

Health Care for Homeless Veterans (HCHV)

Helping Veterans Find Their Way Home

Battle Creek VA Medical Center



VA Defining
HEALTH CARE **EXCELLENCE**
in the 21st Century

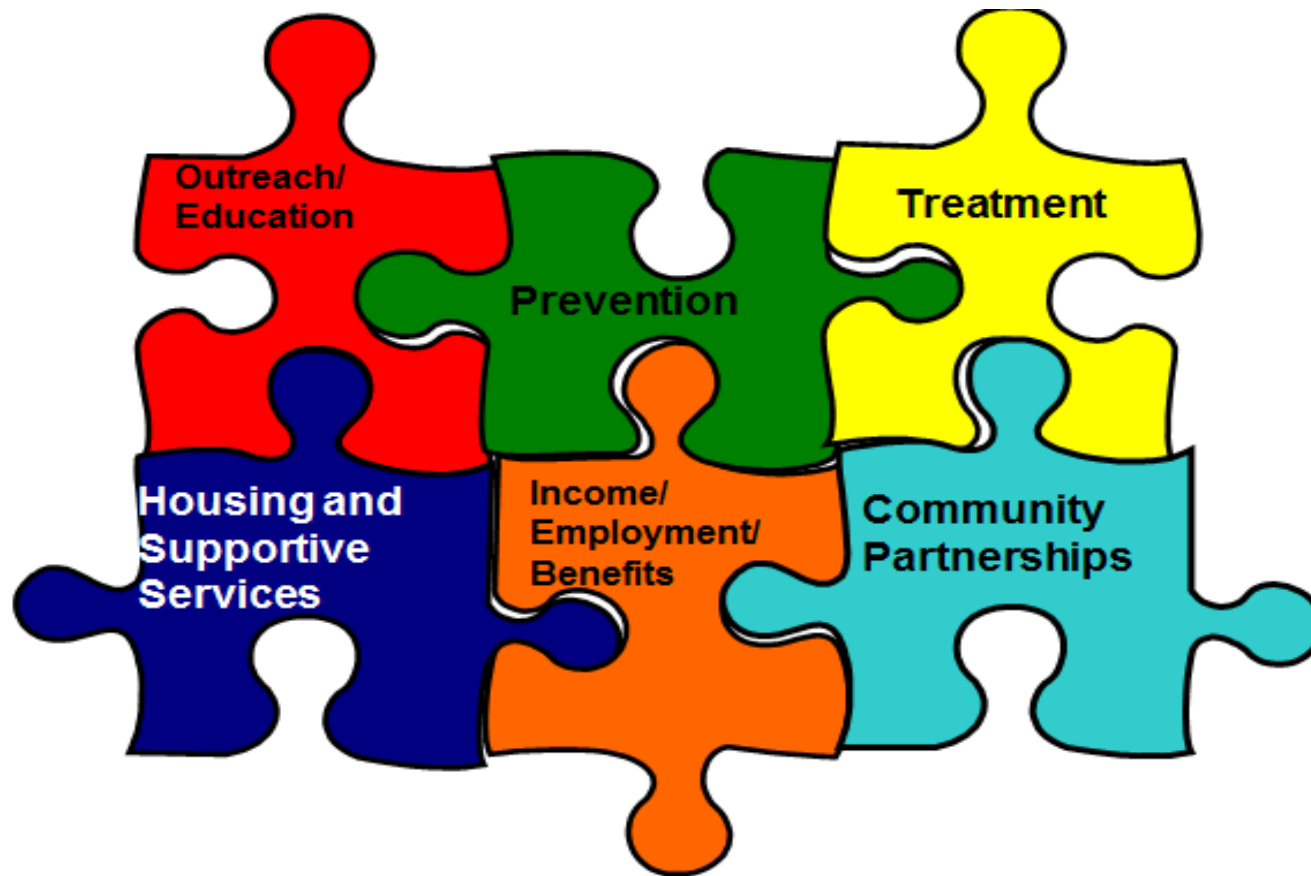
ENDING VETERAN HOMELESSNESS

BACKGROUND

- In 2009, President Obama and U.S. Department of Veteran Affairs Secretary Eric K. Shinseki pledged to end Veteran homelessness by 2015.
- Through this homeless Veterans Initiative, the VA committed \$800 million in FY 2011 to programs addressing this issue. These programs provide health care, housing, job training and education to Veterans.
- During the past five years, Veteran Homelessness was reduced by **33%** in 2014 alone with **72,500** Veterans placed in permanent housing or prevented from becoming homeless



STRATEGY TO END VETERAN HOMELESSNESS



HEALTH CARE FOR HOMELESS VETERANS (HCHV) PROGRAM

- HCHV is an essential and critical part of the VHA, providing a gateway to VA and community supportive services for eligible Veterans who are homeless.
- HCHV Programs provide outreach, case management and Contracted Residential Services in community locations to engage homeless Veterans who have been underserved and disenfranchised.
- The central goal is to reduce homelessness among Veterans by conducting outreach to those who are the most vulnerable and are not currently receiving services and engaging them in treatment and Rehabilitative Programs.

