

National Center on Homelessness among Veterans

Fiscal Year 2022 Annual Report



VA



U.S. Department
of Veterans Affairs

A Message from the Director

In fiscal year 2022 (FY 2022), an overarching theme for the National Center on Homelessness among Veterans (the Center) was inclusivity of the perspective of Veterans with lived experiences of homelessness. This theme was woven into many of the Center's discussions, projects and processes and also furthered the Center's mission of promoting knowledge and solutions to address and prevent homelessness among Veterans.

Veterans with lived experiences of homelessness provided input on the designs of the Center's research projects through the Homeless Veterans Research Engagement Panel. The Center was also fortunate to have the input and involvement of Veterans with lived experiences of homelessness in the redesign of the Community Integration Specialist Training, an educational series through which Veterans who are serving or interested in serving as peer specialists in homelessness programs can become certified as Veterans Health Administration (VHA) homeless programs peer specialists.

The Center remained dynamic in its approach and adept at responding to evolving research and education needs critical to the goal of preventing and ending Veteran homelessness. For example, the Center's research team continued to advance research on the underlying causes of Veteran homelessness. The Center's education and model development teams worked together to disseminate and translate research findings into actionable steps for clinicians, health care systems, policymakers and others involved in preventing and ending Veteran homelessness. We at the Center invite you to explore the Center's FY 2022 accomplishments as presented in this Annual Report.

Dina Hooshyar, M.D., MPH

Director, National Center on Homelessness among Veterans



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Director of Research

(a) IN GENERAL. — (1) The Secretary shall establish and operate a center to carry out the functions described in subsection (b).

(2) The center established under paragraph (1) shall be known as the ‘National Center on Homelessness Among Veterans’.

(3) To the degree practicable, the Secretary shall operate the center established under paragraph (1) independently of the other programs of the Department that address homelessness among Veterans.

(b) FUNCTIONS. —The functions described in this subsection are as follows:

(1) To carry out and promote research into the causes and contributing factors to Veteran homelessness.

(2) To assess the effectiveness of programs of the Department to meet the needs of homeless Veterans.

(3) To identify and disseminate best practices with regard to housing stabilization, income support, employment assistance, community partnerships, and such other matters as the Secretary considers appropriate with respect to addressing Veteran homelessness.

(4) To integrate evidence-based and best practices, policies, and programs into programs of the Department for homeless Veterans and Veterans at risk of homelessness and to ensure that the staff of the Department and community partners can implement such practices, policies, and programs.

(5) To serve as a resource center for, and promote and seek to coordinate the exchange of information regarding, all research and training activities carried out by the Department and by other Federal and non-Federal entities with respect to Veteran homelessness.

The Center’s Mission

The Center was established in 2009 and codified through the [Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016](#).

PUBLIC LAW 114-315—DEC. 16, 2016 SEC. 713. ESTABLISHMENT OF NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS which states:

(a) IN GENERAL. —Subchapter VII of chapter 20 is amended by adding at the end the following new section:

‘S 2067. National Center on Homelessness Among Veterans

FY 2022 Accomplishments at the Center

Homeless Veterans Research Engagement Panel

The Center continued to convene a [Homeless Veterans Research Engagement Panel](#) (HV-REP) to promote Veteran-centered research and obtain input and advice from Veterans with lived experiences of homelessness. The HV-REP provided input on new and ongoing research projects at the Center, the use of study results to benefit Veterans, research design and materials, research priorities and the interpretation and dissemination of research findings. In FY 2022, the panel consisted of 10 Veterans who advised on research studies.

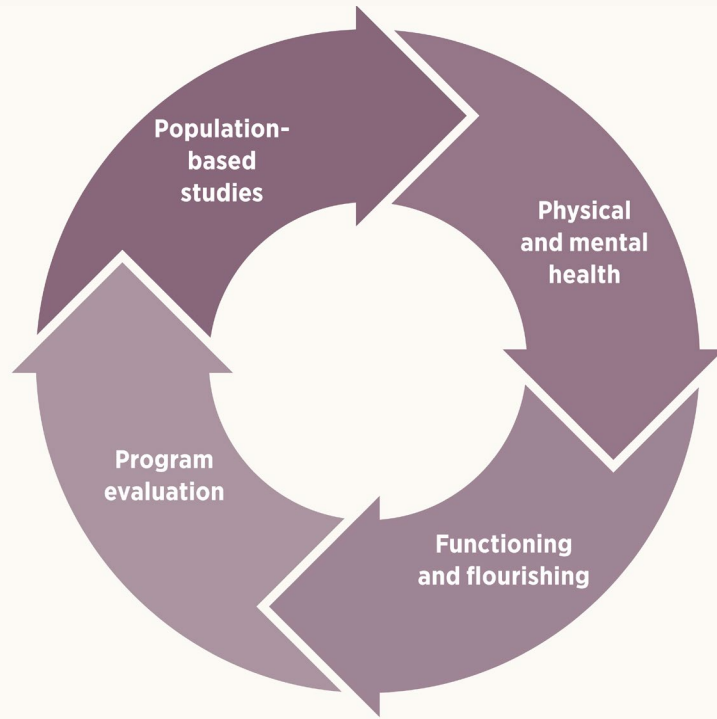
Published Research and Center Affiliates

In FY 2022, the Center had affiliations with 38 researchers across the country who had the opportunity to apply for intramural grants through the Center and participate in the Center's webinars and other initiatives. The four Center research staff, together with the Center affiliates, furthered the Center's research goals. The outcome of their work is partially represented by the publication of 13 peer-reviewed articles on homelessness among Veterans and NCHAV serving as a national resource for over 20 peer-reviewed studies in FY 2022. Research staff and affiliates connected research to practice through their collaborations with the Center's education and model development teams. A list of Center-affiliated researchers can be found on the [Center-Affiliated Researchers](#) page.

