

EVH - S1EP27 - Using Surge Events to Tackle Unsheltered Homeless

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So we really need to get ahead of this and stop unsheltered homelessness and get those folks into programs, into a safe environment with access to basic needs.

Shawn Liu: Welcome to Ending Veteran Homelessness, your first hand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu. If you're a Veteran who's homeless or at risk of homelessness, reach out.

Call the National Call Center for Homeless Veterans at [00:01:00] 877-424-3838. Trained counselors are standing by to help 24 hours a day, 7 days a week. That number again is 877-424-3838.

Unsheltered homelessness is one of the most dangerous situations a person can face. It can severely harm a person's whole health: mind, body, and soul. This is really, really bad stuff.

So when a Veteran's unsheltered, there is no time to delay in getting them a safe place to stay and quickly on a path to permanent, stable housing. Not only that, but data released last year by the U.S. Department of Housing and Urban Development showed that on a single night in January 2023, that on a single night in January 2023, 35,574 Veterans were experiencing homelessness. And this actually represents an increase of about 7.4% over 2022, the previous year.

Now, looking more closely, 15,507 Veterans were [00:02:00] experiencing unsheltered homelessness. So think literally on the streets, in the woods, in encampments, and under bridges. With unsheltered homelessness, this actually represents an increase of 14.3% over 2022, so nearly double the increase.

But even before that data were released, we at VA, we put a plan in motion to try to reach and assist more unsheltered Veterans across the nation this past winter. From November 2023 to January 2024, Homeless Programs staff members at six VA medical centers stepped up to engage and assist unsheltered homeless Veterans.

These staff members partnered with local community providers to carry out, "unsheltered surges" with the goal to dramatically increase their outreach to homeless encampments, bus stations, and other community locations to identify Veterans in need of shelter and permanent housing.

But what exactly is a surge? And okay, we did a lot of stuff. Were they successful? Those are really great questions. So to learn more about how [00:03:00] VA is working to tackle unsheltered homelessness among America's Veterans, I can think of no one better to talk to than our very own Masaki Hirayama.

Ms. Hirayama is a health system specialist here in the VA Homeless Programs Office, where she oversees multiple special projects and also serves as our legislative lead for reviewing and implementing new laws and authorities.

Let's just get right into it.

Masaki, welcome to the show.

Masaki Hirayama: Good morning, Shawn. Thank you for having me

Shawn Liu: Yeah, great to have you here.

So, really, really glad to have you on to talk about unsheltered homelessness. We've actually touched on this topic several times over the life of this podcast. It's a really important subject that we are going to stay laser focused on for a while. Again, largely because when we think about the experience of homelessness, Unsheltered homelessness is super dangerous.

And when we think about the recent increase in Veteran homelessness from 2022 to 2023, almost about 80 percent of that increase, was in unsheltered homelessness. So it's a very serious issue that we [00:04:00] in VA are concerned with. And we want to make sure that as Veterans who are unsheltered are out there, they're able to get indoors, get out of the elements and again, on that path to permanent housing, which is critical.

But before we dive into learning about the unsheltered surges, can you tell us a little bit about yourself and your role here in the Homeless Programs Office?

Masaki Hirayama: Yeah, I started at the VA in 2006 as a second year social work intern at the Greater Los Angeles VA, also known as GLA. I was hired as a staff social worker in 2007, several months after graduating. And I've been lucky enough to hold many different and interesting social work positions at GLA, San Francisco, and Northern California VA Medical Centers.

I transferred over to the VA Homeless Programs Office in August 2022 as a Health System Specialist. And as you mentioned, I oversee our legislative implementation and various special projects that help move the needle with our HPO strategic [00:05:00] plan as well as the different VA and VHA strategic plans that work to end homelessness among Veterans.

Shawn Liu: Yeah, you know, you've been here for about two years now, but it feels like because of just how much you've integrated yourself into our day-to-day work and the critical role that you play with so many different projects, including a lot of the new legislation that is either getting signed into law or are proposed and are being debated in our halls of Congress. You've had such a critical role there.

Like, in many ways, I actually kind of think you've been with us for a while, even though it's only been two short years. But we're really, really glad to have you.

And I'm glad to have you on the show as well, because we're going to dive in now to unsheltered homelessness and the unsheltered surges that you had led last year. And I believe we're gearing up for, if not already implementing, a second go around, part two of that.

