

**VETERANS HOMELESSNESS STRATEGY AND ACTION PLAN FOR
GREATER LOS ANGELES: KEY STRATEGIES
(Released 2/13/15)**

In August 2010, the White House and the U.S. Department of Veterans Affairs (VA) committed to ending Veteran homelessness by the end of 2015. Together with partners and supporters nationwide, VA launched the Ending Veteran Homelessness initiative, an unprecedented effort to make sure homeless Veterans are able to obtain permanent housing and that Veterans at risk of homelessness remain housed. In support of this initiative, President Obama declared: “We’re not going to rest until every Veteran who has fought for America has a home in America.” Based on HUD Point in Time data there has been a 33% reduction in Veteran homelessness nationwide. However, recognizing that there is more work to be done, in January 2015, VA Secretary Bob McDonald visited Greater Los Angeles, to gain further insight into the problem first hand, and confirm VA’s commitment to be part of the solution. VA’s firm commitment is reflected in this “Veterans Homelessness Strategy and Action Plan” (Plan). This Plan will be forward looking, and VA’s prospective actions associated with it will reflect VA’s “I- CARE” Core Values of Integrity, Commitment, Advocacy, Respect, and Excellence. Please see the following website for more information: <http://www.va.gov/homeless/>.

This Plan details how VA will help end Veteran homelessness in Greater Los Angeles (GLA) in 2015 and beyond. VA’s efforts will be done in coordination with pertinent Federal, State, and local authorities; legislators; Veteran Service Organizations; Faith-Based organizations; community partners; charitable organizations; and Veterans. As part of this Plan, VA is committed to utilizing the West Los Angeles Medical Center campus to serve the needs of veterans, in a more Veteran centric manner going forward. This means providing quality care, services, and benefits to Veterans, including working with key governmental organizations, including the Office of Management and Budget, and Congress, to seek authority for VA to provide permanent supportive housing on the West LA campus, particularly for chronically homeless, severely disabled, women, and aging Veterans under a “Housing First” model. VA is committed to seeking the additional resources needed to end homelessness in the GLA area by the end of 2015. Additionally, GLA will work closely with key organizations in the Greater LA area, like Home for Good. Under the leadership and resources of the United Way and the Los Angeles Area Chamber of Commerce, Home for Good has more than 200 cross sectional organizations working together to end Veteran homelessness by the end of 2015, chronic homeless in 2016, and all homelessness in Los Angeles. The Plan is intended to complement and enhance local efforts like Home for Good, the Continuum of Care and others to further advance coordinated and collaborative models.

Key objectives of this Plan are to:

- Enhance and strengthen outreach, and housing and service components for Veterans who are homeless and at risk for homelessness;
- Improve targeting of services for chronically homeless Veterans - i.e., those with significant mental health or other disabilities and who have been continuously homeless for at least a year or have experienced four or more episodes in the prior 3 years; and
- Connect Veterans, and especially chronically homeless Veterans, to permanent housing and other supports needed, to help sustain that housing.

The Plan notes the addition of a national VA subject matter expert who will work directly with and report to the Secretary of Veterans Affairs and VA's Under Secretary for Health, to oversee the execution of this Plan; monitor progress; and help implement VA's renewed commitment to utilize the 388 acre West Los Angeles medical center campus in a more Veteran-centric manner. VA's improved care and services on the campus will begin with VA developing a new Master Plan for the campus by October 2015. A key component at the campus will be bridge and permanent supportive housing and services, for underserved Veteran populations – i.e., severely disabled, women, and aging Veterans.

To help strengthen GLA's Veteran outreach and case management services, VA plans to significantly expand pertinent personnel, to create high, moderate, and low intensity multidisciplinary HUD-VA Supported Housing (HUD-VASH) teams. These teams provide essential on-site support services needed for Veterans who choose to live in apartments in the community. Such teams will include social workers, psychiatrists, nurse practitioners, housing specialists, peers, employment specialists, and addiction specialists. VA will also seek enhancements to 12 HUD-VASH contracts with community partners, to accelerate housing placements; supports to help Veterans maintain and sustain permanent supportive housing; and ensure uniformity of service delivery and targeting of chronic homelessness.

VA has included LA as a targeted community for the most recent round of Supportive Services for Veteran Families (SSVF), which will be awarded in late March early April. An enhancement in SSFV funding will provide an opportunity for the community to increase the number of Veteran families participating in Rapid Rehousing and Prevention services.

In partnership with community, GLA will also seek to expand other critical services that minimize the time a Veteran is homeless. This includes developing contracts to enhance peer outreach with housing specialist/ peer navigator functions, to coordinate outreach with the community and to assist Veterans with linkages to VA and community resources. VA will also fund Bridge Housing and Safe Haven contracts that promote a low barrier rapid access and engagement model to mitigate time spent on the streets,

accelerate the connection to permanent housing, health care, employment, and other supportive services that promote optimal health and well-being.

To further engage homeless Veterans, GLA will expand the successful Homeless Patient Aligned Care Team (HPACT) to meet the medical needs of homeless Veterans. The Plan calls for VA to expand the team-based primary and mental health care for our chronically homeless Veterans. This will aid in meeting each Veteran's health and housing needs where they are located. It will also help improve housing stability, and the Veteran's overall well-being, including mental health care if and as needed. This Plan also calls for a robust training and evaluation component with metrics focused on outreach, timely placement into permanent housing, decreased stays in emergency shelters, targeting of chronically homeless Veterans, and housing and health care retention rates. It also describes a new administrative structure and the addition of monthly Town Hall meetings, which include Federal, State, and local community partners, stakeholders and Veterans. The purpose will be to provide information and receive feedback regarding progress related to ending Veteran homelessness in Greater Los Angeles; provide updates on the implementation of this Plan; foster the team approach of working to end Veteran homelessness in Greater Los Angeles; and promote greater coordination, transparency, and fidelity with the Los Angeles community, regarding performance and outcomes for GLA.