Center Affiliate Locations



Intramural Grants



The Center administered its Intramural Research Funding program again in FY 2022. Intramural funding was issued to support four short-term, collaborative research projects in the Center’s core research areas of Population-Based, Program Evaluation, Physical & Mental Health and Functioning & Flourishing. The four selected projects are as follows:

Principal Researcher	Project Title	Aims
Emily Edwards	Dialectical Behavior Therapy for Justice-Involved Veterans (DBT-J)	Further develop and evaluate DBT-J as a treatment for justice-involved Veterans by preliminarily assessing the efficacy of DBT-J in addressing the criminogenic, mental health, substance use and case management needs of justice-involved Veterans.

Principal Researcher	Project Title	Aims
Rebecca Kinney	Disparities in care disruptions and telehealth utilization among Veterans Integrated Services Network (VISN) 1 diabetic Veterans experiencing homelessness during the Coronavirus disease of 2019 (COVID-19) pandemic	Understand how the Department of Veterans Affairs (VA) can better engage homeless Veterans in telehealth to facilitate diabetes care continuity, particularly during times when face-to-face encounters are impractical.
Matthew McCoy	Identifying best practices to integrate medical services with low-barrier housing services: A case study at VA Greater Los Angeles encampments of Veterans experiencing homelessness	Identify best practices to integrate medical and psychiatric services with low-barrier housing services in encampment settings.
Lynn Garvin	Peer-led intervention to increase use of VA Video Connect among Veterans experiencing homelessness and substance use disorder	Increase telehealth accessibility to Veterans experiencing homelessness and substance use disorders.

Post-Doctoral Fellowship Program

In partnership with the VA Office of Academic Affiliations and local VA health care systems, the Center has a National Post-Doctoral Fellowship program directed by Dr. Tsai that provides selected postdoctoral fellows with opportunities and training experiences in innovative and cutting-edge research on Veteran homelessness. During a two-year fellowship, fellows develop projects and activities related to research, policy and education in Veteran homelessness. They also collaborate with and learn from others working in the field, including experienced researchers, providers and policymakers. Two fellows completed the NCHAV fellowship in FY 2022. In FY 2023, there will be a cohort of three fellows at three different sites. These fellows work with a Center mentor as well as a mentor at their local VA site. For more information, visit the [Center Fellowship Program page](#).

Criminal Justice Involvement among Veterans: Development of a Research Agenda

In collaboration with the VA Veterans Justice Programs Office, the Center hosted three listening sessions from July 2022 to August 2022 to determine research gaps and priorities for Criminal Justice Involvement (CJI) among Veterans and develop a CJI research agenda. Invited participants included federal and state agency representatives who work on CJI issues among Veterans, researchers who had received federal grants or published peer-reviewed research on the topic and subject matter experts in the field. The sessions, each of which had 40 to 63 attendees, were focused on jail diversion and treatment courts for Veterans, post-incarceration and community re-entry for Veterans and special topics and subgroups. From these discussions, a final research agenda containing 22 priority areas for further research in CJI among Veterans was drafted. The full research agenda can be found [here](#).

Disseminating Knowledge Series and Podcasts

The Center collaborates with the Veterans Health Administration (VHA) Employee Education System to host diverse educational webinars throughout the year. In FY 2022, the Center held 14 webinars that had over 3,000 attendees. The Center's National Education Series offered webinars on a broad range of topics with implications for practitioners in the field of homelessness. The Connecting Research to Practice series provided a forum for researchers, clinicians, homeless program managers and staff to discuss specific research studies and the application of these findings to clinical care. As part of the Homeless Evidence and Research Synthesis Roundtable series, the Center convened peer researchers and subject matter experts in a webinar focused on engaging Veterans who have experienced homelessness and serious mental illness in primary care. The Center also held its Exploration-Innovation-Technology Forum with webinars focused on the theme of Virtual Care: Envisioning the Possibilities-Actualizing the Path in FY 2022. Additional information can be found [here](#).

The curriculum for the National Education Series is developed through review and analysis of the Knowledge Assessment, disseminated every two years nationwide to staff working in VA homeless programs. The assessment gauges the knowledge gaps of respondents and provides opportunities for survey participants to offer feedback on subject matter to include as instructional material. The assessment instrument is divided into domains of knowledge that are identified as key areas of competency for those staff working with Veterans experiencing homelessness.

