



# National Center on Homelessness among Veterans

## 2012 Annual Report

*"...promoting data-driven, evidenced-based services for Veterans who are homeless or at risk for homelessness."*

## Message From the Director



It is my pleasure to present the 2012, VA National Center on Homelessness among Veterans (Center) Annual Report. This report is designed to give you an overview of the great work, commitment and innovation that occurred at the Center over the past year. The Center was initially awarded in FY 2009 and funding began at the beginning of fiscal year 2010. The Center is a national resource and it is part of the 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. I am proud to serve as Director and to work with outstanding colleagues and national leaders that include Roger Casey PhD, Dennis Culhane PhD, David Smelson PhD, Tom O'Toole, MD and with our VISN partners 1,4 & 8 along with our academic affiliates the University of Pennsylvania, The University of South Florida and the University of Massachusetts. Together we work every day to promote data driven, research informed solutions to prevent and end Veteran homelessness. In 2011 Secretary Shinseki announced VA's core values which serve as the foundation for how the Center interacts with our Veterans federal and community partners. Here at the Center these values are more than words on a page; we live them every day. Commitment, Advocacy, Respect, and Excellence are the values we require of ourselves and present to others as we work together to end Veteran homelessness.

2012 was a highly productive year for the Center and a highlight was a visit from Secretary Shinseki in April to review our progress in the development and implementation of the National Homeless Registry. The Homeless Registry contains geographic, programmatic and Veteran specific information related to housing stability, treatment engagement, and VA benefit enrollment. Additionally the Registry is a comprehensive data management tool that provides longitudinal information designed to monitor VHA's progress in obtaining the goal of ending Veteran homelessness. Secretary Shinseki also spent time meeting with the Center team reviewing the progress being made and the challenges still to be met to eliminate Veteran homelessness by the end of 2015. Other significant 2012 Center achievements included the development and implementation of a VHA national clinical reminder to screen for at risk for homeless veterans and to quickly connect them to VA and community resources to both prevent and end their homelessness. We also saw progress in the implementation of Housing First and the Homeless Patient Aligned Care teams (HPACT) to ensure our Veterans get the right service at the right time by the right provider to achieve the right outcome. More work is needed in both the implementation and dissemination of research informed best practices to mitigate risk and rapidly connect our Veterans to permanent housing, treatment and other supportive services that promote their full integration back into the communities they fought to protect.

The accomplishments of the Center would not be possible without our internal and external partners especially, Robert Petzel, MD Undersecretary for Health, William Schoenhard, Deputy Secretary for Health Operations and Management, Madhulika Agarwal, MD, Deputy Under Secretary for Health for Policy and Services, Michael Moreland, Network Director VISN 4, Nevin Weaver, Network Director VISN 8, Michael Mayo-Smith, MD, Network Director VISN 1, Lisa Pape, VHA Director of VHA Homeless programs, VA Health Service Research & Development, The Department of Housing and Urban Development, the US Interagency Council on Homelessness, the National Alliance to End Homelessness and the National Coalition for Homeless Veterans. We look forward to FY 2013 and our continued partnership.

Thanks,  
Vince

## Center Leadership



### **Nevin Weaver, FACHE**

“The National Center on Homeless among Veterans is a vital resource for VA and the community. VA has established a goal to eliminate Veteran homelessness. The Center plays a key role in this effort by establishing new and unique care delivery systems, developing national educational initiatives, and designing and implementing both population- and clinical-based research. I am honored to serve as Co-Chair of the Center’s Advisory Board and pleased that VISN 8 hosts significant Center activities along with our affiliate, the University of South Florida.”



### **Roger Casey, PhD**

“The National Center on Homelessness among Veterans serves to enhance our ability to apply research-based practice, assisting communities with providing the best possible care for our homeless and at-risk Veterans. Based on the Center’s research and model development activities during the past two years, we’ve been able to provide expanded educational initiatives and develop promising new program designs for service delivery.”



### **David Smelson, PhD**

“On behalf of myself and the Chair of the Department of Psychiatry at the University of Massachusetts Medical School, Dr., Douglas Ziedonis, I want to thank the National Center on Homelessness among Veterans for the terrific collaborations. The work being done between the University of Massachusetts Medical School, Department of Psychiatry and Center has helped us to make innovative scientific advancement in the field of research that has also shown direct benefits to the homeless veterans being served in the Commonwealth.”



### **Lisa Pape**

“The Center has developed new models of healthcare delivery that have significantly improved the housing stability and treatment engagement of our homeless populations in our goal to end Veteran homelessness.”



### **Dennis Culhane, PhD**

“We appreciate the partnership that the University of Pennsylvania research team has with the Center and the important work that we are doing together to address the problem of homelessness among Veterans.”



### **Madhu Agarwal, M.D.**

“The Center has been a wonderful resource promoting evidence based care to end Veteran homelessness.”



### **Mike Moreland, FACHE**

“The Center has been an excellent partner assisting our Medical Centers with implementing clinically effective interventions, monitoring outcomes that promote our capacity to end Veteran homelessness.”



### **Thomas O'Toole, M.D.**

“The Center has been a catalyst for both making and taking good science and quickly translating it into good care for our nation’s homeless Veterans. We are a better, smarter, more efficient and more effective VA because of it.”



### **John Kuhn**

“The Center has been instrumental in the planning, development and implementation of SSVF.”

## Welcome To Our New Staff

Kandace Smith is the Administrative Officer for the Center and works directly with the Director and provides full information concerning all administrative, fiscal operations and educational aspects of managing the Center. She began her VA career in 1991 in Fiscal Service Department. She served as Voucher Examiner, Accounting Technician, Budget Assistant and Program Analyst in Decision Support Services. She is a graduate of Drexel University with a Bachelor of Science Degree.



Tom Byrne, PhD is a Research Investigator at the Center. As part of the research team, Tom is collaborating with other Center researchers on a number of projects including studies that examine health services utilization among homeless veterans, and investigate the relationship between community level housing, social, economic, and policy factors and homelessness among veterans. He has published several articles in the areas of homelessness and housing policy and received his PhD from the School of Social Policy and Practice at the University of Pennsylvania, where he currently holds the position of Research Assistant Professor.



Susan Kane joined the Center in August 2012 and serves as the Director of Operations. Ms. Kane was previously the national lead for the VHA Health Care Efficiency transformation initiative. She holds a Master of Science in HealthCare Administration and a Bachelor of Science in Medical Technology. She is board certified in Health Care Management and is a Fellow of the American College of Healthcare Executives. With over 33 years of health care experience, including over 29 years with VHA, she has held positions in the areas of Pathology & Laboratory Medicine, Rehabilitation Medicine, Contracting, Quality Management, Workforce Development and Strategic Planning. Ms. Kane has also been involved in research and is published in the area of Pharmacokinetics.