This Plan operationalizes Paragraph 2 of the "Principles for Partnership" document signed on January 28, 2015, by VA Secretary Robert A. McDonald, and Ronald L. Olson, Esq., Plaintiffs' representative in the *Valentini v. McDonald* litigation, in which both parties in part agreed to ". . . develop a written veteran homelessness strategy and action plan for Greater LA no later than 2/13/15." This Plan will serve as a blue print for many key principles that VA will draw from to help end Veteran homelessness in Greater LA. Additionally, VA will continue coordinating with and learning from the expertise, experience, and knowledge of other Federal, State, and local authorities, Congress, Veteran Service Organizations, Faith-Based and charitable organizations; and community partners, to achieve success.

Finally, this plan anticipates the conduct of a Point in Time (PIT) count of homeless Veterans in January 2016, as one of several measures of success in meeting plan goals.

VA will commence the following actions within the first 100 days:

1. Expedite the hiring of VA Supportive Housing (VASH) teams, by recruiting aspiring and established providers and supervisors with experience in working with Government agencies, private sector entities, and homeless and/or mental health organizations.

2. Explore ways for VA to optimally utilize its authorities in Title 38 of the United States Code, to lawfully receive gifts and donations from third parties.
3. Work with the Office of Management & Budget (OMB) and Congress to identify potential legislative proposals, to improve VA's ability to help end Veteran homelessness, including providing permanent supportive housing on the campus.
4. In partnership with Home for Good, house 650 homeless Veterans during the month of April 2015.
5. Increase SSVF funding in FY 2015. SSVF is VA's shared practice model that provides financial assistance and services to prevent Veterans and families from becoming homeless. If a veteran falls into homelessness, time limited services are provided to assist in quickly reconnecting to housing and other services needed to end the crisis and promote stable living in permanent housing. The funds under this program are intended to target individual Veterans and Veteran families who would be homeless but for this assistance. The funds provide for a variety of assistance, including: short-term or medium-term rental assistance and housing relocation and stabilization services, including such activities as mediation, credit counseling, security or utility deposits, utility payments, childcare , and case management. VA expects to announce grant awards in the next 60 days.
6. Procure contracts to promote integrated outreach /navigators and better care coordination for Veterans. This will accelerate and intensify street outreach activities and enhance coordination between VA and community.
7. Procure a consultation contract with national expert on training related to Housing First and trauma informed care. This will target VA and partner staff to promote uniformity of services.
8. Amend and enhance HUD-VASH vouchers and case management supports to community providers in the GLA area, to increase timely placement of Veterans experiencing chronic homelessness while VA teams are recruited.
9. Contract for a qualified housing specialist organization or firm, to work with VA teams and Los Angeles' Coordinated Entry System -- to assist with identifying and tracking available housing units, and coordinate with VA, to ensure timely placement of Veterans into appropriate units.
10. Take the steps necessary to make bridge housing available both on GLA's campus and in the community for Veterans, to facilitate the rapid movement of homeless individuals and/or families off of the street.

11. Take the steps necessary to make information resources like the Homeless Management Information System (HMIS) available to VA providers.
12. Initiate monthly Town Hall Meeting which will include Federal, State, and local community partners and stakeholders. The purpose will be to provide information, and receive feedback regarding progress to date, related to VA's effort to help end Veteran homelessness in GLA; provide updates on the implementation of this strategic plan; foster the team approach of working to end Veteran homelessness in GLA; and promote greater coordination, transparency, and fidelity to Housing First principles with the Los Angeles community.
13. Create and make available a Performance Dashboard to report progress on the goal.

Actions beyond the first 100 days to Improve efficiency and sustainment

1. Determine need for additional HUD-VASH vouchers and SSVF resources sufficient to meet the goals of this Plan; coordinate with HUD for additional HUD-VASH vouchers. VA will also evaluate the need for additional SSVF resources, and make allocate available resources as needed.
2. Utilize available VA programs and authorities to help enable third parties to respond to and seek funds relating to State of California Proposition 41 Notices of Funding Availability, for providing permanent housing solutions in Los Angeles, including but not limited to permanent supportive housing for Veterans on the West Los Angeles medical center campus.
3. Coordinate with the Los Angeles Mayor's office to increase access to Affordable Housing. The focus must continue on finding and creating affordable housing and improving the speed and number of lease-ups and increasing retention in particular this year. Retention will be measured and actions to keep Veterans housed will be emphasized.
4. Work through VA's Veterans Benefits Administration, the U.S. Department of Labor, charitable organizations, and philanthropists, to help enhance employment opportunities, and access to Federal, State, and local services for Veterans that are homeless or at risk for homelessness.
5. Activate Building 209: 62 beds Compensated Work Therapy Residential Rehabilitation Program.

6. Take the steps necessary to see that underutilized beds at the California State Veterans Home are actually available and used by Veterans.
7. Coordinate with “Continuum of Care” (i.e., the mainstream homeless provider community), to conduct a full Point-In-Time Count in January 2016, which shall include a full street and shelter count.
8. Increase VA’s Veterans Benefit Administration (VBA) coordination with the U.S. Department of Labor, to help connect Veterans to entitlements and employment opportunities.
9. Competitively hire a reputable urban planning firm, to assist VA with developing a new Master Plan for the West Los Angeles campus. The new Master Plan will reflect VA’s intent to use the campus in a Veteran centric manner going forward. This will include VA providing bridge housing and permanent supportive housing on the campus, targeting severely disabled, women, and aging Veterans.