The Center also created a two-part podcast titled [Conversations about Racial Equity](#). The podcast covered four topics on racial equity and justice and was moderated by Dr. Casey, the Center's Director for Education and Dissemination.

FY 2022 Center Webinars

Date	Education Series Type	Webinar Title	Presenter/Speaker
10/20/2021	National Education Series	Healthcare for Women Veterans: Our Challenges and Opportunities	Dana Glenn, M.D.
11/16/2021	Exploration-Innovation- Technology Series	Digital Health Literacy: The Evolution of Communication and Relationships in Health Care	Christina Armstrong, Ph.D.; Lynn Garvin Ph.D., MBA; Stephen C. Hunt, M.D., MPH; Keith McInnes, Sc.D., M.Sc.; Pamel Sparks, LCSW, LADC
11/17/2021	National Education Series	Me in the Room: Strategies for Difficult Race Based Conversations	Joseph Fineman, Ph.D., Clinical Psychologist, NFSG; Roxanne Untal, PsyD, Clinical Psychologist, JAHVH, Tampa
12/15/2021	Homeless Evidence and Research Synthesis (HERS):	Engaging Veterans and Experience of Homeless and Serious Mental Illness in Primary Care	Facilitator: Dina Hooshyar, M.D., MPH Presenters: Karen M. Goldstein, M.D., MSPH; Connor Drake, Ph.D., MPA; Jessica Dietch, Ph.D.; Panelists: Daniel Bradford, M.D.; Sonya Gabrielian, M.D., MPH; Robert Rosenheck, M.D.; Michal Wilson, M.D.
2/16/2022	National Education Series	Connected Health: A Discussion of Virtual Tools	Lesli Culver, LCSW; Cortney Frosch, RN
3/16/2022	National Education Series	Understanding and Working Effectively with Veterans with Borderline Personality Disorder	Heather Kacos, Ph.D.
3/29/2022	Exploration-Innovation- Technology Series	Virtual Care in Times of Rapid Change and Uncertainty: What are the Takeaways?	Christina Armstrong, Ph.D.; Stephen C. Hunt, M.D., MPH; Ernest Moy, M.D., MPH; Michael Uohara, M.D.; Ryan Vega, M.D., MSHA; Michael Wilson, M.D.

Date	Education Series Type	Webinar Title	Presenter/Speaker
4/20/2022	National Education Series	Medical Legal Partnerships for Older Adults in Patient Care	Ann Fabiny, M.D.; Sara Huffman, J.D.
5/18/2022	Connecting Research to Practice	Combining Medical, Social Determinates of Health, and Suicide Data: Enhancing Understanding of Suicide Risk among Homeless and Justice Involved Veterans	Ryan Holliday, Ph.D.; Shawn Liu, LCSW (Contributor); Matt Stimmell, Ph.D. (Contributor)
5/18/2022	Connecting Research to Practice	Increasing Use of VA Video Connect among Veterans Experiencing Homelessness – During COVID 19 and Beyond	Lynn Garvin, Ph.D.; Aaron Steele (Contributor)
6/15/2022	Connecting Research to Practice	Enhancing VA's Preparedness for Disease Epidemics that Impact Homeless-Experienced Veterans	Sonya Gabriellean, M.D.; Binyamin Amrami, M.D.; Matthew McCoy, Ph.D.; Chanin Santini, LCSW, M.Ed., BCD
7/20/2022	Connecting Research to Practice	Changes in Primary Care and Health for Veterans Who Have Experienced Homelessness during the COVID Pandemic	Stefan Kertesz, M.D.
7/20/2022	Connecting Research to Practice	Overview: Research, Practice and Implications for Programing and Direct Services for Veterans	Dina Hooshyar, M.D., MPH
8/17/2022	National Education Series	Recognizing the Potential for Homeless Program Staff Burnout and Methods Program Coordinators and Managers Use to Facilitate Supportive Environments	Dina Hooshyar, M.D., MPH; Kathy Gerard, LCSW; Harry McCurdy, LCSW; Bri Harmon-Moore, LCSW

After clicking on the webinar's link, a message requesting a username and password may appear. Simply click on this message's "OK" to access the webinar; no username or password is required.

Selected Highlights of FY 2022 Research Publications

Terms that Refer to Homeless Populations: National Surveys of Several Stakeholder Groups

Authors: Jack Tsai, Ph.D., Katherine Kelton, Ph.D., Jeffrey Gluff, MLIS, AHIP and Eric Elbogen, Ph.D.

Background

There has been increased focus on the use of language for vulnerable populations and promotion of patient centered care and person-first language. Person-first language puts emphasis on the person first rather than their disease state. For instance, in person-first language the term “person with schizophrenia” would be used rather than “schizophrenic.” Proponents of person-first language have said that use of language in this way is more respectful and can lead to more positive beliefs and actions.

A range of terms have been used to refer to people experiencing a variety of types of homelessness in the field of homelessness services and research. Differences in terminology to describe varying states of homelessness have included “unsheltered homelessness” versus “sheltered homelessness,” “unstably housed” versus “housing insecure” and “formerly homeless” versus “currently experiencing homelessness.” Proper terminology to refer to persons currently or previously experiencing homelessness has not been agreed upon by those in the field of homelessness.

