INFORMATIONAL: Pre-Decisional

VHA Safe Harbor Guardianship Consortium: Bi-Weekly Summary

Updates December 1-12, 2025
For Internal VA-Use Only

Purpose: Provide key updates on VHA's *Safe Harbor Guardianship Consortium* implementation efforts to ensure effective communication.

Audience: VHA Senior leadership

Awareness

- The Safe Harbor Guardianship Consortium Sites are:
  - ○ VA Boston HCS / VISN 1
  - ○ VA Greater Los Angeles HCS / VISN 22
  - ○ James A. Haley Veterans' Hospital (Tampa) / VISN 8
  - ○ South Texas Veterans HCS (San Antonio) / VISN 17
  - ○ Hines VA Medical Center / VISN 12

Key Updates:

- The Co-Leads (Dr. Campbell, Dr. Charness and Dr. Weber) and OGC briefed Senior Advisor Mr. Bartrum on December 11, 2025. Key takeaways were:
  - ○ Requested renaming the project "consortium" rather than "pilot" to clarify that there is no statutory requirement
  - ○ Further work is needed with OGC to define whether Veterans not receiving care at the VA can be reached through the guardianship process.
  - ○ OGC has shared a draft MOU with DOJ for input to pursue litigation and provide guardianship legal services through contracts or regional counsel to VA sites.
- Consortium sites presented their needs assessments and action plans to VHA Program Offices

guardianship legal services through contracts or regional counsel to VA sites

- Consortium sites presented their needs assessments and action plans to VHA Program Offices and OGC for feedback in the virtual sequester held the week of December 9, 2025.
- Funding for 1.0 Social Worker FTEE was distributed to consortium sites on November 24, 2025
- Bridge QUERI is finalizing program evaluation metrics to begin data collection in January 2026.
- Pilot sites will submit their next monthly update by December 22, 2025, including key accomplishments, risks, lessons learned and metrics on process utilization (e.g. inpatient boarding and referral sources).

Challenges:

Topic	Challenge	Mitigation
Confirming legal guardianship authorities for consortium sites	OGC is awaiting a decision from the Department of Justice (DOJ) on a request for authorization to pursue litigation and provide guardianship legal services through contracts or regional counsel to VA sites.	OGC has concurred with sites continuing to use their current mechanisms for legal support. The Safe Harbor Guardianship Consortium is able to proceed while delegation of authority from DOJ is pending.

Upcoming Key Meetings:

Date	Meeting Title	Description/Purpose
January 21, 2025	National Workgroup Meeting	Consortium Site and Workstream Progress Updates

VHA Project Safe Harbor - Weekly Summary
Updates November 3-14, 2025
For Internal VA-Use Only

Purpose: Provide key updates on VHA's *Project Safe Harbor Guardianship Pilot Program* implementation efforts to ensure effective communication.

Audience: VHA Senior leadership

Awareness

- The Project Safe Harbor Guardianship Pilot Sites are:
  - VA Boston HCS / VISN 1
  - VA Greater Los Angeles HCS / VISN 22
  - James A. Haley Veterans' Hospital (Tampa) / VISN 8
  - South Texas Veterans HCS (San Antonio) / VISN 17
  - Hines VA Medical Center (Chicago) / VISN 12

Key Updates:

- Due to the Emergency Department being a common entry point for Veterans experiencing homelessness, the National Emergency Medicine Office Acting Director and each of the Pilot Site Emergency Medicine Chiefs have been added to the National Workgroup.
- Pilot sites are initiating monthly updates, with report-outs documenting (but not limited to): key accomplishments, challenges, lessons learned, and baseline guardianship utilization data.
- Pilot Sites are developing baseline needs assessments and action plans. The National Workgroup will review action plans and work with sites during a virtual sequester December 9-11, 2025.

Challenges:

Topic	Challenge	Mitigation
Confirming legal guardianship authorities for pilot sites	The recent OGC furlough delayed the timeline to confirm guardianship authorities with Department of Justice	OGC has concurred with sites continuing to use their current mechanisms for legal support. The pilot is able to proceed while

- South Texas Veterans HCS (San Antonio) / VISN 17
- Hines VA Medical Center (Chicago) / VISN 12

Key Updates:

- Due to the Emergency Department being a common entry point for Veterans experiencing homelessness, the National Emergency Medicine Office Acting Director and each of the Pilot Site Emergency Medicine Chiefs have been added to the National Workgroup.
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Upcoming Key Meetings:

Date	Meeting Title	Description/Purpose
November 21, 2025	National Workgroup Meeting	Pilot Site and Workstream Progress Updates
December 9-11, 2025	National Workgroup Sequester Meeting (virtual)	Feedback on Baseline Needs Assessments & Action Plans

VHA Project Safe Harbor: Bi-Weekly Summary
Updates November 17-26, 2025
For Internal VA-Use Only

Purpose: Provide key updates on VHA's *Project Safe Harbor Guardianship Pilot Program* implementation efforts to ensure effective communication.

Audience: VHA Senior leadership

<u>Awareness</u>

- The Project Safe Harbor Guardianship Pilot Sites are:
  - VA Boston HCS / VISN 1
  - VA Greater Los Angeles HCS / VISN 22
  - James A. Haley Veterans' Hospital (Tampa) / VISN 8
  - South Texas Veterans HCS (San Antonio) / VISN 17
  - Hines VA Medical Center / VISN 12

<u>Key Updates:</u>

- Pilot sites submitted the first monthly update on November 14, including key accomplishments, challenges, lessons learned, and select metrics. Pilot sites briefed the National Workgroup on November 21, 2025.
  - All five pilot sites reported having initiated implementation of the Safe Harbor Pilot Program and are currently working on Maturity Level 1: Foundational and Planning Tasks.
  - Metrics on process utilization from the beginning of the pilot, including inpatient boarding and referral sources, will be collected in December.
  - Bridge QUERI is developing additional metrics and a program evaluation plan for implementation in January.
- Pilot Sites are developing baseline needs assessments and action plans. The National Workgroup will review action plans and work with sites during a virtual sequester December 9-11, 2025.
- Scheduling a meeting with Mr. Bartrum and OGC to review OGC recommendations on guardianship.

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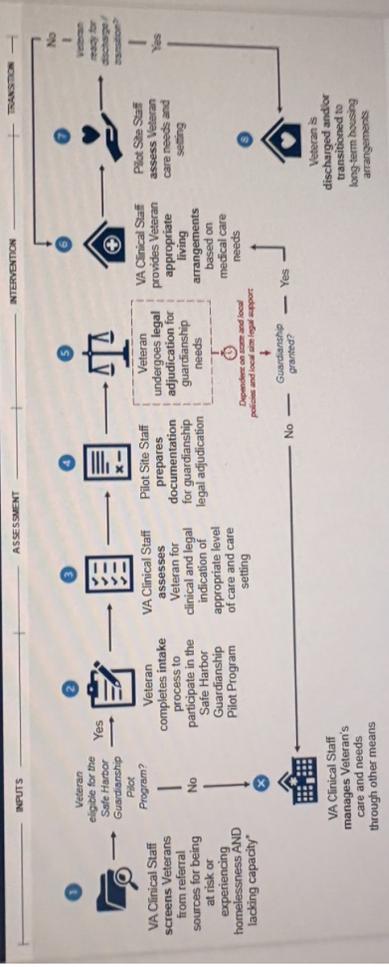
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Guardianship Model Process Map

INPUTS

1 — VA Clinical Staff **screens Veterans** from referral sources for being at risk or experiencing homelessness AND lacking capacity*

Veteran eligible for the Safe Harbor Guardianship Pilot Program?

— Yes →

No →

X — VA Clinical Staff **manages Veteran's** care and needs through other means

2 — Veteran **completes intake** process to participate in the Safe Harbor Guardianship Pilot Program

ASSESSMENT

3 — VA Clinical Staff **assesses** Veteran for clinical and legal indication of appropriate level of care and care setting

4 — Pilot Site Staff **prepares documentation** for guardianship legal adjudication

5 — Veteran undergoes **legal adjudication** for guardianship needs

Dependent on state and local policies and local site legal support

Guardianship granted?

— No →

— Yes →

INTERVENTION

6 — VA Clinical Staff provides Veteran **appropriate living arrangements** based on medical care needs

TRANSITION

7 — Pilot Site Staff **assess** Veteran care needs and setting

Veteran ready for discharge/transition?

— No →

— Yes →

8 — Veteran is **discharged and/or transitioned** to long-term housing arrangements

EXECUTIVE SPONSOR

Dr. Thomas O'Toole

Deputy Assistant Under Secretary for Health for Clinical Services

Table of Contents

1. Background and Purpose

Veterans at risk or experiencing homelessness who lack capacity to make appropriate medical and social decisions for themselves are at high risk for preventable harm, injury, or death. This population often experiences prolonged inpatient stays at high-cost levels of care and cycle between homelessness and emergency services. To address this gap, the Department of Veterans Affairs (VA) will implement the Safe Harbor Guardianship Pilot Program ("Project Safe Harbor"), designed to implement a sustainable, Veteran-centered, outreach-based guardianship model, consistent with state laws and that honors principles of ethics and patient autonomy.

Project Safe Harbor is a high-priority Veterans Health Administration (VHA) pilot program aligned with Executive Order 14321 (Ending Crime and Disorder on America's Streets) and designed to provide seamless, respectful, and safe care for this vulnerable Veteran population. The two-year pilot will initiate in October 2025 with five sites, employing a maturity scale that progressively expands the Veteran target population. With the anticipated high impact to better serving unsheltered Veterans experiencing homelessness, the pilot will identify challenges and enablers to success and will inform the possibility for a national roll-out.

