

VETERANS HEALTH ADMINISTRATION

Office of Health Equity

Cyberseminar: Addressing the Housing Needs of Homeless Veterans

Nikki Bowser, MHA

Presidential Management Fellow, Office of Health Equity

Program Analyst, U.S. Department of Housing & Urban Development,
Technical Assistance Division

Nikki.A.Bowser@hud.gov | 202-402-4395

October 9, 2019



Choose **VA**

VA



U.S. Department
of Veterans Affairs

OFFICE OF HEALTH EQUITY

Created in 2012

Vision: To ensure that VHA provides appropriate individualized health care to each Veteran in a way that-

- Eliminates disparate health outcomes and
- Assures health equity



Choose **VA**

VA



U.S. Department
of Veterans Affairs

OFFICE OF HEALTH EQUITY GOALS

1. **Leadership:** Strengthen VA leadership to address health inequalities and reduce health disparities.
2. **Awareness:** Increase awareness of health inequalities and disparities.
3. **Health Outcomes:** Improve outcomes for Veterans experiencing health disparities.
4. **Workforce Diversity:** Improve cultural and linguistic competency and diversity of the VHA workforce.
5. **Data, Research and Evaluation:** Improve data and diffusion of research to achieve health equity.

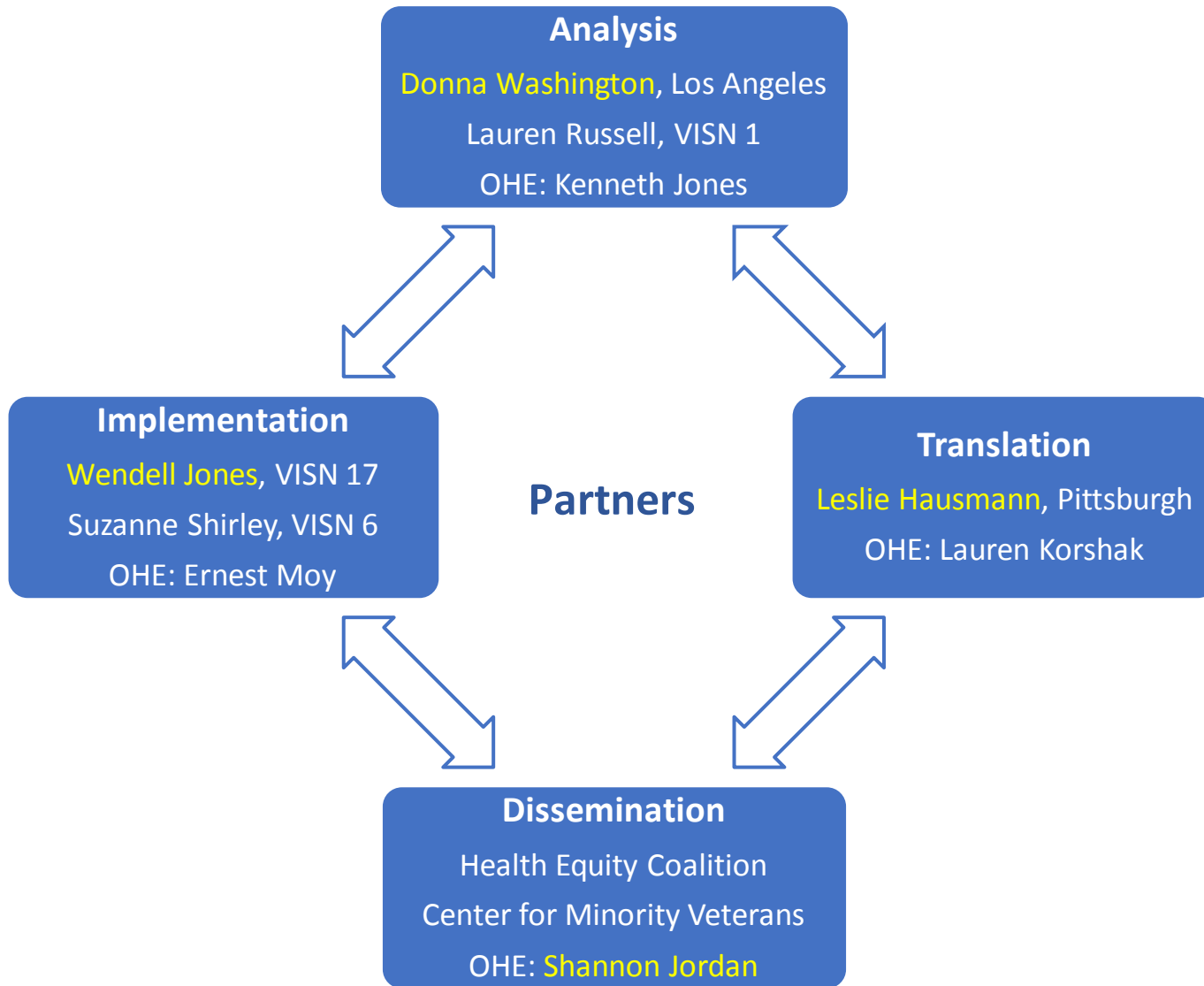


Veterans who experience greater obstacles to health related to:

