

Access to Health and Homeless Services for Rural Veterans

Housing Assistance Council Webinar

May 6, 2015



Access to Health and Homeless Services for Rural Veterans

Poll #1

In your role with your agency, are you a direct service provider?

Yes

No

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Poll #2

I am an employee or representative of:

- A nonprofit organization
- A state or local government agency
- The Department of Veteran Affairs
- Another Federal Agency
- Other

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Poll #3

What is your interest in today's webinar?

- Orientation to Veteran Affairs
- VA Homeless services
- VA Healthcare services
- All of the above
- Other

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Poll #4

If your agency is a direct service provider, how frequently are you serving rural veterans and/or their families?

- Frequently/repeatedly serving rural veteran and families
- Regularly serve this population
- Moderate level of services provided to this population
- Provide services, but infrequent
- Do not serve

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Poll #5

To what extent do you work with your local VA and its partners?

- Frequently collaborate to provide services
- Regularly collaborate to provide services
- Moderately collaborate to provide services
- Work independently, no partnership with my local VA
- No local partnership opportunity exist in my area

Today's Presentation

- Introduction to the Department of Veteran Affairs Health Care System
- Status of Rural Veterans
- Overview of the Veterans Choice Program
- Homelessness amongst Veterans
- VA Homeless Programs
- Questions and Answers

Mission of the Department of Veterans Affairs (VA)

