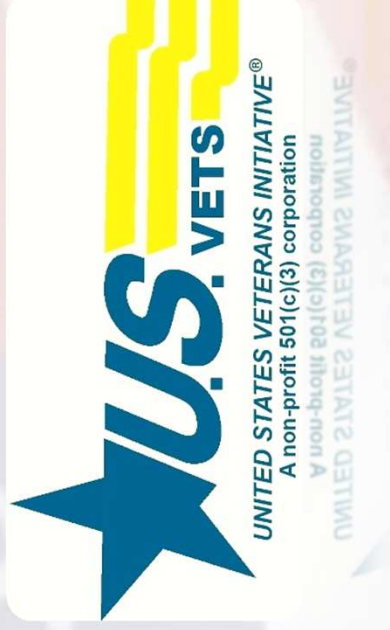


# ★ Transitional Housing = Bridges to Permanent Housing



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U.S.VETS - Chief Operating Officer  
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NCHV Conference - June 2016

# Overview

- ♦ U.S.VETS Overview
- ♦ VA Guidance on Bridge Beds
- ♦ How U.S.VETS aligns with VA guidance on using Bridge Beds in Transitional Housing
  - ♦ Reboot GDP and Key Principles
  - ♦ U.S.VETS Veterans in Progress (VIP) Program Tracks
  - ♦ How U.S.VETS identifies Bridge Beds
- ♦ Program Outcomes as a result of VIP Reboot
- ♦ US.VETS VIP Program Service Delivery Tenets

# U.S.VETS

- ♦ Over 4,000 beds total at 11 sites: Emergency, Transitional, Permanent and Long Term Supportive Housing (LTSH) Beds
- ♦ Eight Locations have over 800 Per Diem Beds
  - ♦ Inglewood (1993) –153 beds
  - ♦ Long Beach (1999) – 175 beds
  - ♦ Houston (2000) – 72 beds
  - ♦ Las Vegas (2001) – 118 beds
  - ♦ Phoenix (2001) – 66 beds
  - ♦ Prescott (2003) – 56 beds
  - ♦ Barber's Point, Hawaii (2003) – 113 beds
  - ♦ Washington DC (2015) – 85 beds
- ♦ All the above sites also have Permanent Housing and LTSH Beds as well
- ♦ Three other locations have other Emergency/Transitional/Permanent Housing beds but not Per Diem beds
  - ♦ Inland Empire (2004)- other Transitional beds /PH beds/LTSH Beds
  - ♦ Waianae, Hawaii (2007) Emergency Beds/ 5 VA emergency beds
  - ♦ St. Louis (2010) – Permanent Housing Beds

# HOUSING FIRST and MORE

U.S.VETS follows the HOUSING FIRST approach in all its programs to rapidly move homeless veterans from the streets to permanent housing. Principles of Housing First are also integrated in our Emergency and Transitional programs by having low-barrier access that can assure veterans a safe and supportive environment while working on rapid permanent housing placement.

Whether veterans are receiving treatment or engaged in workforce reintegration, all eight (8) program tracks of the U.S.VETS Veterans-in-Progress (VIP) program offer bridges to permanent housing. Our facilities continue to promote a Therapeutic Community atmosphere that empower veterans to model recovery in the residential community. Services are tailored to veterans self-articulated barriers and needs. While programming assists with permanent housing placement, services are only delivered when aligned with the veteran's goals and remain secondary to rapid permanent housing placement.

Veterans choosing to live off-site in independent housing continue to access U.S.VETS services through the VA's Supportive Services to Homeless Families program to ensure long-term housing retention.

# Housing Choices at U.S.VETS Facilities

## **Emergency Housing**

Veterans access temporary emergency housing when rapid movement from the streets is needed while completing a thorough housing needs assessment. A short stay in emergency housing is quickly followed by referral to transitional or permanent housing as requested by the veteran based on his or her needs.

## **Transitional Grant Per Diem Housing**

U.S.VETS' Veterans In Progress (VIP) program is offered to veterans who prefer to stabilize with veteran peers in a therapeutic environment using the psychosocial rehabilitation model. Veterans receive full residential amenities while they attend substance abuse and mental health treatment, and/or pursue education, secure employment, as well as apply for benefits.

## **Permanent Supportive Housing**

Disabled veterans, often the elderly with chronic health conditions, who are unable to live independently without significant supports are provided Permanent Supportive Housing which provides long-term housing subsidies and on-going case management and additional community-based supports.