- Race or ethnicity
- Gender
- Age
- Geographic location
- Religion
- Socio-economic status
- Sexual orientation
- Mental health
- Military era
- Cognitive /sensory / physical disability



OFFICE OF HEALTH EQUITY TEAM



OFFICE OF HEALTH EQUITY TEAM

<https://www.va.gov/healthequity>

An official website of the United States government [Here's how you know](#) Talk to the Veterans Crisis Line now

VA U.S. Department of Veterans Affairs Search Contact Us Sign In

[VA Benefits and Health Care](#) [About VA](#) [Find a VA Location](#)

VA » Health Care » Office of Health Equity

Office of Health Equity

- Health Equity
 - Office of Health Equity Home
 - Office of Health Equity Home
 - About
 - OHE Leadership
 - Health Equity Coalition
 - Health Equity Action Plan
 - Publications and Research
 - Data
 - Tools
 - News and Events
 - Partners and Stakeholders
 - More Health Care

EQUALITY

EQUITY

Equality vs. Equity

Many incorrectly use equality and equity in their conversations by believing that these concepts have the same meaning. Do you know the difference?

[Learn more »](#)

[Learn More](#) [Equality vs. Equity](#) [Telehealth Fact Sheet](#)

VHA Office of Health Equity

Equitable access to high-quality care for all Veterans is a major tenet of the VA

CONNECT WITH VHA

[Facebook](#) [Twitter](#)

OUR PRESENTERS



Jack Tsai, PhD

Director of Research,
National Center on
Homelessness Among



Molly Allen

Housing Program Specialist,
U.S. Department of Housing
& Urban Development



Anne Fabiny, MD

Associate Chief of Staff for
Geriatrics, Palliative &
Extended Care, San
Francisco VA Health Care
System (SFVAHCS)
Professor of Medicine, UCSF

ADDRESSING THE HOUSING NEEDS OF HOMELESS VETERANS



Choose **VA**

VA



U.S. Department
of Veterans Affairs

True or False:

The number of Veterans experiencing homelessness decreased between 2017 and 2018.



POLL

The answer is *True*.

According to HUD's most recent Point-In-Time count, there was a 5% (or 2,142 people) decrease in the number of Veterans experiencing homelessness between 2017 and 2018





VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Characteristics and housing needs of homeless veterans

Jack Tsai, PhD

Research Director

National Center on Homelessness among Veterans

VHA Homeless Programs Office



Choose **VA**

VA



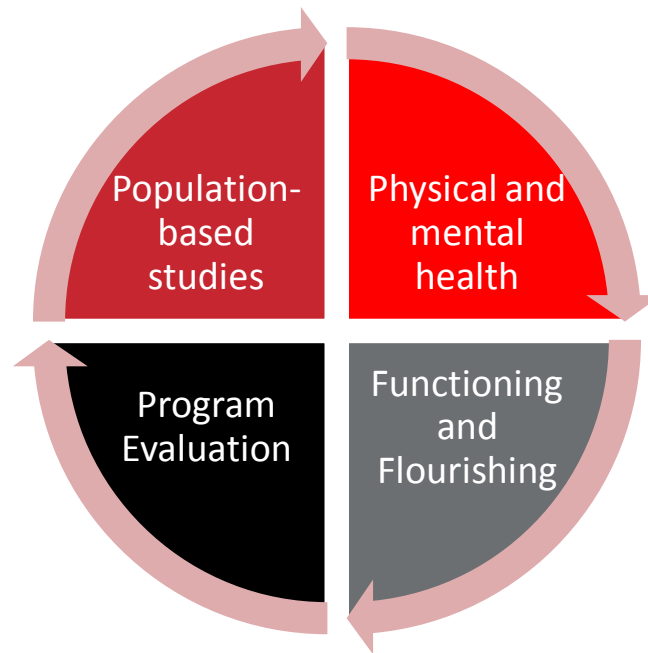
U.S. Department
of Veterans Affairs



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Research Priorities



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Basic outline

- Demographic characteristics of homeless veterans
- Race/gender differences in needs and VA homeless program use
- National Center resources



