Promoting Recovery-oriented Care for Veterans Experiencing Housing Instability: A Conversation with VA National Center on Homelessness among Veterans Leadership

National Coalition for Homeless Veterans

2019 Conference
LEARNING INSTITUTE
May 29, 2019
## Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00-3:30</td>
<td>Center overview</td>
<td>Dina Hooshyar, MD, MPH</td>
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<tr>
<td></td>
<td>Research</td>
<td>Jack Tsai, PhD</td>
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<tr>
<td></td>
<td>Education</td>
<td>Roger Casey, PhD &amp; Brenda Johnson, PhD, LCSW</td>
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<tr>
<td></td>
<td>Model development</td>
<td>Roger Casey, PhD &amp; Erin Johnson</td>
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<tr>
<td>3:30-3:45</td>
<td>Break</td>
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<tr>
<td>3:45-5:00</td>
<td>Listening session</td>
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</table>
National Center on Homelessness among Veterans

Overview

Dina Hooshyar, MD, MPH
Director
National Center on Homelessness among Veterans
VHA Homeless Programs Office
Center History

- 2009 NCHV keynote speaker VA Secretary Eric Shinseki announced establishment of the Center
- 2010 Center operationalized
  - Four core activities: policy analysis, model development and implementation, education and dissemination, research and methodology
  - Population: Veterans experiencing homelessness or at risk of experiencing homelessness and their dependents
  - Part of Homeless Programs Office, Veterans Health Administration
Center goal:
- Promote Recovery-oriented care to support independent and self-sufficient living in community of their choosing

2011 affiliated academic partnerships established
- University of Pennsylvania, University of South Florida, University of Massachusetts

Codified by Section 713 of the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (Public Law 114-315)
- Conduct and support research
- Assess the effectiveness of programs
- Identify and disseminate best practices and integrate these practices into polices, programs, and services for Veterans experiencing homelessness or at-risk of homelessness
- Serve as a resource for research and training activities carried out by the Department and by other Federal and non-Federal entities with respect to Veteran homelessness.
Initiatives

Research
- Homeless Registry
- Veteran Supplement to the Annual Homeless Assessment Report to Congress developed in 2009, with Veteran data fully incorporated into the AHAR by 2011
- Homeless Screening Clinical Reminder

Model Development
- Supportive Services for Veteran Families (SSVF)
- Homeless-Patient Aligned Care Teams (H-PACT)
- Housing First Demonstration Project
- Community Resource and Referral Center (CRRC)
- Safe Havens
- Substance Use Telephone Coaching
- Community Integration Specialist certification
- Trauma-informed Care
- Cognitive Behavioral Therapy
- Motivational Interviewing
Current Center Staff

Dr. Dina Hooshyar, Center Director
Dr. Roger Casey, Education & Dissemination Director
  - Derrick Crowley, Management Analyst
  - Lilia Dunbar, Program Support Assistant
  - Mitra Eframian, Program Specialist
  - Dr. Brenda Johnson, Program Analyst
  - Erin Johnson, Health Science Specialist

Dr. Jack Tsai, Research Director
  - Kandarp (Kan) Mehta, Program Specialist
  - Dr. Dorota Szymkowiak, Health Science Specialist

Administration and Communications
  - Christina Cook-Carter, Program Support Assistant
  - Nora Hunt-Johnson, Program Specialist
  - Nicole Nash, Administrative Officer
  - Susan Vieira, Management Analyst
  - Dr. Michal Wilson, Medical Advisor
FY 2020 Goals

Fiscal Year 2020 Goals & Initiatives

1. Conduct and support research on contributing factors and interventions to address and prevent Veteran homelessness.
   - Examine race/ethnic disparities in access and utilization of VA homeless programs
   - Develop predictive analytic models for housing and homelessness
   - Review the empirical literature on rapid rehousing and the H-PACT model

2. Assess the effectiveness of programs of the Department to meet the needs of homeless and at-risk of homelessness Veteran populations.
   - Continue to assess and develop evidence-based practices for clinicians working with Veterans experiencing homelessness and at-risk of homelessness.
   - Review and assess program services for identified gaps which may include homeless and at-risk of homelessness Veteran populations with limited access to services or programs.

