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Commentary

Using Research and Data to End Veteran Homelessness

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No Veteran should be homeless in this country they fought to defend. VA is committed to ending homelessness among Veterans because it is our nation's duty to ensure all Veterans have a place to call home. Although significant progress has been made to prevent and end Veteran homelessness, recent data from the U.S. Department of Housing and Urban Development show that on a single night in January 2023, 35,574 Veterans experienced homelessness in the United States. This figure reflects a 7.4 percent increase in the number of Veterans experiencing homelessness from 2022.

Despite these increases, there is still an overall downward trend in Veteran homelessness. The estimated number of Veterans experiencing homelessness in the United States has declined by 52 percent since 2010. The last three years alone saw an approximately 4 percent overall reduction in Veteran homelessness.

We know what works. Veteran homelessness is solvable, and we have the right tools for the job, ranging from outreach services, which serve as the front doors to VA healthcare and benefits, to emergency and transitional housing for Veterans who need a place to stay tonight, to permanent housing and more. All these services are built around the evidence-based Housing First approach. This approach prioritizes getting Veterans into housing and then assists them with access to healthcare and other supports that promote stable housing and improved quality of life. These programs are overseen by the Veterans Health Administration's Homeless Programs Office (HPO), which serves as the backbone of VA's response to Veteran homelessness.

The Role of Research in Addressing Veteran Homelessness

Within HPO, the National Center on Homelessness among Veterans (NCHAV) promotes and conducts research that explores the causes and contributing factors of Veteran homelessness, develops new models for service delivery, and evaluates the effectiveness of programs and services. In partnership with other VA program offices and various federal and non-federal partners, we now have more than two decades of research on homeless Veterans.

Through annual assessments of homeless Veterans, we understand their housing, healthcare, and social needs (Tsai et al., 2019). We have identified key risk factors of Veteran homelessness, and worked to understand how experiences of homelessness and VA service use intersect with sex and race (Montgomery et al., 2020). Various studies have found that the continuum of VA homeless programs is effective in serving diverse groups of Veterans, from temporary financial assistance to permanent supported housing services.

The positive impact research has on better understanding and addressing the complexities of Veteran homelessness cannot be overstated. Through rigorous analysis and evaluation, researchers have been able to answer pivotal questions that have directly informed policy, program design, and service delivery for homeless Veterans. Here are some key areas where research has made significant contributions.

- **Effectiveness of the Housing First Approach.** Research has robustly supported the Housing First model as an effective strategy for ending homelessness among Veterans. Many studies have demonstrated that Housing First programs significantly increase housing stability and reduce the use of emergency services for homeless Veterans. This evidence has led to the widespread adoption of Housing First principles across VA homeless programs.
- **Identifying Key Risk Factors.** Research has been crucial in identifying risk factors associated with Veteran homelessness, enabling targeted interventions. Factors that are strongly associated with homelessness among Veterans include substance abuse, mental health disorders, and low income (Tsai & Rosenheck, 2015). Understanding these risk factors has guided the development of specialized support services within VA programs.
- **Impact of Supportive Services on Health Outcomes.** Investigations into the role of supportive services offered to homeless

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Veterans have shown positive impacts on health outcomes. Research has found that access to comprehensive healthcare and supportive services through VA programs led to improved mental and physical health among homeless Veterans (O'Toole et al., 2016). These findings underscore the importance of integrated healthcare services in addressing the whole health needs of homeless Veterans.

- **Veteran Homelessness and Community Integration.** Studies have explored how community integration practices affect homeless Veterans' reintegration into society. For instance, research has examined the benefits of community-based programs in supporting homeless Veterans' social and community reintegration, and in improving social connections and reducing isolation.

- **Prevention of Homelessness Among Veterans.** Research has also focused on preventive measures to keep Veterans from becoming homeless. Studies have analyzed the effectiveness of early intervention programs in preventing homelessness among at-risk Veterans, revealing that timely support and intervention can significantly reduce the likelihood of homelessness.

However, specialized research is needed to inform efforts and progress in addressing Veteran homelessness. As reported in the recent 2023 National Veteran Suicide Report, the elevated rates of suicide among homeless Veterans in recent years deserve careful examination. Preventing Veterans' returns to homelessness after achieving housing stability is a current focus of HPO. In addition, issues around staff safety and turnover in VA homeless programs need further study. Ways to optimize case management models across VA homeless programs merit attention, and finally, HPO is studying the needs of an increasingly aging homeless Veteran population. These are just some examples of issues for which HPO is seeking further research and data-based solutions.

Additionally, for fiscal year 2025, NCHAV is inviting researchers to consider and explore the following questions.

Homeless Prevention

1. What factors contributed to the increased numbers of homeless Veterans counted in the 2023 Point-in-Time (PIT) count?

2. How can VA better engage in primary and secondary prevention of homelessness?

3. In what ways can VA better prevent criminal justice involvement and incarceration?

4. How can non-VA data sources be used to study homelessness among Veterans?

5. What new models of care are effective in preventing homelessness among certain subpopulations of Veterans (particularly women, rural, transgender, Asian American, and/or Native American/Alaskan Native Veterans)?

Expanding Eligibility for Homeless Veterans

1. What is the prevalence of Other than Honorable (OTH) or punitive military discharges among homeless Veterans (especially those not in the VA system)?

2. What would be the estimated impact of expanding eligibility for VA healthcare among homeless Veterans?

3. How can homeless Veterans with OTH or punitive military discharges be better served by VA and community partners?

Employment Services

1. What are effective approaches to help homeless Veterans who receive public assistance or VA-service connected disability seek employment?

