

**HEALTH CARE FOR HOMELESS VETERANS COMMUNITY RESOURCE AND
REFERRAL CENTERS**

1. SUMMARY OF CONTENT:

a. This directive incorporates material previously located in Veterans Health Administration (VHA) Handbook 1162.09, Health Care for Homeless Veterans (HCHV) Program, dated May 2, 2014, regarding HCHV Community Resource and Referral Centers (CRRCs).

b. Paragraph 2 adds responsibilities for the HCHV National Program Director, the CRRC National Program Manager, the Veterans Integrated Services Network (VISN) Homeless Coordinator, the Department of Veterans Affairs (VA) medical facility HCHV CRRC Program Manager and VA medical facility HCHV CRRC staff.

2. RELATED ISSUES: VHA Handbook 1162.09, Health Care for Homeless Veterans (HCHV) Program, dated May 2, 2014; VHA Directive 1162.01, VA Homeless Providers Grant and Per Diem Program, dated November 17, 2020; VHA Directive 1162.05(1), Housing Urban Development of VHA Supportive Services Program, dated October 31, 2017; VHA Directive 1162.07, Supportive Services for Veteran Families (SSVF) Program, dated January 23, 2018; VHA Directive 1162.04, Health Care for Homeless Veterans Contract Residential Services, dated February 22, 2022; VHA Directive 1162.08, Health Care for Homeless Veterans Outreach Services, dated February 18, 2022; VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.

3. POLICY OWNER: The Homeless Program Office (11HPO) is responsible for the contents of this directive. Questions may be directed to the HCHV National Director, VHA Homeless Programs Office by email at VHA11HPOHomelessAction@va.gov.

4. RESCISSIONS: None.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 19, 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

July 19, 2022

VHA DIRECTIVE 1162.03

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Erica Scavella, MD, FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/CMO

NOTE: All references herein to the VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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HEALTH CARE FOR HOMELESS VETERANS COMMUNITY RESOURCE AND REFERRAL CENTERS

1. POLICY

It is Veterans Health Administration (VHA) policy that Health Care for Homeless Veterans (HCHV) Community Resource and Referral Centers (CRRCs) collaborate with Department of Veterans Affairs (VA) and community partners to identify, engage and provide services with the lowest barriers possible to enhance access for Veterans experiencing or at risk of homelessness with the goal of connecting them to housing (e.g., permanent, transitional), health care, job development programs, prevention services and other VA and non-VA benefits. **AUTHORITY:** 38 U.S.C. §§ 2033, 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for supporting the Homeless Program Office (HPO) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Health Care for Homeless Veterans National Director, VHA Homeless Programs.** The HCHV National Director is responsible for:

(1) Providing oversight for VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Overseeing the CRRC National Program Manager by providing programmatic support, resources and guidance for successful implementation of this directive.

e. **Community Resource and Referral Center National Program Manager, VHA Homeless Program.** The CRRC National Program Manager is responsible for:

(1) Providing guidance and technical assistance to the VISN Homeless Coordinators and to VA medical facility HCHV CRRC Program Managers on program concerns (e.g.,

adverse events, analysis of collected data).

(2) Developing and implementing action plans in collaboration with the VISN Homeless Coordinator when noncompliance is identified.

(3) Reviewing and approving program funding requests, new full-time equivalent (FTE) requests and FTE modification requests submitted by the VISN Homeless Coordinators in collaboration with the HPO fiscal team to ensure that appropriated funds for HCHV CRRCs are distributed to VA medical facilities.

(4) Creating and sending data reports to the VISN Homeless Coordinator using Homeless Operations, Management and Evaluation System (HOMES), and collaborating with the HPO Business Intelligence (BI) team to maintain HOMES.

(5) Sharing best and innovative practices with the VISN Homeless Coordinator and VA medical facility CRRC Program Managers. **NOTE:** *For more information about innovative practices, see the VHA Homeless Program Hub at <https://iop.med.va.gov/hub2/hp/>. This is an internal VA website that is not available to the public.*

f. **Veterans Integrated Services Network Director.** Each VISN Director is responsible for:

(1) Ensuring all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Designating a VISN Homeless Coordinator to provide regional oversight and to establish methods and procedures to ensure VISN compliance with this directive.

g. **Veterans Integrated Services Network Homeless Coordinator.** Each VISN Homeless Coordinator is responsible for:

(1) Ensuring that HCHV CRRCs are monitored and evaluated for compliance with this directive and, if noncompliance is found, notifying the CRRC National Program Manager and, when applicable, the VISN Director.

