

## HEALTH CARE FOR HOMELESS VETERANS OUTREACH SERVICES

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive states policy for the Homeless Program Office and sets forth the national authority and responsibilities for the administration, monitoring and oversight of the Health Care for Homeless Veterans (HCHV) Outreach Services program.

**2. SUMMARY OF MAJOR CHANGES:** This directive incorporates material previously located in VHA Handbook 1162.09, Health Care for Homeless Veterans Program (HCHV), dated May 2, 2014.

a. Updates definitions (paragraph 3).

b. Adds responsibilities for the HCHV National Program Director, the Veterans Integrated Service Network (VISN) Homeless Coordinator, VA medical facility Director, VA medical facility Homeless Program Coordinator and VA medical facility HCHV Outreach Services staff (paragraph 5).

**3. RELATED ISSUES:** VHA Handbook 1162.09, Health Care for Homeless Veterans Program (HCHV), 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 1501, VHA Homeless Programs, dated October 21, 2016.

**4. RESPONSIBLE OFFICE:** The Homeless Program Office (11HPO) is responsible for the content of this directive. Questions may be directed to the HCHV National Director, VHA Homeless Programs Office at [VHA11HPOHomelessAction@va.gov](mailto:VHA11HPOHomelessAction@va.gov).

**5. RESCISSIONS:** None.

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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

February 18, 2022

VHA DIRECTIVE 1162.08

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

/s/ Erica Scavella, M.D., FACP, FACHE  
Acting Assistant Under Secretary for Health  
for Clinical Services/CMO

**NOTE:** *All references herein to Department of Veterans Affairs (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 OUTREACH SERVICES

### 1. PURPOSE

This Veterans Health Administration (VHA) directive states authority and policy for the Department of Veterans Affairs (VA) to administer, monitor and oversee the Outreach Services program provided by the Health Care for Homeless Veterans (HCHV) program. **AUTHORITY:** 38 U.S.C. §§ 2031, 7301(b).

### 2. BACKGROUND

a. The foundation of HCHV programs is the provision of outreach services to Veterans who are homeless and assisting them in obtaining permanent housing as expeditiously as possible. The central goal of HCHV programs is to reduce homelessness among Veterans by conducting outreach to those who are the most vulnerable and who are not currently receiving VA services. Once Veterans are engaged through outreach, the goal is to connect them to treatment and rehabilitation services as well as to other VA programs and non-VA community programs that provide prevention, supportive services and permanent housing. The HCHV programs were developed from the original Homeless Chronically Mentally Ill (HCMI) Program, a 6-month pilot project, established in February 1987.

b. Because HCHV programs are typically the first to have contact with Veterans who are homeless, they frequently serve as the entry point and thus, provide VA a way to conduct outreach, assist and offer homeless Veterans an “open door” to the continuum of VA services.

c. HCHV programs are also vital for providing a gateway to VA and community-based supportive services for eligible Veterans who are homeless. The HCHV National Program Office expects that each VA medical facility (including those who do not have an assigned HCHV Outreach Services staff) will provide HCHV Outreach Services within that VA medical facility’s catchment area, either directly or in collaboration with community partners. This includes ensuring that chronically homeless Veterans and those with serious mental health diagnoses can be placed in VA and community-based programs that provide quality housing and services that meet the needs of these special populations.

d. HCHV Homeless Case Management is initiated through outreach with the focus on providing access to housing resources and monitoring of Veteran involvement with appropriate VA and community-based providers throughout the continuum of services. Homeless Case Management is generally short-term in duration.

e. The HCHV Outreach Services program is a community-based program and the safety concerns raised by staff may differ as a result. It is vital for HCHV programs to create a culture of safety. This means 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.

f. Consistent with Federal law and VA policy, a Veteran will not be subject to discrimination 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.

