

**ADVISORY COMMITTEE ON HOMELESS VETERANS
to the Department of Veterans Affairs
SUMMARY OF MEETING**

October 22, 2015

The Secretary of the Department of Veterans Affairs Advisory Committee on Homeless Veterans was convened for its second meeting of fiscal year (FY) 2015 at 8:00 am on October 19, 2015 through October 21, 2015 at 10:30 am in the offices of the U.S. VETS, 1200 Binz Street, Suite 290, Houston, TX 77004. Mark Johnston, Committee Chairman opened the meeting.

In accordance with the provisions of Public Law 92-463, the meeting was open to the public from 8:00 am to 5:00 pm on October 19, 2015; from 8:00 am to 5:00 pm on October 20, 2015; and from 9:00 am to 10:30 am on October 21, 2015. Due to limited space and fire code restrictions, the meeting was made available to the public via open conference call. Signage was also publicly posted in the lobby in the event there were walk-in visitors directing them to the meeting location. There were no discussions that required the meeting to be closed to the public, with the exception of purely administrative discussions.

Committee members present:

Mark Johnston – Chair
Craig Burnette
Eric Grumdahl
Elisha Harig-Blain
Peter Kelleher
Phil Landis
Eric Mansfield
Mark Walker
Leon Winston
Roger Woodworth

Additional attendees present for a portion or all of the meeting:

Lisa Pape, LISW, Department of Veterans Affairs (VA), Executive Director, Veterans Health Administration (VHA), Homeless Programs Office (HPO) in the role of Designated Federal Officer (DFO)
Other attendees (alphabetically by last name):
Brad Bridwell, Director of Community Development, Cloudbreak Communities/Cantwell-Anderson, Inc.
*Matthew Dougherty, Executive Director, United States Interagency Council on Homelessness (USICH)
Anthony Love, VA, Senior Advisor and Director Community Engagement, VHA HPO
Tom Mitchell, M.A. , Executive Director, United States Veterans Initiative Houston (U.S. VETS)
Charles Selby, VA, Program Analyst, VHA Holmes Programs Office
Mandy Chapman Semple, Special Assistant to the Mayor for Homeless Initiatives, Houston Mayor's Offices for Homeless Initiatives and Economic Development
*Jeff Quarles, National Director, VA Homeless providers Grant and Per Diem Programs (GPD)
Dorothy Thomas, Network Homeless Coordinator, VA Veterans Integrated Service Network (VISN) 16,

* *Indicates participation via teleconference*

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For the record, it is noted that to avoid a conflict of interest, Committee members are required to excuse themselves from the meeting when the Committee discusses applications from their respective institutions or in which a conflict of interest may occur. Members are asked to sign a statement to this effect. This does not apply to "en bloc" actions. There were no discussions during this meeting that required any members to absent themselves from the meeting.

October 19, 1015:

- 08:00 am Meeting of the Advisory Committee on Homeless Veterans (ACHV) called to order by Mark Johnston. General introductions made. Review of agenda and priorities.
- 08:45 am Remarks by Designated Federal Officer, Lisa Pape, Executive Director, VHA Homeless Programs.
- 09:15 am Open discussion on Specific, Measurable, Assignable, Realistic, and Time-Oriented (SMART) recommendations Overview – How this will align with ACHV, facilitated by Mark Johnston, Chairman.
- 9:30 am Break
- 9:45 am Community Guidance – Open discussion on defining the end of Veteran homelessness. Facilitated by Matthew Dougherty, Executive Director, United States Interagency Council on Homelessness and Anthony Love, Director of Community Engagement, VA.
- 10:15 am Community Guidance – Open discussion on how a community sustains the end of Veteran homelessness. Facilitated by Matthew Dougherty, Executive Director, United States Interagency Council on Homelessness and Anthony Love, Director of Community Engagement, VA.
- 10:45 am Lunch and travel to off-site visit of a local homeless facility.
- 12:45 pm Panel discussion – How Houston defined the end of Veteran homelessness and met their goal, facilitated by Mandy Chapman Semple, Special Assistant to the Mayor for Homeless Initiatives, Houston Mayor's Offices for Homeless Initiatives and Economic Development.
- 02:30 pm Panel discussion - Urban Supportive Services for Veteran families (SSVF) and GPD providers in Houston presented on their program's largest successes and challenges to meet their goal, while also providing suggestions to ACHV, facilitated by Mark Johnston, Chairman.
- 04:00 pm US Department of Housing and Urban Development Presentation by Ann Oliva, HUD Office of Special Needs Assistance Programs and updates on HUD-VASH, Continuums of Care (COC) policies, initiatives or technical assistance related to Veteran homelessness.