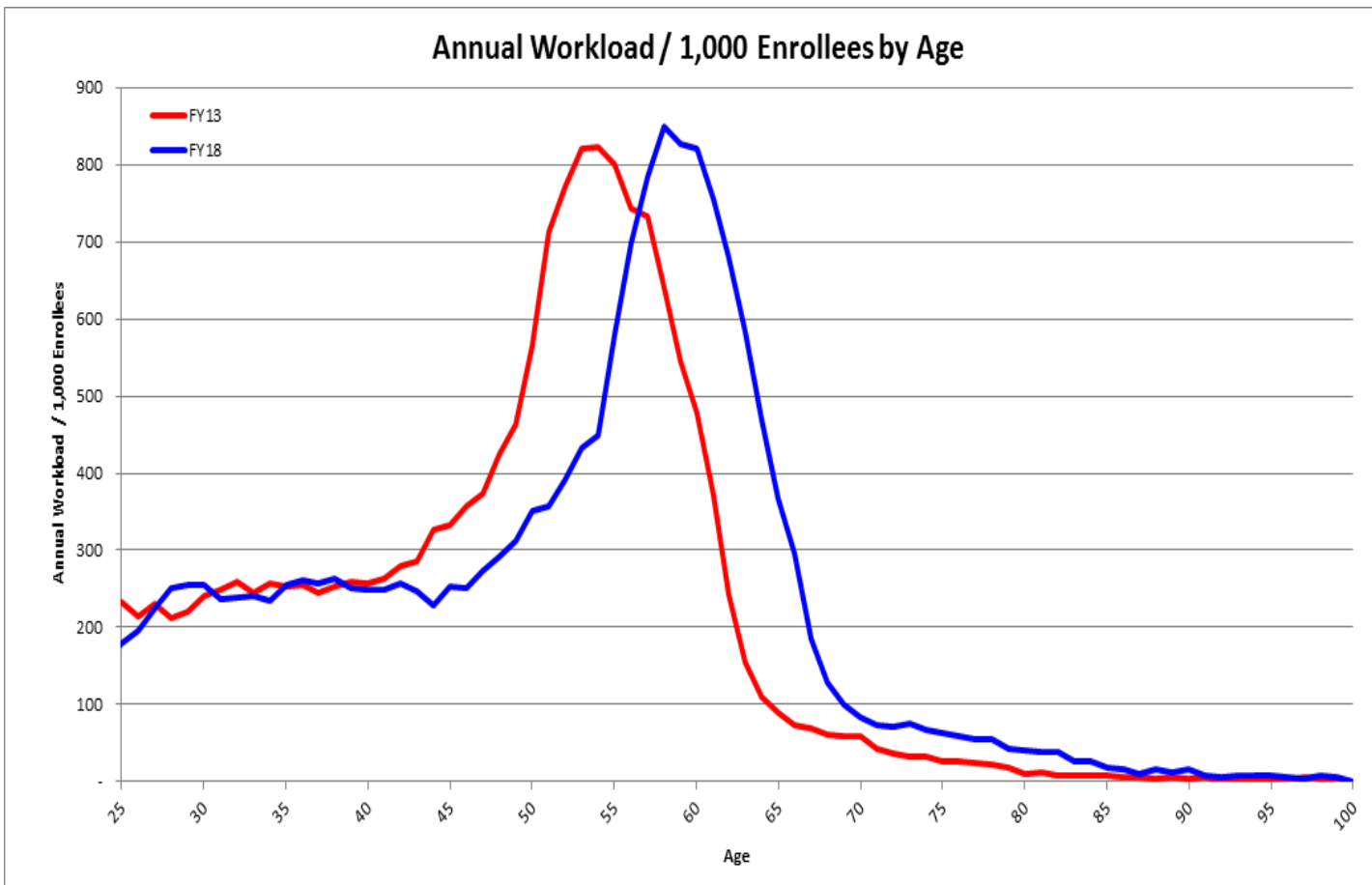
Homeless Veterans are aging

In 2019, 56% of VA homeless service users are 55+ versus 42% in 2013

Age Group	Fiscal Year													
	2013		2014		2015		2016		2017		2018		2019	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<25	771	1.5%	654	1.2%	593	0.9%	479	0.8%	419	0.8%	388	0.7%	214	0.7%
25-35	6,849	13.3%	7,485	14.0%	9,285	14.9%	9,179	15.2%	8,388	15.1%	7,473	14.0%	3,903	13.3%
36-45	6,593	12.8%	6,463	12.1%	7,603	12.2%	7,583	12.5%	7,027	12.7%	6,970	13.1%	3,885	13.2%
46-54	15,710	30.4%	14,457	27.0%	14,822	23.7%	12,832	21.2%	10,729	19.3%	9,560	17.9%	4,941	16.8%
55+	21,650	41.9%	24,443	45.7%	30,175	48.3%	30,466	50.3%	28,940	52.1%	28,872	54.2%	16,377	55.8%
NULL	41	0.1%	31	0.1%	26	0.04%	39	0.1%	25	0.05%	22	0.04%	12	0.04%
Total	51,614		53,533		62,504		60,578		55,528		53,285		29,332	