HOW DO WE GET THERE?

➤ Utilization of Evidence Based Practices:

- Housing First
- Critical Time Intervention



HOUSING FIRST

Housing First



An Evidence Based Recovery Model to Address
Veteran Homelessness

A New Direction for HUD-VASH

November 5, 2012

(Official VA Policy)

HOUSING FIRST PHILOSOPHY

➤ Housing First Programs Typically Aim to:

- Reduce the length of time that Veterans spend homeless or prevent homelessness for households at imminent risk;
- Increase the number of households who obtain permanent housing or the rate at which households obtain permanent housing;
- Increase the number of Veterans who obtain needed supports to maintain their housing.

HOUSING FIRST CONT'D

- Housing First is an approach that centers on providing homeless people with housing quickly and then providing services as needed.
- What differentiates a Housing First approach from other strategies is that there is an *immediate* and *primary* focus on helping individuals and families quickly access and sustain permanent housing.
- This approach is consistent with what most people experiencing homelessness want and seek help to achieve.

CRITICAL ELEMENTS

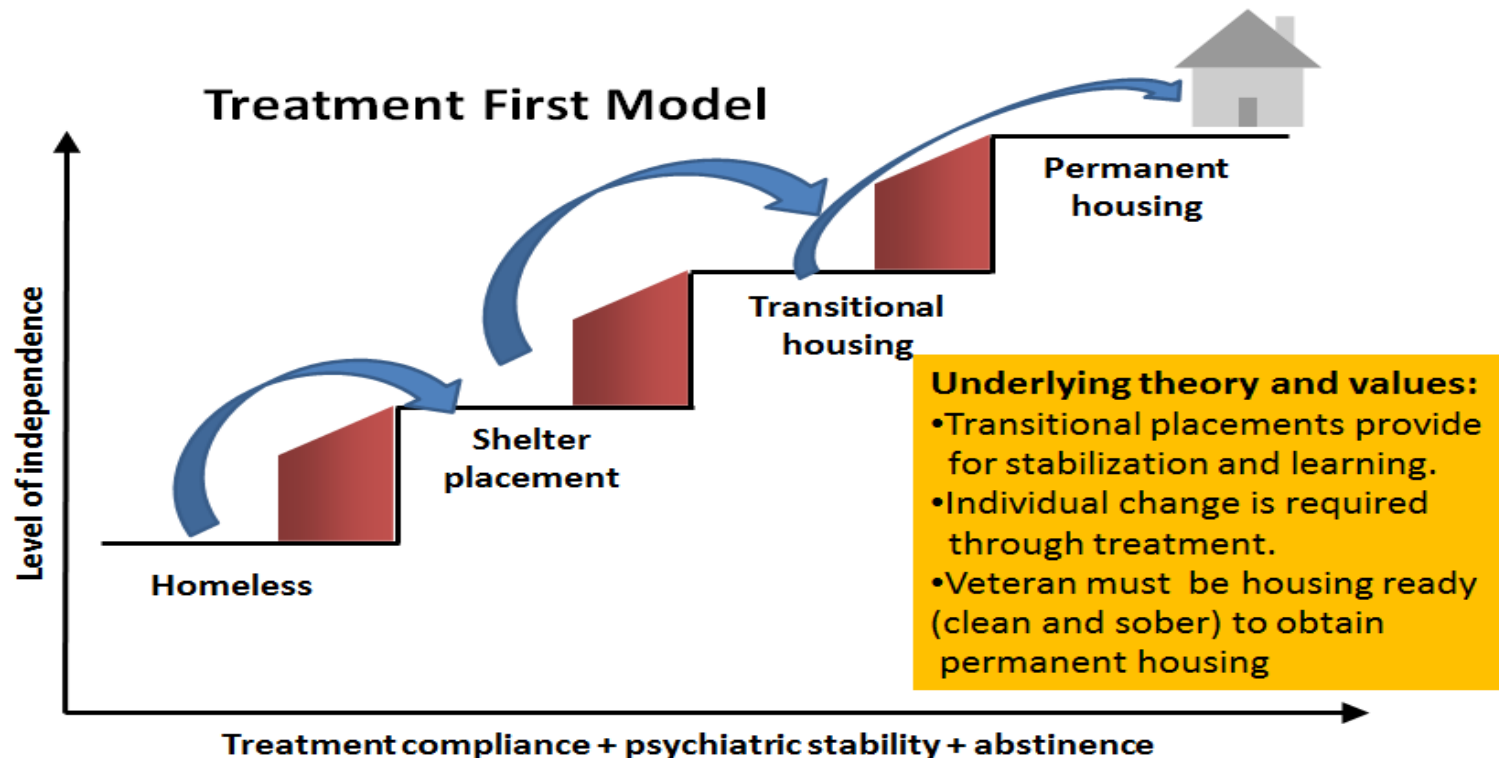
- There is a focus on helping individuals and families access and sustain permanent housing as quickly as possible.
- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being.
- Services are time-limited or long-term depending upon individual need (Veteran-centric/recovery-focused).
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

