

U.S. Department of Veterans Affairs' (VA)  
Fiscal Year (FY) 2024 Veteran Homelessness National Goals  
Office Hours

VHA Homeless Programs Office  
August 1, 2024

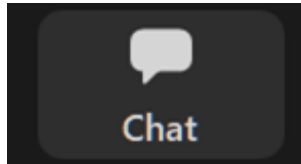
# Housekeeping

- This call will be recorded.
- The webinar will last approximately 60 minutes.
- All attendees will be muted.
- Questions can be submitted using the chat function.
- If you have questions following the call, please email [VHA11HPO38kGoalSupport@va.gov](mailto:VHA11HPO38kGoalSupport@va.gov).

# Zoom Controls

**Typically, on the bottom of the screen**

**All participants are muted upon entry**



Please use the chat to add questions or comments during the call.

# Agenda

- Progress Updates
- Timely Access to VA Interim Housing Programs
- Q&A



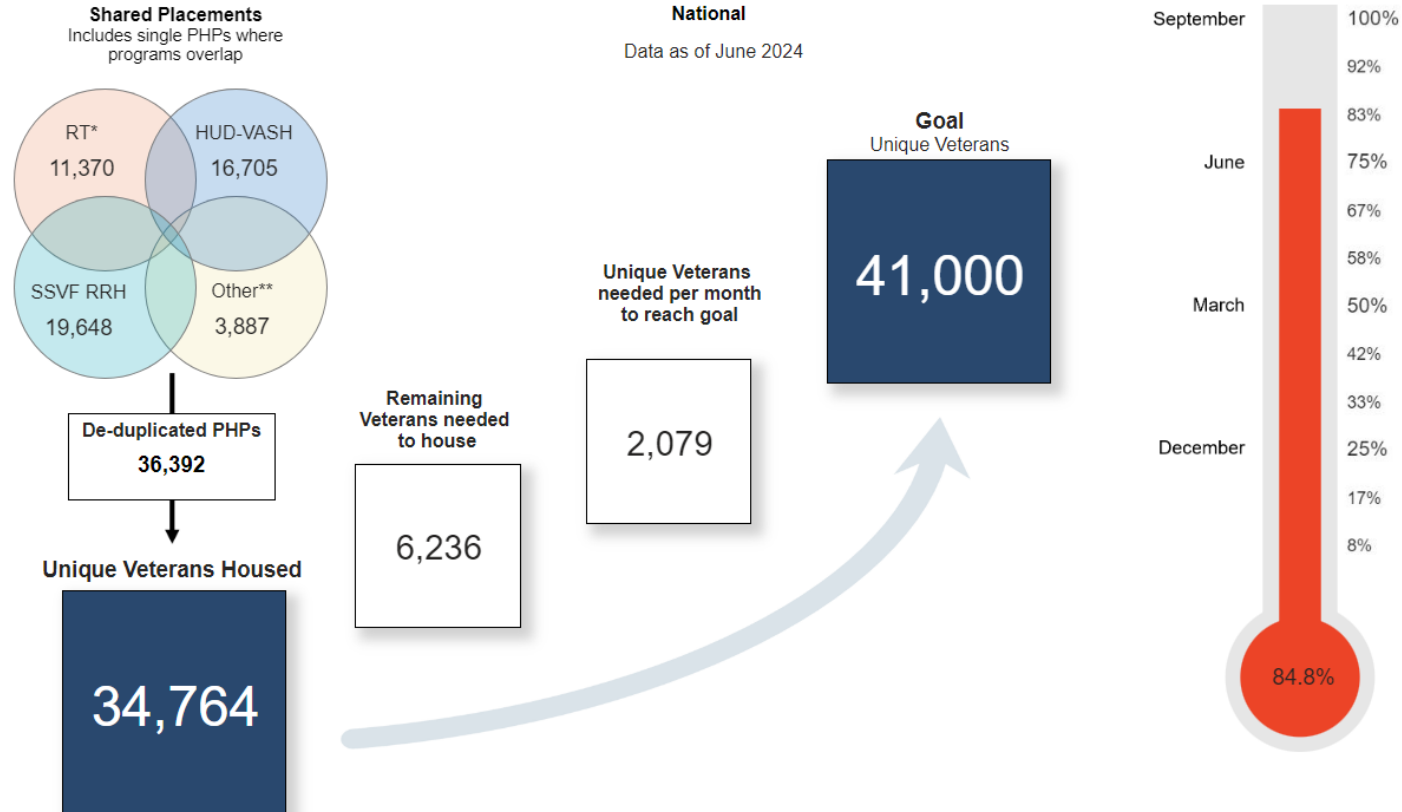
# Progress Update



# Goal 1: Permanent Housing

## Goal 1: Permanent Housing

**Permanent Housing:** VA has made a commitment to permanently house (PH) at least 41,000 unique Veterans in FY 2024. De-duplicated permanent housing placements (PHPs) for unique Veterans made during FY 2024 from the following programs count toward this goal: Grant and Per Diem (GPD), Health Care for Homeless Veterans (HCHV) Contracted Residential Services (CRS), HCHV Low Demand Safe Haven (LDSH), Housing and Urban Development-VA Supportive Housing (HUD-VASH), and Supportive Services for Veteran Families (SSVF) – Rapid Re-Housing (RRH) homeless services who obtain permanent housing (PH), Mental Health Residential Rehabilitation Treatment (MHRRT), HCHV Case Management (CM), and for Veterans homeless at entry for the following programs: GPD CM, SSVF – Homelessness Prevention (HP), Veterans Justice Outreach (VJO), and Health Care for Reentry Veterans (HCRV).