But before we get into the surges, can you help us level set a bit? At the top of the show, I described a little bit about what unsheltered homelessness is. The [00:06:00] official definition is living in a place not meant for or ordinarily used as human habitation.

And that's, that's really technical. That's kind of governmenty speak. The most, kind of like, obvious things that we see people experiencing unsheltered homelessness is they're literally on the street, under bus stops, under bridges, encampments are a big one as well. But to help us continue to level set, am I on the right track there?

What is unsheltered homelessness and how does it impact Veterans?

Masaki Hirayama: Unsheltered homelessness, as you mentioned, is when anyone is living in a place that's not meant for human habitation it can be in bus stations, freeway underpasses in abandoned buildings, parking lots. Uh, it's very visible and it's a complete scar on our society. You will often see these folks in tents and sleeping bags, maybe just a blanket in a doorway.

It is very different from sheltered homelessness, which is when folks are in programs under a roof with four walls, and they are receiving [00:07:00] supportive care and access to food or meals and hot water and electricity.

So unsheltered homelessness is a very dangerous situation because your basic needs are completely stripped and you are left to completely fend for yourself with whatever you can carry around.

Shawn Liu: Yeah, it's a really dire situation. And I know that when we think about how big homelessness has become as a political topic that is in the cultural conversation, a lot of what we're talking about is not folks living in shelters or in our programs. They're talking about unsheltered homelessness, right? It, in many ways, is the most visible version of homelessness.

What would you say is the current state of unsheltered homelessness among Veterans? At the top I gave some stats from the Point-in-Time count, but were there any other details or important bits of information to note about how unsheltered homelessness impacts Veterans?

Masaki Hirayama: Yeah, thank you so much for bringing that up. We did have all that disappointing news last year from the 2023 Point-in-Time count and we certainly [00:08:00] were hoping that it would be the other way around.

From the research that our colleagues at the National Center for Homelessness have been conducting, as well as our partners outside of VA, we know that homelessness in general it's a traumatic experience with destructive effects, and it should be rare, brief, and non-recurring.

And unsheltered homelessness is particularly dangerous to a person's health. The comorbidities are much more significant than those who are sheltered. And by comorbidities: multiple different types of diseases and symptoms and illnesses. For that reason, it increases the mortality rate for those who are unsheltered to three times higher than those who are sheltered.

So we really need to get ahead of this and stop unsheltered homelessness and get those folks into programs, into a safe environment with access to basic needs.

Shawn Liu: Yeah, really, really important calls to action there admonitions for all of us to [00:09:00] act and how to direct our efforts. I also know that, you know, this episode is airing on July 8th, 2024. We still don't have the results of the 2024 point in time count that would let us know how we've been doing.

So we're basically working on over a year and a half's worth of old information. We are waiting with bated breath for the results of the 2024 point in time count, which we should have later on sometime this calendar year. I know we're probably going to have a special news update episode for you when those get announced. But that's what we're working with right now.

Regardless of the stats. Masaki, as you pointed out, this is such a dangerous situation, and it's really, it's critical for us to help these Veterans come out from the elements, come inside, and get on that path to housing.

Since it's so important for us, shifting gears a little bit, Masaki, what are we doing about it?

I know we have a lot of existing programs and services already, but you've been leading a really important effort to help improve that. Can you tell us a [00:10:00] little bit about it?

Masaki Hirayama: So recognizing that we have to aggressively intervene and reverse this uptick in the number of unsheltered Veterans, the idea of the surges came from Monica Diaz, our HPO Executive Director, and Jill Albanese, the Director of Clinical Operations and Senior Advisor. It was a milestone of the Veterans Health Administration Priority to Action or P2A. And P2A basically is the priority areas for the Veterans Health Administration to focus on for the fiscal year.

And the milestone was for HPO to complete at least five unsheltered surges, and we ended up completing six.

This unsheltered surge was a collective and rapid infusion of resources and energy into bringing unsheltered Veterans into a sheltered program and eventually a permanent housing intervention.

It was an exercise of the [00:11:00] One Team in which everyone dedicates concrete resources, coordinates efforts, and works toward an agreed upon plan and goal.

Shawn Liu: Awesome. There was a lot there, so I want to just unpack some of that from our viewers.

So whenever, Masaki, whenever you say HPO, that's just the acronym that we use to talk about our office, Homeless Programs Office, HPO. And it's really interesting in terms of the description of the surge because my understanding is that's exactly what you did, which is take the topic of unsheltered homelessness and overwhelm it with resources and activity and effort to try to make a big dent beyond our normal day to day operations.