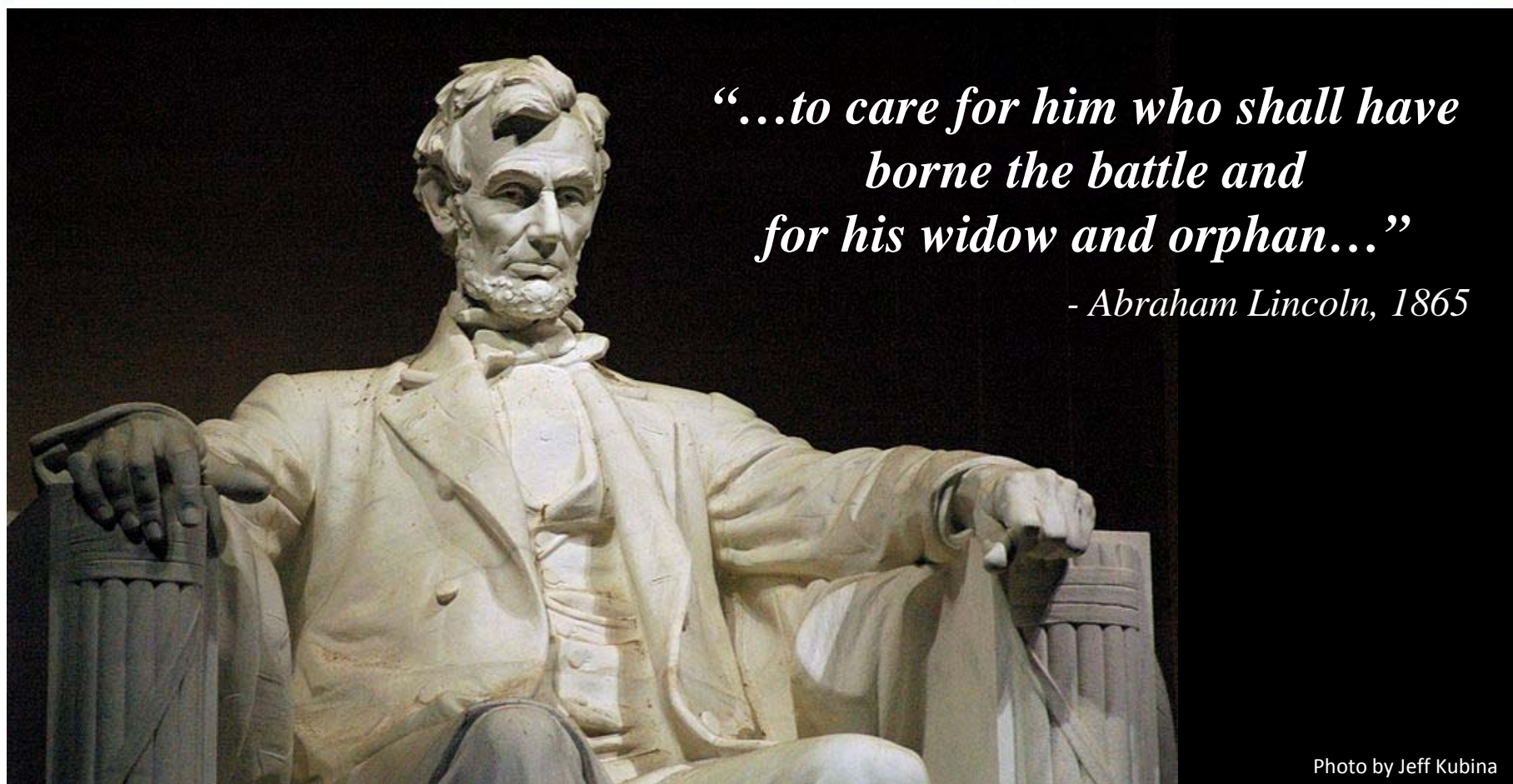


Photo by Jeff Kubina

What is the Department of Veterans Affairs (VA)?

- Established in 1930
- Elevated to Cabinet level in 1989
- Federal government's 2nd largest department after the Department of Defense
- Three components:
 - Veterans Health Administration (VHA)
 - Veterans Benefits Administration (VBA)
 - National Cemetery Administration (NCA)

Department of Veterans Affairs Goals

- **Goal 1: Empower Veterans to Improve their Well-being**
 - Giving Veterans Access and Choice for health care
- **Goal 2: Enhance and Develop Trusted Partnerships**
 - Creating relationships between VA and private sector partners to provide care for Veterans
- **Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support**
 - Developing reasonable processes for coordinating care of Veterans between VA and non-VA providers

Veterans Health Administration (VHA) Health Care Delivery to Veterans



Veterans Health Administration “Footprint”