\* RT Programs: GPD and HCHV CRS/LDSH  
 \*\* Other: MH RRTP, GPD CM, HCHV CM, Homeless VJP, and SSVF HP  
 \*\*\* Nationally, Unique Veterans Housed represents all unique Veterans across facilities

[Veteran Detail](#)

Veteran level access is limited to HOMES users.

# Goal 2: Prevention of Returns to Homelessness

## Goal 2: Prevention of Returns to Homelessness

**Prevention of Returns to Homelessness:** For Veterans who become permanently housed in FY 2024, no more than 5% return to homelessness.

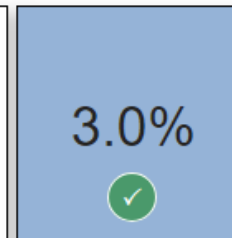
### National

Veterans placed in housing as of June 2024

Veterans Housed  
in FY 2024



Returns to Homelessness



Goal:  $\leq$  5%

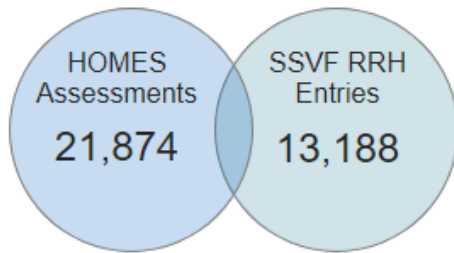
# Goal 3: Engagement with Unsheltered Veterans

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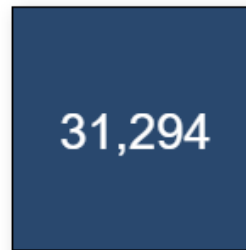
**Engagement with Unsheltered Veterans:** Nationally, VA will increase outreach to and engage with no less than 40,000 unique unsheltered Veterans

**National**  
Data as of June 2024

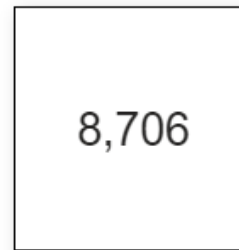
**Unsheltered Veteran Engagement**  
Unsheltered Veterans de-duplicated by type of engagement (includes Veterans unsheltered at both assessment and SSVF RRH program entry)



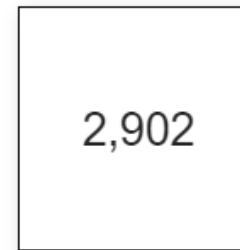
**Unique Unsheltered Veteran Engagement**



