

# HCH-VA COLLABORATION QUICK GUIDE:

## Joining Forces to Coordinate Care for Unstably Housed Veterans

JUNE 2013

### Why this guide?

The purpose of this quick guide is to assist Health Care for the Homeless (HCH) grantees with their efforts to establish and strengthen collaborations with local Veterans Affairs Medical Centers (VAMCs). Many HCH grantees are already collaborating with VAMCs to coordinate care for veterans and utilize the wealth of services, benefits, and expertise available from VAMCs, but there is room for improvement in these partnerships.

### Who is this guide for?

This quick guide is useful for anyone working in an organization that serves veterans experiencing homelessness. Although it may be most applicable to the work of HCH administrators directly collaborating with VAMCs, this content is valuable for anyone interested in improving relationships with VAMCs, pursuing VA funding for veteran-specific services, and improving care coordination.

### What does this guide include?

This quick guide discusses the federal goal to end veteran homelessness and how HCH grantees can contribute to this cause. There are sections on federal priorities for collaboration that involve community partners, the current state of HCH-VA partnerships, and promising practices for HCH-VA collaborations that are currently being utilized by some HCH grantees.

### What can you expect to gain from this guide?

- You will be able to identify federal priorities for ending veteran homelessness that are related to collaborations with community partners.
- You will be able to describe the current state of collaborations between HCH grantees and VAMCs.
- You will be able to discuss examples of promising practices for collaboration with VAMCs.

### Quick Guide Contents

Introduction .....	2
Federal Priorities for Collaboration .....	2
Current State of HCH-VA Partnerships .....	4
Promising Practices for HCH-VA Collaborations .....	5
References .....	7

## Introduction

Significant strides have been made to achieve the federal goal of ending veteran homelessness in the United States by 2015, including a 17% decrease from 2009 to 2011.<sup>[1]</sup> However, with 62,619 veterans homeless on a single day in January 2012, reductions have not kept pace with the goal's aggressive annual benchmarks.<sup>[1]</sup> The Departments of Veterans Affairs (VA) and Housing and Urban Development (HUD) have been partners at the helm of this initiative, but their strategic priorities underscore the important role community partners can play in reducing veteran homelessness. VA Secretary Eric Shinseki even referred to community-based organizations as the “creative geniuses” of the movement to end veteran homelessness and attributed much of the success in reductions to these community-based partners.<sup>[4]</sup>

HRSA-supported Health Center Program grantees, specifically those with Health Care for the Homeless (HCH) funding, have much to contribute to this initiative, given their specialized knowledge and experience serving unstably housed veterans and the broader homeless population. Due to a breadth of sites nationally, HCH and other Health Center Program grantees serve as safety net providers for veterans in many communities.<sup>[6]</sup> In 2011, 249,548 veterans received services from Health Center Program grantees; of those veterans, 9% were homeless and received care from HCH grantees (Uniform Data System, 2011). Although it is often assumed that veterans access services primarily from VA Medical Centers (VAMCs), this is not always the case for a variety of reasons, including ineligibility, past negative experiences in the military or at the VAMC, and transportation barriers.<sup>[7]</sup> HRSA encourages all safety net providers to welcome veterans and their families into care and has created a Veteran's Hiring Initiative and other programs to help veterans and their families. Find out more at HRSA's [Veterans Web Page](#).

**90%**  
of HCH grantees are located within same county as a VA facility.

Given that HCH grantees provide services to unstably housed veterans, they already play an indirect role in the federal initiative to end veteran homelessness. However, the extent to which HCH grantees communicate and coordinate their efforts with local VAMCs has been unclear. In terms of geographic proximity, a study found that 90% of HCH grantees were located within the same county as a VA facility, demonstrating a prime opportunity for collaboration.<sup>[6]</sup> To further explore this issue, the National HCH Council surveyed HCH grantees in October 2012 regarding the veteran population they served and existing collaborations with local VAMCs.<sup>1</sup> According to the findings, the majority of HCH grantees (61%) had communicated with the local VAMC at least once, but the extent of communication and collaboration varied widely among communities. Indicating a desire for improved relations, 75% of survey participants identified relationship-building with VAMCs as their top training need.

To assist HCH grantees with their efforts to establish and improve collaborations with VAMCs, this quick guide will describe federal strategic priorities relating to collaboration with community partners, explore the current state of HCH-VA partnerships, and highlight promising practices for collaboration.

