Operationalizing a One Team Approach VA 2023 Permanent Housing Conference





Who is in the room?

- SSVF Staff
- HUD-VASH Staff
- VA leadership





Introductions

Take 5 minutes find and introduce yourselves to someone you do NOT know well (get up and find someone!)

- Name
- Organization/Program
- Geography
- One Team Role based on Puzzle Piece

Sit back down (maybe with people you don't well...yet)





Common challenges and success from your sticky notes: Anonymous Review!





How do we want to prioritize our 2 hours together?

- 1. Rotating small group brainstorm discussion on specific local issues with report outs?
- 2. Large group discussion and peer sharing?
- 3. Mix of both?
- 4. Something else?





Example Topics

- By Name List of all Veterans experiencing homelessness in the community
- Case Conferencing planning, facilitation, agendas and management
- Veteran Leadership Team and decision making protocol
- Program co-enrollments and cross program referral workflows
- Coordinated outreach and unsheltered work
- Coordinated landlord engagement
- Other topics identified as challenges/opportunities on sticky notes





Let's Get Back Together: Try to sit with people who work with often or in your geographic catchment area





Action Steps

Focus some time now on Action Steps:

- Is there anything you can do directly to help support better coordinated work locally when you get home?
- Are there others from the community you need to connect with locally to discuss ideas for improvement?
- What are some tangible steps or action you can take to improve your practice or help support community improvement moving forward?

Report Outs and Discussion





OPTIONAL content slides for facilitator use





Operationalizing a One Team Approach VA 2023 Permanent Housing Conference



Agenda

- CY2023 Goal Review
- One Team Approach Overview
- System Level Practices
 - Veteran Leadership Teams
 - II. By Name Lists
 - III. Case Conferencing
- IV. Questions and Discussion

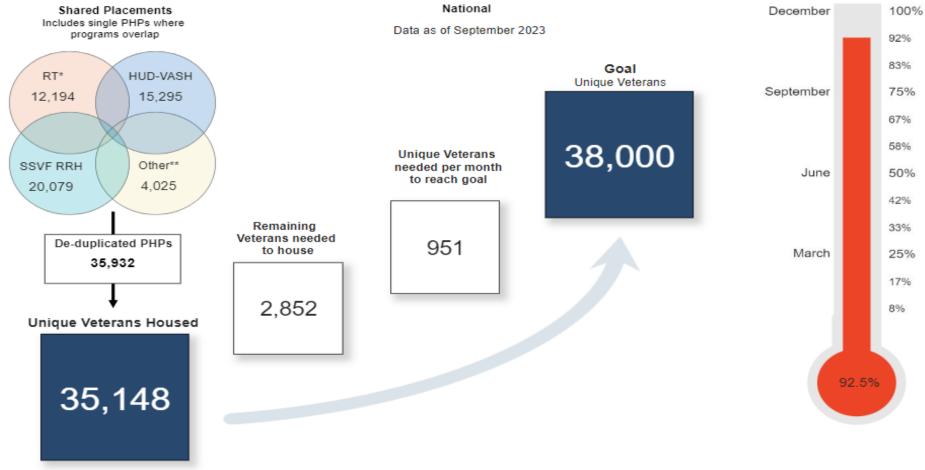




Calendar Year 2023 Progress Review



CY23 Goal #1: Permanent Housing Placements



^{*} RT Programs: GPD and HCHV CRS/LDSH

^{***} Nationally, Unique Veterans Housed represents all unique Veterans across facilities



^{**} Other: MH RRTP, GPD CM, HCHV CM, Homeless VJP, and SSVF HP

CY23 Goal #2: Preventing Returns

National

Veterans placed in housing as of September 2023.



