

Integration of Veteran Access Points and Resources in Coordinated Entry

2018 Rapid Rehousing Institute

Session Goals and Agenda

- Introduce the DUSHOM Memo on VA Medical Center Participation in Coordinated Entry
- Review expectations for participation by VA funded housing and services programs for Veterans in coordinated entry
- Explore models and strategies for integrating VA funded programs into coordinated entry



Collective Brain Trust: Who is with us?

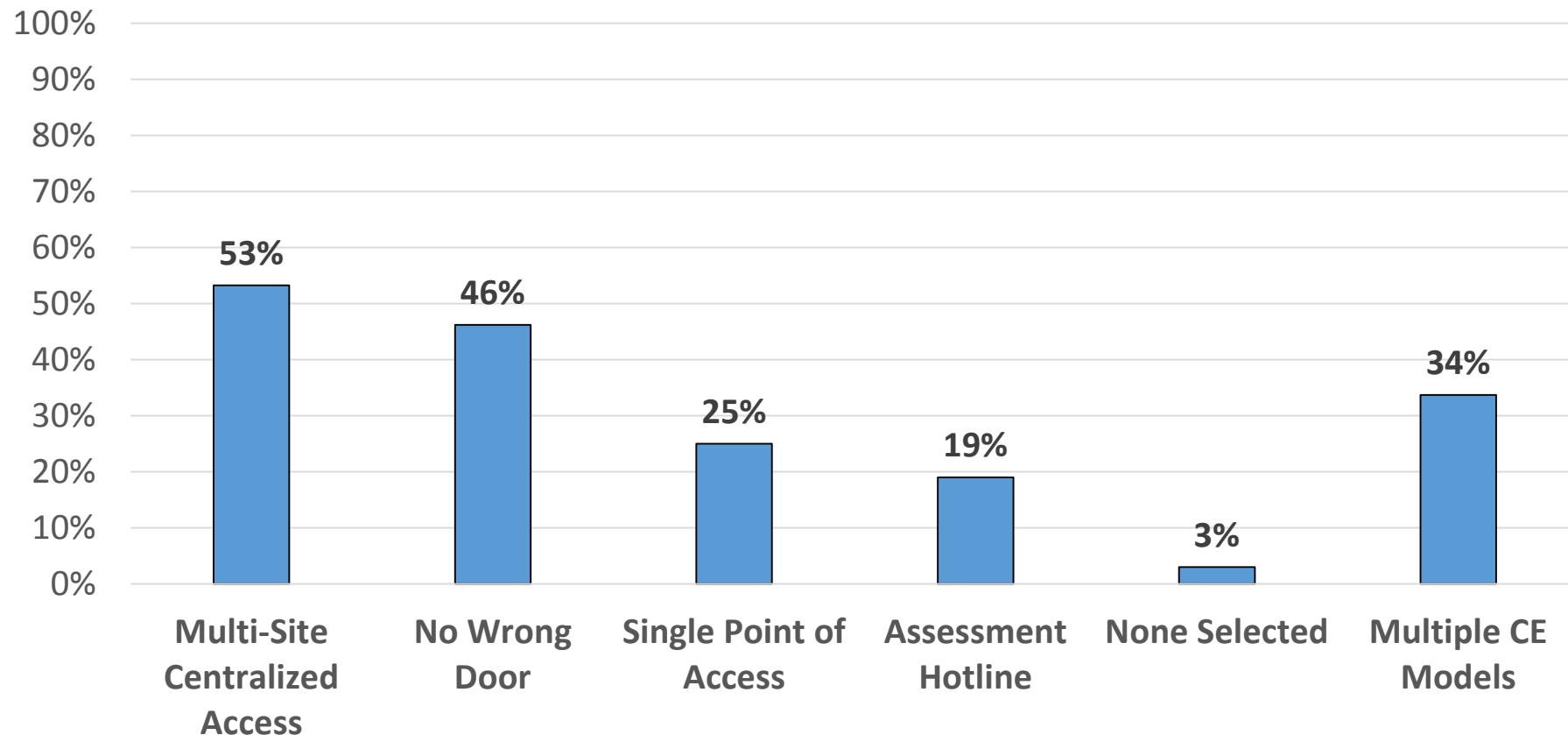
- How many of you work for a VA funded program? For a HUD funded program? For a CoC? For the coordinated entry process in your community?
- How many are on your community's Veteran Leadership Team?
- How many have heard of the DUSHOM Memo on VA Medical Center Participation in Coordinated Entry?



