



Department of Veterans Affairs

National Center on Homelessness among Veterans  
2013 Annual Report

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

**Table of Contents**

*Center Executive Staff* 2

**2013 Center Accomplishments** 3

*Community Resource and Referral Center* 3

*Homeless Patient Aligned Care Teams* 3

*VA Homeless Registry* 4

*Safe Haven* 4

*Supportive Services for Veteran Families* 5

**Meeting the Goal** 6

**Good News Stories** 7

**Creating Models for Veteran Engagement** 10

**Using Data to Create Informed Decisions** 12

*Homelessness Screening Clinical Reminder* 12

*Women Homeless Veterans* 13

*The Homelessness Analytics Application* 14

*Studies related to OEF/OIF and New Dawn* 15

**Training & Education** 16

**Creating Partnerships with Research** 18

**Identifying the Value Added Outcomes** 20

**Center Articles** 25

**Future Programs Under Development** 29

**Message from the Director**



The National Center on Homelessness among Veterans has begun its fourth year of operations. It was our vision for the Center to support the Secretary’s and the Federal Strategic Plan to End Veteran Homelessness. Since its inception, the Center has implemented evidence-based data and outcome driven strategies with the goal of having these strategies become common practices. The Center has translated research to practice and used lessons learned to increase our ability to permanently house and connect our nation’s homeless Veterans to healthcare and other supports to end their homelessness and improve their quality of life. As we begin 2014, the Center will lead a number of special efforts to help our communities end Veteran homelessness. Efforts include ; the continued transformation of how we deliver person-centered care to homeless and at risk for homeless Veterans, the refinement of prevention models that promote better targeting of resources, technical assistance to promote adoption of best practices and further evaluation to demonstrate the clinical and fiscal benefits of our new models of care. One of our largest efforts will include a 25 communities partnership between federal partners, Atlas Research, Community Solutions, VA medical centers, and local community providers that will be tailored to build upon progress already achieved and to share best practices by those communities that have achieved high levels of success. Through this effort we will support community led coordinated intake systems for locating and assessing the needs of Veterans experiencing or being at risk of homelessness, provide them with appropriate services, and help them navigate safely and quickly from streets and shelters to permanent housing, healthcare, employment and other supportive services to sustain their living as independent as possible in the communities they served and protected while they were soldiers.

*2013 has been an exciting and productive year for the Center and our success is due to our many partnerships both within VA and our external partners including; VISNs 1, 4 & 8, University of Pennsylvania, University of South Florida, University of Massachusetts, Yale University, VHA Homeless Programs, VA Health Service Research & Development, VHA Support Service Center (VSSC), 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, Pathways to Housing and the Rapid Results Institute. Together we work every day to promote data driven, research informed solutions to prevent and end Veteran homelessness. We would like to take this opportunity to share our accomplishments and on-going projects with you. We look forward to continued partnership and commitment to ending Veteran homelessness.*

**Thank you!!**

*“I learned long ago that there are never any absolutes in life, and a goal of zero homeless Veterans sure sounds like an absolute. But unless we set ambitious targets for ourselves, we would not be giving this our very best efforts. No one who has served this Nation as Veterans have should ever be living on the streets.”*

*Secretary Eric Shinseki, November 2009*

## Center Executive Staff



Roger Casey, PhD



Dennis Culhane, PhD



Susan Kane, FACHE



John Kuhn, MSW



Thomas O'Toole, M.D.



David Smelson, PhD

# 2013 Center Accomplishments:

## Community Resource and Referral Center (CRRC)

CRRCs are collaborative, multi-agency, multidisciplinary programs that serve homeless Veterans and those at risk of homelessness. CRRCs provide a “one stop” approach that offers Veterans easy access to a comprehensive range of services at a single location. Partnering with community organizations and federal, state, and local agencies, CRRC services include employment counseling and referral, housing and bridge housing assistance, rapid re-housing support, as well as basic services such as laundry, showers, and temporary storage. The primary goal of the CRRC is to provide rapid and comprehensive homeless services, especially for those Veterans identified as chronically homeless.



CRRC located in Washington, DC

*In FY 2013, there were over 37,000 visits to the CRRCs which provided services to over 27,000 Veterans*

*An additional 11 new CRRCs were funded in FY13 and are currently under development.*

## Homeless Patient Aligned Care Teams (H-PACT):

The goal of the H-PACT is to create a “medical home” tailored to the social and clinical needs of homeless Veterans that keeps them from needing to go to the emergency departments for care, helps address chronic medical, mental health and substance abuse treatment needs, and is integrated with services delivered by homeless program staff to expedite housing placement and reduce recidivism..

<p><b>42</b> sites are actively enrolling patients and an additional 11 sites are expected to be operational by the end of calendar year 2014.</p>	<p>In FY 2013 over <b>7,000</b> homeless Veterans were enrolled in <b>H-PACTs</b> nationally and <b>12,000</b> Veterans are projected to be enrolled by the end of FY 2014.</p>	<p>Medical centers that have implemented an <b>H-PACT</b> model have observed a <b>31% reduction</b> in emergency department use and a <b>23.7% reduction</b> in hospitalizations compared with care received prior to enrolling in an <b>H-PACT</b>.</p>
--	---	---

# 2013 Center Accomplishments:

## 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.

- ◆ **In 2013 the Registry was expanded to include a medical intelligence function that integrates our homeless data with other healthcare data to help prioritize those with the highest needs and connect them to housing healthcare and other services**
- ◆ **By the end of 2013, the number of Veterans in the Registry had increased from 600,000 to more than 710,000.**

## Safe Haven

Safe Havens are 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. These programs do not place 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 FY2013, VHA added an additional 15 sites to bring the total number of Safe Havens to 19**

In FY 2012 and FY 2013, the Safe Haven model development project served 536 unique veterans, including both males and females. Among those Veterans who exited the program, more than 64 percent were characterized as positive or neutral exits in FY 2013. Specifically, more than 40 percent left the Safe Haven to move into permanent housing and more than 31 percent experienced an increase in income during their time in the Safe Haven. Prior to the development of Safe Havens many of these Veterans fell back

**More than 40% left the Safe Haven to move into permanent housing!**

# 2013 Center Accomplishments:

## Supportive Services for Veteran Families (SSVF):

SSVF represents an entirely new and unique model for VA. SSVF is the first and only VA program that provides services to Veterans and their families. It is a community-based, competitive grant program that rapidly re-houses homeless Veteran families and prevents homelessness for those at imminent risk due to a housing crisis. Designed to play a critical role in the goal to end homelessness among Veterans, the focus of SSVF is housing stability. The program's objective is to achieve that stability through a short-term, focused intervention. SSVF employs a Housing First model. Housing First focuses on helping individuals and families access and sustain permanent rental housing as quickly as possible and without precondition, while facilitating access to those services that will help the Veteran's family keep their housing. SSVF providers focus on increasing income through employment and benefits while addressing those issues that can interfere with Veteran's housing stability. Legal assistance, credit counseling, needed health care and other supports often play critical roles in sustaining permanent housing and improving quality of life.

In the first two years of operation, SSVF has had a dramatic impact. During this time almost 100,000 Veterans and their family members (97,979 in total) received direct assistance from SSVF and 85 percent of those exiting SSVF had permanent housing. In the first year, 86 percent of all program participants (16,204 of 18,819), including 86 percent of all Veterans who exited the program had a successful permanent housing outcome at an average cost of approximately \$2,810 per household. Results in the second year were comparable with 84 percent of all program participants (41,104 of 48,692), including 82 percent of Veterans exiting the program into permanent housing, but with a lower average cost per household at approximately \$2,480.

