

September 28, 2010

OPERATION OF THE NATIONAL CALL CENTER FOR HOMELESS VETERANS

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy for the operation of the National Call Center for Homeless Veterans (NCCHV) and delineates the respective responsibilities of the facility Director, the Homeless Points of Contact (POC) and Administrative Officers of the Day (AODs) at each VA medical facility, and that of the staff at the National Call Center for Homeless Veterans (NCCHV).

2. BACKGROUND:

a. The Department of Veterans Affairs (VA) has developed a 5-Year Plan with the goal of ending homelessness among the Nation's Veterans. At the November 2009 Homeless Summit, Secretary Shinseki announced the key strategies VA would be implementing to end homelessness among Veterans by 2014. These core strategies include:

(1) Expanding Grant and Per Diem Contract Housing, the Department of Housing and Urban Development (HUD)-VA Supportive Housing Program (VASH), and Residential Rehabilitation Services;

(2) Increasing coordination and collaborations with community partners;

(3) Implementing prevention services for at risk for homelessness Veterans and their families;

(4) Expanding vocational rehabilitation services;

(5) Coordinating mental health and primary care services; and

(6) Implementing a national call center for homeless Veterans to promote timely and coordinated access to VA services.

b. Veterans, and others in the community, can now call the NCCHV at 877-4AID VET or 877-424-3838 to be connected to a trained VA clinical staff member 24 hours a day, seven days a week.

c. The NCCHV operates conjointly with the Suicide Prevention Hotline at the Canandaigua VA Medical Center, using the information technology (IT) infrastructure already in place, as well as the clinical expertise of their call responders.

3. POLICY: It is VHA policy to provide a NCCHV to expedite VA services to homeless Veterans.

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2015

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4. RESPONSIBILITIES:

a. **Office of Mental Health Services, Office of Homeless and Residential Rehabilitation Treatment Services.** It is the responsibility of this Office to ensure that:

(1) There are adequate resources and staff to operate the NCCHV and to meet the callers' demand for assistance.

(2) NCCHV responders are sensitized and trained on the issues of homelessness and are aware of the available VA and community resources in order to better address the needs of callers and work more collaboratively with the VA medical facility Homeless POCs.

(3) Homeless POCs are trained on the protocols pertaining to the operation of the NCCHV, and they understand their role in acting upon referrals made to them by the NCCHV responders.

(4) Assistance is provided with promoting the NCCHV to interested constituents within VA and the community.

b. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director has overall responsibility for ensuring that homeless Veterans, and other individuals, referred by the NCCHV to each VA medical facility in the VISN, receive an appropriate response to their inquiry.

c. **Facility Director.** The facility Director is responsible for ensuring that:

(1) A designated primary and secondary Homeless POC are appointed and available to handle referrals that come to the medical facility from the NCCHV.

(2) Referrals made to the medical facility are handled in a timely, coordinated and compassionate manner.

(3) Homeless Veterans are made aware of all the services available to them through VA and the community.

(4) Feedback, provided by the NCCHV to the medical facility regarding the quality of their responses to referrals, is utilized to make any needed corrections or enhancements to the services extended to these Veterans.

(5) Local arrangements, at those few VA facilities where there is no AOD, are made regarding how to respond to after-hour emergencies and referral requests involving homeless Veterans.

d. **Facility Homeless (POCs).** The facility primary and secondary Homeless POCs are responsible for ensuring that:

(1) Urgent calls that are not a life threatening emergency, but could become so, are referred to the Primary POC at the nearest VA medical facility for immediate assistance in formulating a

plan of action in conjunction with the NCCHV responder. If that person is unavailable, the Secondary POC must be called.

(2) Non-urgent calls are routed to the Homeless POC at the nearest VA medical facility with the expectation that the POC, within 1 business day, will make contact with that homeless Veteran, or whoever made the call on the Veteran's behalf.

(3) Callers seeking information from the NCCHV about VA homeless programs or services are referred to the VA homeless website at: <http://www1.va.gov/HOMELESS/index.asp>, and the nearest facility Homeless POC for follow-up. **NOTE:** *This is an internal VA Web site and not available to the public.*

(4) Following receipt of a referral from the NCCHV, the Homeless POC documents the referral and the outcome in the Homeless web application within 5 business days. If the Veteran is currently enrolled in the system, a notation also needs to be made in the Veteran's electronic health record.

