

# Health Care for Homeless Veterans (HCHV) Program Overview



- ▶ PRESENTED BY:
- ▶ LA'SHON BLACK, LCSW- DADE & MONROE COUNTY HUD-VASH SUPERVISOR & HCHV SECTION-CHIEF
- ▶ DENISE RAMIREZ, LCSW- HCHV PROGRAM COORDINATOR & SUPERVISOR
- ▶ MARY MCVEIGH-CAMILO, LCSW- COORDINATED ENTRY SPECIALIST

VA is  
committed to  
ending  
homelessness  
among  
Veterans by:

Conducting coordinated outreach to proactively seek out Veterans in need of assistance

Connecting homeless and at-risk Veterans with housing solutions, health care, community employment services and other required supports i.e. Vocational Specialist, Substance-Use Disorder provider (SUD), Supportive Services for Veteran Families (SSVF)

Collaborating with federal, state, and local agencies, employers housing providers, faith-based and community non-profits, and others to expand employment, affordable housing options, and additional resources which create barriers to establishing housing

Communicating and managing the service-delivery through the coordinated entry system to monitor and ensure veteran progresses in the housing process

# Defining Homelessness:

- ▶ [The McKinney-Vento Homeless Assistance Act, as Amended by S. 896, The Homeless Emergency Assistance and Rapid Transition to Housing \(HEARTH\) Act of 2009.](#)
- ▶ This legislation defines “homeless,” “homeless individual,” and “homeless person” as any of the following:
  - An individual or family without a full-time or adequate nighttime residence.
  - An individual or family with a full-time nighttime residence that is not intended to be a regular place for people to sleep, including a car, park, abandoned building, bus or train station, airport, or camping ground.
  - An individual or family living in a shelter (including a hotel or motel) designated as a temporary living arrangement.
  - An individual residing in a place not meant for human habitation or exiting an institution where they temporarily resided.
  - An individual or family who will imminently lose their housing, including housing they own, rent, or live in without paying rent or are sharing with others, as well as rooms in hotels or motels.
  - An individual or family who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in their current housing situation.
  - An unaccompanied youth and homeless families with children and youths.

# HCHV General Info:

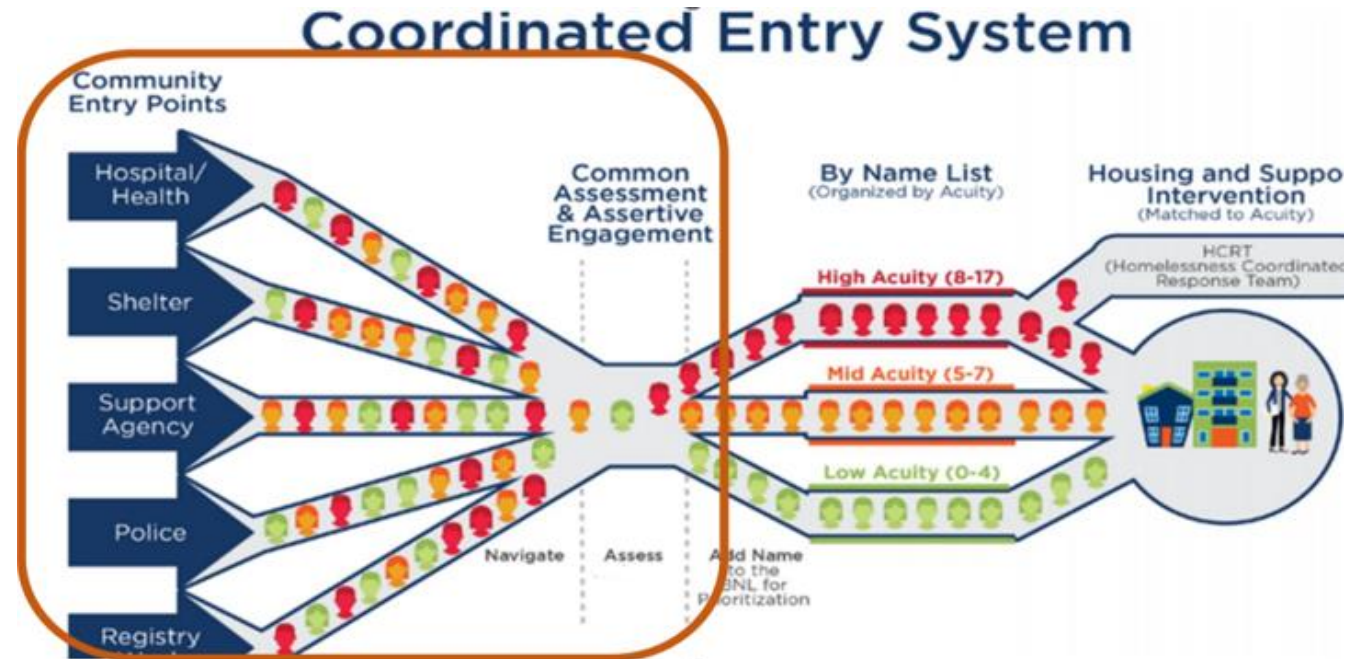
1. 1492 West Flagler Street, Miami, FL 33135

