HOMELESS VETERAN CONTACT AND REFERRAL MANAGEMENT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy for homeless Veteran contact management for VHA and the National Call Center for Homeless Veterans (NCCHV), defines referral roles, responsibilities, and reporting requirements for VA medical facilities, and oversight requirements for VHA Chief Offices responsible for Veteran homeless and treatment services.

2. SUMMARY OF MAJOR CHANGES: VHA Member Services assumed management of NCCHV on March 17, 2015. This directive establishes updated policy for contact and referral management and expands stakeholder responsibilities to best serve homeless and at risk Veterans’ access to resources.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The VHA Member Services (10NF) is responsible for the contents of this directive. Questions may be referred to 785-350-3700.


6. RECERTIFICATION: This VHA directive is due to be recertified on or before the last working day of June 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Poonam Alaigh, M.D.
Acting Under Secretary for Health

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HOMELESS VETERAN CONTACT AND REFERRAL MANAGEMENT

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for homeless Veteran contact management for VHA and the National Call Center for Homeless Veterans (NCCHV). The directive defines referral roles, responsibilities, and reporting requirements for VA medical facilities, and specifies oversight requirements for VHA offices which are responsible for Veteran homeless and treatment services.

AUTHORITY: Title 38 United States Code (U.S.C.) 2031, 7301(b).

2. BACKGROUND

a. The National Call Center for Homeless Veterans (NCCHV) was established in March 2010 to ensure homeless Veterans, or Veterans at risk of homelessness, have free access to trained responders at all times. The VHA Health Resource Center which is a division of VHA Member Services assumed management of NCCHV on March 17, 2015 in order to:

   (1) Improve Veterans’ access to responders through state-of-the-art forecasting and scheduling.

   (2) Develop key performance indicators.

   (3) Standardize contact center scripts and processes in order to accurately refer Veterans to appropriate service providers.

   (4) Monitor and report contacts and referrals and escalate cases when necessary.

b. Key imperatives to VHA’s successful contributions to end Veteran homelessness require NCCHV operations to be considered within an integrated framework.

3. POLICY

It is VHA policy to provide VA services to Veterans who are homeless or at risk of homelessness through effective contact management strategies, and to monitor the resolution of these contacts.

4. RESPONSIBILITIES

a. Under Secretary for Health. The Under Secretary for Health is responsible for ensuring VHA compliance with this Directive.

b. Assistant Deputy Under Secretary for Health for Clinical Operations. The Assistant Under Secretary of Health for Clinical Operations is responsible for:

   (1) Supporting interagency program and services collaboration and integration.

   (2) Facilitating appropriate resolution of escalated contacts and referrals.
(3) Ensuring adherence to this Directive.

(4) Requiring all parties to adhere to the programmatic expectations set forth for the NCCHV annually.

c. **Director, Homeless Program Office.** The Director, Homeless Program Office is responsible for:

   (1) Promoting the NCCHV as the primary resources for Homeless contact center support to interested constituents with VA and the community.

   (2) Training Facility Homeless Coordinators on operational protocols and referrals of the NCCHV.

   (3) Adequately providing 10NF funding for NCCHV.

   (4) Facilitating monthly meetings between VHA Member Services, Homeless Program Office, Veterans Integrated Service Network Coordinators and Facility Homeless Coordinators to ensure productive interagency collaborations.

d. **Director, Office of Mental Health Operations /Director, Office of Mental Health Services.** The Office of Mental Health Operations /Office of Mental Health Services is responsible for ensuring access to clinically licensed mental health service specialists at VA medical facilities and community Mental Health Services for Homeless Veterans within 5 business days of NCCHV referrals.

e. **Director, VHA Member Services.** Director, VHA Member Services is responsible for:

   (1) Serves as the organizational umbrella for the Health Resource Center in which the NCCHV is housed.

   (2) Annually develop and publish contact and referral management standards, and provide guidance to VISN Directors.

   (3) Ensuring NCCHV employees are appropriately trained on approved VA published resources to provide value-added information to homeless Veterans.

   (4) Measuring and reporting to Homeless Program Office Veteran satisfaction rating with an annual goal of 90 percent or higher.

