

VHA HOMELESS PROGRAMS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy for the implementation of the Department of Veterans Affairs (VA) VHA's Homeless Programs. It delineates the essential components of homeless services that are to be implemented nationally, to ensure that all Veterans, wherever they obtain care in VHA, have access to homeless services and other key services that promote housing stability and wellness.
- 2. SUMMARY OF CONTENT:** This directive establishes the policy for the development and approval of VHA Homeless Programs. It also reflects the administrative and clinical responsibility for the following homeless programs and services: Homeless Providers Grant and Per Diem (GPD), Health Care for Homeless Veterans (HCHV), Housing and Urban Development (HUD) – VA Supportive Housing (HUD-VASH), National Call Center for Homeless Veterans (NCCHV), Homeless-Patient Aligned Care Teams (H-PACT), Supportive Services for Veteran Families (SSVF), Veteran Justice Programs, Homeless Veteran Community Employment Services-Community Employment Coordinators (CECs), Homeless Veteran Community Employment Services (HVCES), Homeless Veterans Dental Program (HVDP), Community Resource and Referral Centers (CRRC), Low Demand/Safe Havens (LDSH) and the Homeless Registry.
- 3. RELATED ISSUES:** VHA Handbook 1160.01, VHA Handbook 1162.01(1), VHA Handbook 1162.05, VHA Handbook 1162.06, VHA Handbook 1162.07, VHA Handbook 1162.09, VHA Handbook 1110.04, VHA Handbook 1101.10, VHA Handbook 1162.02, VHA Directive 2005-004, VHA Directive 2010-043, VHA Directive 2009-001, VHA Directive 1162, VHA Directive 1820.1, and VHA Directive 2011-034.
- 4. RESPONSIBLE OFFICE:** The VHA Homeless Program Office (10NC1) is responsible for the content of this directive. Questions may be referred to the VHA Executive Director of Homeless Programs at 202-461-1635.
- 5. RESCISSIONS:** None.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of October 2021. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Under Secretary for Health

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VHA HOMELESS PROGRAMS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for the implementation of the Department of Veterans Affairs (VA) VHA's Homeless Programs. It delineates the essential components of homeless services that are to be implemented nationally, to ensure that all Veterans who are homeless and at risk for homelessness, wherever they obtain care in VHA, have access to case management, housing, health care and other supportive services that promote housing stability and wellness. By building the requirements for services on specifications of what must be available to each Veteran, no matter where in VHA that they receive care, it is designed to focus on the Veteran's perspective, and on meeting the housing, health care and employment/income needs of our Veterans who are homeless or at risk for homelessness. For more detailed information on delivery of services and how services should be integrated see appendices A and B. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b); 38 U.S.C. Chapter 20.

2. BACKGROUND

a. Ending homelessness among Veterans is a key objective of VHA and other dedicated leaders and individuals throughout our Nation. Our goal is a systematic end to homelessness, which means there are no Veterans sleeping on our streets and every Veteran has access to permanent housing. Should Veterans become or be at-risk of becoming homeless, we will have the capacity to quickly connect them to the services they need to achieve housing stability. The ultimate goal is that all Veterans have permanent, sustainable housing with access to high-quality health care and other supportive services.

b. To meet this challenge, VA launched a comprehensive, evidence-based, and outcome-driven strategy consistent with the first ever Federal strategic plan to prevent and end homelessness, "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness," which was developed in May 2010. VA's long-range plan to end Veteran homelessness is to emphasize rapid access to housing and health care and other supports for those who are homeless today and prevention for those at risk of homelessness. We have complemented this strategy with unprecedented collaborations with Federal and local partners that have greatly increased access to permanent housing, a full range of health care including but not limited to primary care, specialty care and mental health care; employment; and benefits for homeless and at risk for homeless Veterans and their families.

c. VHA's Homeless Programs constitute the largest integrated network of homelessness housing, prevention and rehabilitation services in the country. These programs are designed to help Veterans live as self-sufficiently and independently as possible. The foundation for these programs is based on the principles of "Housing First" with supportive services to ensure Veterans are able to end the cycle of homelessness.

d. It is not the purpose of this directive to describe all homeless services that could be appropriate and effective. Veteran Integrated Service Networks (VISN) and facilities are strongly encouraged to engage in community collaborations, research and clinical innovation to develop new strategies of care. Ongoing improvements in the delivery of VHA homeless services depend on these approaches to developing best practices.

