VA Homeless Programs

One Team Approach Implementation Toolkit

VA | U.S. Department of Veterans Affairs

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Introduction

Purpose: The One Team Approach Implementation Toolkit provides guidance, templates, and tools to implement a One Team approach locally. Features of the toolkit include:

- **Roles** for each program in a One Team system approach.
- **Tools** to implement a One Team system approach using access, triage, by-name lists, case conferencing, and data-informed decision-making.
- **Methods** to build system approaches to preventing returns to homelessness.

Acronyms: Here is a list of frequently used acronyms to help you navigate the toolkit.

Frequently Used Acronyms

- **CE:** Coordinated Entry
- **CoC:** Continuum of Care
- **CRRC:** Community Resource and Referral Center
- **CRS:** Contracted Residential Services
- **GPD:** Grant and Per Diem
- **HCHV:** Health Care for Homeless Veterans
- **HMIS:** Homeless Management Information System
- **HPACT:** Homeless Patient Aligned Care Teams
- **HUD:** Department of Housing and Urban Development
- **HUD-VASH:** Dept. of Housing & Urban Development-Veterans Affairs Supportive Housing
- **SSVF:** Supportive Services for Veteran Families
- **VA:** Veterans Affairs
- **VAMC:** Veterans Affairs Medical Center
- **VJP:** Veterans Justice Program

VA Vision: A One Team Approach

A One Team approach refers to coordinated, united actions and interconnection between programs as they work toward the joint mission to end Veteran homelessness. A One Team approach should use Housing First principles and provide Veterans, regardless of the Veteran's point of entry, with a coordinated process that develops a holistic, tailored housing and service plan centered on their personal choices.

Leadership Matters: Reinvigorating Veteran Leadership Teams

VA and our partners have proven that we know what it takes to solve homelessness, demonstrated by a more than **52% reduction in Veteran homelessness since 2010**, and **83 communities approved as having effectively ended Veteran homelessness**. Veteran leadership teams were a primary driver of our collective successes nationwide.

Leadership Teams: This section includes guidance, samples, and tools to **jumpstart Veteran leadership teams:**

- ✓ **Sample Leadership Team Role**
- ✓ **Sample Leadership Team Vision, Values and Goals**
- ✓ **Sample Committee Structure to Move System Changes Forward**
- ✓ **Sample Membership of a Leadership Team**

Leadership Teams to End Veteran Homelessness

Local leadership teams are critical agents for overseeing effective coordination and collaboration among all community partners working to end Veteran homelessness. One Team collaborations should result in the deployment and full utilization of all outreach, interim housing, permanent housing, and supportive service resources in a community.

Sample Roles of a Local Leadership Team

Leadership teams catalyze community partners to work together to end each Veteran's homelessness crisis as swiftly as possible. Common focus areas include:

- **Strategy:** Establish a strategy or strategic plan to end Veteran homelessness locally, including how to resource the strategy.
- **Equitable Response:** Consistently review system performance to improve outcomes and ensure the approach is equitable and does not create or perpetuate disparities.
- **Coordinated Process:** Ensure there is a coordinated process for Veterans to access available housing resources.
- **Improve Performance:** Commit to ambitious benchmarks or housing placement goals within specific timeframes to push systems to perform more effectively.
- **Clear the Way:** Work together to identify and remove barriers throughout the system.

Veteran Leadership Teams in Action

Many communities who effectively ended Veteran homelessness had a Veteran leadership team to drive progress forward. Here are examples of accomplishments from those teams:

- **Units, Units, Units!** To end homelessness, landlords and property owners must be partners in the effort. Leadership teams worked with elected officials to engage large property owners, obtain Veteran set-aside units in new construction deals, and run outreach campaigns to enlist landlords in the mission to end Veteran homelessness.
- **Flexible Resources:** While VA robustly funds key interventions to end Veteran homelessness, communities found that more or different resources were needed. Leadership teams worked with funders to leverage vouchers for non-VA-eligible Veterans and supported flexible funding pools to cover costs that were not covered in existing programs (e.g., compensating Veterans with lived experience to be on planning teams).
- **System Accountability:** Leadership teams held themselves and the community accountable to the mission, values, and goal of ending Veteran homelessness.

Sample Membership of a Local Leadership Team

Leadership teams often consist of representatives from entities working to end Veteran homelessness, including:

- VAMC homeless programs leadership
- HUD-VASH
- SSVF grantees
- CoC leadership
- CE specialists or staff, inclusive of assessors and housing match teams
- Veterans with lived experience of homelessness
- HCHV CRS providers
- GPD providers
- Public Housing Agencies (PHA)
- CRRC or non-VA community welcome and resource centers
- Veteran peer access programs
- HCHV and non-VA outreach teams
- VHA partners from the Office of Mental Health and Suicide Prevention, Geriatrics and Extended Care, or Primary Care
- Local or state Veteran Service Organizations
- Philanthropic organizations
- Municipal or state government entities or elected officials
- State or local departments of mental health, public health, housing, or human services

Centering Equity in Membership

- ✓ Building equitable systems requires having leadership teams that reflect the population served.
- ✓ Ensure intentional representation of populations that are overly represented in your local population of Veterans experiencing homelessness by looking at race, ethnicity, gender, and other key demographics.
- ✓ Provide opportunities and compensation to recruit people with lived experience of homelessness to participate on the leadership team. Allow multiple seats for people with lived experience to prevent tokenism.
- ✓ Create mentorship opportunities between experienced and new leadership team members.
- ✓ Consider seats for several frontline staff to participate.
- ✓ It may take time to balance membership. Keep working on recruitment over time, even if you do not see quick results in membership changes.
- ✓ Engage with local community-based organizations outside of traditional partners.

To center equity as you build or refine your membership, review who comprises your team and ensure your team is representative of both the population you serve locally and those who are most impacted by policy, practice, strategy, and decision-making.

Sample Vision, Values, and Goals of a Leadership Team

A common vision can unite community partners to work toward the same North Star. A clear decision-making method can help a leadership team establish a collective vision and goals. Examples of decision-making include consensus building, proposal-based decision-making, or voting. Below are samples from several communities' visions and goals.

Vision: To end Veteran homelessness by creating a coordinated, efficient, and effective system to move Veterans from homelessness to housing.

Values for Our System

- Veteran-centered
- Ease of use: It should be easy to navigate
- Rapid provision of services: Minimal barriers
- Housing-focused: Housing ends homelessness
- Ensures equitable outcomes across all populations
- Communicative, transparent, and data-informed

Goals for Our System

1. Identify all Veterans experiencing homelessness using a quality by-name list.
2. Ensure all Veterans are triaged to a housing pathway and can access interim housing immediately if unsheltered.
3. After housing triage, ensure referrals across programs are clear, transparent, and accountable across the system.
4. Maximize flexibilities to accelerate permanent housing placements.
5. Establish exit planning and case conferencing protocols to prevent returns and quickly re-engage Veterans who do return to homelessness

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Building a One Team Structure to End Veteran Homelessness

Once a leadership team is established or refreshed, the team can create a structure to delegate activities that will get the community closer to reaching its shared goals (see above). The following page contains a sample committee and case conferencing team structure based on the above vision and goals.

One Team Veterans Leadership Team – Meets Weekly	
Oversees system-level goals to end Veteran homelessness. Initial priorities include the below working groups. Twice monthly meetings for the first 1-3 months.	• VAMC leadership and program leads • HUD-VASH, CRRC • GPD Liaison & GPD providers • HCHV CRS providers • SSVF grantees • CoC • Veteran peer network • Mental health services

Committees: Build the infrastructure needed for a coordinated system, including policies, procedures, training, and performance improvement.

By-Name List Refinement Group	Access & Triage	SSVF + HUD-VASH Collaboration	System Review and Improvement
Ensure the by-name list is accurate, regularly updated, and reflects every Veteran's status, regardless of entry point; establish case conferencing membership, roles, and responsibilities.	Refine and finalize the Veteran Housing Triage Tool for staff to offer an array of housing options to Veterans; ensure access points are trained on how to use it.	Further develop a partnership to accelerate placements into housing using housing navigation and intentional bridges to fully utilize all housing resources.	Refine and finalize the Veteran Housing Triage Tool for staff to offer an array of housing options to Veterans; ensure access points are trained on how to use it.

Working Groups: Case Conferencing (Client-Level)

- Case conference groups coordinate care on a Veteran or client level to ensure every Veteran has a pathway out of homelessness and integrated care coordination by case conferencing and using an updated and complete by-name list.
- Coordinate supportive service and care delivery.
- Facilitators of case conferencing attend leadership team meetings monthly to report on success and challenges; the leadership team must be prepared to co-develop solutions to the identified barriers.

Working Together: Roles in a One Team Approach

VA, other federal partners, local governments, and philanthropy fund an array of housing and service interventions for Veterans experiencing homelessness around the country. A crucial task that communities have is to organize the array of resources into a system response, which should provide role clarity across programs. Role clarity and an organized system response provide a path forward for communities to leverage the expertise and resources to end each Veteran's homelessness crisis quickly.

Working Together: This section includes guidance, samples, and tools that **define program roles** that act together to end Veteran homelessness:

- ✓ **VA Guidance: Program-Specific Roles in a One Team Approach**

Roles in a One Team Approach

A One Team approach means programs must collaborate to provide the Veteran with a care team to end their homelessness crisis rather than the Veteran having to seek assistance from individual programs on their own. Teams have greater potential to function well when team members know when their role begins and ends, and how other team members complement it. The following describes VA's guidance on:

- ✓ **Cross-Cutting Roles:** Roles every program in a system should have in a One Team approach
- ✓ **Program-Specific Roles:** Roles specific to each program type in a One Team approach

Cross-Cutting Roles Across All Programs

All programs funded by VA are expected to uphold these functions in a One Team approach. Communities that have CE specialists can often play a convening and organizing role in upholding these cross-cutting requirements.