144 Hospitals

14 Health Care Centers

754 Community Based
Outpatient Clinics

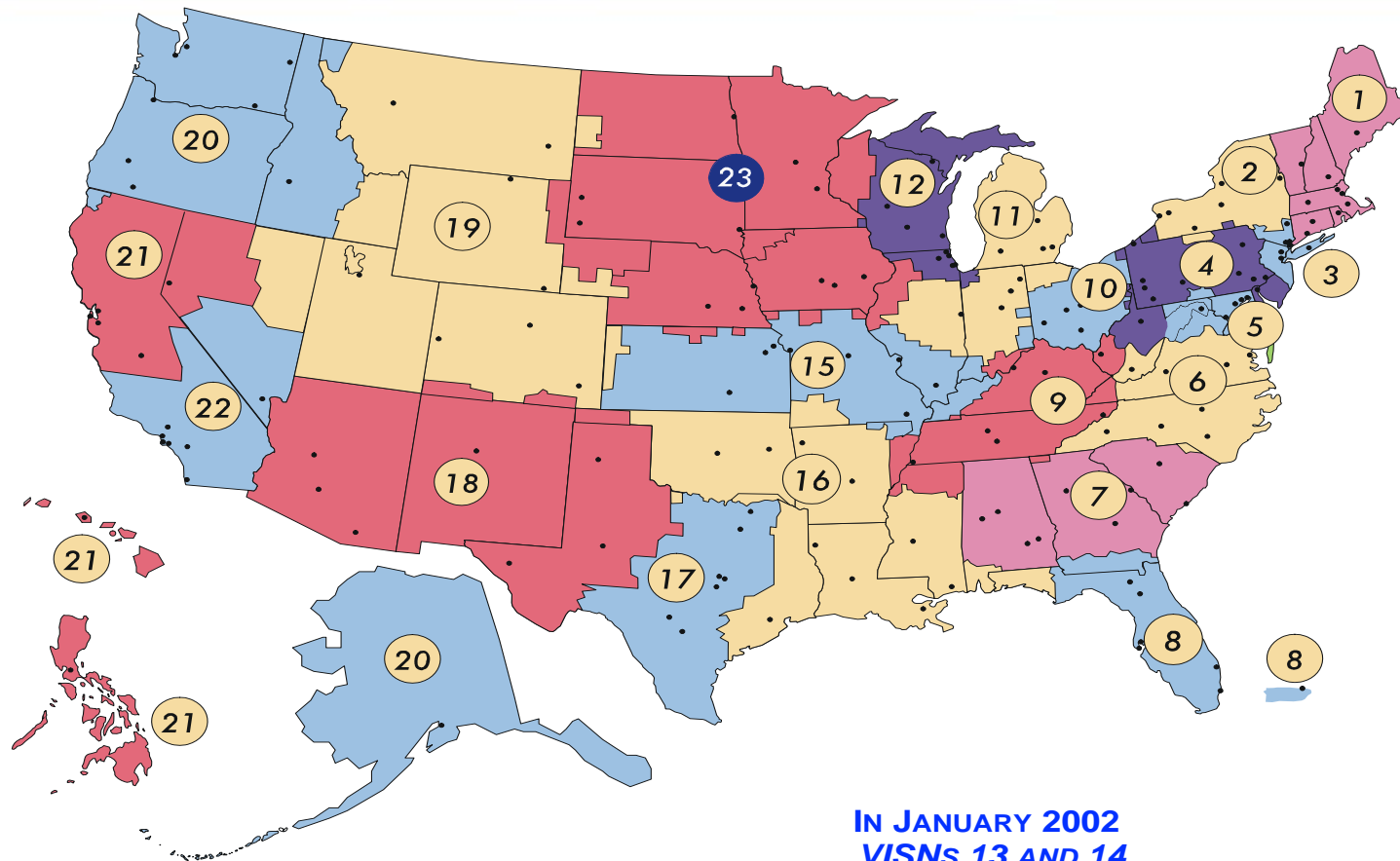
135 Community Living
Centers

108 Residential Rehabilitation Programs

264 Other Outpatient Service Sites (single service clinics,
dialysis centers, mobile medical units, etc.)



Regional Delivery of Health Care to Eligible Veterans - 21 Veterans Integrated Service Networks (VISN)



**IN JANUARY 2002
VISNs 13 AND 14
WERE INTEGRATED AND
RENAMED VISN 23**

Eligibility for VHA Healthcare

- Eligibility for VHA health care services depends on a number of qualifying factors, including:
 - The nature of a veteran’s discharge from military service (e.g., honorable, other than honorable, dishonorable)
 - Length of service
 - VA adjudicated disabilities (commonly referred to as “service-connected disabilities”)
 - Income level
 - Available VA resources

Who is eligible for VHA Healthcare?

Veteran eligibility for VA healthcare is based on category group (“Priority Enrollment Group”)

- **Category Group 1**
Veterans with service-connected disabilities rated 50% or more disabling
- **Category Group 2**
Veterans with service-connected disabilities rated 30% or 40% disabling
- **Category Group 3**
POWs, Purple Heart recipients, those rated 10% or 20% disabled, or those eligible under Title 38, U.S.C., Section 1151
- **Category Group 4**
Veterans who receive aid and attendance or housebound benefits or are catastrophically disabled
- **Category Group 5**
Veterans whose income and net worth are below established VA thresholds of \$31K - \$46K annually, (depending on family size), those on VA pension and/or are eligible for Medicaid benefits
- **Category Group 6**
WW I, Mexican Border War Veterans, disorders associated with exposure to herbicides (Agent Orange) while serving in Vietnam, exposure to ionizing radiation in Hiroshima and Nagasaki, Gulf War illness.
- **Category Group 7**
Veterans who pay co-payments with income and/or net worth above the VA threshold
- **Category Group 8**
Veterans who agree to pay specified co-payments with income and/or net worth above the VA threshold and HUD geographic index who were enrolled before January 2003. Income requirements may change from year to year.

The rural Veteran (FY14)

22M Veterans in the United States and 8.7M (40%) enrolled in VA Health Care

5.3M live in rural areas (24%) and 3.2M (60%) are enrolled in the VA Health Care System (36%)

55% of VA-enrolled rural Veterans are 65+ years old

6% of enrolled rural Veterans are Women

Nearly 13% increase of enrolled rural women Veterans since FY12



12% of enrolled rural Veterans served in Iraq or Afghanistan and typically have multiple medical and combat-related issues

42% of rural Veterans earn an annual income of less than \$26,000

1.2% of enrolled rural Veterans are American Indian/Alaska Native

7% increase in enrolled rural Veterans between FY06-14

Veterans Choice Program: Expanding Access to Healthcare in the Community



Veterans Choice Program

- VA officially launched the Veterans Choice Program on November 5, 2014. This was in accordance with the timeframe established under Public Law 113-146 signed by President Obama on August 7, 2014
- The Choice Act allows VA to expand the availability of hospital care and medical services for eligible Veterans through agreements with eligible non-VA, community entities and providers

