

DEPARTMENT OF VETERANS AFFAIRS (VA)
SALT LAKE CITY HEALTH CARE SYSTEM
Salt Lake City, UT

MEMORANDUM 116.02

8/3/2018

HEALTH CARE FOR HOMELESS VETERANS

1. PURPOSE:

The central goal of the Healthcare for Homeless Veterans (HCHV) Program is to reduce homelessness among Veterans by conducting outreach to those who are the most vulnerable and/or not currently receiving services and engaging them in treatment and rehabilitative programs. The HCHV Program provides clinical treatment to Veterans in addition to outreach and case-management services.

2. POLICY:

Treatment programs and clinical services will be provided by clinicians in the HCHV Program based on a combination of facility funding, special funding and programmatic emphasis by VA Central Office (VACO).

3. DEFINITIONS:

The term "Homeless" is defined by the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, to include the following:

- a. an individual or family who lacks a fixed, regular, and adequate nighttime residence;
- b. an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- c. an individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- d. an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;

e. an individual or family who will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—

(1) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;

(2) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or

(3) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;

(4) has no subsequent residence identified; and

(5) lacks the resources or support networks needed to obtain other permanent housing;

f. unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who—

(1) have experienced a long-term period without living independently in permanent housing,

(2) have experienced persistent instability as measured by frequent moves over such period, and

(3) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

g. **DOMESTIC VIOLENCE AND OTHER DANGEROUS OR LIFE THREATENING CONDITIONS** – Notwithstanding any other provision of this section...any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

4. RESPONSIBILITIES:

a. Patient Financial Services will determine administrative eligibility of all Veterans interested in HCHV Program services and will coordinate with HCHV clinicians to determine eligibility.

b. The Associate Chief of Community Programs, Mental Health Service, and Chief, Mental Health Service, are responsible for all clinical services and the overall management of Community Programs within the Service.

c. The Director and Supervisors of the HCHV Program are responsible for:

(1) Planning and implementing the program.

(2) Providing outpatient clinical services as outlined in the procedures listed below.

(3) Providing consultation on services to providers and community partners.

5. PROCEDURES:

a. General Procedures:

(1) All identified homeless Veterans found in the community and willing to be evaluated by VA staff, or at the Medical Center, will be processed through the HCHV Program for accounting purposes. These Veterans will be screened for administrative eligibility by Patient Financial Services and for clinical eligibility by HCHV clinicians. Veterans in need of outreach service will be followed in the community until eligibility is established.

(2) Eligible Veterans who are interested in HCHV Program services will be given a complete psychosocial assessment by an HCHV clinician at their first appointment.

(3) Eligible Veterans who, based upon the assessment, can benefit from mental health services and who express willingness to participate in treatment will be formally admitted into the HCHV program.

(4) Grant and Per Diem (GPD) programs provide transitional housing (up to 24 months) with clinical and case-management services to homeless Veterans dealing with physical health, mental health, substance use, and other socioeconomic problems. Referrals can be made to the HCHV Program at ext. 4706.

(5) The Department of Housing and Urban Development and Department of Veterans Affairs Supportive Housing (HUD-VASH) Program provides permanent housing with

ongoing case-management services for homeless Veterans who require these supports to live independently. Referrals can be made to the HCHV Program at ext. 4706.

(6) The purpose of the Veteran Justice Outreach (VJO) Program is to divert appropriate Veterans from incarceration by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance use services when clinically indicated, and other VA services and benefits as appropriate. Referrals can be made to the VJO Program at ext. 6327.

(7) The Department of Veterans Affairs has founded a National Call Center for Homeless Veterans (NCCHV) hotline to ensure that homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors. The hotline is intended to assist homeless Veterans and their families, VA Medical Centers, federal, state and local partners, community agencies, service providers and others in the community. Referrals can be made to the NCCHV hotline by calling 1-877-4AID VET (877-424-3838).

(8) HCHV clinicians are available at ext. 4706 for referrals to other homeless-related community resources (i.e., the Salt Lake City Rescue Mission, Road Home Shelter, etc).

b. Procedure for Referrals from Medical Inpatient and Outpatient Units:

(1) Homeless Veterans not involved with the HCHV Program at the time of inpatient admission should be referred to HCHV Outreach (ext. 4706). A referral can be initiated to the HCHV Program by the inpatient social worker if the Veteran appears to meet HCHV Program criteria. When the referral is received, an HCHV clinician will review the case and discuss it with the referring inpatient social worker.

(2) The referring inpatient social worker remains the case manager until disposition planning has been completed and the patient is discharged from inpatient status. An HCHV clinician will complete a psychosocial assessment prior to the Veteran being accepted into the HCHV Program.

(3) HCHV clinicians will assist, as indicated, in disposition planning and referral if the patient was enrolled at the time of inpatient admission.

(4) Homeless Veterans with a chronic mental illness who are discharged from the VA Salt Lake City Health Care System Inpatient Psychiatry Unit may be referred to HCHV Outreach (ext. 4706) for evaluation and consideration of the Critical Time Intervention (CTI) Program.

6. RESCISSION: Center Policy Memorandum 116.02, "Health Care for Homeless Veterans," dated September 3, 2015.

7. FOLLOWUP RESPONSIBILITY: Last day of August 2021, Director, HCHV Program, Associate Chief of Community Services, Mental Health Service, and Chief, Mental Health Service (116).

SHELLA STOVALL, MNA, RN

Director

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