2. What new or existing models of care can improve employment outcomes for homeless Veterans?

3. What new technologies can help homeless Veterans find and obtain employment?

One Team Collaboration between SSVF, GPD, HCHV, and HUD-VASH

1. What are the facilitators and barriers to One Team Collaboration between VA homeless programs?

2. What are staff and Veteran attitudes about One Team Collaboration among VA homeless programs (including in communities where SSVF grantees are only providing housing navigation)?

3. What are ways to optimize One Team Collaboration among VA homeless programs?

Specialty Healthcare Services

1. What specialty healthcare services are important for addressing needs of homeless Veterans?

2. How is the Homeless Veterans Dental Program serving needs of Veterans?

3. In what ways might VA specialty healthcare services be better integrated with VA homeless services?

4. How can food insecurity among homeless Veterans be addressed?

5. What interventions are effective in preventing suicide among homeless Veterans?

Research empowers us with knowledge, and knowledge is the precursor to change. By understanding the specific needs of homeless Veterans, we can tailor interventions that speak directly to their experiences. This enlightenment fosters profound empathy and a sense of urgency, driving communities and policymakers alike toward action. It is this informed action that can transform the lives of countless Veterans, offering them the support, dignity, and opportunities they rightfully deserve. It also reminds us that Veteran homelessness is solvable.

Let us, therefore, champion the cause of research in understanding Veteran homelessness. Let us support it, fund it, and most importantly, implement its findings.

We look forward to refining and enhancing our existing evidence-based solutions while also responding to the changing needs and barriers that Veterans face. We are excited for the day when no Veteran experiences the tragedy and indignity of homelessness – and every Veteran has a safe, stable, accessible, and affordable home.

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VA's Health Systems Research (HSR): Working Toward Evidence-Based Solutions to End Veteran Homelessness

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Health Systems Research (HSR) has been committed to meeting the overall VA goals of preventing and ending homelessness. This complex issue requires prioritizing research that creates an evidence base for the services needed to help Veterans overcome the socio-economic, demographic, and institutional challenges they face.

Recently, the updated 2022 VA healthcare priorities reaffirmed HSR's 2010 commitment to ending homelessness. VA Cross-agency Priority Goals Strategic Objective 2.1: Underserved, Marginalized, and At-risk Veterans emphasizes the delivery of benefits, healthcare, and other services to prevent both Veteran suicide and homelessness; fulfilling this objective has the potential to improve Veteran economic security, health, resilience, and quality of life, as well as ensuring equity in health service delivery. VA's focus on ending homelessness is complemented by the White House's 2023 renewed commitment to reduce unsheltered homelessness by 25 percent by 2025 through the "ALL INside" initiative led by the U.S. Interagency Council on Homelessness (USICH) and 19 federal partner agencies, including the Department of Veterans Affairs.[1]

Currently, the Office of Research and Development (ORD) is reorganizing to align its research funding more closely with the issues most salient to Veterans. Similarly, HSR has updated its research priorities to reflect the VA Strategic Plan & Agency Priority Goals while simultaneously embracing the focus of learning health systems (LHS) as informed by the National Academy of Medicine (NAM) Quintuple Aim goal (improve access, outcomes, equity, experience, and value). While these steps are expected to help bring broad, positive change in population health, they also should ultimately answer the question of whether Veteran health is improving, even under conditions like homelessness.[2] The steps needed to achieve them are seen as integral to ending Veteran housing insecurity and homelessness within the context of the VA LHS.

An LHS uses common data and infrastructure to support continuous research and quality improvement initiatives that address and inform identified health priority goals.[3] These research and quality improvement efforts in turn support VA requirements under the Foundations for Evidence-based Policymaking Act of 2018 (Evidence Act, US Public Law 115-435), which requires that federal agency budgets be supported by research evidence and evaluation. Embedded within HSR, the Quality Enhancement Research Initiative (QUERI) leverages the LHS model by accelerating the adoption of evidence-based practices within routine VA practice, such as using program and policy evaluations to inform VA efforts to end Veteran homelessness. While notable progress has been made towards ending homelessness via the "Housing First" approach, additional avenues to success are needed. Identifying new evidence-based approaches could be the key to further improvement in the housing security of Veterans.

To fulfill Evidence Act requirements, VA published a Homelessness Learning Agenda supplement in 2022 that expands the FY2022-28 Learning Agenda to focus on public advocacy efforts in this area. The supplement targets building strong foundational relationships across organizational boundaries to foster a "whole person/whole life" longitudinal, Veteran-centric approach to understanding the "life journey" of individual Veterans who are or are at risk of experiencing housing or economic insecurity and/or homelessness. The supplement addresses challenges in coordination and obtaining evidence and raises essential questions in the effort to understand and to mitigate housing and economic insecurity. Subsequently, the Homelessness Integrated Process Team, with representation spanning VHA, VBA, and staff offices such as the Office of Enterprise Integration and the Veterans Experience Office, is leading the development of this comprehensive analytical model to address the questions raised in the Learning Agenda supplement.

Under this approach, the Homelessness Integrated Process Team recognizes that some Veterans have significant predispositions that increase their risk for homelessness. These Veterans experience complex social determinants for homelessness risk, including the circumstances and location of their pre-military years, their family's financial, social, and housing situations, and their societal and community connections. While in military service this risk may be suppressed, upon returning to civilian life, these predispositions along with service-related experiences may surface to put them at risk again. Analyzing a Veteran's life journey could generate the information necessary to mitigate risk for homelessness as early as practical, thereby minimizing adversity for Veterans and their families while likely reducing societal costs.