### 3. DEFINITIONS

a. **Homeless Operations, Management and Evaluation System.** 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, 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.

b. **Homeless Veteran.** The HCHV programs follow the definitions of "homeless Veteran" in 38 U.S.C. §§ 2002(1) and section 103(a) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. § 11302(a). **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. **Housing First.** 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.

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 provide them with urgent, non-facility-based care. Outreach services generally consist of engagement, short-term case management, connection to medical and psychiatric care, and other social services. 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. **Stand Downs.** Stand Downs are an outreach strategy to engage homeless Veterans and present them with longer-term treatment and housing opportunities. The 1- to 3-day events provide homeless Veterans a temporary refuge where they can obtain food, housing assistance, supplies and a range of community and VA assistance. In many locations, Stand Downs provide health screenings, referral and access to

housing and treatment services, benefits counseling, ID cards and access to other programs to meet a Veteran's immediate needs.

f. **Supportive Services.** Supportive services assist an individual 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.

#### 4. POLICY

It is VHA policy that HCHV outreach services identify and engage Veterans living in emergency shelters, unsheltered locations and places not meant for habitation with the goal of connecting them to stable housing with tailored services and supports, utilizing a harm reduction, Housing First and Veteran-centered approach.

#### 5. 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 Service 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. **HCHV 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) Providing guidance and technical assistance to VISN Homeless Coordinators and to VA medical facility Homeless Coordinators on program concerns (e.g., adverse events, analysis of collected data).

(3) Reviewing and approving requests for program funding, new full-time equivalent (FTE) and FTE modification submitted by VISN Homeless Coordinators in order to collaborate with the HPO fiscal team to ensure that appropriated funds for HCHV Outreach Services are distributed to VA medical facilities. **NOTE:** *For any excess funding that is de-obligated, it should be returned to the VHA HPO fiscal team no later than 45 days after the close of the quarter.*

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

(5) Establishing applicable program metrics with targets.

e. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that 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.

f. **Veterans Integrated Services Network Homeless Coordinator.** The VISN Homeless Coordinator is responsible for:

(1) Ensuring that HCHV outreach services are monitored and evaluated for compliance with this directive; notifying the HCHV National Director if non-compliance is found.

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

(3) Reviewing all HCHV program critical incidents upon notification from VA medical facility leadership (e.g., VA medical facility Director, VA medical facility Homeless Program Coordinator) and initiating an appropriate investigation and follow-up activities in collaboration with VA medical facility Director.

(4) Reviewing on a quarterly basis the HCHV performance measure outcomes, HOMES reports, staffing reports and other evaluation data specific to HCHV Outreach services sent by the HCHV National Director to ensure that HCHV Outreach Services at each VA medical facility is providing Veterans served with optimal services and outcomes.

(5) Submitting program funding requests, new FTE requests and FTE modification requests to the HCHV National Director.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

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

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

(3) Collaborating with the VA medical facility Homeless Program Coordinator to provide government-furnished equipment and appropriate administrative support for VA medical facility HCHV Outreach Services staff to safely and effectively conduct day-to-day outreach services.

h. **VA Medical Facility Homeless Program Coordinator.** The VA medical facility Homeless Program Coordinator, also known as a Homeless Program Manager or Supervisor, is responsible for:

(1) Providing and maintaining oversight of VA medical facility HCHV Outreach Services.

(2) Providing HCHV Outreach Services 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; and, appropriate usage of HCHV outreach clinics.

(3) Directing HCHV Outreach Services staff to provide case management services as clinically indicated, with a special emphasis on serving those who are the most vulnerable.

(4) Collaborating with the VA medical facility Director to ensure that HCHV Outreach Services staff are provided with sufficient government-furnished equipment to conduct day-to-day outreach services safely and effectively. **NOTE:** *Government-furnished equipment include 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.*

(5) Ensuring quarterly performance improvement reviews are conducted to improve access and sustain Veterans in VA medical facility HCHV Outreach Services.

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

(7) Assisting in the development of administrative and personnel documents such as position descriptions, functional statements, local standards of practice and performance appraisals.