### Key FY 2013 Findings and Results

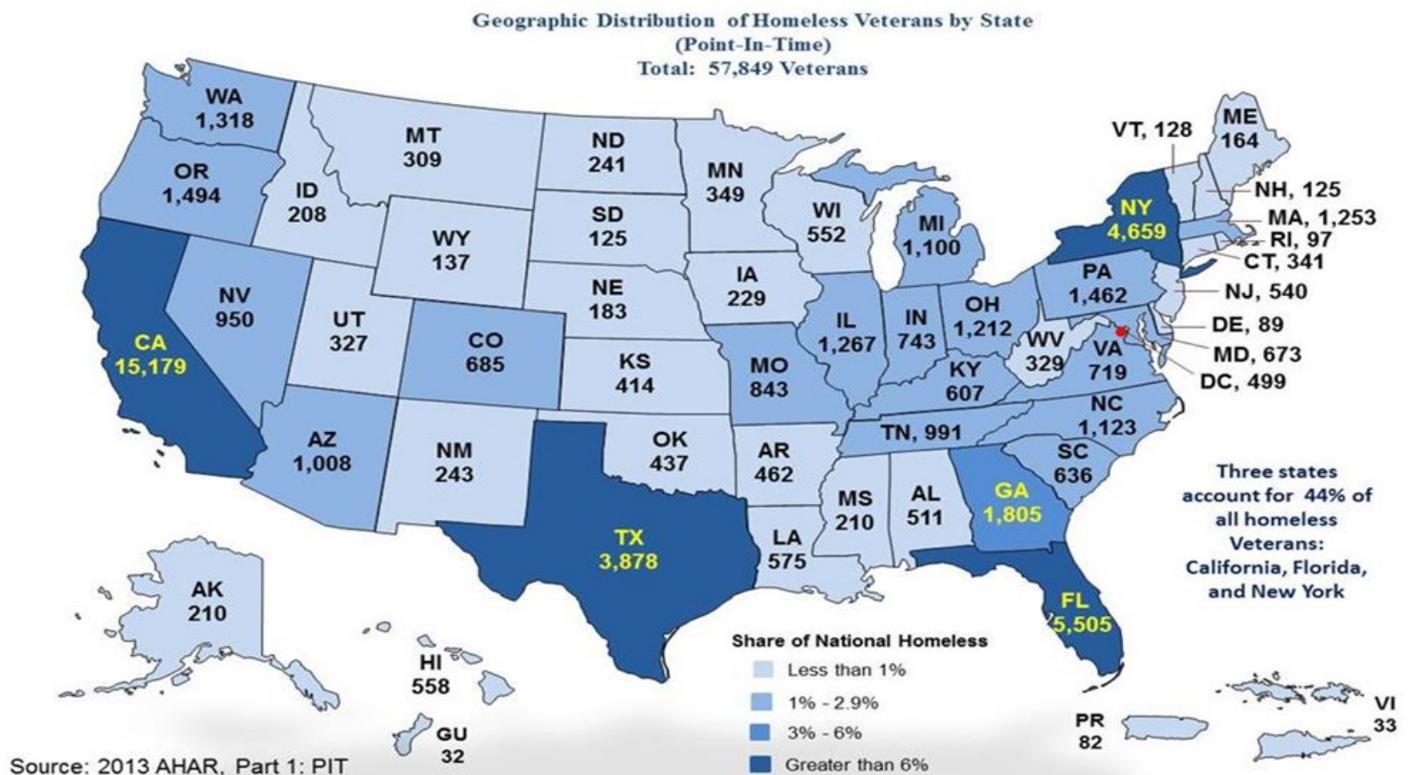
- ◆ **Seventeen percent of the 39,649 Veterans assisted served in Iraq or Afghanistan and almost 60 percent of these Veterans were homeless – the highest proportion of these Veterans served in any national VA homeless initiative.**
- ◆ **FY 2013 funding increased 68 percent over FY 2012, yet SSVF grantees were able to serve twice as many people while continuing to maintain high permanent housing exit rates.**
- ◆ **More than half (55 percent) of the 39,649 Veterans participants had a disabling condition, along with one-fifth (21 percent) of the 9,661 non-Veteran adults (e.g. spouses and adult children).**
- ◆ **Fifteen percent of the 39,649 Veteran recipients were female Veterans – the highest proportion of women served of any VA homeless initiative.**
- ◆ **Twenty-four percent (15,948 of 65,303) of all those served were dependent children. SSVF helped keep Veteran families together.**

## Our Progress towards Meeting the Goal....Annual Report: 2013 Homeless Point-in-Time Count – Getting to Zero

The primary measure used to assess progress toward ending Veteran homelessness is the annual Point-in-Time (PIT) count, a census of all persons experiencing homelessness on a single night during the last 10 days of January. During this count, communities across the country estimate the number of persons who are living in sheltered homeless situations—emergency shelters and transitional housing—as well as those who are staying in places not meant for human habitation, such as a car, park, or abandoned building. Since 2009, communities have made particular efforts to estimate the number of Veterans experiencing homelessness and have published these results in the *Annual Homeless Assessment Report to Congress (AHAR)*.

The PIT count that was conducted during January 2013 identified 57,849 Veterans, who comprised 12% of the homeless population. While the national-level decline in Veteran homelessness between 2009 and 2013 was 24%—illustrated in the figure below—many VA Medical Center (VAMC) service areas have reported steeper declines. These accelerated gains in ending Veteran homelessness are due, at least in part, to VA's emphasis on ending chronic homelessness and preventing—or quickly ending—new episodes of homelessness. While VA's adoption of a Housing First approach to permanent supportive housing ensures that chronically homeless Veterans are rapidly placed in housing and are supported to retain that housing over time, SSVF is preventing or quickly ending new episodes of homelessness among Veteran households.

The map below illustrates where homeless Veterans are living; approximately one-half are in California, Florida, New York, and Texas.



## GOOD NEWS STORIES!

*“It’s Often the Last Key on the Ring Which Opens the Door.” ~Proverb*

### Safe Haven

**Tracy**, a female Veteran in her late 50s, was found staying in the woods near a VA medical center. She was actively using alcohol and had a previous stroke which was causing her significant memory and cognitive impairments. She refused to go to a shelter because she did not feel safe there. Medical center staff convinced her to try the local Safe Haven where she could get off the streets, feel safe and at a pace that was comfortable for her. During her Safe Haven stay she continued to use alcohol but over a period of time the amount and frequency of her use diminished. She began to make better decisions about her relationships. Tracy now lives at a community apartment where she has a supportive relationship with on-site staff. She continues to attend substance abuse treatment services at the VA.

**Dan**, a male Veteran in his mid-60s, had a history of severe alcoholism. It was difficult to persuade him to get off the street but his increasing physical difficulties convinced him to give the Safe Haven a try. He had been hospitalized 13 times during the prior year and 35 times in the past 5 years. His initial Safe Haven stay lasted only a few weeks as he went on a binge, was arrested, jailed and then hospitalized. He agreed to return and successfully completed the program. After completing the program, Dan moved to an independent apartment where he has lived over two years.

### Telephone Continuing Care and Recovery System (TCCRS)

**Mike** is a 53 year-old Veteran who had been clean and sober for over 8 years before using heroin and alcohol after the death of his father in May of 2013. After admission to the HUD VASH Program the case manager referred him to the TCCRS Program. The first call started with a brief introduction, discussion on relapse risk areas and coping skills. In subsequent calls, Mike mentioned that he tends to isolate and that seclusion bothers him as it is a trigger for depression as well as reactive behavior such as substance use. Phone-based intervention seemed to help Mike share some details about his worry in this area. Mike mentioned that he became anxious several days after noticing that he was isolating, since it usually meant that he would become despondent and head out to find something to “change his mood.” The supportive and motivational aspects of the tele-coaching during the calls became useful, as the coach refocused Mike on what was going well and what Mike had done to protect against the possibility of relapse. Mike enrolled in the Early Recovery group at the local VA medical center and scheduled to start a social skills training group as well, removing the barriers to developing his social network. Describing these events in follow up calls, the phone coach emphasized the active steps Mike had made to better his situation. Mike also planned to make at least two Narcotics Anonymous meetings during the week. During the last call, Mike has confirmed he is still sober, working with his HUD VASH case manager, and living independently in the community. TCCRS is assisting Mike in achieving his recovery goals of reducing substance use and maintaining his apartment.

## GOOD NEWS STORIES!

*"It's Often the Last Key on the Ring Which Opens the Door." ~Proverb*

### Supportive Services for Veteran Families (SSVF):



We all have our struggles in life and Robert has had more than his fair share. However, Robert did not realize how much his life was going to change in a few short months after he answered an ad in his local newspaper about a Veteran housing program provided by Community Action of Northeast Indiana (CANI), a Supportive Services for Veteran Families (SSVF) grantee. The SSVF program helps homeless Veterans locate and secure stable housing for themselves and their families. Through case management services, the Veteran may receive assistance in obtaining a rental or employment, and assistance in getting VA and educational benefits.

Robert proudly served in the military and received training to become a qualified sharpshooter and marksman. However, he became ill and was honorably discharged from the military. While living in Nebraska, Robert lost his wife of 20 years and had to move back to Indiana in order to help care for his ailing father. Two years later his father passed away and Robert had nowhere to live. He stayed in an old 13 X 16 garage on the property until he could get a job and have enough money to live on his own. Robert wired the garage with electricity and used a space heater to stay warm.

Robert had worked in construction for 20 years but was no longer able to do so because of a spinal condition. Interviewing for new positions proved to be difficult because he has few teeth remaining, a result of having to forego dental care for several years. In spite of all this, Robert was determined to find work - no matter how temporary or short-term. And he did just that. Robert said that he would often have only enough money to put one gallon of gasoline in his car at a time, but at least it would get him to another job.

Two years ago Robert found out that he had prostate cancer. He had to travel over 60 miles one way, five days a week for nine weeks to receive treatments. He struggled finding the money for the gasoline needed to get to his appointments so he sought assistance from the Lutheran Hospital Cancer Care Center. The Cancer Center provided him with gasoline cards for the first three weeks of his care, until he was able to obtain

VA assistance to cover the cost. Robert was so thankful for the assistance that he promised to make a donation to the Cancer Center if he recovered.

Robert had already taken so many crucial steps to help himself and he was about to take one more. He learned about CANI through a newspaper ad and reached out to the agency. As a result, he met with CANI's SSVF Homeless Prevention Coordinator and completed the necessary paperwork. He was then assigned a case worker, who helped guide him in setting goals. The case worker also spoke with a landlord about how the program would work, and completed an inspection of the rental he had chosen. After moving into his new home, Robert stated the following, "I am thankful for the assistance and the place is perfect! It's not far from work and only a few blocks from where my mother lives, so I am able to help her when she needs it."

A few weeks after moving into his home, Robert received a letter that he had been approved for Social Security benefits. He also found out that his prostate cancer was in complete remission. After hearing this news, Robert donated double the amount of gasoline cards he had received in the past from the Cancer Center for them to be able to help others in need. He was also able to give his mother a Christmas present which he had not been able to do in years.