3. Identify and disseminate best practices with regard to housing stabilization, income support, employment assistance, community partnerships, and other issues impacting homeless and at-risk of homelessness Veteran populations.
   - FY20: identify targets for best practices
   - FY21: solicit for submissions from VA, communities, community agencies and other government agencies

4. Integrate evidence-based and best practices, policies, and programs into programs of the Department for homeless Veteran and Veterans at risk of homelessness populations and to provide guidance to the staff of the Department and community partners in implementing such practices, policies, and programs.
   - FY20:
     - identify criteria for evidence-based practices
     - solicit for submissions from VA, communities, community agencies and other government agencies
   - FY21: integrate evidence-based and best practices

5. Serve as a resource center for and promote and seek to coordinate the exchange of information regarding, all research and training activities carried out by the Department and by other Federal and non-Federal entities with respect to Veteran homelessness.
   - Visit our website at https://www.va.gov/homeless/nchav/index.asp or follow us on Twitter @VACtrHomeless

6. Strengthen our partnerships and communications within the Center and with all stakeholders.
   - Increase sharing of Center initiatives and findings
   - Expand stakeholder engagement
More Information

Dina Hooshyar, MD, MPH: dina.hooshyar@va.gov

http://www.va.gov/homeless/nchav/index.asp
Center Research: What we know and what we’re working on

Jack Tsai, PhD
Research Director
National Center on Homelessness among Veterans
VHA Homeless Programs Office
Center Research Core Staff

- Jack Tsai, PhD-Center Research Director
- Dorota Szymkowiak, PhD-Researcher
- Kandarp Mehta, MS-Research Coordinator
Center funded Researchers

- Thomas Byrne, PhD
- Ann Elizabeth Montgomery, PhD
- John Schinka, PhD
- Expanding Researchers and Data Analysts
Center Research Affiliates

36 affiliates across the country
HPO Office of Analytics and Operational Intelligence (OAOI)

• Developed in 2016 as the result of an extensive, SecVA mandated technical assistance effort with the Greater Los Angeles VA Medical Center and community partners.

• **Mission**: Provide visibility and insights into homeless program operations, with the goal of improving program performance, strategic management, and operational efficiency. We achieve this by developing strategies and leading initiatives that support data-driven, enterprise-wide decisions and actions.

• **Key Staff:**
  – Nicole Harelik – National Coordinator
  – Jennifer Tobe – Program Analyst
  – Lindsay Hill – Program Analyst
  – Kenneth Mueller – Program Analyst
  – Elizabeth Flatley – Program Analyst (Detail)
  – Taryn Alvarez – Administrative Support
  – Field support team
Vision

1) Expand research portfolio and reach
   – Incubator for new ideas and scaling tested ideas

2) Develop interventions and new knowledge
   – Poverty prevention

3) Seek/support external grant funding
   – Community partnerships, focused on public interest
Research Priorities

Populations-based studies

Program Evaluation

Physical and mental health

Functioning and Flourishing
Center Research Grants for FY 2020

Intramural research grants- $60,000

• Priority areas: Employment, Technology use and homelessness, Social support and community integration, Suicide, Opioid use disorder, Community care
Center Post-graduate Fellowship Program

- 6-7 sites for pilot year
- Projected to start in Fall 2020
- Receiving guidance from Office of Academic Affiliations (OAA)
- Plan is to add slots into existing fellowships
- Fellowship will use local infrastructure at sites
Homeless Veterans Research Engagement Panel (HV-REP)

• In development
• Engage with Veterans as partners in research that ultimately impacts their care
• Members provide individual viewpoints only
• Plan is to meet quarterly
Research Communications and Dissemination

Current Activities

• Listserv of 7,000 subscribers
• Monthly Research briefs
• Monthly Research Newsletter initiated in March
• More infographics, audiovisual content in development
Research Focused Webinars

• **Connecting Research to Practice**
  – Opportunity to share research with clinicians, VA homeless program managers, and front-line staff
  – Clinician as discussant
  – CEUs available to participants in and outside VA
  – Information about past webinars is available on the Center [website](https://www.va.gov)

• **Homeless Evidence Research Synthesis (HERS) Roundtable**
  – Developed in 2015 to convene groups of peer researchers and subject matter experts to discuss research and policy issues surrounding homelessness
  – Information and access to recordings of past HERS are available on the Center [website](https://www.va.gov)
  – Past topics: Enumeration of Homelessness, Aging and the Homelessness Community, Women Veterans and Homelessness, Opioid Use Disorders and Homelessness, Suicide and Homeless Veterans