(8) Determining current staffing needs and regularly reassessing team staffing effectiveness.



(9) 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://r03cleapp06.r03.med.va.gov/hub2/hp/index.html>. This is an internal VA website that is not available to the public.

(10) Establishing relationships to strengthen cooperation between internal and external partners to enhance efficiency and effectiveness of delivering outreach services that include identifying, assessing and referring homeless Veterans for other services. **NOTE:** VA medical facility Homeless Program Coordinators serve 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, see the VHA Homeless Program Hub at <https://r03cleapp06.r03.med.va.gov/hub2/hp/index.html>. This is an internal VA website that is not available to the public.

(11) Collaborating with community partners to plan and execute local Stand Down events.

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

(13) Creating and maintaining effective tracking systems at the VA medical facility for HCHV Outreach Services personnel, fiscal activities, acquisition and material management General Services Administration (GSA) vehicles.

(14) Ensuring HCHV Outreach clinics are set up as outlined in the Stop Code Guide on the VHA Homeless Programs Hub to capture community and street outreach. **NOTE:** For more information about the Stop Code Guide, see [https://dvagov.sharepoint.com/sites/VHAHL/HRRTP/planning/HelpDocsOpPlan/OperationalPlanningHubFilesforLibrary/TechnicalAssistanceforFY2015/HomelessProgramStopCodeGuide\\_FINAL.pdf](https://dvagov.sharepoint.com/sites/VHAHL/HRRTP/planning/HelpDocsOpPlan/OperationalPlanningHubFilesforLibrary/TechnicalAssistanceforFY2015/HomelessProgramStopCodeGuideFINAL.pdf). This is an internal VA website that is not available to the public.

i. **VA Medical Facility HCHV Outreach Services Staff.** VA medical facility HCHV Outreach Services staff members are health care professionals (e.g., social workers) and are responsible for:

(1) Providing outreach 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 local 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 outreach services for 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 case management services as clinically indicated, with a special emphasis on serving those who are the most vulnerable, as directed by the VA medical facility Homeless Program Coordinator. **NOTE:** For more information about case management, see paragraph 2.d.

(6) Collaborating with VA medical facility Health Eligibility Center (HEC) Enrollment and Eligibility staff to initiate verification of Veterans' eligibility and in assisting Veterans in completing eligibility procedures.

(7) Assisting Veterans in applying for discharge upgrades and benefits claims. **NOTE:** For more information about Enrollment and Eligibility Staff, see VHA Directive 1601A.02(2), Eligibility Determination, dated July 6, 2020.

(8) 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 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.

(9) Educating Veterans about available homeless and VA resources, providing referrals for requested services, and ensuring linkages to 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).

(10) Coordinating with health care providers in VA medical facilities and community to minimize barriers to outreach services, avoid duplication of services, and improve access to care.

(11) 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.,

(12) Documenting Veteran contacts in the electronic health record (EHR) and ensuring all HOMES documentation is completed accurately per HOMES policies. **NOTE:** To access HOMES policy, 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.

## 6. TRAINING

There are no formal training requirements associated with this directive, however, there are suggested training topics for orientation and on-going training to assist HCHV Outreach Services staff located in paragraph 5.h.(2).

## 7. 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 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.

## 8. REFERENCES

- a. 38 U.S.C. §§ 2002(1), 2031, 7301(b).
- b. 38 C.F.R. §§ 17.415 and 17.419.
- c. 42 U.S.C. § 11302.
- d. VHA Directive 1601A.01, Registration and Enrollment, dated July 7, 2020.
- e. VHA Directive 1601A.02(2), Eligibility Determination, dated July 6, 2020.

f. VHA Homeless Operations, Management and Evaluation System (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 Programs staff with documentation or review status.

g. VHA Homeless Programs Hub: <https://r03cleapp06.r03.med.va.gov/hub2/hp/index.html>. **NOTE:** This is an internal VA website that is not available to the public.