Note: As part of the settlement reached on January 28, 2015 in the *Valentini v. Shinseki* litigation, the Plaintiffs’ representatives in that case have decided to establish a 501(c)(3) nonprofit corporation. The corporation will work in coordination with VA and pertinent Federal, State, and local authorities; legislators; Veteran Service Organizations; Faith-Based organizations; community partners including women Veterans groups; charitable organizations – to help end Veteran homelessness in Greater LA.

Conclusion

The men and women who work at VA every day are proud and honored to serve our nation’s Veterans. Doing so is an honor and a privilege of the highest order. President Obama and Secretary McDonald are committed to helping end Veteran homelessness in Greater Los Angeles, and nationwide. VA is committed to coordinating with pertinent Federal, State, and local authorities; legislators; Veteran Service Organizations; Faith-Based organizations; community partners; charitable organizations; and Veterans, to achieve this objective. VA will do so with Veterans being at the center of what we do, and why we do it. We will exemplify our I-CARE core values along the way. We so deeply appreciate serving those who have served for this country.

The below Appendix “A” provides some additional details, regarding how VA will help improve access to resources; be more community oriented; and enhance clinical services, to improve outcomes.

Appendix A

Improving Access to VA Resources

Coordinated outreach is critical to improving access to permanent housing, health care, VA benefits, and other supportive services, as well as to minimize the time a Veteran spends on the street or in shelter. To improve coordinated outreach, VA launched two complimentary initiatives in 2014 to support the realization of this goal at the community level.

First, the 25 Cities Initiative was launched in March 2014 to help communities with high concentrations of homeless Veterans and to intensify and integrate their local efforts to end Veteran homelessness by 2015. This initiative is a joint effort by VA, the U.S. Department of Housing and Urban Development (HUD), the U.S. Interagency Council on Homelessness (USICH) and local community partners (city government, housing authorities, community providers) to identify all of the remaining homeless Veterans by name in their respective communities and work together to find permanent housing solutions for these Veterans.

Second, the Mayor's Challenge to End Veteran Homelessness was launched as a way to solidify partnerships and secure commitments to end Veteran homelessness from mayors across the country. Specifically, the call to action—announced by First Lady Michelle Obama and amplified by the Secretaries of the Department of Housing & Urban Development (HUD) and VA, the U.S. Interagency Council on Homelessness, and the National League of Cities -- is for mayors to make a commitment to ending Veteran homelessness in their cities in 2015. Los Angeles Mayor Eric Garcetti has signed onto the Mayors Challenge and GLA is an active participant in both of these national initiatives.

Organized by Home For Good and in collaboration with the VA-funded 25 Cities Initiative, L.A.'s Coordinated Entry System is a defined process by which persons experiencing homelessness and organizations providing housing find each other in a systematic and efficient manner. The intent is to know people experiencing homelessness by name, make the most of limited resources by organizing them within the same system, and secure the best permanent housing option for each person. As part of its participation in the 25 Cities Initiative, and because LA had a jump start on creating its Coordinated Entry System (CES) last year, GLA is in the process of deepening and increasing the integration between CES and VA homeless programs..

First, GLA is in the process of making it easier for community partners to access information about a Veteran's eligibility status for VA health care, which is a requirement for VASH and most other VA services. Rather than the Veteran needing to visit a VA facility or locate a VA outreach worker to determine eligibility status, community partners will be able to fax in a release of information and receive eligibility determinations by phone.

Second, GLA will deploy outreach workers into CES outreach teams located throughout the county. In this way, GLA will help to ensure that homeless individuals engaged through outreach activities get correctly identified as Veterans and provided appropriate VA services, including housing, benefits, and other supports to exit homelessness. In addition, this degree of coordination will maximize outreach coverage throughout LA's expansive geographic area.

Third, GLA's low-demand temporary housing options will be integrated into CES for the first time ever in order to increase the ability of community partners to connect Veterans with a safe place to stay while they are in the process of securing permanent housing.

Fourth, all VA permanent housing resources will be integrated into CES, including rapid re-housing through Supportive Services for Veteran Families (SSVF) programs and permanent supportive housing through GLA and its community contractors' HUD-VASH programs. This means that these permanent housing resources will be placed into the CES database and made available as a "housing match" for all eligible Veterans. In addition, VA case managers will participate in CES case conference meetings and serve as navigators to permanent housing for Veterans identified through CES.

Finally, when GLA outreach and other staff encounter individuals who are not eligible for VA services, they will still assess the person and connect them with CES in order to ensure that all homeless Veterans, regardless of their discharge status, can access permanent housing. In addition, GLA is helping to educate its CES partners on the resources available to help Veterans with upgrading their discharge status. To improve outreach GLA is implementing a contract for peer support outreach that will also include a navigation function. Peer Navigators provide moral support and help Veterans with tasks ranging from building trust and encouraging homeless Veterans to leave the streets and get immediately connected to services and housing through the community and VA.