Having survived life's struggles, Robert is appreciative of the SSVF program and the assistance it provides to homeless Veterans. He has also expressed his gratitude for the help other agencies have given him. He has been willing to help others in need and is determined to be successful. "I'm going to get it right this time," he said. "If I was any happier there would be two of me. The only thing missing from my life now is a girlfriend!"



James is a 37 year old Persian Gulf War Veteran. He was referred by Volunteers of America (VOA) to Ohio Valley Goodwill Services, a Supportive Services for Veteran Families (SSVF) agency. He was living at a VOA transitional shelter temporarily until being connected to Ohio Valley Goodwill for assistance with obtaining permanent housing. As a result of the SSVF intake assessment, he was determined eligible for services and was in immediate need of transportation, housing and employment. Together, the case manager and James developed a plan that would help him achieve the goals and objectives established at intake. James soon completed his job training program and secured a permanent position at a local restaurant. He accepted the assistance offered to him by Ohio Valley Goodwill to remove barriers

to housing and transportation. Through intensive case management and short term interventions, he maintains a good work record and has been recommended for advancement in his company.

# Creating Models for Veteran Engagement

## Telephone Continuing Care and Recovery Support (TCCRS) – Housing and Urban Development-VA Supportive Housing (HUD VASH) Program

Initiated last year, the TCCRS Program is designed as an alternative to traditional methods of delivering treatment to enhance services for Veterans living in the community enrolled in HUD-VASH who need additional support to achieve sobriety. Through collaboration between the National Center on Homelessness among Veterans and the University of Pennsylvania, the TCCRS program has been initiated at two VA Medical Centers, Bedford, Massachusetts and Butler, Pennsylvania. TCCRS provides phone-based recovery and support coaching for Veterans who have a history of substance use. Trained coaches help Veterans prevent relapse, maintain sobriety, and identify risk. They also support Veterans in maintaining independent community living. During fiscal year 2013, more than 40 calls were made to this phone coaching program. The program will be expanded to Veterans Integrated Service Networks (VISNs) 7 and 11 in FY 2014.

## Housing First

VA has transformed its homeless program service model to be more “person-centered” and focused on solutions—including collaborative community-based treatment and supportive services—to prevent and end Veteran homelessness. A primary example of this transformation is the Center’s and VA Homeless Program Office’s continued partnership with Pathways to Housing in implementing a Housing First approach to care. Housing First is a low-barrier, supportive housing model that emphasizes permanent supportive housing to end homelessness. This approach provides individuals who are experiencing homelessness—particularly those who have experienced prolonged periods of homelessness and disabling conditions such as schizophrenia, bipolar disorder, recurrent major depression, post-traumatic stress disorder (PTSD), addictive disorders—with permanent housing as quickly as possible and supportive services as needed. The Housing First approach provides housing without prerequisites for abstinence, psychiatric stability, or completion of treatment programs. Instead, this approach provides permanent housing as the initial service followed by healthcare and other supports based on the individual’s needs and preferences. However, Housing First is not housing only; the model has a significant clinical service component: community-based clinical case management teams provide 24-hour, 7-days-a-week access to services including crisis intervention, financial management, landlord and family mediation, employment, community reintegration, and access to mental health, primary care, and addictions treatment.



Move in day for a Veteran living near Philadelphia.

Working in collaboration with various networks, medical centers, and homeless programs during the past year, Center teams have provided consultation and guidance for Housing First Programs through conference calls, individual teleconferences, and site visits. These technical assistance efforts range from offering support through online forums and webinars to team conducted, site visit fidelity reviews which assess adoption of Housing First principles and key foundations. Support teams include Center staff, HUD-VASH Regional Coordinators, university affiliate personnel, as well as staff of Pathways to Housing, Inc. The Center also

## The Benefits Assistance and Support System (BASS) Project

The VA is working to prevent homelessness among Veterans by assisting in the development of web-based tools and skilled help-desk support that will aid Veterans in applying for benefits. This project, the Benefits Assistance and Support System (BASS), will provide Veterans and the VA-based social work staff at 12 large metropolitan areas with access to a help-desk with trained staff knowledgeable about locally available services. These benefits will include, but not be limited to, mainstream benefits available through national programs such as the Supplemental Nutrition Assistance program, Medicaid, Medicare, various Social Security programs, the Child Health Insurance program, as well as locally administered legal aid, credit counseling, vocational, income, and benefits assistance including the Temporary Assistance to Needy Families program. In addition, BASS will create publicly available web-based benefits resources that will assist Veterans applying for benefits in 37 communities with populations of over 250,000 people located in 11 states.

Eligibility and access criteria can be complicated, and many Veterans lack the information they need to enroll or even to find appropriate benefits for which they qualify. The way in which a benefit program is implemented and regulated can affect its participation rate. Many benefit programs are complicated to navigate and have unique eligibility requirements. Further confounding this issue are local and federal regulations that may impact a Veteran's ability to access services. In some communities, applicants face significant difficulties due to lack of information or presence of discouraging hurdles. Lengthy enrollment forms, long waiting lines in government offices, required in-office interviews during regular business hours (not helpful to employed applicants) and, for homeless applicants, required documentation that may be hard to retrieve, or to retrieve in a timely manner, all impede access.

### BASS will address these concerns by:

- Developing a web-based application to facilitate application for non-VA benefits;
- Providing training for VA staff so they have the skill to effectively access benefits and use the web-based application;
- Creating program materials including a manual and educational materials to support use of the web-based application;
- Supporting VA staff, VA referred at-risk Veteran clients through a Help Desk to assist access and obtain benefits; and working with VA staff, community providers, and other stakeholders to identify barriers to successful application to benefits for eligible Veterans.

Under the BASS project technical assistance will be provided to VA staff assisting eligible homeless Veterans and Veterans at-risk for homelessness to obtain mainstream benefits, including those that offer income support and access to local services that provide legal assistance and credit counseling. Staff at VA Medical Centers in 12 cities (New Orleans, Houston, New York, Washington, DC, San Francisco, Los Angeles, Miami, Las Vegas, Atlanta, Chicago, and Boston) will receive training and support to access and connect veterans with needed benefits such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), or federal housing programs.

# Using Data to Create Informed Decisions

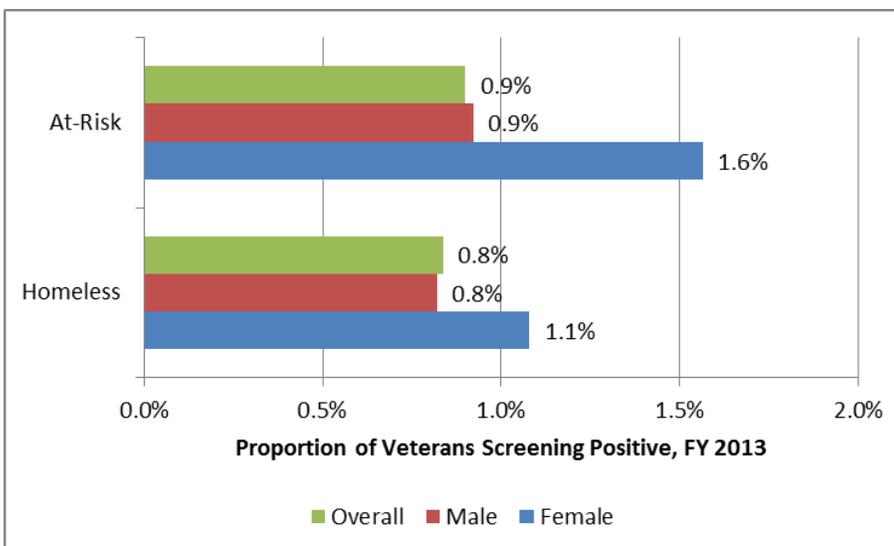
## Homelessness Screening Clinical Reminder

One of VA's primary strategies for ending homelessness among Veterans is to prevent or quickly end new episodes of homelessness. To do this, providers need information about Veterans who are experiencing homelessness but are not receiving an intervention and those who may be at imminent risk. In an effort to systematically identify Veterans in need of a homelessness prevention or rapid rehousing intervention, VA is screening all Veterans who access outpatient care at any VA facility, with the objective of rapidly identifying Veterans in need and ensuring that they are referred for the appropriate assistance.

When a Veteran presents for care, his or her provider asks the following questions to assess housing instability:

- In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? ("No" response indicates Veteran is *positive for homelessness*.)
- Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household? ("Yes" response indicates Veteran is *positive for risk*.)

During the first year of implementation (October 1, 2012–September 30, 2013), more than 4.3 million Veterans responded to these questions; 0.8% reported homelessness and 0.9% reported imminent risk. Rates of positive screens were highest among women—illustrated in the figure below—as well as Veterans between the ages of 45 and 54 years and those living in non-rural areas. However, initial results of almost 18,000 Veterans' responses to the screener for a second time indicate that a significant majority resolved their homelessness and risk: **81% resolved their homelessness and 87% resolved their homelessness risk within 6–12 months.**



**81% resolved their homelessness and 87% resolved their homelessness risk within 6–12 months.**

The initial results of this screener have important implications for targeting and prioritizing interventions for Veterans at elevated risk of homelessness: prevention resources, ranging from a light-touch intervention such as budgeting assistance, money management, or family/landlord mediation to temporary financial assistance, may play a significant

role in mitigating risk. Researchers and providers from Women's Health Services are developing additional questions to assess whether Veterans who screen negative for imminent risk of homelessness may in fact be at risk based on a variety of factors—these additional questions are intended to identify Veterans who are vulnerable to homelessness and may require services to reduce their risk.