VA, HUD, and USICH Community Planning Survey

Coordinated Entry

- Type of Coordinated Entry (CE) access model(s) and common assessment tools used.



VA, HUD, and USICH Community Planning Survey

Coordinated Entry

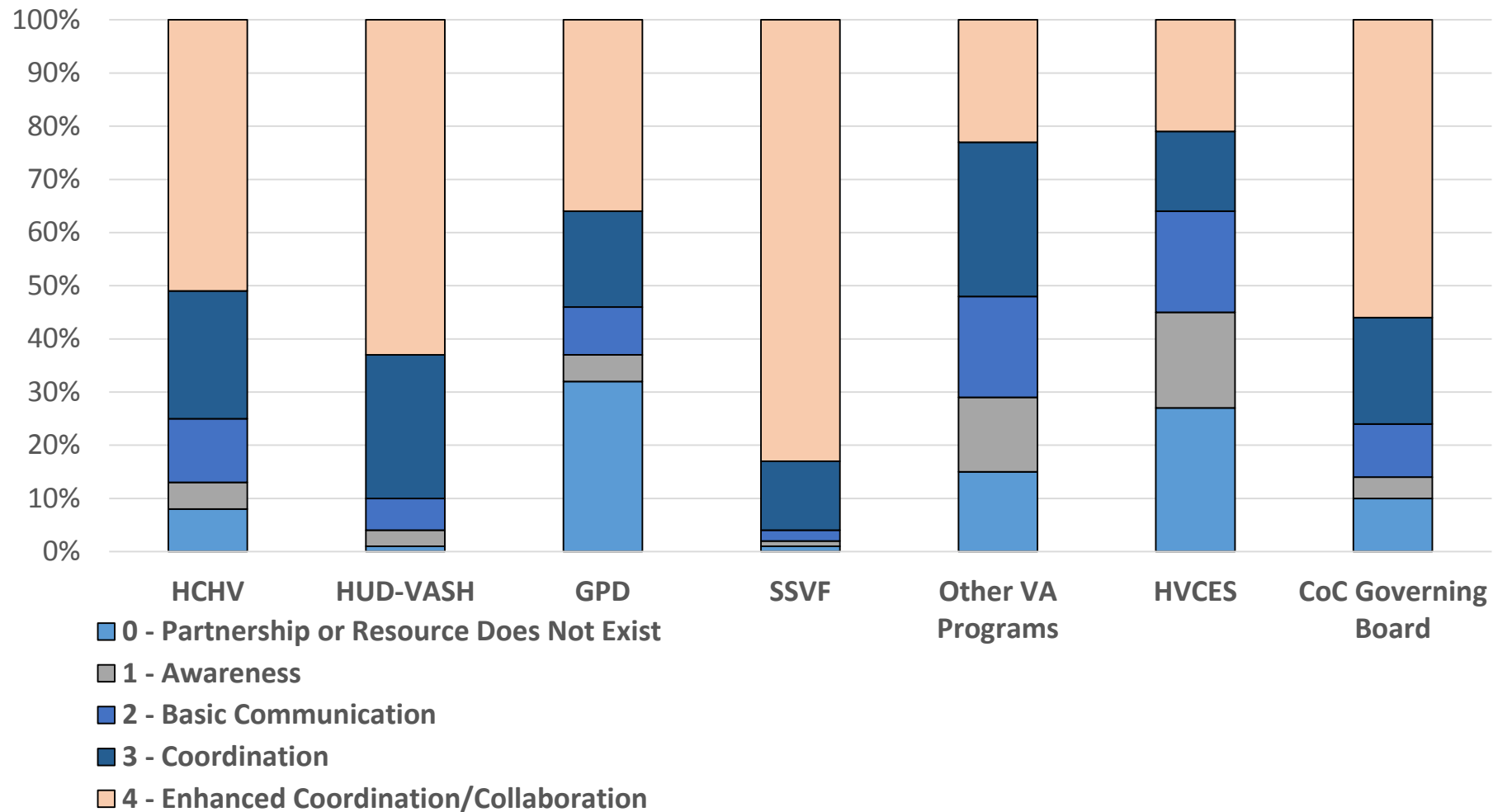
- Are you experiencing challenges with Coordinated Entry?