Providing Services in the Community

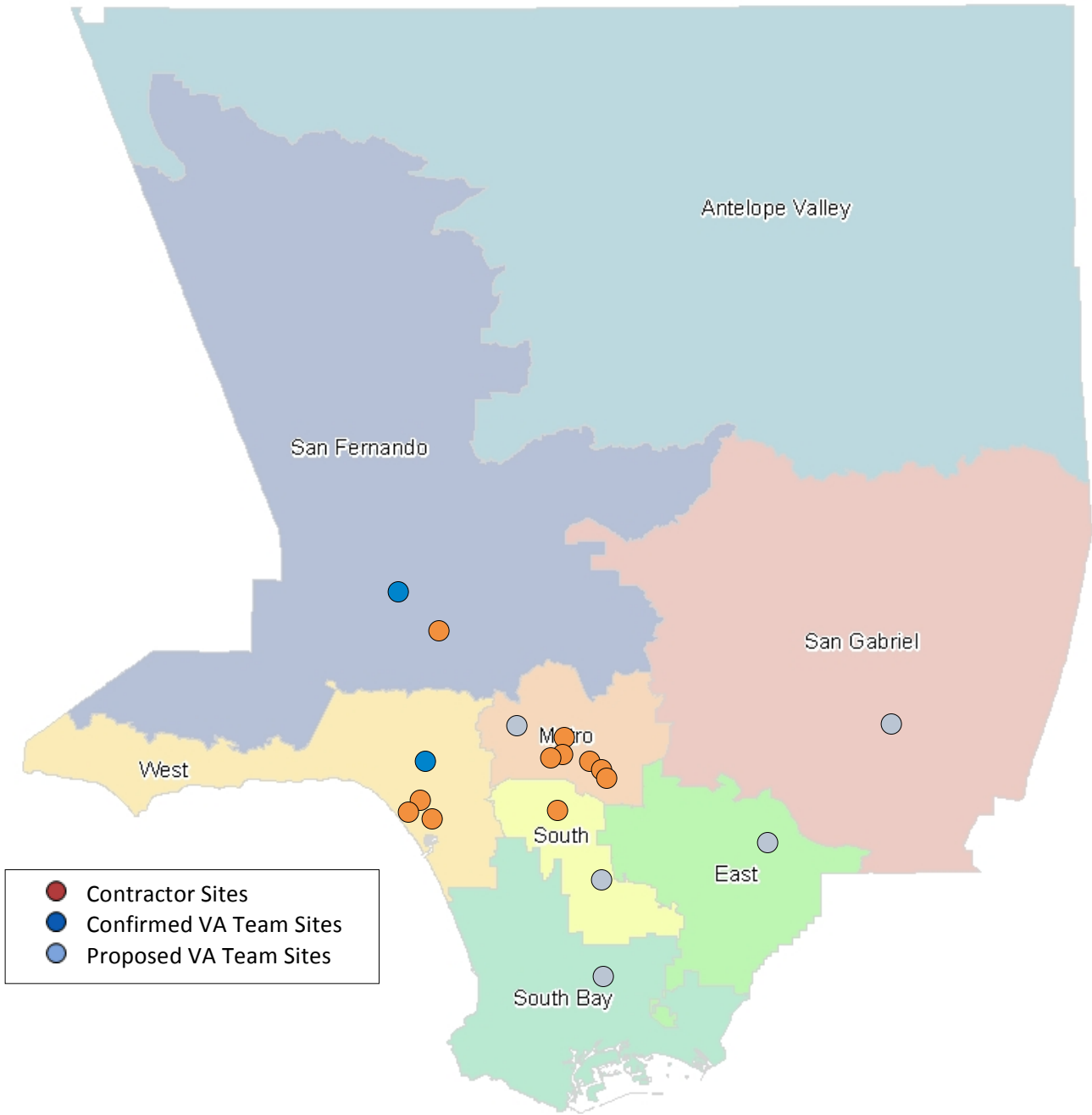
As part of this strategic action plan, VA is making a best effort attempt to base these new service teams in locations throughout LA County, which will streamline access to services and increase the ability of staff to engage homeless Veterans. Due to the large size of LA and a corresponding need to organize and target resources based on specific geographic needs, the Department of Public Health divided the County into eight geographic areas called Service Planning Areas (SPAs). VA has identified strategic cities to locate teams in seven of these eight SPAs based on a variety of factors including areas where homeless Veterans are concentrated, where formerly homeless Veterans are currently housed through HUD-VASH, where trends indicate homeless Veterans are increasingly wanting to be housed, and where other services are available to people experiencing homelessness in the community. Two of the teams will be located on VA campuses, one located in West LA (SPA 5) and the other in North Hills (SPA 2). GLA is targeting non-VA facility locations in West Covina (SPA 3), Hollywood (SPA 4), Watts (SPA 6), Whittier (SPA 7), and Carson (SPA 8), dependent on the availability and cost of space. (See MAP 1, page 11).

Reorganizing outreach services provides another opportunity to increase the availability of services within communities. GLA outreach currently operates as a stand-alone program, which produces inefficiencies in quickly connecting Veterans engaged on the streets to HUD-VASH and other VA services. Under the present model, VA outreach workers locate homeless Veterans on the streets or in shelters, confirm their eligibility, and then transport them to the West LA VA facility to get connected to services. Under the new model, two outreach workers will get assigned to each team which will produce three major benefits. First, outreach workers will be able to connect homeless Veterans immediately and directly to these new community-based housing teams for immediate assessment and enrollment. The community-based housing team will utilize VA tools prioritizing chronic homeless Veterans with significant mental health concerns, rapidly connecting them to permanent housing, health care, and other supports needed to end their homelessness. Second, outreach workers will have a multidisciplinary team to draw upon in order to engage Veterans on the street that may be resistant to services, which will be especially helpful for chronically homeless Veterans with complex mental health conditions. For example, a peer support specialist may be able to better relate on a Veteran-to-Veteran level or a nurse practitioner may be successful in engagement by bringing medical services to the Veteran where they feel most comfortable. Finally, the community-based housing teams will be able to call upon outreach workers to go out and locate Veterans who have disengaged from services.

