



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

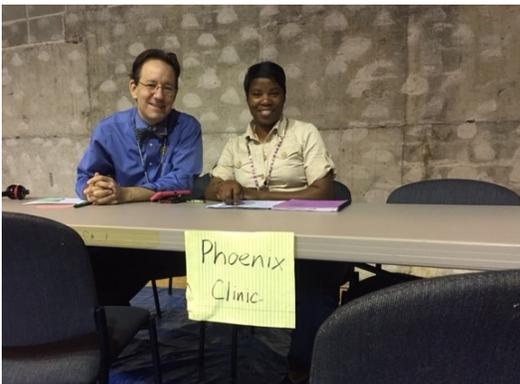
Excellence in Homeless Care

H-PACT in Action

Birmingham VAMC's "Phoenix Clinic," an H-PACT team led by Dr. Stefan Kertesz.

The entire team of the Phoenix Clinic H-PACT instantly mobilized with hands-on community outreach. They also initiated intra-VA coordination to ensure the displaced Veterans could be immediately sheltered and all available resources would be harnessed.

Originally a National Center on Homelessness Among Veterans pilot program now present in over 60 VAs nationally, Homeless PACT (H-PACT) is a homeless-oriented medical home model designed to address social determinates of health to effectively engage homeless and at-risk Veterans in care. H-PACT's hallmarks include walk-in, open-access care, and co-located homeless programs and specialty services. Many locations also have on-site food and clothing pantries, laundry, and showers.



Stefan Kertesz, MD and Caron Griffin, MSW, Birmingham VAMC

Phoenix Clinic H-PACT social worker Caron Griffin, MSW, and Dr. Kertesz personally visited the Red Cross emergency shelter to seek out displaced Veterans and secure temporary housing for them. Dr. Kertesz reached out to his facility leadership, the local Social Work service, and to the VISN 7 Network Homeless Coordinator, Patricia Bradford, who identified alternate resources and offered to leverage contract housing and Supportive Services for Veteran

Families (SSVF) to house any Veteran left unsheltered.

About the Phoenix Clinic team, Dr. Kertesz says, "our core clinic staff (Caron Griffin, MSW, Donchelle Scott-Collins, DNP, Sherri Grant, RN, Amber Carthen, LPN) have shown a hands-on approach to this that is utterly typical for their regular work but really impresses me when a crisis hits. They have made multiple calls to all individuals, interceded for those that they can reach, and worked out with Pharmacy a plan to rapidly replace lost medications. Caron ran through all 15 individuals by phone with me from memory, which is again typical for the quality of attention she brings to these issues. Hats off."

This story highlights the Birmingham H-PACT's dedication, beneficence, excellent rapport with patients, and commitment to providing excellent care to the most vulnerable Veterans. It also showcases the ability of an H-PACT to reach across service lines, serve as a hub for coordination of complex care, and link together many critical VA Homeless Programs resources. Hats off, indeed, Birmingham!

For questions regarding H-PACT, contact Erin Johnson: Erin.Johnson4@va.gov

From the Director

As we enter 2016, we have much to be proud of as well as much more still to accomplish. As you will see in this edition of our newsletter, we continue to make great strides in ending homelessness among Veterans. This is evidenced by the increasing number of communities reporting a functional end to Veteran homelessness



Thomas O'Toole, MD

where they live. The Homeless Evidence and Research Synthesis (HERS) conference on aging homeless Veterans that we hosted in November helped define and describe the unique needs of specific subgroups of homeless Veterans and the fact that these needs are likely to continue if not grow. And the educational programs sponsored by the Center speak to the role that each of us has in making the goals of this initiative a reality. So in the spirit of New Year's resolutions, we need to continue unabated in our efforts to ending homelessness among Veterans. We must work harder, smarter, and more effectively to make the difference that our brothers and sisters who have served so much deserve. Thank you for all that you do.