• If you have ideas or are interested in being involved, please contact [Nora.Hunt-Johnson@va.gov](mailto:Nora.Hunt-Johnson@va.gov)
# Homeless Veterans are aging

In 2019, 56% of VA homeless service users are 55+ versus 42% in 2013

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
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<td>N</td>
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<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>&lt;25</td>
<td>771</td>
<td>1.5%</td>
<td>654</td>
<td>1.2%</td>
<td>593</td>
<td>0.9%</td>
<td>479</td>
<td>0.8%</td>
<td>419</td>
<td>0.8%</td>
<td>388</td>
<td>0.7%</td>
<td>214</td>
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</tr>
<tr>
<td>25-35</td>
<td>6,849</td>
<td>13.3%</td>
<td>7,485</td>
<td>14.0%</td>
<td>9,285</td>
<td>14.9%</td>
<td>9,179</td>
<td>15.2%</td>
<td>8,388</td>
<td>15.1%</td>
<td>7,473</td>
<td>14.0%</td>
<td>3,903</td>
<td>13.3%</td>
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<tr>
<td>36-45</td>
<td>6,593</td>
<td>12.8%</td>
<td>6,463</td>
<td>12.1%</td>
<td>7,603</td>
<td>12.2%</td>
<td>7,583</td>
<td>12.5%</td>
<td>7,027</td>
<td>12.7%</td>
<td>6,970</td>
<td>13.1%</td>
<td>3,885</td>
<td>13.2%</td>
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<tr>
<td>46-54</td>
<td>15,710</td>
<td>30.4%</td>
<td>14,457</td>
<td>27.0%</td>
<td>14,822</td>
<td>23.7%</td>
<td>12,832</td>
<td>21.2%</td>
<td>10,729</td>
<td>19.3%</td>
<td>9,560</td>
<td>17.9%</td>
<td>4,941</td>
<td>16.8%</td>
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<tr>
<td>55+</td>
<td>21,650</td>
<td>41.9%</td>
<td>24,443</td>
<td>45.7%</td>
<td>30,175</td>
<td>48.3%</td>
<td>30,466</td>
<td>50.3%</td>
<td>28,940</td>
<td>52.1%</td>
<td>28,872</td>
<td>54.2%</td>
<td>16,377</td>
<td>55.8%</td>
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<tr>
<td>NULL</td>
<td>41</td>
<td>0.1%</td>
<td>31</td>
<td>0.1%</td>
<td>26</td>
<td>0.04%</td>
<td>39</td>
<td>0.1%</td>
<td>25</td>
<td>0.05%</td>
<td>22</td>
<td>0.04%</td>
<td>12</td>
<td>0.04%</td>
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<tr>
<td>Total</td>
<td>51,614</td>
<td>100%</td>
<td>53,533</td>
<td>100%</td>
<td>62,504</td>
<td>100%</td>
<td>60,578</td>
<td>100%</td>
<td>55,528</td>
<td>100%</td>
<td>53,285</td>
<td>100%</td>
<td>29,332</td>
<td>100%</td>
</tr>
</tbody>
</table>
Annual Workload / 1,000 Enrollees by Age

- FY13
- FY18

Age

Annual Workload / 1,000 Enrollees

- 25
- 30
- 35
- 40
- 45
- 50
- 55
- 60
- 65
- 70
- 75
- 80
- 85
- 90
- 95
- 100
Urban vs. Rural

Urban

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>FY14</td>
<td>71%</td>
</tr>
<tr>
<td>FY15</td>
<td>72%</td>
</tr>
<tr>
<td>FY16</td>
<td>74%</td>
</tr>
<tr>
<td>FY17</td>
<td>76%</td>
</tr>
<tr>
<td>FY18</td>
<td>79%</td>
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</table>

Rural

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>12%</td>
</tr>
<tr>
<td>FY15</td>
<td>13%</td>
</tr>
<tr>
<td>FY16</td>
<td>13%</td>
</tr>
<tr>
<td>FY17</td>
<td>12%</td>
</tr>
<tr>
<td>FY18</td>
<td>12%</td>
</tr>
</tbody>
</table>
Race comparison

In 2018, Black Veterans represented 14% of total VA population, but 42% of homeless VA population. Native Americans represent 0.70% of total VA population and 2.96% of homeless VA population.