Clinical Services Enhancements

Currently, the GLA HUD-VASH Program predominately provides an individual case management model to support up to 4,497 Veterans in its HUD-VASH Program in Los Angeles County. Within the County, the proposed plan is designed to transform the case management model to a team-based approach with an increased focus and support to better target chronically homeless Veterans with significant mental health conditions and to improve the timeliness of community-based permanent housing placements.

MAP 1: Proposed Locations of VA Teams



To provide these enhanced services, GLA will create community-based multidisciplinary team-based care models that have high intensity components, moderate care components and low intensity care components. The high intensity component will be

modified Assertive Community Treatment (ACT) teams that have the capacity to engage and support up to 100 chronically homeless Veterans. The moderate intensity component will have the capacity to engage and support up to 150 Veterans. Veterans cared for at the moderate intensity level may be chronically homeless but do not need ACT-level services to achieve housing stabilization and community reintegration, and the low intensity components will provide light touch case management while ensuring that formerly homeless Veterans engage with mainstream VA and community resources to sustain their housing and improve their quality of life.

High Intensity Services

The GLA High Intensity services are delivered by a group of multidisciplinary social workers, nurses, substance use specialist psychiatrist, peers, housing and employment specialists who work as a team promoting housing stability, treatment engagement, and support services to assist Veterans in achieving their highest level of independent functioning in a community setting. The model is built utilizing Assertive Community Treatment (ACT) principles. ACT is a client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons with the most severe and persistent mental illnesses. Like ACT, the High Intensity components will serve homeless Veterans that have experienced prolonged episodes of homelessness and who have persistent mental health conditions that adversely impact the Veteran's day-to-day functioning and their ability to obtain and maintain community based permanent housing. Services delivered by the high intensity component are individually tailored to meet housing and other needs and priorities of the Veteran. This intensive multidisciplinary team approach is coordinated with services offered in the community and it is clearly distinguished from the usual case management—administering total Veteran care for as long as services are needed—for the following reasons: (1) engagement and service delivery is performed in the community, rather than at a medical center or at a clinic; (2) high staff-to-Veteran ratio; (3) multiple visits per week if needed; and (4) a dedicated team responsible around the clock.

The High Intensity team shall have the capacity to provide multiple contacts a week with Veterans experiencing adjustment issues as they transition from streets to home. Adjustment issues could include experiencing severe symptoms, experiencing a health problem or serious life event, trying to go back to school or starting a new job, or having significant ongoing problems in daily living, for example, adjusting to a new living environment. These multiple contacts may be as frequent as two to three times per week. Many, if not all High Intensity team members will share responsibility for addressing the needs of Veterans requiring frequent contact. The High Intensity

component shall have the capacity to rapidly increase service intensity to a Veteran when his or her status requires it or a Veteran requests it. Data regarding the frequency of client contacts shall be collected and reviewed as part of the program's Continuous Quality Improvement (CQI) plan.

The High Intensity team composition will include the professional competencies and experience to provide a balance of treatment that includes: rehabilitation and support services/coordination, crisis assessment and intervention, symptom assessment and management, individual counseling and psychotherapy, medication prescription/administration/monitoring, substance abuse treatment, employment-related services, activities of daily living services, housing location services and landlord supports, social/interpersonal relationship and leisure-time activity support.

Admission Criteria for High Intensity components

The following criteria are to be used in selecting Veterans "in the greatest need" of services:

- Veterans who have been chronically homeless, on the streets or in shelters, and who have a diagnosis of severe and persistent mental health disorder that includes, but is not limited to: schizophrenia, bipolar disorder, major affective disorder, or severe PTSD. Mild to moderate cognitive deficits may coexist. Veteran may also have a co-occurring alcohol or substance abuse diagnosis along with other medical conditions.
- Veterans with significant functional impairments as demonstrated by multiple or prolonged episodes of homelessness, repeated evictions or loss of housing, high use of hospital services or emergency services such as mental health crisis response services. Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal and or inability to consistently maintain a safe living environment).

Criteria for Moderate Teams

Admission criteria for the Moderate Intensity Care level

- Veterans who have been chronically homeless, on the streets or in shelters, and who have a diagnosis of severe and persistent mental health disorder that includes, but is not limited to: schizophrenia, bipolar disorder, major affective disorder, or severe PTSD. Mild to moderate cognitive deficits may coexist. Veteran may also have a co-occurring alcohol or substance abuse diagnosis along with other medical conditions.

- Veterans with significant functional impairments as demonstrated by multiple or prolonged episodes of homelessness , moderate symptomatology less frequent use of emergency room or inpatient services and who have some capacity to engage in community and VA health care and other supportive services.

Transition to Lower Intensity Care

It is anticipated that Veterans who experienced chronic homelessness and have complex mental health disabilities will need intense case management for periods greater than 1 year. Some Veterans can be transferred to a less intensive management (e.g., typically requiring community contacts less than once per week). Determinations should be based on clinical history and should be done in full collaboration with the Veteran. Characteristics of readiness for a lower-level of care include the following, where the Veteran is:

- Stably housed for at least 1 year, engaged with other health care and/or community supports, minimal symptom distress and minimal active abuse of addictive substances, not relying on extensive inpatient or emergency services, capable of maintaining himself/herself in a community living situation, and independently participates in treatment or employment activities.
- The High Intensity component must facilitate readmission as a priority when required. Increases in the intensity of support can be recommended by any member of the team and may be needed if there are frequent visits to emergency rooms, a hospitalization due to acute exacerbation of symptoms or concerns being raised that places the Veteran at risk for housing instability or deterioration of daily functioning.