(2) Providing support, guidance, orientation, training and consultation to VA medical facility HCHV CRRC staff through site visits, email correspondence and VISN calls to facilitate mentoring, problem solving and compliance as needed.

(3) Reviewing all HCHV CRRC critical incidents upon notification from VA medical facility leadership (i.e., VA medical facility Director, VA medical facility CRRC Program Manager) and collaborating with the VA medical facility Director to ensure an appropriate investigation and follow-up activities take place.

(4) Reviewing on a quarterly basis HOMES reports, staffing reports and other evaluation data specific to HCHV CRRCs sent by the CRRC National Program Manager

to ensure that HCHV CRRCs are providing Veterans with optimal services and outcomes.

(5) Submitting program funding requests, new FTE requests and FTE modification requests to the CRRC National Program Manager.

h. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Engaging with State and community partners regarding HCHV CRRC services, as needed, to end Veteran homelessness.

(3) Appointing a VA medical facility CRRC Program Manager.

(4) Ensuring the VA medical facility CRRC has sufficient Government-furnished equipment and appropriate administrative support for HCHV CRRC staff to conduct day-to-day program services safely and effectively.

(5) Notifying the VISN Homeless Coordinator of HCHV CRRC critical incidents and collaborating with the VISN Homeless Coordinator for appropriate investigation and follow-up activities.

(6) Collaborating with supervisory staff in Enrollment and Eligibility to resolve issues that directly impact HCHV CRRC program operations (i.e., initiate verification of Veterans' eligibility and assist Veterans in completing eligibility procedures).

i. **VA Medical Facility Community Resource and Referral Center Program Manager.** The VA medical facility CRRC Program Manager, also known as the CRRC Homeless Program Supervisor, is responsible for:

(1) Providing and maintaining oversight of HCHV CRRC and its staff, including determining current staffing needs and regularly reassessing team staffing effectiveness.

(2) Providing HCHV CRRC staff with suggested topics for orientation and training, including but not limited to: harm reduction; Housing First; supportive services; ongoing use of data, tools and platforms to understand and improve program outcomes; appropriate usage of HCHV CRRC clinics. ***NOTE: Housing First is an evidence-based clinical practice that primarily provides immediate assistance to homeless individuals and families with high service needs to quickly access housing. The practice also provides case management and supportive services to sustain permanent housing.***

(3) Directing HCHV CRRC staff to provide HCHV CRRC clinical mental health, housing and community support services to Veterans as clinically indicated, with a special emphasis on serving those who are the most vulnerable and acting as a liaison with other providers as needed.

(4) Directing HCHV CRRC staff to provide concrete services (e.g., transportation, showers, laundry services, clothing, food, phone and internet access) to Veterans.

(5) Ensuring that HCHV CRRC staff are provided with sufficient Government-furnished equipment to conduct day-to-day CRRC services safely and effectively.

NOTE: *Government-furnished equipment includes office space, driving vehicles, information technology (IT) equipment (including cellular phones, laptop computers and air cards or other Wi-Fi access) and additional security services.*

(6) Establishing huddles, clinical case reviews and staff meetings with assignments for follow-up action with HCHV CRRC staff.

(7) Developing innovative practices and non-traditional approaches (e.g., casual dress, irregular tours of duty and the coordination of activities with community groups) tailored to the local community to assist homeless Veterans. **NOTE:** *For more information about innovative practices, see the VHA Homeless Program Hub at <https://iop.med.va.gov/hub2/hp/>. This is an internal VA website that is not available to the public.*

(8) Establishing relationships to strengthen cooperation between internal and external partners to enhance efficiency and effectiveness of delivering CRRC services that include identifying, assessing and referring homeless Veterans for other services. **NOTE:** *VA medical facility CRRC Program Manager serves as an active participant of the local Coordinated Entry System by working closely with community partners. A Coordinated Entry System is a process developed to ensure that Veterans and their families experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred and connected to housing and assistance based on their strengths and needs. For more information about the Coordinated Entry Systems, including privacy guidance, see the VHA Homeless Program Hub at <https://iop.med.va.gov/hub2/hp/>. This is an internal website that is not available to the public.*

(9) Ensuring HCHV CRRC office space is available to community-based homeless providers and other Federal and State partners who are engaged in providing services to homeless Veterans.

