Health and Homelessness among Veterans:
Experiences of HCH Grantees

Sarah Knopf
Brooks Ann McKinney
November 1, 2012
Presenters

Sarah Knopf, MA-R
Research Assistant
National Health Care for the Homeless Council
Nashville, TN

Brooks Ann McKinney, MSW
Director of Medical Respite and Safety Net Provider Relations
Mission Health and Hospitals
Asheville, NC
Presentation Outline

Overview of National HCH Council’s Veterans Study

- Literature Review
- Methods
- Preliminary Findings
- Future Direction

With Stories from the Field throughout

Health Care & Housing Are Human Rights
Learning Objectives

• Attendees will be able to describe at least one characteristic of the veteran population receiving services from HCH grantees – including demographics, health status, service utilization, or unmet needs.

• Attendees will be able to identify a factor that facilitates relationship-building between HCH grantees and local Veterans Administration Medical Centers (VAMCs).

• Attendees will be able to give case examples of how the HCH clinic can triage and integrate care around veteran patients and collaborate with community resources, especially for those who don’t qualify for VA benefits.
Literature Review
Veterans made up 14% of adult homeless population in 2011

2011 HUD Point-in-time count = 67,495 veterans
(12% decrease from 2010)

59% were sheltered; 41% were in unsheltered locations

From 2009-2011: the share of veterans among all homeless adults declined from 16% to 14%

Sources: HUD, VA, & Nat’l Center on Homelessness among Veterans, 2010; Nat’l Alliance to End Homelessness, 2012; HUD, 2011
2010 VETERAN STATS: State-Level

Homeless Veterans by State, 2010 Point-in-Time Counts

Rate of Veterans Homelessness
- 8 - 15
- 16 - 21
- 22 - 34
- 35 - 190

Rate: number of homeless veterans per 10,000 veterans in population.
National rate is 35 homeless veterans per 10,000 veterans.

Source: National Alliance to End Homelessness (2011)
Veterans accounted for 11% of Florida’s population in 2010

5,644 veterans were unstably housed on a single day in Florida in 2011

Veterans made up 9.9% of Florida’s homeless population in 2011

48 of every 10,000 Florida veterans were homeless in 2010

VA & HUD’s Goal to End Veteran Homelessness by 2015

Annual Benchmarks to End Veterans Homelessness

- Decreases needed to reach five-year goal
- Actual counts

Point-in-time counts of homeless veterans

- November 2009: VA five-year plan to end veterans homelessness unveiled

Source: National Alliance to End Homelessness, 2011
VA Homeless Services

Health Care for Homeless Veterans (HCHV) Program:
- Engages homeless veterans in treatment and rehabilitative programs.
- Targets veterans who are homeless and dealing with mental health and substance abuse issues.

HUD-VA Supportive Housing (VASH) Program:
- HUD - provides housing assistance through its Housing Choice Voucher Program (Section 8).
- VA - offers eligible homeless veterans clinical and supportive services through its health care system.

Source: U.S. Department of Veterans Affairs, 2012
VA Health Benefits Eligibility

- A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits. Reservists and National Guard members may also qualify for VA health care benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.

- Minimum Duty Requirements: veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.


Source: U.S. Department of Veterans Affairs, 2012
Stories from the Field

- VA eligibility issues:
  - Discharge status
  - Active duty
  - Length of service
Veterans’ Utilization of HCH Services

- **22,486** unstably housed veterans were served by HCH grantees in 2011
- About **3%** of total HCH patients

This number has fluctuated in recent years:
- **Increased by 10%** from 2009 (20,852) to 2010 (23,119)
- **Decreased by 2.8%** from 2010 (23,119) to 2011 (22,486)

Health Status of Veterans Experiencing Homelessness

- 53% had some type of disability (includes substance abuse, mental illness, and physical disabilities)
- 37-66% reported a serious/chronic medical condition
- 54-80% reported substance abuse

- 28-61% reported an emotional/psychiatric condition
- 13% were assessed with dual diagnosis
- More likely to report a chronic medical condition, two or more mental health conditions, and higher rates of hepatitis/cirrhosis and PTSD than non-veteran homeless

Sources: Buccholz (2010), Chen (2007), McGuire (2003), O’Toole et al. (2003); image: http://detr.state.nv.us/images/esd%20images/MPj04222430000[1].jpg
Unmet Health Needs

According to a survey of homeless veterans and their providers, top unmet health needs included:

- Dental care
- Elder health care
- Family counseling
- VA disability/pension
- Women’s health care

Barriers to VA Health Care

Lack of VA Medical Benefits

• Issues navigating application process
  • Takes median of 9 months to get benefits
• Mistrust of VA/government system
• Ineligible due to discharge status
  • Prevalence of dishonorable discharge: 5-10% of unstably housed veterans
  • Less-than-honorable discharges are attributed to pre-existing personality disorders, substance abuse, and bad conduct

Sources: Fairweather (2006); Chen (2007); Gamache et al. (2000); Kushel et al. (2001)
Stories from the Field

Barriers to VA Health Care:

- Paranoia
- Mistrust
- Ineligible
Women Veterans

Increasing Role in the Military

- Female deployment:
  - 41,000 in the Gulf War → 200,000 in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF).
  - Combat-related roles have also increased.