Table 1: Team Model		
Core Support Component 1 Team Supervisor/LCSW 2 Outreach Workers 1 Housing Specialist 1 Employment Specialist 1 Administrative Assistant		
High Intensity Component Caseload: 100 Veterans Staff: 9.5 Ratio: 10.5 to 1 1 Team Lead/LCSW 3 Social Workers 1 Addictions Social Worker 2 Peer Support Specialists 1 Nurse Practitioner/Physician's Assistant 1 Licensed Vocational Nurse 0.5 Psychiatrist or Psychiatric Nurse Practitioner/Physician's Assistant	Moderate Intensity Component Caseload: 150 Veterans Staff: 8.5 Ratio: 17.6 to 1 1 Team Lead/LCSW 3 Social Workers 1 Addictions Social Worker 2 Peer Support Specialists 1 Registered Nurse 0.5 Psychiatrist or Psychiatric Nurse Practitioner/Physician's Assistant	Low Intensity Component Caseload: 150 Veterans Staff: 2 Ratio: 150 to 1 1 Social Worker 1 Peer Support Specialist

The outreach team will utilize VA approved tools that prioritize chronic homeless Veterans with significant mental health concerns by rapidly connecting them to permanent housing, health care, and other supports needed to end their homelessness.

Additionally, there will be support staff, outreach staff, Housing Specialists and Employment Specialists to support the new team model. Homeless Outreach will be linked directly to the new team structures (eliminating the current requirement for Veterans to have to go to GLA to be admitted into the program) ensuring coordination with other community outreach activity. The Housing Specialists will assist with both housing location and landlord mediation to promote the sustainment of permanent housing for the Veterans.

These staff will serve Veterans at all intensity levels and can be flexed across the intensity level based on need. Every effort will be made to achieve consistency of staff that will be providing the shared case management services.

The new model enhances GLA's capacity to engage and support the most in need and vulnerable Veterans (those with a history of chronic homeless and complex mental health histories) by connecting them to housing and health care. Under this new enhanced redesign there will be six additional VA modified ACT teams, increasing GLA capacity to address up to 600 newly identified chronically homeless Veterans with high intensity support. In addition to the GLA teams, eleven contracted community based teams will have the capacity to serve an additional 400 new chronically homeless Veterans with modified ACT-related services and to provide full geographic coverage throughout GLA. Both the GLA high intensity components and the contracted community partner teams will be community based and geographically positioned to match the LA SPA model that is promoting coordinated assessment. Expected outcomes of these enhancements include: a decrease in the PIT estimate, improved processing times within VASH from point of admission to the program through housing placement, an increase in the number of monthly referrals to the Public Housing Authority, and greater health care engagement with reductions in emergency room, hospitalization, and incarceration rates.

Contracted Community Providers

Consistent with VA's expansion of services, GLA is committed to ensuring our community partners have the same focus, priority and capacity to assist chronically homeless Veterans achieve housing stability in the community and have the right intensity of support to sustain housing and fully reintegrate back into the community. As part of the goal to reach the many chronically homeless Veterans in the GLA area, VA contracted with 12 community agencies over the past two years, to provide case management services to 1,390 Veterans enrolled in HUD-VASH. VA will ensure uniformity of practice between VA and contract teams through careful monitoring of those contracts and the provision of training and other technical assistance. In addition, each of the 12 contracted agencies will have access to the Homeless Patient Aligned Care Teams in order to engage their Veterans in multidisciplinary primary care and mental health services to supplement their core services.

Homeless Patient Aligned Care Teams (H-PACT)

The Homeless Patient Aligned Care Team (H-PACT) Program was established to provide a coordinated "medical home" specifically tailored to the needs of homeless Veterans. Interdisciplinary teams of doctors, psychiatrists, nurses, and social workers respond to the ongoing and evolving medical, mental health, and substance abuse needs of homeless Veterans entering the VA system. The program serves as a conduit for treatment engagement and involvement in VA Homeless Program and clinical

services and supports through a “no wrong door” policy. It is designed to provide the care necessary to keep Veterans in housing and prevent a return to homelessness.

The H-PACT care teams provide homeless Veterans with medical care, case management, housing, and social services assistance to help them obtain and stay in permanent housing; thereby reducing emergency department use and hospitalizations and improving chronic disease management. H-PACT care teams will serve as the “medical home” for homeless Veterans who are engaged with the interdisciplinary community-based housing teams. H-PACTs will provide services in the community, allowing ease of access for Veterans to receive their primary care and mental health care. This care will provide a continuity of services as Veterans become engaged with homeless services, and as they transition between high, moderate, and low intensity housing teams. In addition to providing a continuity of care for interdisciplinary community-based housing teams, H-PACTs will be accessible for Veterans who are engaged with the contracted community providers.

Establishing a Housing Office

GLA is in the process of establishing a Housing Office in order to increase access to permanent, affordable housing among homeless Veterans within its catchment area. The primary purpose of the Housing Office is to establish and maintain relationships with property management companies, private landlords, and housing developers in order to ensure that Veterans can access safe, affordable housing within the community. In addition, the Housing Office will support the Integrated Housing First Teams with identifying and securing appropriate housing units for individual Veterans, negotiating inspection and repairs to units, and serving as the primary day-to-day liaison with Public Housing Authorities. Consistent with the principles of Housing First, the teams will work with the Veterans even if they lose an initial housing placement. It is not unexpected that there may be more than one or two failed housing placements as part of the recovery process.

Partnering to Develop More Affordable Housing Stock

VA will work collaboratively with its partners to increase the stock of affordable housing available to homeless Veterans in Los Angeles County in a variety of ways.