2. Veteran Impact and Target Population

Project Safe Harbor is designed to result in improved Veteran quality of life and experience of VA services, reduced unsheltered homelessness, reduced trauma, and reduced exposure-related morbidity & mortality. Along with providing the right care, in the right place, at the right time to Veterans in this high-risk population. Project Safe Harbor defines the target population as Veterans experiencing unsheltered or sheltered homelessness who lack capacity to make appropriate medical and social decisions for themselves as defined by state laws and have challenging-to-treat medical and/or behavioral needs. In addition, Veterans at risk of experiencing homelessness who lack capacity or have declining capacity may be included. Referral sources to conduct Veteran outreach for the pilot include street outreach/surge events, Homeless Programs including the Veterans Justice Outreach Program, Outpatient Mental Health Program, medical/psychiatric inpatient referrals, emergency departments, and Veteran Treatment Court.

3. Scope

In Scope:

- Testing of an outreach, referral, assessment, intervention, and transition guardianship pathway for the above defined target population with National consultation to pilot sites and development of guidance to address site-specific needs.
- Alignment with Office of General Counsel (OGC) efforts to develop and implement legal framework for guardianship; Safe Harbor will operate within current legal authorities, with guidance from OGC.
- Collection of implementation and outcome data for early evaluation to inform future policy, program office adoption, and potential national expansion.
- Identification of operational, policy, regulatory, and statutory challenges, with recommendations to VA/VHA leadership to address as it relates to successful Project Safe Harbor implementation. Any information technology (IT) or fundings requests will be submitted through existing channels.
- Inclusion of National Program Office consultation to pilot sites to guide implementation, to include guidance, check-lists, templates, and a communications plan.

Out of Scope:

- Permanent facility infrastructure changes
- Reform regulations and statutes
- Broader homelessness policy

4. Objectives and Outcomes

Project Safe Harbor objectives and key tasks are identified below in table 1.

Objectives	Key Tasks
1. Design and implement an innovative outreach-based homeless intensive support and intervention model pilot program.	1.1. Define a guardianship model for high-risk Veterans who lack capacity.
	1.2. Identify pilot sites to participate that meet site selection criteria and execute pilot implementation plan.
	1.3. Develop a communications/outreach plan to engage with stakeholders and explain the benefits and Veteran-focused outcomes.
2. Provide resources and tools to support successful pilot site implementation.	2.1. Collaborate with pilot sites to determine needs and specific site activation plans for successful implementation of the pilot model.
	2.2. Establish pilot program guidance for pilot sites and National Offices to address legal, funding, staffing, and other needs; promote collaboration and sharing of strong practices amongst sites.
	2.3. Conduct readiness testing (e.g., table-top exercises) with each site.
	2.4. Provide temporary staffing support through Special Purpose supplementary funding.
3. Conduct evaluation and report progress and outcomes to promote sustainability.	3.1. Develop an evaluation plan and create processes for data gathering/sharing/compilation/analysis.
	3.2. Monitor at least quarterly the pilot site implementation progress, evaluation actions, issues, and lessons learned.
	3.3. Generate 6-month and 12-month progress reports, with a compil-ed 24-month final evaluation report including a recommendation for next steps, based on identified challenges and enablers of pilot success.

Table 1: Safe Harbor Guardianship Pilot Program Objectives & Key Tasks

Project Safe Harbor measures of success will be defined by Veteran-centered outcomes, operational feasibility, and systemic readiness. Key indicators will include consistent reporting and evaluation on process, outcome, and implementation metrics across all pilot sites. Outcomes and measures of success are expected to be refined by the Pilot Execution Plan and the Evaluation Plan.

Initial Project Safe Harbor Outcomes:

- Implementation of the Safe Harbor Guardianship Program
- Improved Veteran quality of life and Veteran experience
- Reduced unsheltered homelessness
- Reduced trauma, exposure-related morbidity & mortality
- Accelerated transitioning of Veterans to the level of care aligned to their clinical and psychosocial needs
- Improved timeliness of establishing guardianship and engagement in services for clinically and legally indicated Veterans experiencing homelessness who lack decisional capacity

5. Roles and Responsibilities

Integrated Project Team (IPT)

VHA will form an IPT comprised of National Program Office Leaders, Field Leaders, and subject matter experts to facilitate the successful planning, execution, and evaluation of the Safe Harbor Guardianship Pilot Program and stated objectives. The IPT will be led by the Office Mental Health (OMH) and the Homeless Programs Office (HPO). The IPT will initially meet monthly and is charged with ensuring coordination, accountability, and alignment with VHA leadership priorities, as well as ensuring effective change management and internal/external communications. See Figure 1 for a depiction of the project structure. A listing of the IPT members is included in Appendix A.

Project Safe Harbor Workstreams:

- *Legal Framework* – Promotes alignment with OGC to integrate a guardianship legal framework with Project Safe Harbor, advises sites regarding Guardianship Legal Services.
- *Pilot Site Readiness* – Guides sites on local planning and implementation efforts, develops pilot site resources, tools, and coordination processes to assist with site implementation.
- *Program Evaluation* – Coordinates with Quality Enhancement Research Initiative (QUERI) to develop and implement the evaluation plan, ensuring alignment with pilot goals and VA/VHA priorities; integrates evaluation data collection with pilot reporting processes.
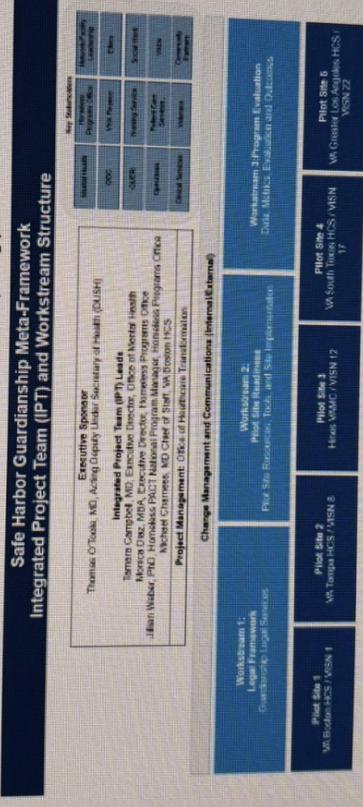

Figure 1. Project Safe Harbor Meta Framework

Executive Sponsor

The Executive Sponsor is the VHA Senior Leader accountable for the overall success of Project Safe Harbor. The Executive Sponsor provides strategic oversight, authorizes key programmatic scope decisions, and ensures enterprise-level alignment. Responsibilities include:

- Briefs to VA Senior Leaders and champions the project amongst executive leadership and external stakeholders, in coordination with IPT Leads.
- Provides strategic oversight, advises on high-level implementation strategies, ensures enterprise-level alignment with VA priorities and external mandates.
- Makes approvals for project deliverables, concurs and signs project charter and project transition plan, and authorizes any scope changes.
- Attends Monthly National IPT meetings and recurring IPT Lead/Project Management Meetings.
- Assists with addressing critical challenges and issues applicable to Project Safe Harbor.
- Serves as a change agent for project related efforts and actions.

IPT Leads

IPT Leads work closely with the Executive Sponsor, the IPT Members, and key stakeholders to promote successful implementation of Project Safe Harbor. IPT Leads provide leadership for the IPT to ensure a successful implementation of the effort as specified by the Project Charter and other direction from the Executive Sponsor. Responsibilities include:

- Leads the National IPT meetings, approving agendas and materials relevant to the IPT.
- Guides the overall Project Safe Harbor implementation, Advises IPT Workstream Leads and Project Safe Harbor Site Leadership and assists addressing any challenges, to include navigating situations with key stakeholders.
- Meets regularly with Project Managers to provide direction and approval on Project Safe Harbor operational items.
- Briefs and approves materials for the Executive Sponsor and VA/VHA Senior Leaders.

IPT Members

IPT members are comprised of representatives from key Program Offices and Facility Safe Harbor leadership. Additional subject matter experts and ad-hoc members will be engaged on an as needed basis. Responsibilities include:

- Actively participate in the IPT through attendance and discussion at meetings, review and input on materials, and coordinating input from their respective offices/Facility.
- Serve on workstreams; shape workstream deliverables and ensure cross-office coordination; surface challenges and provide subject matter expertise in their functional areas.
- IPT Members may be selected to serve as Workstream Leads, where they will be responsible for leading the workstream efforts, reviewing workstream updates and materials, presenting workstream updates at the IPT meetings, and elevating and addressing challenges related to the workstream.
- Pilot site representatives from each facility will be responsible for site-level reporting, to include sharing of lessons learned, documentation of challenges/risks, data and evaluation tracking, and submission of a recurring site update. These field leaders will work closely with the IPT to adapt the Safe Harbor model to local conditions, ensure data sharing, and support site readiness assessments.

Pilot Site Responsibilities:

Each pilot site will have 2-3 representatives serving on the IPT, including at least one Facility Executive Leadership Team (ELT) member. Facilities are expected to conduct site-focused meetings and provide feedback to the national IPT. Responsibilities for the pilot sites will be further defined by the approved Pilot Execution Plan and the Evaluation Plan. Responsibilities include:

- Implementing Safe Harbor guardianship model, including referral processes, assessment for clinical and legal indication, legal adjudication with placement into appropriate care sites, and stabilization services for the identified target Veteran populations, in compliance with state laws.
- Collaborating with the National IPT and other sites, reporting on pilot implementation status, participating in program evaluation and transition activities, and sharing lessons learned.
- Establishing a local workgroup to manage site readiness activities and ensure implementation of the pilot requirements.
- Developing action plans, charters, and other supporting documentation, as applicable.
- Pending VA leadership approval, sites are anticipated to be required to meet a minimum staffing allocation to manage the guardianship program.

