

HOUSING IS HEALTH:

Promoting Residential and Medical Homes for Homeless Veterans

- The Homelessness Workgroup of the VISN22 PACT Demonstration Lab
- VA Greater Los Angeles (GLA) Healthcare System

September 19, 2012



Agenda

- Homelessness and Veterans
- Mission, Goals, and Philosophy of the VISN22 PACT Demo Lab Homelessness Workgroup
- Needs Assessment
- Quality Improvement Innovation
 - Homeless-Patient Aligned Care Team (HPACT)

Agenda

- Homelessness and Veterans

How do we define homelessness?

Veterans who:

- Lack a fixed, regular, and adequate nighttime residence
- Identify a primary nighttime residence that is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations
 - A public or private place that provides temporary residence for individuals intended to be institutionalized
 - A public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings

Persons at-risk for homelessness

- The U.S. Department of Housing and Urban Development expands this definition to include persons at-risk for homelessness:
 - Individuals and families who will imminently lose their primary nighttime residence



Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Defining “Homeless.” Federal Register/Vol 76, No. 233/Dec. 5, 2011

The VA aims to end homelessness

- President Obama and VA Secretary Shinseki
 - Committed to ending homelessness among U.S. Veterans by 2015 (among the top three priorities of the VA)
- Innovative programs for homeless Veterans are a current VA priority

How many Veterans are homeless?

- Point-in-Time Prevalence
 - Single night, January 2010
 - Sheltered and Unsheltered
 - 76,329 homeless Veterans/ night
 - 0.37% of Veterans are homeless
- Annual Prevalence (2010)
 - Sheltered only
 - Emergency shelter/transitional housing
 - 144,842 homeless Veterans/ year



Where do homeless Veterans live?

- One-half of homeless Veterans are located in 4 states
 - California = 25%
 - Florida = 10%
 - New York = 8%
 - Texas = 7%
- Nearly half (43%) of homeless Veterans are unsheltered
 - On the street, in an abandoned building, or another place not meant for human habitation

How many Veterans are homeless in Greater Los Angeles?

- 8,600 Veterans are homeless in the VA GLA catchment area on any given night*
- In FY 2010, VA GLA provided homeless services to approximately 8,700 Veterans

*Los Angeles Homeless Services Authority 2011 and the U.S. Department of Housing and Urban Development (HUD) 2009 point-in-time enumerations

Context: What housing services does GLA offer?

- 4703 beds for homeless Veterans in GLA (FY 2011)
 - Housing First (2733 beds)
 - HUD-VA Supportive Housing Program (HUD-VASH)
 - Continuum of Care (1970 beds)
 - Emergency shelter
 - Transitional housing, including Grant Per Diem and Domiciliary programs

Context: What clinical services does GLA offer?

- Mental Health Screening and Treatment Clinic
- Mental Health Primary Care Clinic
 - Primary care clinic co-located with mental health services
 - Care is tailored for patients who are homeless and/or who are diagnosed with mental illness
- Street and jail outreach
- Vocational rehabilitation programs
- Homeless-Assertive Community Treatment (ACT) Team
- Homeless-PACT demonstration clinic

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- Homelessness and Veterans
- Mission, Goals, and Philosophy of the VISN22 PACT Demo Lab Homelessness Workgroup

The VISN22 PACT Demo Lab Homelessness Workgroup: **Overview**

- The VISN 22 Veterans Assessment and Improvement Laboratory for Patient-Centered Care (VAIL-PCC) is a PACT demonstration laboratory that supports quality improvement innovations
 - The Homelessness Workgroup develops and evaluates innovations that aim to improve access and quality of care for Veterans who are homeless or at-risk for becoming homeless
 - Located at GLA

The VISN22 PACT Demo Lab Homelessness Workgroup: **Mission**



- To promote residential and medical homes for homeless Veterans through health services research and program evaluation

The VISN22 PACT Demo Lab Homelessness Workgroup : **Goals**

- **To understand** factors associated with homeless Veterans' residential status and use of health services
- **To understand** the associations between residential status and use of services with homeless Veterans' health status, quality of life and satisfaction
- **To assist** service programs intended to improve the residential and medical homes of homeless Veterans in program planning, implementation, and outcome assessment