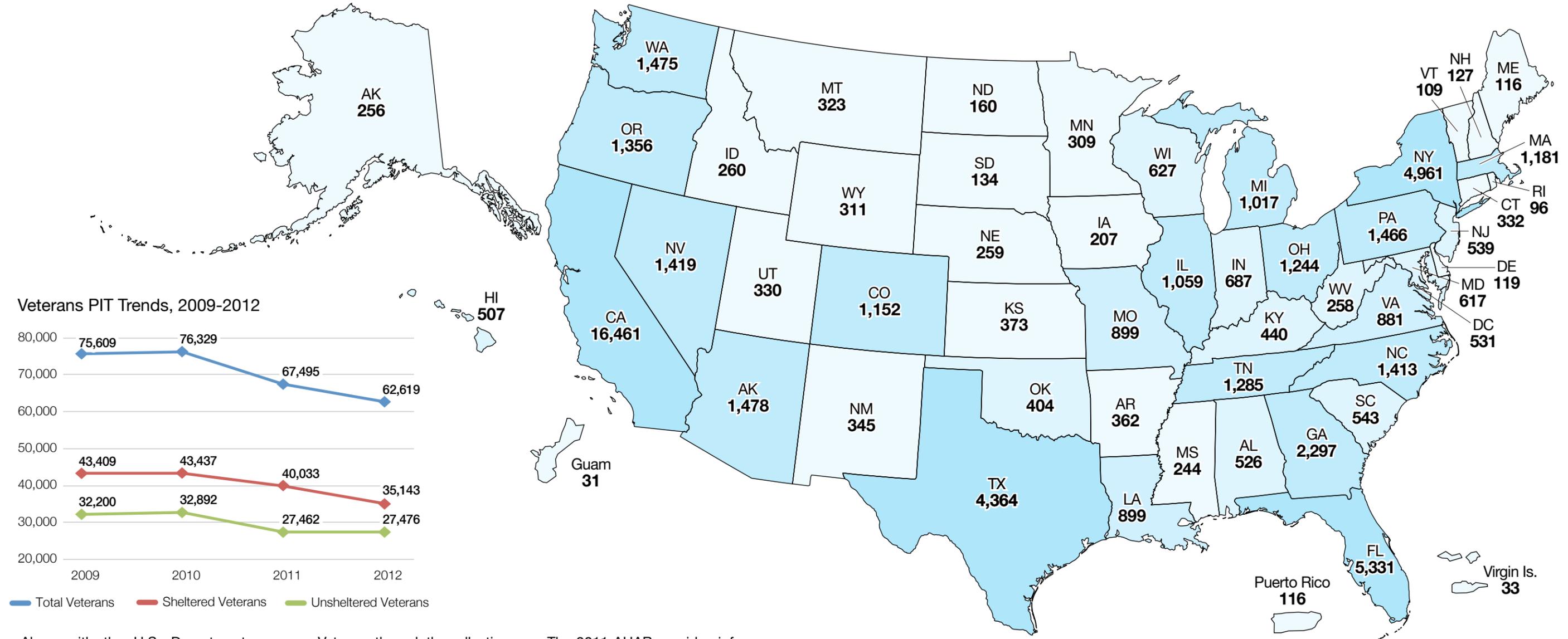
Nora Hunt-Johnson joined the Center in July 2012 as Research Coordinator. She provides administrative support for the Center’s researchers as they plan and conduct studies and share findings with our stakeholders and the public. Her responsibilities include maintaining study documentation; obtaining data use agreements; managing the Center website; and organizing meetings and conferences. Nora has many years of experience in development and administration with non-profit education and social service organizations. Prior to joining the Center she worked as a project manager in the Penn Child Research Center at the University of Pennsylvania where she managed administrative operations and coordinated applied research projects. She has a Master’s degree in Education from the University of Pennsylvania.



Anthony Love serves as Senior Advisor and Director of Community Engagement, Veterans Healthcare Administration for Homeless Programs working out of the Center. In this role, he provides timely and insightful advice to National Director of VHA Homeless Programs on operational and strategic opportunities, as well as identifies and recommends best practices related to homeless solutions, oversees community, state and local government engagement to develop and implement initiatives that promote ending Veterans homelessness as well as facilitates alignment of VHA Operations and Research functions. Anthony previously served as Deputy Director for at the United States Interagency Council on Homelessness (USICH), where he was responsible for coordinating the state and local work of the Council and served as the lead on Veterans issues for the Council. Anthony earned a Master’s of Arts Degree in Public Administration from the University of Missouri-Kansas City. He has been recognized by numerous groups and organizations for his work to end homelessness.



# Annual Homeless Assessment Report to Congress



Along with the U.S. Department of Housing and Urban Development (HUD), the National Center published Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) for 2009 and 2010. These reports presented national- and state-level estimates of the prevalence of homelessness among Veterans. For 2011 and 2012, the Center again collaborated with HUD to contribute to a Veteran chapter in the AHAR.

These reports, which are intended to provide policymakers, practitioners, and the general public with information about the extent and nature of Veteran homelessness, advance the federal effort to end homelessness

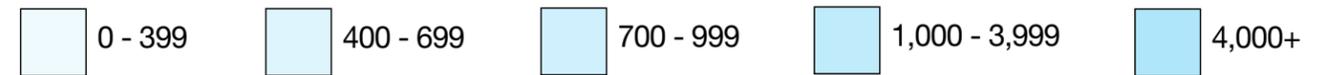
among Veterans through the collection and analysis of timely data. In addition to the snapshot and annual estimates of Veteran homelessness, the document also describes the demographic characteristics of homeless Veterans, including race, ethnicity, gender, age, and disability status.

Volume I of the 2012 AHAR, which reports the point-in-time estimates of homelessness, indicates that on a single night in January 2012, 62,619 Veterans were homeless in the United States; 56% were living in emergency shelters or transitional housing while the remaining were living in an unsheltered location. The 2012 point-in-time estimate is a more than 7% decline from 2011.

The 2011 AHAR provides information about the number of Veterans who experienced homelessness between October 2010 and September 2011. In 2011, 141,449 Veterans spent at least one night homeless, a 2.3% decrease since 2010. Among these Veterans, the majority (92.8%) were male and between the ages of 31 and 61 years (81.4%).

Upcoming reports will include estimates of the sheltered and unsheltered homeless population for the one-year period between October 2011 and September 2012 as well as on a single night in January 2013. For more information on AHAR contact Principal Investigator Dennis Culhane, PhD.

## Geographic Distribution of Homeless Veterans



Four states account for nearly half (49.7%) of all homeless Veterans: California, Florida, New York and Texas.

	California	Florida	New York	Texas	Subtotal
Homeless Veterans	16,641	5,331	4,691	4,364	<b>31,117</b>
Percentage of Total (62,619)	26.3%	8.5%	7.9%	7%	<b>49.7%</b>

# Homelessness and Risk of Homelessness in OEF/OIF/OND Veterans

One of the Center's priorities is to better understand the dynamics surrounding homelessness among the most recent cohort of Veterans from Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND) and to use the knowledge gained from these efforts as a basis for programmatic interventions that reduce and prevent homelessness among this group.