6. Communications and Change Management

A phased internal and external communications approach will ensure key stakeholders have appropriate levels of awareness, understand the compelling reasons for action, and have the knowledge and ability to do their part in this important effort to serve a high-risk Veteran population experiencing homelessness. VHA will develop and implement a comprehensive communications plan, as well as provide guidance and standard messaging and communication artifacts for individual site use. To reach the targeted Veterans, the pilot program will follow outreach plans specific to each site's processes. The Project Safe Harbor Communications Plan provides the phased internal and external approach that includes purpose, key activities, audience, and products.

The change management strategy will follow the Prosci ADKAR model to facilitate adoption and ownership across all levels of the organization:

- **Awareness** of the need for a guardianship-based intervention model
- **Desire** to support the pilot as a meaningful Veteran-centered solution
- **Knowledge** of how to implement new roles, workflows, and responsibilities
- **Ability** to execute clinical/legal pathways at the local level
- **Reinforcement** of practices through feedback loops and leadership engagement

7. Project Management, Reporting, and Deliverables

Project Management

The Office of Healthcare Transformation (OHT) will lead project management of Project Safe Harbor, serving as the coordinating hub for project reporting, document management, and issues escalation. Strategic issues will be elevated to the IPT Leads and Executive Sponsor as needed, while day-to-day IPT governance will follow structured weekly meetings and task-tracking tools. OHT will facilitate the development of key project management artifacts, to include the Project Charter, Communications Plan, and Project Transition Plan. Challenges and mitigation plans will be addressed through a structured approach, especially given the complex coordination across legal, clinical, and operational domains. A register of challenges will be maintained, to include Facility and programmatic level items with elevation protocols to ensure responsiveness. An initial list of Challenges can be found in Appendix B.

Reporting Requirements:

To ensure alignment across the enterprise, regular reporting and feedback mechanisms with VA and VHA leadership will include the following:

- VHA Leadership Updates, initially weekly and then determined by the Executive Sponsor.
- Monthly Pilot Implementation updates, to include pilot site score cards and tracking against pilot sites requirements.
- 6-month and 12-month progress reports, incorporating QUERI evaluation initial findings.
- 24-month final evaluation report which will include a recommendation for next steps, based on identified challenges and enablers of success for the pilot program. This may include:
  - Ensuring that pilot lessons learned are codified into guidance, templates, and protocols that can be used by other sites, as needed.
  - Aligning the model with existing VA programs to promote integration.
  - Identifying policy, legal, and operational enablers or barriers that must be addressed to support scale-up.
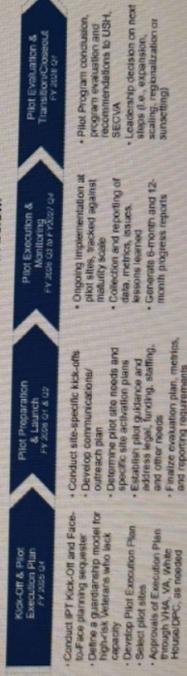- Leadership briefings will occur on an as needed basis.

Deliverables

Project Safe Harbor will generate a set of deliverables to guide implementation, evaluation, and potential future scaling of the pilot, ensuring transparency, accountability, and alignment with broader VA priorities while enabling effective decision-making for the future of Project Safe Harbor.

Deliverable	Description	Target Date
Project Charter	Identifies scope, roles, and responsibilities for Project Safe Harbor	September 2025
Pilot Execution Plan	Describes pilot requirements and implementation approach; defines Project Safe Harbor guardianship model	September 2025
Site Selection Memos	Confirms commitment from sites for pilot participation; outlines high-level site expectations	September 2025
Communications/ Outreach Plan	Specifies stakeholder engagement and outreach approach and key tasks	October 2025
Change Management Plan	Defines strategies and activities to facilitate adoption and ownership across all levels of the organization	October 2025
Initial Site Guidance	Assist sites with implementation of pilot requirements, includes readiness checklists, templates/examples, and operational guidance	October 2025
Site Score Cards	Initial development of site score cards, initially to be reporting on monthly, with the potential to move to quarterly	November 2025
Evaluation Plan	Specifies to evaluation approach for Project Safe Harbor, QUERI to develop plan in coordination with the Project Safe Harbor IPT and other stakeholders	December 2025
6-month Progress Report	Interim report, to include initial evaluation findings, progress, barriers, and lessons learned; submitted to VHA leadership	April 2026
IPT Transition Plan	Identification of roles and responsibilities following the conclusion of the IPT; proposed transition strategy for sustaining successful elements of the pilot	April 2026
12-month Progress Report	Interim report, to include initial evaluation findings, progress, barriers, and lessons learned; submitted to VHA leadership	October 2026
24-month Final Report	Final report to include final evaluation report, recommendations for next steps, sustainability, and potential scaling of the model	November 2027

8. Timeline and IPT Term

Pilot Timeline

Project Safe Harbor will be executed over a two-year period (October 2025 – September 2027), with phased milestones to ensure structured implementation, evaluation, and transition planning. Project Safe Harbor is designed as a time-limited pilot, with the understanding that long-term sustainability will depend on successful evaluation, documentation, and integration of the model into VA's permanent care infrastructure. The timeline is shown below.

Kick-Off & Pilot Execution Plan — FY 2025 Q4
- Conduct IPT Kick-Off and Face-to-Face planning sequester
- Define a guardianship model for high-risk Veterans who lack capacity
- Develop Pilot Execution Plan
- Select pilot sites
- Approvals of Execution Plan through VHA, VA, White House/JPC, as needed

Pilot Preparation & Launch — FY 2026 Q1 & Q2
- Conduct site-specific kick-offs
- Develop communications/ outreach plan
- Determine pilot site needs and specific site activation plans
- Establish pilot guidance and address legal, funding, staffing, and other needs
- Finalize evaluation plan, metrics, and reporting requirements

Pilot Execution & Monitoring — FY 2026 Q3 by FY 2027 Q4
- Ongoing implementation at pilot sites, tracked against maturity scale
- Collection and reporting of data, metrics, issues, lessons learned
- Generate 6-month and 12-month progress reports

Pilot Evaluation & Transition/Closeout — FY 2027 Q4
- Pilot Program conclusion, program evaluation and recommendations to USH, SECVA
- Leadership decision on next steps (i.e. expansion, scaling, regionalization or sunsetting)

IPT Term

The National IPT will operate an initial term, concluding in May 2026 or upon successful delivery of the 6-month progress report (due April 2026), whichever comes first. At that point, the IPT will formally transition to program office-led ownership, ensuring long-term sustainability and alignment with functional responsibilities, as documented in the Project Transition Plan.

Anticipated Program Office Alignment:

- Legal Pathways and Guardianship Guidance → OGC
- Clinical Protocols and Stabilization Care → OMH
- Homelessness Programs and Housing Navigation → HPO
- Evaluation and Scalability Planning → OMH and/or HPO

9. Approval

Signature: **THOMAS OTOOLE**
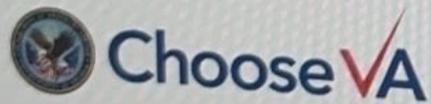Digitally signed by THOMAS OTOOLE
Date: 2025.09.24 11:48:03 -04'00'

Date: _____

Print Name: Thomas O'Toole, MD

Title: Acting Deputy Under Secretary for Health

Role: Executive Sponsor

Signature: **JILL DRAIME**
Digitally signed by JILL DRAIME
Date: 2025.09.24 12:35:19 -04'00'

Date: _____

Print Name: Jill Draime, PsyD, ABPP

Title: Executive Director of Transformational Program Management

Veterans Health Administration
Safe Harbor Guardianship Pilot Program
Integrated Project Team (IPT) Kick-Off

September 30, 2025

Choose VA

VA | U.S. Department of Veterans Affairs

Agenda

Topic	Presenter

Project Safe Harbor Guardianship IPT

Office	Name	Role
Office of the Deputy Under Secretary for Health	Thomas O'Toole, MD, Acting Deputy Under Secretary for Health	Executive Sponsor
Office of Mental Health	Tamara Campbell, MD, Executive Director	Co-Lead
Homeless Programs Office	Monica Diaz, MBA, Executive Director	Co-Lead
Homeless Programs Office	Jillian Weber, PhD, RN, Homeless PACT National Program Manager	Co-Lead
VA Boston Healthcare System	Michael Charness, MD, Chief of Staff	Co-Lead / Site Lead
Office of Mental Health	Jay Cohen, PhD, Senior Consultant and Deputy Director, Continuum of Care & General Mental Health	Member
Office of Mental Health	Gayle Iwamasa, PhD, National Director, Inpatient Mental Health Services	Member
Office of Nursing	Gwen Hampton, DNP, RN, PMHCNS-BC, Associate Director for Patient Care Services	Member
Geriatrics and Extended Care	Lori M. Paris, LCSW, BCD, LCAC, National Program Coordinator, Medical Foster Home and Community Residential Care	Member
Geriatrics and Extended Care	Alexandra Caley, MN, RN-BC, PHCNS-BC, Chief, Community Living Centers	Member
Geriatrics and Extended Care	Courtney Huhn, MD, Physician Consultant, Facility Based Care (FBC)	Member
Care Management and Social Work	Jennifer Koget, LCSW, National Director – Social Work	Member
Care Management and Social Work	Jennifer Silva, LCSW-S, National Program Manager	Member
Office of General Counsel	Bryan Thompson, JD, Deputy Chief Counsel, Health Care Law Group	Member
Office of General Counsel	Marilyn Fuller, JD, General Attorney, Health Care Law Group	Member
VA Quality Enhancement Research Initiative	Amanda Midboe, PhD, Health Science Specialist	Member
National Center for Ethics	Toby Schonfeld, PhD, Executive Director	Member
National Center for Ethics	Cynthia Geppert, MD, PhD, Director of Education	Member