Capturing the life journey of Veterans will help identify gaps in evidence and address Homelessness Learning Agenda supplement questions by processing data on Veteran housing and economic insecurity risk. Understanding a Veteran's life journey will have additional benefits, including helping to inform the design, testing, and implementation of evidence-based practices as well as the optimization of VA programs and policies for ending Veteran homelessness. This analysis also could present an opportunity for funding new research and evaluation (quality improvement) initiatives. As such, QUERI funded an LHS led by Drs. Rich Nelson and Jack Tsai to create a homelessness learning community to build capacity for

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Financial Support for Veterans Experiencing Housing Instability: Quantitative and Qualitative Evaluations of the Supportive Services for Veteran Families Program

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Policy makers, patient advocates, and providers in VA as well as the broader community are recognizing and appreciating the intertwined relationship between housing and health. As a key health-related social need, stable housing can have important consequences on both physical and mental health outcomes. But poor health can contribute to challenges in maintaining stable housing due to rising health expenditures and employment difficulties. For these and many other reasons, ending Veteran homelessness has been a top VA priority for more than a decade. To reach this goal, VA employs several initiatives to support Veterans experiencing housing instability. One important program is Supportive Services for Veteran Families (SSVF).

SSVF Program and TFA

Through the SSVF program, VA partners with non-profit organizations (known as grantees) to provide housing-related services to Veterans who are either currently experiencing homelessness at the time of enrollment in SSVF or not currently homeless but at imminent risk of losing stable housing. In FY2021, SSVF awarded more than $630 million to 251 grantees that provided services to 81,043 Veteran households. SSVF services include case management, outreach, and assistance obtaining VA and non-VA benefits. In addition, a key component of SSVF is temporary financial assistance (TFA), which can be used by Veterans to pay rent, utility payments, security deposits, and other housing-related expenses. The average SSVF episode lasts 90 days with the Veteran receiving roughly $6,000 in TFA.

In the HSR-funded study "Measuring the Impact of the SSVF Program on Veteran Outcomes" (IIR 17-029), we performed both qualitative and quantitative assessments of the SSVF program. In our qualitative analyses, we interviewed four cohorts (10 leaders of national VA homeless service programs and homeless advocacy groups, 20 VA homeless service providers, 20 SSVF grantees, and 70 Veterans enrolled in the SSVF program). These interviews identified important insights from multiple perspectives into the integral role that SSVF played in VA's response to the COVID-19 pandemic as well as both the strengths and the weaknesses of the program in fulfilling its primary goal of helping Veterans achieve stable housing.

In our quantitative analyses, we utilized VA electronic health record (EHR) data as well as data from the Homeless Management Information System (HMIS) to compare health, healthcare cost, and housing outcomes between TFA and SSVF recipients and control groups of non-recipients. Because structured EHR data for housing outcomes do not accurately identify a patient's housing status longitudinally, we developed a natural language processing (NLP) system to capture long-term housing status from text notes. We have found that TFA is associated with higher rates of stable housing both immediately following exit from SSVF (using structured data in HMIS)[1] as well as up to one year following exit (using housing status captured from unstructured VA data by our NLP system).[2]

In addition to these housing outcomes, we also found that TFA was associated with lower healthcare costs and lower rates of mortality and suicidal ideation. In a mixed methods study, we also found that several observable factors were associated with receiving TFA, including demographic (age, race, sex, and family composition) and socioeconomic (income, education, employment, and previous homelessness) characteristics.

Key Points

- Supportive Services for Veteran Families (SSVF) is an important initiative to support Veterans experiencing housing instability.
- The SSVF program enables VA to partner with non-profits to provide housing-related services to Veterans who are either experiencing homelessness or not currently homeless but at imminent risk of losing stable housing.
- While unanswered questions remain, a recent HSR-funded study reveals valuable insights into the role that SSVF's temporary financial assistance and shallow subsidy services play in supporting the well-being of Veterans experiencing housing insecurity.

Shallow Subsidies

With rental housing prices steadily increasing nationwide, VA realized that short-term and relatively small dollar amounts of assistance were insufficient to yield stable housing for many Veterans, especially those in high-cost areas. To remedy this, the shallow subsidy component of the SSVF program was launched in October 2019 in high cost of living areas including Los Angeles, San Diego, San Francisco, Oakland, San Jose, Santa Clara, Berkeley, Alameda, Washington, DC, New York City, Seattle, Honolulu, and Chicago. These shallow subsidies consist of a fixed amount set to 50 percent of rent for up to two years. To encourage long-term self-sufficiency and to avoid disincentivizing new employment, SSVF shallow subsidy recipients receive the subsidy for the full period, regardless of increases in household income. In recent years, VA has recognized that rent is increasingly unaffordable throughout the entire United States. For this reason, as of October 2021, the shallow subsidy component of SSVF is now available through any grantee regardless of geographic location.

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In a follow-up HSR study entitled "Assessing an Initiative to Facilitate Long-Term Financial and Housing Stability in Vulnerable Veterans" (SDR 20-350), we extended our previous work to assess the impact of shallow subsidies on Veteran outcomes. While this study is still ongoing, we have several initial findings that are worth mentioning. For instance, we recently conducted a mixed methods study to identify Veteran characteristics that were predictive of receiving shallow subsidies from data collected by the organizations that administer this program to better understand how this new program is being implemented in real-world settings.[3] We compared these observable characteristics with responses from grantee employees that described their reasons for allocating shallow subsidies. We found that shallow subsidy receipt was positively associated with indicators of relative stability including having higher income, college education, and employer-provided health insurance. Similarly, indicators of relative instability such as having been homeless in the three years prior to SSVF enrollment were negatively associated with shallow subsidy receipt.

