

# The National Center on Homelessness Among Veterans

Vincent Kane, MSS

Through policy analysis, research, model development and implementation, education and dissemination, and instrument development and evaluation, the National Center on Homelessness Among Veterans seeks to eliminate veteran homelessness in 2015.



Federal Practitioner's 30th anniversary celebration continues with the spotlight this month on the accomplishments of the National Center on Homelessness Among Veterans.

**T**he National Center on Homelessness Among Veterans (NCHAV) is a national resource that works to promote recovery-oriented care for veterans who are homeless or at-risk for homelessness by developing and disseminating evidence-based policies, programs, and best practices. The NCHAV's main focus is to promote data-driven, research-informed solutions to prevent and end veteran homelessness. Founded in 2010, the NCHAV is a national resource and is part of the Veterans Health Administration (VHA) Homeless Program Office that informs practices designed to meet the VA's Five Year Plan to End Homelessness among veterans and the Federal Strategic Plan to Prevent and End Homelessness. The NCHAV's work is integrated and organized into 5 core activities: (1) Policy analysis, (2) research, (3) model development and implementation,

**Mr. Kane** is the director of the National Center on Homelessness among Veterans in Philadelphia, Pennsylvania.

(4) education and dissemination, and (5) instrument development and evaluation.

The NCHAV administrative office is located in Philadelphia, Pennsylvania, and operates in collaboration with the VISN 4 and VISN 8 leadership. The center's primary academic partners include the University of Pennsylvania, the University of South Florida, the University of Massachusetts Medical School, and Yale University. The NCHAV also has strong partnerships with the Office of Mental Health Services, the National Center on PTSD, the Department of Housing and Urban Development, and the VHA Office of Health Services Research and Development.

Since the start of the initiative to end veteran homelessness, the NCHAV has been actively collaborating with the Office of Homeless Programs to transform how the VA provides services to homeless and at-risk for homeless veterans. Most notable is the adaption of Housing First, a low-barrier, community-based recovery model that prioritizes placement into permanent housing and then wraps other health care and supportive services around veterans to help maintain housing and improve their quality of life. The adop-

tion of this model has resulted in significant decreases in the number and duration of time a veteran experiences homelessness. Two VHA programs where Housing First has made the greatest impact is the Department of Housing and Urban Development-Veterans Affairs Supportive Housing and Supportive Services for Veteran Families. Both programs prioritize housing stability and rapid engagement in health care and other services to end homelessness. Through these 2 initiatives, the VHA has helped about 100,000 veterans obtain or maintain permanent housing. The NCHAV will also continue to provide technical assistance to VA medical centers and funded VA partners to assist with implementation and ensure that Housing First becomes a common practice within VA.

In addition to the priority focus on permanent housing, a major focus of the initiative to end veteran homelessness has been on developing more robust and consistent data-driven systems that can track progress, monitor program effectiveness, and assist the VA in monitoring its progress in eliminating veteran homelessness. As Secretary of Veterans Affairs Eric K. Shinseki has said, "You cannot solve a prob-

lem you cannot see.” To address this challenge, NCHAV and a consortium of VA staff from the Veterans Benefits Administration and Office of Information and Analytics VHA Support Service Center developed the National Homeless Registry (NHR). The NHR is a comprehensive repository of veterans who have been identified as homeless or at-risk for homelessness anytime since October 1, 2005, and their associated housing, employment, clinical, administrative, and benefit information. It is designed as both a robust repository and data management tool that provides longitudinal information designed to monitor the VA’s progress in achieving the goal of ending veteran homelessness. The registry is a tool that VA program leadership, medical center management, and program coordinators can use to monitor progress in engaging homeless and at-risk for homeless veterans in housing, health care, and other supportive services.

Another key focus of the NCHAV is to promote more real-time pathways that through research can inform and be informed by policy and clinical care as well as ensure that VA efforts in preventing and ending veteran homelessness are evidence-based and a common practice within its clinical programs. Currently, the center research team led by Dr. Dennis Culhane is exploring a more thorough understanding of the causal factors—especially the role of trauma and extended and prolonged deployments—and transition challenges of postservice separation as potential pathways in and out of veteran homelessness.