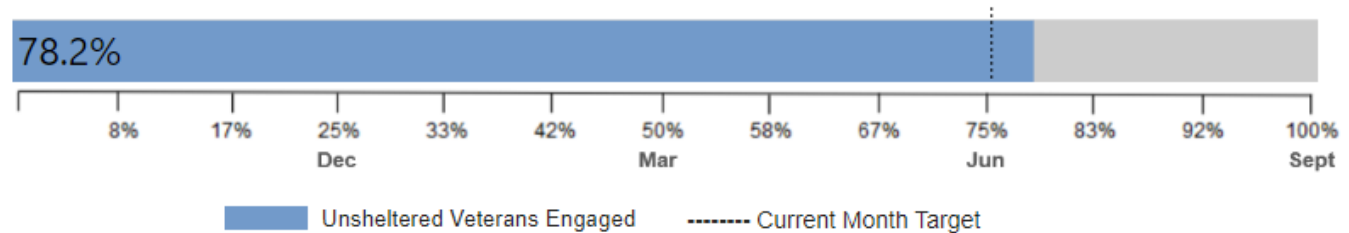
**Remaining Unsheltered Veterans Needed**



**Unsheltered Veterans needed per month to reach goal**



**Goal Unique Veterans**





# Timely Access to VA Interim Housing Programs

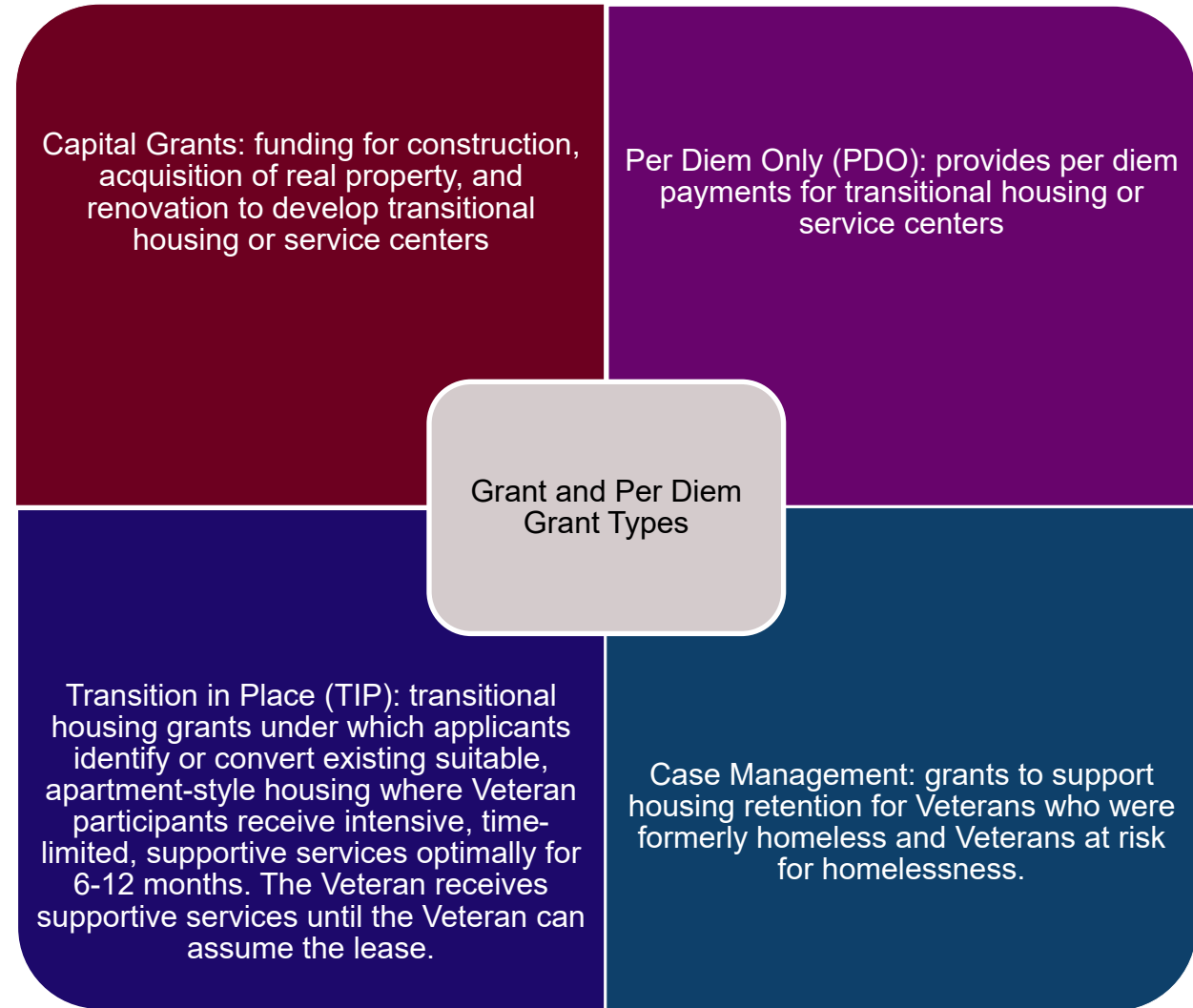


# Presenters

- **Janine Griggs (she/her), LICSW**, Clinical Program Specialist, Grant and Per Diem (GPD)
- **Marzena Guzik (she/her), LCSW**, National Program Coordinator for Contracted Residential Services (CRS)

# Grant and Per Diem (GPD) Program Overview

- GPD provides grants to community-based organizations to develop and provide transitional housing and supportive services to Veterans experiencing homelessness.
- GPD also provides grants to community-based organizations for case management to support housing retention for formerly homeless Veterans and Veterans at risk of homelessness.