We have also conducted a preliminary analysis assessing the impact of shallow subsidies on Veteran outcomes, specifically VA healthcare costs and all-cause mortality. Using a propensity score matching approach, we selected a comparison group of SSVF enrollees in FY2020-FY2022 who did not receive shallow subsidies. We then compared healthcare cost outcomes between these two groups using a multivariable two-part regression model to compare healthcare cost outcomes and multivariable Cox proportional hazards regression models. We found that receiving shallow subsidies was associated with a $4,956 decrease in outpatient costs, a $3,542 decrease in inpatient costs, and a 49 percent decrease in the risk of mortality over a one-year follow-up period.

Future Directions

While our research to date has revealed valuable insights into the role that SSVF's TFA and shallow subsidy services play in supporting the well-being of Veterans experiencing housing insecurity, many unanswered questions remain. For example, how do the documented benefits of TFA to Veterans (including reductions in mortality and suicidal ideation and improved rates of stable housing) compare to the costs of the program itself? In other words, are these beneficial outcomes sufficiently high to justify the budget outlay for these services? In addition, does the impact of TFA on Veteran outcomes vary by geographical region in the United States including urban vs. rural areas or by whether the Veterans enrolling in SSVF are in a sheltered vs. unsheltered living situation? Finally, while our previous analyses have assessed the impact of TFA on outcomes conditional on enrolling in SSVF, how do outcomes differ for Veterans enrolling in SSVF relative to Veterans experiencing housing instability who do not enroll in SSVF? Future research will focus on these and many other aspects of this important program.

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The National Call Center for Homeless Veterans: Preventing Homelessness among Veterans for Over a Decade

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According to the *Annual Homeless Assessment Report to Congress*, the number of Veterans identified as experiencing homelessness on a given night in January every year has decreased by approximately 50 percent between 2009 and 2023. This reduction is likely due in large part to the comprehensive, well-funded, and multi-level response deployed by the U.S. Department of Veterans Affairs (VA) across the three levels of public health prevention: 1) primary or universal prevention through screening all Veteran outpatients using VA's Homelessness Screening Clinical Reminder; 2) secondary or selected prevention through programs such as the Supportive Services for Veteran Families (SSVF) program; and 3) tertiary prevention through the U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program.

An overarching and widely available service – the National Call Center for Homeless Veterans (NCCHV) – has been understudied and offers a robust opportunity to address homelessness prevention among Veterans who are both engaged and not engaged in VA care. NCCHV is different from the Veterans Crisis Line: NCCHV is dedicated to serving Veterans at risk or experiencing homelessness. NCCHV began operations in March 2010 to provide access to trained call center responders offering information, referrals, and linkages to services for Veterans at risk of or experiencing homelessness. NCCHV is available 24 hours a day, seven days a week, with the objective of connecting Veterans to services provided by both VA and community-based providers. Individuals who contact NCCHV may be Veterans, family members, or VA or non-VA providers; contacts are made via telephone as well as a web-based chat function. Veterans are not required to be eligible for or engaged in VA services to access NCCHV.

Although tremendous gains have been made in reducing homelessness among Veterans, there is an ongoing need to prevent future episodes of housing instability. While VA offers solutions to address housing instability, it is imperative to connect Veterans who are *at risk of homelessness* with these resources. A preliminary analysis of data collected between November 30, 2018, and October 31, 2020, found that more than 110,000 unique Veterans called NCCHV; more than two-thirds of these calls were placed by Veterans who reported being at risk of homelessness rather than experiencing literal homelessness (i.e., staying in an emergency shelter or a situation not intended for human habitation). Given this, the NCCHV has the potential to prevent more

Key Points

- The National Call Center for Homeless Veterans (NCCHV) offers an opportunity to address homelessness prevention among Veterans.
- A study begun in October 2023 aims to describe the needs of Veterans accessing NCCHV, and to assess Veterans' outcomes following contact with NCCHV.
- This study has the potential to identify optimal practices for engaging Veterans who contact NCCHV and linking them to the care they need.

Figure 1. National Call Center for Homeless Veterans

Help for Homeless Veterans
877-4AID-VET
va.gov/homeless | (877) 424-3838

Who can call NCCHV?	Why call NCCHV?	What happens when you call NCCHV?
• Veterans who are homeless or at risk of homelessness • Family members, friends, supporters • VAMCs and other VA facilities and staff • Federal, state, and local partners • Community agencies that serve Veterans who are homeless	• It's free and confidential • You'll get access to trained VA counselors • It's available 24 hours a day, 7 days a week • You'll get information about VA homeless programs, health care, and other services in your area	• A trained VA staff member asks a few questions to find out what you need • You are connected to the nearest VA staff person who can help • Family members and non-VA providers receive information about available homeless programs and services

https://www.va.gov/homeless/nationalcallcenter.asp

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evidence, evaluation, and quality improvement activities. Such a community would develop a second-level common data infrastructure (VA and non-VA data) and standard operating procedures (SOPs) to overcome the challenges noted in the VA LA supplement. Future initiatives through HSR and QUERI seek to continue leveraging research and operations funding to launch novel research and quality improvement initiatives to better serve Veterans at risk of housing and economic insecurity, to ultimately prevent and end homelessness.