<table>
<thead>
<tr>
<th></th>
<th>REPRESENTATION IN VA HOMELESS PROGRAMS</th>
<th>EQUITY IN OUTCOMES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>% in Homeless Veteran Population</td>
<td>% Served by VA Homeless Programs</td>
</tr>
<tr>
<td>White</td>
<td>56.8%</td>
<td>53.0%</td>
</tr>
<tr>
<td>Non-White</td>
<td>43.2%</td>
<td>47.0%</td>
</tr>
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</table>
Top diagnoses among VA homeless service users FY2018

<table>
<thead>
<tr>
<th>Medical diagnoses</th>
<th>Mental health diagnoses</th>
<th>Substance use disorder diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYPERTENSION</td>
<td>POSTTRAUMATIC STRESS DISORDER, CHRONIC</td>
<td>ALCOHOL DEPENDENCE</td>
</tr>
<tr>
<td>HYPERLIPIDEMIA</td>
<td>ANXIETY STATE, UNSPECIFIED</td>
<td>ALCOHOL ABUSE</td>
</tr>
<tr>
<td>TYPE II DIABETES MELLITUS</td>
<td>MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE</td>
<td>COCAINE DEPENDENCE</td>
</tr>
<tr>
<td>ESOPHAGEAL REFLUX</td>
<td>POSTTRAUMATIC STRESS DISORDER, UNSPECIFIED</td>
<td>ALCOHOL DEPENDENCE, IN REMISSION</td>
</tr>
<tr>
<td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</td>
<td>MAJOR DEPRESSIVE DISORDER, RECURRENT</td>
<td>CANNABIS DEPENDENCE</td>
</tr>
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</table>
## Public attitudes about homelessness

<table>
<thead>
<tr>
<th></th>
<th>Toro et al., 1992 (N=240)</th>
<th>Link et al., 1995 (N=1507)</th>
<th>Tsai et al., 2017 (N=541)</th>
<th>Toro vs. Tsai sample</th>
<th>Link vs Tsai sample</th>
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</thead>
<tbody>
<tr>
<td>Government should spend more money to build affordable housing for poor people</td>
<td>3.06</td>
<td>3.13</td>
<td>3.28</td>
<td>0.25</td>
<td>0.17</td>
</tr>
<tr>
<td>Feel sad and compassionate about homeless people</td>
<td>NA</td>
<td>3.19</td>
<td>3.55</td>
<td>NA</td>
<td>0.49</td>
</tr>
<tr>
<td>Homeless people should be allowed to beg or panhandle in public places</td>
<td>NA</td>
<td>2.04</td>
<td>2.66</td>
<td>NA</td>
<td>0.68</td>
</tr>
<tr>
<td>Making homeless people take care of themselves by cutting off welfare benefits</td>
<td>2.14</td>
<td>NA</td>
<td>1.69</td>
<td>0.44</td>
<td>NA</td>
</tr>
</tbody>
</table>

Profiles of 15,260 new homeless VA service users

Ongoing projects

• Race/ethnic differences in access and utilization of services among homeless Veterans (Ann Elizabeth Montgomery, Dorota Szymkowiak)
• Mobile, easy access to buprenorphine for opioid use disorders (Ted Iheanacho)
• Predictive analytics for case management in supported housing (Tom Byrne)
• Prevalence of dementia among homeless Veterans (John Schinka)
• New interventions: Recovery-oriented money management program, medical-legal partnerships, Rebuilding Bridges
Future Directions: Hot Topics

• Suicide and homelessness
  – How can suicide interventions be adapted?
  – Use of psychotropic medications? ECT as underutilized treatment?

• Predictive and prescriptive analytics
  – Precision science, systematizing tailored care
  – If not “one size fits all,” then what?

• Job automation/augmentation
  – Impact on employment opportunities among Veterans
  – How should Veterans be retrained? What jobs need to be filled?
Gaps in Research

• What more do we need to know about homelessness among Veterans?
• How can we better recruit Veterans for research?
• How can we translate research into practice?
More Information

Jack Tsai, PhD: jack.tsai2@va.gov

http://www.va.gov/homeless/nchav/index.asp
Education & Dissemination

Roger Casey, PhD
Director of Education and Dissemination

Brenda Johnson, PhD, LCSW
Education Coordinator

National Center on Homelessness among Veterans
VHA Homeless Programs Office
Center Education Core Staff

Roger Casey, PhD
Director of Education and Dissemination

Brenda Webb Johnson, PhD, LCSW
Education Coordinator

Derrick Crowley,
Management Analyst
The Education and Dissemination Core

• Provides education and consultation to:
  – improve the delivery of services;
  – obtain uniform standards of care across the Nation;
    • through best practices, program development, and other learning opportunities

• Disseminates the knowledge gained:
  – through the efforts of the Research/Methodology and Model Development Core to:
    • VA, other federal agencies, community organizations, serving Veterans experiencing homelessness.