And you mentioned our One Team Approach. Spoilers for next month, we're actually going to have Jill Albanese on. She is our Director of Clinical Operations. Probably the guest that I have on most on this show. We're going to have her on again next month to actually talk about the One Team Approach that you hinted at, because it really dovetails nicely into how we [00:12:00] coordinate all of these efforts to do these really, really focused actions.

So, Masaki, I mentioned at the top, you actually completed the unsheltered surge over the course of the winter, so from November of 2023 to January, February ish 2024. You had six communities. Tell us, how did it go? What, what six communities participated? How did they do? Did we learn anything interesting?

Masaki Hirayama: Yeah, the last year's surges were successful beyond our imagination, and I'm just the messenger to deliver the impressive news. It was really the staff at the six medical centers that stepped up and met this stretch activity and exceeded the expectations. Last year's six medical centers were from Bay Pines, Florida, Las Vegas, Nevada, San Diego, California, Los Angeles, California, Long Beach, California, and Seattle, Washington.

The model last year had three buckets of interventions, if you will. The first one is [00:13:00] outreach and engagement. This is when staff go out into encampments, freeway underpasses, abandoned buildings, bus stops, parking lots, vehicles, so forth, and find Veterans where they are sleeping and hanging out and engage with them right where they are at.

We asked staff not to hand out cards with phone numbers or ask Veterans to come to us. We wanted to make it as easy as possible for Veterans to engage

and find out about our services. So that just meant staff going to Veterans, not the other way around.

In our second bucket, we asked our Grant and Per Diem transitional housing programs and our Health Care for Homeless Veterans Contract Emergency Residential Services to dedicate a specific number of same day beds. So that way, when the Veteran said, "Yes, I am ready to enter a program today," we could just bring them right in and drive them over. And it was as simple as that.

The [00:14:00] last bucket was enrollment in a permanent housing intervention. And this is in which we asked our supportive housing programs to dedicate a certain number of vouchers to the Veterans Who are engaged to the unsheltered surges. Or it could be a community permanent housing interventions such as Section 8 or some other subsidized housing.

So those were the three buckets if you will. And we made access as easy as possible for Veterans throughout all of those buckets of interventions. Again, access was the lowest barrier, staff went out to find Veterans, then we had a bed readily available when the Veteran was ready to go into a program, and then lastly, we had a permanent housing intervention dedicated already for the Veterans.

Each VA medical center got to pick the number of Veterans to engage as well as the number of same day access beds and the number of permanent housing enrollments throughout the surge [00:15:00] period.

And we actually had some fantastic lessons learned. The first is that we wanted to enhance outreach efforts outside of hospitals, community resource and referral centers, also known as CRRCs, service centers, clinics, or other enclosed settings. We also wanted to establish or enhance regular communication with community providers to conduct outreach more intentionally, efficiently, and collaboratively.

We heard from the medical centers that a lot of the VA medical center staff as well as community providers were doing pretty effective outreach already. It's just because they weren't coordinating it with using a hotspot map and communication tools that they were either missing outreach spots or possibly duplicating. This enhanced outreach coordination was pivotal in maximizing the resources, staffing resources, really.

Another lesson that we learned was to review and improve local [00:16:00] processes, to reduce barriers, and to dedicate resources to same day access to

interim housing and permanent housing programs for unsheltered Veterans. Again, it could take months, sometimes years to get a Veteran to accept the intervention with us. Sometimes they're reluctant to engage because of negative experiences from the past, or maybe they just don't feel hopeful. So when the Veteran says, "Yes, I am ready," we have to seize that opportunity and bring them in that day.

We also found that it was helpful for VA medical centers and community providers to improve their local data collection methodologies to track and identify all unsheltered Veterans through the surge. Sometimes they move around or they're just hard to find because they might be one orange tent amongst a sea of green tents. Something like that.

And the final lesson that we learned was more of a process improvement lesson, [00:17:00] and that's for VA medical centers to review the methods that they use to foster staff safety while conducting outreach in the community. We got some great feedback from VA medical centers about the different tools that they use so that staff can feel safe while they're going out. Those are things like going out in pairs. They always have a check in system both when they leave and then when they come back. And then some medical centers have little beepers on their badges that they can press so that if they feel unsafe, they press that and it activates an emergency response system.

