

VISN 10 – Effective Service Coordination with Balance of State Continuums of Care
An Innovative Practice in VHA Homeless Program Operations

White Paper

VA



**U.S. Department
of Veterans Affairs**

Developed by
VHA National Homeless Program Office

INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. Veterans Integrated Services Network (VISN) 10, and their affiliated VA medical centers (VAMCs), have been recognized for their innovative practices in collaborating with OH-507: the Ohio Balance of State (BoS) Continuum of Care (CoC).

PRACTICE OVERVIEW

Systemwide standards that ensure uniform services across all areas of a BoS catchment area are effective in addressing Veteran homelessness.

In October 2017, VA issued guidance to VAMCs regarding their roles and responsibilities within their local community's coordinated entry systems (CES). Specifically, VAMCs are required to participate in coordinated entry for each CoC within their catchment area. This includes BoS CoCs, which often cover large geographic areas, can be both suburban and rural, and can have unconnected catchment areas spread throughout a given state. Additionally, these CoCs often organize themselves into multiple sub-regions, increasing the level of coordination needed. As nearly 80 percent of VAMCs work with a BoS in some form, understanding their unique characteristics and challenges is critical for effective VA integration. One example of effective integration can be found in VISN 10, whose staff and affiliated VAMCs have developed strong practices with the Ohio Development Service Agency's Office of Community Development (ODSA) and the Coalition on Homelessness and Housing in Ohio (COHHIO), the lead staffing agencies and co-chairs of the steering committee for the Ohio BoS CoC.

The Ohio BoS CoC is composed of 80 suburban and rural counties, divided into 17 homeless planning regions. A map of the Ohio BoC planning regions is included in Appendix A. Each region's size ranges from two to seven counties depending on location, population density, and natural geographic and service coverage boundaries. Collectively, they work with nine VA medical centers (VAMCs) across four states and 12 Supportive Services for Veteran Families (SSVF) grantees. To complicate matters further, three of their partner VAMCs are not located within VISN 10. Operational duties within the CoC are split between ODSA and COHHIO. ODSA serves as the collaborative applicant for the Department of Housing and Urban Development's CoC Program, while COHHIO provides primary staff support to the CoC and serves as the Homeless Management Information System (HMIS) lead agency, aggregating and analyzing data to drive system performance and prepare evidence towards certification of ending Veteran homelessness through the Federal Criteria and Benchmarks (FC&B).

In the Spring of 2016, using the FC&B as a starting point, a small workgroup was formed to design the CoC's CES for Veterans. This was accomplished through the development of a by-name-list (BNL) of all known homeless Veterans within their CoC and the drafting of policies and procedures to address how those Veterans would be prioritized and matched to services. Having the FC&B as a guide ensured that all necessary system elements would be in place. They recognized early that their highest priority was to have 100 percent service coverage for all 80 counties, with each county having ongoing outreach operations and permanent housing resources. Inequitable distribution of resources is a common and debilitating problem impacting BoS and non-BoS CoCs alike. Without full service coverage, the steering committee could not certify that they knew every homeless Veteran in their area and had offered them housing. Fortunately, there are many resources available to Veterans experiencing homelessness within the CoC including four outreach teams, 90 Grant and Per-Diem beds, various community-based shelters, nearly 540 Housing and Urban Development-VA Supportive Housing vouchers, and sufficient SSVF resources. It was the 12 SSVF providers that were key to ensuring full coverage. The SSVF Regional Coordinator and SSVF grantees identified geographic gaps in coverage and then expanded SSVF to non-covered counties. The steering committee later verified that every county within the CoC was covered by at least one provider.

"We used the Federal Criteria and Benchmarks to see the big picture first and then work backwards. This helped us plan where we needed to go. Developing systemwide policies and procedures also helped to demonstrate the value of all of us working together towards a common goal while also increasing consistency of services across providers."

**Erica Mulryan, Director
Coalition on Homelessness and**

Another problem faced by large CoCs that operate regionally is that some regions will inevitably develop their own localized policies and procedures. These disparate policies then must be worked together into a coherent, statewide plan. To ensure that providers across all 17 regions followed the same strategies, the steering committee developed CoC-wide policies and procedures to guide their response to Veteran homelessness. Considerable time was spent educating the entire CoC membership on the requirements using webinars and listservs to disseminate guidance. One important mandate instituted was that all outreach teams, shelters, and transitional housing projects would make immediate referrals to SSVF for every Veteran who was identified and did not decline permanent housing. This would ensure that every homeless Veteran had a permanent housing solution offered from the moment they were known to the community. Additional referrals for VA homeless services were made by the SSVF providers during regional case conferencing sessions and county maps clarifying SSVF and VAMC catchment areas were developed to help with coordination.

The VISN 10 Network Homeless Coordinators (NHCs) played important roles leading coordination efforts with VA, pushing VAMCs in the right directions, participating in workgroups, and raising issues at their monthly regional meetings. The VISN 10 NHCs also coordinated with NHCs from VISN 4 and VISN 5 to make sure their VAMCs were engaged in coordination efforts as well. Local coordination varied. In some regions, VA homeless program staff led the monthly case conferencing sessions at the regional and local levels. In other regions, VA staff attended multiple regularly scheduled meetings organized by community partners in the relevant VA service area.