3. POLICY

It is VHA policy to provide a fully integrated national system of homeless programming and supportive services to ensure that our Nation's homeless Veterans and those at-risk for homelessness have timely access to safe, affordable housing, health care and other supports that promote the highest level of independence, self-sufficiency and community reintegration.

4. RESPONSIBILITIES

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for consulting on program modifications submitted by VISN and/or VA medical facility Directors as deemed necessary by the Executive Director, VHA Homeless Programs Office.

b. **Executive Director, VHA Homeless Programs Office.** The Executive Director, VHA Homeless Programs Office, is responsible for directing and overseeing the integrated national system of VHA Homeless Programs. This includes, but is not limited to, establishing training requirements for homeless programs staff, reviewing and approving program requirements and establishing exception criteria for program implementation and delivery across VHA.

c. **Veterans Integrated Services Network Director.**

(1) The VISN Director is responsible for ensuring that eligible Veterans have timely access to VHA Homeless Programs and services across their network of care locations and is also responsible for ensuring there is adequate community integration in the delivery of those services. All programs and services must provide quality care and be in compliance with VHA policy and procedures referenced in this directive for all VHA Homeless Programs.

(2) VISNs must submit requests for modifications and exceptions to these requirements set forth in this directive to the Executive Director, VHA Homeless Programs for consideration. Some deviations may require approval by the Deputy Under Secretary for Health for Operations and Management. For new program development and program closures, VISNs must follow procedures outlined in VHA Directive 2009-001, Restructuring of VHA Clinical Programs.

d. **Network Homeless Coordinators (NHC).**

(1) The NHC is responsible for ensuring that the VA medical facilities are coordinating with internal and external stakeholders, the local continuum of care Grant and Per Diem (GPD) and Supportive Services for Veteran Families (SSVF) grantees, community providers and state government offices and ensuring resources are properly utilized to meet the goals of both preventing homelessness and ensuring that Veterans who are homeless achieve housing stability.

(2) The NHC is also responsible for coordinating with the program office to ensure staff members are properly oriented and have ongoing training to perform their duties competently. The NHC is also responsible for providing guidance and monitoring delivery of services, program outcomes and Veteran satisfaction.

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring that eligible Veterans have timely access to VHA Homeless Programs and services within their local catchment area and is also responsible for ensuring there is adequate community integration in the delivery of those services. All programs and services must provide quality care and be in compliance with VHA policy and procedures referenced in this directive for all VHA Homeless Programs.

f. **Facility Homeless Leads.** Facility Homeless Leads are responsible for assuring that services for homeless and at-risk for homelessness Veterans are coordinated both internally and with key partners. Facility Homeless Leads are also responsible for ensuring that staffing and services are adequate to outreach, assess and engage Veterans who are homeless or at risk for homelessness with the supports needed to function as independently as possible in a community of their choosing.

5. PROGRAM DEFINITIONS

a. **Community Resource and Referral Centers (CRRC).** CRRC are VA-funded and operated outreach centers that provide outreach and referrals for Veterans who are homeless or at risk of being homeless and enhance community partnerships. **NOTE:** *For information on the establishment of CRRCs, see VHA field memos dated August 3, 2010 and October 22, 2012. Additional guidance is provided through VHA Handbook 1820.1, Sharing Use of Space.*

b. **Compensated Work Therapy/Transitional Residence (CWT-TR).** The CWT/TR program is organizationally aligned under Mental Health Services (10P4M) in the Office of Patient Care Services (10P). The CWT-TR program provides time-limited transitional housing with supported employment services to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs including homelessness and unemployment. CWT/TR programs provide homeless Veterans with rehabilitation services focused on transitioning to permanent housing, employment and continued engagement in recovery services. **NOTE:** *Policy for establishing, closing, or significantly altering the purpose of a CWT-TR program is provided by VHA Handbook 1160.01 and VHA Directive 2009-001, Restructuring of VHA Clinical Programs, or subsequent policy issue.*

c. **Domiciliary Care for Homeless Veterans (DCHV)**. The DCHV program is organizationally aligned under Mental Health Services (10P4M) in the Office of Patient Care Services (10P). 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. **NOTE:** *Policy for establishing, closing, or significantly altering the purpose of a DCHV program is provided by VHA Handbook 1160.01 and VHA Directive 2009-001, or subsequent policy issue.*