Studies are also underway to better understand which housing supports and treatment services are most effective, both clinically and fiscally, in preventing and ending veteran

homelessness within specific veteran populations. The center’s research team and the VA’s Health Services Research & Development service acknowledge that more rigorous research methods, including randomized control studies, are needed to address the question of long-term effectiveness of specific interventions. Similarly, implementation research focused on replicating findings in rural or less well-resourced settings is also needed. Prevention research looking specifically at homelessness for those most at risk for losing housing is another area of active interest and concern. By enhancing VA’s understanding of the pathways into and out of homelessness, the VA can create policy and practices that ensure services are tailored to address the diverse social, economic, and personal factors that contribute to housing instability and, ultimately, homelessness among veterans. In fiscal year 2013, the NCHAV’s research team is placing particular attention on the risk of homelessness among subpopulations, including women, recently discharged service members, and veterans involved in the justice system.

Putting research to work is the basis for the model development arm of NCHAV, where innovations and applications are put into practice and fast-tracked to scale within the VA, expediting the impact of these advances and taking advantage of the VHA as an integrated health care system. For example, to assist in the identification of homelessness risk among veterans, the center developed a nationwide universal Homelessness Screening Clinical Reminder (HSCR) for all veterans who present for outpatient services at any VA health facility. The HSCR is incorporated into the VHA’s electronic medical record and uses the

data-tracking and monitor systems in place within the VHA to (a) identify veterans and their families who are at imminent risk of homelessness or who have very recently become homeless, (b) ensure that those who are at-risk or homeless are referred for the appropriate assistance, and (c) update the current living situation for veterans. Veterans who screen positive for homelessness or homelessness risk are referred to homeless or social work services. The HSCR is a good example of using technology to better serve our veterans by identifying those who may need housing-related assistance but have not yet been identified by the larger system. It also provides additional and necessary information about the profile of veterans who are at risk of homelessness, the types of services they need and those they receive, and how veteran homelessness can be better identified and effectively addressed throughout the VA system.

Another example is the Homeless Patient Aligned Care Teams (H-PACT) initiative, a pilot program led by Dr. Tom O’Toole and Rico Aiello from the NCHAV, which provides a coordinated and integrated medical home specifically tailored to the needs of homeless veterans. The H-PACT initiative integrates clinical care with the delivery of social services through enhanced access and community coordination. By applying health services research advances in population health and care management to homeless veterans within the VA, H-PACT care teams provide integrated homeless program support, intensive case management, and primary care while assisting homeless veterans in obtaining and staying in permanent housing. Teams integrate a housing agenda for providing care for the

ongoing and evolving medical, mental health, and substance abuse needs of homeless veterans coming into the system. The intent of the program is to develop the clinical capacity to care for this population and serve as a conduit for treatment engagement and involvement in homeless programming and clinical services and supports (*no wrong door* policy). It also provides a platform for interdisciplinary, population-tailored care that is typically not afforded or effective in traditional care settings. Homeless Patient Aligned Care Teams are located in 37 VHA facilities and cur-

rently have 7,400 enrolled homeless veterans. Outcomes to date include a 31.9% reduction in emergency department visits and a 24.4% reduction in hospitalizations in the first 6 months of enrollment, compared with the high 6-month, pre-enrollment rates of treatment engagement in primary care, specialty services, and mental health, and faster rates of placement in permanent housing. ●

**Author disclosures**

*The author reports no actual or potential conflicts of interest with regard to this article.*

**Disclaimer**

*The opinions expressed herein are those of the author and do not necessarily reflect those of Federal Practitioner, Quadrant HealthCom Inc., a division of Frontline Medical Communications Inc., the U.S. Government, or any of its agencies. This article may discuss unlabeled or investigational use of certain drugs. Please review complete prescribing information for specific drugs or drug combinations—including indications, contraindications, warnings, and adverse effects—before administering pharmacologic therapy to patients.*