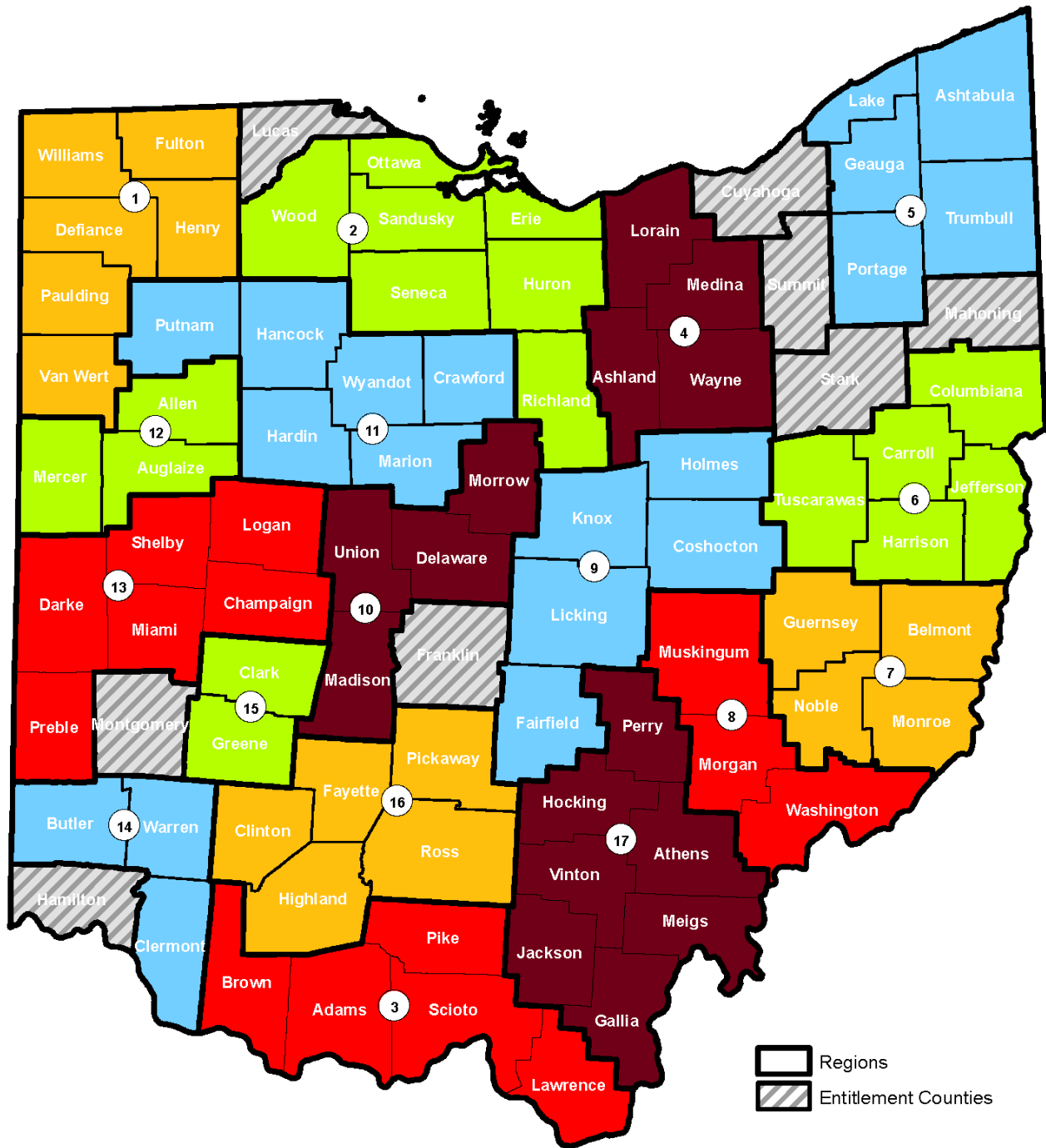
Performance is currently monitored by the COHHIO HMIS Team using a CoC-wide BNL maintained in the Google Sheets web application. While the BNL receives information on homeless Veterans from multiple sources, including VA, the primary source is HMIS. To reduce the risk of privacy violations the BNL only uses HMIS client identification (ID) numbers to distinguish between Veterans. It also has an embedded dashboard providing visibility on their progress towards the FC&B. BNL maintenance is intensive as it takes approximately four hours every two weeks to incorporate all updates received across the CoC. When new Veterans are added to the list, a special naming convention that incorporates county, agency, and provider information is used to document their last known location. This convention simplifies filtering by county for easy resource matching. Through a custom HMIS report, the workgroup can also automatically assign an organization to each Veteran as the lead provider. To assist VA staff with reviewing the Google Sheets BNL, the HMIS Team emails an Excel formatted export. Again, as the BNL only contains HMIS client ID numbers, no personally identifiable information or private health information is transmitted. The HMIS Team worked hard to ensure that every VAMC could have at least one person who is an HMIS end user so that they can match client IDs. In fiscal year 2018, the CoC plans to transition their BNL from Google Sheets to HMIS.

CONCLUSION

These recent efforts to improve their system have had demonstrable results. **The Ohio BoS CoC reported 160 homeless Veterans in the 2017 point-in-time count survey, which was a 23 percent decrease from 2016.** Additionally, as of February 2018, the community reported 127 Veterans on their BNL. We would like to thank the dedicated staff at the VAMCs and State and community agencies across VISN 10 for sharing their practice with us. If you have questions about these practices, please contact James Kennelly or Philip Thomas, VISN 10 Network Homeless Coordinators, at James.Kennelly@va.gov or Philip.Thomas2@va.gov, respectively; Scott Gary, Supportive Housing Manager, Ohio Development Services Agency at Scott.Gary@development.ohio.gov; or Erica Mulryan, Director, Coalition on Homelessness and Housing in Ohio at EricaMulryan@cohhio.org.

APPENDIX A: THE OHIO BALANCE OF STATE CONTINUUM OF CARE REGIONAL MAP

This map depicts the 17 homeless planning regions found in the Ohio BoS CoC.



Prepared by the Office of Community Development,
Community Services Division,
Ohio Development Services Agency (January 2017)