   (5) Developing and managing operational metrics based upon stakeholder needs with a goal of an average speed of answer of 30 seconds and an annual cumulative abandonment rate no more than 5 percent.

   (6) Resolving contact management deficiencies using integrated escalation with the Homeless Program Office, VISN and Facility Directors to ensure a cumulative customer feel of 97 percent or more of all referrals to facility coordinators have been resolved within 5 business days.
(7) Relaying performance expectations for the NCCHV and VA medical facilities to the Homeless Program Office annually to show budgetary needs.

(8) Obtaining annual funding for the NCCHV operations expenditures and information technology infrastructure.

(9) Approving and distributing performance expectations for adequate resolution of NCCHV referrals to VISN and Facility Homeless Coordinators.

(10) Communicating to Facility Homeless Coordinators the requirement to document all NCCHV referrals and the final outcome of the referral in the approved Homeless web application within 5 business days. If the Veteran is currently enrolled in VHA, a notation also needs to be made in the Veteran's electronic health record.

(11) Ensuring Facility Homeless Coordinators review every NCCHV referral routed to their facility within 1 business day. They shall make contact with that homeless Veteran or their representative and document all referral activities in the approved NCCHV web application within 4 hours of executing such actions.

(12) Enforcing homeless Veteran contact and referral management activities with VA medical facilities.

(13) Ensuring NCCHV provide responsive support for web based application and consult related issues to Facility POC’s within 2 hours of the request for assistance.

f. **Director, Veterans Integrated Service Network (VISN).** The VISN Director is responsible for:

(1) Ensuring VA medical facilities are adhering to all responsibilities outlined in this Directive.

(2) Resolving contact management deficiencies in response times and documentation issues with NCCHV referrals with VA medical facilities in accordance with the facility performance expectations as outlined in this Directive within 2 business days of being notified.

(3) Enforcing use of NCCHV contact and referral applications to support call center and homeless consult reporting for all parties outlined in this directive.

g. **Veteran Integrated Service Network Homeless Coordinators.** The VISN Homeless Coordinator is responsible for:

(1) Relaying to VA medical facilities responsibilities outlined in this Directive.

(2) Acting as a liaison between the VISN and facility Directors to relay and resolve performance deficiencies in response times and documentation issues with NCCHV referrals with VA medical facilities in accordance with the facility performance expectations as outlined in this Directive.
(3) Monitoring the use of NCCHV contact and referral applications to support call center and homeless consult reporting for all parties outlined in this Directive.

h. **Director, VA Medical Facility.** The VA medical facility Director is responsible for:

(1) Appointing a Homeless Coordinator to handle referrals from the NCCHV based on performance expectations set forth by Member Services.

(2) Reporting the reason(s) Veterans were not served within 5 business days to the VISN Director in 2 business days of receipt from the Facility Homeless Coordinators. This report will include the reason(s) for the delay for each individual case.

i. **Facility Homeless Coordinators.** The Facility Homeless Coordinators are responsible for:

(1) Adhering to NCCHV procedures when processing NCCHV referral requests.

(2) Attending HPO monthly meetings.

(3) Documenting all NCCHV referrals and the final outcome of the referral in the approved Homeless web application within 5 business days. If the Veteran is currently enrolled in VHA, a notation also needs to be made in the Veteran’s electronic health record.

(4) Attempting to make contact over the phone or in person with Veteran or their representative no less than 3 consecutive days with contact attempts being no sooner than 4 hours between contacts prior to closing out the referral. Reviewing all NCCHV referrals routed to their facility within 1 business day. The review shall include making contact with that Homeless Veteran or representative. Documenting all referral activities in the NCCHV web based application within 4 hours of executing such actions.

(5) Connecting homeless Veterans with appropriate resources, programs, and services to eliminate and prevent Veteran homelessness within 5 business days of receiving a NCCHV referral based on the Veterans acceptance of these resources. In instances in which the Veteran is not served within 5 business days will report the reason for the delay for each individual case to the Director, VA Medical Facility.

5. **REFERENCE**

Fact Sheet; VA Programs for Homeless Veterans; February 2015.