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HSR Portfolio of Veteran Homelessness Studies

Since the start of 2023, HSR has supported a dozen studies with Veteran homelessness as either the primary or a secondary outcome of the project, and all HSR-funded projects have yielded over 25 papers on the topic of homelessness during the last year. Over the last decade, HSR has supported over 65 merit and pilot studies, along with six career development awards and one research career scientist award, all of which have addressed Veteran homelessness as either a primary or a key secondary outcome. Further information on the broad range of HSR supported, investigator initiated work on Veteran homelessness is available at Homelessness (va.gov).

A review of recent and current HSR work on homelessness shows our investigators are already working on answers to the critical questions raised by Ms. Diaz in her commentary article. With respect to homeless and criminal justice prevention, HSR researchers have been studying health services for justice-involved Veterans, adapting and testing an intervention for justice-involved homeless Veterans with co-occurring substance use and mental health disorders, and helping justice-involved Veterans access help via the National Call Center for Homeless Veterans.

Some researchers are looking at employment services for Veterans by studying strategies to facilitate long-term financial and housing stability for at-risk Veterans and improving healthcare utilization by Veterans receiving supported employment. One study focusing on collaborative case management services is evaluating the impact of COVID-19 on case management, healthcare utilization, and housing outcomes for HUD-VASH Veterans while another is targeting addiction housing case management. Finally, expanding VA Peer support workforce capacity to facilitate increased access to VHA mental health services and continuity of care for Veterans with mental illness during the COVID-19 pandemic is our first focus on specialty healthcare services.

HSR investigators also are collaborating with DoD investigators to leverage data collected from the ongoing Army Study to Assess Risk and Resilience in Servicemembers (STARRS) longitudinal study. This represents an initial effort to better understand precursors to Veteran homelessness by integrating data from their time before enlistment, time as a service member, and time as a transitioning Veteran. This collaboration has resulted in papers that suggest models to help predict risk for homelessness, understand how risk is impacted by stressful life events, and how different types of military discharges may impact risk for both homelessness and suicide.

We are optimistic about reaching a time when no Veteran experiences the tragedy and indignity of homelessness but fully understand that it will take great effort to reach that goal. Our collaboration with the Homeless Program Office, through both HSR and QUERI, will help providers get the critical information they need to ensure that every Veteran has a safe, stable, accessible, and affordable home.

Peer-Supported Whole Health Coaching: A Novel Intervention to Improve the Health of High-Need Homeless Veterans

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A small percentage of patients typically account for the majority of the total acute care costs in a healthcare system (emergency department visits, inpatient stays). Among these so-called "super utilizers," housing instability is common, particularly among Veterans. Intensive outpatient programs have been implemented to support the complex needs of homeless adults and are often combined with analytics to target those at highest risk of rehospitalization. Homeless Patient Aligned Care Teams and the Homeless Registry's "Hot Spotter" dashboard are examples of these approaches in VHA. However, intensive outpatient programs have not proven scalable for homeless adults, signaling a need for other approaches to provide high-quality care.

Peer Support and Patient-Centered Care: Essential Components

Peer support and patient-centered care are essential components of high-quality care for high-need homeless Veterans. Peer specialists ("peers") are Veterans with lived experience of addiction, mental illness, and/or homelessness who are trained to support those actively struggling with these issues. Peers increase patients' engagement in their care and can provide the time and attention that is necessary to support the needs of homeless Veterans. However, data supporting the effectiveness of peers to reduce acute care costs for homeless Veterans is lacking, and existing peer models do not focus on patient goals and preferences. Whole Health Coaching (WHC) is a patient-centered approach to care that focuses on "what matters to you" instead of "what is the matter with you." Whole Health Coaches identify patients' values and goals, which are used to guide development of health plans oriented to one's personal health goals and care priorities. Though WHC has been shown to improve patient engagement in Veterans, it has not been tested with homeless Veterans nor subjected to a randomized controlled trial or integrated with the core functions of peers.

Peer-Supported Whole Health Coaching ("Peer-WHC") was developed to fill this gap in care for homeless super-utilizers. This approach uses data analytics (VA's Hot Spotter dashboard) to identify homeless super-utilizer Veterans and pair them with a peer trained in WHC. In coordination with patients' primary care teams, peers support patients' personal health goals via linkage and engagement in supportive care services with the goal of reducing costs and improving Veterans' health. Peer Specialists and WHC have already been implemented VA-wide and will be expanding in primary care, per recent legislation.[1] Thus, Peer-WHC may offer a more scalable approach to supporting the needs of homeless super-utilizer Veterans.

Formative Research of Peer-WHC

Development of Peer-WHC and pilot testing to evaluate its feasibility and acceptability was supported through intramural funds from VA's National Center on Homelessness Among Veterans.[2] Twenty Veterans from three outpatient primary care clinics at a VHA medical center were identified from the Homeless Registry's Hot Spotter dashboard and enrolled in a single-arm pilot trial. These Veterans were offered 12 weekly sessions with a peer, which included discussions of their healthcare utilization patterns and peers' outreach to the Veteran's primary care team to assist with care coordination. The major components and activities of the Peer-WHC model are provided in Figure 1. Among the 20 Veterans who enrolled and completed a baseline interview, 17 completed a follow-up interview three months later to measure engagement and satisfaction with the intervention and changes in patient activation, perceptions of health, and hospitalizations. The follow-up interview also included a qualitative component to identify facilitators and barriers to patients' engagement with the intervention. Two peers who worked on the study and six VA staff who were providers of the participants and/or leaders of the outpatient clinics were also interviewed at the end of the study to evaluate the implementation of the intervention in the primary care context.

