

# **Expanding Coordinated Entry Engagement: VA Case Study**

*2019 Federal Permanent Housing Conference*

# ***Welcome and Introductions***

**Welcome!**

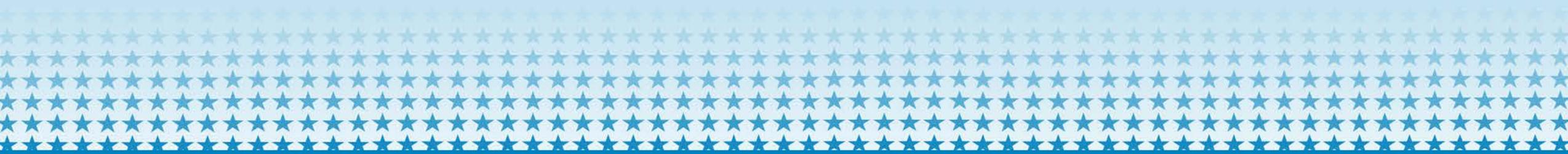


# Session Agenda

- Overview of the DUSHOM Memo on VA Medical Center and Homeless Programs Participation in Coordinated Entry
- VA Coordinated Entry Specialists – Function and Activities
- Exercise:
  - Small group discussion of strategies to engage or improve engagement between VA homeless programs and a community's coordinated entry process
  - Report back to group
- Question & Answer



# OVERVIEW OF VA PARTICIPATION IN COORDINATED ENTRY



U.S. Department  
of Veterans Affairs

Homeless  
Program  
Office

# DUSHOM Memo

- Memo outlining expectations for VA Medical Center staff and VA funded housing and services programs for Veterans experiencing homelessness released October 17, 2017.
- Available through the HUD Exchange: <https://www.hudexchange.info/resources/documents/VA-Participation-in-Coordinated-Entry-Guidance.pdf>

<b>Department of Veterans Affairs</b>	<b>Memorandum</b>
Date:	OCT 17 2017
From:	Deputy Under Secretary for Health for Operations and Management (10N)
Subj:	VA Medical Center Participation in the Continuums of Care Coordinated Entry System (VAIQ#7844648)
To:	Network Director (10N1-23)
<p>1. The purpose of this memorandum is to issue guidance regarding the roles and responsibilities of the Department of Veterans Affairs (VA) VA medical centers (VAMC) homeless programs in each of their local Continuums of Care (CoC) and the CoC's coordinated entry systems. VA's Federal partner, the Department of Housing and Urban Development (HUD), requires that all communities develop and operate a coordinated entry system (CES) for all homeless individuals, including Veterans. CES is a critical element in our continued efforts to end Veteran homelessness because it ensures coordination of community-wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources by Veterans who are in critical need. VA's participation is essential to the success of this national effort. There are several key components to a fully-developed CES: case conferencing, By-Name-Lists (BNL), assessment tools, and data sharing.</p> <p>2. The CoC framework is designed to promote a community-wide commitment to the goal of ending homelessness, including Veteran homelessness, making local VA support and participation essential to the CoC process. The Veterans Health Administration (VHA) Homeless Program Office requires all VAMC homeless programs to be fully engaged with each of their local CoCs and actively collaborate in their collective plans to end Veteran Homelessness.</p> <p>3. Community case conferencing is one key element essential to an efficient coordinated entry process. Each VAMC's homeless program team is required to actively participate in person or through conference calls in the case conferencing meetings taking place amongst the community partners within their local CoCs. Specifically, each VAMC homeless program team is required to assign at least one staff person to consistently attend the CoC case conferencing meetings and act as a bridge of communication between the CoC providers and the VHA homeless program.</p>	



# Overview of DUSHOM Memo on VA Medical Center Participation in Coordinated Entry

- **Background:**
  - HUD requires all communities develop and operate a Coordinated Entry System (CES) for all homeless individuals, including Veterans.
  - CES is a critical element in our work to end Veteran homelessness.
  - VA's participation in their local CES is essential to this national effort.
  - The DUSHOM memo outlines the expectations for VAMC participation.
- **Purpose of the Guidance:**
  - Establish the roles and responsibilities of VAMCS in each of their CoCs and the CoC's CES.
  - Establish expectations on VAMC's participation in several key components of a fully-developed CES: case conferencing, by-name-lists, assessment tools, dedication of VA resources, and data sharing.