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04:30 pm Return to U.S. VETS conference facility. Summarize due-outs, follow-on actions, and review following day's agenda.

05:00 pm Adjourn for the day.

October 20, 2015:

08:00 am Meeting of the Advisory Committee on Homeless Veterans (ACHV) called to order by Mark Johnston. General discussion of previous day follows.

09:00 am Report by sub-committee to explore recommendations for encouraging data sharing and best practices, facilitated by Eric Grumdahl, ACHV member/Sub-Committee Chair.

09:30 am Report by sub-committee on utilization of VA's Supportive Services for Veteran Families (SSVF) funding to provide case management and related services to Veterans upon and following exit from VA's Homeless Providers Grant and Per Diem (GPD) programs, facilitated by Leon Winston, ACHV member/Sub-Committee Chair.

10:00 am Report by sub-committee on effective use of project-based vouchers, facilitated by Leon Winston, ACHV member/Sub-Committee Chair.

10:45 am Open discussions and lunch.

1:00 pm GPD Transition – How to solve GPD challenge. Begin discussion for how GPD can potentially transition into the future in order to effectively and efficiently get Veterans into permanent housing with stable income and support services. Facilitated by Mark Johnston with input from, Jeff Quarles, National Director, GPD.

2:00 pm Rural SSVF and GPD providers within 25 miles of Houston presented on their program's largest successes and challenges, facilitated by Mark Johnston, Chairman.

3:30 pm Discussion on possible recommendations for committee report. Voting as follows:
VOTE: Unanimous. Decision – adopt the following for inclusion in the committee annual report, (subject to later editing):

Using data to monitor and continuously improve the performance of a large, multifaceted, multi-sector effort like ending homelessness is critical. As note in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, "at the Federal, state, and community levels, effective systems use data to measure and improve system and program performance and inform resource allocation." In general, VA's use of data to drive decision-making and practice related to its homelessness programs has been strong, from its efforts monitoring how the HUD-VASH program is targeted and allocated to using clinical reminders during routine healthcare appointments to identify Veterans at risk of or experiencing homelessness.

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The following recommendations are intended to strengthen VA's ability to lead in its use of data internally and through partnerships with its external stakeholders.

With respect to VA staff participating in the Homeless Management Information System (HMIS), guidance issued by VA internally to Medical Centers and HUD externally to Continuum of Care and HMIS leads in August 2015 clarifies that VA staff are authorized to use HMIS, including consuming data stored in HMIS ("read-only access") and contributing to data stored in HMIS ("read-write access"). This is an important and significant milestone. Members of the Advisory Committee on Homeless Veterans consulted VA homelessness program staff from a variety of VA Medical Centers about whether the recent guidance was sufficiently clear in terms of what Medical Center staff were authorized to do and what the opportunities or benefits of using HMIS might be. In general, staff were aware of the guidance but not clear at an operational level about what it meant for their work or what opportunities using HMIS might create. They were in general also concerned that about minimizing any duplicative data entry.

To facilitate innovation and adoption of this new opportunity, VA should now focus on providing guidance and messaging to VA Medical Centers and other VA staff working in communities about the benefits and use-cases for doing so, which helps articulate the value to VA and community partners by having VA Medical Center staff as participants in HMIS. Ideally, this additional guidance and messaging would provide specific instances of benefit (e.g., highlighting VA Medical Centers using HMIS for coordinated entry; to identify Veterans served by other community partners; or to coordinate with community providers about the delivery of services to specific Veterans) and would also squarely address concerns about HMIS as a reporting or work load burden (i.e., showing how the benefits outweigh the costs) and clarifying the benefits to VA Medical Centers by being able to access specific data elements, system features, and reports in HMIS.

With respect to VA staff participant in other external (non-VA) community data assets on homelessness, such as non-HMIS coordinated entry systems, homeless Veteran registries, or data sharing with public housing agencies (PHAs), VA should develop a toolkit and guidance that specifies the technical, security, and procedural requirements for VA staff to participate in these systems. As part of this toolkit, VA should provide VA privacy officers with specific guidance and recommendations that favor approval of participation in such systems, provided that technical, security, and procedural requirements are met. Similarly, VA Medical Center staff involved in programs that benefit from such information sharing, including HUD-VASH and GPD, should be encouraged to participate in information sharing options locally that meet VA's technical, security, and procedural requirements. As an important part of this guidance, VA should distinguish basic information required for coordination in the delivery of services (which might, e.g., be limited to essential identifiers and documentation of status or next steps in coordinating services delivered by multiple partners) from protected health information (e.g., everything contained in the HOMES system), which is likely more sensitive and subject to more stringent release requirements.