d. **Health Care for Homeless Veterans Program (HCHV)**. The central goal of the HCHV Program is to reduce homelessness among Veterans by conducting street outreach to Veterans who are either homeless or experiencing housing instability and need case management assistance to end their homelessness and connect to community based and VA-supported housing services, VHA health care and other supportive services. In addition to outreach services, HCHV programs provide care, treatment, and rehabilitative services, including case management and therapeutic transitional housing assistance by contracting with community providers. **NOTE:** *For additional guidance on this program is provided through VHA Handbook 1162.09, Health Care for Homeless Veterans.*

e. **Health Care for Reentry Veterans Services (HCRV)**. The HCRV Program provides pre-release outreach, assessment, linkage, and brief post-release case management services for incarcerated Veterans released from state and Federal prisons. The goal of the HCRV program is to promote successful community integration of Veterans leaving prison by engaging them upon release in appropriate treatment and rehabilitation programs that will help them:

- (1) Prevent homelessness;
- (2) Readjust to community life; and
- (3) Desist from commission of new crimes, parole, or probation violations.

NOTE: *For additional guidance on this program is provided through VHA Handbook 1162.09, Health Care for Homeless Veterans.*

f. **Homeless Patient Aligned Care Team (H-PACT)**. H-PACT provides a coordinated “medical home” specifically tailored to the needs of homeless Veterans. Veterans assigned to an H-PACT receive care from a dedicated team that includes a primary care provider, nurse, social worker, homeless program staff members, mental health provider and others. This team provides coordinated clinical care, including for underlying unmet care needs, case management, housing and social services assistance during the high-risk transition periods while homeless, obtaining permanent housing and for those Veterans at imminent risk of losing housing. **NOTE:** *For*

additional guidance on this program is provided through VHA Handbook 1101.10, Patient Aligned Care Teams.

g. **Homeless Providers Grant and Per Diem Program (GPD)**. The GPD Program assists public or non-profit private organizations in establishing and operating service-rich transitional programs for homeless Veterans by awarding capital grants and operational funding and monitoring those services provided to ensure the best quality of care. **NOTE:** *For additional guidance on this program is provided through VHA Handbook 1162.01, Grant and Per Diem.*

h. **Homeless Registry**. The National Homeless Registry is a comprehensive repository of Veterans who have been identified by VA as homeless or at risk of being homeless any time since October 1, 2005, and includes information on their housing, employment, clinical, administrative and benefit status.

i. **Homeless Veterans Dental Program (HVDP)**. The HVDP helps increase the accessibility of quality dental care to homeless and certain other Veteran patients enrolled in VA-sponsored and VA partnership homeless rehabilitation programs throughout the U.S.

j. **Homeless Veteran Community Employment Services (HVCES)**. Employment is one of the key elements in helping Veterans climb out of homelessness permanently or avoid it all together. Employment provides an improved quality of life, increased self-confidence and independence, opportunities for socialization and a decreased reliance on institutional care. As part of its Plan to End Homelessness Among Veterans, VA is enhancing employment services and opportunities for homeless Veterans. A primary goal of HVCES is to ensure that a range of employment-related services are accessible by Veterans who are unemployed, underemployed, or at risk of becoming unemployed in order to mitigate factors related to a current episode of homelessness and/or to prevent a future episode of homelessness. HVCES are expected to complement existing VA medical facility-based employment services.

k. **Community Employment Coordinators (CECs)**. CECs are located at each VA medical facility and provide guidance, training and oversight regarding employment outcomes for Veterans receiving Homeless Services. The CEC is a central figure (liaison, advocate, technical advisor) in the assessment and development of employment services for homeless Veterans at the local VA medical facility and is responsible for the ongoing orientation and training of the Homeless Services continuum in order to connect Veterans to the most appropriate and least restrictive VA and/or community-based employment services. The CEC is a change champion who promotes the development of community employment opportunities and partnerships to end Veteran homelessness. The CEC works with the local Compensated Work Therapy (CWT) Manager or designee in orchestrating clinical and administrative staff, within the VA medical facility and without, into a cohesive platform with which homeless Veterans can obtain competitive employment with appropriate supports.