## Federal Priorities for Collaboration

A collection of publications from federal agencies—including the Substance Abuse and Mental Health Services Administration (SAMHSA) and United States Interagency Council on Homelessness (USICH)—highlight key strategies to achieve the federal goal to end veteran homelessness. Many of these indicate the significant role of community partners in accomplishing these ends. HCH grantees represent an important group of community partners, given their experience working with veterans and the broader homeless

---

<sup>1</sup> You can access the full report on the veterans survey here: [http://www.nhchc.org/wp-content/uploads/2013/02/Veterans-ReportFINAL\\_2-26-13.pdf](http://www.nhchc.org/wp-content/uploads/2013/02/Veterans-ReportFINAL_2-26-13.pdf)

population. The items below synthesize key strategies and priorities identified by SAMHSA and USICH that could influence and inspire the collaborative efforts of HCH grantees

### **Promote Collaborative Leadership**

Objective 1 of USICH’s *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness 2010* is to promote collaborative leadership.<sup>[8]</sup> This strategy recommends that local communities “break down the silos” to organize federal, state, and local resources with the efforts of community partners to enhance coordination and effectiveness. Coordinated plans should be driven by local conditions, not a one-size-fits-all approach. *Opening Doors* cites collaborative efforts to end veteran homelessness as the signature initiative demonstrating Objective 1. Specific strategies that could be adopted by HCH grantees and local VAMCs include: testing, modeling, and learning more about interagency collaboration and reviewing budget processes to determine avenues for recognizing savings across partners.

### **Communication and Integration of Services across Communities**

The importance of communicating and integrating services across communities was noted in USICH’s report on *Positive Outliers: Communities on Track to End Homelessness among Veterans*.<sup>[5]</sup> This theme was identified in all five communities on track to end veteran homelessness by 2015 that were profiled in the report. Typically, integration involved Continuum of Care providers, VA programs, and the local Public Housing Authority. However, HCH grantees could be natural partners in this service integration, if they are not already. The sharing of data and reports among agencies was identified as another theme among positive outlier communities and also noted as a guiding principle by a SAMHSA expert panel on veteran homelessness.<sup>[5, 9]</sup> The positive outlier report noted: “This collaboration also created a better way to overcome the different eligibility requirements of each sector so that all veterans (whether they receive VA benefits or not) could access services to leave homelessness” (p. 2).<sup>[5]</sup> HCH grantees offer an important alternative for care to veterans who are either not eligible for VA services, have not yet obtained VA medical benefits, or are uncomfortable accessing VA services due to past negative experiences at VAMCs or in the military.

### **Role of Community-Based Organizations**

Although many strategic priorities focus on interagency collaboration among federal partners, the role of community-based organizations, including HCH grantees, is also highlighted. A USICH report identified the collaboration across agencies to address veterans’ needs not provided through VA programs as one of three necessary components for ending veteran homelessness.<sup>[10]</sup> HCH grantees provide services to a substantial number of unstably housed veterans, some of whom are ineligible for VA services or choose not to access them. Others simply need assistance navigating the application process and accessing VA services. HCH grantees and other community-based organizations are critical to fulfilling unmet needs and providing linkage to VAMCs. The VA supports the services of community-based organizations through 4,000 interagency collaboration agreements with community service providers.<sup>[11]</sup> Contracting with community-based organizations allows the VA to enlist the services of those more experienced in serving the

● ● ●

**Collaborative Strategies to Reduce Veteran Homelessness:**

- Promote collaborative leadership**
- Communication and integration of services across communities**
- Role of community-based organizations**
- Need for education, outreach, and awareness of available programs**

● ● ●

homeless population. Methods for contracting with the VA will be discussed in the promising practices section. USICH analysis of a SAMHSA expert panel on veteran homelessness noted that community-based organizations will need additional skills and knowledge, namely military cultural competence, to enhance and tailor their provision of services for veterans.<sup>19]</sup>

### Need for Education, Outreach, and Awareness of Available Programs

The VA, HUD, and other federal agencies offer a wealth of programs and benefits for veterans, including medical benefits, HUD-VASH housing vouchers and supportive services, disability and pension benefits, and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), to name a few. However, SAMHSA's expert panel on veteran homelessness emphasized the need to reach out to veterans and their families to publicize available programs.<sup>19]</sup> Because HCH grantees are sometimes the first provider veterans turn to for services, they have the opportunity to raise awareness of other available programs and benefits, assist with applications, facilitate referrals, and help veterans navigate VAMC systems of care. Many HCH grantees are already increasing awareness and linkage by making referrals to VAMCs, participating in the HUD-VASH program, assisting with discharge status upgrade applications, helping veterans understand and apply for VA benefits, and assisting with GI Bill education applications.<sup>17]</sup>