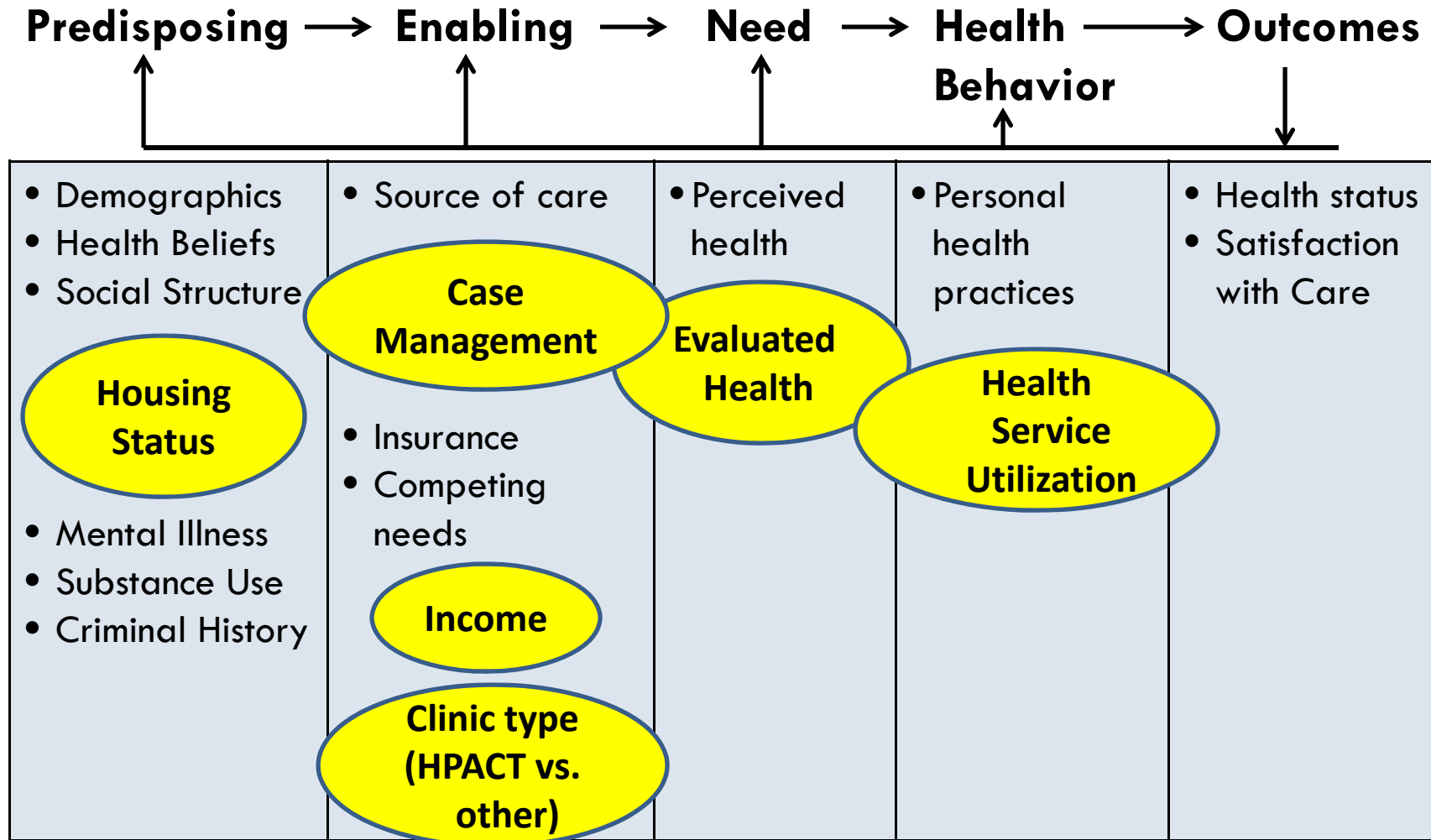
The VISN22 PACT Demo Lab Homelessness Workgroup : **Philosophy**

- The **mission** will be best accomplished by better **understanding** the factors associated with improved residential and medical homes **and** using that understanding to **assist** service programs in effective implementation

Operationalizing the Mission, Goals and Philosophy

- Conduct a needs assessment to identify health problems in Veterans by housing and income status
- Help implement and evaluate a Homeless-PACT demonstration clinic which began at GLA in April 2012
- Guided by our conceptual model