l. **HCHV and HUD-VASH Employment Specialists.** HCHV and HUD VASH Employment Specialists are funded at a limited number of VA medical facility sites based on the needs of the local facility. These Specialists assess the vocational needs of homeless Veterans and provide direct services and referrals to include, but not be limited to, access to job listings, resume preparation, benefits counseling, job negotiations regarding reasonable accommodations, assistance with completion of job applications, coordination and transportation to interviews, interview skills training, job development, job placement, and ongoing support for job retention. These are direct service providers and work closely with the local CECs.

m. **Housing and Urban Development -VA Supportive Housing Program (HUD-VASH).** HUD-VASH is a collaborative program with HUD, supported through HUD's Section 8 rental assistance vouchers and VA's provision of intensive case management services. The primary goal of HUD-VASH is to move Veterans out of homelessness and into permanent supportive housing. **NOTE:** *For additional guidance on this program is provided through VHA Handbook 1162.05, (HUD-VASH).*

n. **Housing First.** Housing First is a low-barrier, supportive housing model that emphasizes permanent supportive housing to end homelessness. This approach provides individuals who are experiencing homelessness with permanent housing as quickly as possible and supportive services as needed. Housing First focuses particular attention on those who have experienced prolonged periods of homelessness and disabling conditions such as schizophrenia, bipolar disorder, recurrent major depression, post-traumatic stress disorder (PTSD), and addictive disorders. The Housing First approach provides housing without prerequisites for abstinence, psychiatric stability, or completion of treatment programs.

o. **Low Demand Safe Havens (LDSH).** LDSH are 24-hour staffed transitional residences with private or semi-private accommodations that target the population of hard-to-reach, chronically homeless Veterans with mental illness and/or substance use problems who require a low-demand environment.

p. **National Call Center for Homeless Veterans (NCCHV).** The NCCHV hotline was established to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors. The hotline is intended to assist homeless Veterans and their families, VA medical facilities, federal, state and local partners, community agencies, service providers and others in the community. The phone number is 1-877-4AID VET (1-877- 424-3838). **NOTE:** *For additional guidance on this program is provided through VHA Directive 2010-043, Operation of a National Call Center for Homeless Veteran, or subsequent policy issue.*

q. **Project Community Homelessness Assessment, Local Education and Networking Groups (CHALENG).** Project CHALENG brings together providers, advocates, and other concerned citizens to identify the needs of homeless Veterans and works to meet those needs through planning and cooperative action. The legislation guiding this initiative is contained in Public Laws 102-405, 103-446 and 105-

114. The core legislative requirements relating to Project CHALENG at each local VA medical facility and regional office are:

- (1) Assessing the needs of homeless Veterans in the local community in partnership with other government and non-governmental agencies;
- (2) Encouraging the development of coordinated services;
- (3) Taking action to meet the needs of homeless Veterans; and
- (4) Informing homeless Veterans of non-VA resources that are available in the community to meet their needs.

r. **Stand Downs.** Are 1- to 3-day events that provide homeless Veterans a variety of services and allow VA and community-based service providers to reach more homeless Veterans. Stand Downs give homeless Veterans a temporary refuge where they can obtain food, housing assistance, clothing and a range of community and VA assistance. In many locations, Stand Downs provide health screenings, referral and access to long-term treatment, benefits counseling, ID cards and access to other programs to meet a Veteran's immediate needs.

s. **Supportive Services for Veteran Families (SSVF).** This program provides supportive services to very low-income Veteran families 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. **NOTE:** *For additional guidance on this program is provided through VHA Handbook 1162.07, Supportive Services for Veteran Families.*

t. **Veteran Justice Outreach (VJO).** The VJO Program is designed to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA services as clinically indicated. VJO Specialists are responsible for direct outreach, assessment, and case management for justice-involved Veterans in local courts and jails, and liaison with local justice system partners. **NOTE:** *For additional guidance on this program is provided through VHA Directive 2011-034, Homeless Veterans Legal Referral Process, or subsequent policy issue.*

6. REFERENCES

- a. 38 U.S.C. 1706, 1710.
- b. 38 U.S.C. 7301(b).
- c. 38 U.S.C. 2011, 2012, 2061, and 2064.
- d. 38 Code of Federal Regulations (CFR) 17.38.