CORE PRINCIPLES OF HOUSING FIRST

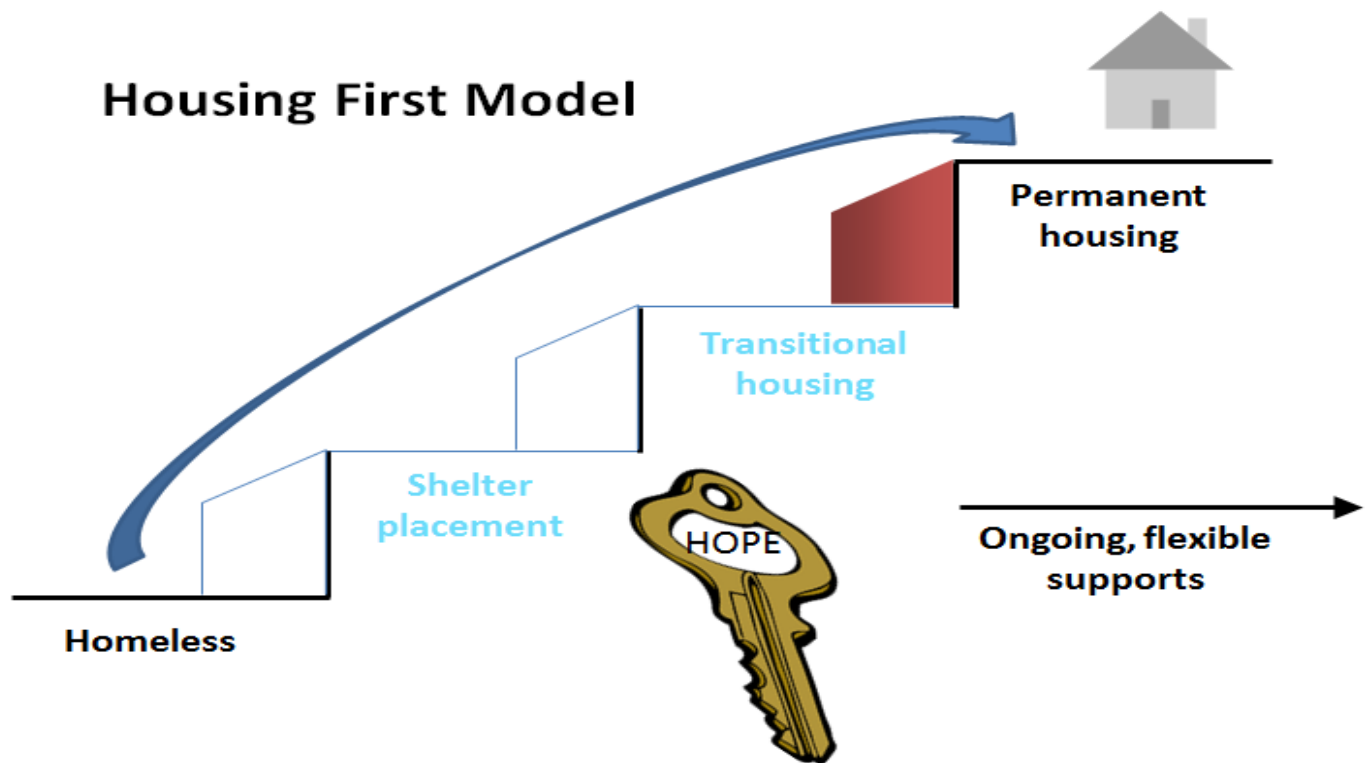
- Consumer Choice and Empowerment
 - Recovery and Veteran-centric principles
- Separation of Services and Housing
- Services are Voluntary and Flexible
- Community Integration
- Low-barrier and Recovery-oriented
 - Emphasis is on personal choice and responsibility for decision making. Goal is to help Veterans live a healthy life and make better life choices (non-judgmental, solution-focused)