Annual Workload / 1,000 Enrollees by Age



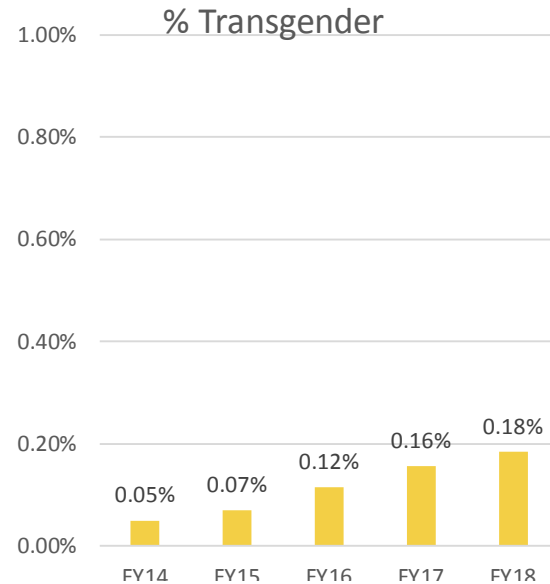
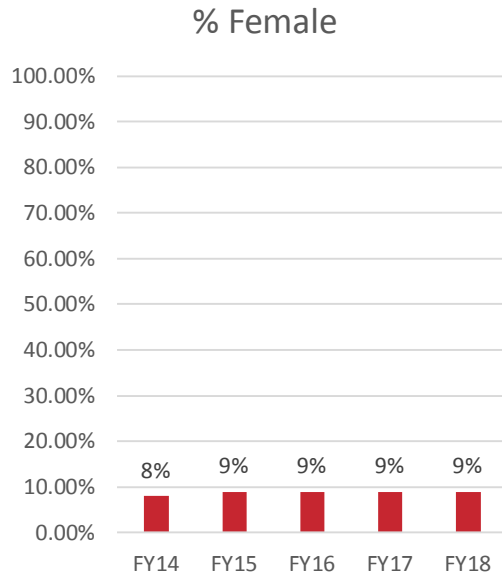
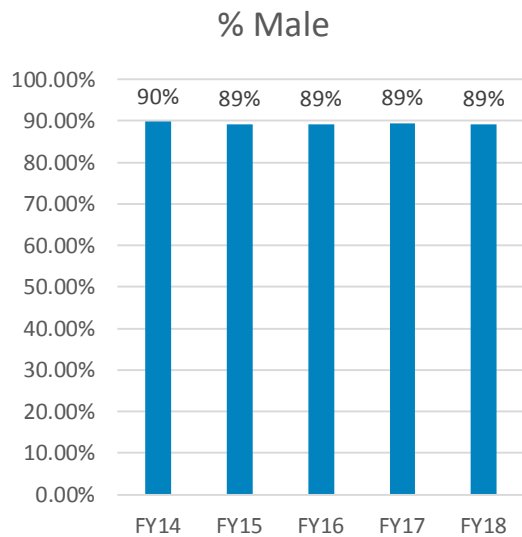
Choose VA