Veterans Choice Program Provisions

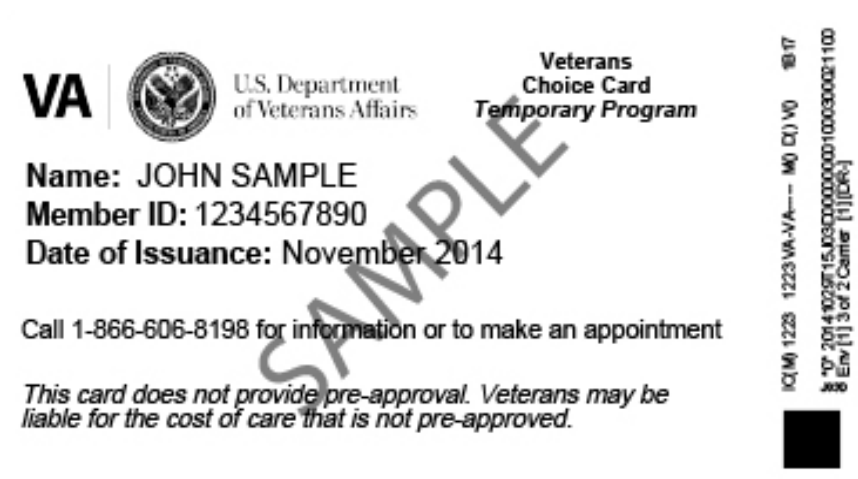
- VA to furnish hospital care and medical services to “*eligible*” Veterans through agreements with eligible entities or other laws administered by the Secretary. Agreements include contracts, provider agreements and intergovernmental agreements.
- \$10 billion for a “Veterans Choice Fund” to pay for non-VA care authorized under the Veterans Choice Program
- Authority sunsets in three years or when Veterans Choice Fund is exhausted
- Pre-existing programs and initiatives were unchanged

Veterans Choice Program: Eligibility

- “*Eligible*” Veterans are
 - 1) enrolled in the VA Healthcare System as of 8/1/14; or
 - 2) “combat” Veterans within the 5 year enrollment window and:
 - are unable to secure an appointment within 30 days of the date that an appointment is deemed clinically appropriate by a VA health care provider, or the date a Veteran prefers to be seen; or
 - reside more than 40 driving miles from the VA medical facility closest to the Veteran’s residence; or
 - reside in a state without a VA medical facility that provides hospital care, emergency medical services, surgical care and live more than 20 miles from such a facility (Hawaii, Alaska, New Hampshire); or
 - reside in a location, other than the Philippines, that is 40 miles or less from a VA medical facility but is required to travel by air, boat, ferry or if the Veteran faces an unusual or excessive burden on travel due to geographical challenges.

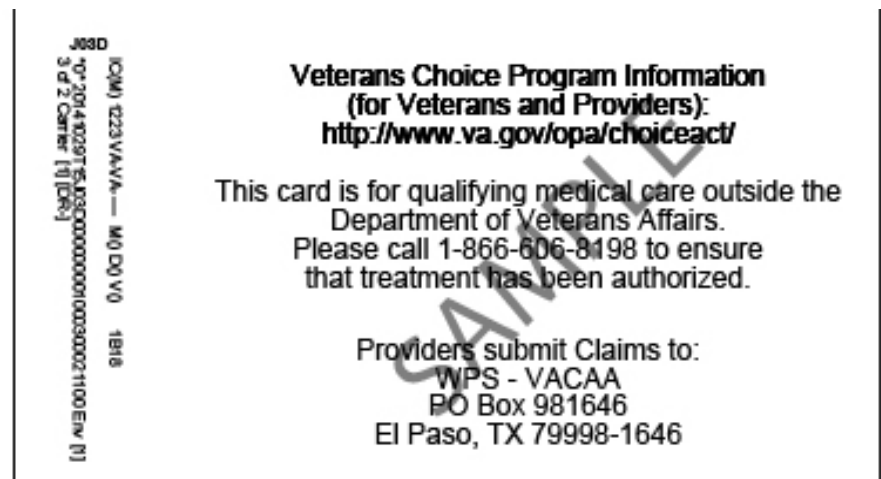
Veterans Choice Program Card

- VA signed contracts with Health Net and TriWest to serve as Third Party Administrators (TPAs) and help VA administer the Veterans Choice program
- TPAs are managing the Choice Program card distribution, call center, provider management, appointment management, reporting and billing



Front of Veterans Choice Card

VETERANS HEALTH ADMINISTRATION



Back of Veterans Choice Card

Additional Resources and Information:

- Eligibility for Health Care Benefits

<http://www.va.gov/healthbenefits/apply/veterans.asp>

- VA Medical Center Locator

<http://www.va.gov/directory/guide/division.asp?dnum=1&isFlash=0>

- Veterans Choice Act web site <http://www.va.gov/opa/choiceact/>

- How to become a local Veterans Choice healthcare provider

<http://www.va.gov/opa/choiceact/documents/FactSheets/Fact-Sheet-For->

[VACAA-Providers.pdf](http://www.va.gov/opa/choiceact/documents/FactSheets/Fact-Sheet-For-VACAA-Providers.pdf) or phone # for Veterans and Providers 1-866-606-8198