• Designs and develops methods that best serve and meet the needs of diverse groups and organizations.
The Center Education Core Model of Program Planning

Needs Assessment: Knowledge Survey

Publication

Gap ID = Curriculum Development

Continuous improvement

Learning Transfer

Evaluations

Education Plan with Program Goals
What you should know

**Domain 1:** Systems of VA Healthcare

**Domain 2:** Homeless Populations

**Domain 3:** Homeless programming, interventions, and design policy

**Domain 4:** Partnerships

**Domain 5:** Program Evaluation, research policy, and prior research

**Domain 6:** Homeless cultural competence

**Domain 7:** Homeless Professionalism and Ethical Practice

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**Homeless Veteran Data**
- Knowledge of the Homeless Programs Operational Planning HUB
- Understanding and knowledge of HUD Annual Homeless Assessment Report(s) and the PIT count
- Understanding of the various reports in the Homeless Registry
- Understanding of VA’s CHALENG process and reports
- Knowledge of using available data to drive program decisions and planning

**VA organizational structures**
- Understanding of coordination methods with VAMCs for the benefit of the Veteran
- Understanding of Network Homeless Coordinators’ (NHC) roles and organizational lines with HPO
- Understanding of integration efforts for care – VA & community
- Understanding of Justice Systems and impact on populations
- Working knowledge of VBA services and Homeless Programs
- Understanding of local and national Veterans Service Organizations and their roles
What you should know

Homeless populations prevalence and impact on society
- Understanding of Veteran composition, as well as Veteran and non-Veteran homeless, versus non homeless
- Knowledge of incidence, and prevalence of homelessness
- Knowledge of subpopulations of homeless Veterans
- Understanding of demographics of homeless Veterans populations, geography, cultures, and environments
- Understanding of health characteristics of homeless populations
- Knowledge of causes, effects, and precipitating factors of homelessness
- Overall understanding of homeless populations, epidemiology, demographics, and culture.
What you should know

Policy
- Understanding of origins of homeless programs (CIS revision underway)
- Working knowledge of the laws, regulations, and precedence for homeless programs
- Knowledge of authorities to implement programs and funding sources (grants, contracts, specialized funding)
- Understanding of program designs and interventions for homeless populations and the underlying theories behind them
- Understanding of evidence based practices and practice-informed care
- Understanding of new and emerging practices
- Understanding of community uniform intake
- Understanding of ICARE principles in Homeless Programs
- Understanding of MyVA and its core components, and their implication for homeless programs
- Understanding principles of Housing First
- Understanding of creating Trauma Informed environments of care
- Understanding of Harm Reduction and low demand principles of care
- Understanding of Recovery and Veteran Centric approaches to care
- Understanding of prevention of homelessness, and Rapid Re-housing

Peers
- Understanding of working with Peers using a team approach
What you should know

**Communities and Coalitions**
- Knowledge of national efforts and local implications for the 25 Cities Initiative, Mayor’s Challenge, and Zero: 2016
- Knowledge of local coalitions and methods to coordinate and collaborate for services and resources
- Understanding of the impact and effect of homeless Veterans’ relationships with family, neighbors, landlords, and community groups
- Understanding of the impact and effect of working with law enforcement, and other authorities

**Partnerships - Boundaries - Leadership**
- Knowledge of developing and maintaining effective partnerships
- Understanding of the principles of leadership and their use for working with the community and in programs
- Understanding of the concepts and principles of, developing and maintaining appropriate boundaries with Veterans, the community, and with colleagues
What you should know

Policy, Prior Research
- Knowledge of prior local and federal homeless policies and initiatives leading to current state of program designs and interventions
- Knowledge of early research, program evaluation, and development leading to current state of programs

Current Research and Implications
- Knowledge of current body of research related to homeless populations and associated studies on mental health, substance use, justice system involvement, and others
- Understanding of research associated with the adoption of evidence based practices and practice informed care
What you should know