Conceptual Model: Behavioral Model for Vulnerable Populations



Agenda

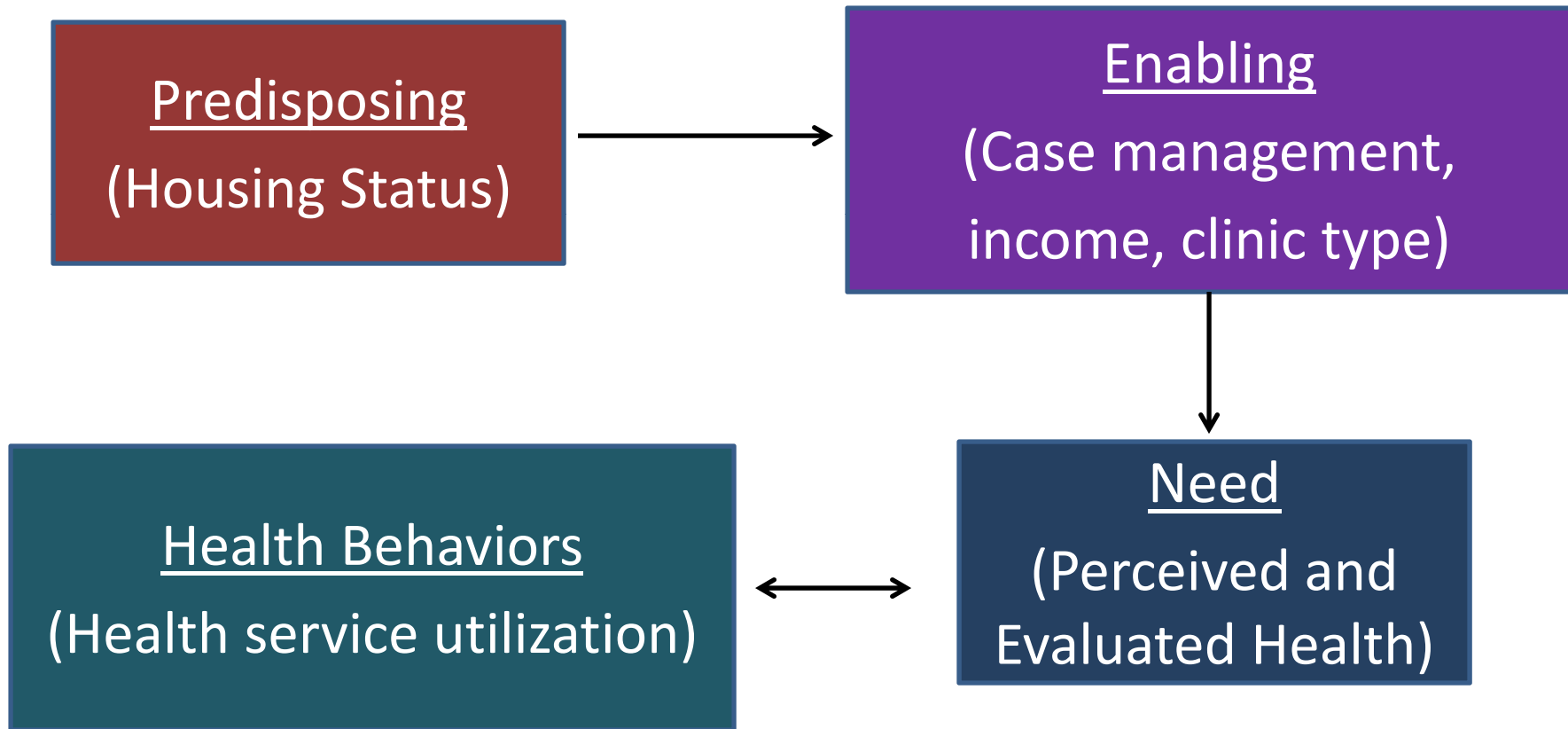
- Homelessness and Veterans
- Mission, Goals, and Philosophy of the VISN22 PACT Demo Lab Homelessness Workgroup
- **Needs Assessment**

Needs Assessment

- To understand the health problems of homeless Veterans, and how their health problems differ from low-income and other housed veterans
- We defined health problems as diagnoses for which Veterans received VA ambulatory care