 - Does not require complete abstinence as a goal of treatment; focus is always on recovery and community integration

TREATMENT FIRST MODEL-OLD PARADIGM



HOUSING FIRST MODEL-NEW PARADIGM

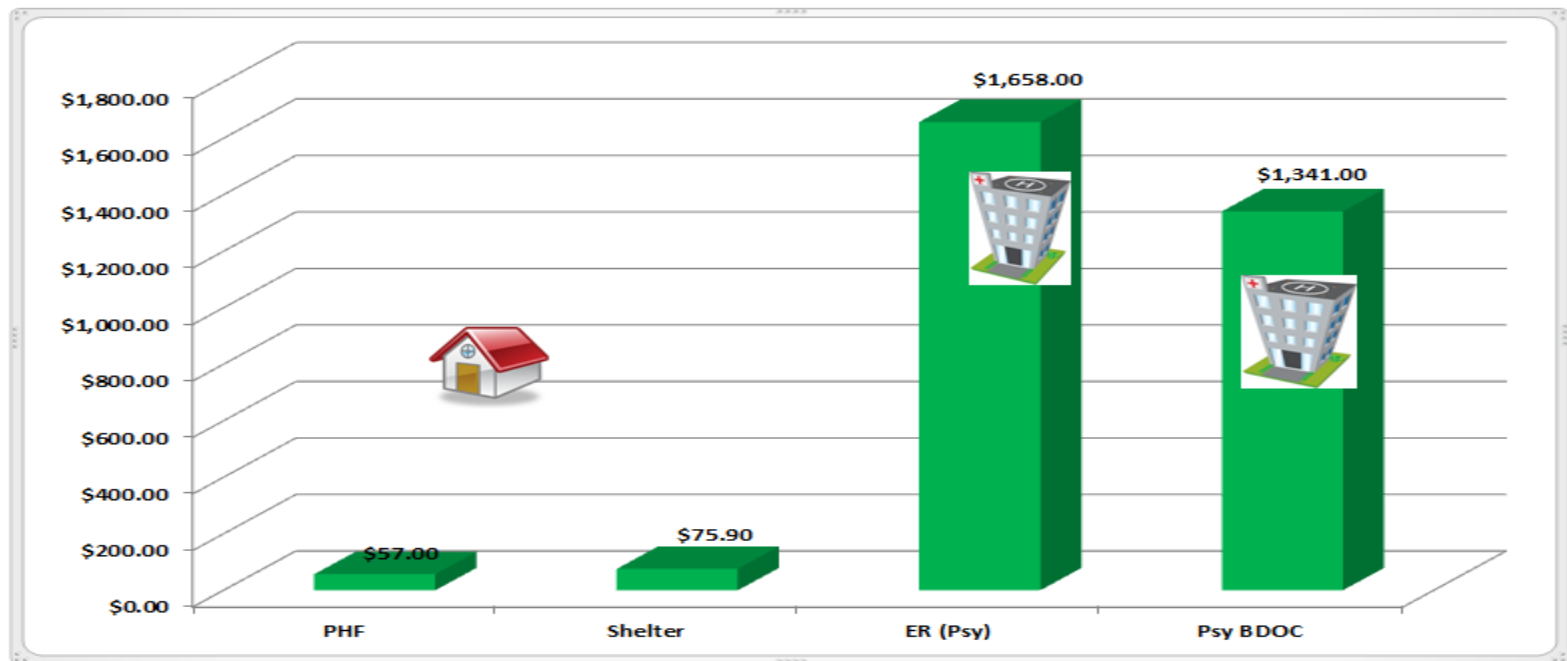


WHY HOUSING FIRST?

- It Ends Homelessness
- Housing First eliminates the need for costly shelter care and transitional and short-term treatment services aimed at preparing veterans to be “housing ready or housing worthy”
- Studies demonstrate that Housing First reduces ER visits, unscheduled mental health and medical hospitalization
- Decreases the Frequency and Duration of homelessness.