- Homeless Patient Aligned Care Team (H-PACT)
- Outreach Program Services
- Grant and Per Diem Program (GPD)
- Housing and Urban Development-Veterans Administration Supportive Housing (HUD-VASH)
- Showers for veterans



# HCHV Coordinated Entry System (CES)

- ▶ Coordinated Entry is the management of VA HCHV resources as a crisis response system's to rapidly resolve Veteran Homelessness within local catchment area.
- ▶



# Coordinated Entry Specialist

Increase and simplify access to HCHV resources

Improve Program Delivery

Review program efficiency & effectiveness

Gaps analysis

Planning and process improvement

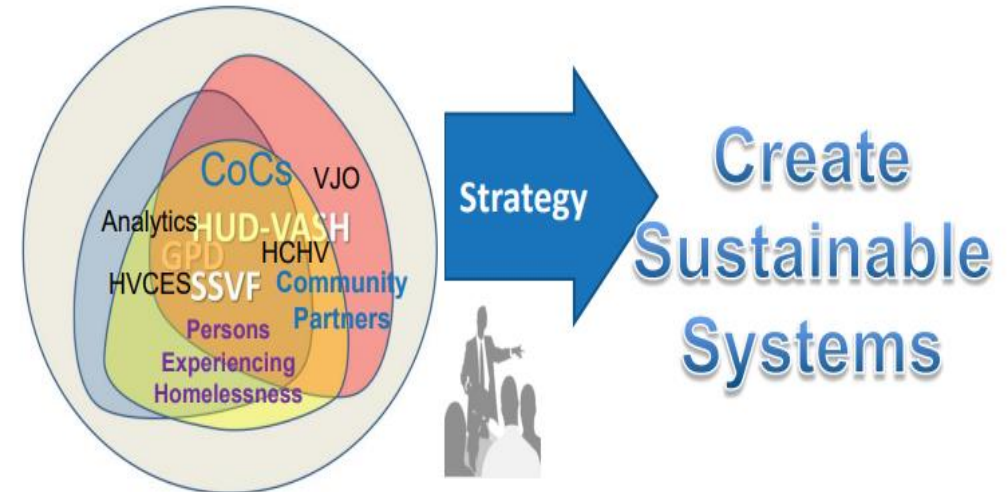
Analyze data trends

Program Development

Prioritization and coordination BNL

Point of Contact for CoC partners

## VA, CoC, Stakeholders, and Partners Working Together



Transparency

Active Listening

Leveraging Resources

Shared Learning

Commitment

Time

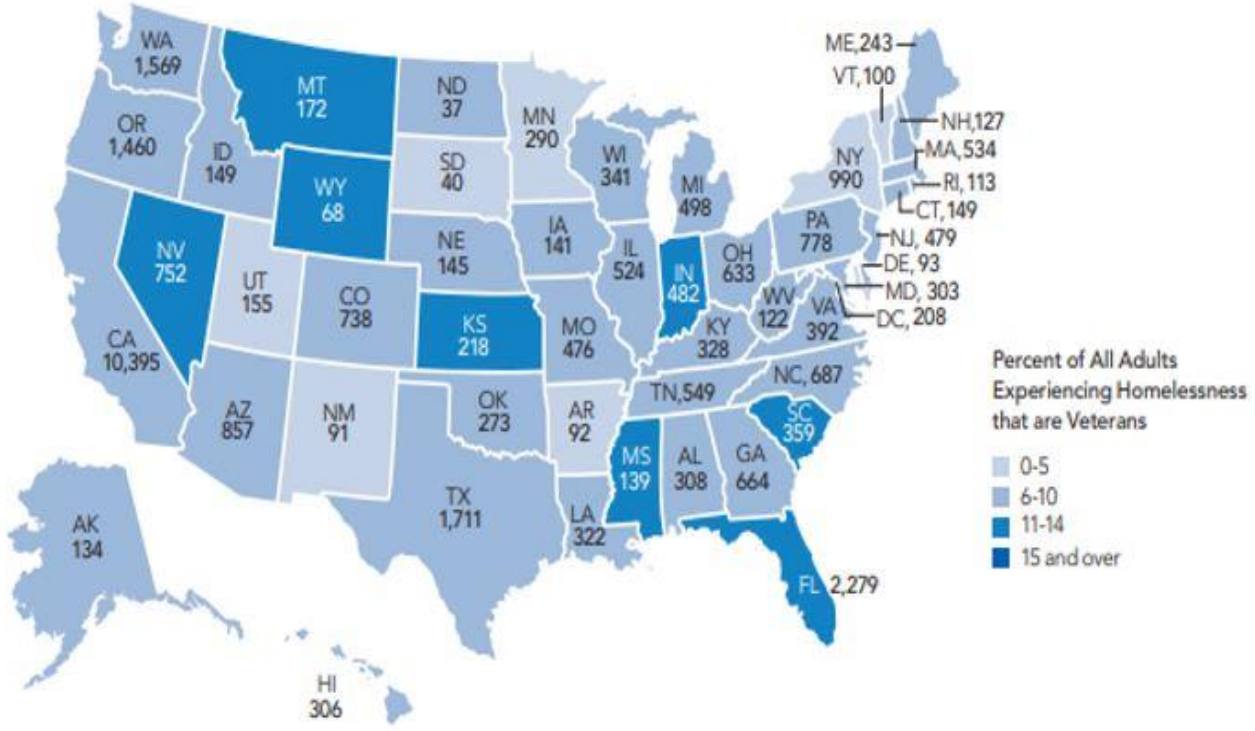
Creativity

# Florida's Homeless Veteran Population

3<sup>rd</sup> largest Veteran Population

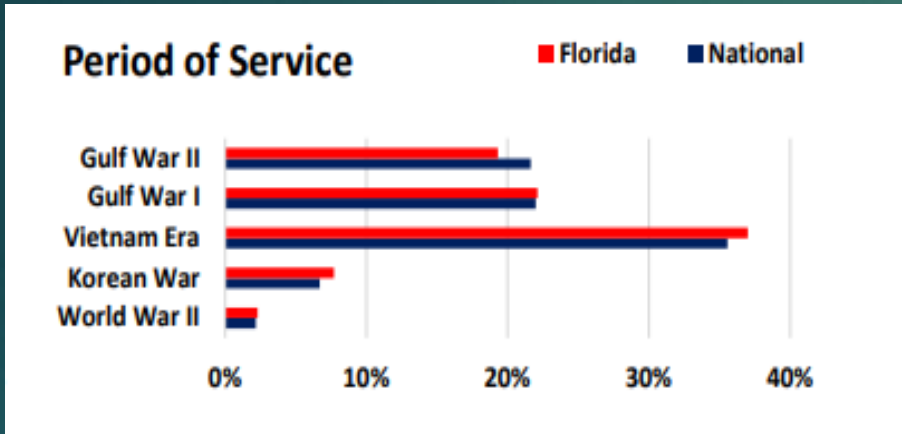
2<sup>nd</sup> largest Homeless Veteran Population