Office of Healthcare Transformation Team:
Kalpa Subbu (Portfolio Manager), Monica Cummins (Project Lead), Alden Borromeo, Jeff Duncan, Melissa Heinlein Storti, Maria Lissiano, Sehar Minhas

Project Safe Harbor Guardianship IPT – Site Leadership

Project Safe Harbor Guardianship IPT – Site Leadership

VA Boston Healthcare System / VISN 1

Michael Charness, MD, Chief of Staff (Site Lead)

Nickie Buchanan, LCSW, Supervisory Social Worker, Inpatient Services

Erin McShane, LICSW, Associate Chief, Social Work Service

Darryl Grosso, MSW, Chief Social Work Service

James A. Haley Veterans' Hospital (Tampa) / VISN 8

Brent Nedieffer, LCSW, Social Worker Geriatrics (Site Lead)

Carol McFarlane, LCSW, Chief of Social Work

Kathy Hendrix, DNP, RN, LSSBB, Associate Director Patient Care Services

Gabrielle Ayala, Health System Specialist

Edward Hines Jr. VA Hospital/ VISN 12

Dr. Adam J. Obley, MD, FACP, Deputy Chief of Staff (Site Lead)

Katherine Byrnes, LCSW, Veterans Justice Program Specialist

Jennifer Martin, LCSW, Medical Social Worker – Surgery, Guardianship Coordinator

VA South Texas HCS (San Antonio) / VISN 17

Eleanor Milo, DNP, RN, CENP, NEA-BC, ADPCS/Nurse Executive

Katherine Herrera, LCSW, Social Work Leadership

Lakeisha Hester, LCSW, Inpatient Social Work Supervisor (Site Lead)

Heloise Ferguson, MSW, MPH, VISN Network Homeless Coordinator

VA Greater Los Angeles HCS (West LA VAMC) / VISN 22

Steven Simon, MD, Chief of Staff

Barry Guze, MD, Associate Chief of Staff for Mental Health and Chief of Psychiatry (Site Lead)

Edna Naito-Chan, PhD, Deputy Chief, Community Engagement and Reintegration Service (CERS)

Andrew Kim, MD, Chief of Psychiatry

Safe Harbor Guardianship Pilot Program Placemat
Overview of Key Attributes

Bottom Line Up Front

What is Project Safe Harbor?

Veterans at risk or experiencing homelessness who lack capacity to make appropriate medical and social decisions for themselves are at high risk for preventable harm, injury, or death. This population often experiences prolonged inpatient stays at high-cost levels of care and cycle between homelessness and emergency services.

To address this gap, the Department of Veterans Affairs (VA) will implement the Safe Harbor Guardianship Pilot Program ("Project Safe Harbor"), designed to implement a sustainable, Veteran-centered, outreach-based guardianship model, consistent with state laws and that honors principles of ethics and patient autonomy.

How is VA implementing Project Safe Harbor?

- The two-year pilot will initiate in October 2025 with five sites, employing a maturity scale that progressively expands the Veteran target population. With the anticipated high impact to better serving unsheltered Veterans experiencing homelessness, the pilot will identify challenges and enablers to success and will inform the possibility for a national roll-out.

- Proposed Pilot Sites:
  - VA Boston Healthcare System (HCS) / VISN 1
  - James A. Haley Veterans Hospital (Tampa) / VISN 8
  - Hines VAMC (Chicago) / VISN 12
  - VA South Texas HCS (San Antonio) / VISN 17
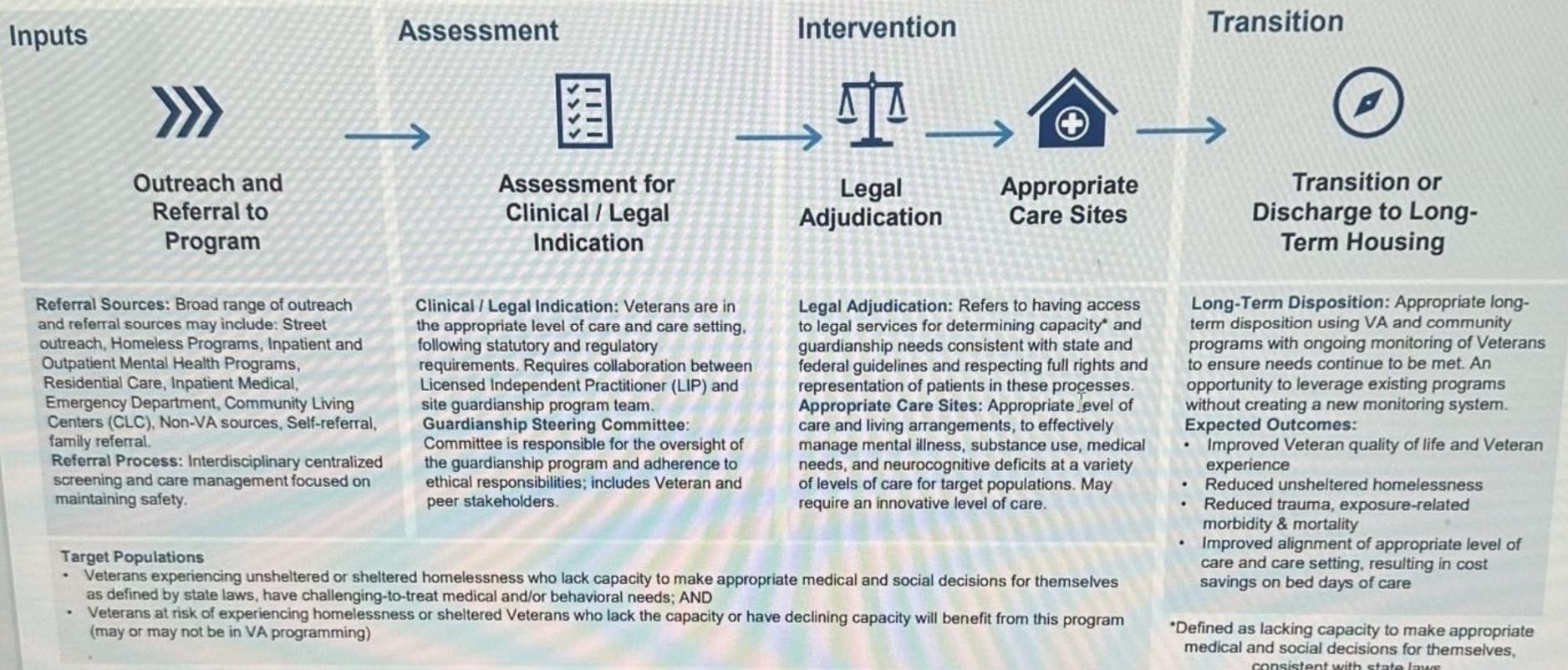 - VA Greater Los Angeles HCS / VISN 22

Project Safe Harbor Benefits

- Project Safe Harbor is a high-priority Veterans Health Administration (VHA) pilot program aligned Executive Order (EO) dated July 24, 2025, Ending Crime and Disorder on America's Streets and designed to provide seamless, respectful, and safe care for this vulnerable Veteran population.

- The program will result in improved Veteran quality of life and Veteran experience of VA services, reduced unsheltered homelessness, reduced trauma, reduced exposure-related morbidity & mortality, and providing the right care, in the right place, at the right time to Veterans in this high-risk population.

Key Elements and Evaluation Plan

- Each site will establish a guardianship model for sheltered and unsheltered Veterans experiencing homelessness, which includes legal services, referral and care processes, allocation of staffing, and an ethics oversight committee. Sites will progressively expand the population served. This approach allows for sites to start seeing Veterans through the guardianship model as soon as possible, while concurrently refining outreach, referral, and assessment processes.
- The evaluation of Project Safe Harbor pilot follow a staged, pragmatic approach. The Evaluation Plan will refine an initial set of measures and establish data definitions and guidance for collecting baseline data. This approach will allow for standard application of measures to sites that have varying current states. The Evaluation Plan will provide key insights for potential national measures if a national roll-out were determined to be appropriate.

High-Level Guardianship Model

Inputs	Assessment	Intervention		Transition
Outreach and Referral to Program	**Assessment for Clinical / Legal Indication**	**Legal Adjudication**	**Appropriate Care Sites**	**Transition or Discharge to Long-Term Housing**

Referral Sources: Broad range of outreach and referral sources may include: Street outreach, Homeless Programs, Inpatient and Outpatient Mental Health Programs, Residential Care, Inpatient Medical, Emergency Department, Community Living Centers (CLC), Non-VA sources, Self-referral, family referral.
Referral Process: Interdisciplinary centralized screening and care management focused on maintaining safety.

Clinical / Legal Indication: Veterans are in the appropriate level of care and care setting, following statutory and regulatory requirements. Requires collaboration between Licensed Independent Practitioner (LIP) and site guardianship program team.
Guardianship Steering Committee: Committee is responsible for the oversight of the guardianship program and adherence to ethical responsibilities; includes Veteran and peer stakeholders.