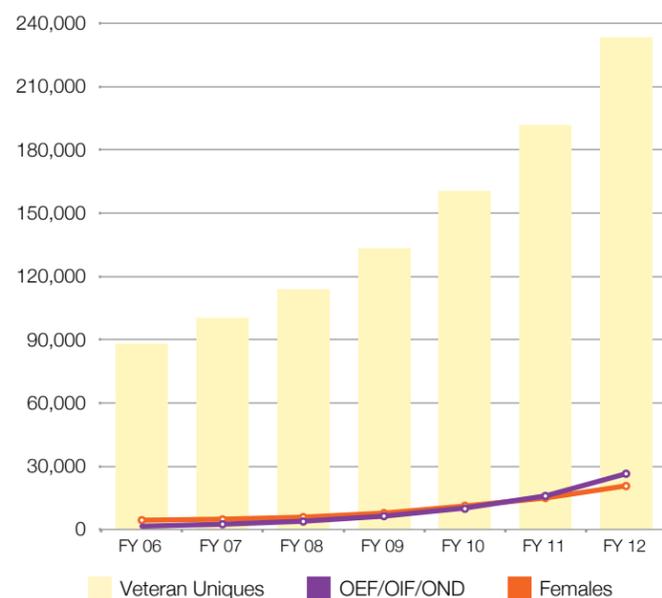
Attention given to homelessness among recent Veterans, and especially those with deployments in Afghanistan and Iraq, has highlighted the difficulties Veterans have experienced upon returning to civilian life. Media and advocacy accounts typically highlight the hardships endured by individual Veterans and link homelessness to service-connected factors, particularly post-traumatic stress disorder, traumatic brain injuries, and military sexual trauma. Yet despite these accounts, little systematic evidence has been gathered on how these characteristics impact their risk for homelessness. The full extent of homelessness among this group is unknown, as there have been no comprehensive (VA and HMIS data sources) estimates of the number of OEF/OIF/OND Veterans who have experienced homelessness. However, we do know that through the end of FY 2012, 26,531 OEF/OIF/OND Veterans were provided housing stability, homeless prevention, and other supportive services by the VA. The OEF/OIF/OND Veterans account for approximately 11% of the total homeless and at risk for homeless veterans served by VA. The OEF/OIF/OND homeless Veterans consist of a higher percent of female (13% to 8%) and they are significantly younger (32 years to 53 years on average) compared to the total VA homeless population. In FY2012, approximately 9% of all Veterans served in VHA were OEF/OIF/OND. It may be assumed that as the newly returning Veteran population continues to grow, as the length of time a Veteran has separated from the military and its support system deteriorates, and as the economy is still rebounding from recession, the greater the chance these Veterans will experience housing instability. Given these factors, without interventions like the Supportive Services for Veteran Families (SSVF) a VA grant that provides prevention and rapid rehousing services with case management support, to address housing needs among these Veterans, their numbers of homeless will almost certainly increase.

In order to better understand homelessness among recent Veterans and the impact of deployment in Iraq or Afghanistan on the risk for homelessness, the Center is participating in several research initiatives. In one of these studies lead by Stephen Metraux, PhD, we are working with the VA's Office of the Inspector General (OIG) to follow up on a study that they recently released where they examine homelessness among over 300,000 Veterans who

separated from the military in 2005 and 2006. The OIG study identified homelessness rates of 3.2% (males) and 4% (females) in this group in the five years following their separation. As a follow up to this, we are collaborating with the OIG to take a more in-depth look at the roles of gender, deployment in Iraq and Afghanistan, service connected disability, receipt of mental health and substance abuse services, military service characteristics, and other factors with the likelihood of homelessness. This will be an initial study into identifying risk factors for homelessness that will allow for a better targeting of prevention services to those Veterans who are more likely to become homeless, especially in the years immediately following their separation from the military when they are reentering civilian life.

The Center is also working with the Department of Defense to build a database which will integrate health services records from the military with VA records to create a more comprehensive record of health services use for Veterans and that can identify risk factors for homelessness that first manifest themselves during military service. This would create the beginnings of a database in which Veterans who show signs of risk for homelessness can be identified upon separation from military service, and can be linked to VA programs that assist and monitor the Veteran's readjustment to civilian life and are prepared to intervene should an episode of housing instability arise.

**Homeless and at At-Risk for Homeless Veteran Registry, OEF/OIF/OND and Females\***



\*Unique Veterans per fiscal year are cumulative.



# National Homeless and At-Risk for Homelessness Registry

In addition to the priority focus on permanent housing, a major focus of Secretary Shinseki has been on the need for more robust and consistent data driven systems that can track progress, monitor program effectiveness and assist VA in monitoring our progress in eliminating Veteran homelessness. Secretary Shinseki has said, "You cannot solve a problem you cannot see." To address this challenge The VA National Homeless Registry was conceived, designed and developed beginning in 2010 lead by the VA National Center on Homelessness among Veterans and a consortium of VA staff from, Northeast Program Evaluation Center (NEPEC), Veterans Benefits Administration (VBA) and Office of

Information and Analytics VHA Support Service Center (OIA VSSC). The National Homeless Registry is a comprehensive repository of Veterans, who have been identified as homeless or at risk for homelessness any time 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 VA's progress in achieving the goal of ending Veteran homelessness. The Homeless Registry incorporates information from Homeless Operations, Management and Evaluation (HOMES), a data collection tool used by front-line

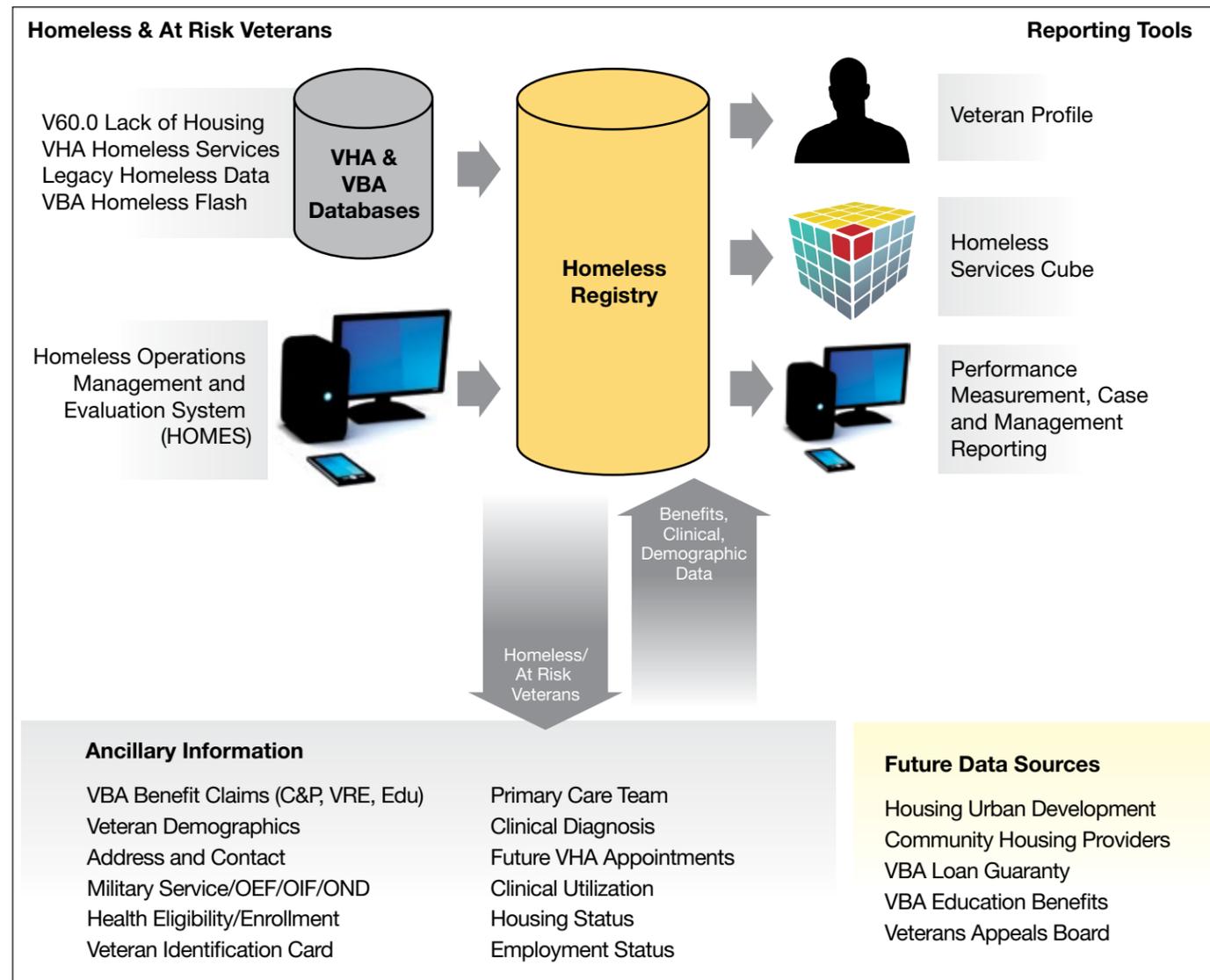
homeless coordinators to manage their outreach, assessment, referral and case management work, as well as VHA healthcare records, VBA benefits and claims, Homeless program specific evaluation data, and community partner data related to services provided to homeless and at risk for homeless Veterans. The Homeless Registry also contains geographic, programmatic and Veteran specific information related to housing stability, treatment engagement, and VA benefit enrollment.