All in all, last year, across the six sites, as I mentioned, they far exceeded our expectations.

They targeted to engage with 368 unsheltered Veterans, and they collectively met with 525 unsheltered Veterans out in the community in their living environment.

For same day interim housing access, they targeted 187 [00:18:00] beds throughout the surge, and they ended up giving 264 same day access beds to Veterans. So again, that far exceeded what they had set.

And lastly, for permanent housing interventions, the medical centers targeted 214 enrollments into some kind of permanent housing, and they ended up enrolling 335 Veterans.

So, in all three domains, the six medical centers far exceeded what they had set, and collectively, they surpassed it. And this was leading up to the Point-in-Time count earlier this calendar year, and so it was a huge accomplishment for all six of these medical centers and their community providers.

Shawn Liu: Yeah, that's outstanding stuff, and wow, quite a lot. Well done. Congratulations to you, and of course, congratulations to the communities that have participated. I know you had recently published both a blog for VA News as well as a white paper that summarizes all of this and provides a little bit more [00:19:00] detail.

We're going to go ahead and put links to both of those in the description of this episode. So if folks want to like read more they totally can.

Masaki, that has been fantastic. As we start winding down this episode, I want to get your kind of take on where you're headed. If I remember correctly, like, the first one is not the one and done that you have plans for more?

Can you tell us where you're going with these unsheltered searches?

Masaki Hirayama: Well, I'm glad you asked that because we just held kickoff meetings with this year's search sites, and this year we selected Jacksonville, Florida, Houston, Texas, Denver, Colorado, Oakland, California, Sacramento, California, and Portland, Oregon. So six outstanding sites across the country to continue this surge effort and to continue the momentum in engaging with unsheltered Veterans. And I'm really looking forward to meeting with each of the six communities and their One Teams to find out how they want to implement the surges at their sites and what targets that [00:20:00] they want to set.

Shawn Liu: Outstanding. Yeah, we're gonna have to bring you back on to see what the results are as well. Six new sites, exciting Florida one in there, Jacksonville is near and dear to my heart.

Masaki, this has been great. Before we let you go, we want to close with something that is the tradition on our show. We want to close with why.

Now, folks who've been listening in for the last I don't know how many two going on three years know that I'm not a Veteran. I'm a civilian and I believe you're a civilian too, correct?

Yeah. And so I'm sure you probably experienced this. When you did direct patient care in Los Angeles, that when you go out, you want to convey to the Veterans that you meet that you're not just a, like a civilian collecting a paycheck. Like this isn't just another job for you. That you're here for them, you're here for the mission.

You are one of the hardest working people in our program office. Super brilliant, there's so many different things that you probably could have excelled at. And you're here with us to work with not only unsheltered Veterans, but also to help us understand the legislative [00:21:00] landscape that we live in, and that might lie ahead, what's your why for this work, what drives you?

Masaki Hirayama: I'd say there were probably two big whys for me. My first one is more of a practical one in that when I started at the Department of Veterans Affairs many years ago, I fell in love with the work and I couldn't think of anything else other than serving those who served our country. And when I came into the Department of Veterans Affairs and it being the largest integrated healthcare system in the nation, there were so many different programs and services through which I could help our Veterans. I just can't think of doing anything else.

My other big why is more of a personal one, and that's my own father experienced unsheltered homelessness. And he was on the streets of San Francisco for many, many years. And it was a nonprofit organization in North Beach, the North Beach Neighborhood of San Francisco, that scooped him up and saved him.

They gave him hope. They eventually got him a Section 8 [00:22:00] voucher. And it was because he got housed that he was able to complete his college degree, reunite with his family. He got to experience the joys of being a grandfather to my kids. And so I saw firsthand the miracle that can come from having hope and housing. And so I want to also give that same sense of gratitude back to our community and to our unsheltered Veterans.

Shawn Liu: Masaki Hirayama is a Health Systems Specialist here in the Homeless Programs Office.

Masaki, thank you so much for the gift of your time.

Masaki Hirayama: Thank you so much for having me, Shawn. This was an honor.

Shawn Liu: If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless.

And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained

counselors are standing by to help [00:23:00] 24 hours a day, 7 days a week. That number again is 877-424-3838.

If you're enjoying the show, leave us a review on Apple Podcasts. It would really help us out.

That's all for this month. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe, and stable place to call home.

Take care.

[00:24:00]