Legal Adjudication: Refers to having access to legal services for determining capacity* and guardianship needs consistent with state and federal guidelines and respecting full rights and representation of patients in these processes.
Appropriate Care Sites: Appropriate level of care and living arrangements, to effectively manage mental illness, substance use, medical needs, and neurocognitive deficits at a variety of levels of care for target populations. May require an innovative level of care.

Long-Term Disposition: Appropriate long-term disposition using VA and community programs with ongoing monitoring of Veterans to ensure needs continue to be met. An opportunity to leverage existing programs without creating a new monitoring system.
Expected Outcomes:
- Improved Veteran quality of life and Veteran experience
- Reduced unsheltered homelessness
- Reduced trauma, exposure-related morbidity & mortality
- Improved alignment of appropriate level of care and care setting, resulting in cost savings on bed days of care

Target Populations
- Veterans experiencing unsheltered or sheltered homelessness who lack capacity to make appropriate medical and social decisions for themselves as defined by state laws, have challenging-to-treat medical and/or behavioral needs; AND
- Veterans at risk of experiencing homelessness or sheltered Veterans who lack the capacity or have declining capacity will benefit from this program (may or may not be in VA programming)

*Defined as lacking capacity to make appropriate medical and social decisions for themselves, consistent with state laws.

Pilot Site Requirements, Budget, and Staffing

A Pilot Site Maturity Levels and Specifications Scale will track pilot site progress with a score card for each site.

Pilot Site Requirements

1. Each pilot site will establish a site-specific Guardianship Model, to include a referral and care process, documented in a standardized operating procedure (SOP); a guardianship steering committee; and access to guardianship legal services, in coordination with the OGC.

2. Using the Guardianship Model, each site will:
   - 2.1. Serve Veterans who are at risk or experiencing homelessness and lack capacity* in inpatient care.
   - 2.2. Serve Veterans who are at risk or experiencing sheltered or unsheltered homelessness and lack capacity* in VA programming.
   - 2.3. Serve Veterans who are experiencing unsheltered homelessness and lack capacity* who are not in VA programming.

3. Each site will evaluate the feasibility of regional referrals from other VA facilities (may be from within same state) serving unsheltered Veterans with challenging medical/behavioral issues.

4. Each site will allocate at least 1.0 full-time employee equivalent (FTEE) to manage the local Guardianship Model.
   1. Social worker is recommended.
   2. Clinical Services will provide temporary Special Purpose Funds equivalent to 1.0 FTEE Social Worker for each site (*additional information to be provided*)

Proposed Budget and Staffing

VHA Central Office Responsibilities
- Evaluation:
  - QUERI: QUERI Rapid Response Team and QUERI-Partnered Evaluation
  - Clinical Services: Funding for QUERI-Partnered Evaluation (~$150,000)
- Staffing: Clinical Services (HPO and OMH) to provide temporary Special Purpose Funds equivalent to 1.0 FTEE Social Worker (0.5 FTEE per office) for each site, to be used directly in support of the site's guardianship program

Site Responsibilities
- Staffing:
  - Allocating at least 1.0 FTEE (Social Worker) to manage Guardianship program
  - Sites will use existing capacity/budget for additional needs
- Sites are responsible for any space and facility modifications

*Defined as lacking capacity to make appropriate medical and social decisions for themselves, consistent with state laws.

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Pilot Site Maturity Levels & Specifications Scale

Maturity Level	Pilot Site Specifications
Level 1 Complete Foundational and Planning Tasks	☐ Site confirms pilot participation and participates on National Safe Harbor IPT • Each site should identify 2-3 individuals to serve on the National IPT, to include at least one Facility Executive Leadership Team (ELT) member. • Site representatives are responsible for overseeing specific site actions, sharing lessons learned, and collaborating with other sites and National partners. ☐ Site forms a Safe Harbor local workgroup responsible for local pilot planning, implementation, reporting, and evaluation. ☐ Site conducts baseline needs assessment, and action plan to implement the program locally • Action plan will include a staffing plan, training plan, facilities plan, and communications/outreach plan.
Level 2 Establish Guardianship Model for Sheltered and Unsheltered Veterans Experiencing Homelessness	☐ Site develops site-specific guardianship model, to include referral and care process, and roles and responsibilities, in alignment with pilot site requirements, documented in a SOP or similar document. ☐ Site allocates at least 1.0 FTEE for program • National Program Offices will provide temporary Special Purpose Funds equivalent to 1.0 FTEE Social Worker for each site. ☐ Site establishes guardianship steering committee responsible for the oversight of the guardianship program and adherence to ethical responsibilities. ☐ Site has access to legal services for guardianship, in coordination with the Office of General Counsel; legal services through regional counsel or alternative are acceptable.
Level 3 Serve Veterans Experiencing Homelessness in Inpatient Care	☐ Site serves Veterans who are at risk or experiencing homelessness and lack capacity* who are referred from Inpatient Care through the guardianship model.
Level 4 Serve Veterans Experiencing Sheltered or Unsheltered Homelessness in Programming	☐ Site serves Veterans who are at risk or experiencing unsheltered or sheltered homelessness and lack capacity* who are in VA Programming through the guardianship model.
Level 5 Serve Veterans Experiencing Unsheltered Homelessness Not in VA Programming	☐ Site serves Veterans who are experiencing unsheltered homelessness and lack capacity* through the guardianship model not in VA Programming.

*Defined as lacking capacity to make appropriate medical and social decisions for themselves, consistent with state laws

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High-Level Operational Timeline

Kick-Off & Pilot Execution Plan FY 2025 Q4	Pilot Preparation & Launch FY 2026 Q1 & Q2	Pilot Execution & Monitoring FY 2026 Q3 to FY2027 Q4	Pilot Evaluation & Transition/Closeout FY 2028 Q1

- Conduct IPT Kick-Off and Face-to-Face planning sequester
- Define a guardianship model for high-risk Veterans who lack capacity*
- Develop Pilot Execution Plan
- Select pilot sites
- Approvals of Execution Plan through VHA, VA, White House/DPC, as needed

- Conduct site-specific kick-offs
- Develop communications/ outreach plan
- Determine pilot site needs and specific site activation plans
- Establish pilot guidance and address legal, funding, staffing, and other needs
- Finalize evaluation plan, metrics, and reporting requirements

- *Transition from National IPT to Business Owners*
- Ongoing implementation at pilot sites, tracked against maturity scale
- Collection and reporting of data, metrics, issues, lessons learned
- Generate 6-month progress reports

- *Pilot Program conclusion, program evaluation and recommendations to USH, SECVA*
- *Leadership decision on next steps (i.e., expansion, scaling, regionalization or sunsetting)*

*Defined as lacking capacity to make appropriate medical and social decisions for themselves, consistent with state laws

Communications & Outreach Plan

Communications and Outreach Approach

- A phased communications approach will ensure key internal and external stakeholders have appropriate *levels of* awareness, understand the compelling reasons for action, and have the knowledge and ability to do their part *in this* important effort to serve a high-risk Homeless Veteran population.

- The National IPT will develop and implement a comprehensive communications plan, as well as provide *guidance and* unified messaging and communication artifacts for individual site use. Each pilot site will develop a specific *outreach plan.*

Communication Phases

1 – Executive Leader Feedback and Approval | *September - October 2025*

Purpose: VHA will share pilot execution plan with VA and VHA executive leaders for feedback and approval prior to communicating with other internal and external stakeholders. Information is pre-decisional until end of phase.

Key Activities: Approval of pilot execution plan

Toolkit products *(Operational messaging):* 1) Topline messaging for leaders, pilot sites, and select program offices, 2) Six essential questions, 3) Overview Deck, 4) Stakeholder Engagement Timeline

2 – Socialize with Senior Leaders | *October - November 2025*

Purpose: VHA will develop and implement a standard communications toolkit for select pilot sites and program offices that will be used to develop messaging and standard guidance to stakeholders once approved by senior leadership.

**Key Activities:** Stakeholder Engagement (road show)

Toolkit products *(Operational messaging):* 1) Talking points for leaders, pilot sites, and select program offices, 2) Six essential questions, 3) Overview deck, Stakeholder Engagement Timeline

3 – Successful Outcomes | *TBD – Conclusion of Pilot*

Purpose: VHA will communicate completion of pilot program to internal and external stakeholders by demonstrating meaningful benefits to Veterans achieved by this effort. Medical center leaders will share with employees, Veterans, and VSOs through local channels, such as town halls.

Key Activities: Stakeholder Engagement (outcomes road show) and possible field toolkit

Toolkit products *(Strategic messaging):* 1) Talking points for leaders, 2) FAQs for leaders, 3) Overview Deck, 4) Stakeholder Engagement Timeline, 5) Elevate and Exchange opportunities for lessons learned and best practices from pilot sites *(optional)*
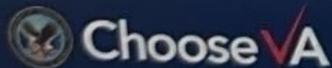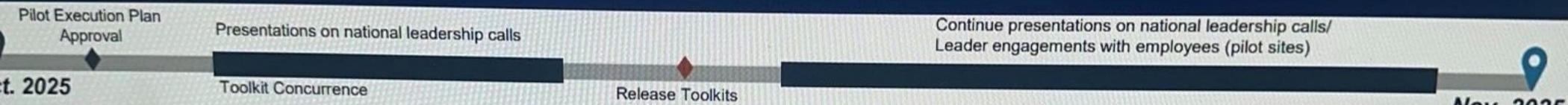
Initial Communications Toolkits

Pilot Execution Plan
Approval

Presentations on national leadership calls

Continue presentations on national leadership calls/
Leader engagements with employees (pilot sites)

:t. 2025

Toolkit Concurrence

Release Toolkits

Nov. 2025

Toolkit 1 – Leaders to Leaders

Purpose: Socialize approved pilot execution plan and engage leaders.