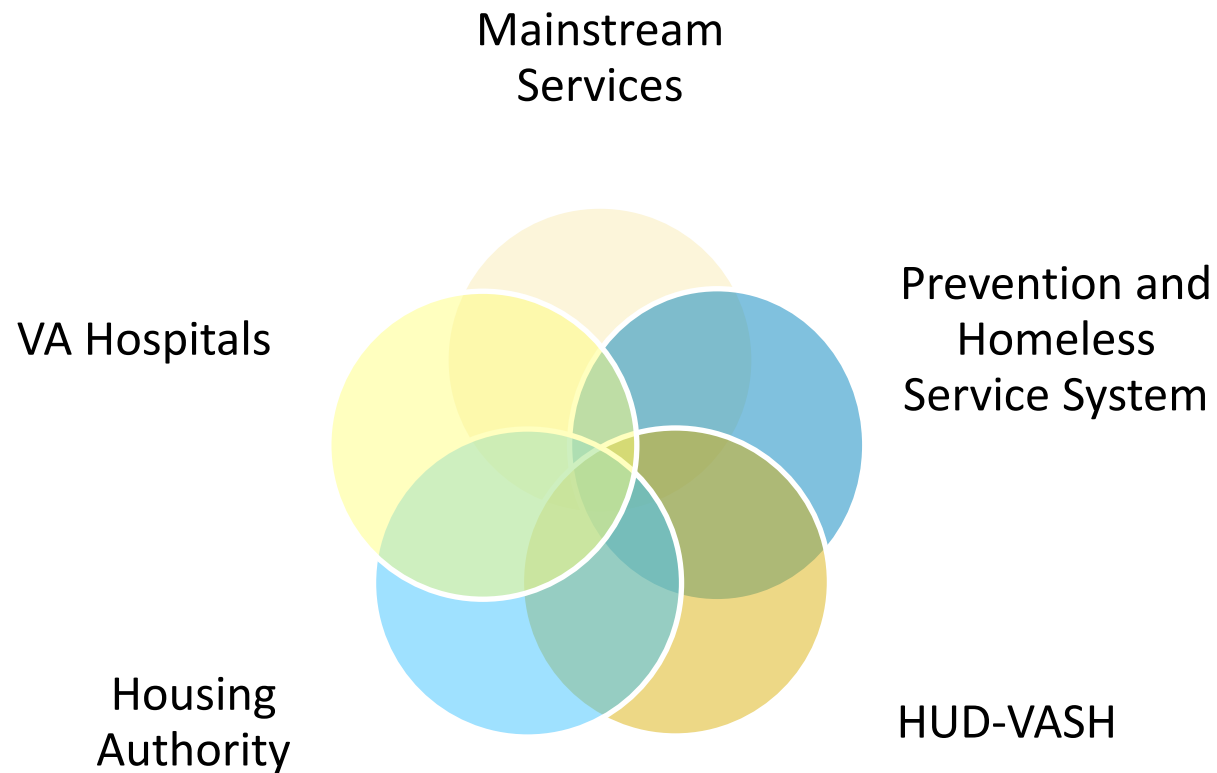
AVERAGE COST/DAY COMPARISON

Average Cost/Day Comparison



Source: Average cost figures for ER (Psy) and Psy BDOC are from Philadelphia VAMC's DSS FY 2011.

REQUIREMENTS FOR HOUSING STABILITY



TEAM APPROACH

The Team Approach



TEAM CASE MANAGEMENT MODEL

- Team Approach
- Primary setting for work is in the community
- Dose and Duration of Case Management is matched with the needs of the Veteran
- Accessibility especially to prevent and resolve crisis
- Consistent with Veteran-centric care

HOUSING FIRST STAFFING MODEL

- Team Case Management Model with a focus on Integration and Coordination of Services
 - Consistent access to Psychiatrist/Nurse Practitioner (Mental Health and Primary Care)
 - Social Workers and Nurses as Case Managers
 - Peer Specialists
 - Job Developers/Supported Employment Specialists
 - Substance Use Disorder Specialists
 - Housing Specialists

DOSE AND DURATION OF CASE MANAGEMENT

Acuity Levels

Acuity	Criteria	Frequency
High intensity	Multiple treatment failures, frequent ER visits, active mental health and/or addiction symptoms, safety issues, limited support network	1–2 times/week until stable
Standard	New to the program, housed less than 6 months, still progress with recovery	Weekly to twice a month contact; assisting with housing location and stabilization; addressing treatment engagement
Low intensity	Housed 6 months or longer, fully engaged with primary care and mental health, adequate community supports	Once a month to promote full community reintegration