EXHIBIT 5.5: Estimates of Veterans Experiencing Homelessness By State, 2022

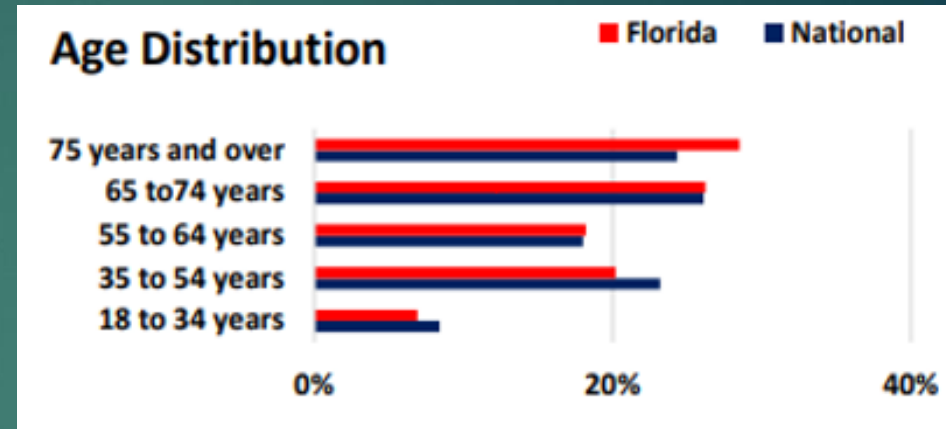


# Florida's Homeless Veteran Population

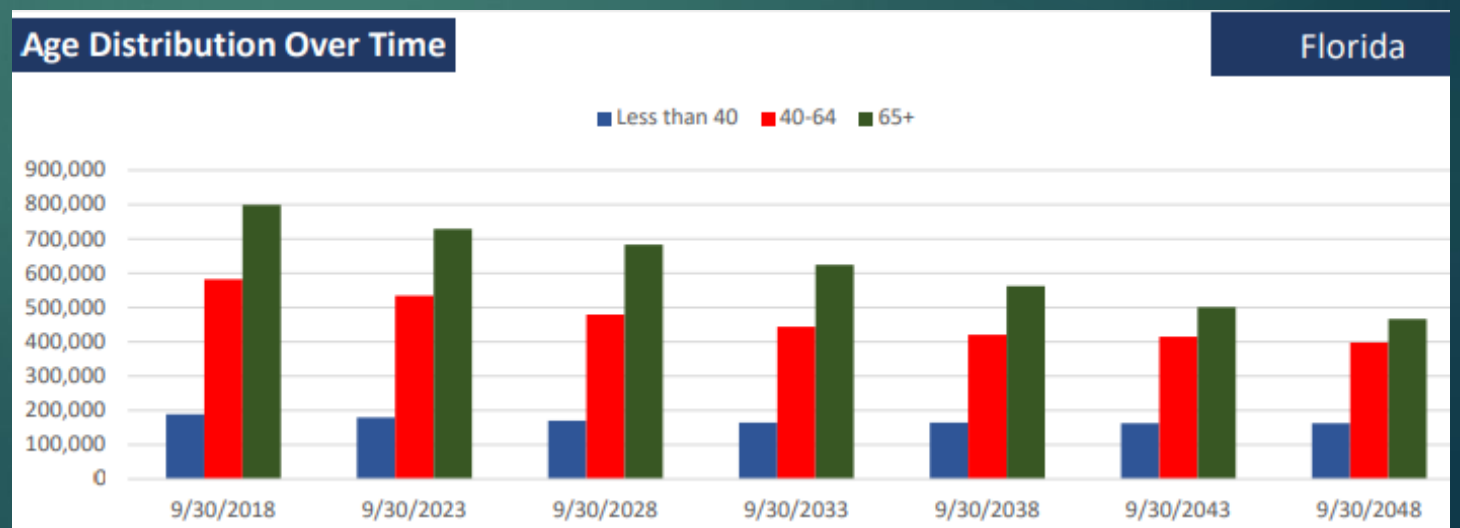
Largest Vietnam Era Veterans



Largest population 55-75 years and older



VA projections indicate that Florida's VA services will largely target Veterans 65 and older through 2048





# Veterans Integrated Services Network (VISN) 8 Demographics

VISN 8 covers South Georgia, Florida, Puerto Rico and U.S. Virgin Islands

Miami VA covers Miami-Dade, Broward and Monroe Counties.

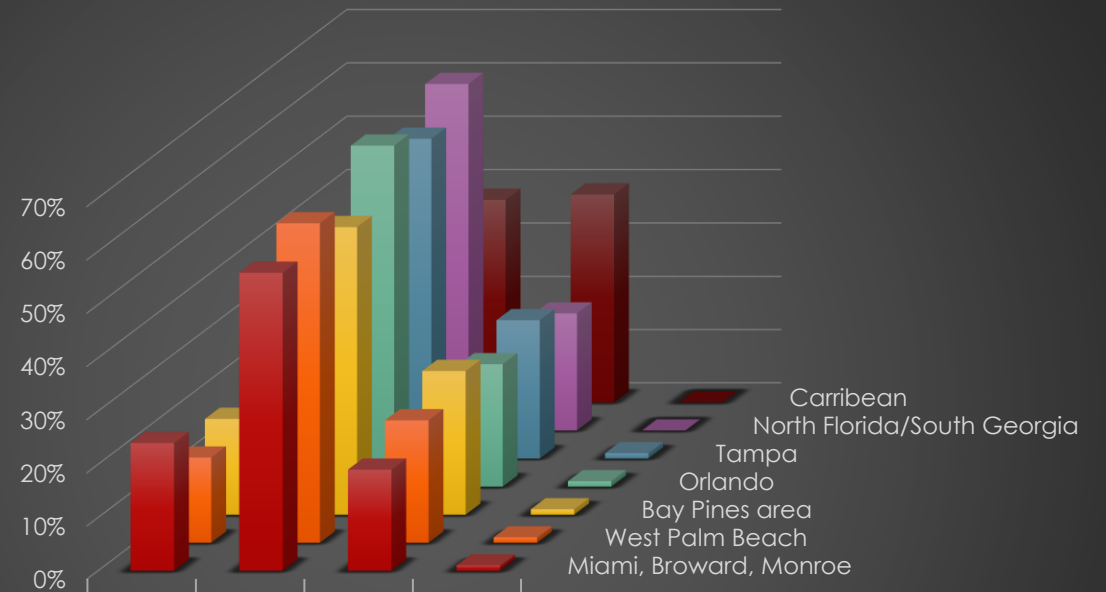
Areas of concern:

Aging population, limited income, and increased housing cost.