Communicators: VHA leaders

Audience: Select network and medical center leaders; select program office leaders

Products:
- Top-line key messages for leaders and select program offices
- Six essential questions
- Overview deck
- Stakeholder engagement timeline

Key activities: Series of presentations on selected national leadership calls, such as Network Directors call, CMO/CNO/QMO call

Toolkit 2 – Leaders to Pilot Sites and Program Offices

Purpose: Enable change management and build buy-in for employees at pilot sites.

Communicators: Selected network and medical center leaders; program office leaders

Audience: Pilot sites and select program offices

Products:
- Top-line key messages for leaders at pilot sites and select program offices
- Six essential questions
- Overview deck
- Stakeholder engagement timeline

Key activities: Meetings and medical center town halls

Congress

Purpose: Notify and brief stakeholders about approved pilot execution plan.

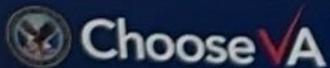**Communicators:** Select national program offices who regularly brief Congress (OMH, HPO)

Audience: Congress

Products:
- Contributing talking points

Key activities: Provide talking points to program offices (OMH and HPO)

A National Communications Toolkit will be shared with Facilities and Program Offices

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12

Challenges and Mitigation St

Challenges and Mitigation Strategies

Variations in state-level guardianship laws and services/programs available locally to each site prevent a standardized implementation approach.	Legal authorities and regulations may restrict types of bed use, legal services use, and other challenges.	Perception around concerns for Veteran autonomy may hinder adoption.	Privacy concerns with locating family members or friends of Veterans as part of guardianship process.	Need for refinement of the guardianship model applied to the Project Safe Harbor target population.
Mitigation: Design pilot program to allow for site specific implementation tracked against a standardized maturity scale and to test the program feasibility before full-scale implementation.	**Mitigation:** Partner and align efforts with OGC to escalate statutory and regulatory challenges to VA and VHA leadership.	**Mitigation:** Engage with Veterans and capture voice of the Veteran to inform the pilot implementation, clear messaging around the benefits of the guardianship model, employ site Steering Committees to oversee implementation and adherence to ethics.	**Mitigation:** Engage Privacy Officers and Regional Counsel to align pilot SOPs and efforts with VA and not violate Veteran privacy policies.	**Mitigation:** Provide guidance and consultation to assist sites in overcoming operational needs, such as staffing, outreach efforts, training, and integration into existing programs.

Site-specific risks and barrier will be collected, analyzed, and shared throughout the pilot

Safe Harbor Guardianship Meta-Framework

Safe Harbor Guardianship Meta-Framework
Integrated Project Team (IPT) and Workstream Structure

Executive Sponsor
Thomas O'Toole, MD, Acting Deputy Under Secretary of Health (DUSH)
Integrated Project Team (IPT) Leads
Tamara Campbell, MD, Executive Director, Office of Mental Health (OMH)
Monica Diaz, MBA, Executive Director, Homeless Programs Office (HPO)
Jillian Weber, PhD, Homeless PACT National Program Manager, HPO
Michael Charness, MD, Chief of Staff, VA Boston HCS

Project Management - Office of Healthcare Transformation
Kalpa Subbu (Portfolio Manager), Monica Cummins (Lead Project Manger), Alden Borromeo (Deputy Lead Project Manager), Sehar Minhas

Change Management and Communications (Internal/External)
OHT PM: Melissa Heinlein Storti

Workstream 1: Legal Framework Guardianship Legal Services	Workstream 2: Pilot Site Readiness Pilot Site Resources, Tools, and Site Implementation	Workstream 3: Program Evaluation Data, Metrics, Evaluation and Outcomes
Michael Charness, MD (Boston) – IPT Lead Champion Bryan Thompson, JD (OGC) – Workstream Lead OHT PMs: Monica Cummins	Tamara Campbell, MD (OMH) – IPT Lead Champion Monica Diaz, MBA (HPO) – IPT Lead Champion Gayle Iwamasa, PhD (OMH) – Workstream Lead Jillian Weber, PhD (HPO) – Workstream Lead OHT PMs: Maria Lissiano, Jeff Duncan	Jillian Weber, PhD (HPO) – IPT Lead Champion Amanda Midboe, PhD (QUERI) – Workstream Lead OHT PMs: Alden Borromeo, Sehar Minhas

Pilot Site 1 VA Boston HCS / VISN 1	Pilot Site 2 VA Tampa HCS / VISN 8	Pilot Site 3 Hines VAMC / VISN 12	Pilot Site 4 VA South Texas HCS / VISN 17	Pilot Site 5 VA GLA HCS / VISN 22
Michael Charness, MD Nickie Buchanan, LCSW Erin McShane, LICSW Darryl Grosso, MSW	Brent Nedieffer, LCSW Carol McFarlane, LCSW Kathy Hendrix, DNP, RN Gabrielle Ayala	Adam J. Obley, MD Katherine Byrnes, LCSW Jennifer Martin, LCSW	Lakeisha Hester, LCSW Katherine Herrera, LCSW Eleanor Milo, DNP, RN Heloise Ferguson, MSW, MPH	Barry Guze, MD Steven Simon, MD Edna Naito-Chan, PhD Andrew Kim, MD

Roles and Responsibilities

IPT Members: IPT members are from key Program Offices and Facility Safe Harbor leadership. Additional subject matter experts and ad-hoc members will be engaged on an as needed basis.

- Serve on workstreams; shape workstream deliverables and ensure cross-office coordination; surface challenges and provide subject matter expertise in their functional areas.
- Actively participate in the IPT through attendance and discussion at meetings, review and input on materials, and coordinating input from their respective offices/Facility.
- Serve on workstreams; shape workstream deliverables and ensure cross-office coordination; surface challenges and provide subject matter expertise in their functional areas.
- IPT Members selected as Workstream Leads will be responsible for leading the workstream efforts, reviewing workstream updates and materials, presenting workstream updates at the IPT meetings, and elevating and addressing challenges related to the workstream.
- Site-level reporting from pilot site representatives include sharing of lessons learned, documentation of challenges/risks, data and evaluation tracking, and submission of a recurring site update. These field leaders will work closely with the IPT to adapt the Safe Harbor model to local conditions, ensure data sharing, and support site readiness assessments.

Pilot Site Responsibilities: Each pilot site will have 2-3 representatives serving on the IPT, including at least one Facility Executive Leadership Team (ELT) member.

- Facilities are expected to conduct site-focused meetings and provide feedback to the national IPT. Implementing Safe Harbor guardianship model, including referral processes, assessment for clinical and legal indication, legal adjudication with placement into appropriate care sites, and stabilization services for the identified target Veteran populations, in compliance with state laws.
- Collaborating with the National IPT and other sites, reporting on pilot implementation status, participating in program evaluation and transition activities, and sharing lessons learned.
- Establishing a local workgroup to manage site readiness activities and ensure implementation of the pilot requirements.
- Developing action plans, charters, and other supporting documentation, as applicable.
- Pending VA leadership approval, sites are anticipated to be required to meet a minimum staffing allocation to manage the guardianship program.
- Responsibilities for the pilot sites will be further defined by the approved Pilot Execution Plan and the Evaluation Plan.

Workstream 1: Legal Framework

WORKSTREAM DESCRIPTION	Promote alignment between OGC guardianship legal framework efforts with Project Safe Harbor; advise sites regarding guardianship legal services.
WORKSTREAM MEMBERS	Leads: Bryan Thompson (OGC), Michael Charness (Boston) Proposed Members: Marilyn Fuller (OGC), Jillian Weber (HPO), Jay Cohen (OMH), Jennifer Koget (CMSW), Cynthia Geppert (Ethics), Nicke Buchanan (Boston), Katharine Stewart (HPO) | OHT Project Managers: Monica Cummins
BLUF	OGC initiated discussions with guardianship subject matter experts in Florida, Texas, and California; OGC making progress with foundational elements for establishing guardianship legal services in the three states, getting a better understanding of current state and developing elements for the legal guardianship framework.
NEXT STEPS	Continue to align OGC guardianship effort and Project Safe Harbor.

MILESTONE	STATUS	% COMPLETE	DUE DATE	ACTIONS/TASKS	PROGRESS UPDATES, RISKS, DEPENDENCIES
Provide guidance on guardianship legal services to Project Safe Harbor sites	On Track	TBD	12/15/25	1. OGC Healthcare Law Group (HCLG) and Procurement Law Group (PLG) to review and provide feedback on each site's action plan for guardianship legal services	• Pending development of site action plans.
Put into place guardianship legal services in Florida, Texas, and California	On Track	TBD	TBD	1. Complete current state assessment 2. Establish a guardianship legal framework to apply to identified states 3. Establish legal services in Florida, Texas, and California.	• OGC identified SMEs in each state; met with VA Boston HCS to understand their current process and lessons learned.
3. Establish plan for National implementation of Guardianship Legal Framework	On Track	TBD	TBD	1. Determine next steps for roll-out to additional states and facility transitions	TBD

Workstream 2: Pilot Site Readiness

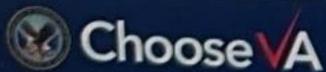| WORKSTREAM DESCRIPTION	Guide sites on local planning and implementation efforts; develop pilot site resources, tools, and coordination processes to assist sites with implementation.
WORKSTREAM MEMBERS	Leads: Gayle Iwamasa (OMH), Jillian Weber (HPO) Proposed Members: Jay Cohen (OMH), Allison Bond (HPO), Jennifer Silva (CMSW), Gwen Hampton (ONS), Lori M. Paris (GEC), Alexandra Caley (GEC), Courtney Huhn (GEC) OHT Project Managers: Maria Lissiano, Jeff Duncan
BLUF	Identified 5 pilot sites and their POCs. VA Boston assisted with developing guidance and templates to support implementation.
NEXT STEPS	Plan site meetings to review guardianship model and introduce the baseline needs assessment deliverable.