Addressing the gap in knowledge in terminology use to refer to persons with histories of homelessness furthers the effort to ensure that appropriate and respectful terminology is being used.

Study

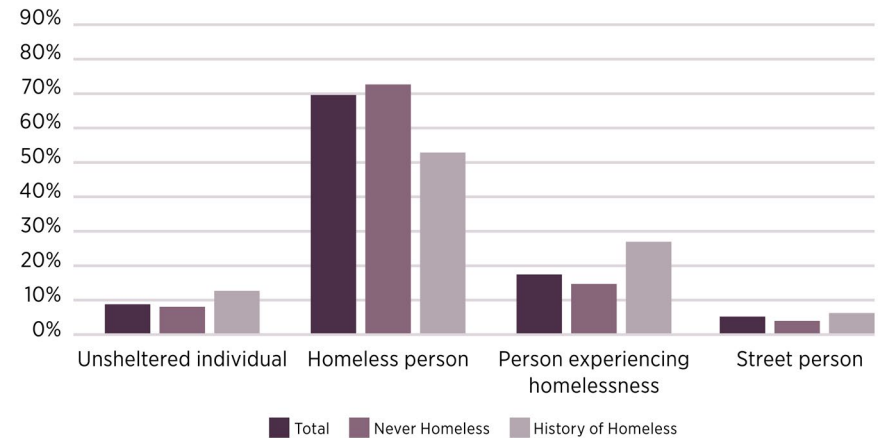
This study assesses the use of terminology among middle- and low- income adults with or without lived experiences of homelessness, U.S. researchers and homelessness service providers and policymakers. Results were obtained from a national survey of middle- and low-income U.S. adults with or without lived experiences of homelessness and a survey of U.S. researchers, homelessness service providers and policymakers.

Key Findings

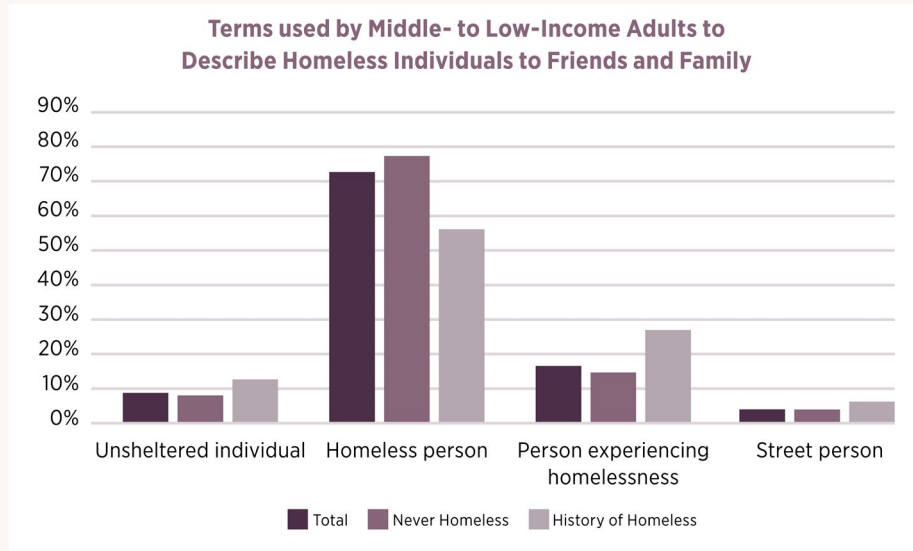
Among Middle- and Low-Income U.S. Adults:

- The term “homeless person” was most reported to be used on social media (70%) and with family or friends (73%).
- The second most reported term used was “person experiencing homelessness” on social media (18%) and with family or friends (16%).

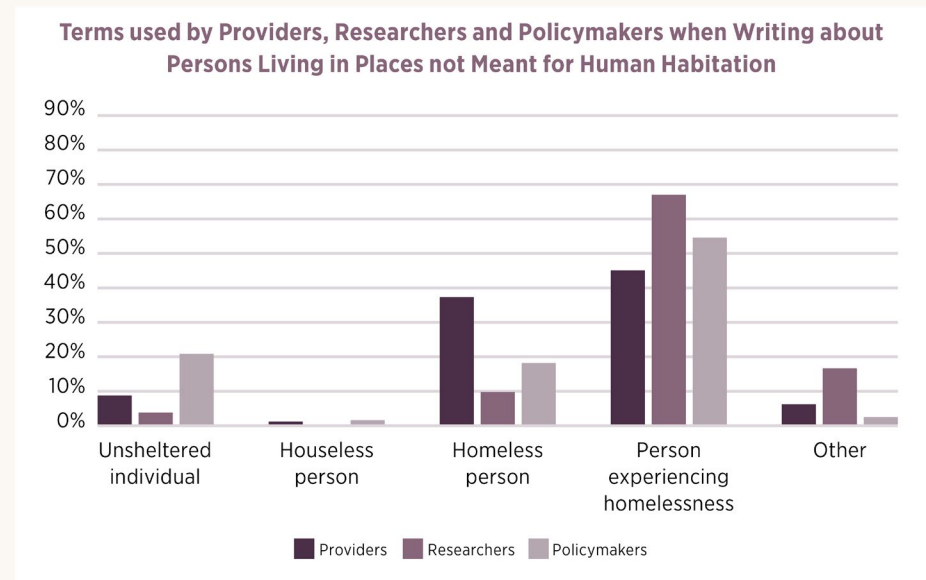
Terms used by Middle- to Low-Income Adults with and without a History of Homelessness to Describe Homeless Individuals on Social Media



- The term “person experiencing homelessness” was used more by persons who had experienced homelessness than persons who had not.