Key Points

- Among the small percentage of Veterans who are "super utilizers," meaning they account for most of the total acute care costs in the system, housing instability is common.
- The author developed and pilot tested an approach that integrates data analytics, peer support, and whole health coaching to reduce frequent use of acute care in homeless Veterans.
- A follow up hybrid trial is the first RCT to test the effectiveness and implementation potential of an intensive outpatient program for homeless super-utilizer Veterans.

Despite enrollment occurring almost entirely during the first year of the COVID-19 pandemic, the intervention exceeded expectations for both engagement (median of seven peer sessions completed, almost all by phone) and satisfaction (Mean of Client Satisfaction Questionnaire total scores = 28.75 out of 32). Per self-report and qualitative data, patients' perceptions of their health improved significantly, particularly their social health and general well-being. In the three months before and after enrollment, 45 percent and 15 percent of the sample, respectively, were hospitalized. Overall, findings suggested Veterans were engaged and satisfied with Peer-WHC and perceived it as beneficial to their health. However, the qualitative analyses and fidelity data also identified three key modifications to the intervention that may increase patient engagement and facilitate its implementation.

- Patients viewed the length and intensity of the intervention as insufficient, requesting more in-person sessions and a longer

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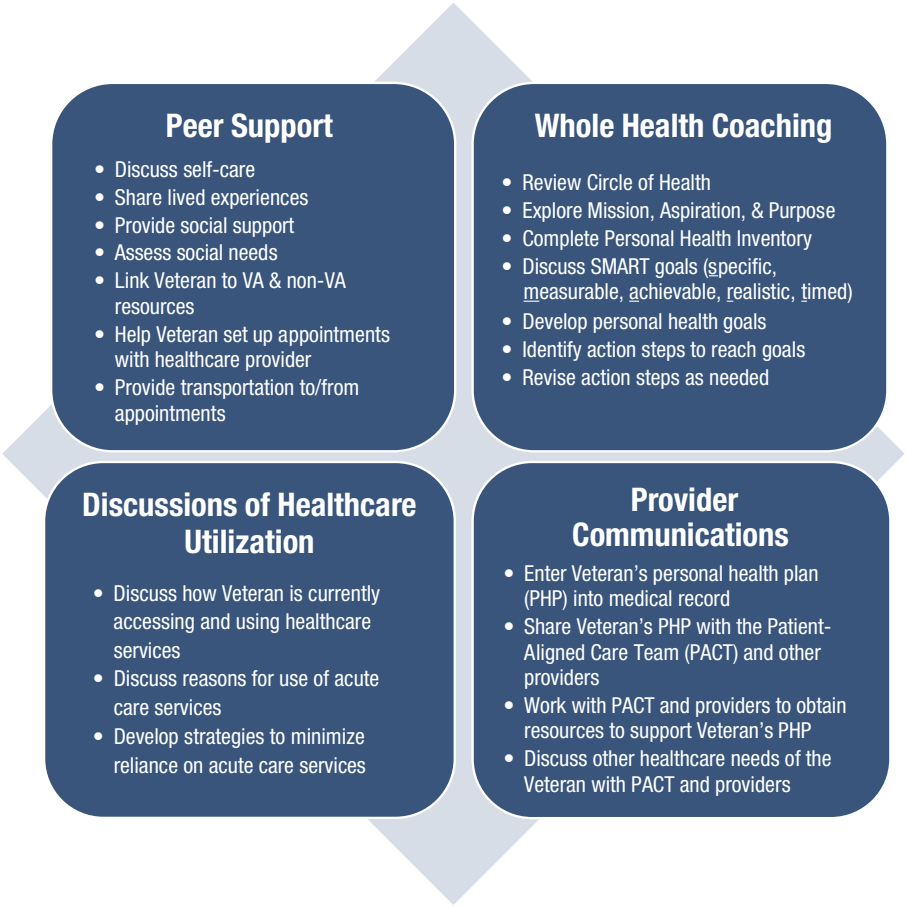
Figure 1. Homeless Veterans Peer-WHC Model



duration of peer support. The peers also reported that more time was needed to help patients develop personal health goals, as initial sessions needed to be devoted to linking patients to resources to address social needs. The duration of Peer-WHC was thus increased to six months and 18 sessions.

- For some primary care staff, a lack of knowledge of the scope of the peer role was a barrier to implementation. Similarly, peers described challenges to communicating with primary care staff and needing guidance on this process. Accordingly, pre-implementation outreach to primary care and training of the peers now includes use of resources from the Peers in PACT National Toolkit.
- Veterans with multiple social needs (e.g., unemployed, legal troubles, food insecurity) had difficulty engaging in WHC, particularly setting and acting on health goals. To identify and create a plan for peers to support Veterans' social needs, the Assessing Circumstances & Offering Resources for Needs (ACORN) is now administered to Veterans during early peer sessions.

Using Data Analytics and Targeted Whole Health Coaching to Reduce Frequent Utilization of Acute Care among Homeless Veterans (IIR 19-187)

A Hybrid I RCT is now underway to test the effectiveness and implementation potential of Peer-WHC.[3] This HSR-funded study began in January 2022 and will enroll 220 homeless super-utilizer Veterans across three VHA medical centers. Key design elements include the following:

- Participants are randomized to either enhanced usual care (EUC; brief education of the Veteran's PACT on the Hot Spotter dashboard) or EUC + 18 Peer-WHC sessions over six months.
- Over a nine-month follow-up period, it is hypothesized that those receiving Peer-WHC will have fewer total days of hospitalization. Secondary outcomes include multiple health outcomes, housing stability, and engagement in supportive care services.
- Qualitative interviews will be conducted with primary care staff and patients to identify facilitators and barriers to more widespread implementation of Peer-WHC in VHA.
- A budget impact analysis will explore whether the costs of implementing the intervention are outweighed by the savings from reduced acute care costs in the Peer-WHC group.