As of September 30, 2012 there were approximately 500,000 unique entries in this national data warehouse. Not every Veteran listed in the registry is currently homeless. Many have been housed through VA and community

programs including HUD-VASH, GPD and our Supportive Services for Veteran Families (SSVF) or reconnected to families and other community based supports. The registry is a tool that VA program leadership, medical center management and program coordinators can use to monitor progress in engaging our homeless and at risk for homeless veterans in housing, health-care and other supportive services.

Further, staff who have appropriate access to view Veteran level detail, can view the Homeless Veteran Profile (Figure 1) which provides homeless coordinators and program staff a comprehensive view of each Veteran in the Registry including name, housing status, assigned primary care provider, address and phone information, gender, age, date of birth, OEFOIFOND flag, service period,

service connected percent, eligibility, diagnostic history, homeless service history, VBA claim history, mental health services history, primary care services history, future appointments. We are current working with the Veteran Identification Card to secure the pictures of Veterans in the Registry to enhance the human connection between the Veteran and their homeless coordinator.



## Homeless Services Registry

Homeless and At Risk Veteran Profile

### VETERAN

000-00-0000

Registry Status: Housed < Year

- Display All Homeless Services
- Display Mental Health Services
- Display Primary Care Services
- Display VBA Claims
- Display Future Appointments
- Return to Veteran Listing/Search

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HEC/VHA Name: **VETERAN, JOHN Q.**

Gender: M Birth: 00/00/00 Marital Status: Divorced Contact:

Housing Status: Housed-HUD-VASH Housing Age: 52 DOD: Children: 0 POC Phone:

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**Assigned HPCM:**

Assigned PCP: STERN, DAVID H

PCP Facility: (V04) (642) Philadelphia

Assignment Date: 05/21/2012

OEF/OIF: N

Service: VIETNAM ERA

SC%:

Elig: NSC

Address Source: HOMES

Address: 000 Drive

Address: Apt. 455

City: Philadelphia State: PA Zip: 00000

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Diagnosis in Last 2 Years		
PTSD	Weather Related	
MDD	Cardiac/Cardiovascular	X
Depression	X Respiratory	
Bipolar Disorder	Infectious	
Substance Use	Neurology	
Schizophrenia	Musculoskeletal	
Personality	Endocrine	
Psychosis NOS	GI	

Service	Date	Division
First Homeless Contact	VAHUD	11/09/10 (V04)(642) Philadelphia
Last Homeless Contact	HUD-VASH	06/01/12 (V04)(642) Philadelphia
Last Homeless Program	HUD-VASH	06/01/12 (V04)(642) Philadelphia
Last Outpatient Primary Care	(323) PRIMARY CARE MEDICINE	12/01/11 (V04)(642) Philadelphia
Last Outpatient Mental Health	(530) TELEPHONE/HUD VASH	04/04/12 (V04)(642) Philadelphia
Last Outpatient Care	(533) HUD/VASH	04/16/12 (V04)(642) Philadelphia
Last Mental Health Admission		
Last Longterm Care Admission		

Figure 1

## Our VSSC Partners



Betsy Lancaster  
Acting Deputy Director  
Office of Information and Analysis (OIA)  
VSSC-Clinical Reporting



David Jensen  
Management & Program Analyst  
Office of Information and Analysis (OIA)  
VSSC-Clinical Reporting



Charlton "Butch" Fort  
Management & Program Analyst  
Office of Information and Analysis (OIA)  
VSSC-Clinical Reporting

# Homelessness Screening Clinical Reminder

On a single night in January 2012, 62,619 Veterans experienced homelessness across the United States. While comprising approximately 9% of the homeless population, both male and female Veterans were overrepresented among homeless individuals. In an effort to prevent and end homelessness among Veterans—and to target those Veterans at greatest need of an intervention—the National Center on Homelessness among Veterans created a universal assessment of homelessness risk. By engaging experts on homelessness prevention, collaborating with VA clinicians, and seeking feedback from homeless Veterans, lead investigators from the National Center, Drs. Ann Elizabeth Montgomery and Jamison Fargo, developed, tested, refined, and deployed a tool to identify Veterans who are imminently homeless.

The objective of the Homelessness Screening Clinical Reminder is 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. The clinical reminder is administered to all Veterans presenting for outpatient services at VA and assesses Veterans' risk of homelessness by asking about housing stability in the previous two months or whether the Veteran has concerns about housing stability within the next two months. Veterans who screen positive for homelessness or homelessness risk are referred to homeless or social work services.

The Homelessness Screening Clinical Reminder will serve our Veterans by identifying those who may need housing-related assistance but have not yet been identified by the larger system. It will also provide additional and necessary information about the profile of Veterans who are at risk of homelessness, the types of services they need and those that they receive, and how Veteran homelessness can be better identified and effectively addressed throughout the VA system.

The screenshot shows a software window titled "Reminder Resolution: Homelessness Screening". The text inside reads: "All Veterans should be screened for homelessness (and near-future risk) annually, unless the Veteran is a long-term resident of a nursing home/LTC facility. Select ONLY ONE (1) of the following options: HOMELESSNESS SCREEN: In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? [Radio buttons for Yes - Living in stable housing and No - Not living in stable housing]. SCREEN NOT PERFORMED: [Checkboxes for Already receiving homelessness services or assistance, Long term resident of Nursing Home/LTC Facility, Declines screening at this time, Veteran/Caregiver unable to answer]. Homelessness educational materials: <http://www.va.gov/homeless/>. Navigation buttons: Clear, Clinical Maint, Visit Info, < Back, Next >, Finish, Cancel. Status: <No encounter information entered>. Footer: \* Indicates a Required Field.

## HUD-VASH Housing First Pilot

The Housing First model prioritizes assisting chronically homeless Veterans off the streets and into permanent housing with wrap around treatment and other supportive services. During the housing process, a team of case managers and clinicians work to provide the treatment services and supports necessary to promote the formerly homeless Veteran to remain stably housed and improve their health and quality of life. The Housing First model differs from traditional models that require Veterans to complete a treatment program or otherwise demonstrate "housing readiness" before being given the chance to live independently in permanent housing.

Rapidly placing homeless Veterans with severe mental illness into permanent housing is an important goal of the U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program. To support this goal the Center initiated an implementation evaluation project in 2010 that evaluated the impact that a "Housing First" approach within HUD-VASH. Initial findings indicated that, compared with standard HUD-VASH, the Housing First approach reduced time to housing placement; improved housing retention rates; and decreased emergency room visits. These initial results suggested that a national Housing First model for HUD-VASH would be associated with improved outcomes for Veterans experiencing homelessness.

To further evaluate how Housing First could best be implemented within VA, the Center expanded the evaluation to 14 high priority communities. The VHA Homeless Program Office provided funding for a multidisciplinary team based case management model that could titrate the dose and duration of case management services to meet the needs of the Veteran. The National Center with consultation provided by Dr. Sam Tsemberis of Pathways to Housing provided training on the core components of Housing First and how to implement this approach in the context of VA and HUD-VASH. Staff from the National Center and Pathways to Housing began conducting technical assistance site visits during FY2012 meeting with medical center leadership and program staff. Preliminary results again showed that the Housing First approach promoted increased targeting on the chronic homeless population while also decreasing the amount of time it took to place a Veteran into permanent housing. Currently the Center is conducting a 36-month evaluation, including fidelity to the model as well as the timeliness of access to housing, symptom stabilization, use of emergency and medical and mental health services, quality of life, and long-term housing stabilization of Veterans enrolled. This initiative is the first long-term outcome evaluation of Veterans housed using a Housing First approach. Additional the Center is supporting the VHA Homeless program Office in a system wide implementation of Housing First.