Upcoming Events

Homeless Evidence & Research Synthesis (HERS)

Topic: Women Veterans

Date: To Be Announced, Spring 2016

Contact: Susan Vieira, Susan.Vieira@va.gov

NCHAV kicks off the Homeless Evidence and Research Synthesis (HERS) Roundtable Series

In July 2015, the U.S. Department of Veterans Affairs (VA) Homeless Programs Office and the National Center on Homelessness Among Veterans (NCHAV) inaugurated the Homeless Evidence and Research Synthesis (HERS) Roundtable Series, a quarterly forum to present and discuss critical issues affecting Veterans experiencing homelessness.

The first virtual symposium featured presentations and a panel discussion on the enumeration of homelessness. Since the VA launched the initiative to end Veteran homelessness by 2015, the primary gauge of progress has been the Point-in-Time (PIT) count led by the U.S. Department of Housing and Urban Development (HUD). However, as counting methodologies have been expanded and refined, it has become clear that a variety of data sources are needed to reflect more accurately where progress is being made and where additional efforts should be directed. As local communities, such as New Orleans and Houston, declare victory in ending Veteran homelessness, there has been an increased focus on creating a process to validate their Veteran homelessness counts. There has also been discussion on the possible methods that could be used to go beyond counting homeless Veterans in order to look more qualitatively at how they are being served.

In this dynamic context, NCHAV Acting Director Tom O’Toole welcomed presenters from NCHAV, Abt Associates, and UNITY of Greater New Orleans to share their research and experience with measuring homelessness. Dan Treglia, a researcher at NCHAV, provided an overview of the methodologies used in conducting PIT counts for the sheltered and unsheltered homeless population nationwide. Larry Buron, Principal Associate at Abt Associates, discussed how annual Homeless Management Information System (HMIS) national estimates are currently derived for the Annual Homeless Assessment Report (AHAR) to Congress. Steve Metraux, an investigator at NCHAV and Associate

Professor at the University of the Sciences, shared his examination of incidence measures of homelessness among service members separating from the military since September 11, 2001. Finally, Martha Kegel, Executive Director of UNITY of Greater New Orleans, described their process to develop a by-name list of all homeless in their community, implement a coordinated assessment process and match identified homeless with available housing and resources to reach functional zero in their community

Following the presentations, Dennis Culhane, NCHAV Research Director and Dana and Andrew Stone Chair in Social Policy at the University of Pennsylvania, led a roundtable discussion with federal agency leaders: Lisa Pape, Director of the Veterans Health Administration VA Homeless Programs Office; Richard Cho, Senior Policy Director, U.S. Interagency Council on Homelessness; and William Snow, SNAPS Specialist, Office of Special Needs Assistance, Community Planning and Development, U.S. Department of Housing and Urban Development.

A summary of these presentations, the roundtable discussion and suggested recommendations are available in a document of the symposium proceedings.

Recommendations for improving the measurement of homelessness include:

- Communities should indicate all of the data sources used to substantiate their claim of ending Veteran homelessness.
- Develop a federal dashboard where communities can regularly update their data on Veteran homelessness and indicate clearly the databases they are using.
- Consider other measurement concepts such as program performance, supply and demand, and gaps analysis.
- Sustain and increase VA housing resources for communities that have achieved functional zero to

keep Veteran homelessness at bay.

- Explore the extent to which an increase in the rate of homelessness among newer Veterans of the Afghanistan and Iraq conflicts with earlier onset of homelessness is driven by increased need or the availability of new services such as SSVF and HUD-VASH.
- Focus more on prevention, particularly among newly returning service members. Continue the partnership between VA and the Department of Defense to reach out to service members who are transitioning to civilian life.

Chronic Homelessness Newly Defined

Chronically homeless means:

(1)A “homeless individual with a disability,” as defined in the Act, who:

Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months

Occasions separated by a break of at least seven nights

Stays in institution of fewer than 90 days do not constitute a break

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph 1 of this definition, before entering that facility; or

(3)A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs 1 or 2 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

<https://www.federalregister.gov/articles/2015/12/04/2015-30473/homeless-emergency-assistance-and-rapid-transition-to-housing-defining-chronically-homeless>

NCHAV Education

CBT Poster Presentation December 2015

In collaboration with our partners at the University of Pennsylvania, data from the CBT-H training program was recently presented at the 8th Annual Conference on the Science of Dissemination and Implementation in Health in Washington, D.C., December 14-15, 2015. The poster entitled, **Cognitive Behavior Therapy for Veterans Experiencing Chronic Homelessness: Fidelity and Clinician Attitudes**, describes the achieved fidelity and observed changes over the course of training in HUD/VASH case manager perceptions of evidence-based practices and working with complex clients over the past three years of this initiative. These data support the feasibility of training VA homeless program case managers to competency in CBT and demonstrate that such training has a positive effect on clinician perceptions.