Challenges	Percent
Lack of resources to meet need	67%
Challenges with master/active/BNL	35%
Lack of buy-in from providers	32%
Speed of system	31%
Challenges with HMIS	30%
Challenges with integrating VA resources	28%
Challenges coordinating across large geography	24%
Challenges with case conferencing	23%
Challenges with assessment tool	19%
Multiple challenges indicated	73%
No challenges indicated	10%



VA, HUD, and USICH Community Planning Survey

Level of Coordination



"Other VA Programs" includes CRRC, VJP (VJO, HCRV)



HUD and Coordinated Entry Messaging



DUSHOM Memo Implementation

- Trainings about the DUSHOM Memo provided to:
 - VA staff including HUD-VASH and HCHV, and Network Homeless Coordinators
 - VA funded housing and services programs including SSVF and GPD
 - Community partners through Vets@Home and Built for Zero



Common Coordinated Entry Challenges

Access

- More people seeking assistance than have resources to assist
- Highest need people not getting assistance
- Access point messaging is weak or unclear

Assessment

- Process too long and time consuming
- Information quickly becomes out of date
- Assessment doesn't directly lead to assistance or housing plan

Prioritization

- Priority list is static
- Stakeholders lack confidence in score
- List is too long

Referral

- Prioritized people not document ready
- Prioritized people not eligible
- High priority people rejected by programs
- Referral process is too slow and cumbersome

Management

- Lack of CE process documentation
- Roles unclear
- Inconsistent oversight/enforcement of procedures

Data

- HMIS or other data systems not leveraged
- Information sharing not standardized



HUD Guidance and Tools: Highlights

Guidance

- CPD 17-01 Notice Establishing Additional Requirements
- Coordinated Entry Policy Brief

Tools

- CE P&P Outline
- Coordinated Entry Core Elements Guidebook
- Coordinated Entry Self-Assessment

Resources

- VA Participation in Coordinated Entry
- Coordinated Entry Community Samples Toolkit



DUSHOM Memo on VA Medical Center Participation in Coordinated Entry



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>

Department of Veterans Affairs

Memorandum

Date: OCT 17 2017

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: VA Medical Center Participation in the Continuum of Care Coordinated Entry System (VAIQ#7844648)

To: Network Director (10N1-23)

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 Continuum 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.

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.

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.



Overview of DUSHOM Memo

- **Background:**

- HUD requires all communities to 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.



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.



Participation in Community 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 VAMC staff person is expected to be the bridge of communication and have decision-making authority regarding housing options.
- This VAMC staff person is expected to come prepared to each case conference meeting with the most current client information allowable to share per Routine Use #30 and other relevant privacy guidance.



Participation in By-Name-List (BNL)

- BNL is defined as a real-time, up-to-date list of all Veterans experiencing homelessness in a given community.
- Utilizing a BNL allows communities to know each homeless Veteran by name, while also facilitating timely decisions around how to best assist them with available resources.
- Where a CoC has an established BNL, VAMCs must actively participate in its maintenance.
- This may include (but is not limited to) updating current housing or homelessness status, current program enrollment status, VA eligibility status, initial identification date, most recent contact date, and pending case management issues as appropriate.



Assessment Tools

- 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.



Routine Use #30: VA and Data Sharing

- 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.



Routine Use #30: VA and Data Sharing

- VHA does NOT have legal authority to share health information protected under 38 U.S.C 7332 (any information related to the diagnosis of infection with HIV or sickle cell anemia, or the diagnosis of and treatment for drug abuse, alcohol abuse or alcoholism) with community partners UNLESS a signed, written authorization is obtained from the Veteran.
 - If a Veteran is being treated for, or has any of these diagnoses, this information or any information that would imply these diagnoses cannot be shared without the Veteran's signed authorization, including information such as, the name of a residential treatment facility that would infer the Veteran is being treated for substance abuse.
- This legal authority supports effective and efficient collaboration between VA and outside agencies by allowing disclosure of information documented in the Homeless Operations Management and Evaluation System (HOMES) for the purpose of improving timeliness and access to necessary services for Veterans in the homeless continuum.
- Specific privacy questions should be directed to your local VA privacy office if you have any questions, see the attached blast from VHA Privacy.