This hybrid trial is the first RCT to test the effectiveness of an intensive outpatient program for homeless super-utilizer Veterans. The significance of this work is underscored by the predominance of housing instability among super-utilizer Veterans. By testing the effectiveness and implementation potential of this integration of data analytics, peer support, and WHC, VHA and other integrated healthcare systems can evaluate the value of this model for reducing frequent use of acute care in homeless adults while maintaining quality of care.

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Improving Care for Veterans Experiencing Homelessness Engaged in a Tiny Home Community

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In April 2020, the COVID-19 pandemic prompted VA Greater Los Angeles (VAGLA) leadership to create a first-of-its-kind emergency safe camping environment known as the Care, Treatment, and Rehabilitation Service (CTRS) for Veterans experiencing homelessness (VEHs). CTRS allowed Veterans to shelter outdoors in a low-barrier sanctioned tent encampment on the West Los Angeles VA grounds. Many reasons existed for starting CTRS. First, for VEHs, the pandemic posed profound health risks and curtailed access to services. Second, Los Angeles has the nation's largest unsheltered population. Third, when other shelter options closed in response to the pandemic, Veterans increasingly congregated in tents adjacent to VAGLA, necessitating a quick response. In this context, CTRS provided a safe camping option, including onsite hygiene facilities (e.g., toilets, hand-washing stations, showers) and three meals a day for VEHs who chose not to live in mainstream VA transitional housing. Moreover, research suggested that the outdoor nature of encampments lessened the risk for COVID-19 transmission. Although the rationale for CTRS was clear, no paradigms for VA sanctioned encampments existed. Furthermore, the initiative's scope and goals – beyond providing temporary housing, food, and hygiene resources – were poorly defined.

Given CTRS's novelty, its staff and leadership desired iterative quality improvement (QI). We conducted ethnography within CTRS, participating in and observing the daily routines of residents and staff. We also interviewed Veterans and staff about how to improve the encampment and its service offerings. By developing relationships with both Veterans and staff (e.g., social workers and peer specialists), we created a QI feedback loop with frequent recommendations offered to multiple stakeholders. The QI team leveraged its partnerships with CTRS staff and VEHs, stakeholders at a research center housed at VAGLA's academic affiliate, VA clinicians, and local national VA homeless program leadership to propose improvements at CTRS. These partnerships were critical for enacting change at CTRS and facilitated staff buy-in and participation.

Overall, our QI efforts highlighted the need for more stable units to replace the tents, a desire for primary and mental healthcare delivery within the encampment, and increased Veteran engagement. This low-barrier-to-entry sanctioned encampment proved popular for VEH, many of whom were leaving the streets for the first time in years, if not decades. However, nearly all Veterans interviewed in the tent encampment endorsed transforming the tents to tiny shelters – and encouraged their expansion across Los Angeles and other VA facilities nationwide – as an important resource to help end Veteran homelessness. By March 2022, tiny homes (8'x 8' lockable cabins with electricity, heat, and air-conditioning, see Figure 1) replaced tents, and have grown today to over 120 shelters and twelve additional "drop-in" shelters for Veterans who are not participants in the program but require overnight emergency shelter. An additional 40 interviews were performed with Veterans in the tiny home community, to enable ongoing QI and understand Veteran preferences as the community transformed.

Veterans appreciated the security of locked, private tiny homes in a community of Veterans who have had similar experiences. One Veteran expressed this sentiment, telling us that "having a secure place, a safe place… is very important to me...and then having Veterans that are in a similar situation as I am with my PTSD or my substance use is also important because I can engage with them and they understand where I'm coming from." For many Veterans, tiny shelters were the first stable housing they had experienced in upwards of a decade or more. One Veteran told us, "I can actually have my own place. Because I've been on the streets so long…I can clean up, wash my clothes, and feel better."

Key Points

- The COVID-19 pandemic led the VA Greater Los Angeles Healthcare System (VAGLA) to create a safe camping environment for Veterans experiencing homelessness, known as the Care, Treatment and Rehabilitation Service (CTRS).
- Ongoing quality improvement work led VAGLA to replace the tents with 120 "tiny homes" in March 2022.
- The CTRS tiny home community at VAGLA offers a low-barrier, harm reduction approach to transitional housing that fills an important gap in VA's continuum of homeless services. Furthermore, this community provides an outlet for Veterans to offer feedback on VHA quality improvement efforts.

As the tents transformed into tiny homes, VAGLA developed, in partnership with CTRS management, an on-site medical team (including a primary care physician, nurse practitioner, psychiatrist, and occupational therapist) to offer regular primary and mental healthcare at the community itself. Veterans appreciated this team's harm reduction approach to substance use, furthered by a parallel philosophy fostered by CTRS staff themselves. As one Veteran told us, "When I relapse, I don't lose everything. I don't lose my housing. [When you] lose everything and that just makes you go deeper into your addiction." Clinicians with the on-site medical team "met Veterans where they are" by establishing relationships and getting to know Veterans before offering services. One Veteran described this for us: "[They have helped a] great deal because they come out and they

Continued on next page

talk with you. They make sure you're okay. If you need anything, you can get in contact with them. I think it's a big, big deal."