Case Conferencing

A community process to problem-solve next steps for each Veteran to help them move toward housing and services, and/or prevent a return to homelessness.
All VA and VA-funded programs are expected to be present and prepared and participate in community case conferencing. See this section for tools to shape community case conferencing

Center Equity in All Efforts

VA strives for equitable outcomes for all Veterans. All VA and VA-funded programs should strive to center equity in key areas, such as representation in leadership, using available data to identify and solve for disparities and center Veterans with lived experience in all efforts to end homelessness.

Collaborate with CoC's

VA and VA-funded programs are expected to collaborate with CoCs. This may look different for each CoC and could include taking referrals from CE, using the same prioritization for resources, coordinating street outreach efforts to identify any unsheltered Veterans, and obtaining access to HMIS to track Veteran whereabouts and progress.

Updating the By-Name List

Every community should have a quality by-name list that completely identifies all Veterans experiencing homelessness by name and in real time.

All VA and VA-funded programs are expected to add key updates to Veteran statuses to the list. See this section for tools related to by-name lists.

Program-Specific Roles in a One Team Approach

	Outreach and Engagement	Interim Housing
Entities	• Outreach and service teams, including CE specialists, HCHV, SSVF, VJP, HPACT, and employment services • CRRCs and non-VA welcome and resource centers	• GPD liaisons and providers • HCHV CRS providers • SSVF Emergency Housing Assistance (EHA)
Roles	**Outreach, identify, triage, and connect Veterans to basic needs, services, and an interim or permanent housing pathway.** ✓ **Outreach:** Coordinate and/or provide comprehensive outreach in the geographic area to ensure all Veterans experiencing unsheltered homelessness are identified. ✓ **Triage:** Triage Veterans to an interim and/or permanent housing pathway. ✓ **Coordinate:** Coordinate referrals to support services, such as employment, primary care, benefits, and other supports. ✓ **Connect:** Assist Veterans in maintaining engagement with a permanent housing pathway, if needed. ✓ **Assist:** Serve as the lead for Veterans who return to unsheltered homelessness from housing; triage to a housing pathway as soon as possible.	**Immediately shelter Veterans who need to come inside using the lowest barrier processes possible. Triage, connect, and assist with a Veteran's housing and service pathways.** ✓ **Work to create same-day access** to open interim housing opportunities. ✓ Ensure access to beds has the **lowest barrier admissions criteria** possible. ✓ **Minimize all process steps** to ensure a Veteran can come inside immediately. ✓ **Offer Veterans housing options upon entry** and triage to a housing pathway as soon as the Veteran chooses. ✓ **Assist with housing navigation activities**, such as getting document-ready, gathering documentation to offset housing barriers, transporting or accompanying to appointments, and calling landlords.

	Permanent Housing	Continuum of Care
Entities	• HUD-VASH • PHAs • SSVF	✓ CE specialists ✓ HMIS data leads ✓ Convening and planning leads
Roles	**Streamline permanent housing processes and provide or link to tailored services and natural supports to promote housing stability.** ✓ Take referrals from the **community by-name list or CE process.** ✓ **Minimize any screening steps** to the most minimal requirements to move the Veteran to the next stage of the process. ✓ **Reduce or eliminate any screening criteria**, particularly around housing readiness or ability to live independently. ✓ **Develop a landlord engagement strategy** to identify rental units and coordinate the use of SSVF landlord incentives. ✓ **Ensure seamless referrals** between HUD-VASH and SSVF to leverage housing navigation services, intentional bridges or to transfer Veterans to a higher level of supportive housing when needed. ✓ **Leverage supports**, such as healthcare supports at the VAMC, community-based supports, and natural supports to build wraparound care to prevent returns to homelessness. ✓ **Balance admissions** among Veterans returning to homelessness among those who are accessing services for the first time.	**Convene community partners to coordinate efforts to end Veteran homelessness; provide planning assistance and local data to drive efforts.** ✓ **Convene:** Use convening and planning capacity to bring all community partners to the leadership team table. ✓ **Plan:** Provide planning capacity to the Veteran leadership team when possible. This may include creating strategy plans, monitoring system performance, meeting facilitation, case conferencing facilitation, and by-name list management. ✓ **Clear Pathways:** Ensure the local CE process is clear and accessible to Veteran service providers for Veterans who are ineligible for VA resources. ✓ **HMIS Access:** Provide read-only or direct entry access to HMIS when applicable for VA programs. ✓ **Performance Data:** Provide the leadership team with available HMIS data to monitor progress, success, and challenges, as well as understand inflow and outflow to the system.

Access & Triage

The overall goal of access and triage within a homeless response system is to identify, assess, and expedite access to safe, stable housing and supportive services for Veterans experiencing homelessness or at risk of experiencing homelessness.

Access & Triage: This section includes guidance, samples, and tools to start up same-day access and triage approaches locally:

- ✓ **VA Guidance: Same-Day or Immediate Access to Shelter, Interim Housing, and Services**
- ✓ **Sample Same-Day Access Approaches**
- ✓ **Sample Triage Tools or Decision Aides**

VA Guidance: Same-Day or Quick Access to Interim Housing

VA is committed to offering Veterans experiencing homelessness timely access to temporary housing opportunities while simultaneously working to identify permanent housing solutions, if needed. Below are VA Homeless Programs designed to provide temporary, interim housing solutions to Veteran households along with the current VA guidance related to immediacy of service entry.

	Interim Shelter Model	VA Guidance: Same-Day or Quick Access
Grant & Per Diem	Provides transitional housing to help Veterans achieve housing stability, increase income, and develop a pathway toward permanent housing.	Guidance pending.
HCHV Contract Beds	Beds are prioritized for Veterans transitioning from street homelessness, institutions, and those who need a safe place to sleep.	Guidance pending.
SSVF Emergency Housing Assistance (EHA)	Temporary housing assistance for Veterans experiencing literal homelessness, actively participating in a housing plan, and awaiting permanent housing.	Available when no other shelter resource is available. It should only be considered when the Veteran's past experiences would impede their ability to be served in a congregate shelter setting.

Sample Approaches: Same-Day or Quick Access to Interim Housing

Immediate response is vital to ensuring that a Veteran's experience of homelessness is rare, brief, and non-recurring. Below are sample approaches that can help facilitate same-day or quick access to interim housing:

1. Centralized Community Resource Centers
2. Interim Housing Hotlines/Call Centers
3. Set aside dedicated beds daily for street outreach teams to fill as they see Veterans sleeping unsheltered. In this instance, a certain percentage of beds would need to remain vacant to ensure the ability to respond to needs and provide access on the same day. This can and should be coordinated based on average daily demand for same-day placement.
4. Use Coordinated Entry or the by-name list as the sole referral source for beds, prioritizing beds for those most vulnerable.

Tip: Communities have been able to deploy the above approaches by leveraging the influence of their **local leadership team** to create partnerships with interim housing providers.

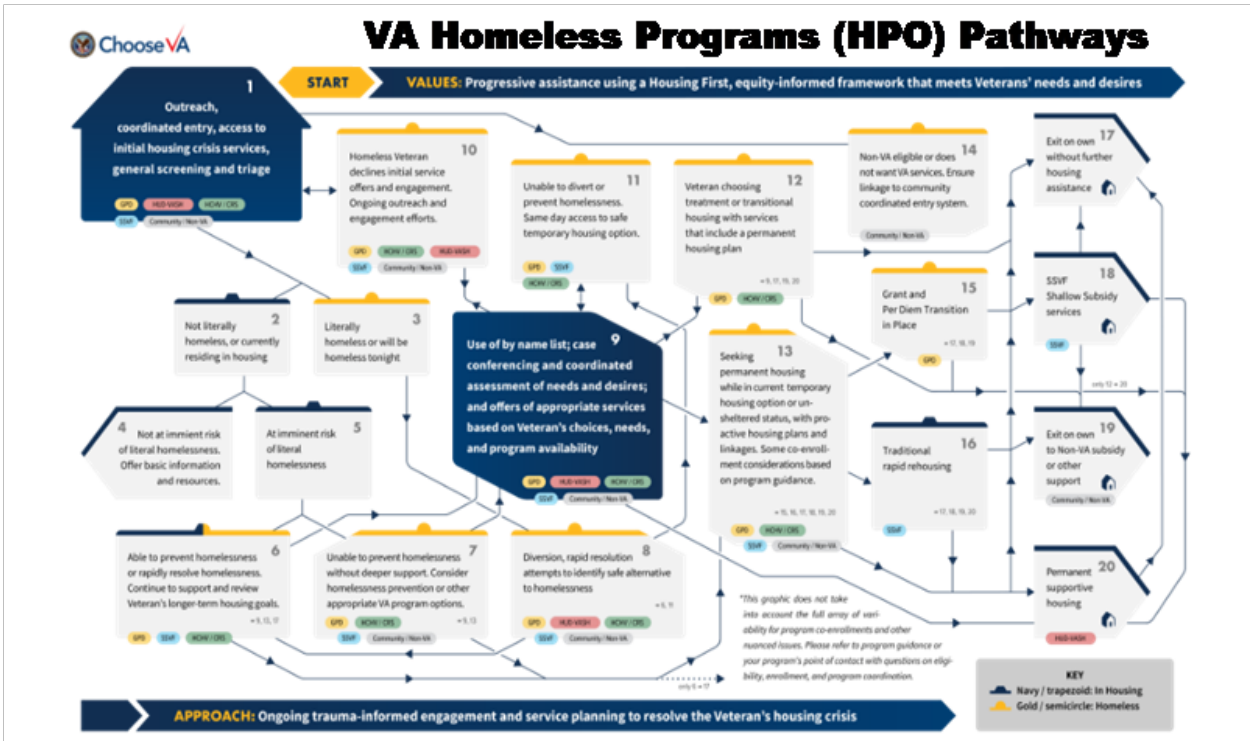
Sample Triage Approaches

Some communities have created universal triage tools so all staff across a system can triage Veterans to a housing pathway as quickly as possible. Universal triage tools ensure that no matter which program a Veteran interacts with first, they receive the same information and access to a range of housing pathways, including housing problem-solving and rapid resolution. Local triage tools and approaches should be designed collaboratively with all community partners, including those with lived experience, to ensure it is effective and does not cause any disparities among groups of people. The following section provides sample approaches to universal triage tools.