Diagnoses seen in VA Ambulatory Care May Differ in Vulnerable Populations



Diagnoses seen in VA Ambulatory Care May Differ in Vulnerable Populations

- We aimed to learn more about:
 - The rates and types of medical and psychiatric diagnoses for which Veterans in GLA receive ambulatory care, and
 - How these diagnosis rates vary by housing and income status
- Goal – to inform the development of innovative programs for vulnerable subgroups of Veterans, especially our new H-PACT Program
- Particular interest in the population of HUD-VASH Veterans, since HUD-VASH is a top priority federal program for housing homeless Veterans

Needs Assessment: Dataset

- VHA Medical SAS Outpatient Dataset
 - GLA service area
 - Encounter data
 - October 2010 to September 2011

Needs Assessment: Analytic Sample



- Individuals at least 18 years of age
- Veteran status identified using VHA Vital Status Master File
 - Have enrolled in the VHA
 - Received benefits or compensation from the VBA since 2002
 - Veterans who received care from VHA since 1992

Needs Assessment: Subgroups for Analyses

- Four mutually exclusive groups (N = 78,097)
 - Veterans in HUD-VASH (n = 2007)
 - Other homeless Veterans (n = 2,636)
 - Low-income Veterans who are housed (n = 27,217)
 - Identified by Means Test, co-pay exempt Veterans who are not service-connected
 - All other Veterans (n = 46,237)

Identifying Homeless Veterans

□ HUD-VASH

- In VA encounter data, we can identify Veterans who had contact with HUD-VASH staff, for program inquiry or ongoing case-management
- However, there is no automated mechanism to query encounter data to identify Veterans who are actually *enrolled* in HUD-VASH
- Therefore, internal staff developed a list of the Veterans in HUD-VASH at GLA (names and SSNs, January 2012)

Identifying Homeless Veterans



- Other homeless Veterans
 - Nationally accepted list of stop codes that are surrogate measure for homelessness, i.e., use of homeless services
 - Excluded SSNs of Veterans in HUD-VASH at GLA

Selecting Ambulatory Care Diagnoses

- Chronic conditions common in general populations such as:
 - Diabetes
 - Hypertension
- Chronic conditions more uniquely common in homeless populations such as:
 - HIV
 - Hepatitis C
 - Chronic Pain
 - Mental Illness
 - Substance Use Disorders

Hypotheses

- Homeless Veterans (HUD-VASH group and other homeless) will have greater health needs than other veterans, as measured by higher rates of medical, psychiatric, and substance use diagnoses seen in VA ambulatory care
- HUD-VASH (housing and case management) will enable the diagnosis and treatment for a higher number of diagnoses, in comparison to other homeless Veterans

Veteran Demographics

Variable	HUD-VASH (n = 2,007)	Other Homeless (n = 2,636)	Low-Income, Housed (n = 27,217)	All Other Veterans (n = 46,237)
Mean Age	53 years	54 years	62 years	62 years
Male*	91%	95%	95%	94%
Race/Ethnicity*				
White	26%	35%	45%	41%
Black	57%	43%	23%	14%
Hispanic	9%	10%	13%	12%
Other	7%	12%	19%	33%

*Chi-square tests of differences by housing/income status are significant at $p < 0.001$

Physical Health Diagnoses in Ambulatory Care

Diagnosis	HUD-VASH (n = 2,007)	Other Homeless (n = 2,631)	Low-Income, Housed (n = 27,007)	All Other Veterans (n = 45,815)
Hepatitis C*	10%	5%	3%	2%
HIV/AIDS*	2%	1%	1%	0%
Chronic Spinal Pain*	23%	10 %	11%	11%
Chronic Non-Spinal Pain*	29%	10 %	14%	14%
Diabetes*	14%	8%	14%	13%
Hypertension*	24%	13%	21%	19%

*Chi-square tests of differences by housing/income status are significant at $p < 0.001$

Mental Health Diagnoses in Ambulatory Care

Diagnosis	HUD-VASH (n = 2,007)	Other Homeless (n = 2,631)	Low-Income, Housed (n = 27,007)	All Other Veterans (n = 45,815)
Depression*	26%	11%	10%	8%
Bipolar Disorders*	10%	5%	3%	2%
PTSD*	20%	8%	5%	13%
Anxiety Disorders*	7%	3%	4%	3%
Schizophrenia and Other Psychotic Disorders*	12%	8%	4%	3%