## **Long-Term Supportive Housing**

Veterans who are economically self-sufficient but enjoy living in a community with fellow veterans can lease low-cost independent housing on the U.S.VETS campus. Veterans are able to easily access on-site low intensity supports and amenities while maintaining their independent housing.



# VA Guidance on Using Bridge Housing

- ♦ Veteran offered and accepted PH intervention but has not able to enter PH
- ♦ Length of stay Up to 90 days
- ♦ No more than 50% of all GPD beds can be use as bridge at any given time
- ♦ Low Barriers/Short Term Expectations match length of expected stay (up to 90 days)
- ♦ Bridge bed is an alternative to the veteran who is unable or unwilling to actively engage in traditional program services due to MH or SA issues
- ♦ Individual Service Plan's focus on PH, not treatment completion (can be done simultaneously if treatment is part of PH focus)
  - ♦ Housing Plans versus Treatment/ISP Plans

# U.S.VETS Bridge Beds

- ♦ VA is encouraging use of bridge beds which is designed for veterans who have a housing plan and need a short stay (90 days or less) as they locate PH
- ♦ U.S.VETS proposes all TH beds are BRIDGES to permanent housing
  - ❖ We like to make TH synonymous with BRIDGING veterans to PH
- ♦ This allows the focus to change from programming to PH focus
- ♦ Yes some bridges are longer than others but all are bridges to permanent housing

# GPD Must Integrate New Principles

- ♦ U.S.VETS Veterans in Progress program approach integrates Housing First tenets
- ♦ Housing is seen as the first intervention
- ♦ Housing First not Housing Only
- ♦ Wrap around services
- ♦ Client Choice
- ♦ Empowerment
- ♦ Natural consequences or achievements based off behaviors (not adding rules that would not be required of anyone to maintain housing in communal environment)



# GPD (VIP) Reboot

<10 Key Principles>

## U.S.VETS Veterans-in-Progress (VIP) program

- 1 Housing First approach
- 2 Permanent housing focus
- 3 HUD-VASH placement
- 4 SSVF connection

Housing First principles are integrated within the client-choice environment. Veterans seeking direct rapid rehousing without GPD services are served. GPD housing also serves as a bridge when vouchers or affordable housing are limited.

Veterans move from street to housing while maintaining a permanent housing focus. Since inception, permanent housing has remained the cornerstone of U.S.VETS' GPD programs.

U.S.VETS works closely with local VA officials at each of its sites to ensure all veterans, especially chronically homeless veterans, receive prioritization for VASH subsidies. U.S.VETS' HUD PSH programs also provide housing for permanently disabled veterans.

Collaboration with on-site SSVF programs or peer community SSVF grantees. All GPD enrollees have access to SSVF assistance and post-discharge supports.



## 5 GPD in your continuum

U.S.VETS' GPD programs maintain active linkages with peer Continuum providers. Mobile outreach teams visit emergency shelters and other community programs serving homeless veterans on a weekly basis to ensure GPD access is maximized.

## 6 Low barriers to GPD entry

The harm reduction model is integrated within the GPD program - veterans are not discharged due to lapses in sobriety. GPD programs accept all veterans approved by the VA.

## 7 Regaining self-sufficiency

Veterans seeking to regain economic self-sufficiency through increasing income choose to enter U.S.VETS' DOL-funded workforce reintegration program. Successful veterans save money while living in GPD until moving to unsubsidized independent housing.

## 8 Tracked service approach

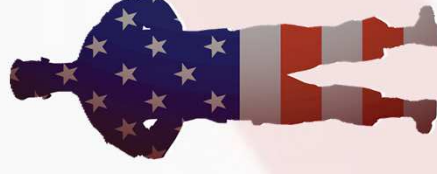
U.S.VETS' GPD programs offer eight (8) different tracks that align with veterans' preference for treatment, employment, education, wellness, rapid rehousing, and other personal goals.

## 9 Treatment as a choice

Each veteran's choice for housing and services is documented during the initial outreach and assessment process. Veterans choosing service-intensive transitional housing receive treatment for substance abuse and mental illness from the VA.

## 10 Outcomes focus

U.S.VETS works diligently to meet the goal of moving 80 percent of veterans entering GPD into permanent housing, either subsidized or unsubsidized. Veterans not achieving success are eligible to re-enter the program at the earliest appropriate time.