# GPD PDO Program Models

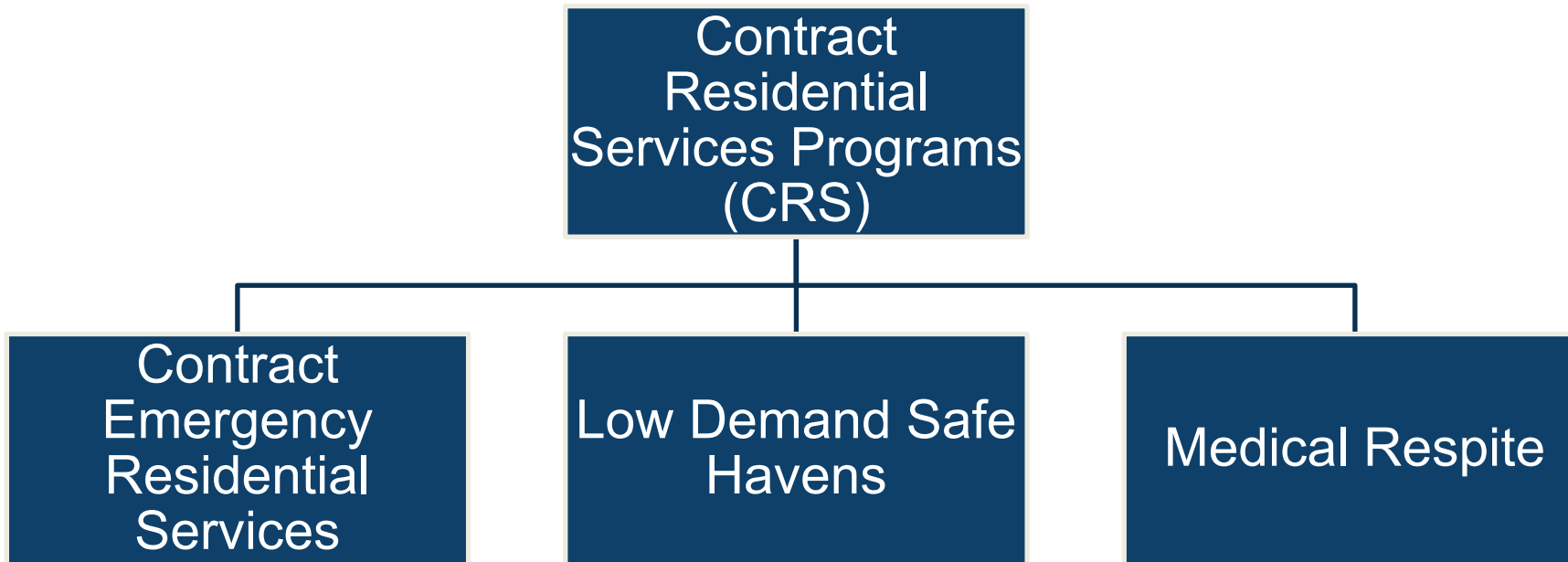
Model	Brief Description
Bridge Housing	Short stay for Veterans who have been offered and accepted a permanent housing intervention but are not able to immediately enter the permanent housing.
Hospital to Housing	Collaborative to address the housing and recuperative care needs of Veterans experiencing homelessness who have been hospitalized.
Low Demand	Harm reduction approach to better accommodate Veterans experiencing chronic homelessness and Veterans who are difficult to engage in traditional transitional housing.
Clinical Treatment	Substance use disorder/mental health services provided in a transitional housing environment.
Service Intensive	An array of services that facilitate individual stabilization and movement into permanent housing.