## Women Homeless or at Risk for Homelessness Veterans

Women Veterans comprise 10% of the approximately 22 million Veterans living in the United States and Puerto Rico and 8% of the 57,849 Veterans who were homeless at one point in time in January 2013. While the number of homeless women Veterans is relatively small—approximately 4,500—they are three times more likely than non-Veteran women to experience homelessness. This is particularly concerning given that the number of women Veterans is increasing; women are one of the fastest growing populations to serve in the military, currently accounting for approximately 15% percent of those serving.



Several factors may contribute to women Veterans' spiral into homelessness, including childhood adversity; trauma related to combat and other experiences during military service; post-military abuse; adversity within or termination of a relationship; and post-military mental health or medical conditions coupled with limited access to safe, affordable housing and employment. Depression, anxiety, and post-traumatic stress disorder (PTSD) are the most common mental health concerns among women Veterans and may adversely impact their transition from military service to the community. A specific concern among women Veterans who have experienced trauma is safety, both emotionally and regarding where they live and receive care.

To better understand the reasons for women Veterans' increased risk for homelessness and determine the most effective interventions to end their homelessness, researchers at the National Center on Homelessness Among Veterans, along with the VA National Center for

**Depression, anxiety, and post traumatic stress disorder (PTSD) are the most common mental health concerns among homeless women Veterans**

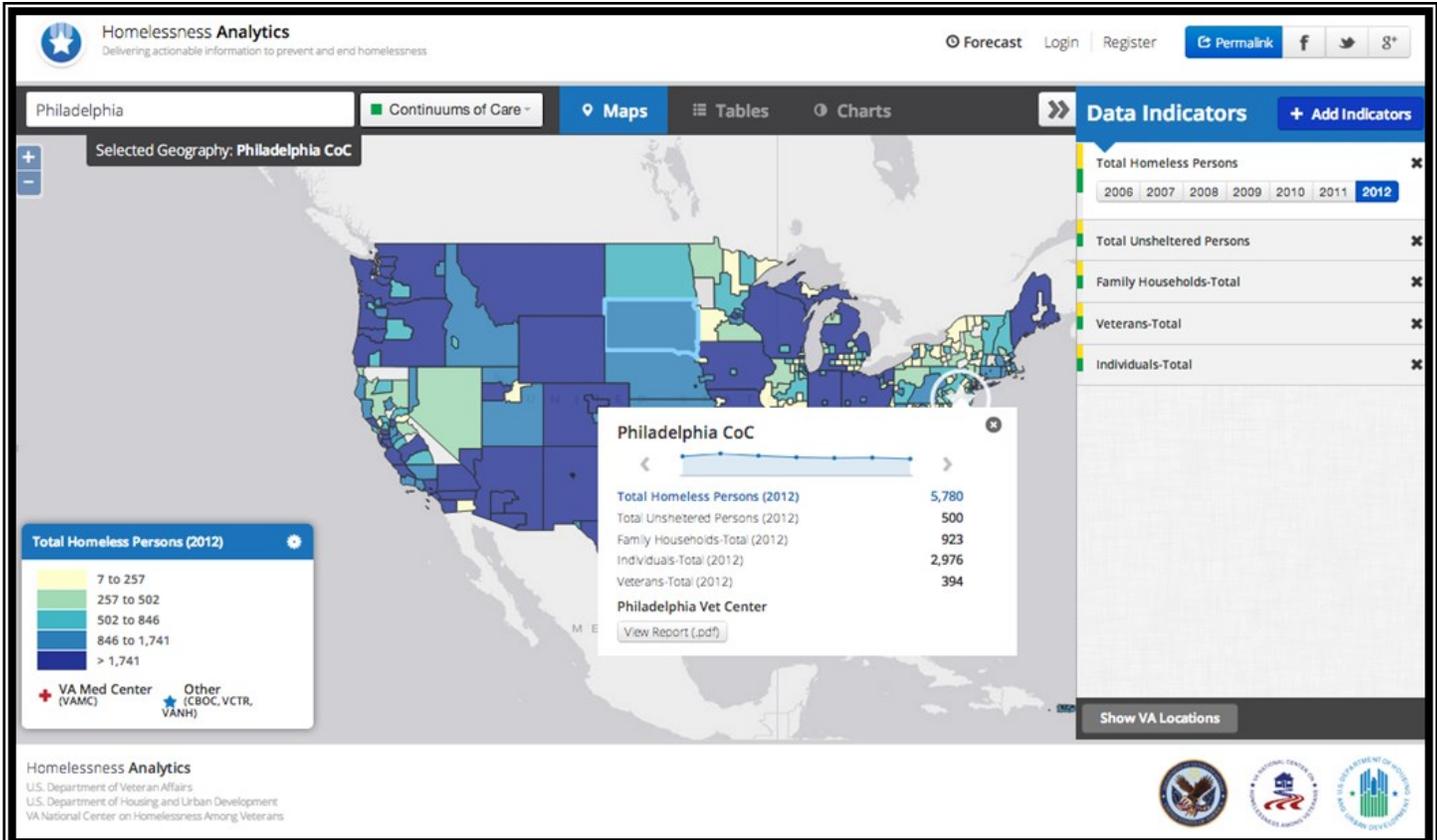
PTSD and the Center for Health Equity Research and Promotion (CHERP), are exploring demographic characteristics, clinical characteristics, and health services utilization patterns for women Veterans experiencing homelessness or risk. Initial results of this work indicate that having any mental/behavioral health disorder increases the likelihood of screening positive for homelessness or risk by a factor of close to or more than two. Specifically, women who have been diagnosed with drug abuse or suicide/intentional self-inflicted injury are more than four times more likely to screen positive than negative for homelessness. Future work will address the role that VA interventions play in preventing and ending homelessness among women Veterans.

The Center is also partnering with Office of Women's Health to address healthcare service and employment needs of homeless at-risk female Veterans, including childcare and the availability of quality jobs enabling Veterans to sustain permanent housing in the community. In addition, along with the Institute for Veterans and Military Families, Syracuse University the Center is offering trainings to providers—especially those working to prevent or rapidly end homelessness—to ensure that services are trauma informed and that Veterans and their families have timely access to high quality mental health care.

## The Homelessness Analytics Application

The Homelessness Analytics Application ([www.homelessnessanalytics.org](http://www.homelessnessanalytics.org)) went live in June of 2013. The Homelessness Analytics Application is an Internet tool developed through collaboration between the National Center on Homelessness among Veterans in the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Housing and Urban Development (HUD). **Free and accessible to the public**, the application uses a map-based interface to provide users with easy access to information about homelessness and related factors at the local, state and national level, including VA homeless assistance resources. Users can explore maps, create customized tables, generate charts and funnel data into spreadsheets or databases to conduct independent analyses. Other functions include modeling and forecasting features that allow users to simulate expected changes in homelessness given changes in underlying indicators at the community level. For example, a user can create a model of the relationship between median rent costs and the rates of homelessness in a specific region to better understand how changes in the housing market could impact homelessness.

Homelessness Analytics contains data compiled from dozens of sources, including the American Community Survey, the Centers for Disease Control's Behavioral Risk Factor Surveillance System, HUD's Fair Market Rents, the National Survey on Drug Use and Health, and the U.S. Department of Agriculture's Food and Nutrition Service Program.



## Studies related to OEF/OIF and New Dawn

As Veterans return from deployments in Afghanistan and Iraq, there has been an increased concern over their vulnerability to homelessness. 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, very little is known about the extent to which these recent Veterans become homeless, and what factors affect their risk of becoming homeless.

To better understand the dynamics of homelessness among recent Veterans, researchers at the National Center on Homelessness among Veterans teamed up with the VA's Office of the Inspector General (OIG) to examine homelessness among over 300,000 Veterans who separated from the military in 2005 and 2006. In this study, published last fall in the *American Journal of Public Health*, we found that the five-year homelessness rate among this cohort was 3.8%. Service in Iraq or Afghanistan and, more specifically, posttraumatic stress disorder among veterans deployed there, were significant risk factors of modest magnitude for homelessness. The strongest risk factors, however, were various socioeconomic and behavioral health factors, factors which are also prominent among non-Veterans.

Results such as these show promise for using administrative data to identify Veterans who are at elevated risk for becoming homeless upon their return to civilian life. We are currently following up this study with several projects. First, we are setting up an ongoing system for monitoring rates of homelessness among recent-era Veterans as they engage in civilian life for increasingly longer periods of time. In another, we match a large cohort of recent Veterans with health services data from the Department of Defense to continue to understand service-related risk factors for subsequent Veteran homelessness. A third study is using semi-structured interviews to get Veteran accounts of factors, including military service that contributed to becoming homeless. Taken together, these studies should help get a better understanding of how Afghanistan and Iraq-era Veterans become homeless, as well as measures to more effectively prevent homelessness among this Veteran cohort.