MILESTONE	STATUS	% COMPLETE	DUE DATE	ACTIONS/TASKS	PROGRESS UPDATES, RISKS, DEPENDENCIES
1. Develop pilot site resources, tools and coordination processes to assist with site implementation	On track	50%	9/30/25	1. Partner with VA Boston to develop guidance and templates for pilot sites.	1. Developed draft field toolkit for sites.
2. Sites complete Baseline Needs Assessment and Action Plan	Not Started	0%	11/30/25	1. Sites develop guardianship processes. 2. Sites identify staffing, training, facilities, communications and legal support needs. 3. Sites develop action plans to address gaps.	
3. Sites execute action plans and progress through maturity scale to reach full implementation.	Not Started	0%	TBD	1. Sites implement guardianship process. 2. Sites execute action plans to fully implement the program.	

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Workstream 3: Program Evaluation

WORKSTREAM DESCRIPTION	Coordinates with Quality Enhancement Research Initiative (QUERI) to develop and implement the evaluation plan, ensuring alignment with pilot goals and VA/VHA priorities; integrates evaluation data collection with pilot reporting processes
WORKSTREAM MEMBERS	Leads: Amanda Midboe (Bridge QUERI), Jillian Weber (HPO) Proposed Members: David Smelson (Bridge QUERI), Bo Kim (Bridge QUERI), Angela Kyrish (Bridge QUERI), Gayle Iwamasa (OMH), Jodie Trafton (OMH), Jennifer Silva (CMSW), Toby Schonfeld (Ethics), Cynthia Geppert (Ethics), Jack Tsai (HPO) OHT Project Managers: Alden Borromeo, Sehar Minhas
BLUF	Bridge QUERI received approval for two Rapid Response Teams (RRTs), enabling up to 12 months of evaluation; discussions progressing with Clinical Services to fund the QUERI-Partnered Evaluation in FY27. Bridge QUERI is drafting the partnership scope and budget estimate for review by HPO and OMH. Incorporating feedback from VHA Leadership on measures.
NEXT STEPS	The Bridge QUERI team is finalizing the draft partnership scope and FY27 budget estimate for review with Clinical Services. Engaging with subject matter experts and IPT members to refine measures.

MILESTONE	STATUS	% COMPLETE	DUE DATE	ACTIONS/TASKS	PROGRESS UPDATES, RISKS, DEPENDENCIES
1. Bridge QUERI Partnership Confirmation	On Track	90%	9/30/25	1. Secure RRT approvals - **Complete** 2. Develop and validate FY27 budget estimate - **Complete** 3. Draft and approve partnership scope document - **In Progress**	• RRT approvals secured; Bridge QUERI preparing draft partnership scope and FY27 budget estimate • Coordination with OMH/Clinical Services to identify program office sponsor for partnered evaluation is ongoing
2. Evaluation Plan	On Track	10%	12/15/25	1. Define evaluation framework and SMART goals - **In Progress** 2. Identify site-level data collection requirements; Align measures with PEP outcomes and Bridge QUERI guidance 3. Integrate data collection with site reporting	• Initial evaluation framework discussed during Bridge QUERI kickoff; scoping document in development • **Risk:** Variation in site readiness and state-level guardianship laws could affect data collection consistency
3. Six-Month Progress Reports	On Track	0%	4/30/26 10/31/26 4/30/27	1. Synthesize site implementation data and lessons learned 2. Report progress against objectives and initial outcomes 3. Concurrence and finalization of reports	TBD
4. Final Report	On Track	0%	10/31/27	1. Consolidate results; Provide recommendations for sustainability and transition 2. Concurrence and finalization of report	TBD
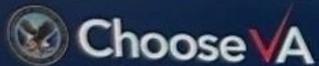
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Calendar – 6-month Look-Ahead

October 2025

- Site Meetings (1 meeting per site) (week of 10/6)
- Informational Session(s) (week of 10/13)
- Workstream Meetings
- VHA Leadership Briefings

November 2025

- IPT Meeting (week of 11/10)
  - Workstream Updates due 11/5
  - Site Updates due 11/5
- Site Coordination Meeting (meeting with reps from all sites) (date TBD)
- **11/30- Baseline Assessment and Action Plans due**
- Workstream Meetings
- VHA Leadership Briefings

December 2025

- Workstream Updates due 12/5
- **Virtual Sequester (week of 12/8) presentation and feedback on Site Action Plans**
  - **Feedback from National IPT members on site action plans due 12/15**
- Workstream Meetings
- Finalize Evaluation Plan

January 2026

- Site Monthly Report due 1/9
- Workstream Update due 1/14
- IPT Meeting week of 1/19
- Site Coordination Meeting (meeting with reps from all sites) (date TBD)
- Workstream Meetings

February 2026

- Site Monthly Report due 2/9
- Workstream Update due 2/13
- IPT Meeting TBD
- Site Coordination Meeting (meeting with reps from all sites) (date TBD)
- Workstream Meetings

March 2026

- Site Monthly Report due 3/9
- Workstream Update due 3/13
- IPT Meeting TBD
- Site Coordination Meeting (meeting with reps from all sites) (date TBD)
- Workstream Meetings

Reference: Meeting Details and Due Dates

Meeting	Details	Attendance	Target Date
Pilot Site Meetings	OHT project managers will have a meeting per each site (separate calls) where we will address questions and opportunities to engage with additional site representatives - Ensure understanding of pilot site requirements; Collect questions from each pilot site; Review reporting templates.	• Pilot Sites Representatives (may forward to other Facility POCs)	Week of 10/6
Workstream Meetings (recurring)	Workstream-specific topics; significant items will be reported up to the full IPT and/or IPT Leads.	• Workstream Members and SMEs	To be scheduled separately
Informational Sessions	Program Office SMEs will present materials for sites to consider to assist sites with needs assessment and action plan, answer questions. Will record and post as resource.	• Program Office SME Presenters • Optional attendance from Sites and IPT members	Week of 10/13
Site Coordination Meetings (recurring)	Program Office SME/IPT representative will present on a topic followed by a community of practice sharing among the 5 sites (combined call)	• WS 2 SME Presenters	Monthly starting November 2025
IPT Meeting	Monthly National IPT Meeting to discuss workstream updates/challenges, Site updates/challenges, and other Pilot Program topics (TBD)	• IPT Members & Site Representatives • Optional attendance from SMEs	Week of 11/10
Virtual Sequester: Site Presentations	A meeting per each site to review needs assessment/action plan (due 11/30) with IPT representatives.	• Focused agenda, sites only required to attend for their presentation • IPT Members / Program Office SMEs	Week of Dec 8
IPT Meeting (recurring)	Monthly National IPT Meeting to discuss workstream updates/challenges, Site updates/challenges, and other Pilot Program topics (TBD)		Monthly starting in January 2026

Due Dates
- Workstream Updates and Site Updates (Slides) Due 11/5/25
- Baseline Needs Assessment and Action Plans Due (template to be provided) 11/30/25
- Workstream Updates (slides) due 12/5/25 (recurring)
- Feedback from IPT members due on Site Baseline Needs Assessment and Action Plans 12/15
- Finalize Evaluation Plan and Update Site Reporting Template 12/15
- Site Monthly Report due 1/9/26 (recurring)

Workstream and Site Monthly Reporting

1. Workstream Updates
- OHT Project Managers to prepare with Workstream Leads
- Slides included in Monthly IPT Meetings; Verbal Update

Starting November 2025 (no December update)

2. Site Monthly Update
- Separate tasking to VISNs/Facilities
- Information compiled/analyzed; Slides included in Monthly IPT Meetings; Verbal update
- Site tracker to be updated at least monthly (living document on Teams), in coordination with the Site Monthly Report submission

IPT Meetings and VHA Leadership Updates

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Project Safe Harbor Monthly Site Update | Facility Name (VISN XX)

PILOT SITE LEADS		KEY ACCOMPLISHMENTS
WORKGROUP MEMBERS		RISKS
REFERENCES	• Link to Site Tracker • Link to Site Shared Files	LESSONS LEARNED

MATURITY LEVEL	STATUS	TARGET DATE	PILOT SITE SPECIFICATIONS
Level 1: Complete Foundational and Planning Tasks	N/A		...n National Safe Harbor IPT ...ible for local pilot planning, implementation, reporting, and evaluation. ...on plan to implement the program locally
Level 2: Establish Guardianship Model for Sheltered and Unsheltered Veterans Experiencing Homelessness			...er, to include referral and care process, and roles and responsibilities, in alignment with ...ed in a SOP or similar document. ...E for program (additional information regarding temporary Special Purpose Funds to be shared). ...anship steering committee responsible for the oversight of the guardianship program and adherence to ethical ...bilities.
Level 3: Serve Veterans Experiencing Homelessness in Inpatient Care			Confirm access to legal services for guardianship ☐ Serve Veterans who are at risk or experiencing homelessness and lack capacity who are referred from Inpatient Care through the guardianship model.
Level 4: Serve Veterans Experiencing Sheltered or Unsheltered Homelessness in Programming	N/A		☐ Serve Veterans who are at risk or experiencing sheltered or unsheltered homelessness and lack capacity who are in VA Programming through the guardianship model.
Level 5: Serve Veterans Experiencing Unsheltered Homelessness Not in VA Programming	N/A		☐ Serve Veterans who are experiencing unsheltered homelessness and lack capacity through the guardianship model.