CRITICAL TIME INTERVENTION (CTI)-HUD-VASH

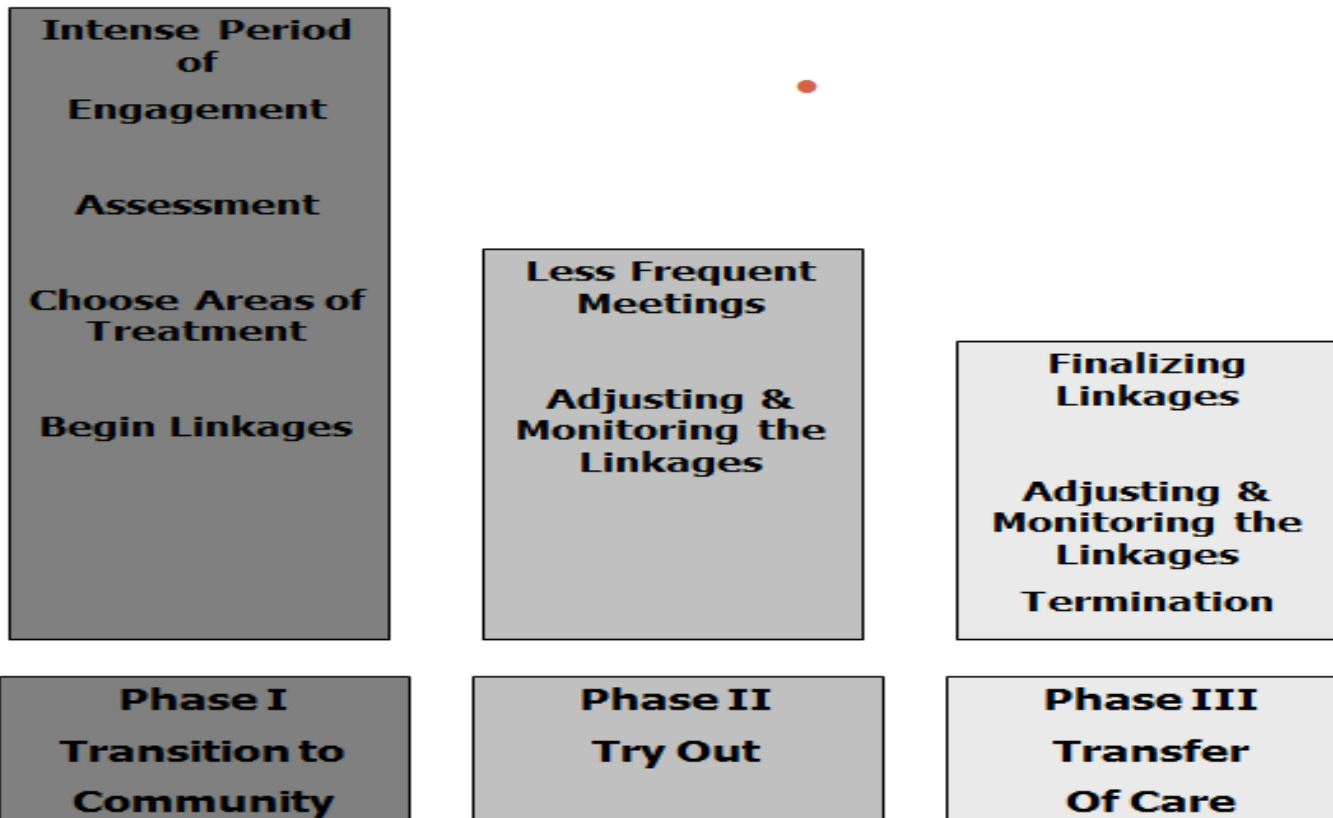
- Overview of Critical Time Intervention Evidence Based Practice
- Critical Time Intervention (CTI) is a well-researched and cost effective Evidence Based Practice (EBP) that assists homeless persons in their transition from the streets, homeless shelters, psychiatric hospitals or the criminal justice system into the community
- CTI is a time-limited intervention lasting 9 months, divided into 3 specific phases that focuses on a limited number of 6 treatment areas that promote housing stability

CRITICAL TIME INTERVENTION (CTI)-HUD-VASH

- The “Critical Time” is when a person transitions to community living. At this time, Veterans can fall through the cracks, but also this time creates a “window of opportunity:”
 - Is typically categorized by energy and a renewed sense of hope
 - Person is more amenable to trying new things and to
 - Remove barriers to stable housing and to start establishing life-long connections to the community

DIAGRAM OF CIT 9 MONTH PERIOD OF TIME

DIAGRAM OF CTI 9 MONTH PERIOD OF TIME



CORE ELEMENTS OF CRITICAL TIME INTERVENTION

- Time Limited (9 months) With additional planning phase
- Three 3-month Phases Of Decreasing Intensity
- Focused Treatment (1-3 Areas From 6 Focus Areas) Based on Long-term Recovery Goals and Housing Stability
- Familiarity With Client
- CTI Transitional Coordinators Have A Linking Role (In Contrast To Direct Service), Evolving From Bridging (Finding The Linkages) To Mediating (Helping Resolve Problems) To Monitoring Function (Stepping Back And Seeing If It Is Working)