Access to Homeless Services for Rural Veterans



Overview – Homelessness and Veterans

- Estimates from the HUD *2014 Annual Homeless Assessment Report (AHAR)* indicate approximately 578,424 people experience homelessness on any given night.
- The 2014 Point in Time Count, estimates there were 49,933 homeless Veterans on a single night in January 2014.
- Indication that there has been a 33 percent reduction in Veterans homelessness since 2010.
- Programs have provided services to over 260,000 homeless or at-risk Veterans through special homeless programs

Overview – VA Homeless Programs

- Secretary's Plan to *End Homelessness among Veterans*
 - In 2009, the Secretary announced the Five Year Plan to End Homelessness among Veterans.
 - This goal became part of the Federal Plan, put forth by the US Interagency Council on the Homeless.
 - Intent:
 - Enhance resource coordination, improve collaboration, create new programs, and develop research and policy recommendations to end Veteran homelessness.

Overview – VA Homeless Programs

- Permanent - HUD VASH
- Prevention and rapid re-housing - SSVF
- Bridge, transitional, and outreach - HCHV / DCHV / GPD
- Immediate intervention and referral - Call Center
- Outreach and services, justice involved - HCRV - VJO
- Community engagement and enhanced access - Stand Downs
- Addressing Identified gaps and innovative services - New Models
 - HPACTs
 - Safe Haven
 - CRRCs
 - Other

Overview – VA Homeless Programs

- **Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH)**
 - HUD-VASH is a collaborative program between HUD and VA.
 - Eligible homeless Veterans receive VA provided case management and supportive services to support stability and recovery from physical and mental health, substance abuse, and functional concerns contributing to or resulting from homelessness.
 - Through the end of FY 2014, over 68,731 HUD-VASH Vouchers were used by Veterans and their families.
- **Supportive Services for Veteran Families (SSVF)**
 - SSVF provides supportive services to very low-income Veterans families in or transitioning to permanent housing.
 - Funds are granted to private non-profit organizations and other community partnerships to provide supportive services and to promote housing stability.
 - In FY 2014, SSVF served over 125,000 participants.

Overview – VA Homeless Programs

- **Health Care for Homeless Veterans (HCHV)**
 - HCHV programs reduce homelessness among Veterans by conducting outreach to those who are the most vulnerable and are not currently receiving services.
 - *The Contract Residential Treatment Program* ensures that Veterans with *serious mental health* diagnosis can be placed in community-based residential treatment programs which provide quality housing and services.
 - In FY 2014, the HCHV program provided over 4,061 operational beds in support of homeless Veterans.
- **Domiciliary Care for Homeless Veterans (DCHV)**
 - DCHV programs provide time-limited residential treatment to homeless Veterans with health care and social-vocational deficits.
 - DCHV programs provide homeless Veterans access to medical, psychiatric, and substance use disorder treatment in addition to social and vocational rehabilitation programs.
 - At the end of FY 2014, the DCHV program had provided 2,448 operational beds in support of homeless Veterans.

Overview – VA Homeless Programs

- **VA's Homeless Providers Grant and Per Diem (GPD) Program**
 - The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments.
 - The GPD program offers communities a way to help homeless Veterans with housing and services while assisting VA medical centers by augmenting or supplementing care.
 - Over 15,000 beds exist in the GPD Program nationally.
- **National Call Center for Homeless Veterans (NCHAV)**
 - NCHAV provides toll-free number to assist homeless or at risk Veterans and families.
 - Direct access to trained counselors, 24 hour assistance.
 - Screening and assessment.
 - Immediate referral to local homeless program coordinators to assist with VA or community resources.
 - In FY 2014, the Call Center received over 112,000 calls.

Overview – VA Homeless Programs

- **Health Care for Reentry Veterans Services (HCRV)**
 - HCRV program is designed to address the community reentry needs of incarcerated Veterans.
 - Reentry staff work directly in state and federal prisons.
 - Goal is to prevent homelessness, reduce impact of medical, psychiatric and substance abuse problems upon community adjustment.
 - In FY 2014, HCRV staff provided services to over 16,000 Veterans.
- **Veterans Justice Outreach (VJO)**
 - Ensure justice-involved Veterans have timely access to VA mental health, substance abuse, and homeless services, and other VA benefits.
 - Goal to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans.
 - In FY 2014, VJO staff provided services to over 41,000 justice involved veterans.