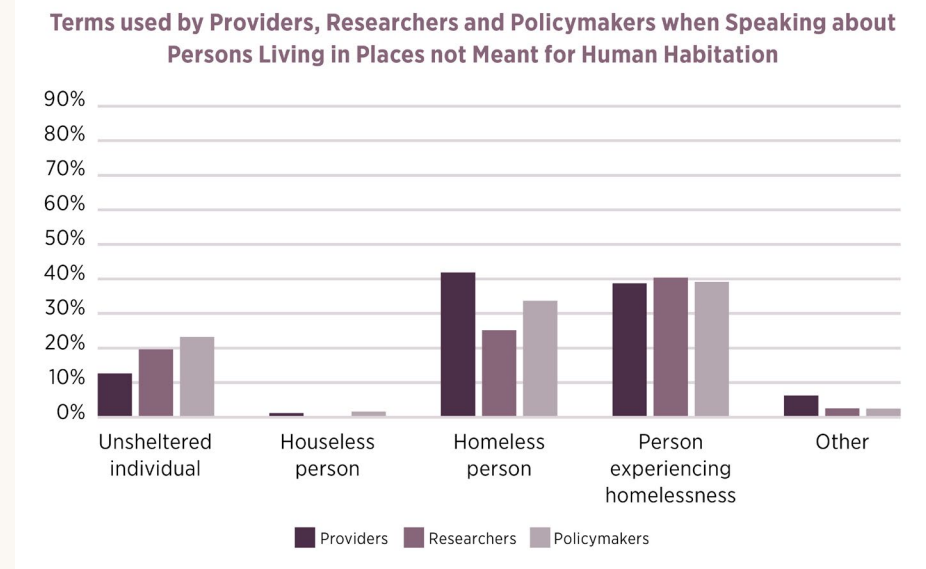


- » In some cases, the use of terms depended on the situation, or a combination of terms was used.



Among Researchers, Providers and Policymakers:

- The term most frequently used was “person experiencing homelessness” in writing and speaking.
- When referring to persons staying in shelters and at risk of homelessness, providers, researchers and policymakers most often used the terms “person in shelter” and “person at risk of homelessness” in writing and speaking.
- Providers tended to use the term “homeless person” when speaking and the term “person experiencing homelessness” in writing.
- There were differences in terms used across the professional groups.
 - » Providers most often referred to a person who was no longer homeless but receiving homeless services as “person who was formerly homeless” in writing and “formerly homeless person” in speaking.
 - » Researchers most often used the term “person who was formerly homeless” in writing and speaking in reference to a person who was no longer experiencing homelessness but receiving homeless services.
 - » Policymakers most frequently used the term “formerly homeless person.”
 - » Other terms frequently used included “person is homeless/experiencing homelessness,” “imminent homelessness/risk of homelessness” or the homeless person’s name.



Implications

The terminology used to refer to persons with histories of homelessness differed based on various factors, including societal and political factors and individual preference. Given the contextual and other differences in the use of terminology, professionals in the field should consider seeking input from the population that they are referencing to determine preference of terms and better reach those populations. This is especially true in the greater context of increased tendency toward patient centered care and involvement of patients in their own care.

Reference: Tsai J, Kelton K, Gluff J et al. [Terms That Refer to Homeless Populations: National Surveys of Several Stakeholder Groups](#). *Psychiatric Services* 2022; 1-4.

Service Use and Barriers to Care among Homeless Veterans: Results from the National Veteran Homeless and Other Poverty Experiences (NV-HOPE) Study

Authors: Jack Tsai, Ph.D. and Katherine Kelton, Ph.D., MSPH

Background

Patterns in the use of services by U.S. Veterans experiencing homelessness were analyzed, including types of services sought, background characteristics and barriers to the use of services.

Results from this study can be used to increase awareness of why Veterans experiencing homelessness do not seek services and improve efforts to reach them.

20% of low-income U.S. Veterans indicated they had experienced homelessness in their lifetime, which was 11% higher than lifetime homelessness experienced by the general population of U.S. Veterans.

Study

The data source was responses to a national survey among low-income Veterans who were 18 years and older. A unique aspect of this research is that it included information on the use of services both in the community and in the VA, whereas most research on Veterans experiencing homelessness only captures service use within VA.