Cognitive Behavioral Therapy with Veterans Experiencing Chronic Homelessness (CBT-H)

We had an overwhelming response to our December 15, 2015 webinar on cognitive behavioral therapy. 425 participants registered and connected to adobe connect to learn more about using Cognitive Behavioral Therapy (CBT) for Veterans Experiencing Chronic Homelessness. This is step one for a more intensive training in CBT for providers of service. Additional CBT competency training components will include a Web-based CBT-D Training (TMS Course ID 16209), Experiential Role Play, and Case Consultation. Participants who completed the post-test in TMS have received additional instructions on how to apply for the additional components.

Center Homeless Model Program Updates

The National Center in its effort to continuously improve services to our veterans embarks on testing new program models to promote the integration of research findings and evidence into implementation of homeless services and practice. Examples of prior models include Homeless Patient Aligned Care Teams (H-PACT) and the Community Resource and Referral Centers (CRRC's). Below is an update on the current models under development, evaluation, and receiving technical assistance from the Center:

Safe Havens: Initiated in 2010 and expanded in 2013, this model targets chronically homeless veterans with a history of

challenges in other programs serving the hard-to-reach, hard-to-engage homeless individuals with severe mental illness and substance use disorders. The program places no treatment participation demands on residents but expects them to transition from unsafe and unstable street life to permanent housing and re-engage with treatment services. At this time, 23 sites with 2,821 homeless veterans are currently participating in this 24-hour/7-days-a-week community-based early recovery model of supportive housing. Of those veterans leaving the program, 46% were discharged to permanent housing.

Telephone Continuing Care and Recovery Support

(TCCRS): Initiated in 2013 with HUD/VASH participants, in collaboration with the University of Pennsylvania, the Center is reviewing feasibility of using this telephone-based model developed to provide ongoing coaching, relapse prevention, and recovery support for veterans with substance use disorders living in the community at this time, six sites are participating and there has been 94 referrals to date. TCCRS is now available to other HPO program participants.

GPD Low Demand: Initiated in 2014, in collaboration with the Grant Per Diem Office and the University of South Florida, the GPD Low Demand model targets chronically homeless veterans with a history of challenges in other programs, working with existing GPD grantees to provide low demand beds utilizing harm reduction principles. Participants receive supportive services in an effort to transition them to permanent supportive housing. At this time, five programs have implemented this model and three sites are under development. Currently, 43 veterans are enrolled.

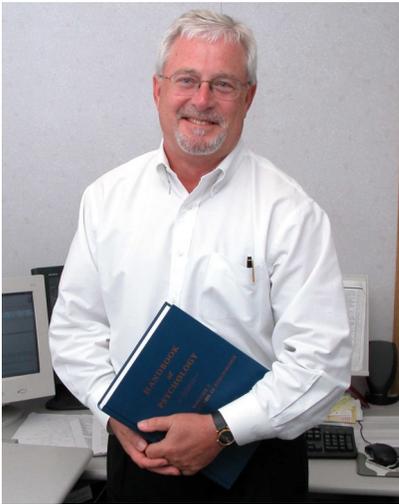
Domiciliary Bridge – Low Demand: Initiated in 2015, this model targets chronically homeless veterans with a history of challenges in other programs. At this time, one site is implementing. There have been 48 admissions into low demand harm reduction domiciliary beds to date.

For more information, contact Brenda W. Johnson, LCSW Education Coordinator (813) 558-7629.