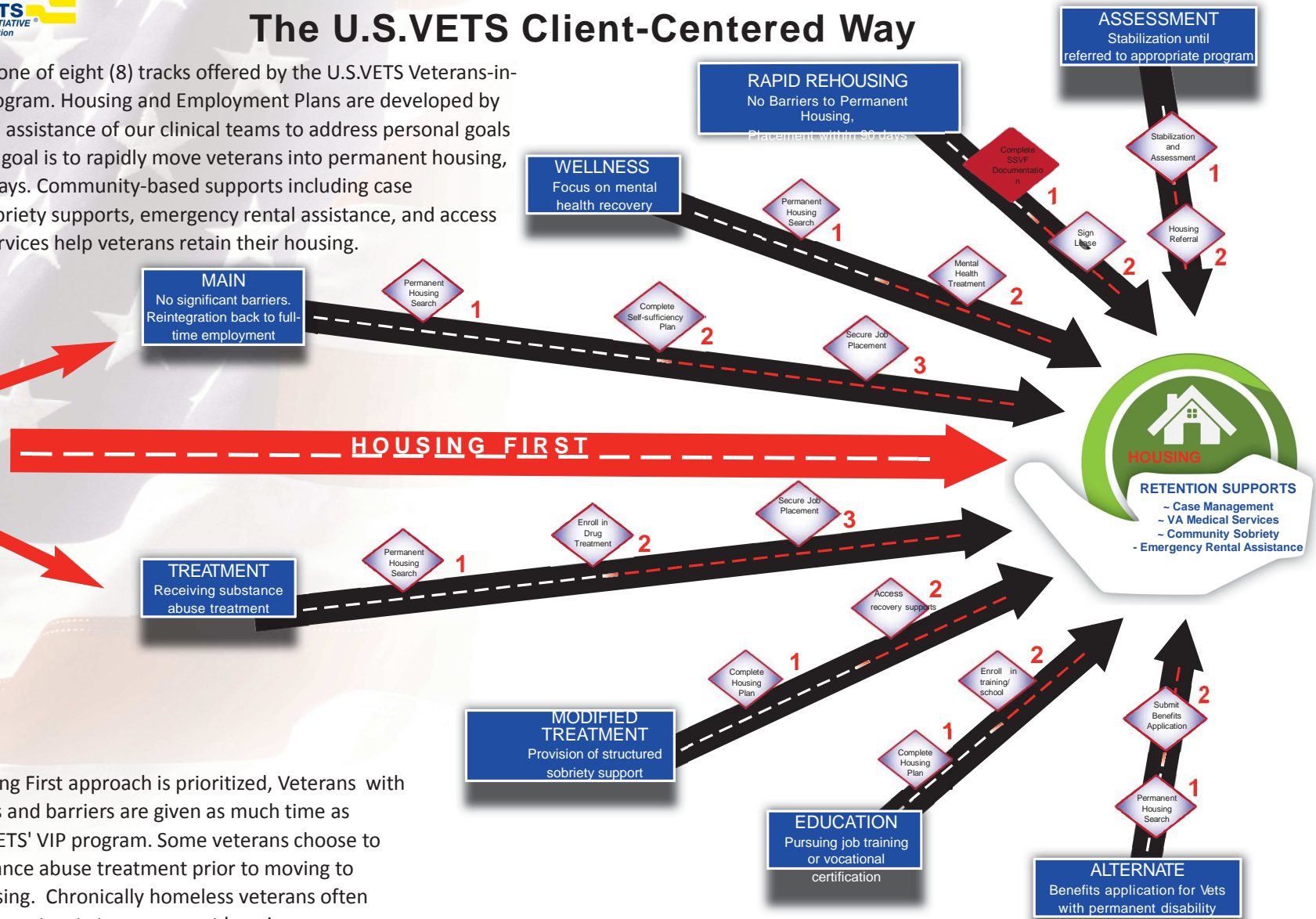




# HOMELESSNESS TO HOUSING:

## The U.S.VETS Client-Centered Way

Veterans choose one of eight (8) tracks offered by the U.S.VETS Veterans-in-Progress (VIP) program. Housing and Employment Plans are developed by veterans with the assistance of our clinical teams to address personal goals and barriers. The goal is to rapidly move veterans into permanent housing, often within 90 days. Community-based supports including case management, sobriety supports, emergency rental assistance, and access to VA medical services help veterans retain their housing.