VA



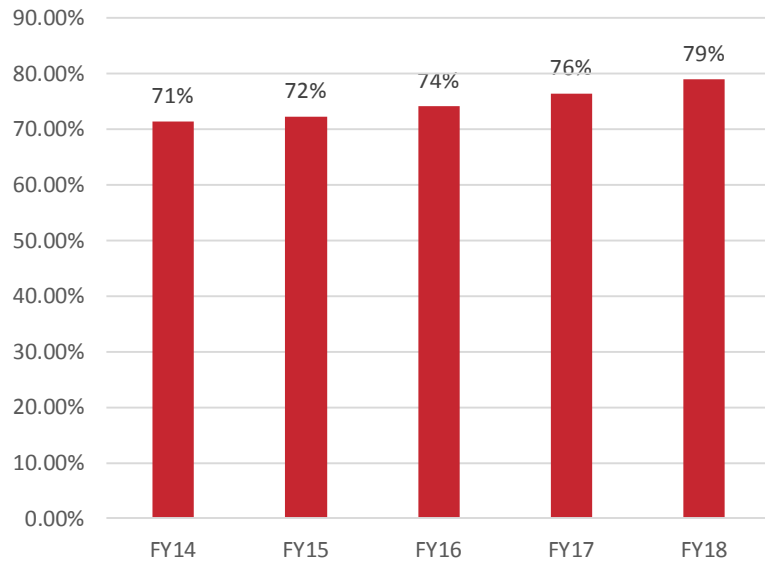
U.S. Department of Veterans Affairs

Gender %

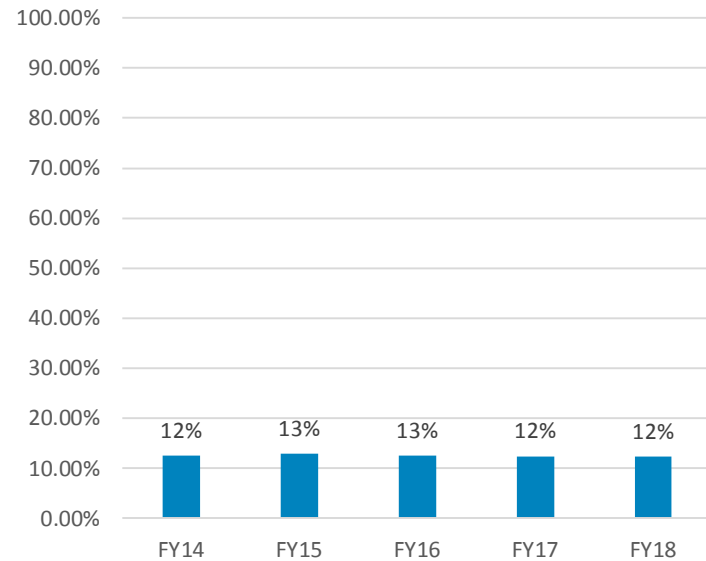


Urban vs. Rural

Urban



Rural



Top diagnoses among VA homeless service users FY2018

Medical diagnoses	Mental health diagnoses	Substance use disorder diagnoses
HYPERTENSION	POSTTRAUMATIC STRESS DISORDER, CHRONIC	ALCOHOL DEPENDENCE
HYPERLIPIDEMIA	ANXIETY STATE, UNSPECIFIED	ALCOHOL ABUSE
TYPE II DIABETES MELLITUS	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	COCAINE DEPENDENCE
ESOPHAGEAL REFLUX	POSTTRAUMATIC STRESS DISORDER, UNSPECIFIED	ALCOHOL DEPENDENCE, IN REMISSION
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	MAJOR DEPRESSIVE DISORDER, RECURRENT	CANNABIS DEPENDENCE



Project Community Homelessness Assessment, Local, Education, and Networking Groups (CHALENG)

Year 2012	Year 2013	Year 2014	Year 2015	Year 2016
N= 6,859	N= 7,741	N= 7,126	N= 3,765	N= 3,191
Registered sex offender housing (n= 1,024)	Legal assistance for eviction and foreclosure (n= 2,072)	Legal assistance for eviction and foreclosure (n= 2,287)	Legal assistance for eviction and foreclosure (n= 1,427)	Registered sex offender housing (n= 644)
Legal assistance for eviction and foreclosure (n= 1,782)	Registered sex offender housing (n= 1,324)	Registered sex offender housing (n= 1,317)	Welfare payments (n= 1,384)	Legal assistance for eviction and foreclosure (n= 1,094)
Legal assistance for child support (n= 1,683)	Legal assistance for child support (n= 1,769)	Legal assistance for child support (n= 1,822)	Registered sex offender housing (n= 799)	Legal assistance for child support (n= 846)
Child care (n= 1,350)	Financial guardianship (n= 1,878)	Child care (n= 1,580)	Legal assistance for outstanding warrants and fines (n= 1,271)	Child care (n= 745)

Tsai, J., Blue-Howells, J., & Nakashima, J. (2018). Needs of homeless veterans: 5 years of the CHALENG Survey 2012–16. *Journal of Public Health, 41*(1), e16-e24.



Choose **VA**

VA



U.S. Department of Veterans Affairs

Race differences in CHALENG

- Women more likely than men to report unmet needs around:
 - Emergency shelter, transitional housing, and dental care
- Among men:
 - White veterans more likely to report unmet needs than Black veterans around housing; healthcare needs; basic needs; and specialized needs (legal assistance for evictions)
 - Hispanic veterans were more likely to report unmet needs around spirituality than Black veterans
- Among women:
 - Hispanic/Other veterans had higher odds of unmet needs around domestic violence support and substance abuse treatment
 - Veterans in Other race/ethnicity category had greater odds of unmet needs around breastfeeding information and supplies as well as healthcare services

Tsai, J., Mitchell, L., Nakashima, J., & Blue-Howells, J. (under review). Self-reported unmet needs of literally homeless veterans by gender and race/ethnicity.