Key Findings

- 20% of low-income Veterans indicated they had experienced homelessness in their lifetime. This finding was 11% higher than that experienced by the general U.S. population of Veterans.
- First instance of homelessness was, on average, 6.65 years after military discharge.
- 27% of low-income Veterans who experienced homelessness used VA healthcare or benefits and 25% used any homeless service (VA or non-VA homeless program) while experiencing homelessness.
- A smaller percentage used “other” services, such as a church, shelter or community mental health clinic.
- Veterans who identified as Black or Hispanic were more likely to use homeless services and VA services or benefits while experiencing homelessness than Veterans experiencing homelessness of other race/ethnic groups.

Barriers to Care

The reasons Veterans most often gave for not seeking services while homeless were as follows, in rank order:

1. Did not feel I needed homeless services
2. I do not know where to get help
3. It would be too embarrassing
4. I do not have adequate transportation
5. I would be seen as weak

Implications

These findings can aid in the formation of strategies and “actionable steps” to address the reported barriers to care. Some approaches that could be explored further to facilitate use of services and ease transportation challenges include peer education and information sharing, ridesharing options, transportation subsidies and telehealth services. Interventions centered on perceptions of social norms have demonstrated some potential for addressing social stigmas and can be explored to help overcome the “it would be too embarrassing” barrier.

It is important to focus on the range of services VA offers. Outreach and promotion of VA services for Veterans experiencing homelessness should continue to be fostered and supported by VA policies to increase awareness of the comprehensive services and homeless programs VA provides. Veterans experiencing homelessness may require services outside of the homeless programs that also address the risks factors for homelessness and housing instability.

Reference: Tsai J, & Kelton K. [Service Use and Barriers to Care among Homeless Veterans: Results from the National Veteran Homeless and Other Poverty Experiences \(NV-HOPE\) study](#). *Journal of Community Psychology* 2022; 1-9.

Preventing Homelessness through the National Call Center for Homeless Veterans: Analysis of Calls and Service Referrals

Authors: Jack Tsai, Ph.D., Ann Elizabeth Montgomery, Ph.D. and Dorota Szymkowiak, Ph.D.

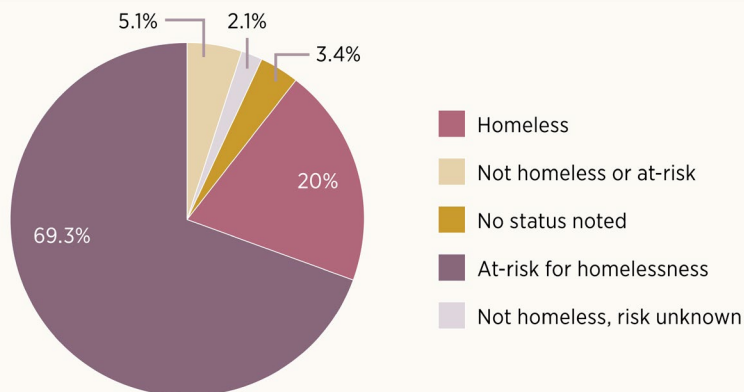
Background

National Call Center for Homeless Veterans (NCCHV) provides 24-hour accessibility to personnel trained to respond to calls from Veterans experiencing or at risk for homelessness. Staff provide information, referrals and coordination with healthcare and social services as well as resources to help address housing instability.

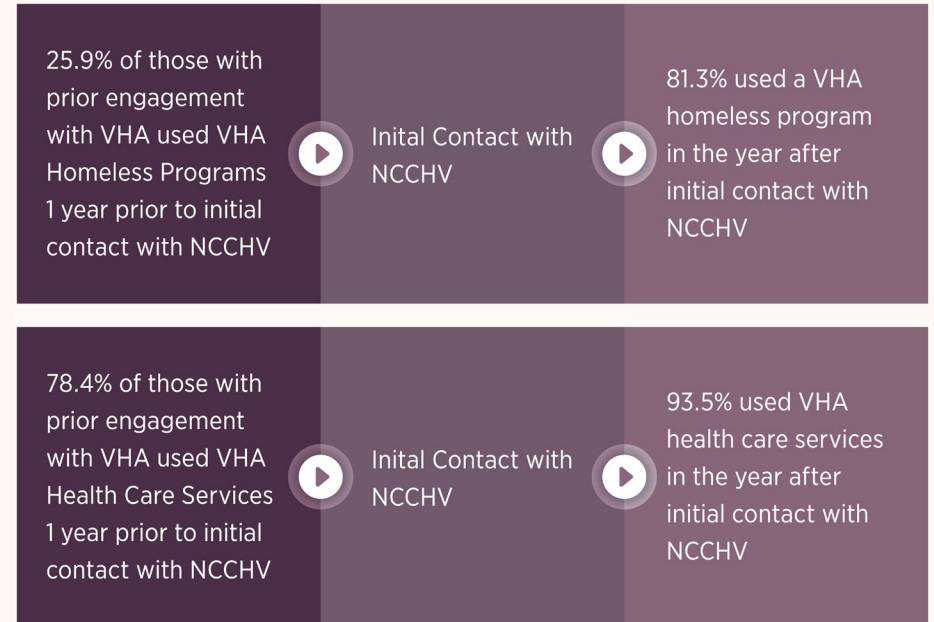
Study

Use of NCCHV is examined in relation to the backgrounds of Veterans who contacted the NCCHV, the types of referrals Veterans received when contacting NCCHV and the VA services that Veterans used before and after their initial contact with the NCCHV.