VA Program Expectations for Participation in Coordinated Entry



VA, CoC, Stakeholders and Partners Working Together



VA HCHV

- Health Care for Homeless Veterans (HCHV) functions as the hub for housing and services to reach and assist Veterans experiencing homelessness. HCHV activities include:
 - Outreach to the most vulnerable, including those not receiving services, to engage them about receiving treatment and other services
 - Contract Residential Services (CRS) programs and including Low-Demand Safe Haven
 - Community Resource and Referral Centers (CRRC)
 - Coordinating Stand Down funding and support
- Oversees the rollout of the DUSHOM memo on VA integration into coordinated entry
 - Overview of implementation of DUSHOM memo by VA Medical Centers
- Oversees the 87 new VA Coordinated Entry Specialists at selected VA Medical Centers



HCHV Participation in Coordinated Entry

- New Coordinated Entry Specialists will act as the primary point of contact between the VA Medical Center, the CoC, and the coordinated entry process in the communities that they serve
- CE Specialists will be responsible for (but not limited to):
 - Facilitating the continuity of care for Veterans experiencing homelessness between the VA and community based programs at a system-level
 - Communicating and helping develop or enhance policy or protocol between local VA leadership and the CoC regarding coordinating housing and services for Veterans experiencing homelessness
 - Acting as a liaison for coordinating outreach efforts with local community partners
- Staff will be system-thinkers with the ability to make decisions and support the community with strategy, enhancements to coordinated entry, and collaboration across the VAMC's homeless programs



VA Coordinated Entry Specialist Positions

What It Is

- Representing VA 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 and translating across systems
- Collaboratively problem-solving systems issues with community stakeholders

What It 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



DUSHOM Implementation: First 8 Months

- 151 VA Medical Centers coordinating with approximately 400 CoCs in a very intentional way in less than 8 months
- Understanding of the dynamics of complex areas like rural geography and Balance of States
- At least 2 White Papers and over 20 webinars including new training materials for VAMCs and Community Partners
- Specific tools like *CoC to VAMC Crosswalks* and the *HUD-VASH CES FAQs*
- Keeping CES at the forefront of conversation: participation in VISN Homeless Leadership calls
- Working diligently to get it right: consultations with over 100 community/VAMC partnerships
- Peer learning and sharing on a variety of topics that directly enhanced our collective knowledge



DUSHOM Implementation: Next Steps

- Coordinated Entry positions are the next level in our VAMC integration into Coordinated Entry Systems by coordinating and leading the integration process
- CE policy implementation is an on-going, evolving process
 - For example, we know that many VAMCs and CoCs are just beginning to work on things like dedication of resources.
- Sense of urgency and also ongoing commitment to continuous learning
- Deep level of collaboration
- Strategic use of resources
- Coordinated Entry is a complex system change where VA is a critical partner