### **Current State of HCH-VA Partnerships**

According to the National HCH Council's October 2012 survey, 61% of HCH grantees had communicated with local VAMCs at least once, and half of these grantees (50%) communicated on an occasional basis. Lines of communication with VAMCs were initiated in numerous ways, with the three most common being participation in Stand Down events (19%), making one strong VAMC contact and building a relationship around it (14%), and physician-to-physician communication (12%). Qualitative responses showed additional ways they initiated communication, including the region's Veterans Integrated Service Network (VISN) putting pressure on the VAMC to get involved with community partners, the HCH grantee doing administrative outreach to the VAMC, serving as client advocates for those eligible for VAMC services, participating in a local homeless collaborative group with the VAMC, and having staff that are military veterans and linked in to the VAMC.

Of those grantees that had communicated with VAMCs, nearly 16% reported no collaboration with them. For those grantees that did collaborate, the most common types of collaboration were making referrals to VAMCs (39%) and receiving referrals from VAMCs (12%). A small number of grantees (<10% each) reported that they received reimbursement through the VA's Grant and Per Diem Program, had inter-agency agreements with VAMCs, had VAMC

outreach workers come to their health centers, performed joint outreach with VAMC staff, co-located services with VAMCs, or attended cross-training that involved VAMCs. Through qualitative responses, participants identified additional ways they collaborated with VAMCs, including having bi-weekly meetings, having HCH case managers communicate with VA personnel, contracting with the VA for detox services, and establishing a relationship with the VAMC for resource sharing and partnering outreach services.

**10%**  
of HCH grantees received reimbursement from VA or another source for serving veterans.

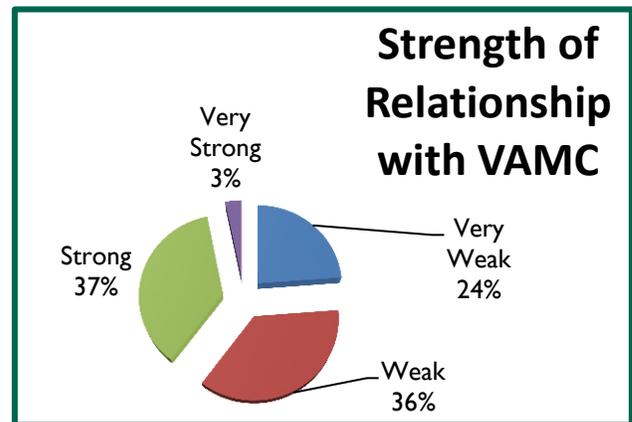
Only 10% of HCH grantees reported receiving reimbursement from the VA or another source to provide services to veterans, while 76% said they did not and 14% were unsure. Grantees that did receive reimbursement were asked to identify the source(s) in an open-ended question. Respondents reported that reimbursement was received through contracting with the VA to provide specific services (e.g., detox services, dental services), participating

**16%**  
of HCH grantees that had communicated with VAMC reported no collaboration.

in the VA’s Grant and Per Diem Program, and receiving a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to provide outreach to veterans. Those that did not receive reimbursement were asked to rate how much the cost of serving veterans impacted their health center’s financial resources. Respondents reported a rating average of 2.04<sup>2</sup>, indicating that serving veterans slightly impacted financial resources.

When asked to rate the strength of their relationships with local VAMCs, participants reported a rating average of 2.19<sup>3</sup>. This indicated that their relationships with local VAMCs were perceived to be somewhat weak (36%), although 37% reported that their relationships were strong and 3% reported that their relationships were very strong.

Grantees reported several factors that facilitated their working relationships with local VAMCs. The most frequently reported factors included the assistance of VA outreach workers and case managers (22%) and gaining better contact information of VAMC staff (16%). Some respondents (16%) reported that no factors facilitated their working relationships. In terms of barriers to their working relationships with local VAMCs, 21% reported the insular or isolated culture of VAMCs and 20% reported communication issues. Meanwhile, 24% reported that no factors were barriers to their working relationships.



## Promising Practices for HCH-VA Collaborations

As the survey findings demonstrated, many HCH grantees are already partnering with local VAMCs to coordinate care for veterans. However, some have had more success building mutually beneficial relationships than others. For those grantees looking to create or improve upon their VAMC partnerships, the following promising practices could be considered as starting points. For additional promising practices, visit the USICH’s [Explore the Solutions Database](#) and search “veterans.”