Veteran moving into one of the Housing First pilot locations



*"Housing First ends homelessness...it is that simple."*

Sam Tsemberis, Ph.D.  
Founder of the Housing First model

## Telephone Continuing Care and Recovery Support

Over the past 10 years, VHA Office of Mental Health Services has developed and evaluated a model of continuing care for substance use disorders that involves the use of the telephone to provide ongoing recovery coaching and support. The intervention can be added to other forms of outpatient treatment, or can be used as a stand-alone with patients who have achieved initial stabilization, with or without treatment. This model has been evaluated in National Institute of Health (NIH) studies in which the telephone continuing care intervention achieved higher rates of self-reported abstinence over a 2 year follow-up than standard group continuing care, lower rates of cocaine positive urine samples than cognitive behavioral therapy (CBT) continuing care, and better liver functioning outcomes than control groups (McKay et al., 2004; 2005). In another study with 252 alcohol dependent patients, the telephone continuing care intervention, provided in addition to standard clinic care, produced better outcomes

on four measures of alcohol use than standard care only. The effects in this study were moderate to large and were sustained out to 18 months (McKay et al., in press). The effects were also robust, and were not moderated by patient demographics, severity of substance use, initial progress in standard care, or other risk factors for relapse (Lynch et al., in press).

Dr. Jim Mc Kay and Dr. David Smelson are now working with the VA National Center on Homelessness among Veterans to test how this model with our Veterans enrolled in HUD-VASH in VISN 4 & 8. Veterans being served in HUD-VASH who have a history of addiction will be able to access support and telephone coaching from a team of professional counselors. Before a Veteran begins using TCCRS, he/she engages in practice sessions facilitated by the HUD-VASH case manager to orient them to the intervention and discuss potential barriers to using the intervention, including phone availability. Veterans will then

receive one 20-30 minute call per week for the 6-month treatment period. Additionally, to yield the highest rate of contact, the Veteran and counselor will decide who initiates each call and Veterans will be provided with a toll-free number to reduce their costs if they decide to initiate the call.

Each call begins with a brief structured assessment of current risk and protective factors, which will be used to determine the focus of the remainder of the session. This assists the interventionist in facilitating the tracking of risk and protective factors over time and to make sure that the content of each session addresses the Veteran's most pressing issues. The content of the telephone calls will consist of several cognitive-behavioral therapy (CBT) components, including monitoring of substance use status and progress toward selected goals, identification of current and anticipated high-risk situations, and development and rehearsal of improved coping behaviors.

## Homeless Patient Aligned Care Teams

The Homeless Patient Aligned Care Teams (H-PACT) program supports interdisciplinary care teams that integrate a housing agenda with 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 Program and clinical services and supports ("no wrong door" policy). It also provides a platform for interdisciplinary, holistic, population-tailored care that is typically not afforded or effective in traditional care settings. An additional intent is to provide for the care needs necessary to keep them in housing and prevent a return to homelessness.

There were 32 facilities funded to develop H-PACTs in fiscal year 2012 with an additional five sites funded for fiscal year 2013. It is anticipated that all sites will be up and running by the end of calendar year 2012. There are currently 3,100 Veterans enrolled in H-PACT and enrollment is increasing by approximately 100 Veterans per week.

The Office of Homeless Programs (OHP) has provided staffing support for these teams that has been supplemented at the facility level, reflecting the interdisciplinary and integrated nature of this model (2:1 to 3:1 facility in-kind to OHP FTEE support ratio).

Several additional non-funded facilities have expressed an interest in developing an H-PACT program at their site.



Kevin Barrett (right), nurse practitioner at Jesse Brown VA Medical Center in Chicago, meets with Veteran Alphonso Cox-Bey during a visit to the medical center's Homeless-Patient Aligned Care Team primary and urgent care clinic. The H-PACT clinic offers medical care and other services such as case management, substance abuse treatment, community referrals, housing placement, triage, and mental health services to homeless Veterans.

We anticipate approximately 10,000 homeless Veterans and Veterans at high-risk for a return to homelessness to be enrolled in H-PACTs by the end of FY13. For more information on how H-PACT works or how you can establish this model at your facility please contact either Dr. Thomas O'Toole or Rico Aiello.

## Community Resource and Referral Centers

Community Resource and Referral Centers (CRRCs) are collaborative, multiagency, multidisciplinary programs that serve the homeless Veterans and those at-risk of homelessness. CRRCs provide a "one stop" approach that provides Veterans and their families' easy access to a comprehensive range of services at a single location. The CRRCs target services to the general Veteran population living in densely populated urban areas. The CRRCs were developed and initiated by the National Center under the Model Development Core.

The primary goal of the CRRC is to provide rapid and comprehensive homeless services to Veterans who are experiencing homelessness, especially those identified as chronically homeless, and to assist at-risk Veterans in maintaining their current housing, or for those who are homeless or in otherwise untenable housing situations (for instance, facing imminent eviction or with no place to go) to move rapidly into stable housing. CRRCs are an important part of VA's strategy to achieve the reductions in homelessness that were outlined in VA's Plan to End Homelessness among Veterans by increasing access and creating an environment for integrated service delivery.

CRRCs have been modeled after research that indicates: The creation of provider networks impacts housing gains; service integration leads to improved outcomes; non-restrictive approaches support client engagement and retention in services. The Center along with the University of South Florida and VA's Northeast Program Evaluation Center (NEPEC) have developed service utilization data collection methods as well as program fidelity measures. Model development is informing future program designs



CRRC located in the Washington, DC

supported by ongoing data collection, site visits, and technical assistance. Guidance is provided to sites regarding data collection, expense reports, stops codes, mechanisms for tracking service utilization, services for women veterans, and strategies for engaging community partners.

There are currently 17 CRRCs in various phases of development and operation. Four CRRC sites are fully operational in leased facilities in the cities of Denver, CO. Detroit, MI, Portland, OR, and Washington, DC. Ten sites are providing services in shared or temporary facilities until space is secured. Three sites are still under development.

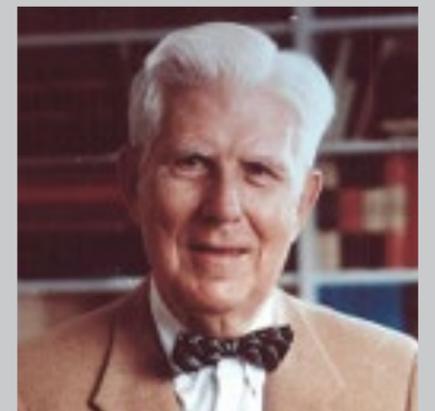
The Center has provided guidance and consultation on a CRRC expansion plan, including site selection, funding levels, and strategies for implementation of the new sites. A modified design for CRRCs was recommended based on "lessons learned" from monitoring the implementation activities of the seventeen original sites.

## Cognitive Behavioral Therapy

The VA National Center on Homelessness among Veterans is collaborating with the VHA Office of Mental Health Services and University of Pennsylvania's Aaron T. Beck Psychopathology Research Center in providing an innovative training program on a recovery-oriented Cognitive Behavioral Therapy (CBT) to the Housing First model within HUD-VASH. In the CBT model demonstration project, Housing First case managers will be trained to provide CBT that targets depression, substance abuse, suicide risk and enhancing skills of daily living designed to promote greater housing stability and treatment engagement.