National Pathways Chart

This zoomed-out model can be used as a starting point for communities to customize how these resources act and are prioritized locally. It poses key questions and considerations to forge a triage approach locally.

For a larger, defined picture of this graphic, please visit the Appendix.



Sample: Local Triage Tool

Purpose of the Triage Conversation: We will explore ways you could move out of homelessness to try to ensure your homeless episode is as brief as possible.

1. **Housing In Hand:** Do you already have a voucher or are you working with a program to find housing?
    a. If so, refer to the program. See xxx attachment for HUD-VASH and SSVF contacts.
2. **Veteran Status:** If the Veteran has other than honorable (OTH), general, or honorable discharge status, proceed with offering housing options in this tool.
    a. If unsure, check status using SQUARES, HOMES, DD-214, CPRS[1]
    b. If no, use the general Coordinated Entry process for adults in your Continuum of Care (CoC)
3. **At Risk of Losing Housing or a Place to Stay:** If the Veteran is at risk of entering sheltered or unsheltered homelessness but has not yet, engage them in housing problem-solving (HPS) conversations to understand if there are places that they can stay to avoid entering homelessness. HPS should be open-ended, and strengths based. Below are sample prompts.
    a. Is there anyone that may want to know if you are experiencing homelessness or need help?
    b. Tell me about past places you have stayed that have been positive.
    c. Tell me about any strengths you have to navigate difficult situations.
    d. Do you have family, friends, or anywhere to stay, even for the night?
    e. What support would you need to stay elsewhere or make a housing option work?

    If the Veteran responds that they need homelessness prevention or could stay with a natural support, refer to SSVF for homelessness prevention and/or rapid resolution screening. See contacts at xxx attachment.
4. **Shelter:** All Veterans should have access to temporary housing, whether in shelter, transitional housing, or other temporary options available. If no shelter options are available, use the Same-Day Access Number to secure an immediate temporary placement inside: xxx-xxx-xxxx.
5. **Already In Shelter, Transitional Housing or Sleeping Unsheltered/Outside:** Offer the Veteran housing options that are available in the near term.

Rapid Re-Housing	HUD-VASH
We have programs that can help you find a place, help you settle in, and help you with a financial boost while you get settled—temporary assistance to get you out of homelessness quickly. **If interested:** Refer to SSVF grantee operating in the area the Veteran lives in.	This option provides permanent rental assistance subsidized to be affordable at 30% of your income along with supportive services from the Veteran Affairs (VA) HUD-VASH program. **If interested:** Complete the Housing Choice Form and follow the instructions at the end of the form.

If the Veteran is not interested in either option, ensure they are added to your area's by-name list to coordinate care for them. Let them know they can always re-think these opportunities.

[1] Abbreviations for listed data systems:
SQUARES=Status Query and Response Exchange System
HOMES=Homeless Operations Management and Evaluation System
DD-214=Defense Department proof of military service
CPRS=Computerized Patient Record System

Sample: SSVF System-Wide Shelter and Housing Plan Procedures

Providing Immediate Shelter to Unsheltered Homeless Veterans

Policy: The Continuum of Care provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it. SSVF takes a leadership role in connecting Veterans to shelters in collaboration with other relevant VA programs.

Procedure:

- All state and federally funded emergency shelter projects must comply with the CoC's Homeless Program Standards, which require system-wide Housing First orientation, including removing barriers to shelter entry.
- SSVF grantees and, where applicable, VA outreach staff and local dedicated street outreach teams assist in moving unsheltered homeless Veterans into local emergency shelters.
- SSVF and/or outreach staff work with Veterans to contact local Coordinated Entry (CE) Access Points to have Veterans screened for possible diversion or rapid resolution.
    - SSVF providers are CE Access Points and can conduct diversion screening.
- If local shelters are full, SSVF providers may pay for a temporary stay in a local hotel/motel for the unsheltered homeless Veteran, if the Veteran is eligible.
- If unsheltered Veterans decline the shelter offer because of excessive barriers to entry (i.e., barriers that do not comply with the CoC Homeless Program Standards), SSVF or other program staff working with the Veteran will contact CoC staff to report the issue, and CoC and SSVF/other staff will advocate on behalf of the unsheltered homeless Veteran.
- If the issues with local shelter barriers to entry cannot be immediately resolved, SSVF grantees may pay for a temporary stay in a local hotel/motel for the unsheltered homeless Veteran, if the Veteran is eligible and following SSVF requirements.

Housing-Focused Systems and Providers

Policy: The Continuum of Care is committed to immediately providing permanent housing (PH) to all homeless Veterans who desire it, regardless of perceived needs or issues.

Procedure:

- Shelters or interim housing providers immediately, meaning within two business days, refer any presenting homeless Veteran to their local SSVF provider for assistance obtaining permanent housing.
- Referral to SSVF does not mean that a Veteran will be assisted with SSVF resources. SSVF grantees must determine if the Veteran is eligible and if the Veteran desires to accept an offer of assistance.
- For Veterans with higher housing barriers who may require and choose Permanent Supportive Housing, providers (SSVF or the current shelter provider) will coordinate with PSH providers as soon as possible and potentially provide bridge housing in the short term.
- For Veterans who are not eligible for SSVF assistance, SSVF will work to ensure they are assessed with the VI-SPDAT, according to CE protocol, and are quickly referred to the local non-Veteran dedicated Rapid Re-Housing (RRH) provider for assistance.

By-Name Lists

One of the most important elements of the One Team approach is ensuring that the system accounts for all Veterans experiencing homelessness who need housing placement or assistance. Using a by-name list can ensure the system has the information and transparency it needs to develop a housing and service plan for every Veteran.

By-Name Lists: This section includes guidance, samples, and tools to use by-name lists and case conferencing to enhance and maximize your local efforts to end Veteran homelessness:

- ✓ **Purpose of a Quality By-Name List**
- ✓ **Sample BNL Templates and Data Elements**
- ✓ **Updating the BNL: Sample Roles and Approaches**
- ✓ **Sample Reports for Veteran Leadership Teams from a BNL**

Purpose of Quality By-Name Lists

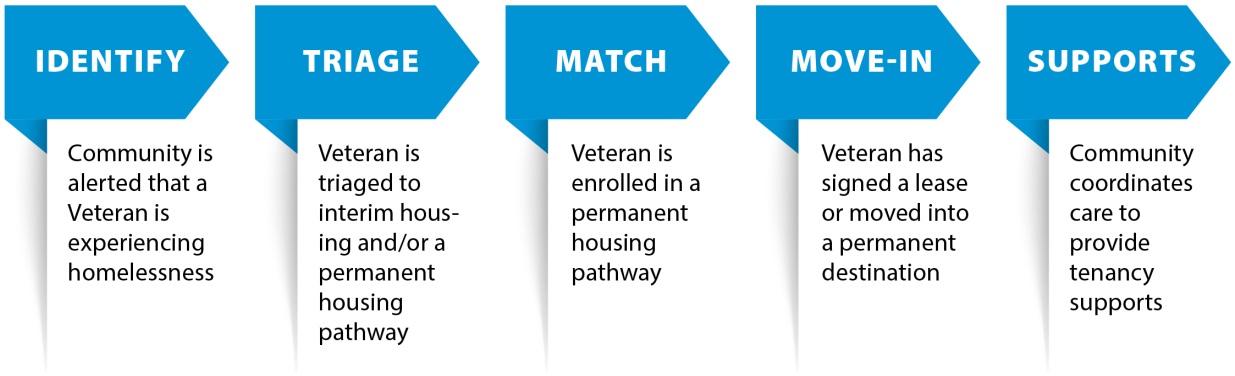
What is a Quality By-Name List?

A quality by-name list (BNL) is a way for all community partners to understand who is experiencing homelessness locally, accurately, and in real time. A quality BNL allows communities to:

- ✓ **Account for every Veteran** and ensure they have a coordinated housing and service plan.
- ✓ **Center equity** by collecting basic demographics and tracking potential disparities during the housing process.
- ✓ **Understand real-time inflow and outflow**, which helps leadership teams plan for resources, so outflow is enough to reduce homelessness in your area.
- ✓ **Set benchmarks to continuously improve efforts**, an example being to house the top 10 longest stayers in the next quarter.

What is the Purpose of a BNL?