### Streamline Referral Process to and from VAMC

According to survey findings, making referrals to VAMCs was the most common form of collaboration among HCH grantees, followed by receiving referrals from VAMCs. Due to the frequency of these activities, it is important that the process be streamlined, seamless, and effective. To facilitate the referral process, the Health Resources and Services Administration (HRSA) recommends that HCH grantees use the [VA Facility Locator and Directory](#) to find the nearest VAMC and help veterans complete the [VA FORM 10-10EZ](#) to apply for medical benefits if they have not already done so (<http://www.hrsa.gov/veterans/>). Each VAMC has a [homeless coordinator](#), who can serve as the point-person for referrals on the VA end. Establishing a relationship with the homeless coordinator—including the sharing of available HCH services, hours, sites, and contact information—could help generate new referrals to HCH grantees and improve the ease of referrals to the VAMC. Like all referrals, there can be struggles to ensure success, including missed appointments, miscommunication, and transportation barriers. HCH grantees should consider these issues proactively to make necessary accommodations.

<sup>2</sup> On a scale of 1=not at all, 2=slightly, 3=moderately, 4=significantly.

<sup>3</sup> On a scale of 1=very weak, 2=weak, 3=strong, 4=very strong.

## Establish Formal Interagency Agreement with VAMC

According to our survey, just 3% of HCH grantees have interagency agreements with local VAMCs. Formalizing existing or future collaborations through interagency agreements can facilitate a mutually beneficial relationship in which expectations and responsibilities of all partners are well-established. One strong example of a formal interagency agreement is the collaboration between Terry Reilly Health Services (Southwest Idaho), an HCH grantee, and the local VAMC. The VAMC expressed interest in providing its medical residents with a community-based education opportunity to serve an underserved population. Through the VA's collaboration with Terry Reilly, an internal medicine clinic was established to increase specialty access for Terry Reilly patients while jointly providing health professional education. VA faculty supervise the clinic, which is staffed by internal medicine physicians, internal medicine residents, and University of Washington medical students. There are minimal costs associated with the operations of the internal medicine clinic, as residents and medical students volunteer their services and VA faculty receive minimum wage pay as Terry Reilly employees so they are covered under the Federal Tort Claims Act (FTCA). The clinic is available to all Terry Reilly patients, and 4% of patients are veterans. Although this model of interagency agreement is specific to internal medicine and health professional education, the general approach of establishing a formal interagency agreement is replicable more broadly to meet the mutual needs of HCH grantees and VAMCs.

## Pursue VA Funding for Veteran-Specific Services

According to survey findings, only 10% of HCH grantees receive some form of reimbursement from the VA or elsewhere for providing services to veterans. However, there are numerous opportunities for community-based organizations to contract with VAMCs, including as Community-Based Outpatient Clinics (CBOCs), the Supportive Services for Veteran Families Program (SSVF), the VA Homeless Providers Grant and Per Diem Program (GPD), and the HUD-VA Supportive Housing program (HUD-VASH). The CBOC program allows local non-profits to contract with the VA to provide specific services to a defined group of unstably housed veterans, a pursuit encouraged by HRSA (<http://www.hrsa.gov/veterans/>). To find CBOC contracting opportunities, visit <https://www.fbo.gov/> and search "CBOC." Another avenue for funding is the [SSVF](#) program, which awards non-profit organizations with grants to provide supportive services to very low-income veteran families living in or transitioning to permanent housing. Supportive services can include health care, daily living, personal financial planning, transportation, fiduciary and payee, legal, child care, and housing counseling services. The [GPD](#) program funds community agencies providing services to unstably housed veterans that promote residential stability, increase in skill levels and/or income, and greater self-determination. Programs that provide either supportive housing and/or supportive services such as case management, crisis intervention, and counseling are eligible. Five percent of HCH grantees reported that they received GPD funding. Finally, the [HUD-VASH](#) program is a joint effort between HUD and the VA to provide unstably housed veterans with Housing Choice Voucher (HCV) rental assistance, case management, and clinical and supportive services. VAMCs may contract with or provide linkage to community-based organizations for assistance with supportive services. A few HCH grantees reported participation in HUD-VASH in the National HCH Council survey. For more information on funding sources for organizations serving unstably housed veterans, the [National Resource Directory](#) provides a listing of grant opportunities for homeless service providers.