First, Proposition 41 authorized \$600 million to fund affordable multifamily rental, supportive, and transitional housing for Veterans through the Veterans Housing and Homelessness Prevention (VHHP) Program. It is expected that VHHP’s first Notification of Funding Availability (NOFA) will offer \$75 million of funding in 2015, with Los Angeles receiving minimally 31 percent of those funds, i.e., approximately \$23

million. Additional funding will be offered through future NOFAs. GLA will work with community partners to ensure that VA resources are maximized within proposed projects and that competitive applications are submitted to the State from Los Angeles. Consistent with both VA's Housing First policy and VHHP's stated priorities, GLA will also ensure that units are targeted to chronically homeless or disabled homeless Veterans who as assessed as having a high acuity of supportive service needs as identified through the community's common assessment tool.

Second, VA leadership will continue to work with HUD to ensure that future allocations of HUD-VASH tenant-based and project-based vouchers are directed to Los Angeles to fullest extent possible. Locally, GLA will collaborate with the public housing authorities and nonprofit organizations to fully utilize all available vouchers and to create additional project-based voucher opportunities.

Third, VA will work with the Mayor's office, the County Board of Supervisors, and public housing authorities to identify and secure other housing options to meet the needs of homeless Veterans throughout the county.

Fourth, VA will work with key governmental organizations, including the Office of Management and Budget, and Congress, to seek authority for VA to provide permanent supportive housing on the West LA Medical Center Campus, particularly for chronically homeless, severely disabled, women, and aging Veterans under a Housing First model, and Veterans needing close access to campus healthcare and mental health facilities.

Finally, GLA will deepen its partnerships with the County Departments, Mental Health and Health Services, with the goal of ensuring that all Veterans who are identified by VA staff and contractors, but who are not eligible for VA services, are connected to the housing and supportive services offered through those departments.

Other Support to Increase Access and Minimize Time In Homelessness

With our efforts to outreach chronically homeless Veterans, we recognize that our success in serving this complex patient population relies heavily on maintaining consistent engagement and ensuring low-barrier access to resources while the Veteran and team is finalizing the paperwork and other requirements needed to move into permanent housing. With the prevalence of co-morbidity among the chronically homeless, it is impractical to demand substance use treatment compliance or sobriety in order to provide temporary shelter. Street-based outreach and engagement is a primary means for initiating services with this population, but the ability for staff to re-engage those who sleep outdoors diminishes without a fixed location for follow up. We have found that low-demand, harm reduction housing is a key resource for chronically

homeless Veterans with co-occurring disorders and substance use because respite from sleeping outdoors is no longer contingent on sobriety and these havens provide case managers with a centralized location to deliver services.

In FY 2015, GLA will expand this contract to create additional Low Demand Safe Haven (LDSH) beds located in the community. LDSH beds have low barriers for admittance and can accept the chronically homeless directly off the streets and provide them immediate shelter. GLA has an additional contract transitional housing beds/bridge housing located throughout their catchment area and had current plans to expand those beds both in the community and on the VA campus to ensure once engaged Veterans don't return to streets or shelter Safe Havens and Bridge Housing staff will also assist with connections to healthcare benefits and other supports to keep the veteran off the streets. GLA is also opening Building 209 which will be used for a Compensated Work Therapy-Transitional Housing Residence (CWT/TR). This is a program where homeless Veterans can re-engage with the workforce and reside in this facility for up to 1 year while they are gaining employment skills, saving money, and preparing to move into their own permanent residence and have employment. This building will have a total of 62 beds with 55 individual units, 16 of those dedicated to female Veterans.

While HUD-VASH provides a permanent rental subsidy and supportive services, the program lacks the ability to offer critical assistance Veterans need to move into housing and make that housing a home. Through a partnership with local SSVF programs, HUD-VASH participants can access a range of financial assistance that expedites the housing placement process including support for obtaining identification necessary for public housing authority applications, background checks to identify barriers to housing so that they may be proactively addressed with potential landlords, rental application fees, security and utility deposits, and mattresses and refrigerators. In addition, during the current transitional period of low HUD-VASH staffing in GLA, SSVF has begun offering housing placement assistance to HUD-VASH clients to accelerate the move of chronically homeless Veterans into permanent housing. This will allow HUD-VASH staff to concentrate their efforts on the delivery of supportive case management services. In order to supplement these SSVF services, as well as to increase the amount of SSVF financial assistance available to other homeless Veterans, GLA partners with AMVETS to provide furnishings for Veterans in HUD-VASH.

To ensure that VASH is preserved for the chronically homeless Veteran with a disability, VA has committed approximately \$18 million to nine nonprofit community partners in SSVF funding to L.A. County. SSVF represents a unique partnered model for VA. SSVF is the first and only VA program that provides services to Veterans and their families. It is a community-based, competitive grant program that rapidly re-houses homeless Veteran families and prevents homelessness for those at imminent risk due to

a housing crisis. Designed to play a critical role in the goal to end homelessness among Veterans, the focus of SSVF is housing stability. The program's objective is to achieve that stability through a short-term, focused intervention. SSVF employs a Housing First model. Housing First focuses on helping individuals and families access and sustain permanent rental housing as quickly as possible and without precondition, while facilitating access to those services that will help the Veteran's family keep their housing. SSVF providers focus on increasing income through employment and benefits while addressing those issues that can interfere with Veteran's housing stability. Legal assistance, credit counseling, needed health care and other supports often play critical roles in sustaining permanent housing and improving quality of life. SSVF has been a critical resource for female Veterans and for our recent generation of returning soldiers from Iraq and Afghanistan.