Limited access to shelters, GPD and HUD VASH for medically vulnerable Veterans.

(New Medical Shelter Program FY23)

## FY 2023 Homeless Veteran Age Demographic



	< 40	41-65	66-85	>85
Miami, Broward, Monroe	24%	56%	19%	1%
West Palm Beach	16%	60%	23%	1%
Bay Pines area	18%	54%	27%	1%
Orlando	12%	64%	23%	1%
Tampa	13%	60%	26%	1%
North Florida/South Georgia	13%	65%	22%	0%
Carribbean	23%	38%	39%	0%

# Current Trends

Increase of Veterans becoming unsheltered

Only 33% of current Veterans are chronically homeless

Increase of Employed Veterans/Over income Veterans accessing Homeless System

Limited access to shelter beds

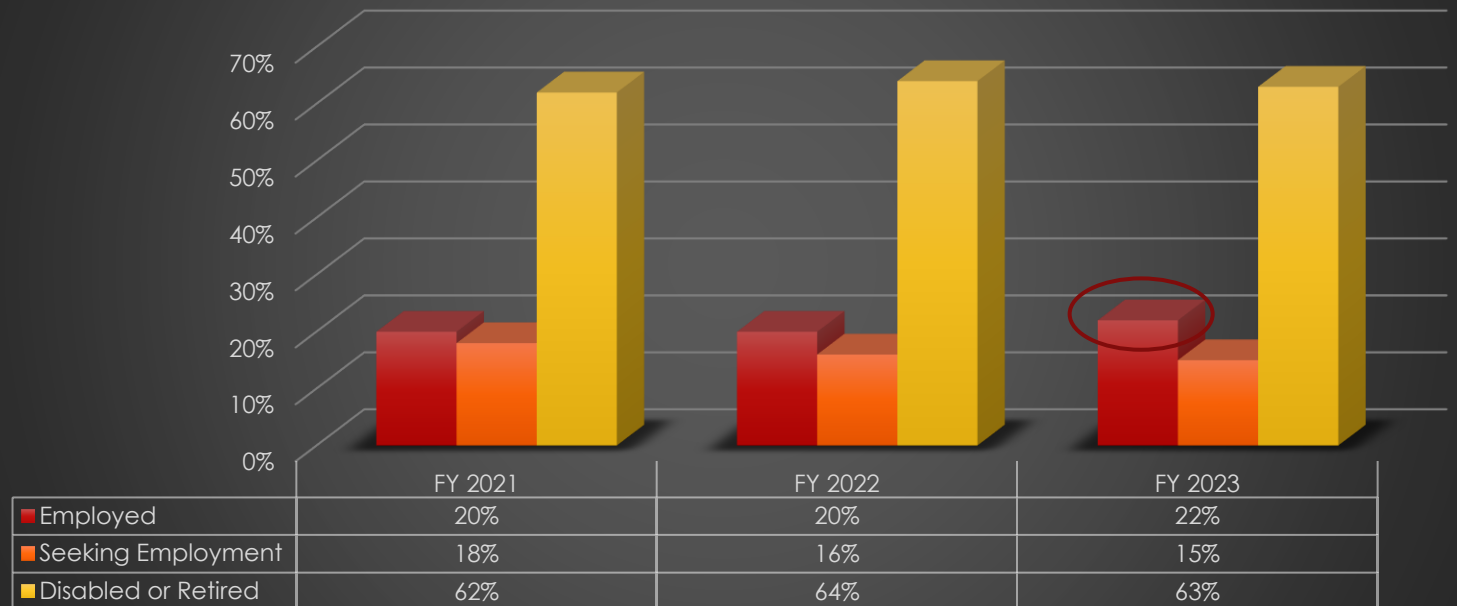
Lack of Affordable Housing

Fixed income

## Housing Status Prior To Entry



## Homeless Veteran Employment Status



# H-PACT



- ▶ A multi-disciplinary, population-based medical home model organized around the unique challenges homeless Veterans face accessing and engaging in care
  - Primary care provider specific to homeless population
  - Providing one-stop, wrap around services
  - Providing high-quality, evidence-based and culturally sensitive care