Beginning in FY 2013, this CBT initiative will include training approximately 70 HUD-VASH case managers on the theoretical foundations of CBT, cognitive case con-

ceptualization as well as cognitive and behavioral interventions aimed at helping Veterans achieve specific housing stability and treatment goals. Features of the CBT training program include an intensive 3-day workshop that involves didactic presentations, demonstrations, and participatory role plays to practice CBT skills. Following the workshop, additional training includes weekly, small-group conference calls over a 5 month period with an expert in CBT who will provide clinical case consultation on the implementation of CBT with those Veterans who are being served by each therapist. This intensive consultation will work to ensure that each case manager feels confident and competent to deliver this evidence-based psychotherapy to Veterans who struggle with homelessness. Additional features of the



Aaron T. Beck, MD

program include a comprehensive program evaluation component to assess the effectiveness of the training of the case managers CBT skills as well as on Veteran outcomes related to both housing stability and treatment engagement.

# Safe Haven Model Development

A Safe Haven is a 24-hour/7-days-a-week; community-based early recovery model of supportive housing that serves hard-to-reach, hard-to-engage homeless individuals with severe mental illness and substance use disorders. The programs place no treatment participation demands on residents, but expect the residents to transition from unsafe and unstable street life to permanent housing and re-engage with treatment services. Many individuals experiencing homelessness cannot be fully compliant with traditional requirements and consequently have repeated failures resulting in high use of emergency room services, acute care services and ultimately an increase in the number of chronically homeless Veterans living on the streets or in Shelters. The small facilities, typically 25 beds or fewer, provide a low-demand, non-intrusive environment, designed to re-establish trust and re-engage the homeless Veteran in treatment services and permanent housing options.

In FY 2010, VA funded four new Safe Havens in Boston, the Bronx, Philadelphia, and Bay Pines, FL. as a model development initiative of VA's National Center on Homelessness among Veterans to address the needs of chronically homeless Veterans. A fifth site was added in 2012 in Tampa, FL. The Center's goal was to develop and implement a model that could be replicated throughout the VA. Early data from the four operational sites has been positive with a majority of Veterans utilizing the Safe Havens to transition to permanent housing. VA is planning to expand the program to sixteen additional sites in FY 2013 with a priority of establishing the new programs in communities that have a population of 400 or more chronically homeless Veterans. The National Center on Homelessness among Veterans would like to recognize Paul Smits, Scott Young, and Dr. Ann Elizabeth Montgomery for their development and deployment of this model within the VA.



Above: Photo of Safe Haven in Framingham, MA

Below: Veteran moving into the Safe Haven in Bay Pines, Florida



## The Boston Story...A Message from Secretary Coleman Nee



The Statewide Housing Advocacy Reintegration and Prevention (S.H.A.R.P.) is a collaboration between the Massachusetts Department of Veteran Services and the U.S. Department of Veterans Affairs (VA) in the effort to end homelessness among Veterans in Massachusetts. This is accomplished through peer support, mental health services, psychiatric evaluation and linkages to emergency shelter at a Veteran-centric facility while concurrently initiating processes for long-term remediation of the Veteran's homelessness through enrollment in the HUD-VASH program. This initiative requires the provision of an existing network of Department of Veter-

ans Services Veteran-specific service providers, all of whom are dedicated at 100% effort to the care of homeless Veterans, to which Peer Support and Mental Health Specialists will be hired to provide care coordination services.

"Ending Veteran homelessness is a priority for the Patrick Murray administration. It has been a real honor for me and my agency to work with the National Center for Homelessness among Veterans on ending Veteran homelessness. I believe that 28% reduction in Veteran homelessness in Massachusetts is directly related to the creative partnerships with the Center. Thank you for your collaboration and teamwork."

# HUD-VASH Exit Study Summary

HUD-VA Supportive Housing (HUD-VASH) is a vital tool that ends homelessness among Veterans by providing permanent supportive housing—housing combined with services—specifically for homeless Veterans. Evidence of the program's effectiveness in assisting formerly homeless Veterans to maintain housing and information about the housing stability of Veterans who are no longer enrolled in the program are essential to understanding how the HUD-VASH program contributes to the goal of ending homelessness and how it could be improved.

U.S. Departments of Veterans Affairs (VA) and Housing and Urban Development (HUD) have joined in a collaboration to study program exits from HUD-VASH. Through a multi-site study, using one-on-one interviews with Veterans who have participated in the HUD-VASH program, the project will inform program practices by identifying: 1) barriers for participating Veterans accessing housing, 2) frequent causes of participants' exit from the program, 3) housing destinations of Veterans who exit the program, 4) practices that lead to the long-term housing stabiliza-

tion and well-being of participants, and 5) patterns of exit that could improve program efforts to prevent future exits. These findings will be essential to ongoing efforts to improve the effectiveness of the HUD-VASH program in ending homelessness for vulnerable veterans.

The HUD-VASH program provides Housing Choice (Section 8) Vouchers to Veterans that act as a housing subsidy, allowing Veterans to pay 30% of their income for rent, and making up the difference between that amount and the full rental cost. Once Veterans are awarded a voucher, they are assisted by program staff to find an available apartment to rent. The program then provides ongoing case management and supportive services to the Veteran while he or she lives in the subsidized apartment. The study will focus on three groups of HUD-VASH participants, to understand the varied ways in which Veterans are using this program.

Veterans who receive HUD-VASH vouchers but leave the program before leasing an apartment will be interviewed to determine circumstances that prevented these Veterans from obtaining leases with their housing

subsidies, and to identify obstacles to leasing an apartment through this housing subsidy program. Second, Veterans who lease apartments with their HUD-VASH vouchers and leave the program after living in their apartment for less than twenty months will be interviewed, to understand circumstances preventing these Veterans from staying for a longer period of time in their apartments and to identify obstacles to housing stability. Third, Veterans who have been living in subsidized apartments in the HUD-VASH program for longer than 20 months will be interviewed to provide a baseline comparison for those Veterans who do not stay, and to identify Veterans' program experiences that have supported their housing stability.

Finally, by analyzing relationships between housing outcomes for Veterans and their experiences in the program, health status and psychosocial histories, the study will identify patterns in these relationships that could improve VA's ability to predict Veterans' success in this program and provide necessary interventions for Veterans at risk of dropping out of the program.

## Creating a Virtual Classroom

In the past two and a half years, VA has made steady progress in eliminating homelessness among Veterans. Programs and services are increasingly focused on prevention and permanent housing. Services are available for all homeless and at risk for homeless Veteran populations with a special emphasis on those Veterans who are chronically homeless, women Veterans, Veterans with families, those diagnosed with a chronic mental illness, and OEF/OIF/OND Veterans.

Dr. Roger Casey and Stephanie George worked with the Employee Education System (EES) to redesign a 1,000 person conference into a virtual accredited conference where clinicians and program managers system wide have access to more than 30 hours of valuable continuing education credits. This virtual conference, titled Emerging Practices in Systems and Services, is the first of its kind within the entire Veteran's Health Administration that utilizes a web-based platform for learning

in the Blackboard System. Blackboard is widely used at the collegiate level and is now available for training and learning opportunities within the VA.

Featured training consists of two primary tracks; systems and services. The Systems Track includes training on data tools, management of funding shifts, program sustainability, and utilization of existing systems to improve program effectiveness and linkages. The Services Track includes Veteran-centric and recovery-based emerging practices in case management, prevention, and treatment models for specific homeless sub-populations. The intent of both tracks is to standardize, streamline, and manage the systems and services aspects of program development and implementation, meet the goal of the Secretary's Five-Year Plan, and provide the highest quality of services for homeless Veterans.