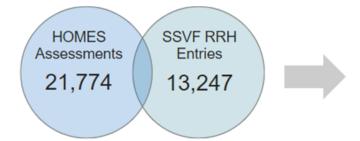
CY23 Goal #3: Unsheltered Engagements

National

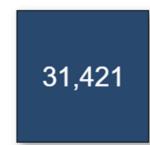
Data as of September 2023

Unsheltered Veteran Engagement

Unsheltered Veterans de-duplicated by type of engagement (includes Veterans unsheltered at both assessment and SSVF RRH program entry)







Remaining Unsheltered Veterans Needed



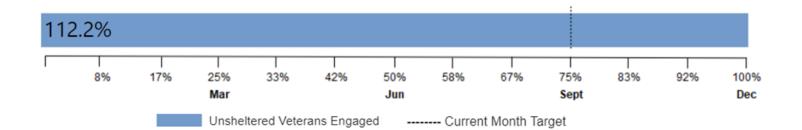
Unsheltered Veterans needed per month to reach goal











A One Team Approach to Ending Homelessness Among Veterans



Priorities for a One Team Approach



Permanent Housing Placements and HUD-VASH Voucher Utilization:
Develop or expand strategies to increase utilization and housing placements



Unsheltered Homelessness: Develop or expand strategies to increase outreach and resolve encampments



Returns to Homelessness: Coordinate programs to prevent recurring homelessness



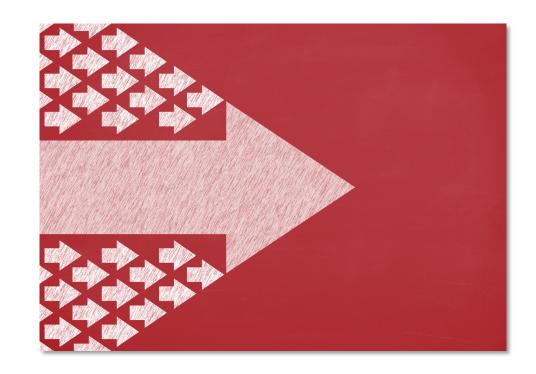
Operationalize Housing First: Low barrier and housing-focused





Shared Principles of the One Team Approach

- Not one resource left untouched Include All Programs and Services
- Not "my" Veteran Our Veteran
- Elevating project and system level best practices
 - Complete By Name List of all Veterans experiencing homelessness
 - Deliberate Case Conferencing focused on barrier-busting specific
 Veteran cases, inclusive of all relevant VA and non-VA partners
 - Veteran Leadership Teams with cross-program representation
 - Leveraging program flexibilities, allowable co-enrollments and complimentary service packages
- Action oriented assessments that immediately connect Veterans to safe options and housing pathways or resources
- Active, ongoing communication across programs on policy changes, service availability, Veteran needs and other key information





Key Questions for Community Reflection

What **operational protocol** do we have in place to support situations where there may be delays in care or co-enrollment concerns?

What **barriers** are we seeing, in practice or in policy, that we can change or modify to allow for more streamlined access to housing services?

Are there **policies**, **rules or other mandates** that need to be adjusted to more quickly connect Veterans to permanent housing?



System Level Practice

Veteran Leadership Teams and Committees





Veteran Leadership Teams: The Basics

- Comprised of VA and community leadership, including Veterans with lived experience, to help coordinate and drive efforts to end homelessness among Veterans.
- Should be a dedicated group that focused on system level organization, priorities, gaps and solutions
- Often an opportunity to elevate staff into positions of leadership and decision making



Veteran Leadership Teams: Committee Examples

- Veteran Leadership Team: Responsible for overall organization and policy implementation
- Lived Experience Committee: Responsible for ensuring voices of Veterans with lived experience have direct impact on priorities, polices and goals
- Data Committee: Focused on helping community use data to advance equity, pursue goals and understand trends
- Service Delivery Committee: Focused on specific policy or program nuances that can be adapted or implemented to better meet the needs of Veterans experiencing homelessness.