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With respect to consolidating VA data about homeless Veterans with non-VA data (including but not limited to HMIS), VA staff should identify: Resources, requirements and critical development milestones needed to establish a standardized platform and approach for merging HOMES and HMIS information, including the specific VA information technology security policies that impose barriers on meaningful options for creating merged data sets within VA, e.g., prohibition on using secure, industry standard ways to receive structured datasets through data uploads or secure real-time linkages between data systems, which may require creating externally accessible data repositories outside of internal VA firewalls; and the specific requirements and options for exporting limited data sets (e.g., the HOMES-equivalents of the HMIS Universal Data Elements) including security requirements for electronic transfers of VA data to non-VA entities, privacy requirements (e.g., releases of information, local or national agreements) so that local communities can assess the feasibility of using VA data to develop merged data sets reflecting VA's information about homeless Veterans.

With respect to information about Veteran eligibility, VA should circulate among VA Medical Centers and Federal homeless program grantees guidance about using and leveraging online tools to confirm Veteran status, including the Status Query and Response Exchange System (SQUARES) launched on October 15, 2015, and set clear, public goals for implementation and adoption of such tools among non-VA homelessness programs (e.g., the number of HMIS systems with built-in linkages to SQUARES to confirm Veteran status). VA should also support adoption of SQUARES and similar tools by highlighting the benefits of that have accrued to communities who have done so in messaging to VA Medical Centers, homeless program grantees, and through the communication networks of other Federal agencies, especially HUD and USICH.

With respect to utilization of HUD-VASH vouchers, in many urban settings, mission-focused single-site supportive housing settings serve Veterans with high barriers to housing, many of whom would struggle to find private-market rental options on the basis of their rental histories or other housing barriers. A growing number of such sites rely on project-based HUD-VASH vouchers to operate, for which VA Medical Center HUD-VASH case managers are responsible for delivering on-site services for residents of these settings. The availability and orientation of these staff has become an acute challenge for a number of sites. The nature and acuity of these challenges can vary considerably from one medical center to the next, and can include: staffing patterns that do not support the targeted service-intensity ratio of one HUD-VASH case manager for every 25 residents; frequent turn-over in staff; and staff who are fearful of engaging and serving the target population, or may be reluctant to engage with Veterans living in single-site supportive housing on site.

To address these concerns, ACHV recommends that VA staff:

1. Conduct an analysis of current HUD-VASH staffing patterns tied to project-based HUD-VASH vouchers, to determine the extent to which staff vacancies and turn-over

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specifically or uniquely impacts single-site supportive housing using project-based vouchers.

2. Review HUD-VASH case manager position descriptions and ensure that these descriptions across all medical centers include language that makes effective engagement of Veterans across a range of settings, including single-site supportive housing, an enforceable performance expectation for those positions.
3. Publicize service-intensity expectations and case manager job performance expectations for HUD-VASH, to assist local community partners in holding medical centers accountable to achieving those requirements.
4. Develop national templates and procedural guidance for contracting HUD-VASH case management services out to qualified third parties, including ways to expedite procurement by leveraging existing processes or requirements (e.g., using the review and vetting of Enhanced Use Lease submissions to identify and select service providers tied to those projects).
5. Highlight and promote successful examples of project-based HUD-VASH service models, especially where staffing has met service intensity expectations or where third-party service provision has been used successfully.

4:45 pm Summarize due-outs, follow-on actions, and review following day's agenda.

05:00 pm Adjourn

October 21, 2015:

08:00 am Meeting of the Advisory Committee on Homeless Veterans (ACHV) called to order by Mark Johnston. General discussion of previous day follows.

08:15 am Committee reviews SMART recommendations and future ACHV report. Discussion on future meeting and budget limitations. Decision on location and date of next meeting deferred due to uncertainty in future budget.

10:00 am Adjourn

SUMMARY OF VOTES:

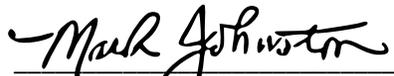
1. **VOTE: Unanimous. Decision. That the draft language developed by the sub-committees and as further discussed during the meeting and documented above be included in the draft of the future ACHV report.**

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ADJOURNMENT

The meeting adjourned at 10:00 am on October 21, 2015.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

 _____ 12/21/2015

(Signature and date)

Mark Johnston

Chairman

Advisory Committee on Homeless Veterans

These minutes will be formally considered by the Council at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.