*These studies should help get a better understanding of how Afghanistan and Iraq-era Veterans become homeless, as well as measures to more effectively prevent homelessness among this Veteran cohort.*

# Training & Education

The National Center on Homelessness among Veterans in coordination with the VA Employee Education System (EES) held the second annual Homeless Virtual Conference: “2013 Homelessness Core Curricula and Emerging Practices” August 5-16, 2013 using Adobe Connect as the platform. The two week long education track had 1,228 participants who received continuing education credit towards their discipline’s licensure. Participants came from several discipline areas including Licensed Clinical Social Workers, Registered Nurses, Physicians and Clinical Psychologists. Recorded sessions of the virtual conference are archived and continue to be available for VHA staff to view and obtain CEU credit.

This training consisted of a series of topics which emphasized core standard practices and implementation of statistically promising and identified best practices in homeless systems and homeless services. Homeless systems included data tools, management of funding shifts, program sustainability, and utilization of existing systems to improve program effectiveness and linkages. Homeless services included Veteran-centric and recovery-based emerging practices in case management, prevention, and treatment models for specific homeless sub-populations.

The intent of the series was to provide innovative, proven, evidence-based tools and processes to standardize, streamline and improve homeless systems and services, to assist in achieving the Secretary’s five-year goal of ending homelessness among Veterans. To view the recorded sessions please visit: <https://www.tms.va.gov/learning/user/login.jsp>. To access the poster sessions please visit: <http://vawww.blog.va.gov/homelessnessposter/>.

## Cognitive Behavioral Therapy



The VA National Center on Homelessness among Veterans is collaborating with the 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 programs in 14 cities across the country. Mental health clinicians are being trained to provide CBT that targets depression, substance abuse, skills of daily living, and housing issues for Veterans.

In FY 2013, the CBT initiative included training for approximately 70 mental health clinicians on the theoretical foundations of CBT, cognitive case conceptualization, and cognitive and behavioral interventions aimed at helping Veterans achieve specific treatment goals. Features of the CBT training program include an intensive three-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 five-month period with an expert Training Consultant in CBT who provides clinical case consultation on the implementation of CBT with the Veterans the therapists are serving. In addition, Training Consultants will review the audiotapes for adherence to the CBT model using the Cognitive Therapy Rating Scale (CTRS) during the training consultation phase. Therapists are required to complete the three-day workshop, partici-

pate in 75% of the follow-up consultation calls, send at least eight audiotapes to the Training Consultant for review and obtain a score of 40 or higher on the CTRS in order to successfully complete this training. This intensive consultation will work to ensure that each therapist feels confident and competent to deliver this evidence-based psychotherapy to Veterans who struggle with homelessness.

Additional features of the program include a comprehensive program evaluation component to assess the effectiveness of the training on therapists' CBT skills as well as on patient outcomes. Information will be collected from therapists and patients to determine if the CBT training program is effective. Questionnaires are administered to assess therapists' knowledge of CBT skills and principals, beliefs about using empirically-supported treatments in their clinical work, attitudes about working with difficult patients and particularly with patients experiencing chronic homelessness, and feelings about handling stress at work. Basic demographic and clinical information about the Veterans who are being treated by therapists in the CBT-training program will also be obtained including information regarding their housing status (HOMES Assessment) and severity of depression (Beck Depression Inventory-II).

To date, six three--day workshops have been provided for six locations including Bay Pines, Florida, Syracuse, New York, Denver, Colorado, Portland, Oregon, Los Angeles, California, and Philadelphia, Pennsylvania.

## Trauma Informed Care.....working with homeless Veterans

According to Substance Abuse and Mental Health Service Administration (SAMHSA), trauma-informed care includes having a basic understanding of how trauma affects the life of individuals seeking services. Trauma-informed programs and services are based on an understanding of the vulnerabilities or triggers a trauma survivor may experience and how they may impact the way the individual accepts and responds to services. Trauma-informed care has an appreciation of "triggers" and how they impact the way a survivor relates to self, other and the future. It also accounts for how services are delivered ensuring physical and emotional safety are at the core of how when, why and where services are provided.

To end Veteran homelessness it is important to have an understanding of the impact of trauma and how it can change the way a survivor responds to services so that these services and programs can be more supportive, avoid re-traumatization, and promote recovery. To better understand trauma-informed services providers need to know more about trauma and post-traumatic stress disorder (PTSD). The National Center on Homelessness among Veterans in partnership with The National Center for PTSD developed a fact sheet designed to provide some core information about trauma and PTSD to providers, including common types of traumas in homeless Veterans and how to assess and treat PTSD. For a copy of this fact sheet please contact [roger.casey@va.gov](mailto:roger.casey@va.gov).

# Creating Partnerships in Research

## International Homelessness Research Conference



The Center joined the University of Pennsylvania in hosting a two-day conference, June 3-4, 2013, showcasing the latest research from Australia, Canada, Europe, and the U.S. in advancing the policy and practice of homelessness crisis response systems.

Organized by a multinational committee of seasoned investigators and drawing presenters from Australia, Canada, Europe, and the U.S., the conference featured keynotes profiling homelessness policy and research from around the globe. Shaun Donovan, Secretary of the U.S. Department of Housing and Urban Development, delivered a major speech on

homelessness priorities for the administration's second term. Dr. Robert Petzel Under Secretary for Health for the Department of Veteran Affairs spoke about the critical role research needs to play in the development of policy and service delivery for our homeless veterans. He also addressed the critical need for data to inform our decision making process regarding funding and how funding should be linked to outcomes. The morning plenary sessions centered on international homelessness prevention and studies of fidelity to permanent supportive housing. During lunch a multinational panel of leaders from advocacy organizations discussed how the research community can advance the cause of ending homelessness. In the afternoon participants had a choice of presentations on the key interventions being tested internationally such as rapid re-housing, programs for youth and families, and Critical Time Intervention. Panels also addressed street outreach, cost analyses of homelessness, and other topics.

This event was underwritten by the Dana and Andrew Stone Chair in Social Policy at the University of Pennsylvania and co-sponsored by the VA National Center on Homelessness among Veterans, the European Observatory on Homelessness, which operates under the auspices of FEANTSA, the Canadian Homelessness Research Network, and the Australian Housing and Urban Research Institute.

## Post-traumatic Stress Disorder

The National Center for Posttraumatic Stress Disorder (NCPTSD) and the National Center on Homelessness among Veterans (NCHAV) have formed a partnership in an effort to better understand and respond to the correlation between homelessness among Veterans and PTSD. One of the formats that the Centers are utilizing through this collaboration is the NCPTSD's Consultation Program. This program assists all VA staff in providing care to Veterans with PTSD. To date, the highest users of this program are psychologists, followed by social workers. The Consultation Program is excited to increase its collaboration with homelessness program staff, all social workers throughout the VA system, and any provider who is looking to collaborate together on how to best serve and provide evidence based care to homeless Veterans with PTSD. To contact the Consultation Program you can email: [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov) or call (866)948-7880.

## American Journal of Public Health supplement on homelessness



Elderly Homeless Veterans in Los Angeles | New to Care | What Have We Learned...and What's Next? | Homelessness and Money Mismanagement | The Impact of Dental Care on Homeless Rehabilitation Outcomes | Homelessness During the Transition From Foster Care to Adulthood | HOMELESSNESS AND PUBLIC HEALTH | Navigating the Boundaries of Emergency Department Care | Pathways to Housing Vermont



The National Center on Homelessness among Veterans organized a supplement to the December 2013 issue of the *American Journal of Public Health (AJPH)* unveiling the latest in public health efforts and progress addressing homelessness. VA National Center Director Vince Kane and Dennis Culhane of the University of Pennsylvania served as guest editors. The issue includes 37 research papers, commentaries and briefs that discuss homelessness and public health, monitor trends in homelessness and investigate potential mitigating factors associated with homelessness.

The special publication is one example of how much progress has been made in homelessness research and the ways in which research findings are informing policy and practice. The Veterans Administration and its federal, state, and community partners are using data to illuminate problems, test solutions, and drive change. Papers in the supplement address homelessness experienced by elderly individuals, children and families, and veterans;

housing intervention and rehabilitation models; the intersections of homelessness and substance abuse, mental health, and childhood adverse experiences; and homelessness prevention. Three editorials and ten papers were authored by 18 Center staff and affiliated researchers.

Founded more than 100 years ago AJPH is dedicated to publication of original work in research, research methods, and program evaluation in the field of public health. The mission of the Journal is to advance public health research, policy, practice, and education. Each month, national and international public health professionals turn to AJPH for the most current, authoritative, in-depth information in the field.

To read the articles, go to <http://ajph.aphapublications.org/toc/ajph/103/S2>

# Identifying the Value-Added Outcomes

## HUD-VASH Exit Study

VA and the U.S. Department of Housing and Urban Development (HUD) have joined in a collaboration to study program exits from the HUD-VA Supportive Housing (HUD-VASH) program. This project includes one-on-one interviews with Veterans who have participated in HUD-VASH, analysis of medical record and homeless program data, and interviews with HUD-VASH case managers and staff at the local Public Housing Authorities. The objective of the project is to inform program practices by identifying: 1) barriers for accessing housing, 2) frequent causes of program exits, 3) housing destinations of Veterans who exit the program, 4) practices that lead to the long-term housing stabilization and well-being of participants, and 5) patterns of exit that could improve program efforts to prevent future exits.

This multi-site study is coordinated in Philadelphia, PA, through a partnership between the VA National Center on Homelessness among Veterans and the University of Pennsylvania. The additional four study sites are Bedford, Massachusetts; Houston, Texas; Los Angeles, California; and Palo Alto, California. Findings from this study will be published during the first quarter of FY 2015; these findings will be essential to ongoing efforts to improve the effectiveness of the HUD-VASH program in ending homelessness for vulnerable Veterans.