# Policy

- Engagement and active collaboration with CoC on their collective plans to end Veteran Homelessness
- Community Case Conferencing Participation
- By-Name-List Participation
- Utilization of Assessment Tool
- Dedication of VA Resources to CES
- Data Sharing



# VA Partnership with CoC Boards and Board Activities

- Policy requires all VAMC homeless programs to be fully engaged with each of their local CoCs.
- At a minimum, this means participating in a formal decision-making body on decisions that impact Veteran homelessness.
- Per VA Legal Counsel, VHA employees are legally permitted to participate and serve on CoC boards. This includes participating fully in the role of a CoC board member.
- This POC should have decision-making authority as it relates to the VA's ability to coordinate housing and services for homeless Veterans with that CoC and also assumes responsibility for communicating CoC goals and priorities to VA leadership.



# Case Conferencing

- Successful coordinated entry systems are supported by consistent, inclusive community case conferencing meetings.
- Case conferencing allows for case coordination and problem-solving to occur with all community partners who are serving Veterans experiencing homelessness in that community.
- Case conferencing also provides an opportunity for the community to collectively make service prioritization decisions.
- VAMCs must have at least one person assigned to participate consistently in each CoC's case conferencing meetings.
- This POC is expected to be the bridge of communication and have decision-making authority regarding housing options.
- This POC is expected to come prepared to each case conference meeting with the most current client information allowable to share per VACO National Privacy Guidance.



# Assessment Tools

- Our partner CoCs are required by HUD to implement an assessment tool that is expected to be utilized by all community partners in their assessment of homeless individuals, including Veterans.
- VAMCs are encouraged to adopt this local assessment tool whenever it is feasible.
- Where full adoption with every CoC is not feasible, VAMCS are required to work collaboratively with their CoC to communicate their own internal VA screening and prioritization process so that the VA assessment findings can be incorporated into the larger CoC prioritization system.
- This process must be clearly outlined and communicated to all community partners within the CoC providers, ideally through written policy.



# Dedication of VA Resources to CES

- It is required that VAMCs dedicate a portion of available VA resources for their inclusion into the greater pool of homeless service resources accessed by Veterans through CES.
- The degree to which VA resources are dedicated is at the discretion of VAMC homeless program leadership.
- Where the full dedication of VA resources does not take place, the VAMC must work with the CoC to establish a clear process for making and receiving referrals for veterans screened through coordinate entry.
- This process must be clearly outlined and communicated to all community partners within the CoC providers, ideally through written policy.



# Data Sharing

- Work with local Privacy Officers to create a universal release of information that, when signed by the Veteran, allows them to be added to the CoC's BNL.
- Work collaboratively with each of the HMIS agencies to ensure that all necessary agreements are established and signed to facilitate information and data sharing.
- Share aggregate data from HOMES and the Homeless Service Cube with communities on an as-needed basis. Aggregate data does not include any Veteran identifiable information.



# HUD-VASH and CES

- Under the DUSHOM memo the vision is to have HUD-VASH resources fully integrated into the community's coordinated entry process. This integration will take time and requires on-going collaboration between staff at the HUD-VASH program and the CoC.
- Considerations for integration of HUD-VASH into CES:
  - Dedication of resources.
  - The CE assessment tool is:
    - Not the same as the HUD-VASH clinical assessment
    - Can be used to identify Veterans who are referred to HUD-VASH case managers for further assessment.
  - Importance of Case Conferencing that allows for transparency of admission



# GPD and CES

- VA is fully committed to integration into CES including involvement of GPD providers and liaisons.
- Important for GPD grantees to engage in coordinated entry to:
  - Access permanent housing resources for Veterans experiencing homelessness.
  - Contribute to the mission of ending homelessness for Veterans.
  - Strengthen community partnerships, integrate GPD into larger system.
  - Improve performance including exiting Veterans to permanent housing.
  - Understand needs of community and update program to meet those needs.
  - Provide GPD resources to Veterans in need.
  - Participate in planning and updating coordinated entry to meet the needs of Veterans experiencing homelessness.
- Recognize that integrating GPD into coordinated entry will be a process and will look different in different places