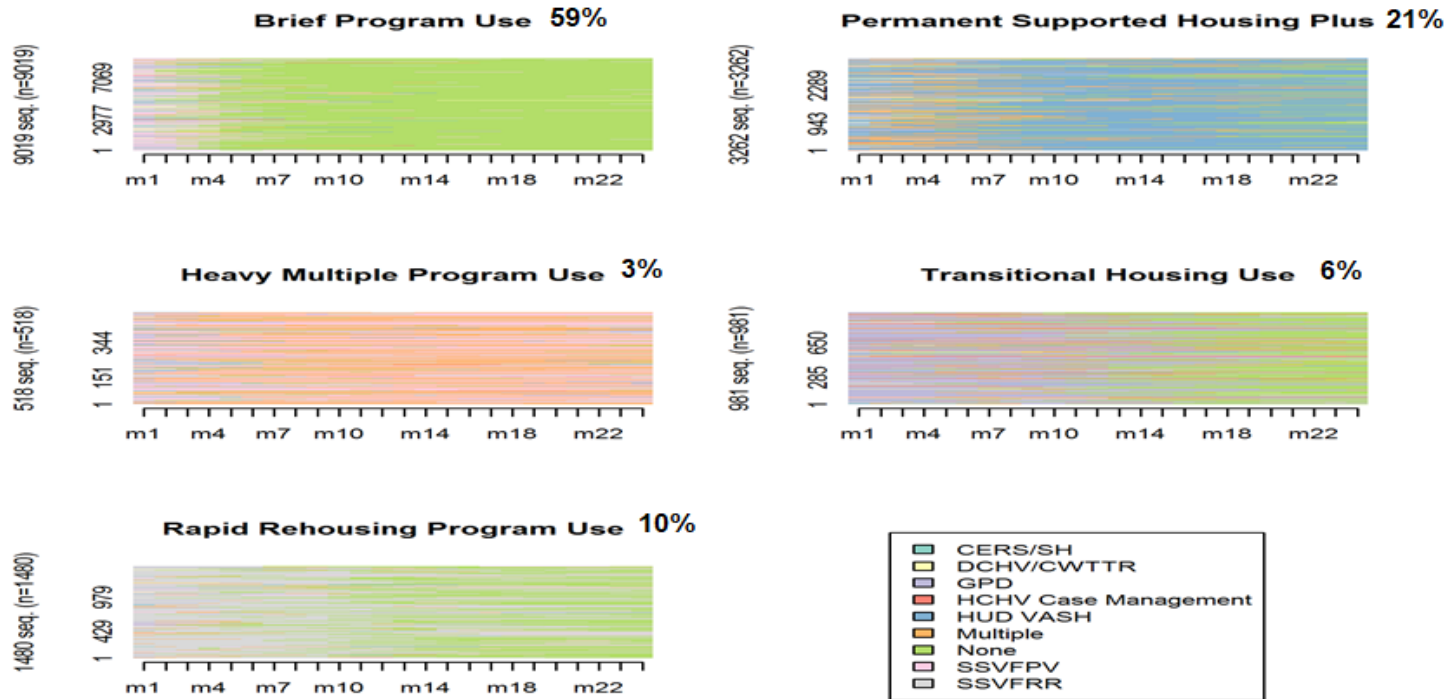
Choose **VA**

VA



U.S. Department
of Veterans Affairs

Profiles of 15,260 new



Tsai, J., & Byrne, T. H. (2019). National Utilization Patterns of Veterans Affairs Homelessness Programs in the Era of Housing First. *Psychiatric Services*, 70(4), 309-315.



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Race comparison in homeless program use

In 2018, Black Veterans represented 14% of total VA population, but 42% of homeless VA population. Native Americans represent 0.70% of total VA population and 2.96% of homeless VA population.

REPRESENTATION IN VA HOMELESS PROGRAMS				EQUITY IN OUTCOMES			
	% in Homeless Veteran Population	% Served by VA Homeless Programs	Representation Index		% Served by VA Homeless Programs	% Exits to Permanent Housing	Equity in Outcomes Index
White	56.8%	53.0%	0.93	White	53.0%	52.0%	0.98
Non-White	43.2%	47.0%	1.09	Non-White	47.0%	48.0%	1.02



Multivariable analysis of race/ethnic and gender differences in VA homeless service use

- Among 5.3 million veterans who were screened with the Homelessness Screening Clinical Reminder
Compared to white men
 - Odds of housing instability were from 0.71 among white women and 0.88 among Asian/Pacific Islander women to 1.68 among Black men and 1.88 among American Indian/Alaska Native men
- Among 140,000 veterans with housing instability
Compared to white men
 - Only white women were significantly less likely to use any VA homeless program
 - Black men and women, and American Indian/Alaska Native men and women were more likely to use any VA homeless program

Montgomery, A. E., Szymkowiak, D., & Tsai, J. (under review). Housing Instability and Homeless Program Use among Veterans: The Intersection of Race, Sex, and Homelessness.



Choose **VA**

VA



U.S. Department
of Veterans Affairs

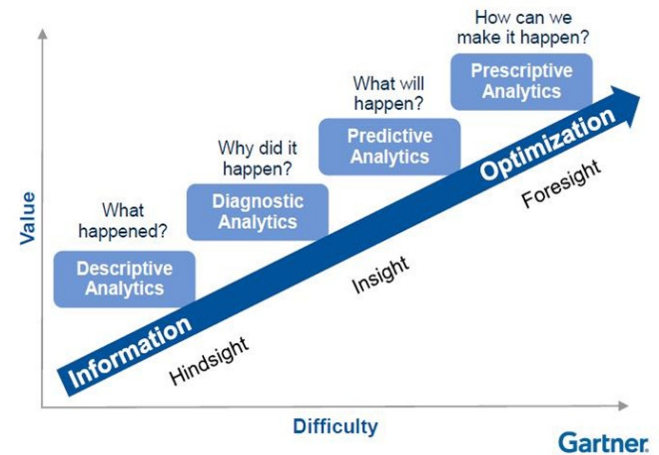


VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Future Directions: Hot Topics

- Predictive and prescriptive analytics
 - Precision science, systematizing tailored care
 - If not “one size fits all,” then what?
- Job automation/augmentation
 - Impact on employment opportunities among Veterans
 - How should Veterans be retrained? What jobs need to be filled?





VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Center Intramural grant Program

- Intramural research grants- \$60,000
- Solicitations for FY2021 ~ May 2020
- This year's priority areas: Employment, Technology use and homelessness, Social support and community integration, Suicide, Opioid use disorder, Community care



Choose **VA**

VA



U.S. Department
of Veterans Affairs



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

Center Post-graduate Fellowship Program

- Fellowship track within 5 local sites
- Pilot year starting this Fall
- Slots funded by Office of Academic Affiliations (OAA)
- Fellowship will use local infrastructure at sites

Participating Sites:

Los Angeles, CA. Core program: HSR&D Advanced Fellowship. POC: Debra Saliba, Debra.saliba@va.gov

Palo Alto, CA. Core program: HSR&D Advanced Fellowship. POC: Andrea Finlay, Andrea.Finlay@va.gov

Dallas, TX. Core program: Interprofessional Addiction Fellowship. POC: Cynthia Foslien-Nash, Cynthia.doslien-nash@va.gov

Bronx, NY. Core program: MIRECC fellowship. POC: Joseph Geraci, Joseph.geraci@va.gov

West Haven, CT. Core program: HSR&D Advanced Fellowship. POC: Lori Bastian, Lori.bastian@va.gov



Choose **VA**

VA



U.S. Department
of Veterans Affairs



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

<http://www.va.gov/homeless/nchav/index.asp>

- Listserv of 7,000 subscribers
- Monthly research briefs and newsletters
- Webinar series: Research to Practice, Roundtable Discussion
- Twitter  : @VACtrHomeless
- Jack Tsai, PhD: jack.tsai2@va.gov; @Jtsailab



Choose **VA**

VA



U.S. Department
of Veterans Affairs



HUD-Veterans Affairs Supportive Housing (VASH) Program

Program Overview
October 2019



Choose **VA**

VA



U.S. Department
of Veterans Affairs



HUD-VASH

- Program Combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA)
- 2008-2018 Allocations
 - 97,576 HUD-VASH vouchers awarded to over 600 public housing agencies (PHAs)
- 2019 Allocation
 - Additional \$40 million to fund approximately 5,000 vouchers



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Allocation Process

- Collaborative effort between HUD and VA
- Two Step process:
 - Registration of Interest Notice
 - Establishes Interested Universe of PHAs/VAMC partnerships
 - PHAs must meet criteria in notice and get letter of support from partnering VAMC
 - Formula based on geographic need using VA Gap Analysis Data



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Appropriations Act Requirements

- Referrals must come from VA, VA contractor, or VA designated entity
- All turnover vouchers must continue to be used for homeless Veterans
- 2008 Consolidated Appropriations Act and subsequent appropriations acts allow Secretary of HUD to waive or specify alternative requirements for any provision of any statute or regulation affecting the HCV program in order to effectively deliver and administer HUD-VASH voucher assistance.



Choose **VA**

VA



U.S. Department
of Veterans Affairs



VA Responsibilities

- Conduct outreach to identify homeless Veterans
- Screen Veterans to determine eligibility and homeless status
- Refer Veterans to PHA
- Provide appropriate treatment and supportive services to potential HUD-VASH program participants, if needed, prior to issuance of a voucher
- Provide housing search assistance
- Providing ongoing case management and other supportive services



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Program Requirements

- Generally, the HUD-VASH program is administered in accordance with regular HCV program requirements
- Basic PHA Responsibilities:
 - Determine family eligibility
 - Brief family/Issue voucher
 - Approve tenancy (unit meets Housing Quality Standards, rent is reasonable, unit is eligible, family not rent burdened, sign HAP contract)
 - Conduct interim and annual reexams (changes in income or family composition)



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Program Requirements

- Basic PHA Responsibilities:
 - Conduct annual inspections
 - Pay monthly HAP
 - Process moves/portability requests
 - Process terminations/provide hearings
 - Respond to landlord or participant complaints
 - Recruit landlords
 - Report leasing/financial/tenant data to HUD



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Alternative Requirements

- Alternative requirements were established in the HUD-VASH Operating Requirements , originally published in the Federal Register on May 6, 2008.
- Revised HUD-VASH Operating Requirements were published Friday, March 23, 2012.
- PHA waiting list does not apply - referrals to PHA and determination of homelessness done by the VA
- PHA eligibility determinations limited to income and lifetime sex offender status



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Alternative Requirements

- PHAs must accept VA forms for documentation of Veteran SSNs and birthdates (rather than requiring SS cards or birth certificates)
- Minimum initial term of the voucher for housing search extended from 60 to 120 days
- Veteran can enter into initial lease term of less than 12 months even if not standard local practice
- Portability is restricted to where a family can receive case management services by the VA



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Alternative Requirements

- Housing on the grounds of a VA facility are eligible for assistance
- Failure to participate in case management (as determined by the VA case manager) is grounds for termination from the HUD-VASH program
- Allows vouchers to be reallocated based on changes in geographic need or non-performance of VA or PHA after opportunity for corrective action
- MTW agencies cannot apply MTW authority without approval from HUD
- PHAs must request approval to enter into PBV contracts with HUD-VASH vouchers



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Project-based HUD-VASH

- Past: HUD-VASH set-aside competitions
- Present: All HUD-VASH awards can be converted to Project-Based Vouchers (PBV) at any time after allocation without HUD approval in accordance with the Housing Opportunity Through Modernization Act of 2016 (HOTMA)
 - PHAs should still consult with and ensure support of their partnering VAMC



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Monitoring/Oversight

- HUD and VA collaboratively review data on a regular basis (referrals, vouchers issued, vouchers currently leased).
- HUD HQ provides monthly reports to field offices – lower performing sites flagged for follow-up to identify problems and potential solutions
- Comparison of VA reported data, VMS, and PIC data allows for field offices to follow-up when discrepancies are identified.