CORE ELEMENTS OF CRITICAL TIME INTERVENTION CONT'D

- Helps the Outreach, Transitional and Shelter Teams to re-focus to *transition* prior to CTI
- Most of CTI-TCs' Time Spent In Field
- Small Caseloads
- No Drop-out Policy
- Weekly Team Supervision Meetings
- Motivational Interviewing and Harm Reduction Approach To Behavior Change

CTI MAJOR TASKS OF EACH PHASE

- **PHASE I: TRANSITION TO THE COMMUNITY**
 - Engagement/Assessment Of Client And Linkages

- **PHASE II: TRY OUT**
 - Developing Linkages, Negotiating, Mediating

- **Phase III: Transition in Care**
 - Start of Self Autonomy

- **Phase IV: Transition in Care**
 - Independence

In CTI we are continually Engaging, Assessing, Negotiating, Linking and Terminating.

HEALTH CARE FOR HOMELESS VETERANS (HCHV)



NO WRONG DOOR-READY ACCESS TO SERVICES

Health Care for Homeless Veterans (HCHV) Walk-in Clinic- There are three HCHV Walk-in Clinics located at Battle Creek, Grand Rapids and Lansing at the HCHV Service Centers. The Service Centers provide the following:

- Prevention Services
- Housing Support Services
- Treatment Services
- Employment/Job Training Services
- Benefits
- Other Services

SUBSTANCE USE DISORDER (SUD)

- SUD is an addiction Recovery Program that is available to Veterans who are receiving services in an HCHV Program.
- The SUD Program offers individual and group therapy to Veterans who struggle with addiction issues past or present. Veterans should be motivated to make a change in their lives regarding substance use.
- All Veterans will be assessed for services and then appropriate referrals made depending on level of care determined by the SUD Specialist.

Homeless Patient Aligned Care Team (H-PACT)

H-PACT provides a coordinated treatment specifically tailored to the needs of homeless Veterans that integrate clinical care with delivery of social services with enhanced access and community coordination.

The objectives of H-PACT are:

- To reduce Emergency Department use and hospitalizations
- Improved Chronic Disease Management
- Decrease Barriers to Accessing Health Care Services and Affordable Housing

H-PACT is available in Grand Rapids and Lansing at the HCHV Service Centers

HOUSING AND URBAN DEVELOPMENT-VETERANS AFFAIRS SUPPORTIVE HOUSING (HUD-VASH)

- **523 vouchers are allocated to Battle Creek, Lansing, Grand Rapids, and Muskegon-housing placements within a 50-mile radius of each voucher allocation site**
- HUD-VASH is a collaborative partnership between the Department of Veterans Affairs and the Department of Housing and Urban Development.
- The HUD-VASH voucher is similar to the Section 8 Program, but is unique in that it initially requires a Veteran recipient to participate in VA Case Management for mental health, substance use, and/or other primary care health concerns.

VETERANS JUSTICE OUTREACH (VJO)

“The purpose of the Veterans Justice Outreach (VJO) Initiative is to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to: VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.”

*Source: Department of Veterans Affairs, April 30, 2009,
Under Secretary for Health’s Information Letter.*

Veterans Justice Outreach Coordinators: April Coleman-Battle Creek; Karen Hinderliter-Lansing; and John Koch-Grand Rapids

Counties with Veterans Courts: Allegan & Van Buren County Regional Court; Calhoun; Cass; Eaton; Ionia; Ingham; and Muskegon

HOMELESS VETERANS DENTIAL INITIATIVE

- Homeless Veterans who have been in designated Homeless Programs for 60 or more consecutive days may be eligible for specified dental services.
- A Dental Consult from the Primary Care Provider is required.
- The Homeless Program Coordinator determines eligibility.

SUPPORTED EMPLOYMENT PROGRAM (SEP)

- SEP is a system of support for Veterans in regards to gaining and maintaining employment by job coaching, job retention, employment search assistance, resume assistance and interviewing skills.
- SEP is dedicated to helping Veterans obtain and maintain competitive employment by providing quality vocational and rehabilitative services.

JESSE HOUSE SUPPORTED-HOUSING PROGRAM

➤ 14 Beds

This is a transitional housing collaborative between the Battle Creek Housing Commission (BCHC), the City of Battle Creek, and the Battle Creek VA Medical Center, designed to build upon the foundation of Recovery skills participants have developed, and help them be successful in an independent living environment.

There are 2 Male Houses and 1 Female House located in Battle Creek.