# HCHV CRS and CES

- VA is fully committed to integration into CES including involvement of CRS contracted providers and coordinators.
- Important for CRS contractors to engage in coordinated entry to:
  - Access permanent housing resources for Veterans experiencing homelessness
  - Contribute to the mission of ending homelessness for Veterans
  - Strengthen community partnerships, integrate CRS beds into larger system
  - Improve performance including exiting Veterans to permanent housing
  - Understand needs of community and update program to meet those needs
  - Provide CRS resources to Veterans in need
  - Participate in planning and updating coordinated entry to meet the needs of Veterans experiencing homelessness
- Recognize that integrating HCHV CRS into coordinated entry will be a process and will look different in different places



# VA COORDINATED ENTRY SPECIALISTS



U.S. Department  
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# Vision for the CE Specialist Position

- Next level in our VAMC integration into Coordinated Entry Systems.
- CE policy implementation is an on-going, evolving process.
- Coordinated Entry Specialist positions were created to assist and lead this process.
- Sense of urgency and also ongoing process of continuous learning.
- Deep level of collaboration.
- Strategic use of resources.
- Coordinated entry is a complex system change where VA is a critical partner.



# What The Coordinated Entry Specialist Position Is and Is Not

## Is

- Representing the VA out in the community.
- Leading efforts to end Veteran homelessness within the community, alongside CoC.
- Systems-builder, enhancer, thinker.
- Ever changing, varied tasks requiring independent thinking.
- Bridging gaps in understanding to create stronger systems of service for homeless Veterans.
- Managing multiple priorities.
- Collaboratively problem-solving systems issues with community stakeholders.

## Is Not

- Sitting behind a desk.
- Focused only on VA Medical Center.
- Maintaining status quo only.
- Focused on only one homeless program.
- Traditional clinical VA social worker role.
- Data entry into HMIS.



# Examples of CE Specialists Focus in Local Communities

- More engagement and contributions around BNL maintenance.
- Higher level systems thinking related to figuring out how to integrate VA and CoC systems.
- More attention to BoS and rural CoCs.
- More awareness and leadership around Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness.
- Leading efforts around diversion (Hines VAMC CE Specialist).
- How to dedicate resources to CES (Jesse Brown VAMC with HUD-VASH referrals).
- Working through local issues related to data sharing.



# Coordination Levels



## Level 1: Awareness

- Little or no knowledge or exchange of information
- Infrequent referrals



## Level 2: Communication

- Know eligibility, requirements, how to refer
- Routine referrals, clear process