*Chi-square tests of differences by housing/income status are significant at $p < 0.001$

Substance Use Disorder Diagnoses in Ambulatory Care

Diagnosis	HUD-VASH (n = 2,007)	Other Homeless (n = 2,631)	Low-Income, Housed (n = 27,007)	All Other Veterans (n = 45,815)
Alcohol Use Disorders*	16%	8%	3%	2%
Drug Use Disorders*	30%	18%	5%	2%
Nicotine Dependence*	10%	5%	3%	2%

*Chi-square tests of differences by housing/income status are significant at $p < 0.001$

Summary: Diagnoses in Ambulatory Care, by Housing and Income Status

- HUD-VASH Veterans, compared to other Veterans:
 - Higher rates of many diagnoses seen in ambulatory care, across general medical, mental health, and substance use disorders
 - Strikingly higher rates of:
 - HIV/AIDS; Hepatitis C; Chronic Pain
 - Mood Disorders; PTSD
 - Substance Use Disorders

Summary: Diagnoses in Ambulatory Care, by Housing and Income Status

- Other Homeless Veterans had intermediate rates of schizophrenia and other psychotic disorders as well as substance use
- Low-income Veterans and other housed Veterans had lowest rates of conditions seen in ambulatory care.

Limitations



- Data are cross-sectional and cannot speak to causality
- Utilization data do not allow us to comment on disease burden
- Limited to VA service utilization
- Identification of homeless persons was limited to those who seek VA housing services
 - Stop codes that indicate use of VA housing services are a surrogate measure for homelessness

Needs Assessment Raises Several Questions

- Are HUD-VASH Veterans sicker than other veterans?
- Are HUD-VASH Veterans more affiliated than other Veterans and therefore, more likely to seek care for their illnesses?
- How can we use needs assessment data to inform current service provision for homeless Veterans?
- What additional needs assessments can help inform the development of services tailored for homeless Veterans?

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- Needs Assessment
- **Quality Improvement Innovations**
 - Homeless-Patient Aligned Care Team (HPACT)

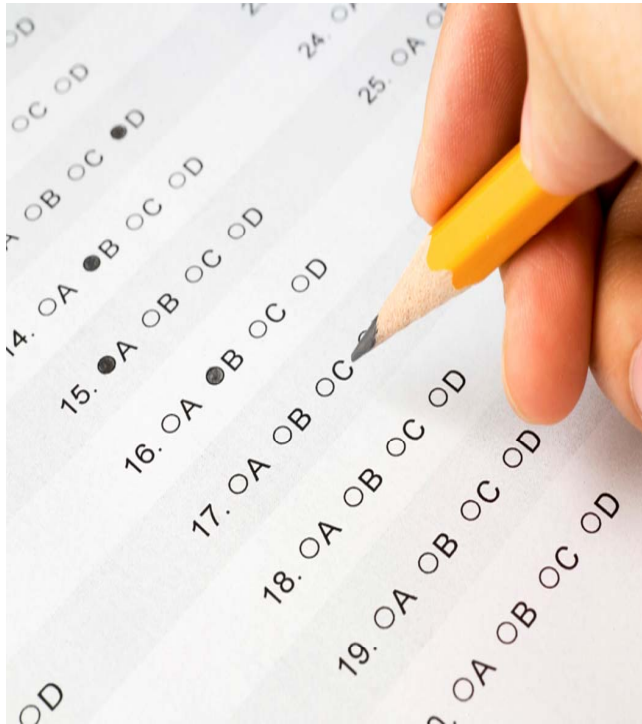
What is HPACT?

- Nationwide, the VHA Office of Homeless Programs and the Office of Primary Care funded 32 sites for an 18-month HPACT demonstration project
- Provides a medical home tailored to Veterans who are homeless or at-risk for becoming homeless
 - Comprehensive health services crossing traditional service lines
 - Tailored social services for homeless Veterans

How does HPACT Work at GLA?