Housing Status Veterans who Contacted NCCHV



Increases in Use of VHA Homeless Programs and VHA Services after NCCHV Contact



Key Findings

- Between December 2018 and October 2020, 266,100 NCCHV contacts were made by 110,197 unique Veterans.

Characteristics of unique Veterans who called the NCCHV include:

- 20% were identified as “homeless,” 69.3% as “at risk for homelessness,” 5.1% as “not homeless or not at risk for being homeless,” 2.1% as “not homeless or the risk was unknown,” and 3.4% did not have a status noted.
- 50% were ages 30-59 years old, 25% were 60-70 years old, 15.4% were greater than 70 years old and 9.6% were less than 30 years old.
- 35.9% reported receiving Supplemental Security Insurance and 13.7% reported receiving VA disability or VA pension.
- Veterans calling the NCCHV reported many legal concerns: most often eviction (7.8%) and child support issues (4.8%).

- 59% had engaged in VA care at some point. Of those,
 - » 25.9% had used a VHA homeless program the year before their first contact with NCCHV, increasing to 81.3% within a year after the contact.
 - » 78.4% accessed VHA services in the year before the first NCCHV contact. This increased to 93.5% in the year after the contact.
 - » 41.5% were non-Hispanic White, 39.2% were non-Hispanic Black, 8.1% were Hispanic, 4.0% were mixed or another race.
- 40.5% had not sought care at VHA within a year following initial NCCHV contact. Possible reasons included:
 - » Felt their concern was resolved during the NCCHV phone call.
 - » Linked to and received services from a non-VA provider.
 - » Did not want referred services or issue with coordination of services.
- Most contacts in the first 6 months of the COVID-19 pandemic were higher risk for homelessness.

Implications

Increases in the use of VA homeless programs and health care services pre-and post-NCCHV contact demonstrate the opportunity NCCHV provides to connect Veteran callers with services to address housing instability and other VA services. The higher risk for homelessness among Veteran callers during the first 6 months of the COVID-19 pandemic further underscores the NCCHV's important role in homelessness prevention.

Some problems could be resolved quickly through the NCCHV contact, suggesting approaches that provide prompt assistance with housing concerns, such as housing diversion and rapid resolution, could be effective options in certain situations.

Also, most Veterans contacted NCCHV from cell phones, signifying the value of expanded efforts toward access to technology and technological literacy.

Reference: Tsai J, Montgomery AE, Tsai J, Szymkowiak, D. [Preventing Homelessness Through the National Call Center for Homeless Veterans: Analysis of Calls and Service Referrals](#). *Psychiatric Services* 2022; 1-4.

The Impact of the COVID-19 Pandemic on Mental Health and Functional Outcomes in Veterans with Psychosis or Recent Homelessness: A 15-Month Longitudinal Study

Authors: Jonathan K. Wynn, Ph.D., Amanda McCleery, Ph.D., Derek M. Novacek, Ph.D., Eric A. Reavis, Ph.D., Damla Senturk, Ph.D., Catherine A. Sugar, Ph.D., Jack Tsai, Ph.D. and Michael F. Green, Ph.D.

Background

Psychotic disorder includes the diagnoses of schizophrenia, brief psychotic disorder, delusional disorder, paraphrenia and psychotic disorder due to a medical condition. The field would benefit from research that expands insights as to whether additional resources and support are needed amidst the COVID-19 pandemic for two vulnerable populations, Veterans with a psychotic disorder and with a recent history of homelessness. Both groups tend to have access to case management and financial services through the VA and limited social connections.

Study

The long-term impact of the COVID-19 pandemic on the mental health and community functioning outcomes of Veterans who have a psychotic disorder and Veterans who have recently experienced homelessness was assessed. The impact on a group of Veterans who did not have a psychotic disorder and did not recently experience homelessness was also evaluated. Mental health factors assessed included loneliness, anxiety, depression and obsessive-compulsive thoughts about germs and contamination. The community functioning-related factors that were examined included family networks, social networks, work functioning and independent living. Pre-pandemic levels of functioning in these areas were compared to functioning over a 15-month period.

Key Findings

- Mental health functioning:
 - » Veterans with and without a psychotic disorder and recent history of homelessness had significant increases in anxiety, depression-related symptoms and obsessive-compulsive disorder (OCD)-like behavior in the first months of the pandemic.
 - » Veterans with a recent history of homelessness and psychotic disorder returned to their initial lower severity levels in many areas sooner than Veterans without a history of homelessness or psychosis. For OCD-like behavior, symptoms neared return to baseline levels later into the COVID-19 pandemic for all groups.
 - » Loneliness symptoms did not increase significantly during the study for any of the groups and improved significantly among Veterans with a psychotic disorder over the course of the study.
- Community functioning:
 - » There were no significant changes for Veterans without a psychotic disorder and without a recent history of homelessness.
 - » Veterans with a psychotic disorder and Veterans with a recent history of homelessness showed significant improvements in family functioning and social functioning over time and some improvements with independent living.
 - » For work functioning, Veterans with a psychotic disorder had worsening scores over time.