- e. VHA Handbook 1110.04, Case Management.
- f. VHA Handbook 1101.10, Patient Aligned Care Teams.
- g. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics.
- h. VHA Handbook 1162.01, Grant and Per Diem.
- i. VHA Handbook 1162.02, Mental Health Residential Rehabilitation Treatment Program.
- j. VHA Handbook 1162.05, (HUD-VASH).
- k. VHA Handbook 1162.06, Health Care for Re-entry Veterans (HCRV) Program.
- l. VHA Handbook 1162.07, Supportive Services for Veteran Families.
- m. VHA Handbook 1162.09, Health Care for Homeless Veterans.
- n. VHA Directive 2009-001, Restructuring of VHA Clinical Programs, or subsequent policy issue.
- o. VHA Directive 2010-043, Operation of a National Call Center for Homeless Veteran, or subsequent policy issue.
- p. VHA Directive 1162, Mental Health Homeless and Residential Rehabilitation Treatment Programs.
- q. VHA Directive 1820.1, Sharing Use of Space.
- r. VHA Directive 2011-034, Homeless Veterans Legal Referral Processes, or subsequent policy issue.

AVAILABILITY OF HOMELESS SERVICES

1. All Veterans receiving services from the homeless program are strongly encouraged to be enrolled in a Department of Veterans Affairs (VA) primary care and when clinically indicated mental health care. Each VA medical facility is to develop and maintain relationships with community agencies and providers to support them in working together to allow appropriate placement for Veterans and their families. This may include placement in, outpatient clinics, VA Mental Health Residential Rehabilitation Treatment Programs or other care settings.
2. When Veterans are not already engaged in Veterans Health Administration (VHA) health care, homeless providers need to assist the Veteran in arranging care or document that Veteran is choosing to receive their health care outside of VHA.
3. Delivery of homeless services must promote integrated, collaborative care. Every VA medical facility should develop service agreements with primary care, mental health service and social services documenting how homeless and at risk for homeless Veterans will gain access to needed health care resources. These agreements should also reflect what procedures will be implemented to promote ongoing engagement in the appropriate VA health care to sustain housing stability and improved quality of life for the Veteran.
4. Statutory and regulatory eligibility and enrollment criteria are different amongst the various programs discussed in this directive, which does not replace, change or supersede the existing statutory and regulatory criteria governing these programs. VHA employees are encouraged to become familiar with the statutory and regulatory eligibility and enrollment criteria for each of the programs discussed in this directive and to consult their respective VHA program office or business office, as needed.
5. Homeless services that must be “available” are those that must be made accessible for Veterans receiving health care from VHA. They may be provided by appropriate facility staff members, by telemental health, by referral to other VA facilities, or by sharing agreements, contracts, or non-VA medical care to the extent that the Veteran is eligible.
6. National, VISN and local leadership need to ensure the availability of outreach, case management, employment services and other supports that promote rapid engagement with housing, health care and other supportive services to end homelessness and assist our Veterans and families to have a better quality of life in the community.
7. All Veterans who are homeless, or at risk for homelessness, must be offered housing assistance coordinated access to health care either at the local VA medical facility or through collaborative relationships with providers in the community.
8. VHA’s Homeless Programs are organizationally aligned under the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations (10NC) in the Office of the Deputy Under Secretary for Health for Operations and Management (10N).

NOTE: VA Central Office (VACO) recognizes that local and regional issues may affect the implementation of services. The VHA Homeless Program Office needs to be kept informed about such difficulties as they arise and evolve. Potential barriers to implementation can include but are not limited to:

- a. Difficulties with recruitment;
- b. Space limitations within VA medical facilities;
- c. Limited resources in certain regions;
- d. Difficulties in meeting information technology needs; and
- e. Limitations in the availability of community-based providers who could provide services using a sharing agreement, contract, or non-VA medical care.

HOMELESS SERVICE DELIVERY AND INTEGRATION

Homeless services provided will be coordinated with other services needed by the Veteran to ensure a person-centered experience across the spectrum of care both within the Department of Veterans Affairs (VA) and with our other Federal, State and local community providers.

a. **Program Level Integration.** Program integration promotes the efficient delivery of services designed to effectively and quickly address the needs of homeless and at-risk Veterans. A key feature of such integration is arranging an orderly, comprehensive continuum of care capable of meeting the range of this population's needs. Typically, such a continuum will include at a minimum: housing, emergency assistance, benefits assistance, employment resources, and health and mental health care. Accessing care should be accomplished through the use of a single, common screening and assessment tool that can be used to direct Veterans to the appropriate intervention at their first point of entry. The goal is to efficiently use all available program resources to ensure every homeless Veterans has stable housing and access to high quality health care and other supports to remain in housing. The needs of Veterans who are homeless or at risk of being homeless are often multifaceted. It is important that homeless programs integrate their services with other Veterans Health Administration (VHA) health care services (e.g. primary care, mental health, and other specialty care, social work) to provide comprehensive services to these Veterans. VA medical facilities must take the following steps in designing a Veteran-centric integrated homeless services delivery system:

- (1) Assess level of demand and availability of resources to meet needs;
- (2) Assess whether existing protocols for access, coordination of care, and service delivery meet the unique needs of the homeless population;
- (3) Ensure staffing and resources assigned are sufficient so the VA medical facility has the capability to provide housing placement and services to Veterans who are homeless or at-risk for homelessness;
- (4) Establish clear protocols for determining how homeless and at-risk for homelessness Veterans will be referred to both homeless-specific and mainstream programs based on availability and need that is seamless to ensure continuity of care;
- (5) Provide ongoing planning and coordination of services, coordinated assessment and other shared service coordination between VA and involved mainstream, community-based programs and participation in community Stand Downs or similar type events designed to reach out and provide services to homeless and at-risk for homelessness Veterans. Services include, but are not limited to local planning meetings (through active participation at local Continuum of Care meetings);
- (6) Develop screening and assessment procedures that assign homeless and at-risk for homelessness Veterans to the appropriate assistance; and

(7) Monitor capacity to ensure homeless and at-risk for homelessness Veterans are getting the appropriate level and scope of services needed to address their immediate and long-term care and support needs.

b. **Community Integration.** Success in obtaining permanent housing for homeless Veterans, and maintaining housing for those at-risk for homelessness, depends on effectively harnessing the efforts of multiple providers across the communities served by each the VA medical facility. VA medical facilities are expected to facilitate the cooperation of these numerous independent governmental and non-profit agencies through ongoing engagement, planning, and coordination. The goal of this cooperation is to offer Veterans access to a system of care that can quickly, efficiently, and effectively resolve their housing crisis. To achieve this overarching goal, VA medical facilities must address the following objectives:

(1) Organize VA and their community partners to deliver services to homeless and at-risk for homelessness Veterans.

(2) Develop coordinated screening and assessment procedures that quickly assign homeless Veterans to assistance, allowing them to move into permanent housing.

(3) Collaborate with community partners to ensure that both VA and community homeless provider staff have a thorough understanding of the services available in the community.

(4) Work with VA staff members, community providers, and other stakeholders to identify barriers to the successful placement of homeless Veterans in permanent housing.

(5) Assess local demand and available resources to identify any gaps and develop facility-level operating plans to address those gaps and end Veterans homelessness within their catchment area.

(6) Access data systems that allow VA and community providers the ability to identify those in need of services and the effectiveness of interventions provided to them.

c. **Case Management.**

(1) Case management is a specialized and highly-skilled component of care management. Case management emphasizes a collaborative process that assesses, advocates, plans, implements, coordinates, monitors, and evaluates health care options and services so that they meet the needs of the Veteran while maintaining a primary focus on resolving the Veteran's homelessness through permanent housing.

(2) Individuals who require case management often require ongoing support and monitoring due to complex medical, mental health, or psychosocial factors beyond the services offered by the care management team. Case management requires frequent assessment, planning, advocacy, support, coordination of multiple services, and

evaluation to meet the Veteran's complex health care needs and desired treatment goals. Case management may be short-term or long-term and is based on the patient's clinical needs, with interventions occurring at the Veteran, family, or caregiver levels. Case management is intended to maximize resource utilization and promote quality Veteran-centric care while producing cost-effective outcomes. Each Veteran must have an identified primary case manager or navigator whose role is to be the facilitator of the well-coordinated and collaborative interdisciplinary efforts required by case management. The success of these efforts is dependent upon effective communication and cooperation across the health care continuum and with community partners. The case managers/navigators help to promote timely access to services and service utilization that is effective in addressing both housing and health care needs and in a fiscally efficient manner, decrease dependency on emergency rooms or high-cost unscheduled hospitalizations while increasing ongoing ambulatory care services.

d. **Outreach Services.**

(1) Outreach is a key and essential element of the VHA's Homeless Programs, designed to reduce homelessness among Veterans by directly contacting those Veterans in need of homeless services and connecting them with housing, health care and supportive services. Outreach is an active process, initiated by the program and staff members, with the intent of extending assistance in the community. While outreach is conducted by many homeless program staff members, clinical outreach is the core element of the HCHV program which targets homeless Veterans who are not currently receiving VA health care services.