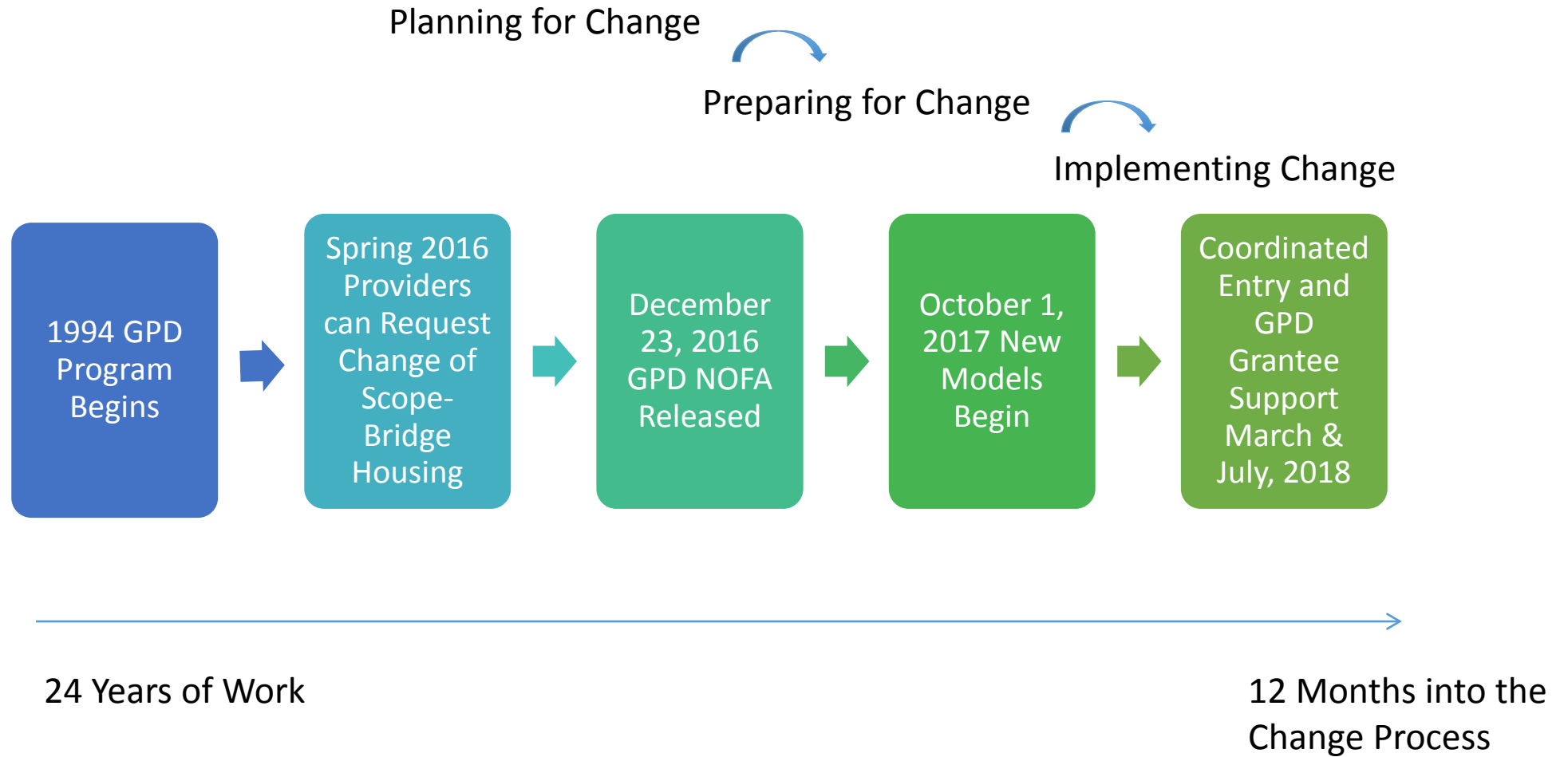


VA Grant Per Diem

- The Grant and Per Diem (GPD) program provides supportive housing (up to 24 months) and services to Veterans experiencing homelessness with the goal of helping the Veterans to achieve residential stability.
- GPD models include:
 - Bridge Housing
 - Low Demand
 - Hospital to Housing
 - Clinical Treatment
 - Services Intensive Transitional Housing
 - Transition in Place



Background and GPD Change Process



GPD Participation in Coordinated Entry

- 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



Prioritizing GPD to Literally Homeless Veterans

- GPD programs prioritize literally homeless Veterans, including any Veteran who is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking.
- Veterans at imminent risk of homelessness should be referred to community diversion and prevention resources; the goal is to prevent these Veterans from entering the homeless system.
- Many communities are developing diversion and prevention resources through the coordinated entry process. SSVF Rapid Resolution will be a diversion resource that can be accessed for these Veterans.



VA HUD-VASH

- Housing Choice Vouchers rental assistance combined with case management and services provided by the VA targeted to Veterans experiencing homelessness, particularly chronically homeless Veterans.
- All Veterans receiving assistance through HUD-VASH must be eligible for VHA healthcare services.
 - HUD-VASH Continuum
- Approximately 93,000 HUD-VASH vouchers have been allocated; this includes tenant-based and project-based vouchers.



HUD-VASH Participation in Coordinated Entry

- 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 coordinated entry:
 - 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



VA SSVF

- Supportive Services to Veteran Families (SSVF) provides services and financial assistance to rapidly re-house Veterans who are homeless or who are at risk of becoming homeless.
- In FY2017 SSVF served approximately 130,000 people including 84,000 Veterans and over 27,000 children.



SSVF Participation in Coordinated Entry

- SSVF should be integrated into Coordinated Entry or actively participating in its implementation.
- SSVF may conduct coordinated assessments and make referrals to indicated shelter and housing programs.
- Grantees who serve more than one CoC are asked to look at the rapid re-housing need in each CoC and determine if there was a gap in resources for literally homeless Veterans.



VA SSVF

- Rapid Resolution pilot in 11 CoCs begun July 2018, rolling out nationally in FY 2019.
- Connects Veteran families entering the homeless system to “new” housing resources available through family or friends.
- Conserves scarce housing resources for most vulnerable.
- Benefits include family reunification, avoidance of trauma



Panel Discussion and Q&A with VA and HUD



Questions for Panel

- What will full integration of VA Medical Center staff and programs, and VA funded programs into a community's coordinated entry process look like?
- What are expectations for Medical Center and program staff in regards to reaching out to CoCs and coordinated entry staff?
- What are expectations for CoCs engaging with VA Medical Center staff and VA funded programs?



Community Examples



Final Questions & Closing