A BNL is a powerful tool to help communities move all Veterans experiencing homelessness forward on housing and service pathways. A BNL that is accurate and real-time can track Veteran progress between the key stages of each housing pathway. This tracking helps identify stuck points for individual Veterans as well as system traffic jams for groups of Veterans (e.g., "20 Veterans have not been enrolled ('matched') to a housing resource in xx weeks").



Please see the Master List Overview Resource developed by VA in 2016 for further information.

Sample BNL Templates and Data Elements

Keep the BNL List Format Simple

As BNLs are developed, it can be tempting to turn them into robust databases. Some communities may have the staffing resources to maintain, update, and analyze a robust BNL, but many do not at this time.

Below are some templates or approaches to setting up the BNL that work to use the least amount of data elements possible while capturing key stages.

Housing Pathway-Focused BNL

The template below allows communities to track a Veteran through the five stages of a housing pathway (Identification, Triage, Match, Move-In and Tenancy Supports). Additionally, it contains key demographic fields to track disparities between each stage for people by age, length of time homeless, race, ethnicity, and gender. This BNL is housed in a shared, secure Excel sheet.

Tip: Build in drop-down menus so staff can update Veteran status quickly to keep the list accurate in real time. Drop-downs also allows you to run a data analysis on the list for Veteran Leadership Teams.

Program	First Nam	Last Name	DoB	Date of Last Update	Date Current Homeless Episode Began	Assigned Agency	Current Voucher or Housing Match	Assigned Housing Navigation Staff	Active Statu	Hsg Triage Outcome	Move In Date	Lead Tenancy Supports Providers	Notes	Race	Ethnicity	Gender
HUD VASH	Name	Fake		11/15/2022		Agency 2	PBV- HUD-VASH	Mark	refuse to engage	Housing navigation						
SSVF	Fake	Name		10/1/2022		Agency 1	SSVF Rapid Resolution	Ashley	housed	Friends/Family	9/1/2022	HUD-VASH, HPACT				
Outreach	Namer	Faker				Agency 3	SSVF Rapid Rehousing	Sam	active	Interest in RRH- referred internally						
GPD	Fakest	Name				Agency 4			active	Not completed						

Long-Term Homeless-Focused BNL

Some communities have set up targeted initiatives to end chronic Veteran homelessness. The template below has an emphasis on the following data elements:

- Length of time homeless
- Ranking those with the longest histories of homelessness for permanent supportive housing
- Documenting reasons for housing refusals so they can learn, iterate, and improve their response to Veterans who indicate they are not ready to move into housing

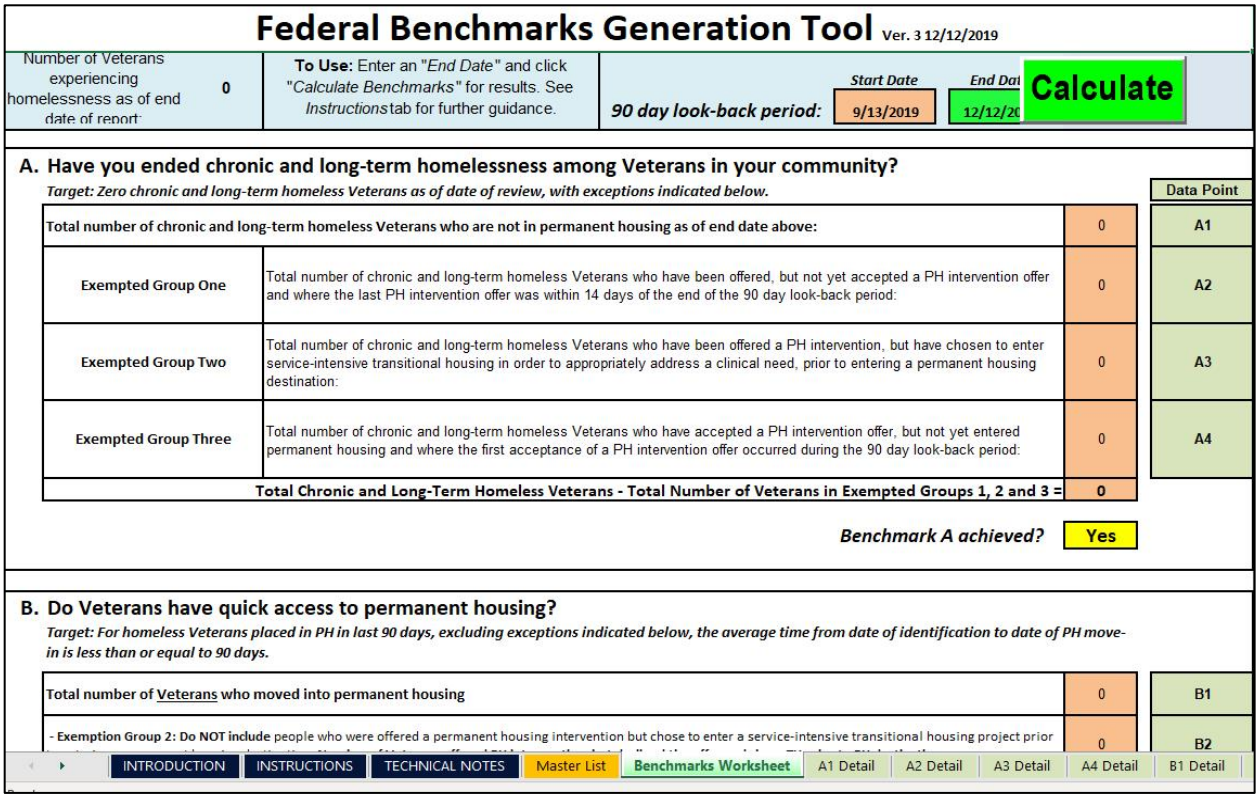
This BNL is housed in an HMIS database.

Tip: The below BNL is not only used to move Veterans through the housing process. Column B is “Rank,” which is a way to use the BNL for prioritization purposes when considering Veterans for HUD-VASH, SSVF, and other housing resources. In this example, ranking is based on the length of time homeless in the last three years.

Days Homeless Last 3 Years	Rank	Last Name	First Name	Age	Agency	Refused: Last Date Approached	Refusal Reason	Match	VASH Status	SSVF Status	Housed Date	Destination (Program Type)	Active
1097	1	Smith	Apple	65	Sunshine Organization	N/A	N/A	HUD-VASH	Eligible	Eligible			TRUE
1097	2	James	Peach	28	Orchard Organization	1/8/2020	Previous Bad Experience With Housing Process		Eligible	Eligible			TRUE
1097	3	Orange	Tree	55	Garden Organization	3/6/2023	Previous Bad Experience With Housing Process		Eligible	Eligible			TRUE

Master List Template: United States Interagency Council on Homelessness (USICH) Federal Criteria & Benchmarks

The Master List Template, developed jointly by USICH, VA, and HUD, is a template and tool to help communities use their by-name list to track progress toward meeting the USICH Federal Criteria and Benchmarks, effectively ending Veteran homelessness. The template takes the data added into the list and calculates a community's progress toward ending Veteran homelessness.



Federal Benchmarks Generation Tool Ver. 3 12/12/2019

Number of Veterans experiencing homelessness as of end date of report:	0	**To Use:** Enter an "*End Date*" and click "*Calculate Benchmarks*" for results. See *Instructions* tab for further guidance.	***90 day look-back period:*** Start Date 9/13/2019	End Dat 12/12/2(	Calculate

A. Have you ended chronic and long-term homelessness among Veterans in your community?

Target: Zero chronic and long-term homeless Veterans as of date of review, with exceptions indicated below.

			Data Point
Total number of chronic and long-term homeless Veterans who are not in permanent housing as of end date above:		0	A1
Exempted Group One	Total number of chronic and long-term homeless Veterans who have been offered, but not yet accepted a PH intervention offer and where the last PH intervention offer was within 14 days of the end of the 90 day look-back period:	0	A2
Exempted Group Two	Total number of chronic and long-term homeless Veterans who have been offered a PH intervention, but have chosen to enter service-intensive transitional housing in order to appropriately address a clinical need, prior to entering a permanent housing destination:	0	A3
Exempted Group Three	Total number of chronic and long-term homeless Veterans who have accepted a PH intervention offer, but not yet entered permanent housing and where the first acceptance of a PH intervention offer occurred during the 90 day look-back period:	0	A4
Total Chronic and Long-Term Homeless Veterans - Total Number of Veterans in Exempted Groups 1, 2 and 3 =		0	

Benchmark A achieved? Yes

B. Do Veterans have quick access to permanent housing?

Target: For homeless Veterans placed in PH in last 90 days, excluding exceptions indicated below, the average time from date of identification to date of PH move-in is less than or equal to 90 days.

Total number of Veterans who moved into permanent housing	0	B1
- Exemption Group 2: Do NOT include people who were offered a permanent housing intervention but chose to enter a service-intensive transitional housing project prior	0	B2

INTRODUCTION | INSTRUCTIONS | TECHNICAL NOTES | Master List | Benchmarks Worksheet | A1 Detail | A2 Detail | A3 Detail | A4 Detail | B1 Detail

Updating the BNL: Sample Approaches

Developing a comprehensive BNL requires communities to commit to having a quality list, developing effective methods to add Veterans to the list, and making regular updates. Taken step-by-step, every community has the capacity and tools necessary to achieve a quality BNL. The following includes tips and sample approaches.