Overview – VA Homeless Programs

- **Stand Downs**
 - Multi partner provider, community-based, 1 to 3 day events.
 - Range of services may include: food, shelter, clothing, health screenings, dental services, legal services, VA and Social Security benefits counseling. Medical, mental health and substance abuse treatment, as well as information on housing and employment resources.
 - Over 300 events conducted in 2014.
 - Estimated that 80,000 Veterans will have participated in a Stand Down in 2014.

Overview – VA Homeless Programs – New Models

- **Homeless Patient Aligned Care Team (HPACT)**
 - The H-PACT care teams provide homeless Veterans with medical care, case management, housing, and social services assistance to help them obtain and stay in permanent housing; reducing emergency department use and hospitalizations and improving chronic disease management.
 - Since the project launched in January 2012, through the end of FY 2014:
 - H-PACT had 44 sites actively enrolling Veterans, with
 - 13,957 Veterans actively enrolled (on a panel).
- **Safe Havens**
 - Targets chronically homeless with mental illness and substance use problems.
 - Targets Veterans who have failed in traditional programs.
 - Does not require sobriety or compliance with MH TX as a condition of admission / continued stay. Environment of care is as non-intrusive as possible.
 - In FY 2014, the Safe Havens served 972 Veterans in 22 programs.

Overview – VA Homeless Programs – New Models

- **Community Resource and Referral Centers (CRRC)**
 - Strategically selected locations to test a “one-stop shopping” model program.
 - Secure store front community accessible space or partner with an existing community partners for space and services.
 - Showers and laundry on site or through referral; access to food and clothing services via non-profit community providers. Rapid referral to housing services (emergency and permanent). Medical and mental health services either on site or by referral.
 - 29 operational programs; estimated over 20,000 visits in FY 2014.
- **Developing Models**
 - Grant Per Diem – Low Demand
 - Telephone Continuing Care and Recovery Support (TCCRS)

Overview – VA Homeless Programs

Select VA Homeless Program Metrics Fiscal Year (FY) 2011 through FY 2014

	FY 2011	FY 2012	FY 2013	FY 2014
Total number of Veterans served in specialized homeless or at-risk services.	157,182	208,115	259,734	264,827
Number of Veterans obtaining permanent housing during this fiscal year through VA Homeless Programs. (1)	18,597	34,877	42,716	53,475
Total number of beds available to homeless Veterans. (2)	55,885	68,738	79,800	80,178
Number of Veterans contacted through Health Care for Homeless Veterans outreach services.	98,213	119,568	146,557	158,553

1. Includes all exits to permanent housing from Compensated Work Therapy – Transitional Residence (CWT-TR), Domiciliary Care for Homeless Veterans (DCHV), Homeless Providers Grant and Per Diem Program (GPD), Supportive Services for Veteran Families (SSVF), Health Care for Homeless Veterans (HCHV) Contract Residential, and number of move-ins to

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH).

2. Includes number of operational GPD, HCHV Contract beds, DCHV beds and HUD-VASH vouchers allocated at the end of each FY.

Rural Homelessness and Veterans

- Rural homeless persons are often referred to as the “hidden homeless”
 - Wooded areas, campgrounds, abandoned property, and buildings not intended for human habitation.
 - Substandard housing or in overcrowded temporary housing arrangements.
 - Providers may lack adequate capacity and infrastructure to fully address this issue.
- The following challenges to access and services for homeless Veterans:
 - Homeless shelters, limited hours (e.g., timeliness of care);
 - Large geographic areas where services are often stretched over multiple counties;
 - Transportation;
 - Affordable housing;
 - Wrap around services such as child care, credit counseling, family reconciliation;
 - Legal assistance.

Summary Analysis – National Data Homeless Veterans in Rural Areas

- Summary analysis of three national data sets:
 - Veteran evaluations at entry to VHA homeless programs;
 - VA Medical Center and Community-Based Outpatient Clinic screening records;
 - Funding expenditures – to assume need:
 - community recipients of prevention and re-housing grants, and
 - community-based transitional housing grantee reports.

Summary Analysis – National Data Homeless Veterans in Rural Areas

1. Housing intervention programs entrance evaluation

- FY 2014, 26,144 homeless Veterans in the Homeless Operations and Management Evaluation System (HOMES) data set.
- 2,172 (8.3%) Veterans had been located in rural zip code areas prior to the evaluation.
- Comparisons of the characteristics of these Veterans with those from urban zip code areas revealed a substantive difference:
 - Less likely to be minority race;
 - More likely to need case management and family counseling;
 - Table next slide.