# Healthcare for Homeless Veterans (HCHV) Program Overview

- The **purpose** of the HCHV program is to provide a gateway to VA and community-based supportive services for eligible Veterans who are experiencing homelessness. This is accomplished by:
  - Providing outreach services and case management to Veterans experiencing literal street homelessness;
  - Triage services within Community Resource and Referral Centers (CRRCs) and other “front doors” to VAMC homeless services;
  - Participation and support of stand down events;
  - Participation in local coordinated entry systems; and
  - Providing short-term housing and services through the Contract Residential Services (CRS) programs, which include low-demand safe-haven programs.

# HCHV CRS Overview

There are three distinct models of HCHV Contract Residential Services:



# Contract Emergency Residential Services (CERS)



Veterans transitioning from literal street homelessness, Veterans being discharged from institutions, including those in need of medical respite, and Veterans who recently became homeless and require safe and stable living arrangements while they seek permanent housing.



Provide time-limited services such as supporting mental health stabilization, substance use disorder (SUD) treatment services, enhancement of independent living skills, vocational training, and employment services.



Emphasis is placed on referral and placement in permanent housing or longer-term residential programs utilizing VA and community resources.



Lengths of stay in CERS typically range from 30 to 90 days, with the option to extend based on clinical need.

# Low Demand Safe Havens (LDSH) & Medical Respite (MR)

**LDSHs** serve hard-to-reach, chronically homeless Veterans with mental illness or substance use disorders who require a low-demand environment.

- 24-hour staffed transitional residences with private or semi-private accommodations.
- The low-demand or non-intrusive environment is designed to re-establish trust and motivate the homeless Veteran to seek treatment services and transitional and permanent housing options.
- The length of stay in LDSH programs is typically six months, with the option to extend based on clinical need.

**MR** is the newest HCHV program model, which is defined as short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services.

- Designed for ill or aging Veterans with complex medical needs encountered by outreach, those being discharged from institutions or inpatient units. Veterans served by medical respite are typically too ill to be accommodated in traditional shelters or transitional housing environments.
- Close coordination with PACT and H-PACT teams, as well as inpatient social workers, is critical.
- Currently, there are 15 medical respite contracts nationwide, with six more in development.



# Ensuring Timely Admissions for CRS and GPD

- On October 23, 2023, a memo was released by the Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer titled [Ensuring Timely Admissions to Grant and Per Diem \(GPD\) Program and Healthcare for Homeless Veterans \(HCHV\) Contract Residential Services \(CRS\)](#)
- This internal VA memo focuses on ensuring that VA Medical Center (VAMC) Homeless Program staff facilitate timely admissions to the GPD and HCHV CRS programs and complete the required assessments and data reporting per VA policies. It outlines expectations for VAMC CRS and GPD staff to:
  - Examine internal screening and admission processes to ensure they meet timely admission requirements.
  - Follow VA HOMES reporting policy requirements for timely Veteran assessments and data entry completion.
  - Review contract and GPD agencies' abilities to meet timely admission requirements and collaborate with the agencies to make necessary improvements.
- Program admission is defined as when the referred Veteran is ready to enter transitional housing to the actual placement in an available GPD or CRS bed.