**The objective of the project is to inform program practices by identifying:**

- 1) Barriers for accessing housing**
- 2) Frequent causes of program exits**
- 3) Housing destinations of Veterans who exit the program**
- 4) Practices that lead to the long-term housing stabilization and well-being of participants, and**
- 5) Patterns of exit that could improve program efforts to prevent future exits.**

## Establishing the Return on Investment for Homeless Programs

Congress's support of and substantial commitment to VA's Plan to End Veteran Homelessness has directly resulted in an increase of permanent supportive housing stock and the programmatic support for the services necessary to identify, treat and prevent homelessness. It is both valid and important to question whether the use of these funds has been efficacious and cost-effective in meeting this objective.

In a paper developed by Dr. Thomas O'Toole, he presented a Return on Investment (ROI) analysis of Veterans Health Administration (VHA) Homeless Programs Office obligated funding since 2010, using three different cost- and impact- modeling assumptions employing conservative, short-term (one year) impact effects that were not accrued over time. The net cost of homelessness was based on an extensive review of the published literature on costs of homelessness and cost savings associated with housing placement and provision of services to both Veteran and non-Veteran homeless. Included in the cost estimates were direct service costs from health care, criminal justice, social support and service needs considered from a community and cross-agency perspective. The "investment" costs reflect the global budget of obligated funds aggregated between FY 2010 through FY 2013 for the VHA Homeless Programs Office that support over 20 different programs that provide both housing supports and services to homeless Veterans. "Savings" were defined from extrapolations of the Point-in-Time of net reductions in Veteran homelessness during this time period.

Findings from this analysis demonstrated a positive return on investment from the Federal EVH initiative. The ROI modeling demonstrates positive return from the aggregated four- year funding of the VHA Homeless Programs Office (FY 2010-2013), ranging from 1.0% using the most conservative of assumptions in the model to 89.4% using the most liberal assumptions. The "true" return rate likely lies somewhere in the middle of this range, influenced by the proportion of chronically homeless, high-complexity, high-cost Veterans who are being placed in housing, a goal of Housing First. By comparison, large company, blue chip stocks average an ROI of 12%. These returns are also likely to be extended as the savings from deferred costs of homelessness accrue over time, especially for those otherwise chronically homeless Veterans and as continued progress is made at eliminating homelessness among Veterans.

**Findings from this analysis demonstrated a positive return on investment from the Federal EVH initiative.**

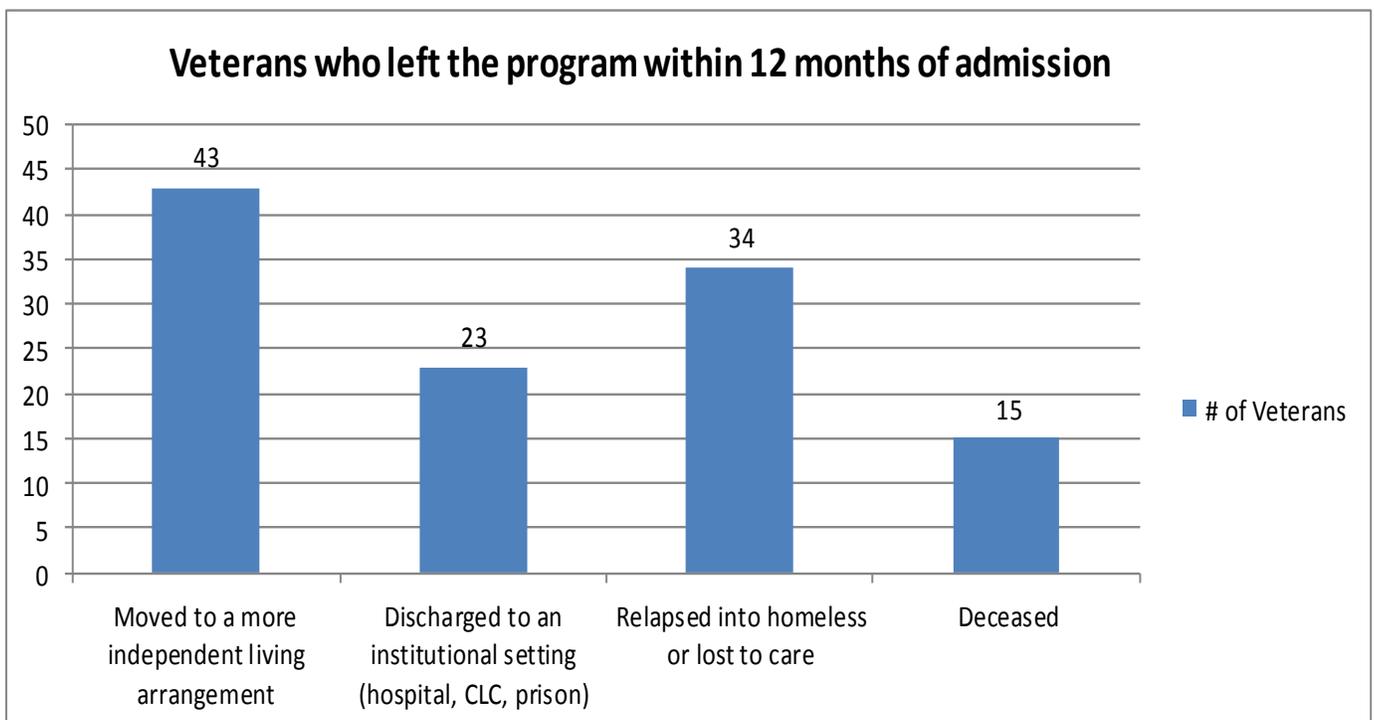
While there are acknowledged limitations and assumptions made to this modeling, we feel that overall they reflect well-justified, evidence-based and conservative estimates of the cost-benefit from this program. As data retrieval and data-set merging capacities develop overtime, future analyses will be able to generate more accurate cost and cost savings projections. However, in the interim, these analyses strongly suggest that the EVH initiative is both effective social policy and fiscal policy that is having a meaningful impact within our local communities and with Veterans in-need.

## Reducing Acute Care Costs and improving Housing Stability Through the Implementation of Housing First

Prior to VA identifying Housing First as official VA policy, the VA National Center on Homelessness Among Veterans (NCHAV) implemented an initiative to evaluate the approach within the context of VA and to advance the implementation and early adoption of Housing First within VA's supported housing program, HUD-VASH. HUD-VASH is a joint effort between the U.S. Department of Housing and Urban Development (HUD) and VA in which HUD supplies housing assistance through its Housing Choice Voucher program while VA provides case management and supportive services through its healthcare system. In coordination with the Homeless Program Office, NCHAV identified 14 VA medical centers (VAMCs) to participate in a Housing First pilot and provided them with 50–75 additional HUD-VASH vouchers (for a total of 700 vouchers nationally) and enhanced funding for more intensive case management services, which included funding for a social worker, nurse case manager, a peer specialist, and a part-time prescriber (e.g., physician assistant, nurse practitioner, psychiatrist). Medical centers could either use existing or new staff to provide supportive services or contract with a local agency. To support the adoption of the model, staff from NCHAV and Pathways to Housing, the agency that innovated the Housing First approach, provided special training and technical assistance, including monthly conference calls, site visits, and assessment of each program's fidelity to the Housing First model.

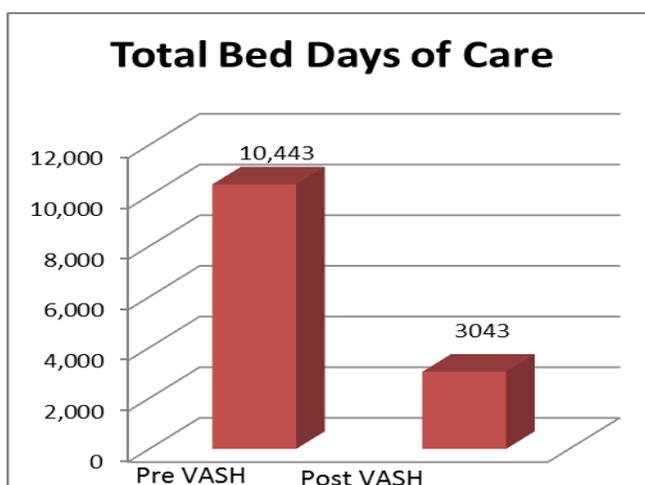
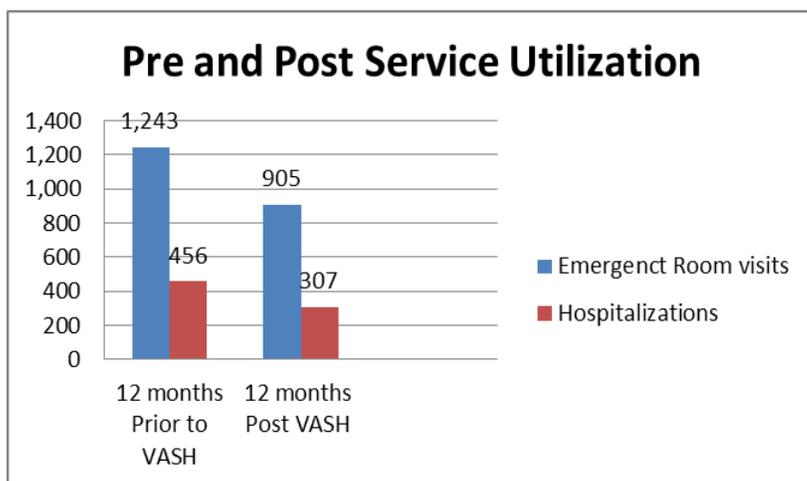
### Housing Retention

Of the 700 homeless Veterans admitted to HUD-VASH utilizing a Housing First approach, 84% (585) were living in permanent housing. Among the 115 Veterans who left the program within 12 months of admission, 37% (43) moved to a more independent living arrangement; 20% (23) were discharged to an institutional setting, including hospital, nursing home, or prison; 30% (34) relapsed into homeless or were lost to care; and 13% (15) died.