Summary Analysis – National Data Homeless Veterans in Rural Areas

1. Housing intervention programs entrance evaluation

Characteristic	Urban %	Rural %
White	53.4	70.7
Female	9.5	10.3
Never Married	30.3	20.4
Chronic Homeless	52.2	53.0
Need Psychiatric Treatment	54.5	58.7
Need Substance Abuse Treatment	45.4	43.7
Need Medical Treatment	66.6	67.9
Need Case Management	77.8	86.5
Need Counseling for Family Problems	9.1	14.2
Two or More Medical Problems	40.0	41.1
Primarily Unemployed Last Three Years	27.0	25.0
Drinking Just Prior to Evaluation	17.1	17.3
Drug Use Just Prior to Evaluation	16.6	12.6
History of Both Psychiatric and Substance Abuse Problems	35.7	37.4

Summary Analysis – National Data

Homeless Veterans in Rural Areas

1. Housing intervention programs entrance evaluation

- It should be noted that needs (as determined by VA clinical outreach staff upon initial evaluation of the Veteran) were equally high in both rural and urban locations.
- Further analysis indicated:
 - Rural Veterans were identified in slightly higher percentages of need in psychiatric treatment, medical treatment;
 - Rural Veterans reported two or more medical problems more often;
 - Rural Veterans experienced fewer instances of unemployment in previous three years;
 - Rural Veterans were identified as having a history of both psychiatric and substance abuse problems;
 - A slightly higher percentage of Veterans in rural locations were currently or previously married.

Summary Analysis – National Data Homeless Veterans in Rural Areas

2. Universal homeless screener

- During FY 2014, over 42,000 homeless Veterans were screened for homelessness at VAMCs and CBOCs.
 - 22,152 were determined homeless and 20,316 were determined at risk for homelessness.
 - The numbers served at rural VAMCs or CBOCs were 2,313 or 10.4 percent homeless and 2,324 or 11.4 percent at risk for homelessness.
 - Higher percentage of Veterans who were homeless or at risk for homelessness screened in rural locations were over 61 years of age;
 - Rural homeless and at risk Veterans are more likely to be white (71 percent in rural areas versus 56 percent in urban areas).

Summary Analysis – National Data

Homeless Veterans in Rural Areas

3.a. Supportive Services for Veterans Families (SSVF)

- Total of 97 SSVF grants were reviewed, 31 (46%) were issued to non-VA organizations that serve Veterans from rural areas, only.
- Primary services:
 - Personal finance planning, income support services, representative payee or legal services, child care assistance, and housing counseling were offered to rural Veterans at equal or at slightly lesser rates compared to those offered Veterans in urban areas.
- Higher percentage of transportation assistance provided to those Veterans who were homeless or at risk for homelessness in rural areas (89%) as opposed to those in urban locations (76%).

Summary Analysis – National Data

Homeless Veterans in Rural Areas

3.b. Grant and Per Diem Program

- The GPD data set consisted of records representing 17,932 unique Veterans.
- The mean age was 48; 96.6 percent were male; 20.9 percent were age 55 or older;
- 7.3 percent were in rural locations.
- Homeless Veterans in rural areas were more likely to be:
 - Caucasian;
 - Homeless for more than 30 days;
 - Employed full-time in the last year;
 - Worked within last 30 days; and
 - Report a serious medical problem.
- Less likely to have reported:
 - Combat duty;
 - Receipt of non-VA monetary benefits; and
 - Current or past substance use disorder.

Homeless Veterans in Rural Areas – Review

- Summary: Examination of national data sets representing Veterans served in VHA homeless programs; at VAMCs and CBOCs; and while participating in community-based provider programs,
 - The needs of rural Veterans appear similar in many ways to those residing in urban areas.
 - The most evident and significant need particular to rural-ness:
 - Transportation services;
 - Needs are slightly higher and specific to rural homeless Veterans in relation to:
 - Psychiatric and medical treatment;
 - Case management, counseling for family problems;
 - VA entitlement benefits; and
 - Services specific for older Veterans.