## Connect Veterans with Mainstream Benefits outside VA System

For those veterans who are either ineligible for VA benefits and services due to discharge status or length of service, or choose not to access the VA due to past negative experiences in the military or at VAMCs, there are still other avenues to pursue federal benefits. Even for veterans who qualify for VA benefits, this can be supplemented by other mainstream benefits. The expansion of Medicaid eligibility could benefit the 535,000 uninsured veterans who have incomes below 138% of the federal poverty level, although outreach and enrollment efforts will be required to maximize utilization.<sup>[2]</sup> SAMHSA's SSI/SSDI Outreach, Access, and Recovery program (SOAR) can be utilized to increase access to SSI/SSDI disability income benefits, Medicaid, and/or Medicare for adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. SOAR provides a curriculum to train direct service staff on how to improve and expedite the SSI/SSDI application process and avoid appeals. Typically, 10-15% of persons who are homeless and apply for SSI/SSDI with no assistance are approved on initial application, but those communities utilizing the SOAR approach achieve approval ratings of 71% in 3 months.<sup>[3]</sup> The use of SOAR was cited in USICH's *Positive Outliers* report as a means of bridging service gaps in the VA system with mainstream benefits.<sup>[5]</sup> Some HCH grantees have also integrated SOAR into their programs by training direct service staff and providing consumers, including unstably housed veterans, with thorough assistance navigating the application process. SAMHSA's [SOAR Technical Assistance Center](#) provides further information on how to integrate SOAR into your community.

## References

1. Development, U.S.D.o.H.a.U., *The 2012 Point-in-Time (PIT) Estimates of Homelessness: Volume 1 of the 2012 Annual Homeless Assessment Report*, 2012: Washington, D.C.
2. Haley, J. and G.M. Kenney, *Uninsured Veterans and Family Members: State and National Estimates of Expanded Medicaid Eligibility Under the ACA*, 2013, Robert Wood Johnson Foundation, Urban Institute.
3. Center, S.S.T.A., *2011 SOAR Outcomes*, 2012.
4. Veterans, N.C.f.H., *Assessing Progress in the Five-Year Plan to End Veteran Homelessness: The Service Providers' Perspective*, 2012.
5. Bamberger, J., *Positive Outliers: Communities on Track to End Veteran Homelessness*, 2012, United States Interagency Council on Homelessness: Washington, D.C.
6. Brownell, J., et al., *Geographic Proximity of HRSA, VA, and DOD Clinics: Opportunities for Interagency Collaboration to Improve Quality*. *Journal of Health Care for the Poor and Underserved*, 2012. **23**: p. 125-135.
7. Knopf-Amelung, S., *Health and Homelessness among Veterans: A Needs Assessment of HCH Grantees*, 2013, National Health Care for the Homeless Council: Nashville, TN.
8. Homelessness, U.S.I.C.o., *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, 2010.
9. Homelessness, U.S.I.C.o., *SAMHSA's Expert Panel on Homeless Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn: What We Heard (Guiding Principles)*, 2013.
10. Culhane, D., *Ending Homelessness among Veterans: A Report by the U.S. Interagency Council on Homelessness*, 2013, United States Interagency Council on Homelessness: Washington, D.C.
11. Dougherty, P. and P. Smits, *Eliminating Homelessness Among Veterans (PowerPoint Presentation)*, 2011, U.S. Department of Veterans Affairs, VA National Center on Homelessness Among Veterans.

## Disclaimer

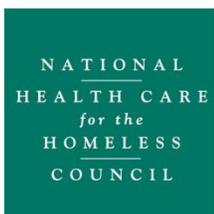
This publication was made possible by grant number U30CS09746 from the Health Resources & Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the Health Resources & Services Administration.

All material in this document is in the public domain and may be used and reprinted without special permission. Citation as to source, however, is appreciated.

**Suggested citation:** National Health Care for the Homeless Council. (June 2013). *HCH-VA Collaboration Quick Guide: Joining Forces to Coordinate Care for Unstably Housed Veterans*. [Author: Sarah Knopf-Amelung, Research Assistant.] Nashville, TN: Available at: [www.nhchc.org](http://www.nhchc.org).

## Evaluation

The National HCH Council is continually engaging in quality improvement of all of our products. This publication was developed with the intent to have an impact on your work. Please complete the evaluation at [https://www.surveymonkey.com/s/HCH-VA\\_QkGuide](https://www.surveymonkey.com/s/HCH-VA_QkGuide) to provide feedback on the quality and usefulness of this document.



P.O. Box 60427, Nashville, TN 37206 | (615) 226-2292

---

For more research on veterans experiencing homelessness, contact Sarah Knopf-Amelung at [sknopf@nhchc.org](mailto:sknopf@nhchc.org). For more information about our Research and Evaluation team and other projects at the National HCH Council, contact Dr. Darlene Jenkins at [djenkins@nhchc.org](mailto:djenkins@nhchc.org).