# GPD Low-Barrier Expectations

- Elements of the Notice of Funding Opportunity (NOFO) reflect the Department's commitment to fostering low-barrier approaches to accessing homeless services
  - FY 2024 NOFOs defined low-barrier:
    - For Veterans determined to be appropriate for the project, “low barrier” refers to a general approach to admissions in which **there are no or minimal entry requirements**.
    - A low-barrier approach focuses on reducing harm and encourages Veterans experiencing homelessness to seek resources by eliminating obstacles.
    - It also means expediting the time it takes for an eligible Veteran to be admitted into housing (i.e., same-day access from the point of identification or referral to the GPD project or within no more than 72 hours).

# GPD Same-Day Access

- **GPD liaisons and team:** Examine your internal VA process to eliminate barriers to same-day access to GPD programs.
- **GPD liaisons & grantees:** Discuss grantee agency policies around admissions to ensure a low-barrier approach and implement changes as needed. Program admission is the time from when the referred Veteran is ready to enter transitional housing to the actual placement in an available bed.
  - All GPD grantees with awards beginning October 1, 2023, certified by signing their grant agreement that they commit “to implementing a low-barrier approach to providing services to Veterans, which generally means service occurs on the same day from the point of identification or referral to the GPD project, or within no more than 72 hours.”
    - Elements of the **grant agreement** reflect the Department’s commitment to fostering low-barrier approaches to accessing homeless services.
    - By signing the grant agreement, the grantee agency committed to upholding the low-barrier approaches outlined in the agreement during the term of the grant award.

## GPD Same-Day Access (continued)

- Review the grant to understand what was written about low-barrier approaches to admission, intake, and discharge. Liaisons are responsible for providing oversight and monitoring of the GPD project, which includes ensuring all responses in the grant are implemented and maintained as written.
  - During the term of the grant award, the grantee agency is responsible for following through with all low-barrier procedures, methods, approaches, policies, and procedures as responded to in the original grant application (now officially termed a grant).
- Determine if any processes in place prevent same-day (or within 72 hours) access. How can these processes be changed to meet expectations?

# HCHV Memo: Timely Admissions

- **Purpose:** To ensure that VAMC Homeless Program staff facilitate timely GPD and HCHV CRS program admissions.
- **Why It's Important:** Immediate bed availability is critical to solving unsheltered homelessness. Same-day admissions are especially critical for CERS.
- **Memo Summary:**
  - Effective immediately, all new CRS contracts and contract modifications must include a same-day admission requirement in the Statement of Work/Performance Work Statement. Existing CRS contractors must ensure their internal admission process and procedures allow for timely, same-day placement of homeless Veterans into available beds whenever possible.
  - Program admission is defined as the time from when the referred Veteran is ready to enter transitional housing to the actual placement in an available CRS bed.

# HCHV Memo: Timely Admissions (cont.)

- **Memo Summary (cont.):**

- Every VAMC Director or designee must review and, if needed, redesign their transitional housing admission process with the goal of same-day admission to all GPD and CRS programs.
- HCHV liaisons must verify the Veteran's eligibility for program participation within one business day from admission. If a Veteran is admitted to an HCHV CRS program but subsequently found ineligible, the HCHV CRS liaison must immediately work with the Veteran to secure other placement within available VA or community programs.

# One Team

- The Supreme Court's decision in *City of Grants Pass v. Johnson et al.* will likely impact homelessness policy and Veterans in encampments.
- We need to focus on a proactive plan with all partners to assist veterans with possible redirection from the criminal justice system, making a One Team approach even more vital.
- Same-day access will continue to be an integral part of these efforts.
- Please refer to our [One Team Approach: Implementation Toolkit](#) for ideas.