- Guided by Continuous Quality Improvement, the team components include:
 - Operations
 - Evaluation
- Target population
 - High-utilizers of the VA GLA Emergency Department
- Initial model
 - Evening PACT clinic adjacent to ED

Homelessness screening



- Screening tool (4 items) developed by the National Center on Homelessness among Veterans is pilot-tested at the point-of-care to identify Veterans who are homeless or at-risk for becoming homeless

Homelessness screening tool

1. Are you currently receiving housing or other services from a VA Homeless Program? (Yes/No)
2. Do you have a home of your own that is safe and where you have lived for the past 90 days? (Yes/No)
3. Are you worried that you may not have a home of your own that is safe and where you can live for the next 90 days? (Yes/No)
4. Where did you sleep last night?

How does HPACT work at GLA?

- After ED triage, a Veteran is referred to HPACT if he/she:
 - Meets screening criteria for homelessness or at-risk for homelessness, and
 - Has a non-urgent medical complaint
 - Low acuity level (acuity level = 4 or 5)

How does HPACT work at GLA?

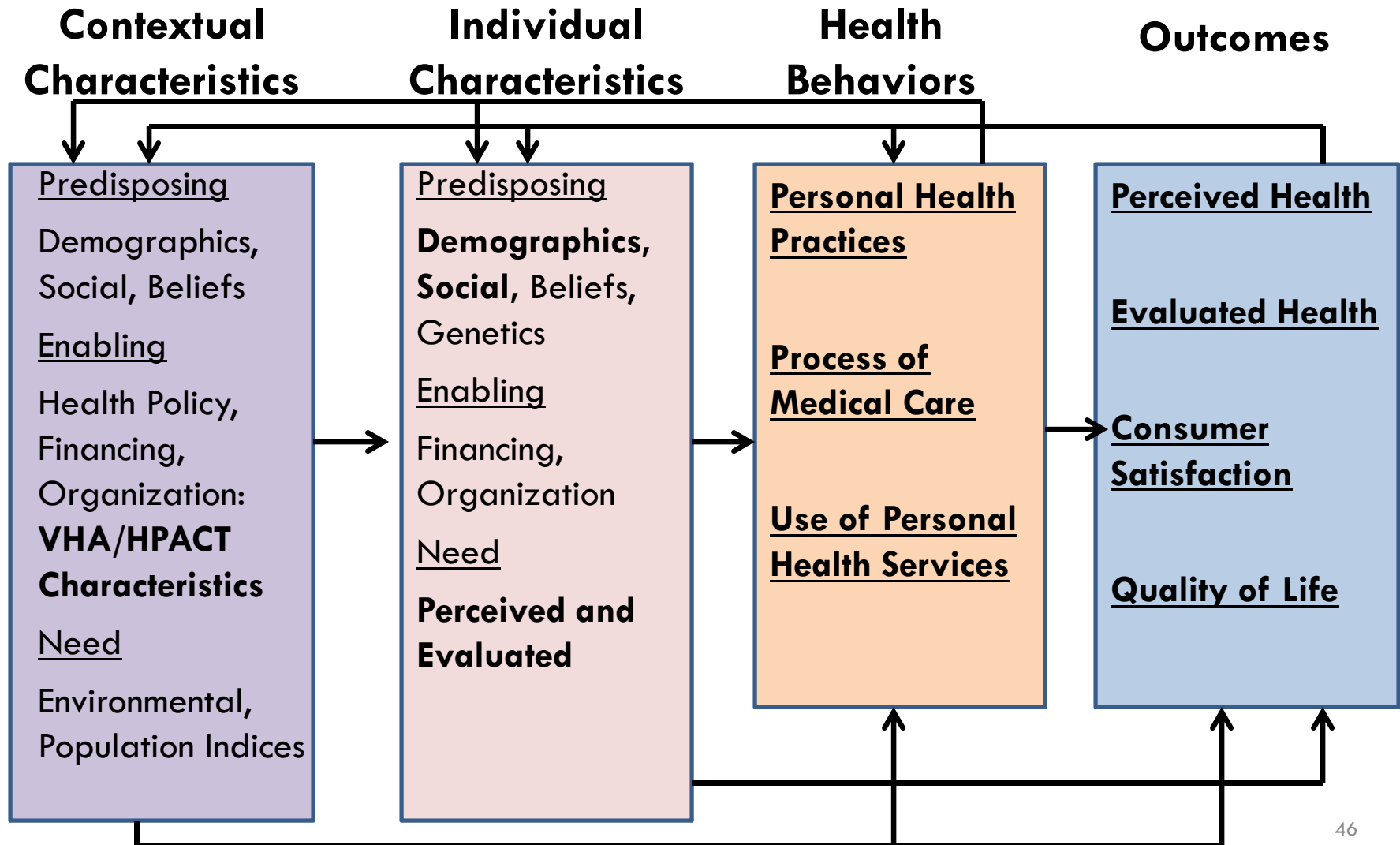
- HPACT provides comprehensive medical, mental health, and social needs assessment and intervention
 - Complex chronic care management: tracking tool
 - Link with community care services
 - Staffing: MD, LVN, MH-CNS, Clerk...ED SW
 - Goal to include SW, RN Case Manager