Veteran Homelessness



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Opportunities for Working with Veterans

- Linking Services
 - Networks (VISNs)
 - VAMCs / CBOCs
 - Vet Centers
 - National Call Center
 - Veteran Service Organizations
 - County / State Service Officers
- Leveraging Resources
 - SSVF
 - HUD VASH
 - GPD
 - HCHV
- Developing New Models
 - HPACTs
 - Tele-Health

Opportunities for Working with Veterans – Linking Services

- Linking Services
 - Each VISN or Network - NHC (Network Homeless Coordinator):
 - <http://www.va.gov/homeless/>
 - VA Medical Centers and VA Outpatient Clinics - Homeless Program Coordinators:
 - <http://www.va.gov/directory/guide/division.asp?dnum=1&isFlash=0>
 - Many Vet Centers work closely with Homeless Veteran Programs and the community:
 - <http://www.va.gov/directory/guide/vetcenter.asp?isFlash=0>
 - Direct assistance and referral available at VA National Homeless Veteran Call Center:
 - 1-877-4AID VET (1-877-424-3838)
 - <http://www.va.gov/homeless/nationalcallcenter.asp>
 - Veterans Service Organizations:
 - <http://www.va.gov/vso/>
 - County or State Veteran Service Officers:
 - Contact local or state government

Opportunities for Working with Veterans – Leveraging Resources

- Leveraging Resources
 - Supportive Services for Veterans Families (SSVF)
 - Grants for non-profit and community collaboratives for homeless prevention and rapid rehousing.
 - <http://www.va.gov/homeless/ssvf.asp>
 - Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH)
 - Section 8 and VA staff - provides permanent housing and case management.
 - Contact local Public Housing Authority and VA Medical Center Homeless Program Coordinator.
 - Homeless Providers Grant and Per Diem Program (GPD)
 - Capital and operational funds for non-profits to provide transitional housing.
 - <http://www.va.gov/homeless/gpd.asp>
 - Healthcare for Homeless Veterans
 - Outreach, case management, and contracts with community-based organizations to provide residential care.
 - Contact NHC or local VA Homeless Program Coordinator.

Opportunities for Working with Veterans – New Models

- Developing New Models and Partnerships
 - National Center on Homelessness among Veterans
 - Office of Rural Health
 - Network Homeless Coordinators
 - VAMC Homeless Program Coordinators
 - Coalitions for the Homeless
- HAC Examples:
 - Tennessee – housing and services, including leveraging HUD-VASH vouchers and case management services
 - Vermont – transitional and supportive housing, including leveraging GPD funds

Rural Housing and Care for Veterans

Partnership Project Spotlight: The Fairweather Lodge Model

- Based on the concept developed by George Fairweather,
 - Aimed at psychosocial rehabilitation for residents
 - Provides permanent, independent, self-managed cooperative housing for four to six financially employed occupants
 - Homeless live together in a single-home without live-in staff, collaborate in working together at a job, work interdependently to maintain medication compliance, and socialize with each other
- Participant Requirements
 - Must have a serious and persistent mental illness
 - Must not have been suicidal in the past three months, and:
 - be willing to take prescribed medications;
 - not abuse drugs or alcohol; and
 - work 20 hours a week.
- 50 active lodges across the Midwest and Northeast
 - Outcome research on these facilities has shown:
 - good psychological outcomes;
 - good work performance;
 - high medication compliance; and
 - low recidivism.

The Iowa City Fairweather Lodge

- Collaboration between
 - Shelter House
 - Shelter House is a non-profit organization that has provided housing and supportive services to the homeless of Southeast Iowa since 1983
 - National Alliance of Mental Illness (NAMI) of Johnson County
 - Affiliate NAMI National, the nation's leading grassroots, self help, education, support and advocacy organization dedicated to improving the lives of individuals and families affected by mental illness.
 - University of Iowa College of Education
 - VHA Office of Rural Health Veterans Rural Health Resource Center, Iowa City
- The Iowa City Lodge was initially funded through low interest loans and financial assistance from
 - Johnson County Housing Trust fund,
 - The City of Iowa City
 - Other grants submitted by Shelter House
 - Funding for trainers and program evaluation provided the by VHA Office of Rural Health

Iowa City Fairweather Lodge Impact

- VA ORH Training and Program Evaluation Investments 2012-2015
 - Examined effectiveness of the Lodge model as a solution for rural Veteran Homelessness
 - Evaluated collaboration among and conducted training for VA and community providers of services to homeless Veterans
- Results:
 - 26 formerly homeless Veterans have entered the program
 - Veteran view the program is positively
 - *“This program gives people an opportunity to better their situation which may not otherwise be possible.”*
 - *“[This program makes me] feel more productive; self-worth tends to increase with employment.”*
 - VA and Community providers of services cite institutional obstacles to effectiveness including lack of care coordination and limited substance abuse treatment options
 - Primary facilitators for the program are one-on-one communication between Veterans and agency members, and communication between outreach social workers and VHA psychologists.

Thank you

“... to care for him who shall have borne the battle and for his widow and orphan...”

- Abraham Lincoln, VA mission



Photo credit: Jose Gil



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