Tips: Updating the BNL

Local Buy-In: Involving as many community partners as possible is important. Your partners need to understand the purpose of the BNL and its functions as a tool to support housing efforts. Potential community partners include, but are not limited to:

- Continuum of Care and HMIS representatives
- VA Coordinated Entry specialists
- VA Homeless Service liaisons and other homeless assistance staff (e.g., HUD-VASH coordinators, GPD liaisons, etc.)
- VA Homeless Services program staff (e.g., HCHV, HPACT, etc.)
- Housing authorities
- Outreach and Coordinated Entry staff, including CoC and VA outreach
- Veteran-serving organizations
- Interim housing and emergency shelter teams
- Transitional housing staff, including GPD and other transitional housing programs
- All other appropriate or relevant community partners in your community

This list is not exhaustive and will depend on the types of providers and services available in each community.

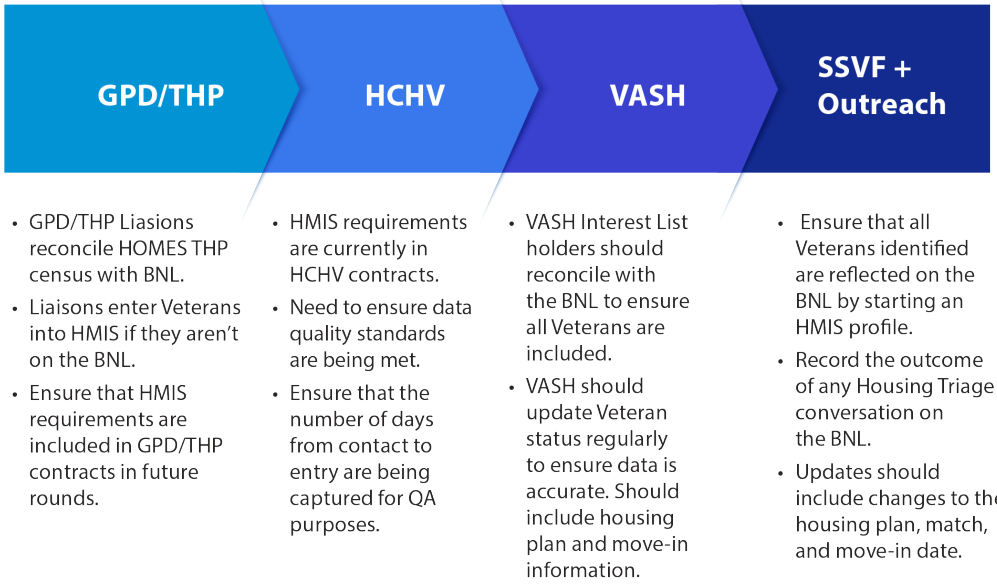
- ✓ **Roles, Responsibilities, and Workflows:** To ensure a BNL is regularly updated and reflects the population's status in real time, programs must function as One Team. This means clear roles, responsibilities, and workflows must be established so everyone knows their responsibility to contribute to the quality of the BNL.
- ✓ **Set a Goal for a Quality By-Name List:** As a community, set a goal for when all agencies will begin to regularly update the BNL

Samples: Roles, Responsibilities, and Workflows to Update the BNL

Below are sample roles and responsibilities for updating and managing a BNL. These are only samples and will depend on local capacity. Communities are highly encouraged to use these as starting points to develop localized roles that correspond to your staffing and capacity.

Sample Roles and Responsibilities:

- **BNL Manager:** While all relevant partners should contribute to and participate in the use of the BNL, the BNL Manager is responsible for managing and ensuring sharing and privacy protocols are being followed. The BNL Manager should ensure that updates are made in a timely fashion and that the BNL is ready for prioritization, referrals, and case conferencing. The BNL Manager is also responsible for maintaining and/or providing training to all programs related to BNL functions.
- **Adding Veterans and Updates:** All providers must designate a lead person who is responsible for ensuring that Veterans are added to the BNL and that their information is regularly updated so they can be considered for referrals to housing opportunities. Updates to the BNL must be made every Thursday by 10 a.m.
- **Reconciliation Between Databases:** Some communities have enlisted help to reconcile missing Veterans from the BNL. Assistance has come from:
  - CE specialists
  - The Continuum of Care
  - Program analysts at VA
  - Program support staff
  - Interns



Sample BNL Reports for Leadership Teams

Local Leadership Teams can use data from a BNL to achieve local goals. While each community may decide to track specific, local data elements, below are standard data elements to monitor on a regular basis to understand the health of the One Team response.

Ideally, the below numbers would be examined frequently, weekly or monthly, to see progress and opportunities for improvement. This list is not exhaustive and should be considered a baseline to use as a starting point.

Key BNL Measures

To center equity, the below measures can be broken out by demographics to ensure no groups are experiencing disparate outcomes.

- ✓ # of Veterans on the BNL over timeframes (weekly, monthly)
- ✓ Inflow and outflow on and off the list
- ✓ # of newly homeless Veterans
- ✓ # of Veterans who have triaged to a housing pathway vs. those who have not
- ✓ # of Veterans who have triaged to a housing pathway but have not yet enrolled in a housing resource
- ✓ # moving into permanent housing

Sample: Basic Report for Leadership Teams

Quarter 1: January-March 2023

- 90% (171 out of 191) engaged w/housing navigator
- 85% (162 out of 191) of Veterans have a housing plan in place
- 57% (109 out of 191) of guests have a housing resource in hand (match)
- 58 households housed

Case Conferencing

Case conferencing is a critically important part of any One Team approach. Case conferencing should occur consistently and should support case coordination and problem-solving.

Case Conferencing: This section includes guidance, samples, and tools to use case conferencing to enhance and maximize your local efforts to end Veteran homelessness:

- ✓ Purpose of Case Conferencing
- ✓ Sample Agendas and Meeting Structures

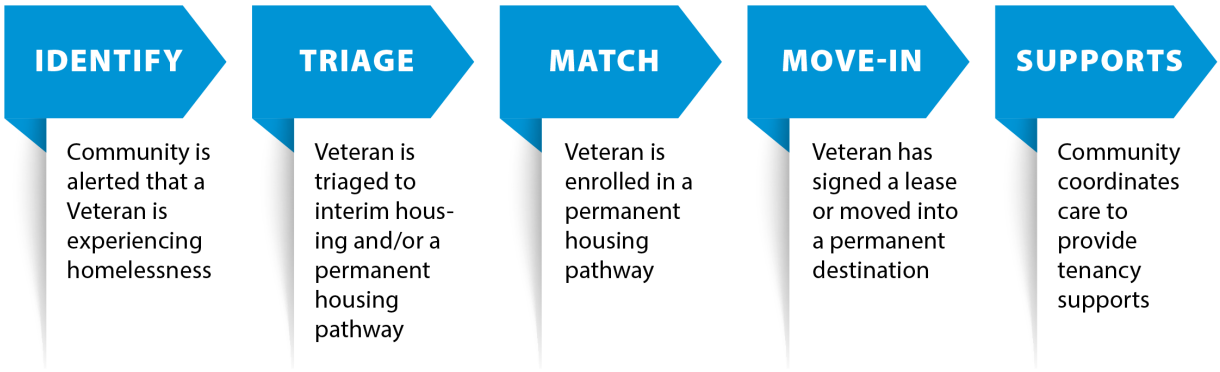
Purpose of Case Conferencing

What is Case Conferencing?

Case conferencing is how communities humanize the process of helping Veterans move from homelessness to permanent housing. It fosters communication, problem-solving, and lifting barriers to leadership to ensure our systems do not become too rigid, automated, or layered for the Veterans we serve. Case conferencing works with your BNL to ensure that all Veterans have an identified pathway to permanent housing. Case conferencing can also work to ensure that Veterans are connected to services and supports that prevent a return to homelessness once they achieve permanent housing.

What is the Purpose of Case Conferencing?

Case conferencing should harness the expertise of staff across programs to break down barriers and swiftly move Veterans to the next stage of the housing process. Case conference meetings can be organized using the stages of the housing process to maximize attendees' time and expertise.



Case conferencing has the following goals:

- ✓ Ensure holistic, coordinated, and integrated assistance across providers for all Veterans experiencing homelessness in the community.
- ✓ Review progress and barriers related to each Veteran's housing goal.
- ✓ Identify and track systemic barriers and strategize solutions across multiple providers.
- ✓ Clarify roles and responsibilities and reduce duplication of services.

Please see the Case Conferencing Overview Resource developed by VA in 2016 for further information.

Sample Agendas & Meeting Structures

Intentional Facilitation is Critical

Case conferencing meetings can be a powerful tool to propel local efforts, or they can devolve into administrative update meetings. Here are some tips for facilitators.

Do!	Do Not…
✓ Focus the meeting on problem-solving. Attendees should walk out with solutions to the barrier they face with a Veteran. ✓ Work with your teams to prioritize who to discuss during the limited time you have everyone at the table. Examples may include unsheltered, longest length of time homeless, those without a triage conversation, those without a housing resource in hand, and those with the longest lengths of time in their housing search. ✓ Ensure all providers update Veterans' status on the by-name list so you can prepare for the meeting by identifying the clients you will focus on. ✓ Send the names of the Veterans you will discuss ahead of time so staff can prepare and attend.	✓ Use the meeting to update the BNL. Updates can happen outside of the meeting. ✓ Run through the list alphabetically with no prioritization. ✓ Make it a goal to get through every case on the list. Instead, prioritize those with the highest barriers to moving forward to the next stage of their housing process. ✓ Let barriers fester. If you see persistent barriers staff are facing that they cannot problem solve, lift those up to local leadership. ✓ Let problem-solving conversations end without a recorded action step with the owner to move forward in the next week. ✓ Only use virtual meetings. Case conferencing is about relationship building, which periodic in-person meetings can help to foster.