## Services Utilization Prior to and After Program Admission

Using data from Veterans' medical records, we compared their emergency room and inpatient care services utilization during the 12 months prior to and following admission to HUD-VASH. For the 622 Veterans for whom there was complete evaluation data, the number of emergency room visits decreased by 27% (1,243 to 905) and the number of acute inpatient hospitalizations decreased by 33% (456 to 307). Remarkably, the average length of stay for a hospitalization decreased from 17 days to five days and the total number of hospital bed days declined by 71% (10,443 to 3,043). Decreases in acute healthcare services led to significant re-



ductions in healthcare costs: overall there was a 32% reduction in total direct VA healthcare costs and, specifically, the utilization in more intensive inpatient cost decreased by 54%. This suggests that this population, who often present with trauma, difficulties managing chronic disease, mental illness, addictions, and deferred and delayed medical needs, are engaging in ambulatory care services, which is promoting reductions in emergency and acute care.

Findings from this early implementation initiative demonstrate that Housing First is both a clinically effective and fiscally efficient model of permanent supported housing that can be implemented successfully in VA Homeless Programs. This evaluation is most notable in how the Housing First model helped to reduce acute hospital utilization while increasing ambulatory-based engagement. This is consistent with other studies that demonstrate that Housing First is effective in accessing and maintaining permanent supported housing for single adults, particularly those who have experienced chronic homelessness and have a mental health disability.

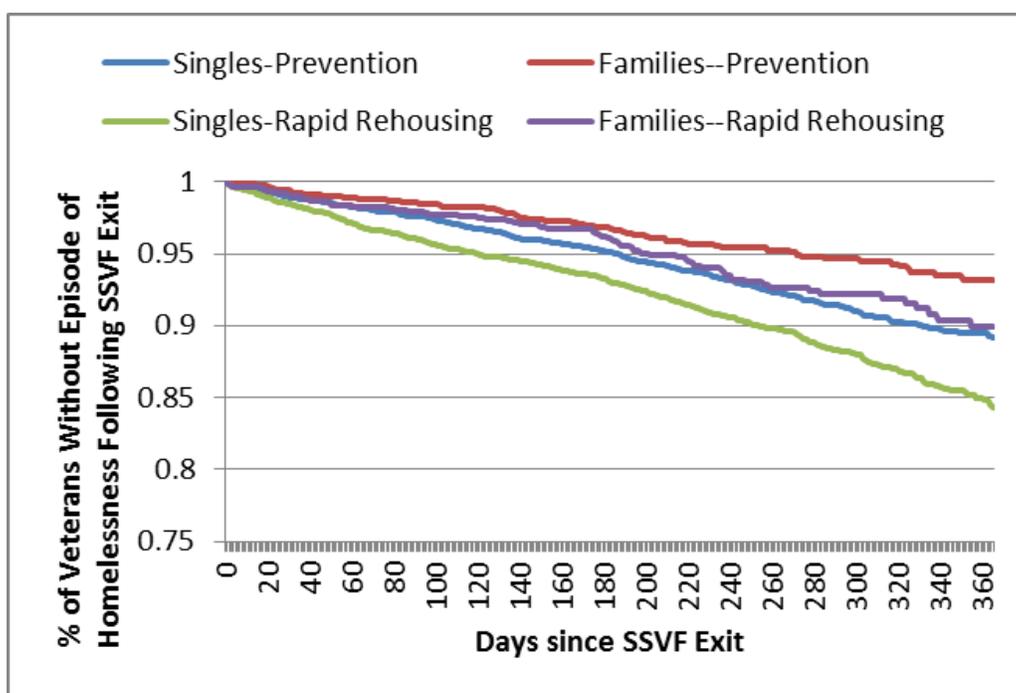
Notwithstanding the positive findings presented in this brief report and other studies of Housing First, more rigorous research is needed. Particularly, studies of Housing First are needed to evaluate further the effectiveness of the model with homeless individuals who are experiencing both substance abuse and mental health issues that complicate the engagement and retention process. A limitation of this report is that its study of cost only included cost incurred by the VAMC. To get a more complete understanding of the cost savings, external data sources to assess other community costs—Medicare, justice, shelter—are needed, which would make it possible to evaluate the full return on investment for communities that are implementing Housing First. An additional research question is whether housing provides a foundation for healthy behaviors that increase compliance with healthcare and, ultimately, improve quality of life and what is the right dose and duration of case management and supports to help individuals achieve and sustain permanent housing. VA and NCHAV are in an ideal position to conduct such studies and to further evaluate the long-term implications (i.e., 36 months or greater) of the Housing First approach on housing stability, healthcare costs,

## Housing Outcomes for the Supportive Service for Veteran Families Program

Recent years have seen a shift in homeless assistance policy in the United States towards an emphasis on homelessness prevention and rapid re-housing programs. In line with this changing focus, the Department of Veterans Affairs (VA) launched its own homelessness prevention and rapid re-housing initiative, the Supportive Services for Veteran Families (SSVF) program, beginning fiscal year (FY) 2012. SSVF funds community-based non-profit organizations to provide homelessness prevention and rapid re-housing services to Veteran households and has become an integral component of the VA's strategy to prevent and end homelessness among Veterans. To improve the effectiveness of the SSVF program, researchers at the National Center on Homelessness among Veterans are engaged in ongoing evaluation and analysis of the outcomes of Veteran households served by the SSVF program.

To this end, researchers analyzed the housing outcomes of 12,259 Veterans who exited SSVF during FY 2012, which was the first year of the program's operation. These Veterans were stratified into four sub-groups, based on household type (single Veterans vs. Veterans in families) and SSVF service category (i.e. prevention vs. rapid re-housing) and were followed prospectively using VA data sources to examine the timing and occurrence of episodes of homelessness subsequent to their SSVF exit date. The results of this analysis are shown in the chart below. This chart shows the number of days following SSVF exit on the x-axis, and the proportion of Veterans who did not have a subsequent episode of homelessness over time following SSVF exit. As the figure shows, the overwhelming majority of single Veterans (89%) and Veterans in families (93%) who received SSVF prevention services did not use VA homeless services within a year subsequent to their exit from the SSVF program.

These findings are encouraging in that they suggest that the large majority of Veterans who receive SSVF assistance in either preserving their housing (in the case of prevention) or in obtaining housing (in the case of rapid re-housing) remain housed after they are no longer receiving SSVF assistance. Future work will build on this preliminary analysis and compare the outcomes of SSVF participants to Veterans who did not receive SSVF (or who participated in other types of VA homeless assistance programs) to better identify the effectiveness of SSVF and help refine the program as it continues to expand.



## Center Articles

### Published Articles

- Bossarte, R.M., Blosnich, J.R., Piegari, R.I., Hill, L.I. & Kane, V. (2013). Housing Instability and Mental Distress among US Veterans. *American Journal of Public Health*, 103 (S2), S213-S216.
- Brown, L. M., Barnett S., Hickling, E. J., Frahm K.A., Campbell, R. R., Olney, R., Schinka, J. A., & Casey, R. (2013). Use of Outpatient Mental Services by Homeless Veterans After Hurricanes. *Psychological Services*, 10(2), 250-256. doi: 10.1037/a0031516
- Byrne, T., Montgomery, A.E., & Dichter, M. (2013). Homelessness Among Female Veterans: A Systematic Review of the Literature. *Women & Health*, 53(6):572-596.
- Byrne, T., Munley, A.E., Fargo, J., Montgomery, A.E., & Culhane, D.P. (2013). New Perspectives on Community Level Determinants of Homelessness. *Journal of Urban Affairs*. 35(5):607-625.
- Casey, R., Clark, C., Smits, P. & Peters, R. (2013). Application of Implementation Science for Homeless Interventions. *American Journal of Public Health*, 103 (S2), S183-S185.
- Culhane, D. P., Metraux, S., Bryne, T., Stino, M., & Bainbridge, J. (2013). The Aging of Contemporary Homelessness. *Contexts*, 12(2) 66-68.
- Culhane, D. P., Kane, V. & Johnston, M. (2013). Homelessness Research: Shaping Policy and Practice, Now and Into the Future. *American Journal of Public Health*, 103 (S2), S181-S183).
- Fargo, J. D., Munley, E. A., Byrne, T. H., Montgomery, A. E., & Culhane, D. P. (2013). Community-Level Characteristics Associated with Variation in Rates of Homelessness Among Families and Single Adults. *American Journal of Public Health*, 103 (S2), S340-347.
- Ghose, T., Feillin, A., Gordon, A., Metraux, S., Goetz, M., Blackstock, O., McInnes, K., Rodriguez-Barradas, M., & Justice, A. (In Press). The longitudinal Effects of Transitioning into Hazardous Drinking on Homelessness Among Veterans in Care. *Drug & Alcohol Dependence*.