Buckeye House (Male)



Hazel House (Male)



Washington House (Female)



HOMELESS EMERGENCY HOUSING AND GRANT AND PER DIEM PROGRAM

Provides transitional housing for 6-24 months to homeless with clinical and case management services with the goal of returning Veterans to self-sufficiency and independence, with permanent housing at time of discharge

- **Grant & Per Diem Beds**
 - **30 Beds-Grand Rapids**
 - **30 Beds-Lansing**

- **Emergency Housing Beds**
 - **13 Beds-Battle Creek**
 - **9 Beds-Grand Rapids**

- **Contract Residential Beds**
 - **18 Beds-Grand Rapids**
 - **16 Beds Pending Contract Award-Muskegon**

HCHV OUTREACH & CASE MANAGEMENT

- HCHV Staff provide outreach, assessments, referrals and case management services to homeless Veterans identified at the medical center and in the community.
- Services are also provided to homeless Veterans participating in Emergency Housing, Contract Residential Treatment, and Supported-Housing Homeless Programs.
- HCHV Staff are liaisons between community partners and the VA Medical Center such as: Local homeless shelters, Local Veterans Affairs Offices, and Homeless Continuums of Care.

HCHV OUTREACH EVENTS

- Stand Downs are events designed to link homeless or at-risk Veterans to assistive services such as food, shelter, clothing, health screenings, VA and Social Security benefits, counseling, employment and substance abuse treatment.
- Stand Downs are collaborative events, coordinated between a local “host” community agency, local VAs, other government agencies, and community agencies who serve the homeless or at risk populations.



HCHV OUTREACH EVENTS

WOMEN VETERANS HEALTH CARE
You served, you deserve the best care anywhere



You may be eligible for the following services offered by VA:

- Counseling and Treatment for:
 - Alcohol and Drug Dependence
 - Military Sexual Trauma
 - PTSD
 - Parenting and Caregiver Issues
 - Violence and Abuse
- Services for Homeless Veterans
- Domiciliary Care
- Vocational Rehabilitation
- Educational Opportunities
- Job and Career Counseling
- Primary Care Services
- Maternity Care

VA U.S. Department of Veterans Affairs
 Battle Creek VA Medical Center 3300 Armstrong Road
 Community Based Outpatient Clinics - Battle Creek

05.21.2013 22:36



Walk a Mile in Her Boots
 A project by, and for, Female Veterans



05.21.2013 22:37



VETERANS HEALTH ADMINISTRATION




05.21.2013 21:55

VA's APPROACH 2015 & BEYOND

- **EMPHASIZE RESCUE FOR VETERANS WHO ARE HOMELESS TODAY**
- **SUSTAINMENT**
- **SUPPORT AND TREATMENT FOR FORMERLY HOMELESS VETERANS WHO ENTER PERMANENT HOUSING TO ENSURE THAT THEY ARE ABLE TO MAINTAIN IT, AND**
- **PREVENTION FOR VETERANS AT RISK FOR HOMELESSNESS**

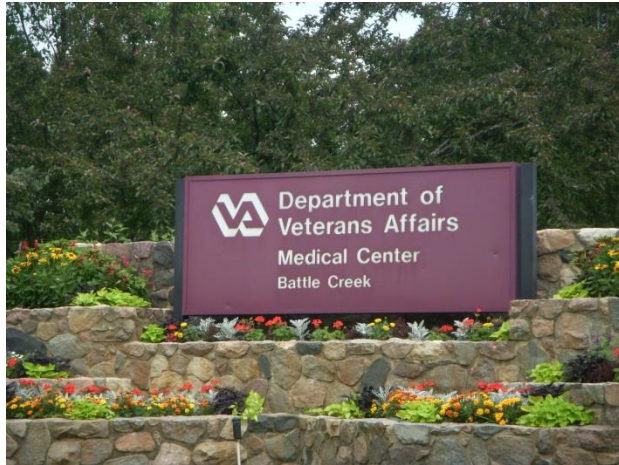
GOING FORWARD, THE FOCUS IS THREEFOLD

- **CONDUCTING COORDINATED OUTREACH TO PROACTIVELY SEEK VETREANS IN NEED OF ASSISTANCE**
- **CONNECTING HOMELESS AND AT-RISK VETRERANS WITH HOUSING SOLUTIONS, HEALTH CARE, COMMUNITY EMPLOYMENT SERVICES, AND OTHER REQUIRED SUPPORTS**
- **COLLABORATING WITH FEDERAL, STATE, AND LOCAL AGENGIES, EMPLOYERS, HOUSING PROVIDERS, FAITH-BASED AND COMMUNITY NON-PROFITS, AND OTHERS TO EXPAND EMPLOYMENT AND AFFORDABLE HOUSING OPTIONS FOR VETERANS EXITING HOMELESSNESS**

GETTING TO SELF SUFFICIENCY & INDEPENDENCE



QUESTIONS



THANK YOU



RESOURCES & REFERENCES