High Risk for Homelessness

- Women veterans are at 4x greater risk of homelessness than civilians.
- Women veterans accounted for 7.5% of veterans sheltered between 2008 and 2009.

Women Veterans

Distinct Experiences Influencing Health Status

Trauma

• Affects 81-93% of women veterans.
• More than ½ of women veterans experienced trauma or abuse prior to service.
• Military Sexual Trauma (MST): affects between 20-48% of women veterans through sexual assault and 80% through sexual harassment.
• Trauma exposure is a risk factor for homelessness and PTSD.

Motherhood & Deployment

• 40% of Iraq and Afghanistan women veterans have children.
• 30,000 are single mothers.
• Women report higher levels of stress over deployment’s effect on their family than males.

Sources: Zinzow et al. (2007); Foster & Vince (2009); Perl (2009); Gamache et al. (2003)
Women Veterans

Under-Utilization Patterns

- Women veterans (not necessarily homeless) under-utilize VA system in comparison to men (15% of females versus 22% of males).

- Why do unstably housed women under-utilize the VA system? According to a 2010 Listening Project:
  - They perceive a *shortfall in health services* tailored to their specific needs.
  - They are less likely to seek care in what they perceive to be *male-oriented programs*.
  - They expressed need for more *outreach and communication* regarding the VA system.

Gaps in Literature

Gaps

VA-oriented

Many studies focus on male veterans, omitting women
Methods:
NHCHC
Veterans Study
Mixed Methods:

(1) **Key expert interviews**
with HCH clinicians, administrators, and consumers
*(Completed January 2012)*

(2) **Focus groups**
with HCH clinicians and administrators
*(Completed February 2012)*

(3) **Needs assessment**
survey of all HCH grantees
*(Completed in October 2012 – analysis underway)*
Key Research Questions

1. How do HCH grantees identify veterans?
2. What is the general health status of veterans receiving care from HCH grantees?
3. What services are veterans receiving from HCH grantees?
4. How are women veterans utilizing HCH services?
5. Are veterans being referred to the VA health system?
6. How do HCH grantees and local VA offices collaborate to provide more coordinated care?
Identification Process

- Typically ask about veteran status during intake process.

- Majority included question on paper intake form or EMR demographics page.

- A few grantees did not systematically ask about veteran status or made the question optional.

- Future consideration: how is question phrased?
Issues with Self-Identification

- Grantees suggested the number of veterans is under-reported.

Consumers think identifying will make them ineligible for HCH services.

Don’t identify due to bad experiences in military or less than honorable discharge status.

Consumers are confused about the definition of veteran status.

Question determining veteran status needs re-phrasing.
Demographics

- Veterans comprise 3-5% of total patient population.
- Majority are males age 35-65.
- Fewer women veterans (about 6-10% of veteran consumers).
- No particular race/ethnicity.
- Chronically homeless (1+ years).
Period of Military Service

- Typically Vietnam to pre-Desert Storm era.
- Iraq/Afghanistan veterans on the rise.
- Come from all branches of Military.
- Many entered Military due to lack of options (employment).

Image: www.cs.earlham.edu/~hyrax/personal/files/student_res/images/audit/Image5.gif&usg=AFQjCNFnRUO84HpwplHegEdLzR-iBVG7w
Health Status

- Issues are similar to general HCH population.
- “Medically fragile” due to years of not receiving medical care.
- Often high-users of emergency rooms.

<table>
<thead>
<tr>
<th>Category</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious/Chronic Conditions</td>
<td>hypertension, diabetes, heart disease, arthritis, lung disease, hepatitis c, asthma</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>back pain, chronic pain (many would qualify for disability, but have trouble with application process)</td>
</tr>
<tr>
<td>Substance/Alcohol Use</td>
<td>co-occurring mental illness with alcohol/substance use; high tobacco use</td>
</tr>
<tr>
<td>Mental Health</td>
<td>depression, anxiety, PTSD</td>
</tr>
</tbody>
</table>
Stories from the Field

- Health status case study
Trauma & Health Status

“Unresolved trauma plays a huge role in 100% of patients.” – HCH clinician

Types of Trauma:

- Traumatic Brain Injury (TBI) – prevalent, but hard to diagnose
- Post-Traumatic Stress Disorder (PTSD) – very prevalent
- Military Sexual Trauma (MST)
  - Clinicians noted little experience with MST, but data suggests its prevalence.
  - One clinician noted: “One of our female vets was a younger black woman. She had been sexually harassed while in the service and didn’t feel like her superiors supported or protected her. She got in trouble reporting the abuse and unwanted advances.”
Common Services

- **Similar to general population:**
  - Primary care (especially for management of chronic conditions)
  - Urgent care for walk-ins
  - Dental/oral health
  - Mental health
  - Counseling
  - Housing/social services
  - Aging and disability services
  - Substance abuse treatment
  - Enabling services
  - Legal services
  - Women’s services (pap tests, mammograms, pre-natal care)