Implications

Given that Veterans with a psychotic disorder and Veterans with a recent history of homelessness are vulnerable groups who tend to have weaker social connections, their outcomes related to the adverse effects of the pandemic were much better than expected.

These findings align with other research indicating that vulnerable populations did not experience the negative impacts of the COVID-19 pandemic to the extent expected. One possible reason for this outcome is that many vulnerable Veterans obtained VA services virtually during the pandemic, providing them

with continued access to care. Another possible reason is that the Veterans in the study were older and mostly male. It has been found that, on average, younger people and women were more prone to the negative mental health effects of the pandemic. Also, Veterans with a psychotic disorder and Veterans with a recent history of homelessness may have been used to and prone to some amount of instability in their lives so the effects of the COVID-19 pandemic may have seemed relatively the same or less than what they previously experienced. In addition, given that the population is all Veterans, they may have been especially able to withstand hardships as their military training may have prepared them for that. They also may have had access to more services than a population of non-Veterans given the availability of services through the Department of Veterans Affairs.

A broader implication of these findings is that increasing access to mental health counseling and community support services in the general community to the level that the VA affords may help protect against the potentially negative effects that future disastrous events could have on mental health and community functioning.

Reference: Wynn JK, McCleery A, Novacek DM et al. [The impact of the COVID-19 pandemic on mental health and functional outcomes in Veterans with psychosis or recent homelessness: A 15-month longitudinal study.](#) PLOS ONE 2022;17: 1-12.

Center Works in Progress

Community Integration Specialist (CIS) Training

The CIS training was completed in partnership with the University of South Florida (USF) in 2014. The Center has created a planning committee consisting of three HUD-VASH Peer Specialists, a Peer Specialist Supervisor, an ad hoc Veterans Justice Program (VJP) Peer Specialist and the VHA National Director for Peer Support Services. The committee is currently working on re-developing the training in partnership with USF and the VHA National Director for Peer Support Services. Within the next year, all existing modules will be replaced with updated topics and information and will reflect a revision in the title of the position from peer support specialist to peer specialist. In addition, the training will provide the peer specialists with a certificate of completion. The training will be considered advanced learning for the peer specialists and be specific to VHA homeless programming.

Input on the new training modules is also being provided by current peer specialists in the field, some of whom have lived experiences of homelessness, as well as a peer specialist supervisor.

Money Management Services for Veterans Participating in Supportive Services for Veteran Families (SSVF) Program

The Center is conducting a demonstration project to help 13 SSVF program grantees develop a Money Management Intervention (MMI). The goal of the MMI is to provide Veterans experiencing and at-risk of experiencing homelessness with financial counseling and budget management. In partnership with the national SSVF program office, the Center has offered \$2 million in seed funding to the selected SSVF grantees. In addition, SSVF grantees have designated one to two individuals to be financial counselors at their organizations to serve Veterans accessing services from these selected SSVF grantees. The Center and subject matter experts at Yale University are offering training, technical assistance and tools for financial counselors to assess financial needs, provide MMI and collect data for program evaluation. Support is being provided through two tiers of

MMI: 1) individual financial counseling; and/or 2) voluntary representative payee services and fiduciary services.

Trauma-Informed Care Integration and Replication

The Center and VA's Health Care for Homeless Veterans (HCHV) National Program are collaborating to replicate two linked promising practices currently operating at the VA Boston Health Care for Homeless Veterans program. These practices include the Care Coordination, Advocacy, Treatment, and Connections to Housing (CATCH) program and the Trauma-Informed Care (TIC) Integration Initiative. CATCH serves Veterans experiencing homelessness who have high needs and treatment costs and face complex challenges in obtaining and retaining housing, often due to chronic serious mental illness and/or substance use. The three-year program uses a trauma-informed approach and reduces use of emergency services and admissions costs. The TIC Integration Initiative is a training and technical assistance model for incorporating trauma-informed care principles into homeless programs at the medical center level. Selection of pilot sites to replicate these linked promising practices are being finalized and project implementation is anticipated to conclude by the end of 2025.

Homeless Population Certificate Program

The National Center on Homelessness among Veterans [Homeless Population Certificate Program](#) was made available to all VA homeless program staff in 2017. The program provides diverse online educational modules throughout seven topic domains to enhance competencies of staff working with Veterans experiencing homelessness. The domains are listed below.

Domain 1: Systems of Healthcare

Domain 2: Homeless Populations: Epidemiology and Demographics

Domain 3: Homeless Programming, Interventions and Design Policy

Domain 4: Partnerships

Domain 5: Program Evaluation, Research Policy, and Utilizing Prior Research
in Practice

Domain 6: Homeless Cultural Competence

Domain 7: Homeless Professionalism/Ethical Practice

A detailed review of each module was completed in FY 2022 and concluded that many of the modules needed to be updated or removed and revealed an opportunity for new information on enhanced programming, including the Supportive Services for Veterans Families, VJP and the VHA Homeless Programs Hub, to be added. Recommendations were developed for updating, revising and enhancing the educational material. The training is currently being revised based on these suggested changes with completion anticipated in early 2023.