(5) In order to keep the database of Homeless POCs current, contact is made with the designated NCCHV Program Support Assistant at the Canandaigua VA Medical Center, by phone or email when any change in POC coverage is imminent (e.g., planned sick leave, vacation, long-term sick leave, or any instance in which coverage will change for more than 1 week).

(6) They meet regularly with the facility AODs and other facility responders to discuss ways to facilitate partnerships to meet the stated parameters of this program.

e. **Administrative Officers of the Day (AODs) and Homeless Program Staff.** Homeless Program staff and AODs at each facility are expected to:

(1) Develop a facility specific strategy for handling after hour emergencies and referrals; and

(2) Establish close, ongoing communication, including who has primary responsibility for developing and implementing an action plan and who will provide subsequent follow-up, regarding referrals that come in.

(3) Ensure warm hand-offs, which are absolutely critical to ensure that every homeless Veteran has access to care and services and receives appropriate referrals. **NOTE:** *Warm hand-off: Connecting the Veteran to a specific person in the program to which they are being referred and, optimally, introducing the Veteran to this person so that they can begin to engage the Veteran in a treatment partnership. A warm hand-off improves the Veteran's motivation to utilize that resource and decreases anxiety by making the resource a known and familiar environment.*

f. **NCCHV Staff.** NCCHV staff has the following responsibilities:

(1) The NCCHV Program Support Assistant must update the list of Homeless POCs on a weekly basis and publish it on the Call Center's SharePoint for use by the NCCHV responders.

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(2) NCCHV responders must answer the phone lines 24/7.

(3) The NCCHV responder must conduct a brief screen of each homeless Veteran to determine the severity of the need. With each caller, the NCCHV responder is to obtain information regarding:

- (a) The current living situation,
- (b) Family,
- (c) Employment,
- (d) Source of income,
- (e) Legal issues,
- (f) Previous and current use of VA and community services,
- (g) Primary reason for the call, and
- (h) How the Veteran can be reached for follow-up.

(4) If the NCCHV responder deems the call is emergent, a life threatening emergency, it is handled immediately by the NCCHV staff. An intervention is initiated, and the closest VA facility Homeless POC or AOD will subsequently be notified of the call and intervention, which may or may not involve an immediate transfer to that VA medical facility.

(5) If the call is deemed urgent, the NCCHV responder will attempt to contact the Homeless POC if the call occurs during normal business hours. If a call comes in during non-business hours (i.e., evenings, weekends, or holidays), the NCCHV must contact the AOD to consult on, and determine, the appropriate action to be taken to avoid the situation escalating into an emergent one. In addition, NCCHV clinical staff sends an email to a facility-created email group in Outlook containing a list of facility-specific staff members who are to be notified when a referral is received.

(6) If the call is routine, the NCCHV responder attempts to contact the Homeless POC, and leave a voicemail message if the POC cannot be reached. An email message to the facility-created email group is also sent.

(7) If the caller is a homeless non-Veteran, or their family member, the NCCHV clinical staff directs the caller to non-VA community resources.

(8) Within 24 business hours of referring the call to a local Homeless POC, the NCCHV Health Technician staff either follows-up with a personal phone call to the POC, or checks the electronic POC response application, to determine if the appropriate person received and acted upon the referral.

(9) Within 5 business days of referring the call, NCCHV staff verifies documentation in CPRS regarding a plan and actions taken for the enrolled Veteran.

(10) Within 14 days of the referral, NCCHV staff follows-up to determine if the plan was implemented, thereby allowing NCCHV to close the case.

g. **Office of Suicide Prevention.** Reports containing number and type of calls, and outcomes are generated by the Office of Suicide Prevention. This information is closely monitored and used by the National Mental Health Homeless and Residential Rehabilitation Treatment Programs Office to:

- (1) Track trends pertaining to unmet needs;
- (2) Determine needs for further education or revisions of procedures and policies; and
- (3) Respond to appropriate requests for information regarding the NCCHV.

NOTE: VISN-specific information will be shared with VISN Directors for distribution to other key VISN and medical facility leadership.

5. REFERENCES: None.

6. RESPONSIBLE OFFICE: The Office of Mental Health Services, National Mental Health Director, Homeless and Residential Rehabilitation Treatment Programs (116) is responsible for the contents of this Directive. Questions may be referred to (202) 461-7306.

7. RESCISSIONS: None. This VHA Directive expires September 30, 2015.

Robert A. Petzel, M.D.
Under Secretary for Health

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