a nationally representative sample of US veterans: prevalence, service utilization, and correlates. Soc Psychiatry Psychiatr Epidemiol. 2016 Apr 13. [Epub ahead of print]

Tsai J, Rosenheck RA, Kane V. Homeless female U.S. veterans in a national supported housing program: comparison of individual characteristics and outcomes with male veterans. Psychol Serv. 2014 Aug;11(3):309-16.

Tsai J, Kasprow WJ, Kane V, Rosenheck RA. National comparison of literally homeless male and female VA service users: entry characteristics, clinical needs, and service patterns. Womens Health Issues. 2014 Jan-Feb;24(1):e29-35.

Washington DL, Yano EM, Simon B, Sun S. To use or not to use. What influences why women veterans choose VA health care. J Gen Intern Med. 2006 Mar;21 Suppl 3:S11-8.

Washington DL, Yano EM, McGuire J, Hines V, Lee M, Gelberg L. Risk factors for homelessness among women veterans. J Health Care Poor Underserved. 2010 Feb;21(1):82-91.

Archived Training Events and Presentations:

- **Homeless Evidence and Research Synthesis (HERS) Roundtable Series: Women Veterans and Homelessness webcast.** May 2016. VA National Center on Homelessness Among Veterans.
- **VHA Homeless Programs: Homelessness and Women Veterans.** March 2014. VA National Center on Homeless-ness Among Veterans, March 2014. Presenter: Roger Casey, PhD, LCSW.
- **National Summit on Women Veteran Homelessness Summary.** May 2013. Institute for Veterans and Military Families, Syracuse University.
- **Women Veterans who are Homeless: Characteristics, Risk Factors, Needs.** December 2010. National Forum on Homelessness Among Veterans. Presenter: Donna Washington, MD, MPH.
- **The Rural Woman Veteran webinar: To Care for HER, who hath Borne the Battle**. VA Office of Rural Health, Rural Health Professions Institute.
- **Military Sexual Trauma and Homelessness** March 2013. VA Mental Health Services MST Support Team's monthly MST Teleconference Training Series. Presenters: Alison Hamilton, PhD and Donna Washington, MD, MPH.
- **Homelessness and Military Sexual Trauma** June 2012. VA Office of Mental Health Services, National MST Support Team. Presenter: Margret Bell, PhD.
- **Meeting the Unique Needs of Women Diagnosed With Serious Mental Illness.** August 2012. VA Women's Mental Health Monthly Teleconference Presentations. Presenter: Lisa Dixon, MD, MPH.
- **Working With Women Veterans Experiencing Intimate Partner Violence.** December 2012. VA Women's Mental Health Monthly Teleconference Presentations. Presenter: Rachel Latta, PhD.
- **Resources and Services to Address the Needs of Homeless Women Veterans**. November 2012. VA Women's Men-tal Health Monthly Teleconference Presentations. Presenter: Stephanie George, LCSW.
- **National Coalition for Homeless Veterans: Women Veterans Resources**
- **The US Department of Labor: Homeless Women Veterans Listening Sessions Report**. 2010.

Glossary of Terms

VHA Homeless Veteran Community Employment Services (HVCES): In order to help improve employment outcomes and reach the most difficult to serve homeless Veterans, in FY 2015 continued to support the newly hired Vocational Development Specialists (VDS) who serve as Community Employment Coordinators (CEC) within the Homeless Veteran Community Employment Services (HVCES) framework. The new CECs are responsible for the ongoing orientation and training of the Homeless Services continuum to increase the role of employment in permanent housing and for providing direct assistance in connecting Veterans to the most appropriate and least restrictive VA and/or community-based employment service leading to competitive employment with appropriate supports.

VHA Health Care for Homeless Veterans (HCHV): program that initially served as a mechanism to contract with providers for community-based residential treatment for homeless Veterans. Many HCHV programs now serve as the hub for a myriad of housing and other services that provide VA with a way to reach and assist homeless Veterans by offering them entry to VA care. Another aspect of HCHV is the Contract Residential Treatment program, which places Veterans with serious mental health diagnoses into quality, community-based supportive housing.

VHA Homeless Providers Grant and Per Diem Program (GPD): The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans with housing and services while assisting VA medical centers (VAMC) by augmenting or supplementing care.

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) Program: HUD-VASH is a collaborative program between the Department of Housing and Urban Development (HUD) and VA. Eligible homeless Veterans receive rental support from HUD in the form of a Housing Choice or Project Based Section 8 voucher as well as case management and supportive services from VA. These efforts collectively support housing stability and the recovery from physical and mental health problems, substance use disorders, and functional concerns contributing to and/or resulting from homelessness. HUD-VASH subscribes to the "Housing First" model, a best practice that has demonstrated that housing the homeless individual helps him/her to exit from homelessness, which then improves the ability and motivation to engage in treatment strategies. The program's goals include housing stability while promoting maximal recovery and independence in the community for the Veteran and the Veteran's family.

Domiciliary Care for Homeless Veterans (DCHV): The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs including homelessness and unemployment. The DCHV program provides homeless Veterans access to medical, mental health, and substance use disorder treatment in addition to psychosocial and vocational rehabilitation treatment programs.

Glossary of Terms

VHA Specialized Homeless Women's Programs: *Women Veteran Program Managers (WVPMs)* are located at every VA medical center. The WVPMs help coordinate all the services that women Veterans may need. Services include primary care, pregnancy care, psychiatric care and sexual abuse counseling, inpatient medical/surgical care, programs for homeless women Veterans, and quality of care issues.

Supportive Services for Veteran Families (SSVF): The SSVF program provides supportive services to very low-income Veteran families that are currently in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.

Veterans Justice Outreach (VJO): The purpose of the VJO Program is to prevent homelessness, and avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, and in jails or courts, have timely access to VHA mental health, substance abuse, and homeless services when clinically indicated, and other VA services and benefits as appropriate.

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