## Level 3: Coordination

- Point of contact, referral
- Warm handoffs
- Meet regularly



## Level 4: Enhanced Collaboration

- Shared goals, measures
- MOU
- Routine collaboration, effort to integrate

← Optimal Level of Coordination May Vary by Partner/Resource →

Source: SSVF



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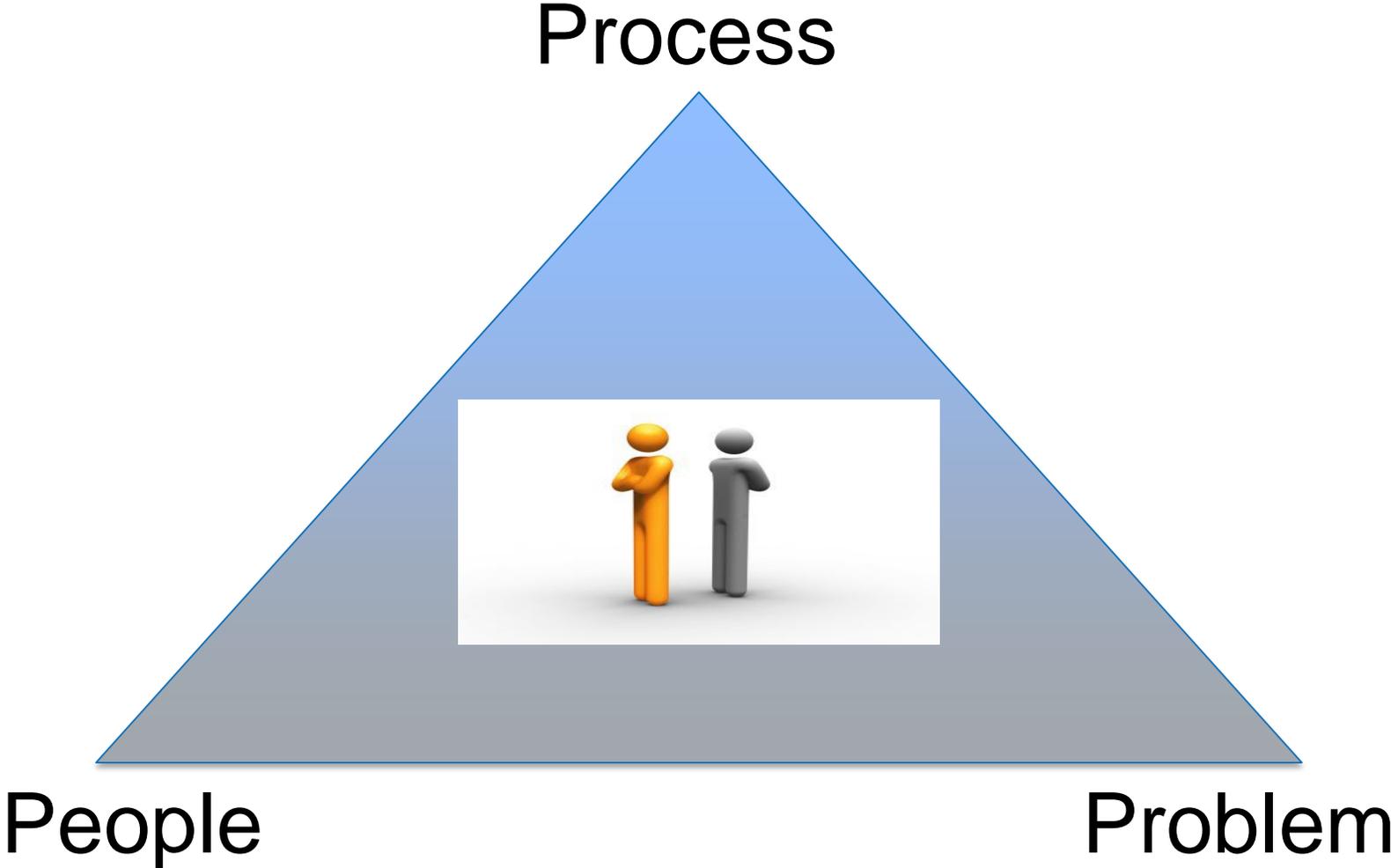
# Dialogue Leads to True Collaboration

- **How?**

- Build trust.
- Acknowledge and articulate strengths.
- Identify past challenges.
- Understand different systems and organizational cultures.
- Work through challenges.
- Articulate a vision for your relationships together.



# Conflict Triangle



## There's Still Work to be Done...

- **Dedication of Resources** – Who, How, What, Why?
- **Assessment Tools** – Who, How, What, Why?



# Getting Unstuck

- **Preparing**
  - Reflection on needs and issues
  - Do we need help facilitating the conversation? Who could help us?
- **Identifying the Issues**
  - What are the issues?
- **Labeling Apprehension**
  - Where is the apprehension or tension?
  - What is the apprehension or tension?
  - Why is it there?
- **Exploring Options**
  - What are our options? What are the alternatives?
- **Problem Solving**
  - What plan can we put in place to continuously move us forward?
- **Testing the Plan/Coming to Agreement**
  - How can we continue to have these conversations together and what mechanisms will be put in place so that we remain at the table?



# ***Opportunities to Increase Integration***



# ***Small Group Discussion & Report Back***

- Discuss current engagement of VA homeless programs in community's coordinated entry process
- Share new ideas about increasing engagement and coordination of VA resources into coordinated entry
- Explore whether the VA's engagement can be used as a model to approach other systems about their coordination with coordinated entry



# ***Questions***