Qualitative data with CTRS residents also led to the development of a Veteran-led resident council – the Veteran Engagement Committee – which meets weekly to discuss Veterans' experiences in the community and offers suggestions to CTRS leadership for improvement. Veterans highly value this council, expressing the importance of amplifying VEH voices when developing programs that cater to their needs. One Veteran said, "I think that it's a good way for Veterans that live here to feel that they have a voice and to get heard…I think that helps a lot that you get the feedback. Because if you don't live here, you don't know what some of the frustrations are." Committee feedback has led to substantive changes at CTRS, including adding coffeemakers, outdoor tables, water dispensers, designating a women's-only row, beginning a Veteran-run art class, and increased medical services (e.g., on-site phlebotomy). In November 2023, VA Secretary McDonough paid a virtual visit to Veterans on the council and spoke to them about their recovery and housing goals.

Our data suggest that a low-barrier, harm reduction approach to transitional housing that offers Veterans a private, safe space to work on health and housing at their own pace fills an important gap in VA's continuum of homeless services. Importantly, these spaces may benefit from offering an outlet for Veterans to regularly provide feedback on QI efforts, partnered with QI scientists and operational leaders in feedback loops. In the words of one Veteran, CTRS has helped a vulnerable group of Veterans become "whole again…so that they can live on their own."

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Figure 1. The Care, Treatment, and Rehabilitation Service (CTRS) Tiny Home Community at VAGLA

Testing a Multicomponent Treatment for Justice-Involved Veterans with Co-Occurring Substance Use and Mental Health Disorders Experiencing Homelessness

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VA Mental Health Residential Rehabilitation Programs (MH RRTPs) provide treatment and rehabilitation services to Veterans with mental health and substance use disorders that are often complex and co-occur with medical concerns and social determinants of health (SDOH), such as employment and housing needs.[1] A particularly vulnerable, high-need group served by MH RRTPs is justice-involved Veterans (JIVs) – those previously incarcerated or currently under supervision of the criminal justice system. Specifically, up to 60 percent of JIVs have a co-occurring substance use and mental health disorder (COD), which increases their risk for chronic homelessness and unemployment, poor treatment engagement, and, ultimately, reoffending and reincarceration. While MH RRTPs aim to address a number of these issues, they often do not provide criminal-legal support or treatments to support prosocial thinking and behavior. Further, after receiving intensive MH RRTP care, Veterans are often discharged to low-intensity outpatient supports, which is a vulnerable period marked by high risk for substance use and mental health relapses and criminal recidivism.[2]

Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking, Criminal Justice Version (MISSION-CJ), is a six-month, evidence-based, multicomponent, cross-disciplinary intervention for JIVs with CODs. MISSION-CJ has three core components: 1) Critical Time Intervention, an assertive outreach intervention that addresses SDOH needs, including housing support; 2) Dual Recovery Therapy, a behavioral treatment that addresses mental health, substance use, prosocial thinking/behaviors (20 sessions); and 3) Peer Support (11 sessions) to provide structured recovery support designed to empower Veterans and promote sobriety and community integration.

While the original, non-criminal justice-focused MISSION model has been well-studied among Veterans and civilians, we completed fewer studies with MISSION-CJ[4,5] and none in MH RRTPs, which is a natural implementation setting. Therefore, we are currently conducting a randomized controlled trial to demonstrate if having MH RRTP care plus MISSION-CJ (versus Peer Support alone) is effective for reducing risk for criminal recidivism and improving COD and housing outcomes for JIVs. We will also examine implementation facilitators and barriers of MISSION-CJ in MH RRTPs. This study is a close collaboration with VHA's Homeless Program Office, the Veterans Justice Programs, and the Office of Mental Health & Suicide Prevention. If MISSION-CJ is found to be effective, it will provide our partners with an evidence-based program for one of the most vulnerable, high-need groups of Veterans served by VHA. This study is underway, and we hope to be reporting findings in spring 2025.

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severe experiences of housing instability by addressing upstream concerns reported by Veterans such as unemployment, lack of income to provide adequate housing, and other challenges.

To identify best practices to ensure Veterans can access needed resources, the study, "Keeping the Front Door Open: Preventing Homelessness through the National Call Center for Homeless Veterans," will employ a mixed methods approach using administrative data documenting contacts with NCCHV and subsequent services utilization among Veterans. We will also examine data collected through qualitative interviews with Veterans and other key informants including leadership and providers. The aims of the study are to: 1) describe characteristics and needs of Veterans accessing NCCHV using existing administrative data collected through NCCHV and VA's electronic health record; 2) assess Veterans' outcomes following contact with NCCHV; and 3) identify optimal practices for linking Veterans with services following a contact to NCCHV.

Since the commencement of this study in October 2023, the project team has focused largely on accessing 2019-2023 data from NCCHV and linking these data with the Master Veteran Index. During the observation period, there were almost 803,000 contacts with NCCHV, including approximately 276,000 unique Veterans, 19 percent of whom reported current homelessness and 72 percent of whom reported being at risk of homelessness. The next step is to compare Veterans who are and are not engaged in Veterans Health Administration (VHA) care in terms of key socio-demographic indicators (i.e., housing status, age, gender). We will then conduct interviews with a sample of Veterans who are and are not engaged in VHA care to identify their needs related to housing instability and other adverse social determinants of health, experiences accessing care, and satisfaction with and preferences for care. We will also be reviewing audio recorded calls to NCCHV to evaluate them for quality and identify ways to improve the Veteran-centric care being provided. For Veterans who are engaged in VHA care, we will evaluate linkages with services, long-term housing stability, and mortality. To better understand how NCCHV operates and to identify strategies to link Veterans with effective care, we will conduct qualitative interviews with NCCHV responders and leadership as well as VHA Homeless Program staff.

You can access the National Call Center for Homeless Veterans here: https://www.va.gov/HOMELESS/NationalCallCenter.asp

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