Key Leaders

- VAMC Leadership
- Veterans with lived experience
- HUD-VASH Supervisors
- GPD Directors
- SSVF Directors
- HCHV Liaison or Contractors
- Public Housing Authority (PHA)
- VJP, Employment and other specialized services
- Continuum of Care Leads/CES Lead
- Local mental health, public health and other partners
- Law Enforcement





Group Discussion

How does your community organize leadership and decision making?

What has worked well, and where do you see opportunities for improvement or suggestions from your peers?



System Level Practice Active By-Name List Management



- 1. The list is comprehensive, meaning it *captures all Veterans experiencing homelessness* in the community, including all unsheltered Veterans and those in all emergency shelter (including Health Care for Homeless Veterans contract beds), Safe Havens, transitional housing (including Grant and Per Diem (GPD) beds). The list includes Veterans who are and are not eligible for VA services.
- 2. The list is *dynamic and updated frequently*, preferably daily or weekly, and at least monthly. The list is never "complete".



- 3. The list includes *basic elements* needed to track shelter, housing, and assistance offered to and being used by Veterans. May also include key priority indicators (Veteran returns, housing barriers, previous history).
- 4. Information from the list is *used in case conferencing and other system monitoring to support thoughtful decisions* about how to best assist each Veteran household in achieving permanent housing as quickly as possible.



5. The list is used to *measure progress toward Veteran-level and community goals and identify systemic bottlenecks and barriers* in the housing placement process.

The BNL is meant to be systematically incorporated into a community's ongoing coordination and performance management activities to ensure homelessness among all Veterans is rare, brief and non-recurring.



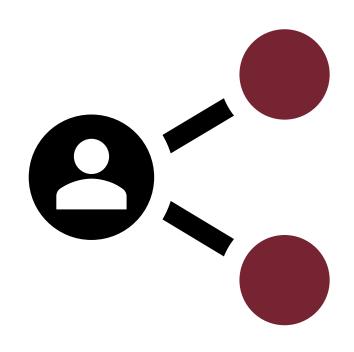
When looking to operationalize the use of a BNL, communities should <u>start</u> with developing specific policy that addresses the following questions.

- Who is the primary planning entity or group responsible for developing, maintaining and refining the list?
- How will information be shared between VA and non-VA partners?
- Is there a process for how Veterans get put on the list?
- How will the community ensure that privacy is maintained?
- How are updates made relevant to a Veteran's housing status over time?
- How often are updates made?
- Does everyone in the community know the process and have agreed to follow it?





VACO Privacy Guidance and Data Sharing







What is a Routine Use?

A routine use is an agency-approved circumstance in which a record may be shared outside of VA in accordance with the purpose for which the information was collected and maintained by VA. The routine use must be included in the published notice for the system of records involved.



Routine Use #30 Overview

- Routine Use #30 states that VA may disclose relevant healthcare and demographic information to health and welfare agencies, housing resources, and community providers, consistent with good medical-ethical practices, for Veterans assessed by or engaged in VA Homeless Programs for purposes of:
 - Coordinating care;
 - Expediting access to housing;
 - Providing medical and related services;
 - Participating in coordinated entry processes;
 - Reducing Veteran homelessness;
 - Identifying homeless individuals in need of immediate assistance; and
 - Ensuring program accountability by assigning and tracking responsibility for urgently-required care.
- This routine use provides legal authority for VHA Homeless Program staff to disclose pertinent Veteran information, excluding 38 U.S.C. 7332-protected information without a formal data sharing agreement or prior signed, written authorization from the Veteran if the requirements of the legal authority are followed.





National Guidance Regarding HMIS Access Request – "Read-Only Access"

 VA staff can obtain read-only access to HMIS, as long as the data is used as part of the job responsibilities of the individual obtaining the access; specifically, the data accessed is being used to provide needed services and coordinated care to Veterans.

 Read-only access to HMIS is at the discretion of the data system owner (HMIS approving official) and local VA leadership; access approvals are not at the discretion of local VA Privacy Officers and Information Security Officers (ISOs).