Sample Agenda

- Welcome, Introductions, Celebrations
- New Resources or Agency Updates: Quick announcements on changes in resources, such as interim housing, permanent housing, legal, navigation centers, winter shelters, agency relocations, or program closures.
- Key System Updates: These should be brief and include updates of critical system data (e.g., new to BNL, moved into housing, number on BNL, etc.), changes in case conferencing processes or procedures, or other changes to the One Team system.
- Prioritization and Referrals: Some case conferencing meetings will also serve as the community's opportunity to prioritize Veterans for housing referrals.
- Case Conferencing: Veteran-specific discussions. Identify barriers, needs, or other issues specific Veterans are experiencing in their journey to permanent housing. Brainstorm ideas or services to meet the Veterans' needs. Follow up on action items.
- Next Steps: Follow-up or action items identified during the meeting.

Meeting Structures: Planning Document to Design Your Own Local Meeting Structure

Case Conferencing Planning Document

Below are considerations for communities to build their own housing-focused case conferencing structure.

- **Purpose Discussion**
  - What should the purpose of case conferencing be?
  - What should attendees walk out of the meeting with?

- **Values Discussion**
  - What values should we propose for adoption?

- **Attendees Discussion**
  - If xxx is the purpose, who are the ideal attendees?

- **How should cases to discuss be prioritized?**
  - Ex. Unsheltered
  - Ex. Stage in housing process (focus on those without a housing plan)
  - Ex. Longest length of time homeless
  - Ex. Those with a housing plan, but without a housing resource match
  - Ex. Alternate weekly among different groups

- **How will action steps be documented?**
  - By whom?
  - Will they be followed up on?

- **Sample Agenda**
  - Welcome and introductions
  - System updates and facilitator follow-up
  - Veteran-level discussion
  - Action steps from last time; any new action steps

- **Support for Facilitators**
  - Assistance identifying cases before each meeting using the new BNL; who will do this?
  - Foster open dialogue with the group to provide feedback on meetings
  - Leadership buy-in to ensure attendance and participation
  - Listen for and celebrate successes during case conferencing

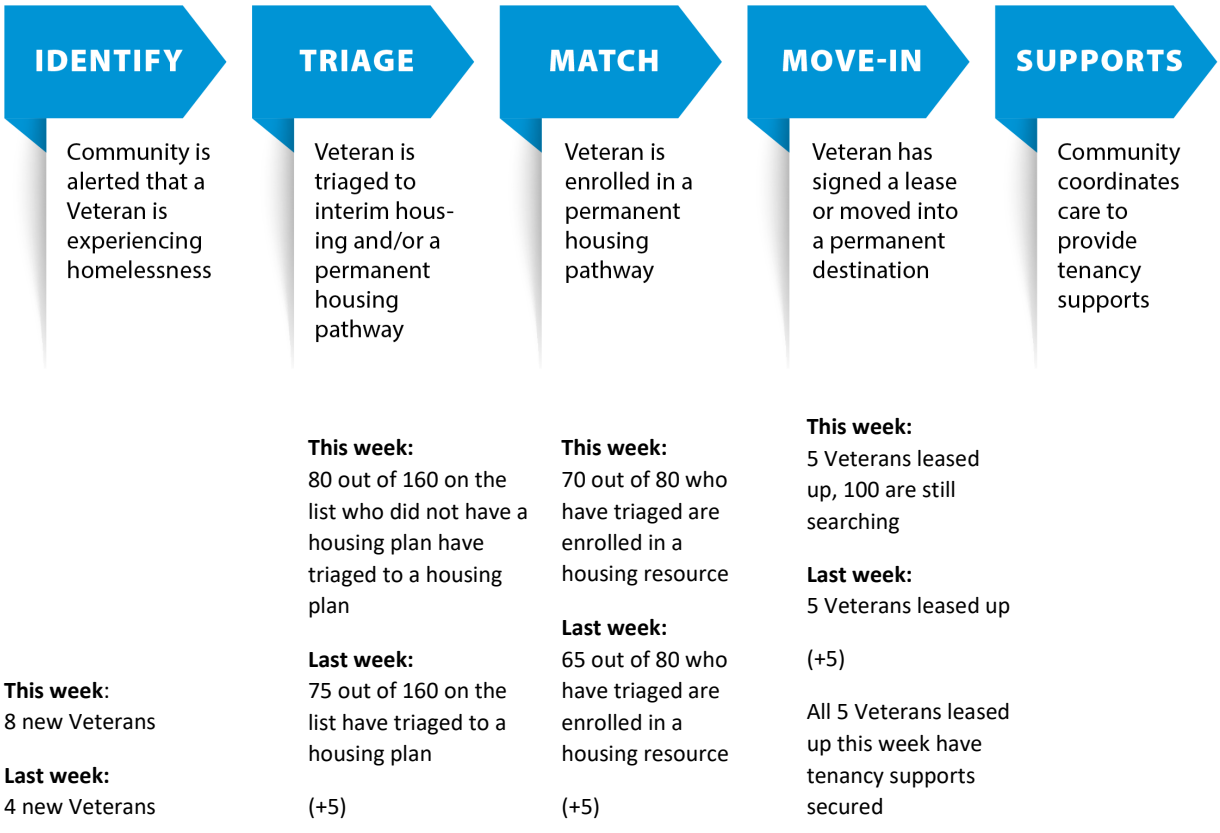
Meeting Structures: Visualizing Progress for Case Conference Attendees

Providing case conference attendees with snapshots of how their efforts impact Veterans' lives can be a compelling way to keep attendees engaged in the process and motivate them to work toward even better outcomes.

Below is a common example that facilitators use to visualize data from the BNL to show attendees the impact of their work.

In this example, the facilitator can home in on successes and areas the group could work to improve. Questions facilitators could pose include:

- Could we increase the rate we have Housing Triage conversations with Veterans from 5/week to 10/week?
- We are successful at securing tenancy support outside of this meeting. What is working well there that we should carry over to other stages of our process?
- Could we push to enroll the remaining 10 Veterans who have identified a housing pathway into housing resources this coming week? What would we need to do that?



Meeting Structures: Sharing Information

In 2018, VA published **Routine Use #30 to the Federal Register Privacy Act Systems of Records Notice**, which provides legal authority to disclose Veteran information without a formal data sharing agreement or prior signed, written authorization for Veterans assessed by or engaged with VA Homeless Programs.

This guidance is a key tool to set up case conferencing because it allows VA staff to disclose relevant healthcare and demographic information to coordinate a Veteran's housing and service pathways. Below is a snapshot of an overview of the guidance.

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:

1. Coordinating care;
2. Expediting access to housing;
3. Providing medical and related services;
4. Participating in coordinated entry processes;
5. Reducing Veteran homelessness;
6. Identifying homeless individuals in need of immediate assistance; and
7. 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.

All disclosures must be recorded locally in accordance with privacy guidelines.

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 privacy office if you have any questions, see the attached blast from VHA Privacy.

Preventing Returns

The One Team approach creates an integrated service delivery system that allows case managers and program staff to easily connect Veterans to needed support services. During housing identification and tenancy, case managers can connect Veterans to services and resources that maximize their income, including supports for mental and physical health needs, substance use, legal assistance, and ongoing services.

Preventing Returns: This section includes promising practices and a sample exit planning checklist to use to prevent returns.

- ✓ **Preventing Returns: Promising Practices**
- ✓ **Exit Planning Tool: Exit Checklist**
- ✓ **Veteran Resource & Contact Sheet**

Preventing Returns to Homelessness: Promising Practices

Below is a compilation of promising practices to prevent returns to homelessness from communities around the country.

- ✓ **Flexible Funds:** Pools of flexible, unrestricted funds can help maintain tenancies by paying for damages, repairs, temporary hotel stays, or other costs a Veteran or landlord may need covered to maintain the tenancy.

- ✓ **Layering Services:** While VA housing programs come with housing stability or clinical case management to support tenancies, it is also a promising practice to layer on specialized or tailored services. Consider specialized VA programs and/or community-based programs, including community-based organizations that provide culturally responsive services.

- ✓ **Natural Support Mapping:** People who have natural supports such as friends, family, and community to lean on during hard times can often maintain tenancies. Help Veterans identify who these natural supports may be and engage in relationship-building in the community.

- ✓ **Tenancy Respite:** Finding an alternative, temporary placement for a Veteran in times of deep conflict with neighbors or landlords can help all parties take a break and regroup to repair the tenancy.
- ✓ **Know Your Flexibilities to Re-House Veterans:** In many cases, if a Veteran is evicted by a landlord or has a HUD-VASH voucher terminated, this does not mean the supportive services must be terminated. Strive to keep people enrolled as much as possible to continue onto a rehousing pathway.
- ✓ **BNLs:** BNLs can be used to identify Veterans as soon as they return to homelessness and re-engage them in services and housing supports. Often, Veterans returning to homelessness from permanent housing are a top priority for case conferencing meetings so the Veteran can return to housing as soon as possible.
- ✓ **Case Conferencing:** Case conferencing may offer several opportunities to prevent or re-engage Veterans facing housing instability or returns to homelessness.
  - ***Progressive Engagement Opportunities*:** Initial offers of temporary or permanent housing may not fully meet the needs of all Veterans. While Rapid Re-Housing (RRH) may be successful for most Veterans experiencing homelessness, some will need longer-term subsidies or more intensive services than a time limited RRH program can provide. Case conferencing offers the opportunity to discuss ongoing Veteran needs and provide referrals to housing resources that meet their needs, including HUD-VASH or Geriatric and Extended Care (GEC) home services.
  - ***Connections to Needed Services*:** Case conferencing includes a variety of providers that can offer additional supports to meet the needs of Veterans. This may include income maximization programs, physical or mental health services, and legal services. These services may help a Veteran retain permanent housing or avoid a loss of housing and return to homelessness.