# Outreach Program Services



- ▶ Social workers conduct community engagement with Veterans who are experiencing homelessness with the goal of connecting them to emergency shelter, housing, or critical services, and provide them with urgent, non-facility-based care
- ▶ Serving Miami-Dade County and Broward County

### Miami Dade Walk-in

Monday - Friday  
9:00 - 1:30 pm

HCHV Flagler CBOC  
1492 W. Flagler Street

### Broward Walk-in

Monday & Thursday  
10:00 – 2:00 pm

Mission United  
320 SE 9<sup>th</sup> Street  
Fort Lauderdale, FL 33316

# Outreach Team



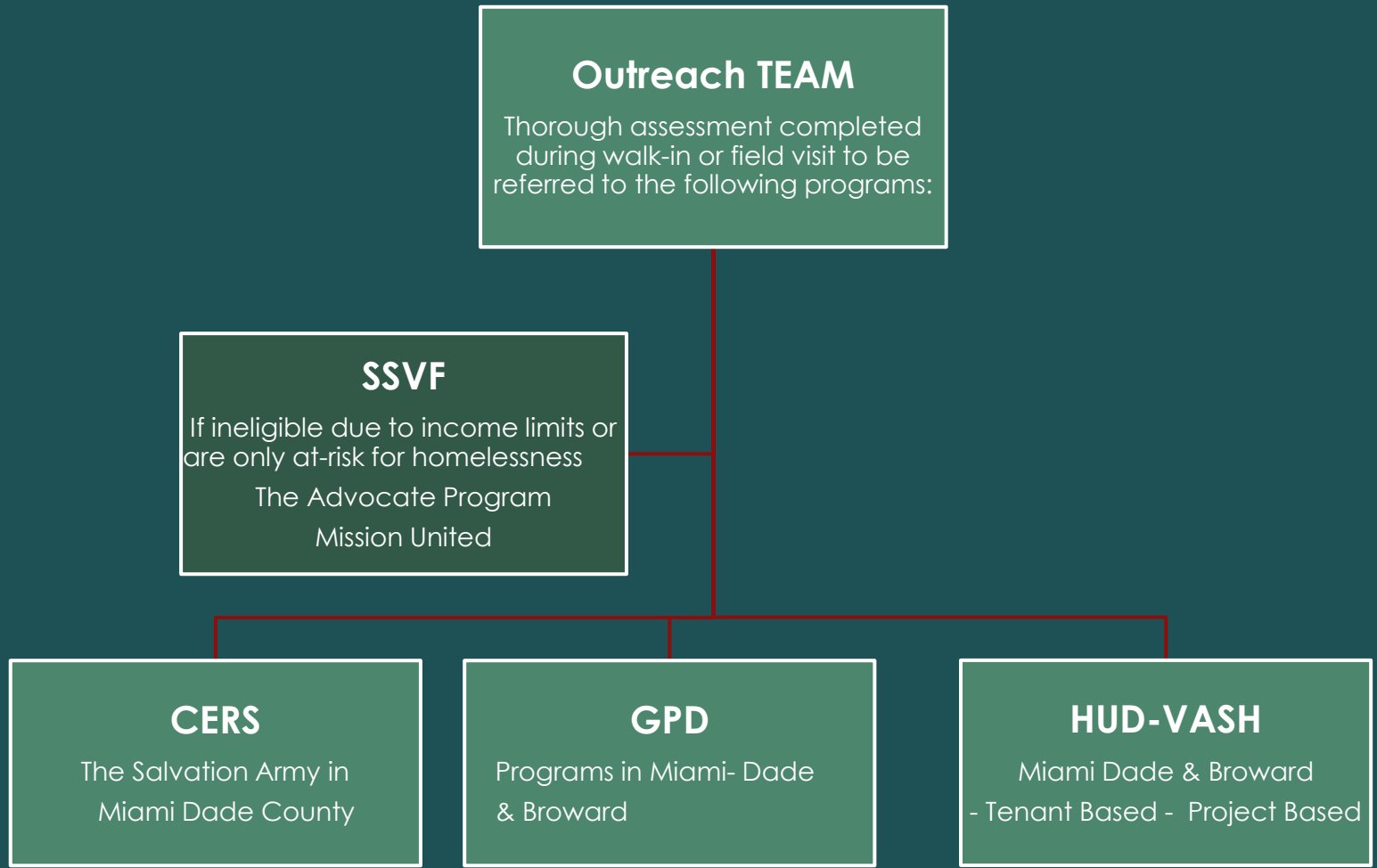
Walk-in Clinic  
Social Workers

Field/Community  
Engagement  
Social Workers

Contracted  
Emergency  
Shelter Liaison  
Social Worker

Community  
Employment  
Coordinator

35 Beds in The Salvation  
Army



# Outreach Program Services Continued

CASE MANAGEMENT is a primary component in all programs



# If the veteran is not ready for referrals:



Ongoing community and street outreach case management will continue with the goal of:

- Building rapport and connection with the VA system
- Linking to basic needs such as food, clothing, and hygiene products
- Engaging veterans with medical care
- Providing support where the Veteran feels most comfortable at the time

# Grant and Per Diem (GPD)

## MISSION:

The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.

**GOAL: Provide transitional housing to transition into independent living**



# Defining GPD:



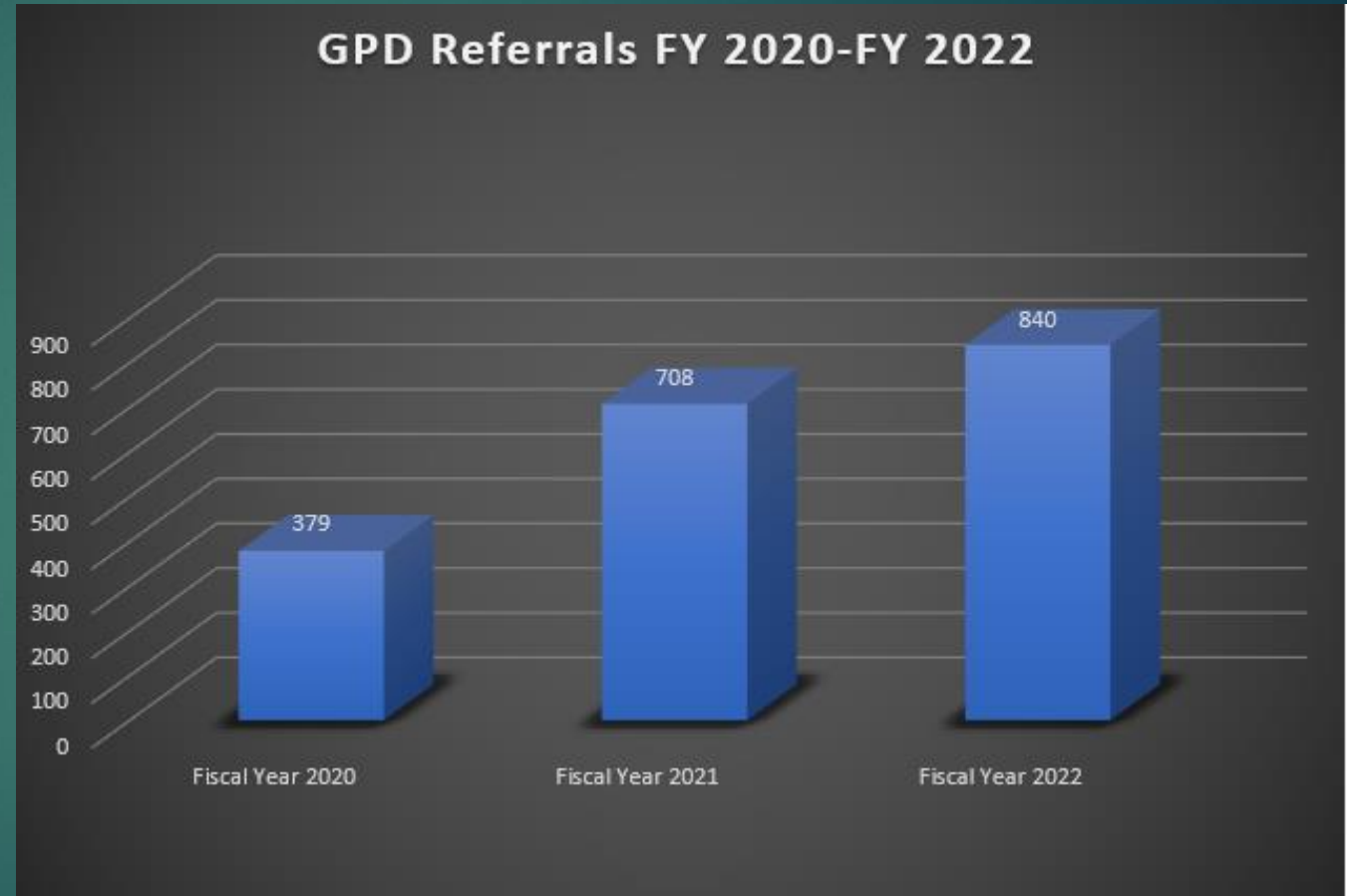
The purpose of the transitional housing component of the program is to promote the development and provision of supportive housing and services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. Additionally, the GPD Program offers Case Management grants to support housing retention for Veterans who were previously homeless and are transitioning to permanent housing.