(10) Providing programmatic direction to all staff assigned to CRRCs, including case managers, peer support specialists, program support and associated providers.

(11) Creating and maintaining effective tracking systems for HCHV CRRC staff, fiscal activities, acquisition and material management General Services Administration (GSA) vehicles.

(12) Ensuring accurate workload capture for CRRCs, including accurate clinic set up in the electronic health record (EHR). **NOTE:** *Additional information on accurate clinic setup for HCHV CRRCs is available in the Homeless Programs Stop Code Guide at: <https://dvagov.sharepoint.com/sites/VHAHL/HRRT/Planning/HelpDocsOpPlan/Forms/>*

[AllItems.aspx](#). **NOTE:** This is an internal Department of Veterans Affairs (VA) website that is not available to the public

(13) Working closely with VA medical facility Police Service and local law enforcement to establish a relationship and to ensure a safety plan is in place to create a safe working environment for HCHV CRRC staff and Veterans.

j. VA Medical Facility Health Care for Homeless Veterans Community Resource and Referral Center Staff. VA medical facility HCHV CRRC staff members are interdisciplinary professionals (e.g., social workers, peer supports) responsible for:

(1) Providing HCHV CRRC services at the full extent of their relevant clinical privileges, credentials, scope of practice, elements of practice, certification, functional statement, position description or other VHA or VA medical facility-approved documentation of competency. **NOTE:** See 38 C.F.R. §§ 17.415 and 17.419.

(2) Participating in team performance improvement and sustainment activities to optimize team efficiency and HCHV CRRC services to Veterans.

(3) Communicating with all team members (including Veterans and caregivers) to convey clinically relevant information for the care of the Veteran.

(4) Performing community-based outreach activities to engage homeless Veterans.

(5) Enrolling and providing HCHV CRRC case management services to Veterans as clinically indicated, with a special emphasis on serving those who are the most vulnerable, as directed by the VA medical facility HCHV CRRC Program Manager.

(6) Providing same day services to Veterans who present at an HCHV CRRC regardless of the Veterans' ability to provide specific eligibility documentation such as a DD-214.

(7) Collaborating with VA medical facility Health Eligibility Center (HEC) Enrollment and Eligibility staff to initiate verification of Veterans' eligibility and assist Veterans in completing eligibility procedures. **NOTE:** For more information about Enrollment and Eligibility Staff, see VHA Directive 1601A.02(2), Eligibility Determination, dated July 6, 2020.

(8) Assisting Veterans in applying for discharge upgrades and benefits claims by referring them to the appropriate resources. **NOTE:** For more information about Enrollment and Eligibility Staff, see VHA Directive 1601A.02(2).

(9) Arranging for provision of care through VA or community resources in cases in which the Veteran is at risk and eligibility is not yet determined by VA medical facility HEC Enrollment and Eligibility Staff or the Veteran is only eligible for limited services based on discharge status that is other than honorable. **NOTE:** For more information about registration and eligibility, see VHA Directive 1601A.01, Registration and Enrollment, dated July 7, 2020.

(10) Educating and providing referrals to Veterans for available community and VA resources, services and programs serving special populations (e.g., VA medical facility Post 9/11 Military2VA Case Management Team, Suicide Prevention Coordinators, Intimate Partner Violence Assistance Program Coordinators and Women Veterans Program Managers) in order to address the unmet Social Determinants of Health.

(11) Coordinating with health care providers in VA medical facilities, Homeless Primary Care Teams (H-PACTs) and community partners to minimize barriers to HCHV CRRC services, avoid duplication of services and improve access to care.

(12) Assessing Veterans through HOMES assessment and clinical screening tools to determine the need for crisis intervention, and any coordination needed for housing and health care services.

(13) Documenting Veteran contacts in the EHR and ensuring all HOMES documentation is completed accurately per HOMES policies. **NOTE:** To access HOMES policies, see <https://vaww.homes.va.gov/VAHomesNew.aspx>. This is an internal VA website that is not available to the public and access is restricted to the VHA Homeless Programs staff with documentation or review status.