Exit Planning Tools

Included in this section are two exit planning tools from VA to open dialogue and co-create exit plans with Veterans. These are meant to be guiding tools that can be used and adapted locally.

1. VA Homeless Program Exit Checklist
2. Veteran's Contact and Resources Sheet

VA Homeless Program Exit Checklist

The goal of all VA homeless programs is to ensure housing stability following program exit and prevent returns to homelessness. The Homeless Program Exit Checklist is a tool intended for homeless program staff that can be modified at the facility level and adjusted to local needs. The purpose of the exit checklist is to ensure that a Veteran household has been provided with essential services and referrals to ensure housing stability.

Veteran Identifier: _____
Date of Entry/Exit: _____ /_____

Complete when exit determination has been made:

Exit Overview	
☐ Yes ☐ No	Household is residing in permanent housing.
☐ Yes ☐ No	Veteran is still in contact with VA homeless program.
☐ Yes ☐ No	Veteran knows when and how to pay rent and utilities.
☐ Yes ☐ No	Veteran has been given customized **Veteran's Contacts and Resources** sheet.
☐ Yes ☐ No	Household has resources/supports to sustain housing on current income.
☐ Yes ☐ No	A final budget has been developed and reviewed with household.
☐ Yes ☐ No	Housing counseling elements that contribute to stability have been reviewed with household (e.g., lease requirements, home maintenance, tenant-landlord communication).
☐ Yes ☐ No	Contact has been made with the landlord to verify household has no current lease violations, rental arrears due, or other serious complaints.
☐ Yes ☐ No	Veteran knows how to contact the VA homeless team in the future if needs arise.
☐ Yes ☐ No	Final referrals (e.g., legal benefits) have been arranged. Contact information and process steps have been shared with the household.
☐ Yes ☐ No	Household agrees they are ready to be exited from VA homeless program.

Exited for Other Reasons	
☐ Yes ☐ No ☐ N/A	For nonresponsive households, the case manager has attempted contact the specific numbers of times and channels as outlined in standard operating practice of the VA homeless programs.

I confirm, to the best of my knowledge, that the above information is correct.

VA Case Manager: _____

Date: _____

To be completed at household exit:

Exit Requirements for all Households
☐ Household has been informed in writing of their exit from VA homeless program, if whereabouts are known.
☐ Program Exit note has been documented in CPRS.
☐ Household has been exited HOMES, as applicable

I confirm, to the best of my knowledge, that the above requirements have been completed.

Supervisor Signature: _____

Date: _____

Veteran's Contacts and Resources

Medical Contacts	
Name	**Phone Number**
Dr. Smith – VA	000-555-4321

Monthly Bills Due		
Type/Name	**Due Date**	**Amount**
Rent – ABC Properties	1st	$1,000
Utilities – Energy	10th	$100

Monthly Expenses to Budget		
Type/Name	**Due Date**	**Amount**
Transportation -		$1,000
Groceries/Personal Care -		$100
Dining Out -		

Important Contacts		
Name	**Type of Assistance**	**Phone Number**
SSVF	Housing and resources	000-555-1234
John Doe	Sponsor	000-555-2354
Food Pantry	St. Michaels	
Landlord/Property Management	Unit repairs/pest control/unit or building maintenance	

Activities to Maintain Housing	
Pay rent	Take medications
Pay utilities	Refill medications
Clean my apartment	Make doctor's appointments and keep them
Go grocery shopping	Go to meetings
Do laundry	Fill days with things that make us happy
Be clear with visitors about behaviors	Seek help when needed
Know when to ask visitors to leave	

My House Rules	
1.	Visitors leave when I ask
2.	Clean up after yourself
3.	Be respectful of my neighbors
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Personal Goals	
Goal	**Next Step**

One Team Collaboration/Progressive Engagement

VA has issued an array of guidance or flexibilities that allow program flexibilities to be used to end Veteran homelessness. This section highlights various program flexibilities on co-enrollment activities established by VA Program offices and partners to help accelerate housing placement and housing resource utilization.

VA Guidance and Flexibilities: This section includes guidance and flexibilities VA has offered to programs.

- ✓ HUD-VASH & SSVF Collaboration
- ✓ SSVF: New Allowable Costs, 2023 Contract Addendum
- ✓ HUD-VASH Operating Requirements: Flexibilities for PHA's
- ✓ GPD Collaborative Case Management Grants: A Tool in Reducing Returns

HUD VASH and SSVF Collaboration

HUD-VASH and SSVF Collaboration Memo

In the **HUD VASH and SSVF Collaboration Memo**, the VA Homeless Programs Office provides guidance to SSVF and HUD-VASH programs regarding coordination and collaboration after the end of the COVID-19 Public Health Emergency. In addition, VA released guidance to assist HUD-VASH and SSVF teams in co-enrolling Veterans in SSVF and HUD-VASH to expedited housing placements.

SSVF Supplemental Award (Targeted Community Funding)

SSVF Supplemental Award offers SSVF providers supplemental funding to support new provisions in addressing barriers to permanent housing in coordination with local HUD-VASH and VAMCs.

Key features of the SSVF Supplemental Award:

- ✓ Augments housing navigation services for HUD-VASH
- ✓ Creates landlord incentive worth up to two months' rent
- ✓ Creates tenant incentive of up to $1,000
- ✓ Increases Area Median Income (AMI) limit to 80%

HUD-VASH and SSVF Coordination Considerations aid communities in creating local implementation plans for the SSVF FY 2022 Supplemental Award.

Additional Resources: **SSVF and HUD-VASH Progressive Assistance and Coordination Considerations**

SSVF: Flexibilities in Allowable Costs - 2023 Contract Addendum

The SSVF 2023 Contract Addendum provides new program authorities for allowable costs and expanded eligibility. View the **SSVF 2023 Contract Addendum and Incentive Examples.**

Key addendum flexibilities feature:

- ✓ Resources to secure housing of up to two months' rent
- ✓ Miscellaneous move-in costs of up to $1,000
- ✓ Increase in eligibility to 80% area median income: SSVF eligibility requirements have been extended to serve Veteran households up to 80% AMI. Below are AMI Increase considerations:
  - *SSVF must continue to prioritize the lowest income or most vulnerable Veterans.*
  - *Grantees must enroll a minimum of 60% of households in RRH but can and should increase RRH to fully meet local demand.*
  - *Grantees must ensure equitable service delivery across the community.*

For additional income guidelines, prioritization, and policy examples, see **SSVF National Webinar: SSVF 2023 Contract Addendum and 80% AMI Eligibility Consideration**.

HUD-VASH: Public Housing Authority Flexibilities

HUD-VASH Operating Requirements provide guidance to public housing authorities partnering with local VAMCs on the administration of HUD-VASH tenant-based and project-based vouchers.

Grant & Per Diem Collaborative Case Management (CCM)

VA has extended funding to enhance the case management component of GPD supportive services. These services focus on upstream homeless prevention approaches for Veterans who are at risk of becoming homeless or who were previously homeless and are transitioning to permanent housing.

The **HUD-VASH and GPD Collaborative Case Management Overview** provides guidance on enhancements to the GPD/HUD-VASH partnership that expedites HUD-VASH voucher utilization.

Using Data to Inform Local Efforts to End Veteran Homelessness

The One Team approach aims to provide ongoing access to data, reports, and dashboards needed to drive local insights into its program operations, results, equitableness, and collaboration opportunities. In this section of the One Team approach toolkit, HPO provides an overview of VAMC-level goal tracking and data strategies. Additionally, data quick sheets are provided at the end of this section on the most pertinent national data dashboards and reports.

Using Data: This section includes an overview of data strategies and some data quick sheets to navigate the national dashboards.

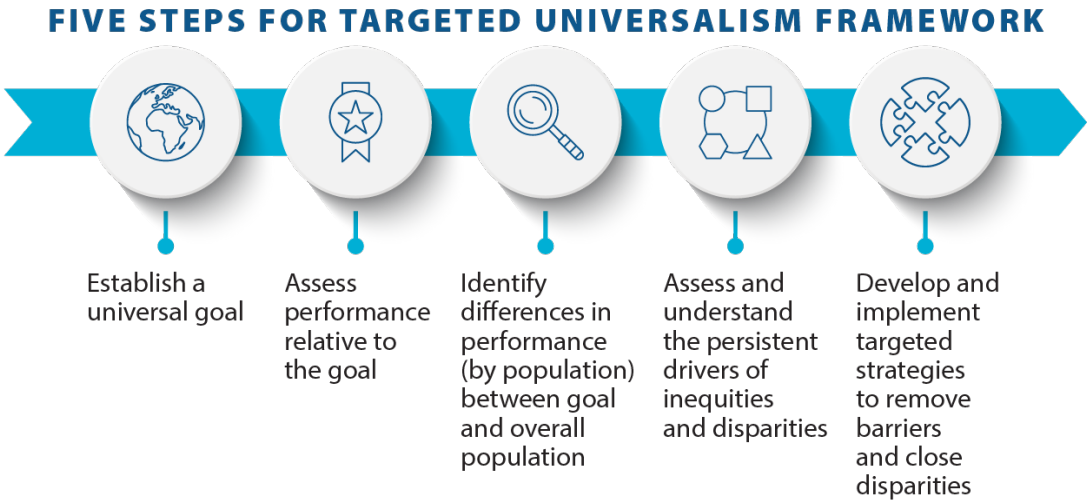
- ✓ Data Analysis Considerations
- ✓ Dashboard and Report Quick Sheets

Rooting Case Conferencing in Equity: A Targeted Universalism Approach

Case conferencing focuses on individual Veterans' experiences moving to permanent housing, making it a cornerstone to center equity so that no groups experience disparate outcomes in our homeless response systems.