Nationally, In FY14, 15 percent (11,702 of 79,449) of Veterans served were female – the highest proportion of women Veterans served of any VA homeless initiative. Nearly one quarter (29,884 of 127,829) of all those served through SSVF were dependent children. SSVF provided support to help keep Veteran families together. Based on outcomes that demonstrate an 81 percent placement rate into permanent housing at the conclusion of the program, VA plans to expand this resource even further, and again nonprofits in LA will be a priority target for additional funding to both prevent and end homelessness for very low income Veterans and their families. SSVF is an invaluable resource and a model for shared care between VA and community partners

Enhance relationship between GLA Homeless/Community Care Programs and Mental Health/Residential Rehabilitation Programs

There is great overlap between homelessness and serious mental illness (SMI). It is very common for homeless Veterans, particularly those who are chronically homeless, to have co-morbid SMI, and substance use disorders (SUD). For this reason it is necessary to have close collaborations between the Mental Health Intensive Case Management (MHICM) programs and homeless programs. Within the first 100 days following VA's issuance of this Plan - VISN 22, GLA leadership, our partners, and subject matter experts will develop a collaborative care program for homeless Veterans. Part of the objective will be to help ensure that mental health, housing, and bio- psychosocial needs of the underlying Veterans will be met.

Furthermore, GLA Mental Health/Residential Rehabilitation leadership will develop a seamless continuum of care plan that will provide homeless Veterans with SMI and SUD individualized care and rapid transition to the intensity of care that is needed to reach symptom stabilization, permanent housing, and optimal recovery outcomes.

Within GLA's service area, the average age of homeless and/or at-risk Veterans is roughly 52 years and approximately 56 percent of the Veterans are 55 years of age or older suggesting a need to develop specific gero-psychiatric services. Within the first 100 days, GLA Community, our partners and mental health services, primary care and CLC leadership will develop a seamless continuum of care plan that will provide older homeless Veterans with SMI/SUD and medical comorbidities interdisciplinary care and housing options that best meet their complex and individualized needs.

Increasing Operational Effectiveness and Accountability

GLA will implement a Quality Management plan that will function as a systematic, ongoing process that will assess and evaluate the quality and appropriateness of services, resolve identified problems, identify gaps in service and promote opportunities to improve practices and service to Veterans who are homeless and or at risk for becoming homeless. It will serve as a foundation for performance improvement and a primary tool in supporting continuous quality improvement efforts. Through this plan, all VA staff and community partners will work together to improve the delivery of housing stability services and treatment that impact the Veteran's ability to obtain and maintain permanent housing, access to health care, and other supports that promote recovery in the community.

To ensure the integrity of this plan, an Associate Director for Clinical Operations will be hired to coordinate with the Homeless Community of Care Service to ensure implementation of both the operating plan and the quality improvement plan. The Associate Director will report directly to the Medical Center Director. Critical quality assurance functions include:

- Ensure that the operation plan utilizes research informed data driven solutions to end Veteran homelessness.
- Promote opportunities to improve service delivery through a process of program evaluation case reviews, and the study of Veteran satisfaction.
- Ensure that staff, community stakeholders, and Veterans in their homeless programs have active participation in the goal of ending Veteran homelessness.
- Ensure implementation of training and education plans for all homeless providers to include both initial and refresher training.

Monitor VA Greater LA's Homeless Program that includes tracking facility metrics (e.g., percent of funded positions, hired or contracted), the number of monthly outreaches and their disposition status as it relates to housing stability and access to health care, referrals to HUD-VASH, timeliness of housing placement into HUD-VASH, percent of housing placements that prioritize chronic homelessness with a disability, housing retention rates for Veterans placed in HUD-VASH), help determine how performance

indicators will be managed, and identify trends and areas of non-compliance, and instituting a plan for corrective action/remediation.

In addition to the staffing reorganization, there will be ongoing technical assistance (TA) to VA, Housing Authorities, community providers, and other stakeholders. The focus of the training will be implementing efficient housing processes that include training on trauma informed care,; adhering to Veteran-driven services; using harm reduction strategies in addiction, mental health and other domains; shifting from clinic to community-based services and providing assertive engagement while honoring the Veteran's choices. As the VA Greater Los Angeles Healthcare System (GLA VA) reorganizes support service teams to include the provision of high, moderate, and low service intensity, they will need training in operating interdisciplinary teams with shared caseloads. TA will also focus on sustainability issues of the model, including greater coordination with Long Term Care to better address the aging concerns of homeless Veterans and greater coordination with Mental Health to address transitions to mainstream services as Veterans become more stable in permanent housing. Additionally, the formation of a new team of Housing Specialists will also necessitate training in housing procurement, landlord relations, and coordination between service teams, Housing Authority, landlords, and the Veterans.

Training & Technical Assistance Overview

VA will contract with a subject matter expert with experience in collaborating with VA, to provide training, technical assistance, fidelity assessment, and quality assurance monitoring with Housing First model. This training and quality assurance component will help ensure successful implementation of high fidelity HUD-VASH Housing First teams. The proposed training is specifically tailored for the large-scale, accelerated start-up and implementation process that this VA initiative requires. Trainings will focus on shifting current systems as well as developing provider skills and capacity. Major domains will include: implementing efficient housing processes, conducting effective outreach and rapid referral to housing, adhering to Veteran-driven services, using harm reduction strategies in addiction, mental health and other domains, shifting from clinic to community-based services, incorporating peer support specialists on staff, and providing assertive engagement while honoring Veteran's choices. Training and technical assistance will also be provided to help VA restructure its support service teams to operate as multi-disciplinary teams with shared caseloads. This will enable them to provide high, moderate, and low service intensity supports in order to serve a larger number of Veterans with varying needs more effectively and efficiently. Additionally, a new team of housing specialists will also receive training in housing procurement, landlord relations, and coordination between service teams, Housing Authorities, landlords, and the Veterans.