# VISN 15 Same Day Access Facility Action Planning

- **Time frame:** November 2023 through April 2024
- Different access models at different sites:
  - Where “on-call social work” already existed: Added triage note templates, eligibility requirements, and contact info to reach CRS/GPD sites to check on bed status.
  - One site has an after-hours administrative officer who checks to see if Veterans are healthcare-eligible, calls the CRS site for a bed, and arranges transportation.
  - Voluntary Services able to help with cab vouchers at one site and bus tickets at another. Most sites were surprised to find out that their emergency department already had transportation resources after hours.
- This led to higher bed and HUD-VASH voucher utilization rates across the VISN since implementation.
- After-hours staff were **very** happy to have these resources available.
- If need examples of SOPs, Action Plans, or want to talk through any barriers, email Suzanne Jenkins, VISN 15 Network Homeless Coordinator at [Suzanne.Jenkins2@va.gov](mailto:Suzanne.Jenkins2@va.gov).



# Working Through “Barriers” to Implementation: *Grantee/Contractor Concerns*

- **We don't have case management staff on nights and weekends for admissions. Evening and weekend staff are not trained in intakes, treatment plans, or HMIS data entry.**
  - No need to complete the full admission process after hours. It can wait till the next business day. Just get the Veteran a bed!
- **Transportation to site – how do we get Veterans here?**
  - Cab vouchers, Bus, Uber/Lyft accounts, and CRS/GPD staff are picking Veterans up. 50/50 whether it is VA or CRS/GPD paying.
  - Many sites were surprised that VA already has after-hour transportation resources for ED staff.
- **What about medical clearance?**
  - VA medical clearance is not a requirement for admission. On-Call SW completes pre-screen and sends over paperwork.
- **How do we verify eligibility? We have never used SQUARES. What if a Veteran is not eligible after staying all weekend?**
  - Assisting contractor/grantee in getting access and training staff on how to use it.
  - They will still get paid for the bed if they find out later that they are not eligible (e.g. if they checked SQUARES and it was incorrect).

# Working Through “Barriers” to Implementation: VA Concerns

- **Evening/Weekend staff do not know how to “flip” beds/rooms after hours.**
  - We will need to train staff, and it should not take more than a few hours to recycle a bed unless there is significant damage or infestation.
  - Ask lots of questions and find solutions to decreasing timeframes.
- **Disturbing other residents late at night – is that fair?**
  - An unsheltered Veteran is more at risk than a Veteran whose sleep is interrupted one night.
- **What if we find the Veteran is not a “good fit” for our program?**
  - VA Homeless services should be low-barrier. If the Veteran is homeless and eligible for a bed – give them one!
- **Increase the use of emergency department facilities to include healthcare-ineligible Veterans.**
  - Homeless Veterans already showing up after hours with nowhere to go.
  - We are now providing VA staff with resources so they don’t have to send Veterans to the streets.

# Working Through “Barriers” to Implementation: VA Concerns

- **More work for the emergency department or other after-hours clinical staff.**
  - Do not need to do the “full” intake, HOMES, etc. Quick triage screen to determine if homeless.
  - At one site, an administrative officer checks eligibility, calls to see if a bed is available, and arranges transportation. It does not have to be clinical staff.
- **Homeless staff believing they needed to be on call 24/7**
  - After-hours staff does not have to be from the Homeless Program.
  - Do not have to add any new staff– just a new resource for existing staff to use.
  - Process to notify VA Homeless staff of after-hour admissions.
- Consult sent to Homeless, additional signers to notes, or email to designated staff members.
- **Process involving multiple service lines**
  - Developing formal standard operating procedures and meeting with the staff to answer questions is helpful.
  - Someone needs to take the lead – develop the process and coordinate between service lines.

# Q&A



# Wrapping Up

- The recording of this call will be posted to the [VHA Homeless Programs Hub](#) in the coming days and [VA.gov/Homeless](#).
- Join our Office Hours calls on the first Thursdays of the month at 3:00 p.m. Eastern / 2:00 p.m. Central / 11:00 p.m. Mountain / 12:00 p.m. Pacific / 9:00 a.m. Hawaii.
  - **The next Office Hours Call is Thursday, September 5, 2024.**
  - For questions, please email [VHA11HPO38kGoalSupport@va.gov](mailto:VHA11HPO38kGoalSupport@va.gov).

*“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.” – Margaret Mead*