# GPD Eligibility, Referral, & Intake:

- ▶ Must be a Veteran defined as a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable
- ▶ Homeless, at-risk for homelessness within 14 days, or fleeing domestic violence
- ▶ Discharge of:
  - ▶ Honorable
  - ▶ General
  - ▶ Other than honorable
  - ▶ Bad conduct (from a Special court-martial only)
- ▶ GPD Liaison will conduct intake and refer to appropriate program
- ▶ Each program site has its own intake process

# Improvement to GPD Access

- ▶ GPD developed a decentralized referral process where any community provider, including SSVF could refer Veterans experiencing homelessness or at-risk of homelessness to the program. Referral packet to be submitted to [VHAMIAGPDProgram@va.gov](mailto:VHAMIAGPDProgram@va.gov)



- ▶ Must be receptive to Case Management/Supportive Services/Life Planning
- ▶ Participants must contribute a 30% of income towards program fees
- ▶ Must be able to live independently
- ▶ Actively seeking permanent housing
- ▶ Understand program is NOT permanent housing

## Ongoing GPD Program Participation Requirements:



# GPD Modalities

1. Bridge Housing
2. Low Demand GPD
3. Hospital to Housing
4. Clinical Treatment
5. Service-Intensive Transitional Housing
6. Transition in Place (TIP)
7. Case Management Grant



# HUD-VASH

(Housing Urban Development Veterans Affairs Supported Housing)



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The HUD-VASH program is a collaborative effort, supported through HUD Section 8 “Housing Choice” rental assistance vouchers and VA’s provision of intensive case management services. Miami VA provides HUD-VASH services throughout entire catchment area (3 counties Broward, Miami, and Monroe.)

# HUD-VASH Team:



HUD-VASH Supervisors

Social Work Case Managers

RN Case Managers

Substance Use Disorder Specialist (SUD)

Psychiatry Provider (ARNP)

Recreational Therapists

Housing Specialists

Vocational Development Specialist

Program Support Assistants

# VA Eligibility

- ▶ Honorable or Other than Honorable Military Discharge status
- ▶ Must meet the definition of homelessness defined in the McKinney Homeless Assistance Act
- ▶ Diagnosed with mental illness and/or physical health conditions and/or substance use disorders
- ▶ Able to complete activities of daily living and live independently
- ▶ Low-income criteria
- ▶ Agreeable to intensive case management and participation in an ongoing treatment plan

# HUD Eligibility

- ▶ Income limits set by PHA
- ▶ Clear sexual offender background screening

# Referral Process

- ▶ Outreach social worker can be contacted to meet veteran
- ▶ Visit walk-in clinic to be assessed





# HUD-VASH Program Participation Requirements:



- ▶ Case Management is the heart of this program and is a requirement for participation in the HUD-VASH voucher program indefinitely
- ▶ Contribute approximately 30% of income towards rent
- ▶ Must remain up to date with utilities and rent
- ▶ Abide by public housing guidelines as identified per each housing authority

# Intensive Case Management Intervention



- ▶ Coordinate VA and community interventions, acting as a liaison with critical partners (the landlord, medical providers, community action agencies, SSVF, etc.)
- ▶ Conduct ongoing home visits to continuously assess and support the Veteran's ability to live independently a safe environment that promotes sobriety, physical, and mental well-being
- ▶ Link to community resources for food banks, medical coverage for family members (ex. Medicaid), family therapy, legal and income assistance programs

# References

- ▶ <https://www.va.gov/homeless/gpd.asp>
- ▶ [https://www.va.gov/homeless/hud-vash\\_eligibility.asp](https://www.va.gov/homeless/hud-vash_eligibility.asp)
- ▶ <https://files.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>
- ▶ [https://www.va.gov/homeless/hud-vash\\_eligibility.asp](https://www.va.gov/homeless/hud-vash_eligibility.asp)
- ▶ <https://www.va.gov/HOMELESS/nchav/research/program-specific-research/H-PACT-program.asp>
- ▶ <https://www.va.gov/HOMELESS/faqs.asp#accordion-definition>