While the Housing First approach is prioritized, Veterans with more challenges and barriers are given as much time as needed in U.S.VETS' VIP program. Some veterans choose to complete substance abuse treatment prior to moving to permanent housing. Chronically homeless veterans often move directly from streets to permanent housing.

# 8 Tracks of VIP

- ♦ All Beds are Bridges to Permanent Housing
  - ♦ Bridge beds (90 days or less)
    - ♦ Rapid Rehousing (this is synonymous with VA definition of Bridge beds)
    - ♦ Assessment : (U.S.VETS programmatic distinction for a Housing First veteran who needs short term stabilization before actively participating in RRH track or other Track if applicable)
  - ♦ Service –Intensive Transitional I (9 months or less)
    - ♦ Education
    - ♦ Alternate
    - ♦ Main
    - ♦ Modified Treatment
  - ♦ Service-Intensive Transitional II (12 months or less)
    - ♦ Wellness
    - ♦ Treatment

# Tracks of VIP

## (Goal: 90 days of less)

### Bridge Beds

- ♦ **Rapid rehousing/SSVF:** (Enroll in SSVF) Has VASH voucher, In process of obtaining voucher, has job, has potential income. Veteran who PH is next steps just needs short stay to gather necessary resources to move. Start permanent housing search and access communal support to help access and maintain housing. Veteran has a desire and identified plan to go to permanent housing.
- ♦ **Assessment/Emergency Beds:** (Enroll in SSVF /assess for VASH while examining what housing step is appropriate) Low barrier/safe environment to assess next step for veterans with the goal of PH placement (BRIDGE BED to HOUSING FIRST)
  - ♦ It is plausible that some veterans will move from assessment track to another U.S.VETS track HOWEVER the goal is to assess, stabilize, and be placed in to Permanent Housing
  - ♦ Assessment is first stage if needed of RRH track

90 day PH placement is the goal for both TRACKS

# Difference Between RRH and Assessment Track

Major difference of these two tracks is:

- Assessment Track - needs brief respite before participating in PH placement although it has been determined that PH is the proper housing placement versus traditional TH housing
- RRH Track - veteran can IMMEDIATELY participate in PH placement plan

## ASSESSMENT TRACK

- Assess what permanent housing intervention is applicable
- Veteran not required to participate in programming EXCEPT being assessed for immediate PH placement
- Veteran cannot or will not participate in communal environment/extended timeframe
- Short term psychiatric/medical stabilization & usually chronically homeless

## RAPID REHOUSING TRACK

- RRH Track is a veteran who started the process to find PH and resources to support that placement or at least are capable (through self report/client choice and staff assessment) with goal of PH placement in 90 days



# Example (Bridge Bed) Rapid-Rehousing

- ♦ Veteran is homeless has income (employment or benefit) and/or is in process of gaining employment or income but needs assistance with housing
  - ♦ Place in RRH track
  - ♦ Enroll in SSVF
  - ♦ Meet with Income/Benefits Counselor
  - ♦ Meet with Housing Coordinator
  - ♦ Work on PH placement plan along with resources to sustain housing once located

# Example (Bridge Bed) Assessment/Emergency

- ♦ Vet recently discharged from hospital/detox and is assessed that Housing First appropriate and has no sustainable income but wants PH with the goal being done 90 days.
- ♦ Places on Assessment track
- ♦ Vet stabilizes for short period and does not have to participate in traditional program
- ♦ Work with clinical team for ongoing assessment to determine the best PH intervention
- ♦ May enroll in SSVF OR enroll in another U.S.VETS track

# Tracks of VIP(Goal: 9 months or less)

## Service Intensive Transitional I

- ♦ **Alternative Track:** (Enroll in SSVF if applicable) Apply/Increase benefits/income while starting housing plan – for those who are Permanently disabled and do not need intensive treatment and are not going back to work
- ♦ **Main (Employment) Track:** (Enroll in SSVF if applicable) Seek permanent housing while accessing employment services; desires communal support to get soft/living skills to live on own
- ♦ **Education Track:** (Enroll in SSVF if applicable) Start permanent housing search while attending school or training that leads to employment : attending school with plan of completion in 6 months that leads to sustained employment to support permanent housing
- ♦ **Modified Treatment:** (Enroll in SSVF if applicable) Seek permanent housing while accessing communal treatment support. The veteran does not meet criteria for treatment but veteran/staff deem some form of treatment is beneficial

# Example

## (Service Intensive Transitional I)

- ♦ Vet enrolls in SSVF and is employable and homeless
  - ♦ Place in main track VIP
  - ♦ Enroll in SSVF
  - ♦ Look for housing
  - ♦ Enroll in Workforce Services
  - ♦ Work on resume, job search, and housing placement together
  - ♦ Do not have to wait for job to place into permanent housing, but also don't have to wait for PH placement and then job
  - ♦ How many people you know look for housing with no job?