(2) Verifying Veterans' eligibility for VA hospital care and medical services is essential to successful outreach. HCHV programs have initiated procedures enabling HCHV program staff members to complete eligibility applications. This includes facilitating the necessary documentation and processes for eligibility determination while in the field. Vulnerable homeless and at-risk for homelessness Veterans in the community should not be compelled to report to a VA site for an eligibility determination in order to receive services and resources that ensure their safety and stability if the determination can be made virtually.

(3) Outreach staff members should also offer assistance to the Veteran in completing other eligibility procedures, such as discharge upgrades, statements in support of benefits claims, etc. This type of practical assistance also helps the worker establish rapport and develop trust so that the Veteran will be receptive to available treatment.

e. **Prevention.**

(1) Reducing the numbers of Veterans entering homelessness is vital if communities are to be successful in eliminating the cycle of homelessness for Veterans in their catchment area.

(2) Furthermore, as the numbers of homeless Veterans decline, VA medical facilities will need to assess their allocation of resources supporting homeless services, so that their focus shifts from rescue to prevention.

(3) Prevention encompasses the delivery of a variety of services designed to help those at-risk of homelessness maintain their current housing. Effective prevention strategies work collaboratively with the Veteran consumer to identify barriers to housing stability and develop a course of action designed to mitigate or eliminate these barriers. The primary focus is to offer assistance that will alleviate the immediate housing crisis and to connect the Veteran and their family to other supports that promote long-term housing stability in the community.

(4) Prevention programs provided by VHA include but are not limited to the following:

(a) Supportive Services for Veteran Families (SSVF);

(b) Veterans Justice Outreach (VJO); and

(c) Health Care for Reentry Veterans (HCRV) services.

(5) VA medical facilities must take the following steps in designing prevention services and integrating them into the existing system of VA care:

(a) Ensure that SSVF grantees are integrated into the VA medical facility homeless continuum of care by:

1. Designating a SSVF point of contact;

2. Scheduling regular meetings with area SSVF grantees to coordinate services; and

3. Including SSVF grantees in local VA planning meetings addressing homelessness.

(b) Support the VJO Specialist(s) in building and maintaining relationships with justice system partners (law enforcement, court and jail personnel) to facilitate justice-involved Veterans' access to needed VA services;

(c) Ensure that justice-involved Veterans can access needed VA services on the same basis and under the same criteria as those who are not justice-involved;

(d) Where possible, provide space for non-VA legal service providers (e.g., Legal Aid) to help homeless and at-risk for homelessness Veterans address unmet legal needs, as authorized by VHA Directive 2011-034;

(e) Complete the homelessness screen clinical reminder for all Veterans served by VHA annually;

(f) Have clear protocols for determining how homeless and at risk for homelessness Veterans will be referred to both homeless-specific and mainstream programs based on availability and need must be established to ensure the delivery of timely assistance;

(g) Have a process in place for all positive screens for homelessness to include immediate referral to the local homeless staff members for placement into emergency housing or residence through HCHV contract housing, GPD transitional housing, Domiciliary, SSVF, or appropriate community emergency housing;

(h) Refer positive screens for Veterans at-risk for homelessness to social work services and ensure those consults are responded to within 7-business days; and

(i) Monitor performance to ensure that Veterans at-risk for homelessness are getting the appropriate level and scope of services needed to address their immediate and long-term care and support needs.

f. **Housing.**

(1) VHA has adopted the principles of Housing First as part of its homeless service delivery model. Housing First is a low-barrier, supportive housing model that emphasizes permanent supportive housing to end chronic homelessness. This approach provides individuals who are experiencing homelessness with permanent housing as quickly as possible and supportive services as needed. Housing First focuses particular attention on those who have experienced prolonged periods of homelessness and disabling conditions such as schizophrenia, bipolar disorder, recurrent major depression, post-traumatic stress disorder, and addictive disorders. The Housing First approach provides housing without prerequisites for abstinence, psychiatric stability, or completion of treatment programs. Instead, this approach provides permanent housing as the initial service followed by health care and other supports based on the individual's needs and preferences. However, Housing First is not only housing; the model has a critical clinical service component. Community-based clinical case management teams provide 24 hours a day, 7 days a week access to services including: crisis intervention, financial management, landlord and family mediation, employment, community reintegration, and access to mental health, primary care, and addiction treatment.