- Understanding of service era culture as it relates to homelessness and providing care
- Understanding of homeless subpopulations, cultural, relationship, and values differences, and their significance in providing care
- Understanding of the diversity of homeless populations, specific to cultural issues, relationships, values, and the significance in engaging through community permanency
What you should know

- Awareness of ethical considerations working in the community and with community partners
- Understanding of ethical considerations in prioritizing or balancing services and possible limited resources
- Understanding of eligibility for various services and ethical considerations related to providing care
- Awareness of ethical or boundary considerations while working with non-VA services providers like grantees or contractors
Website and TMS
Access to Curriculum

VA Only Talent Management System (TMS)

https://www.va.gov/homeless/nchav/education/education.asp
Curriculum Collaborators

- Homeless Programs Office (HPO)
- National Center on Homelessness among Veterans (The Center)
- Employee Education System (EES)
- Homeless Learning Advisory Council (HLAC)
- Supervisors around the country
- 7 Pilot Sites
- Subject Matter Experts
Join us tomorrow (Thursday, May 30th)
at 2:00 to 3:15PM for:

*Development of Homeless Service Provider Competencies in the Veterans Health Administration: The Research Evidence for a Comprehensive Curriculum*
More Information

Roger Casey, PhD: roger.casey@va.gov
Brenda Johnson, PhD: brenda.johnson4@va.gov

http://www.va.gov/homeless/nchav/index.asp
Model Development

Developing new interventions to help meet the needs of Veterans experiencing homelessness or housing instability

Roger Casey, PhD
Director of Education and Dissemination
Erin Johnson
Health Science Specialist
National Center on Homelessness among Veterans
VHA Homeless Programs Office
Overview

- The Center
- Model development and Center intent
- Center models and integration with core activities
- Designing by inquiry, review, and research
- Models and phase of transition / development
- Hospital-to-Housing (H2H) – case study
Center Overview and Model Development

• Mission and History
  – Announced at NCHV 2009, Secretary Shinseki
    • Develop, promote, and enhance policy, conduct research, *develop models* and provide education
    • Serve as a resource for VA and community partners
Center Overview and Model Development

• Mission and history
  – Authorizing Legislation

  • Section 713 Veterans Health Care and Benefits Improvement Act of 2016
    – Carry out/promote research into causes and contributing factors to veteran homelessness;
    – Assess effectiveness of programs of the Department to meet the needs of homeless Veterans;
    – Identify and disseminate best practices;
    – **Integrate evidence-based and best practices, policies and programs – ensure community partners implementation;**
    – Serve as a resource center – coordinating exchange of information, research and training
Center Core Activities - Integration

- Research and evaluation
- Model development & implementation
- Education & dissemination
- Policy
Center - Model Development and Implementation

- Develop services to meet community and VA needs
  - To address special populations, enhanced access, services gaps
- Evaluate programs
  - Determination of program design functions and fidelity
- Provides:
  - Opportunity to review existing policies, regulations
  - Opportunity to review practice informed services
    - Adaptable to other programs
  - Opportunity to contribute to knowledge base and the literature
    - Homeless, mental health, substance use, special populations
Center Model Development Programs
Using Data for New Innovations

Synthesis  Translation - Design  Model Delivery  Support/Technical Assistance
Designing by inquiry, review, and research
Model Development Programs

- Syntheses – Inquiry ("data" - the broad definition)
  - Research: evidence, peer reviewed other professional journals, direct data reviews
  - Practices: discussion, presentation in publications and web
  - Cost Benefit Analysis: review of costs, utilization, and outcomes from other agencies, departments
  - Current Offerings: other departments, programs, discussion with sites or agencies
  - Needs Assessments: formal or non structured
  - Technical Assistance (TA) Manuals: publications or web-based – similar or components
  - Authorities for funding: grants, laws, state or local, federal
Synthesis

• *Explains*:
  – Population
  – Characteristics
  – Experiencing homelessness, also at-risk
  – Needs
    • Resource gaps
    • Service and treatment gaps
    • Including abilities and capacity of staff, locality
Inquiry

• **Information** –
  – combining, comparing, collating
    • Big data multiple sources
    • VA – VHA data
      – Homeless programs
    • Community-based
    • Research and program evaluation
    • Up - flow information
      – Staff
      – Program administration
      – Veterans
Center Models