National Guidance Regarding HMIS Access Request – "Direct-Entry Access"

- VA staff can directly enter data into HMIS if the entry contributes to the job responsibilities of the VA staff entering the data; specifically, the data entered is being used to provide needed services and coordinated care to Veterans.
- The VA is not responsible for how data is used by non-VA entities once entered, regardless of who enters the data or the minimum security requirements of HMIS.
- The responsibility for the data lies with the owner of the data system.
 Direct-entry access to HMIS is at the discretion of the data system owner and local VA leadership; access approvals are not at the discretion of local VA Privacy Officers and ISOs.





HOMES HMIS Import/Export

https://www.hudexchange.info/resource/6216/hudvash-homes-to-hmis-translator-tool/





Group Discussion

How does your community share information, and what is your approach to managing and active by-name list?

What has worked well, and where do you see opportunities for improvement or suggestions from your peers?

Are there technologies you have used to break down communication barriers?





System Level Practice Case Conferencing





Community Case Conferencing Goals

- To ensure holistic, coordinated, and integrated assistance across providers for all Veterans experiencing homelessness in the community;
- To review progress and barriers related to each Veteran's housing goal;
- To identify and track systemic barriers and strategize solutions across multiple providers;
- To clarify roles and responsibilities and reduce duplication of services (who is doing what).





Case Conferencing: the 5 Ws

- Who: Attendees should include all VA and non-VA partners, including CoC representation, who serve Veterans or contribute to planning focused on ending homelessness among Veterans.
- What: Case conferencing is a way to strategize around the needs of everyone on your BNL to get them connected and moved into appropriate housing quickly.
- Where: Meetings should be accessible to partners. In person is often regarded as best, but virtual is acceptable if needed.
- Why: Allows you to coordinate and streamline efforts, and to use individual data points to evaluate the needs/gaps and troubleshoot process improvements across the housing system.
- When: Weekly/ongoing is ideal; multiple times per month.



Case Conferencing Core Features

- Regular, facilitated meetings with relevant partners (ideally, at least bi-weekly)
- Agenda is created from your real-time, By Name (or active) List
- Focus on connecting people to navigators/outreach and coordinating support to attain housing
- Can be specific to one population (i.e. returns, unsheltered, etc.) or all populations
- One person acts as the facilitator/coordinator ("air traffic controller") to track progress and updates week to week
- Provides real-time data





Group Discussion

How does your community approach Case Conferencing?

What has worked well, and where do you see opportunities for improvement or suggestions from your peers?



System Level Practice Co-Enrollments and Program Flexibilities



Not my Veteran – <u>Our</u> Veteran

Traditional Approach	One Team Approach
Programs Consider a Veteran their sole responsibility (HUD-VASH Veteran, SSVF Veteran, etc.).	All Veterans are considered part of the community's overall responsibility to facilitate housing and services
Staff primarily focused on how their services alone can meet the Veteran's needs	Staff consider the broad range of services available and work together to coordinate the best package possible with the Veteran
Programs exhaust or under-utilize resources in a vacuum	Resources are calibrated to best meet the needs throughout the community
Data and performance measured at the projects or staff level	Data and performance considered for the entire Veteran housing system
Limited co-enrollments and cross-program referrals	Robust cross-program referrals and co-enrollments for specialized services
"I work for 'program"	We work for the Veteran
Veterans meet program demands to receive services	Programs adapt demands, within compliance, to meet the Veterans needs and desires





Flexibility Examples

- HUD-VASH SSVF Memo: Progressive Assistance and bridging
- SSVF financial assistance deposits, landlord and tenant incentives
- SSVF legal services and rapid resolution for placements and retention
- HUD-VASH GPD Collaborative Case management
- Housing services from SSVF/HUD-VASH co-enrolled with GPD and HCHV for placements
- VJP enrollment and referral networks





Group Discussion

How does your work to coordinate referrals, including coenrollments or where services need to be combined?

What has worked well, and where do you see opportunities for improvement or suggestions from your peers?