## Published Articles (cont.)

- Ghose, T. (In Press). The Longitudinal Effects of Transitioning Two Sheltered Homeless Populations. *Drug & Alcohol Dependence*.
- Metraux, S., Clegg, L., Daigh, J., Culhane, D.P., Kane, V. (2013). Risk Factors for Becoming Homeless Among a Cohort of Veterans who Served in the Era of the Iraq and Afghanistan Conflicts. *American Journal of Public Health*. 103 (S2), S255-261.
- Molinari, V., Brown L.M., Frahm, K., Casey R.J., Schinka, J.A. (2013). Perceptions of Homelessness in Older Homeless Veterans, Staff, and Direct Service Providers. *Journal of Healthcare for the Poor and Underserved*, 24(2), 487-498. doi: 10.1353/hpu.2013.0089.
- Montgomery, A. E., Hill L.L., Kane, V., Culhane, D.P. (2013). Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH. *Journal of Community Psychology*, 41(4), 505-514. doi: 10.1002/jcop.21554
- Montgomery, A. E., Fargo, J.D., Byrne, T.H, Kane, V., & Culhane, D.P. (2013). Universal Screening for Homelessness and Risk for Homelessness in the Veterans Health Administration. *American Journal of Public Health*. 103 (s2), S210-S211).
- Nunez, E., Gibson, G., Jones, J., Schinka, J.A. (2013). Evaluating the Impact of Dental Care on Homeless Rehabilitation Outcomes. *American Journal of Public Health*, 103(7). doi: 10.2105/AJPH.2012.301064
- O'Connor, K., Kline, A., Sawh, L., Rodrigues, S., Fisher, W., Kane, V., Kuhn, J., Ellison, M., Smelson, D. (2013). Unemployment and Co-Occurring Disorders Among Homeless Veterans. *Journal of Dual Diagnosis*, 9 (2), 134-138. doi: 10.1080/15504263.2013.778804
- O'Toole, T. P., Bourgault, C., Johnson, E. E., Redihan, S. G., Borgia, M., Aiello, R. & Kane, V. (2013). New to Care: Demands on a Health System When Homeless Veterans Are Enrolled in a Medical Home Model. *American Journal of Public Health*, 103 (S2), S374-S379.
- O'Toole, T, Pape, L. & Kane, V.. (2013). Ending Homelessness—Then What?. *American Journal of Public Health*, 103 (S2), S185-S187.

## Published Articles (cont.)

- Pavao J, Turchik JA, Hyun JK, Karpenko J, Saweikis M, McCutcheon S, Kane V, Kimerling R. (2013). Military sexual trauma among homeless veterans. *Journal of General Internal Medicine*, Jul;28 Suppl 2:S536-41. doi: 10.1007/s11606-013-2341-4
- Rodrigues, S., Serper, M., Novak, S., Corrigan, P., Hobart, M., Ziedonis, D., Smelson, D. (2013). Self-Stigma, Self-Esteem, and Co-Occurring Disorders. *Journal of Dual Diagnosis*, 9(2), 129-133. doi: 10.1080/15504263.2013.777988
- Rogers, E., Fernandez, S., Gillespie, C., Smelson, D., Hagedorn, H., Elbel, B., Kalman, D., Axtmayer, A., Kurowski, K., and Sherman, S. (2013). Telephone care coordination for smokers in VA mental health clinics: a hybrid type 2 effectiveness-implementation trial. *Addiction Science & Clinical Practice*, 8(7).
- Russell, L. M., Devore, M. D., Barnes, S. M., Forster, J. E., Hostetter, T. A., Montgomery, A. E., Casey, R. J., Kane, V., & Brenner, L. (2013). Challenges Associated with Screening for Traumatic Brain Injury Among Veterans Seeking Homeless Services. *American Journal of Public Health*, 103 (S2), S211-SS213.
- Smelson, D.A., Kline, A., Kuhn, J., Rodrigues, S., O'Connor, K., Fisher, W., Sawh, L., Kane, V. (2013). A Wraparound Treatment Engagement Intervention for Homeless Veterans with Co-Occurring Disorders. *Psychological Services*, 10(2), 161-167. doi: 10.1037/a0030948
- Smelson, D. A., Chen, K.W., Ziedonis, D., Andes, K., Lennox, A., Callahan, L., Rodrigues, S., Eisenberg, D.A. (2013). A Pilot Study of Qigong for Reducing Cocaine Craving Early in Recovery. *Journal of Alternative and Complementary Medicine*, 19(2), 97-101. doi: 10.1089/acm.2012.0052
- Tsai, J. Doran, K.M. & Robert A. Rosenheck, R.A. (2013). When Health Insurance Is Not a Factor: National Comparison of Homeless and Non-homeless US Veterans Who Use Veterans Affairs Emergency Departments. *American Journal of Public Health*, 103 (S2), S225-S231.
- Tsai, J., Kaspro, W.J. & Rosenheck, R.A. (2013). Latent Homeless Risk Profiles of a National Sample of Homeless Veterans and their Relation to Program Referral and Admission Patterns. *American Journal of Public Health*, 103 (S2), S239-SS247.



## Center Articles

### Center papers submitted for publication

Byrne, T., Montgomery, A.E., & Treglia, D. (Submitted). Health Services Use Among Veterans Using Department of Veterans Affairs and Mainstream Homeless Services.

Byrne, T., Fargo, J., Montgomery, A.E., Munley, E., & Culhane, D.P. (Submitted). The Relationship Between Community Investment in Permanent Supportive Housing and Chronic Homelessness.

McInnes, D. K., Fix, G.M., Solomon, J.L., Petrakis, B.A., Sawh, L., & Smelson, D.A. (Submitted). Preliminary Needs Assessment of Mobile Technology use for Healthcare Among Homeless Veterans.

McInnes, D.K., Sawh, L., Petrakis, B.A., Rao, S., Shimada, S.L., Gifford, A.L., Eyrich-Garg, K.M., Anaya, H.D., Kane, V., & Smelson, D.A. (Accepted with Minor Revisions). The potential for health-related uses of mobile phones and internet with homeless veterans: Results from a multi-site survey. *Telemedicine and e-Health*.

Montgomery, A. E., Fargo, J.F., Kane, V., & Culhane, D.P. (Submitted). Development and Validation of an Instrument to Assess Imminent Risk of Homelessness Among Veterans.

Montgomery, A. E., & Byrne, T. (Submitted). Health Services Utilization Among Newly Homeless Female and Male Veterans.

Schinka, J. A., Casey, R.J., Kaspro, W. (In Review). Updated Typology of Veteran Homelessness. *Psychiatric Services*.

Smelson, D., Pinals, D.A., Sawh, L., Fulwiler, C., Singer, S., O'Connor, K., Fisher, W. & Hartwell, S. (Submitted).

Specialty Jail Diversion Program for Veterans with Co-Occurring Disorders: A Preliminary Report.



## ***Future Programs under Development***



The overall objective of the 25 Cities Initiative is to help communities with high concentrations of homeless Veterans to intensify and integrate their local efforts to end Veteran homelessness by 2015. This is a joint effort by VA, the U.S. Department of Housing and Urban Development, the U.S. Interagency Council on Homelessness and local community partners (city government, housing authorities, community providers) to identify by name all of the remaining homeless Veterans in their respective communities and work together to find permanent housing solutions for these Veterans and chronically homeless individuals. The 25 Cities Initiative recognizes that ending Veteran homelessness requires strong coordination between all partners working to end all types of homelessness in a community.

The effort will focus on three areas:

- Building and strengthening the elements of a coordinated system for identifying, assessing, and matching homeless Veterans and chronically homeless individuals to the most appropriate housing and service interventions.
- Strengthening and integrating the data systems used to support the work of ending both Veteran and chronic homelessness.
- Further integrating the work and assets of the VA with broader efforts to end chronic homelessness in the community.

We began formulation of this inter-agency effort in 2013 but we anticipate the work to continue through 2015 as communities come together to meet the goal of ending homelessness.

## ***Future Programs under Development***

### **New for 2014**

#### **Center priorities for 2014 include**

- The continued development and collaboration of research and **models of care** that are both clinically effective and cost efficient.
- The Center will also continue to work to refine our data collection systems and to develop new methodologies to **utilize data to more effectively target resources** to prioritize Veterans that have been high utilizers of VA and community resources (emergency services, acute hospitalizations, detoxification programs, jails and other social services) and to connect them to stable housing, healthcare, jobs or other income sources.
- Future Center projects include the **role of peers and navigators** in connecting homeless veterans to housing and other supports to end homelessness and sustain community reintegration.
- The Center will expand its **partnering with the National Alliance to End Homelessness** on furthering defining best practices as they related to rapid re housing and homeless prevention.
- The Center will also work with HUD, USICH, and the National Coalition for homeless Veterans and community partners to **redefine the role of transitional housing** within the portfolio of homeless services.
- Most importantly the Center will continue to work with Community Solutions, the Rapid Results Institute, VA medical centers and other community partners to advance **a coordinated entry system with the long term goal of building sustainable partnerships that end both veteran and chronic homelessness once and for all.**



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

[http://www.va.gov/HOMELESS/  
NationalCenter.asp](http://www.va.gov/HOMELESS/NationalCenter.asp)