Personal Story: Louis Wilder

- Louis Wilder, Medical Support Assistant, HPACT Clinic
- Serves as clerk and peer support for HPACT
- Marine Corps Veteran, homeless from April 2009-August 2010

GLA HPACT's Comprehensive Evaluation Model

Andersen R. and Davidson P, 2007



GLA HPACT to date

- 256 ED patients eligible for homelessness screening
 - 70% were screened
- Of patients screened, 61.5% were homeless or at risk for becoming homelessness
 - 90.9% seen in HPACT



- **An average of 6.3 diagnoses were addressed per visit**

GLA HPACT helps us understand the homeless medical home

- Outcomes:
 - Health services utilization
 - Medication adherence
 - Patient satisfaction
 - Staff acceptance and feasibility
 - Perceived social support, loneliness
 - Housing status (e.g., receipt and maintenance of permanent housing)

GLA HPACT Evaluation

- Are outcomes improved for Veterans enrolled in HPACT?
 - Exploring Comparison Group Options
 - Veterans in co-located primary care/mental health care clinic in WLA Bldg 206
 - Veterans in ED not willing to be enrolled in HPACT
 - Veterans in ED during hours when HPACT is closed
 - Compare data for Veterans in the year prior to HPACT enrollment vs. a year after enrollment

GLA HPACT Next Steps

- Implementation process and evaluation efforts will:
 - Improve ongoing quality improvement
 - Inform system-wide care delivery for Veterans who are homeless or at risk for becoming homeless
 - Complex chronic care management
 - Advance operational research

Special Thanks to GLA HPACT Team Members:

- **HPACT Clerks:** Louis Wilder, Kenny Wasson
- **ED:** Dr. Jennifer Chen and James Webb
- **Nursing:** Joan Brosnan, Tazmin Bolanos, LaTresche Hamilton, Eva Rush
- **MH and Community Care:** Bill Daniels, Michelle Wildy, Bob Friedman, Susan Rosenberg
- **SW:** Florence Long, Flinda Behringer, Kathleen Chronley, Andrea Giese-Sweat, Todd Ramsay
- **PC:** Danielle Kehler, Chara Cordova

VISN22 PACT Demo Lab Homelessness Workgroup

- Led by Lillian Gelberg
and Ron Andersen
- Sonya Gabrielian
- Anita Yuan
- Lisa Rubenstein
- Jim McGuire
- Lisa Altman
- Rishi Manchanda
- Beena Patel
- J'ai Michel
- Negar Sapir

Homelessness Workgroup

Presentations and Manuscripts

- PRESENTATIONS

- National Institute on Drug Abuse (NIDA) International Forum, June 2012
- College on Problems of Drug Dependence (CPDD), June 2012
- 40th American Public Health Association (APHA) Annual meeting, October 2012
- 2012 North American Primary Care Research Group (NAPCRG) 40th Annual meeting, December 2012

- MANUSCRIPTS

- Gabrielian S, Yuan A, Andersen RM, Gelberg L. Serving homeless Veterans in the VA Desert Pacific Healthcare Network: A needs assessment to inform quality improvement endeavors. Revise and resubmit from Journal of Health Care for the Poor and Underserved.
- Gabrielian S, Yuan A, Andersen RM, McGuire J, Rubenstein L, Sapir N, Gelberg L. Chronic disease management for recently homeless Veterans: a quality improvement program to adapt home telehealth technology for a vulnerable population. Revise and resubmit from Medical Care.

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