Initial Monthly Template
Note: We are expecting to a 2nd slide to collect data as part of the evaluation plan

Choose VA

Project Safe Harbor Pilot Site Roll Up |

Project Safe Harbor Pilot Site Roll-Up | November 2025

Key Accomplishments and Data

- Accomplishments to be added, first Site Roll-Up to be prepared for November IPT

Maturity Level

- **Level 1:** Complete Foundational and Planning Tasks
- **Level 2:** Establish Guardianship Model for Sheltered and Unsheltered Veterans Experiencing Homelessness
- **Level 3:** Serve Veterans Experiencing Homelessness in Inpatient Care
- **Level 4:** Serve Veterans Experiencing Sheltered or Unsheltered Homelessness in Programming
- **Level 5:** Serve Veterans Experiencing Unsheltered Homelessness Not in VA Programming

Key Challenges and Mitigation Strategies

Challenge	Mitigation

Mock-Up for Pilot Site Roll-Up

Site Implementation Status
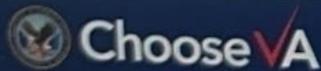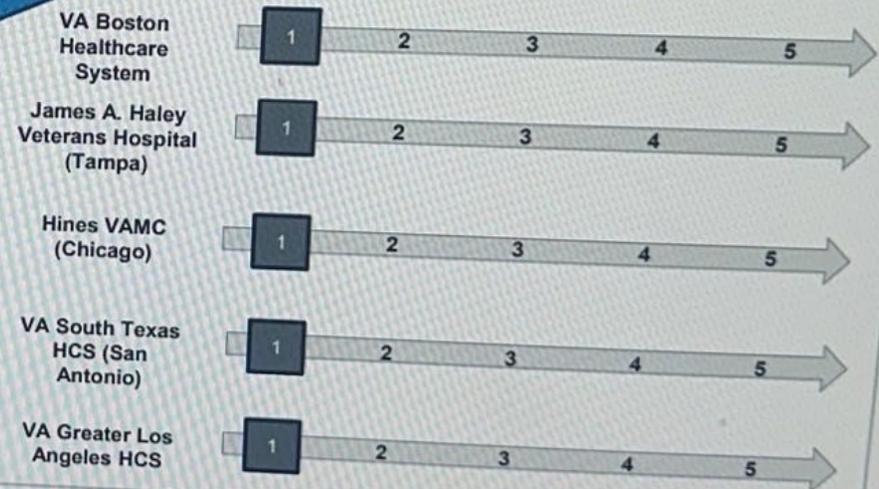
Site	Status
VA Boston Healthcare System	1 — 2 — 3 — 4 — 5
James A. Haley Veterans Hospital (Tampa)	1 — 2 — 3 — 4 — 5
Hines VAMC (Chicago)	1 — 2 — 3 — 4 — 5
VA South Texas HCS (San Antonio)	1 — 2 — 3 — 4 — 5
VA Greater Los Angeles HCS	1 — 2 — 3 — 4 — 5

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Next Steps

Next Steps

- **Program Office Representatives:**
  - Please provide presentation topics and reference materials to assist sites in developing their baseline needs assessment and action plan.
  - Workstream Meetings to be scheduled.

- **Pilot Sites:**
  - OHT will have a meeting per each site (separate calls) where we will address questions and opportunities to engage with additional site representatives.
    - ❑ Ensure understanding of pilot site requirements.
    - ❑ Collect questions from each pilot site.
    - ❑ Review reporting templates, baseline needs assessment and action plan
    - ❑ Target for Week of October 6

- **Next Meetings**
  - Attend informational session week of October 13
  - Next IPT Meeting: Week of November 10

Key References
- Charter
- Pilot Execution Plan
- USH / DUSH Briefing Slides: 9/25/25
- Project Safe Harbor – Approach Overview

Project Safe Harbor Six Essential Questions

What is changing?

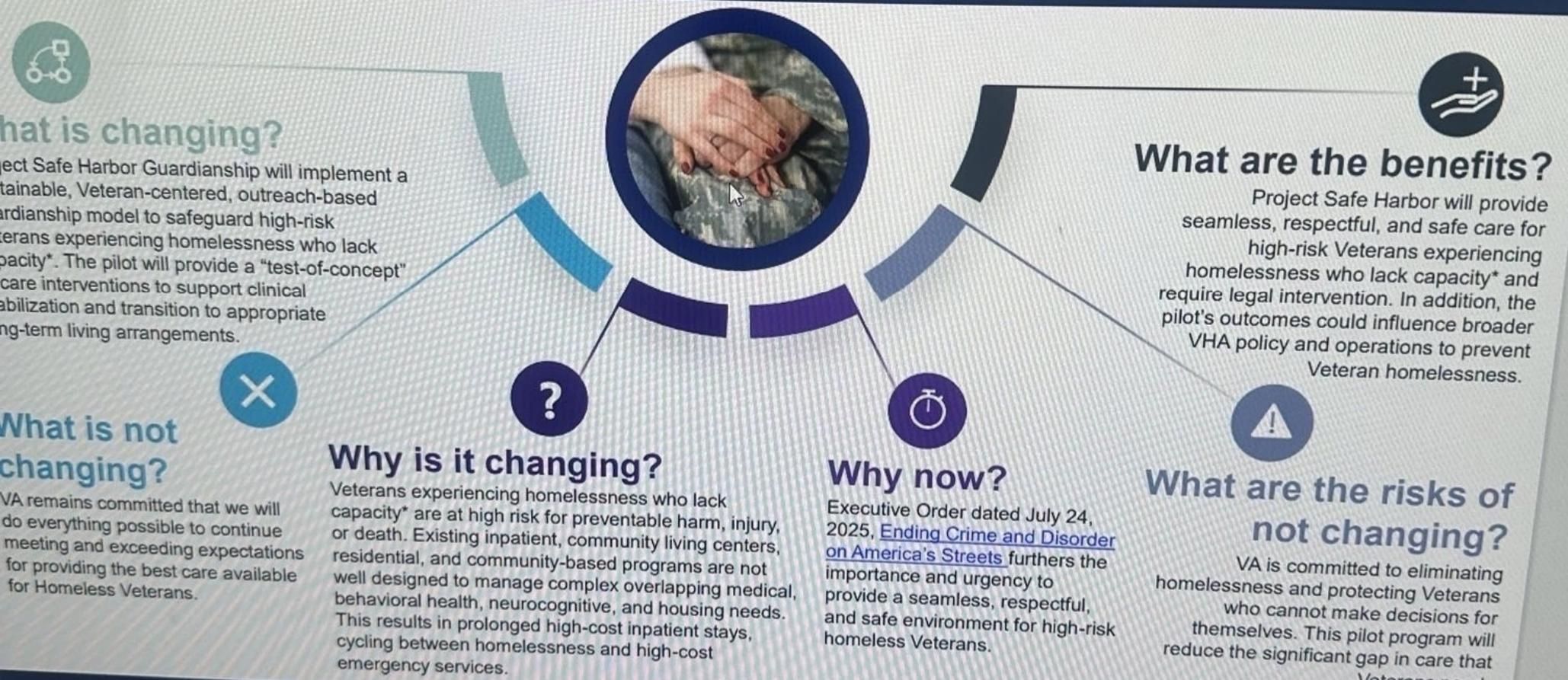[Pro]ject Safe Harbor Guardianship will implement a [sus]tainable, Veteran-centered, outreach-based [gu]ardianship model to safeguard high-risk [Ve]terans experiencing homelessness who lack [ca]pacity*. The pilot will provide a "test-of-concept" [of] care interventions to support clinical [st]abilization and transition to appropriate [lo]ng-term living arrangements.

What is not changing?

VA remains committed that we will do everything possible to continue meeting and exceeding expectations for providing the best care available for Homeless Veterans.

Why is it changing?

Veterans experiencing homelessness who lack capacity* are at high risk for preventable harm, injury, or death. Existing inpatient, community living centers, residential, and community-based programs are not well designed to manage complex overlapping medical, behavioral health, neurocognitive, and housing needs. This results in prolonged high-cost inpatient stays, cycling between homelessness and high-cost emergency services.

Why now?

Executive Order dated July 24, 2025, Ending Crime and Disorder on America's Streets furthers the importance and urgency to provide a seamless, respectful, and safe environment for high-risk homeless Veterans.

What are the benefits?

Project Safe Harbor will provide seamless, respectful, and safe care for high-risk Veterans experiencing homelessness who lack capacity* and require legal intervention. In addition, the pilot's outcomes could influence broader VHA policy and operations to prevent Veteran homelessness.

What are the risks of not changing?

VA is committed to eliminating homelessness and protecting Veterans who cannot make decisions for themselves. This pilot program will reduce the significant gap in care that Veterans need.

*Defined as lacking capacity to make appropriate medical and social decisions for themselves, consistent with state laws