Stephanie George



Roger Caset, PhD

## Homeless Analytics Initiative

The Homelessness Analytics Initiative (HAI), a collaboration between the VA and the U.S. Department of Housing and Urban Development (HUD), is a multi-stage project that will serve the following purposes:

1. Create an interactive website with maps, tables, charts, trends, and summary statistics of homelessness in communities and regions;
2. Forecast the impacts of changes in homelessness assistance resources, such as beds, housing units, and services, on the prevalence of homelessness by jurisdiction;
3. Allow users to investigate the predicted impact of changes in economic, political, and social conditions on rates of homelessness at the local and state levels; and
4. Provide customized information on community and VA homelessness assistance resources in their area.

The HAI, developed by Drs. Dennis Culhane, Ann Elizabeth Montgomery and Thomas Byrne, will allow users to access national, state, and local information about homelessness among the general population, homelessness among Veterans, risk and protective factors for homelessness, services and resources. The HAI will empower communities, organizations and individuals with critical information on trends in homelessness, factors related to homelessness, and services in place to prevent and intervene in situations of homelessness. Additionally, the HAI will enable the VA and HUD to plan and allocate resources, and effectively coordinate efforts to address Veteran homelessness. The HAI will link and leverage data held



by these two federal partners, as well as create links with national-, state, and community-level demographic, economic, housing, social service, public health, and criminal justice data sources.

## Suicide Risk Identification and Prevention

According to the most recent data available from the Centers for Disease Control and Prevention, suicide is the tenth leading cause of death in the United States causing more than 38,000 deaths in 2010. Suicides among service members and Veterans have been an increasing national concern with the Departments of Defense and Veterans Affairs committing extensive resources to the implementation of new suicide prevention programs, improved surveillance, and increased funding for research. Existing studies have documented increased rates of psychiatric and substance use disorders and external-cause mortality among those with a history of housing instability or homelessness. The National Center on Homelessness among Veterans in collaboration with the VISN 2 Center of Excellence for Suicide Prevention in Canandaigua (NY)

and the Office of Mental Health Services has initiated a series of related epidemiological and health service studies to further examine the relationship between suicide and homelessness among Veterans. Dr. Rob Bossarte and Lindsay Hill lead our research team that is developing recommendations for service delivery or innovative programs by identifying the relationships between homelessness and risk for suicide and related outcomes. Current projects include analyses of the associations between housing instability and suicide ideation, trends and demographic differences in the rate of non-fatal suicide attempts among Veterans with history of homelessness, and the associations between homelessness, co-morbid psychiatric disorders and risk for suicide. Recent findings have suggested that Veterans experiencing homelessness are a particularly vulnerable group for suicide behaviors. Results from analyses of suicide attempt reports and intake assessment data have revealed a high prevalence of suicide attempts and re-attempts among Veterans experiencing homelessness when compared to the larger population of Veterans who use VHA services. In addition, female Veterans experiencing homelessness have been identified as a population particularly at risk for suicide.



## Homeless Women's Programs

The number of female Veterans using VA Health Care has increased dramatically in the last decade. Female Veterans are also the fastest growing segment of the homeless and at-risk for homeless population. In fiscal year 2011 there were 198,908 Veterans served by VA, 8.2% were OEF/OIF/OND Veterans, and of those 7.7% (15,306) were female Veterans. In fiscal year 2012 an increase was seen in the number of women Veterans from 7.7% to 8.6% (18,375). The number of women Veterans identified as homeless more than doubled, from 1,380 in fiscal year 2006 to 3,328 in fiscal year 2010. Almost two-thirds were between 40-59 years old and over one-third had disabilities. Many of these women resided with their minor children. Population studies show that nationally the number of homeless female Veterans seeking homeless related services has also increased. Current research points to evidence that key contributors beyond the lack of affordable housing among homeless women veterans include unemployment, divorce, domestic abuse, mental health concerns and poverty.

In order to better address the specific needs for homeless and at-risk female Veterans, the VHA Homeless Program Office and Nation Center on Homelessness among Veterans have implemented and expanded homeless programs as well as overall education on homeless women Veterans.

Examples of Homeless Programs serving women Veterans include Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH), Supportive Services for Homeless Veterans and their Families (SSVF) and Homeless Providers Grant and Per Diem Program (GPD).

HUD-VASH a collaborative effort between HUD and VA which provides case management and supportive services to Veterans reports 11% of HUD-VASH recipient Veterans are women. Women Veterans often have families with children and benefit from placement with HUD-VASH vouchers. HUD and VA are working together to provide services for over 47,000 homeless Veterans.

Supportive Services for Veteran Families (SSVF) provides supportive services to low-income Veterans in or transitioning to permanent housing. As of July 2012 SSVF has served 24,652 YTD. Of 14,896 Veteran participants, 2,179 are women (14.6% of Veterans served). SSVF has made a significant impact on Veteran families as well with 6,047 children assisted.

The VA Grant & Per Diem Program offers safe transitional housing options specifically designed to serve Women Veterans across the country. More than 200 GPD programs have some capacity to serve women Veterans. Of these projects, approximately 40 are women-specific. In addition, 38 GPD operational projects have indicated some capacity to serve women with dependent children within their programs. Two examples include the Naomi House, located in the Greater Los Angeles area, serving 15 female Veterans with mental health diagnoses and the Athena House in Tampa, Florida, a 16 bed transitional housing program. Both transitional housing programs provide a supportive environment that encourages independent living and allows wom-



en to regain their self-esteem, self-confidence and sense of control in their lives.

Subsequently, VHA has undertaken an educational initiative to assist VA homeless program staff in developing the skills necessary to work with this population including developing and providing specialized services.

The National Center on Homelessness among Veterans and Employee Education System (EES) collaborated and implemented an 8 part webinar series on Homeless Women Veterans which highlighted topics including women in the military, behavioral health issues, and continuity of care for this special needs population. The series presentations were held from March 2012-October 2012 and included topics such as:

- Homelessness in Female Veterans-Risk Factors and Health Services in VHA
- Experience of Psychological Trauma and PTSD among Women Veterans
- The problem of Military-Related Sexual Trauma
- Behavioral Health Issues and Gender Differences
- Homelessness among Women Veterans
- Emergency and Preventative Health Care Issues Related to Homeless Women Veterans
- Examples of Women's Homeless Programs: Showcase in the Community
- An Introduction to Intimate Partner Violence (IPV) among Women Veterans