- **Few veteran-specific services offered in-house:**
  - Linkage with VA/help with benefits process
  - Referral to veteran resources in the community
Stories from the Field

- SOAR services (SAMHSA's SSI/SSDI Outreach, Access, and Recovery)
Greatest Unmet Needs

- **Top unmet need: Dental/oral health**
- Chronic disease management
- Mental health services
- Access to complementary health care/alternative treatments (e.g. acupuncture, massage therapy)
- Housing (especially with Housing First model)
- Health literacy
- Affordable medications

Image: http://www.defeatdiabetes.org/resource/dynamic/global/healthy_vs_unhealthy_gums.jpg
Choice of Service Provider

Transportation barriers to VAMC

Difficulty obtaining VA benefits or cannot obtain due to discharge status

Past negative experiences at VAMC and in military

Recovery focus of HCHV service model

HCH project is more geographically accessible

Positive connection with HCH provider

Less financial barriers to HCH services
Stories from the Field

- Choice of service provider
  - Paranoia/mistrust of VA
  - Difficulty acquiring benefits
Key Women’s Issues

- Few women veterans are served by HCH grantees.
  - Are they forgoing services altogether?
  - Are they avoiding identification of their veteran status?
  - Are there not many homeless women veterans?

- Instances of poor quality of care/lack of resources for women at VA.
  - According to one clinician with HCH and VA experience:
    - “All VAs have female services, but they are often patched together from partial resources. ... I remember last week, we had a woman in a regular primary care clinic who came in with vaginitis and vaginal discharge. In the regular primary care clinic, we had no microscope. So apparently, there is quote, ‘one kit to do a vaginal exam.’ One kit for the whole clinic, which is in a red box that only one person knew where it was, and of course no microscope. So we took this woman to the women’s clinic where there was no staff to see the patient. The intern from the medical clinic happened to do one year of gynecology and did the exam there. But I suddenly realized, wow, this is like a rinky dink organization with minimal readiness to serve women and their gynecological needs.”

Health Care & Housing Are Human Rights
Local VA Collaboration

Description of HCH-VA Relationships:

Typically Informal
- Know a few contacts at VA, but rarely a formal agreement in place

Strength of Relationship Varies
- Some say “non-existent” or “strained”
- Others noted significant collaboration
Local VA Collaboration

How Collaboration was Initiated:

- Physician-to-physician communication
- HCH grantee was asked to join onto a grant initiative involving the VA
- VA did administrative outreach to community organizations (including HCH)
- Made one strong contact at VA and built relationship around it
- Attended Stand Down event and made VA contact(s)
Stories from the Field

- Success initiating VA relationship
  - Stand Down event with SOAR Rep.
  - Advocating for patients at VA
Local VA Collaboration

Relationship Building

Facilitating Factors

• Role of VA outreach workers/case managers
  • Lifeline for VA information
• Dynamic leadership at HCH & VA can build connections
• Gaining better contact information of VA staff (i.e. cell phone numbers)
• Getting involved in VA trainings and events
• Establishing formal collaboration agreements
Local VA Collaboration

Preliminary Findings

- Perceived insular culture of VA
  - “VA is rich with services but an insular community with very different culture. Not an organization that looks externally for partnerships very often other than homeless outreach.” – HCH clinician
- Communication barriers
- HCHs lack time and resources to collaborate
Local VA Collaboration

Types of Collaboration:

• **Referrals to and from the VA**
• **Reimbursement for Services**
  • VA Grant and Per Diem Program – funds community agencies serving homeless veterans
  • Examples:
    • HCH gets VA reimbursement for dental services
    • HCH gets VA reimbursement for shelter care in substance abuse program (save certain number of beds for veterans)
• **Cooperative Agreement**
  • HCH provides community experiences for VA medical interns, in turn receiving volunteer specialty care at their clinic
• **Joint Outreach**
  • VA outreach workers come to HCH clinic certain days
  • HCH & VA do street outreach together
Stories from the Field

- HUD-VASH referrals
Identified Training Needs

- **Trauma Issues**
  - PTSD, TBI, MST
  - Trauma-informed care

- **Military Cultural Competence**

- **Relationship-building with the VA**
Emerging Issues

Where are the women veterans?
- Low numbers are being treated by HCHs.
- Should this be concerning?

Collaborative successes and struggles between HCH & VA
- Experiences vary widely based on location.
- How can we improve relations with local VAs?

Future Direction

Webinar: HCH-VA Collaborations (Nov. 13, 2012)

Final report on all findings (March 2013)

Develop and implement trainings for grantees

“Joining Forces: Improving Care for Veterans through HCH-VA Collaborations”

Register here: www.nhchc.org
References


References


References


Health Care & Housing Are Human Rights
Any Questions or Comments?

Sarah Knopf, MA-R  
Research Assistant  
National Health Care for the Homeless Council  
(615) 226-2292 x 242  
skNOPF@NHCHC.ORG

Brooks Ann McKinney, MSW  
Director of Medical Respite and Safety Net Provider Relations  
Mission Health and Hospitals  
Asheville, NC  
(828) 213-0499  
brooksann.mckinney@gmail.com