• Transitioned
• Transitioning
• Moved on
• Current
• Advancing
Transitioned:
Model Development and Implementation

• Housing First
  – Intent: provide permanent housing option with Assertive Community Treatment (ACT), resource intensive
  – 14 initial sites
  – Designed ‘principle’ for VA environment

• Community Resource and Referral Centers (CRRC) portal triage
  – Intent: Provide one stop community-based, store front service centers
  – 31 sites operational
  – 32,000 visits FY 2018
Transitioned:
Model Development and Implementation

- Safe Haven – HCHV chronic, non-served, multiple user
  - Intent: Provide low demand, transitional housing for chronically homeless with mental and/or addiction disorders
  - 21 sites operational
  - 1,393 exits; 54% successful in FY 2018
Transitioning: Model Development and Implementation

• **GPD – Low Demand Pilot Initiative services enhancement program shift**
  – Intent: alternative to transitional housing - services addressing chronic homelessness and local need
  – 79 sites / 1 committed
  – 141 exits; 49% stably housed in FY 2018

• **Homeless Patient Aligned Care Team (H-PACT)**
  – Intent: Stabilizing chronic disease conditions and obtaining permanent housing placements with health integration
  – 81 sites have H-PACT Teams
  – Panel size: 25,000 (active Veterans)
Moved On: Model Development and Implementation

• Domiciliary – Low Demand
  – Intent: alternative to traditional Dom care model – services addressing chronic homeless – VAMC and local need
  – 1 site / Los Angeles VAMC/ Opened April 2015 with 30 beds/ Expanded to 60 beds March 2016

• Telephone Continuing Care and Recovery Support (TCCRS)
  – Intent: relapse prevention; enhanced care access
  – Initiated 2009; nine sites – thru 2016
  – 104 referrals for coaching
Current:
Model Development and Implementation

- **Cognitive Behavioral Treatment (CBT) – Homeless (H) – CBT-H**
  - Beck Psychopathology Research Center, University of Pennsylvania,
  - Case managers assist Veterans struggling with symptoms of depression and other mental health conditions;
- **Motivational Interviewing (MI)**
  - VA’s National Evidence-Based Psychotherapy Program in the Office of Mental Health and Suicide Prevention,
  - Case managers - MI to provide treatment for
    - substance use, work with Veterans on sobriety
    - suicide risk
    - enhancing skills of daily living designed to promote greater housing stability and treatment engagement.
Advancing: Model Development and Implementation

- **Veterans Justice Programs – Video on Demand (VJP-VOD)**
  - Increased access
  - Enhanced and coordinated services

- **Diagnosed with Serious Mental Illness**
  - Primary purpose of “Homeless Chronic Mentally Ill Program” (HCMI)
  - Address needs of potentially vulnerable populations
Featured:
Model Development and Implementation

- Hospital-to-Housing (H2H)
  - Recuperative care, health integration - address risk and housing instability
  - Intent: homeless Veteran engagement
    - In needed services, care, and housing
    - That are often not availed of due to fragmented services, competing needs, or service and treatments prerequisites
  - Reviewed sites – developed proof of concept - program design developed
  - Linkage with GPD funding authority
Featured: Model Development and Implementation

- Hospital-to-Housing (H2H) Case Studies
  - Archetype: Functional ADLs, fast recovery, permanent housing, employment
  - Real world, trickier cases: Case study of a GPD provider & VA Homeless Patient Aligned Care team working together to use H2H to care for a Veteran with metastatic cancer
Summary

- The Center
- Model development and Center intent
- Center models and integration with core activities
- Designing by inquiry, review, and research
- Models and phase of transition / development
- H2H – case study
NCHAV Model Development Core Staff

- Roger Casey, PhD, LCSW
- Michal Wilson, MD
- Erin Johnson
More Information

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http://www.va.gov/homeless/nchav/index.asp
Listening Session

1. What do you see as the research gaps?
2. What type of research would you like to see conducted; what’s important?
3. How do we develop research and other inquiry so that data drives services?
4. How has your community used current data to drive programs? What other information would be helpful for your community / program?
5. Are there education / training needs of your staff?
6. Are you aware of innovative programs or pilot programs that that ‘work’?
7. Other thoughts?
# Schedule

<table>
<thead>
<tr>
<th>Break</th>
<th>15 minutes</th>
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<tbody>
<tr>
<td>Listening session</td>
<td>After break</td>
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