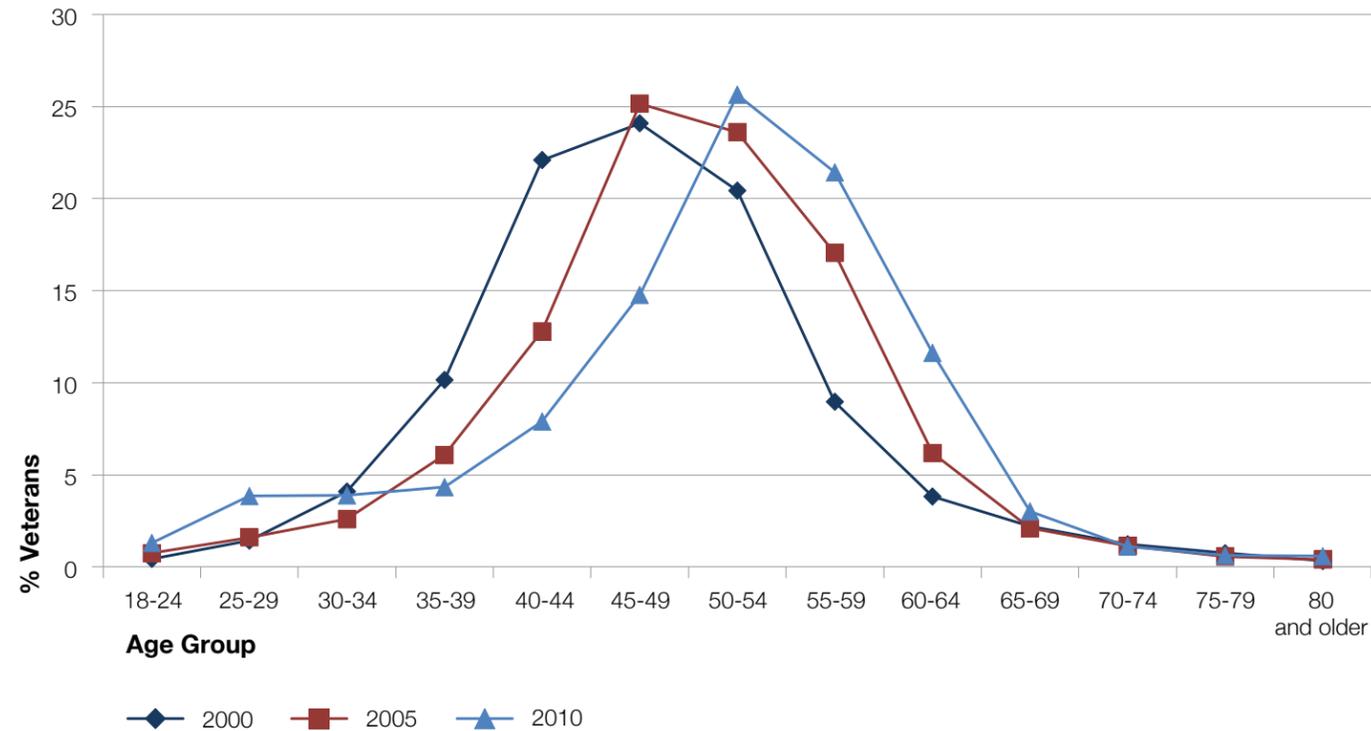
Additionally, through the work of the Center's Presidential Management Fellow, a care delivery model was designed within the first operational CRRCs to assist with the development and implementation of services for women Veterans. Stages of development included identifying gaps, developing care models to fill those needs, and monitoring outcomes within VA and among community providers. The implementation of this care delivery model was initiated at the three sites and is currently being reviewed for impact. Outcome measures have been incorporated into the new systems data capture for CRRCs and will be reviewed and adjusted for implementation at the remaining sites nationally.

## Examining Aging Trends among the Population of Homeless Veterans

There is evidence that the homeless population, including the population of homeless Veterans, is getting older even after accounting for the more general graying trend in the overall US population. Dr Thomas Bryne's most recent work indicates that homelessness is a cohort phenomenon: persons born in the latter half of the baby boom cohort (roughly between 1954 and 1967) have experienced a sustained risk for homelessness over the past 20 years, and consequently, the bulk of the single adult homeless population is approaching premature old age. The overarching aim of this study is to more closely examine aging trends specifically within the population of veterans experiencing homelessness. Using data collected from VA homeless assistance programs over

the past 20 years, we will examine how the age structure of homelessness among Veterans has changed over time, and we will project how the size and age distribution of the population of homeless Veterans is likely to change over the next decade. Based on the results of these projections, we will also estimate the expected net financial impact on the VA health care system of an aging population of homeless Veterans, who will experience increased morbidity, disability in medical frailty in coming years. Findings from this study will provide valuable evidence that can help ensure that adequate and appropriately targeted resources will be available to meet the future housing and health care needs of homeless Veterans.

Homeless Veterans By Age Group (%)



Source: Unduplicated count of all Veterans who completed Form X (an intake form for those receiving services from VA's Health Care for Homeless Veterans Program) in each year from 2000-2010

## Investigating Mortality among Homeless & Formerly Homeless Veterans

Although there is strong evidence linking homelessness to increased mortality and a decreased life expectancy, few studies have closely examined the circumstances of persons who die while homeless, and evidence on mortality among homeless Veterans is even rarer. This study is intended to fill this gap in existing research, and will answer several questions about the relationship between mortality and homelessness among Veterans. The first phase of the study will use existing data collected by the City of Philadelphia to compare the characteristics, location and cause of death among Veterans who died homeless with non-Veterans who died homeless. Subsequent phases of the study will involve interviews with

the next-of-kin of Veterans who died while homeless and recently deceased non-homeless Veterans who had a significant past history of homelessness. Data from these interviews will be used to compare the characteristics and these two groups of Veterans, and to better understand the role that family and social support, access to nursing home care and other select factors might play in helping Veterans exit homelessness. The results of this study will provide a more complete understanding of the relationship between homelessness and mortality among Veterans, and will inform interventions that may help lessen mortality and improve the housing outcomes of Veterans experiencing homelessness.

## Profiles of Homeless Veterans & Factors Influencing Treatment Outcomes

Research examining characteristics of homeless veterans has consistently reported increased prevalence of mental illness, alcohol dependence, and substance abuse in comparison to the general Veteran population. Other research has documented higher rates of chronic diseases and has identified Veteran homeless subgroups of special concern because of identifiable vulnerabilities: the chronically homeless, women, OEF/OIF Veterans, and the aging Veteran. No studies, however, have systematically investigated the population of homeless Veterans to determine empirically the typology of Veteran homelessness or conducted a comprehensive clinical evaluation of Veterans entering homeless programs. In this research, led by John A. Schinka, Ph.D., we address two primary questions: 1) are there identifiable subgroups of homeless Veterans (e.g., chronic homeless without mental illness, alcohol dependence, or substance abuse problems) who differ in their health, housing program, and mental health needs and 2) what specific characteristics of these subgroups are related to long-term outcomes in health, mental health, and

housing. We will use several strategies to address these questions. We will use cluster analysis statistical procedures to examine administrative data from large samples of homeless Veterans to determine the subgroup typology of Veteran homelessness. We will use follow-back procedures to examine the long-term outcomes of a cohort of homeless Veterans who were discharged from VA homeless programs in 2001-2002. This effort will involve examination of medical records and interviews with surviving Veterans. Additionally, we will examine a cohort of Veterans recently admitted to VA homeless programs to conduct a comprehensive clinical evaluation (e.g., history, neurocognitive testing, measures of PTSD, depression, anxiety, social support, quality of life). Finally, we will continue our strategy of examining administrative databases to refine a model of key predictors of housing intervention outcomes in large samples of Veterans discharged from VA housing programs. Findings from these efforts will provide a foundation for refining evaluation, placement, referral, and planning decisions for homeless Veterans.

*Findings from these efforts will provide a foundation for refining evaluation, placement, referral, and planning decisions for homeless Veterans.*



## Core Values

**Integrity:** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**Commitment:** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**Advocacy:** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**Respect:** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**Excellence:** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

## Core Characteristics

The Core Characteristics define “what we stand for,” and help guide how we will perform our core mission; they shape our strategy, and will influence resource allocation and other important decisions made within VA. The Characteristics are Trustworthy, Accessible, Quality, Agile, Innovative, and Integrated.

**Trustworthy:** VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.

**Accessible:** VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

**Quality:** VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.

**Innovative:** VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.

**Agile:** VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.

**Integrated:** VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.



For more information on the  
National Center on Homelessness among Veterans,  
please visit our website at:

[www.va.gov/homeless/nationalcenter.asp](http://www.va.gov/homeless/nationalcenter.asp)