NCHAV Researcher Focus

John A. Schinka, PhD

John A. Schinka has been a clinical psychologist with the VA for 35 years. Prior to joining the National Center on Homelessness Among Veterans (NCHAV), he served as a neuropsychologist and Director of the Memory Disorder Clinic at the Tampa VA Hospital. In addition to his clinical duties, he supervised interns and fellows, maintained an active research program on Alzheimer's disease and factors influencing cognition and aging, and served as a member and chair of the hospital Research and Development Committee. He continues in his positions as a Professor in the department of Psychiatry and in the School of Aging Studies. He also continues to serve as the Chair of the Institutional Review Board of the University of South Florida. Dr. Schinka received his doctorate and clinical training from the University of Iowa.



In 2010, Dr. Schinka joined the NCHAV in Tampa, where he has directed the site's research activities and collaboration with colleagues at the University of South Florida, Yale University, and the VA Office of Public Health. These efforts have been focused in three primary areas: factors influencing housing intervention outcomes, aging, and mortality. In work supported by the VA Health Services Research & Development, initial development

of a homelessness severity index designed to examine key domains contributing to severity has been completed. Other studies have shown the value of dental services in successful intervention and that sobriety is not a critical factor in successful housing outcomes. Several studies have documented health risk factors in aging homeless Veterans and explored barriers to housing interventions for the older homeless Veteran. The most recent studies have examined the prevalence of suicidal behaviors in the homeless aging Veteran and documented the early mortality of homeless Veterans over the age of 55. To date, this collaborative effort has been disseminated in ten publications and over 30 presentations at national professional and scientific meetings. Despite his retirement from VA this January after a long tenure of service, in the coming years, Dr. Schinka will continue to partner with VA on assessment practices and interventions specific to the older homeless Veteran population.

Recent Center-Affiliated Publications

Peer-reviewed publications from Center investigators for the first quarter, FY 2016

- Byrne, T. H., Fargo, J. D., Montgomery, A. E., Roberts, C. B., Culhane, D. P., & Kane, V. (2015). Screening for homelessness and risk in a national healthcare system: Monitoring housing stability through repeat screening and exploring profiles of risk. *Public Health Reports*. 130, 702–710.
- Montgomery, A. E., Dichter, M. E., Thomasson, A. M., & Roberts, C. B. (2015). Receipt of social services following a positive screen for homelessness among Veteran outpatients. *American Journal of Preventive Medicine*. Nov 9. Pii: S0749-3797 (15)00416-X. doi: 10.1016/j.amepre.2015.06.035. [Epub ahead of print]
- Montgomery, A. E., Fargo, J. D., & Byrne, T. H. (2015). Impact of community investment in safety net services on rates of unsheltered homelessness among Veterans. *Journal of Sociology & Social Welfare*, XLII(4), 23–36.
- O'Toole, T.P., Pape, L. (2015). Innovative Efforts to Address Homelessness Among Veterans, *North Carolina Medical Journal*, 76 (5), 311-314.
- Schinka, J.A., Bossarte, R.M., Curtiss, J., Lapcevic, W.A., & Casey, R. (2015). Increased Mortality Among Older Homeless Veterans Admitted to VA Homeless Programs. *Psychiatric Services in Advance*. (doi: 10.1176/appi.ps.201500095)
- Tsai, J., Kaspro, W.J., Culhane, D., Rosenheck, R.A. (2015). Homeless Veterans Eligible for Medicaid Under the Affordable Care Act. *Psychiatric Services*, Oct 1: appips201500377. [Epub ahead of print]

Center Reports, Briefs, and Proceedings

- VA National Center on Homelessness Among Veterans. (2015). *Homelessness Screening Clinical Reminder Annual Report, FY 2014*. Philadelphia, PA: **Ann Elizabeth Montgomery**.
- VA National Center on Homelessness Among Veterans. (2015). *Migration by Veterans Who Receive VA Homeless Services*. Philadelphia, PA: **Stephen Metraux**.
- O'Toole, T.P., & Culhane, D. (Eds.). (2015) Proceedings from the VA National Center on Homelessness Among Veterans Homeless Evidence and Research Synthesis Roundtable Series: *Enumeration of Homelessness*.