The background of the slide is a stylized American flag, featuring white stars on a blue field in the upper left and red and white wavy stripes across the rest of the slide.

# Tracks of VIP

## (Goal: 12 months or less)

### Service Intensive Transitional II

- ♦ **Treatment Track:** (Enroll in SSVF if applicable) Seek permanent housing while enrolling in treatment. The veteran has a desire to be clean and sober but are unable to live on own initially and do outpatient treatment and need communal living support
- ♦ **Wellness Track:** (Enroll in SSVF if applicable) Seek permanent housing while accessing mental health care. Those veterans who have a desire to stabilize mental health but are unable to do on outpatient basis, day hospital, or in own residence initially

# Example

## (Service-Intensive Transitional II)

- ♦ Vet needs/wants substance abuse treatment
  - ♦ Enroll in VIP on Treatment Track using it as a bridge to housing and treatment
  - ♦ Enroll in treatment
  - ♦ Enroll in SSVF (if plausible to move to PH in short time frame)
  - ♦ Create housing plan
  - ♦ Work on recovery and housing placement
  - ♦ Work on income to support
  - ♦ Enrolling in treatment and permanent housing search can be done simultaneously



# Matching VA Shift

- ♦ VA mandates that only 50% of all GPD beds can be labeled Bridge Beds therefore these tracks are labeled **BRIDGE BEDS**
  - ♦ Rapid Rehousing (RRH)
  - ♦ Assessment
- ♦ However, U.S.VETS identifies ALL transitional beds,( including **Service Intensive Beds**), as a **BRIDGE** to permanent housing;
- ♦ Some Bridges ( i.e. Intensive Transitional Beds) are longer than others (length of stay in program)

# Why VIP Model of Service?

- ♦ U.S.VETS' Veterans in Progress Program is the most effective, and efficient, intervention for a variety of scenarios in each community:
  - ♦ A shortage of subsidized housing capacity, i.e. too few housing/VASH vouchers, gives temporary beds while resources for PH placement are secured
  - ♦ Insufficient SSVF resources, gives beds to help veterans with other resources to move to PH
  - ♦ Client desire for treatment-based transitional housing, i.e. substance abuse treatment, military sexual trauma treatment, job training, etc. done in conjunction with finding placement to PH
  - ♦ Need for a safe environment while veteran is assessed for the best resource (permanent housing intervention) to assist in moving to permanent housing

# Outcomes of VIP FY 16

## July 2015-April 2016

- ◆ Over **800 per diem beds** in U.S.VETS in **8 locations**
- ◆ **Overall capacity: 91%**
  - ◆ The lowest is 81% in Washington, DC and the highest is 99% in Phoenix.
- ◆ **Median Stay: 103.7 days**
  - ◆ Lowest is Phoenix 63 days/ Highest: LB 131 days
- ◆ The goal is to have 80% **transition to permanent housing** and the average across the nation **is 75%**.
  - ◆ Washington D.C., Las Vegas, and Houston all over 80% (Highest: DC 86%)
  - ◆ Phoenix, Long Beach, Hawaii all over 75%
- ◆ How?
  - ◆ SSVF resources
  - ◆ Track approach with PH focus
  - ◆ Housing Coordinator and Income/Benefits Counselor

# Work on Both Housing and Support While in VIP

- ♦ Use GPD U.S.VETS VIP program as a bridge to housing and support
  - ♦ VIP is launching pad to get it started
- ♦ There is no criteria when to move into PH but while in VIP program they have the opportunity to:
  - ♦ Find PH
  - ♦ Work on income, job search, treatment, education, mental health, etc.
  - ♦ Safe environment off streets
- ♦ Use VIP program to introduce to support and **building relationships** with other veterans, community, and staff... while moving into PH which will be done when unit is ready/client choice not dependent on programming

# VIP Tenets

- ♦ **ALL Tracks are Bridges!!**
- ♦ Work on PH as a priority but start support needed to locate and keep housing as well
- ♦ It does not have to be one or the other, can start both and is beneficial to start support while in bridge where contact is more frequent and relationships are formed with staff and fellow veterans
- ♦ The therapeutic relationships formed in the VIP model of service delivery is the foundation and is continued once the veteran moves to PH