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Monitoring/Oversight

- Field offices work to facilitate solutions at the local level and also report back to HQ for additional follow-up when necessary
- VA and HUD HQ staff have regular conference calls to discuss and resolve issues



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Colma Veterans Village

- The Challenge We in the VHA are Confronting:
 - How can we better manage the care of frail older veterans whose care needs – medical and psychosocial – outstrip our current capacity?
 - Some are housed and fail living in the community
 - Some are chronically homeless
 - Both populations often spend time in the hospital and CLC because there is nowhere else for them to go
 - Those sites of care are the two most expensive in our health care system and don't provide the care that these veterans actually need



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

- Aging, medically and psychosocially complex HUD-VASH residents require support that exceeds the system's capacity to keep them housed with access to primary medical care



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Colma Veterans Village

- The response to a complex problem will be complex
- We at the San Francisco VA Health Care System are implementing one innovative, novel intervention for formerly homeless, frail, older veterans: The Colma Veterans Village



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

- A new model of housing + health care:
 - Mercy Housing built, owns and operates the new 66-unit independent-living apartment building for formerly homeless veterans, half of which are designated for older, frailer HUD-VASH eligible veterans
 - Enhanced HUD VASH staffing support for this resident population
 - Creation of a novel site-based primary care team to meet the medical and psychosocial needs of this complex veteran population
 - High degree of collaboration with community partners



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

The community partners in this project are:

- Mercy Housing, Inc
- Public Housing Authority of San Mateo County
- Brilliant Corners, a nonprofit supportive housing agency
- San Mateo County Aging and Adult Services (for IHSS)

SFVAHCS participating Programs:

HUD-VASH

Geriatrics



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

- Operations are funded in part by
 - 57 project-based vouchers provided by HUD-VASH that come with funding from the VA for case management and nursing support
 - eight Section 8 vouchers from the Public Housing Authority of San Mateo County



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

- Sixty-five one bedroom units in a three story corridor building with two elevators
- 15% of the units are ADA accessible (10 units), of which five will have roll-in showers
- 100% of the units will be ADA adaptable
- Amenities on site include a separate building with community rooms and kitchen to host a variety of gatherings and resident services



The Colma Veterans Village

- In the main, newly constructed building there are private meeting rooms for case management, conference room, nursing office and offices for the resident and building managers
- Laundry facilities will also be located there, as well as a lounge and fitness center.



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

- With over two acres of property, there are a number of outdoor spaces for the veterans
- There is a community garden that will be tended and run by the veterans, as well as a dog park to provide a secure activity place for residents who have pets



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Choose **VA**

VA



U.S. Department of Veterans Affairs



Choose **VA**

VA



U.S. Department
of Veterans Affairs



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Colma Veterans Village



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Colma Veterans Village

- The SFVAHCS Primary Care Team includes:
 - 1.0 FTE nurse
 - 0.5FTE psychiatric nurse practitioner
 - 0.2 FTE doctor
- The RN and psychiatric NP positions are funded by the Central Office Homeless Program; MD position funded by the medical center



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Developing Primary Care Team September 2019



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

- Standard staffing for 65 unit project-based HUD VASH would include:
 - 1.5 FTE HUD VASH social worker
 - 1.0 FTE Resident Service Advisor (funded by Mercy Housing)
- HUD VASH **enhanced** Colma staffing includes:
 - 2.0 FTE social work case managers
 - 1.0FTE Peer Support Specialist
 - Community Partners - Mercy Housing and Brilliant Corners - staffing:
 - 0.5 FTE social work case manager
 - 1.0 FTE building manager
 - 1.0 FTE Resident Service Advisor



Choose **VA**

VA



U.S. Department
of Veterans Affairs

The Colma Veterans Village

- The Primary Care Team will plan to have as its panel the frailer veterans, approximately 30 or so, and any of the other veterans who want their care from that team
- Thirty two veterans have moved into the building since mid-August
- Eight have already signed up for the new Primary Care team; another potential 9 have been identified
- We do not know/cannot predict how many veterans will choose to switch their care to the new team; we have the capacity to serve all of them



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Colma Veterans Village

- Proposed Outcome Measures:
 - Decreased ED utilization and hospitalizations
 - Decreased hospital LOS when hospitalized
 - Increased utilization of primary care services
 - Decreased HUD VASH staff stress/burnout
 - Increased LOS of veterans in housing
 - Increased veteran satisfaction with housing support



The Colma Veterans Village

- Other staffing ideas that we haven't or couldn't implement:
 - Building Specific Care Team model for home health aides
 - Possible after all veterans have moved in
 - Intermediate Care Technicians for overnight and weekend support
 - Not possible because of the Mercy Housing license for the building



THANK YOU

Questions & Follow-Up

- Jack Tsai: Jack.Tsai2@va.gov
- Molly Allen: Molly.K.Allen@va.gov
- Anne Fabiny: Anne.Fabiny@va.gov
- Ernest Moy, Executive Director of OHE:
Ernest.Moy@va.gov