3. TRAINING

There are no formal training requirements associated with this directive. There are suggested training topics for orientation and ongoing training to assist HCHV CRRC staff located in paragraph 2.i.(2)

4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

5. BACKGROUND

a. The HCHV program was developed from the original Homeless Chronically Mentally Ill (HCMI) Program, a 6-month pilot project, established in February 1987. The central goal of the HCHV program is to reduce homelessness among Veterans by having CRRCs link Veterans who are the most vulnerable to VA services. In fiscal year 2013, CRRCs were established under the HCHV program. HCHV CRRCs provide “one-stop shopping” access to housing (e.g., permanent, transitional), health care, job development programs, prevention services and other VA and non-VA benefits through a partnership with local community-based homeless providers and other Federal and State partners engaged in providing services to the homeless.

b. HCHV CRRCs are located in community settings and serve as a primary access point for Veterans experiencing or at risk of becoming homeless. HCHV CRRCs are designed to provide services with the lowest barriers possible to enhance access to services for Veterans who are reluctant or unable to seek assistance at a VA medical facility.

c. HCHV CRRCs are community-based, and the safety concerns raised by community staff may differ as a result. It is vital for HCHV programs to create a culture of safety. This means VHA leadership prioritizes safety with an investment in:

(1) System-wide learning and the causes of adverse events are openly shared, and

(2) An environment where employees freely report and communicate safety concerns without fear of reprisal.

d. Consistent with Federal law and VA policy, a Veteran will not be subject to discrimination in HCHV CRRCs for any reason, including for reasons of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.

6. DEFINITIONS

a. **Community Resource and Referral Center Case Management.** CRRC case management is generally short-term in duration and is initiated by Veterans who walk into a CRRC seeking services or through outreach by HCHV CRRC staff to Veterans. CRRC case management provides access and linkage to mental health, housing and community support services.

b. **Homeless Veteran.** The HCHV programs follows the definition of “homeless Veteran” in 38 U.S.C. §§ 2002(a)(1). **NOTE:** *The term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.*

c. **Homeless Operations, Management and Evaluation System.** HOMES is VA’s primary platform for collecting intake, progress and outcome information for homeless Veterans. **NOTE:** *For more information about HOMES and its policies, see <https://vaww.homes.va.gov/VAHomesNew.aspx>. This is an internal VA website that is not available to the public and access is restricted to VHA Homeless Programs staff with documentation or review status.*

d. **Outreach.** For purposes of this directive, outreach is engagement with Veterans who are experiencing homelessness with the goal of connecting them to emergency shelter, housing or critical services, and providing them with urgent, non-VA medical facility-based care. Outreach services generally consist of engagement, short-term case management, connection to medical and psychiatric care and other social services. **NOTE:** *For more information about outreach services, see VHA Directive 1162.08, HCHV Outreach Services, dated February 18, 2022. There are two distinct types of outreach as outlined below:*

(1) Community outreach is outreach to Veterans experiencing homelessness taking place in community-based settings such as shelters, meal sites, homeless Veteran Stand Down events, job fairs, resource and referrals centers and other community outreach events.

(2) Street outreach is outreach to Veterans experiencing unsheltered, street homelessness taking place in non-traditional settings such as on the street, under bridges, in homeless encampments and in parks or other places not meant for human habitation.

e. **Supportive Services.** Supportive services are services that assist Veterans with the transition from the streets or shelters into permanent supportive housing, and also assist persons with living successfully in housing. Examples of supportive services include but are not limited to assistance in securing permanent housing; vocational assistance, including mentoring and coaching as well as job placement; income assistance and financial planning; relapse prevention and social and recreational activities.

7. REFERENCES

- a. 38 U.S.C. §§ 2002(a)(1), 2033, 7301(b).
- b. 42 U.S.C. § 11302.
- c. 38 C.F.R. §§ 17.415, 17.419
- d. VHA Directive 1162.08, HCHV Outreach Services, dated February 18, 2022.
- e. VHA Directive 1601A.01, Registration and Enrollment, dated July 7, 2020.
- f. VHA Directive 1601A.02(2), Eligibility Determination, dated July 6, 2020.
- g. Homeless Programs Stop Code Guide.
<https://dvagov.sharepoint.com/sites/VHAHL/HR RTP/planning/HelpDocsOpPlan/Forms/AllItems.aspx>. **NOTE:** This is an internal VA website that is not available to the public.
- h. VHA Homeless Program Hub. <https://iop.med.va.gov/hub2/hp/>. **NOTE:** This is an internal VA website that is not available to the public.
- i. VHA HOMES. <https://vaww.homes.va.gov/VAHomesNew.aspx>. **NOTE:** This is an internal VA website that is not available to the public and access is restricted to VHA homeless Program staff with documentation or review status.