(2) If a Veteran cannot go immediately into permanent housing or chooses alternative housing while they are prioritizing treatment goals the use of transitional housing is appropriate. Every effort should be made to minimize the time a Veteran spends on the streets or in shelter. The use of bridge housing, safe havens and grant and per diem programs is preferred to the use of shelter when a Veteran cannot be expediently connected to permanent housing.

g. **Employment.**

(1) VA medical facilities must provide resources for homeless, chronically homeless and at-risk for homelessness Veterans which result in community-based competitive

employment. Services targeting chronically homeless Veterans who may benefit from an individualized job development and placement model such as supported employment, as well as homeless Veterans who may request and require only a singular service (e.g. resume preparation or job leads) in order to achieve an improved employment outcome, must be available either at the VA medical facility or through community organizations. This may include but is not limited to referrals to the CWT program; HCHV and HUD-VASH Employment Specialists; SSVF and GPD grantees that target employment; Veterans Benefits Administration/Vocational Rehabilitation and Employment, and the Department of Labor grantees such as the Homeless Veteran Reintegration Program; and local community and faith-based organizations.

(2) Employment services for Veterans who are homeless or at risk for homelessness must be coordinated across and within VA and community programs in order to prevent redundancies and provide streamlined services based on an initial systematic assessment of the needs of each Veteran receiving care. Community Employment Coordinators (CEC) are responsible for the ongoing orientation and training of the Homeless Services continuum in order to connect Veterans to the most appropriate and least restrictive VA and/or community-based employment services. CECs must have a strong background in individualized and customized community job development; and must demonstrate unique expertise in the ability to forge new relationships with community partners and employers to advance opportunities for Veterans in the competitive marketplace. While the CEC is expected to provide direct employment services to homeless Veterans and groups of Veterans as needed, the majority of their time (approximately 75 percent) should be spent in administrative activities on behalf of Veterans such as developing employment opportunities, coordinating community employment services and training homeless program staff.

h. **Program Evaluation.** The Homeless Program is committed to data driven research informed services. The program office ensures that each service has an evaluation process that may include structural metrics, process metrics and outcome metrics. Locally, the facility should also ensure that program monitoring includes satisfaction measures from both Veterans and key partners to insure both timely and high quality services. In addition to using VA data, VHA uses other Federal and community data sources such as the Point in Time Count, Homeless Management Information System annual reports, and other relevant homeless statistics.

i. **Workload.**

(1) Workload and productivity standards for licensed independent practitioners fall within VHA Directive 1161, Productivity and Staffing in Outpatient Clinical Encounters for Mental Health Providers. Directive 1161 provides policy on outpatient provider productivity based on outpatient encounters for all Psychiatrists and Psychologists, as well as for those advanced practice nurses, social workers and Physician Assistants who work in homeless program settings, regardless of which service Homeless Programs at the VA medical facility-level reside.

(2) As stated in Directive 1161, special consideration should be given to homeless program community-based staff members when determining productivity targets. This is due to a number of reasons including, but not limited to, the following:

(a) Current Procedural Terminology codes may not accurately capture workload for homeless program employees.

(b) Travel time and transporting patients to the VA are not captured in the current VA workload reports.

(c) Interactions with community agencies regarding Veterans are not captured as clinical workload.

(d) Administrative activities, such as participating in community councils, stakeholder meetings and outreach events are not captured as clinical workload.

(e) Homeless program supervisors and coordinators should have training and competency in the various business functions of VHA's workload measurement. This would include, but not be limited to:

1. Labor mapping;
2. Workload capture; and
3. Clinic development.

j. **Program Evaluation Metrics.** VHA Homeless Programs monitor program evaluation and performance in a number of ways. Through strong partnerships with internal VA stakeholders (e.g., Northeast Program Evaluation Center, VHA Support Service Center (VSSC), VA National Center on Homelessness Among Veterans, etc.) and external stakeholders (e.g., Commission on Accreditation of Rehabilitation Facilities, Joint Commission), a comprehensive program evaluation system has been developed to provide VA medical facilities, VISN and VACO leaders insight into performance of the various homeless programs. These program evaluation metrics are presented through various VSSC reports, including the Homeless Services Scorecard and evaluation reports. Additionally, sites have the ability to establish locally-determined metrics.