**Housing First not Housing Only**

# Conclusion

- ♦ Make Transitional Synonymous with Bridging Veterans to Permanent Housing
- ♦ **Transitional Housing = Bridges to Permanent Housing**
- ♦ All TH beds are bridges to PH just some are shorter or longer based on the veterans need
- ♦ VA mandates we identify Bridge Beds (no more than 50% of total beds)
  - ♦ U.S.VETS two tracks that are Bridge Beds are **Rapid-Re-Housing and Assessment Track**
- ♦ VIP Program has 8 tracks and all are “BRIDGES” to Permanent Housing
  - ♦ The focus of all tracks are PH placement and supportive tools to find, keep, and maintain that housing
  - ♦ Integrate Housing Plan (not service plan) as primary focus of per diem program
- ♦ Use SSVF as the bridge resource to PH; but while in transitional housing beds simultaneously provide services and develop PH plan.



# U.S.VETS VIP MANTRA

Transitional Housing or GPD: All beds are the BRIDGE to permanent housing; some “bridges” are just longer than others but all lead to permanent housing

“Transitional Housing - bridging the gap from homelessness to permanent housing”



# Grant and Per Diem (GPD) Program

One Element of a Community Plan to End Homelessness among Veterans

Jeffery L. Quarles, MRC, LICDC  
National Director, GPD

# GPD Transformation

- GPD is in the midst of a major transformation
  - The program will continue to play an important role in the continuum of services to homeless Veterans.
    - Service Intensive Transitional Housing
    - Transition in Place
    - Bridge Housing
  - GPD moving from all purpose homeless program to more targeted services within a coordinated system of homeless services.
  - How GPD services look is changing to meet the needs of local communities number of Veterans being served.

# GPD Bridge Housing as a Community Resource

- Bridge Housing - Veteran has been admitted to transitional housing (GPD) this admission is being used as a short-term stay when a Veteran has been offered and has accepted a permanent housing intervention (e.g., SSVF, HUD-VASH, other housing) but, is not able to immediately enter the permanent housing.
  - Though length of stay in Bridge Housing can and should be individually determined based on Veteran need, in general it is not expected to exceed 90 days.
- Bridge Housing supports Housing First by providing safe, temporary housing while awaiting permanent housing placement through HUD-VASH and SSVF.

# Transition in Place

- Transition in Place - GPD TIP places Veterans in apartment-style housing while providing transitional housing and supportive services to the Veterans. The Veteran “transitions-in-place” by remaining in the housing while the support services transition out of the residence over time.
- Small project have about 400 units that were awarded through Per Diem Only (PDO) award that prioritized Transition in Place.
  - We also have some PDO sites that function in this manner.
  - Can only be done with PDO sites.



# GPD Modeling Efforts

- GPD has been involved in exploring other models of service to meet community service needs.
  - Low Demand Services in GPD.
  - Hospital to Housing.
- Low Demand Services in GPD – Modeling project with GPD, National Center on Homelessness Among Veterans and University of South Florida.
  - Existing GPD funded projects to set aside a portion or all of their projects to implement low demand/harm reduction principles to work with Veterans who have difficulty being successful in traditional homeless programs.



# GPD Modeling Efforts

- Hospital to Housing Proof of Concept
  - Homeless Programs Office, Office of Geriatrics/Extended Care, Office of Mental Health, and Office of Acute Care Services
  - Project aimed at providing housing (transitional or domiciliary) and post-hospital clinical care seamlessly for homeless Veterans being discharged from the hospital.

# Moving from Transitional Housing

- Some GPD funded organizations have chosen to move away from the provision transitional housing (withdraw from GPD funding).
- Organizations should consult the GPD Office regarding any impact/financial consequences associated with this decision.

# Final Thoughts

- Involving GPD program(s), GPD liaisons and/ or their leadership team in your community of the discussion of local needs for homeless Veterans.
- As a GPD funded organization important to discuss your needs/challenges in assisting Veterans ending their homelessness as quickly as possible.
- Questions about changes of scope (alterations in programs) can be directed by GPD funded agency to the GPD office.
  - Toll free 877-332-0334
  - General email [VHATAMGRANTANDPERDIEM@va.gov](mailto:VHATAMGRANTANDPERDIEM@va.gov)