Case conferencing offers the opportunity to design innovative solutions for all Veterans while improving the resources and outcomes for Veterans who are disproportionately impacted by historical systems.

Targeted Universalism recognizes that **different groups need targeted supports** to achieve universal goals.



Below is a sample of how to use case conferencing and targeted universalism to eliminate disparities.

1. Establish a Universal Goal	75% of Veterans who experience homelessness will be housed in 90 days or less
2. Assess performance relative to the Universal Goal	Currently, 50% of Veterans who experience homelessness are housed in 90 days or less
3. Identify differences in performance	Veterans who identified as Black and female had an average of 240 days from identification to housing
4. Assess and understand the persistent drivers of inequities and disparities	To understand the drivers, we will: • Hold focus groups with Black female Veterans • Ask Veterans with lived experience to co-design solutions with us
5. Develop and implement targeted strategies to remove barriers and close disparities	• Increase our outreach and engagement staffing to reflect the population • During case conferencing, assign staff from different programs who reflect the population to increase engagement

	• Develop cross-sector coordination with service providers who provide culturally responsive services

Data Analysis Consideration Topics

Below are six data analysis consideration questions by topic area. These questions may be useful to One Team efforts seeking to drive data-informed decision-making.

1. **Equity:** Use data to inform strategies that promote equitable access to and delivery of critical outreach and housing services. Are there opportunities to make group outcomes more equitable while improving overall homeless program performance? Are there opportunities to hear from or use responses from Veteran clients who received homeless services or housing to improve service delivery, coordination, or local procedures?

2. **Case conferencing support:** Use available data to support case conferencing, list management, and cross-program collaboration in the overall system and in individual Veteran-level planning.

3. **Unsheltered outreach:** Which system touchpoints do Veterans experiencing unsheltered homelessness engage with most in your VAMC (VA and non-VA)? How can unsheltered outreach be increased? Are there ways to better coordinate unsheltered outreach among providers to cover more areas?

4. **Timing:** Understand the timing dynamics of the assistance system for Veterans experiencing homelessness. How long are Veterans staying in each program? What do co-enrollment timings look like? How can referral times be reduced?

5. **Negative exits:** Where negative exits occur, what is their scale at each point in the homelessness response system? What reasons are most prominent among the negative exits? What adjustments can be used to reduce negative exits? Are there any differences among groups who experience negative exits?

6. **Returns to homelessness:** Where are returns to homelessness most common? How can exit planning and case conferencing protocols be improved?

Quick Sheets on Dashboards and Reports that Support the One Team Approach to Data

There are three quick sheets on available data dashboards and reports that support the One Team data-informed approach.

VA and SSVF programs, as part of One Team efforts, should share these reports with local partners to increase transparency between programs and create a collective picture of how your local system is serving Veterans experiencing homelessness.

VA Homeless Programs Racial Equity Dashboard

Purpose: To provide ongoing, on-demand visibility into service provision and outcomes for Veterans engaged in VA homeless programs.

This dashboard can help VAMC teams identify usage and outcome differences by race/ethnicity. Make sure to filter results by VAMC. Identifying and addressing these differences can help VAMCs achieve their goals while simultaneously improving the equitableness of VA homeless programs.

Access: Only persons with VA accounts can access this dashboard directly. The link is: https://app.powerbigov.us/groups/me/reports/86aa0ab2-2b46-4dbe-9b06-57d975a7d4ec?pbi_source=PowerPoint

- *Note: You may need to request access to the dashboard from VA HPO's Clinical Operations BI team.*

Usage Notes

- If there is an HPO Racial Equity Racial Justice (RERJ) team member in your VAMC, then we recommend working with them to use the dashboard and help determine follow-up steps. For information on RERJ or to find your local RERJ contact, contact any of the RERJ members at the following link: https://www.va.gov/HOMELESS/updates/2021-02-21-Setting-the-Foundation.asp
- SSVF programs are not yet included in the HPO Racial Equity Dashboard's dataset. The SSVF Equity Report below provides race/ethnicity data for SSVF programs.

VHA Homeless Programs
Clinical Operations Business Intelligence

VA | U.S. Department of Veterans Affairs

Homeless Programs Racial Equity Dashboard

Introduction

The purpose of the VHA Homeless Programs Racial Equity Dashboard is to provide ongoing, on-demand visibility into service provision and outcomes for Veterans engaged in VHA homeless programs.

Report Sections

Population Comparisons
This section provides national and VA Medical Center-level views of overall Veteran and homeless Veteran populations. The data will be refreshed annually to align with the frequency of US Census and HUD PIT estimate updates.
Filters for this section include national and facility views due to data sources.

Veterans Served
This section provides key information on Veterans served and process times.
Filters for this section include Fiscal Year, VISN/Facility, and program.

Exit Outcomes
This section includes information on Veteran outcomes at the point of program exit.
Filters for this section include Fiscal Year, VISN/Facility, and program.

Report Guide Contact Clinical Operations BI

Snapshots: Racial Equity Dashboard

VHA Homeless Programs
Clinical Operations Business Intelligence

VA | U.S. Department of Veterans Affairs

Homeless Programs Racial Equity Dashboard

Population Comparisons

Facility & National

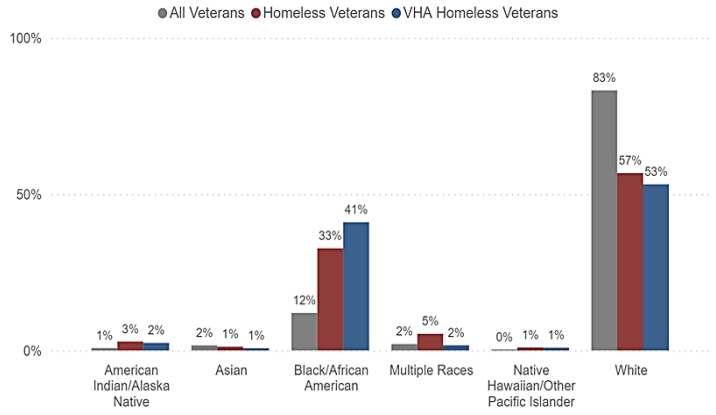
National

All Veterans = Census American Community Survey (ACS) 2019 5-year Veteran estimates. Data represent the overall distribution of Veterans in the general population in the VAMC catchment area.

Homeless Veterans = HUD Point In Time (PIT) 2020 Veteran estimates. Data represent the distribution of homeless Veterans in the VAMC catchment area.

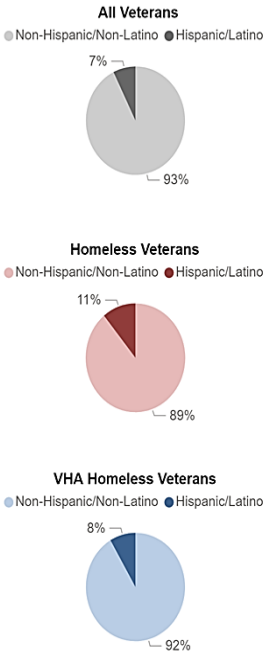
VHA Homeless Veterans = Unique Veterans served in CY2020 in GPD, HCHV CRS/LDSH, HUD-VASH, and SSVF RRH. Data represent the distribution of homeless Veterans served by key VHA homeless programs.

Racial Distribution



Race	All Veterans	Homeless Veterans	VHA Homeless Veterans
American Indian/Alaska Native	1%	3%	2%
Asian	2%	1%	1%
Black/African American	12%	33%	41%
Multiple Races	2%	5%	2%
Native Hawaiian/Other Pacific Islander	0%	1%	1%
White	83%	57%	53%
Total	**100%**	**100%**	**100%**

Hispanic/Latino Distribution



VHA Homeless Programs
Clinical Operations Business Intelligence

VA | U.S. Department of Veterans Affairs

Homeless Programs Racial Equity Dashboard

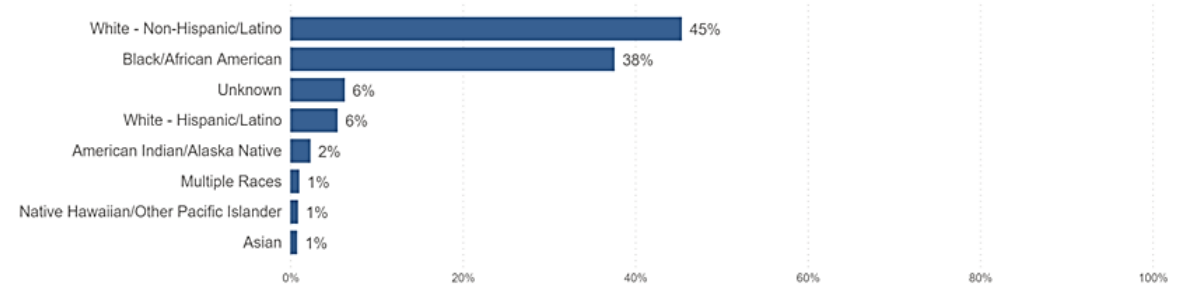
Veterans Served

Fiscal Year: 2021 | VISN, Facility: All | Program: All

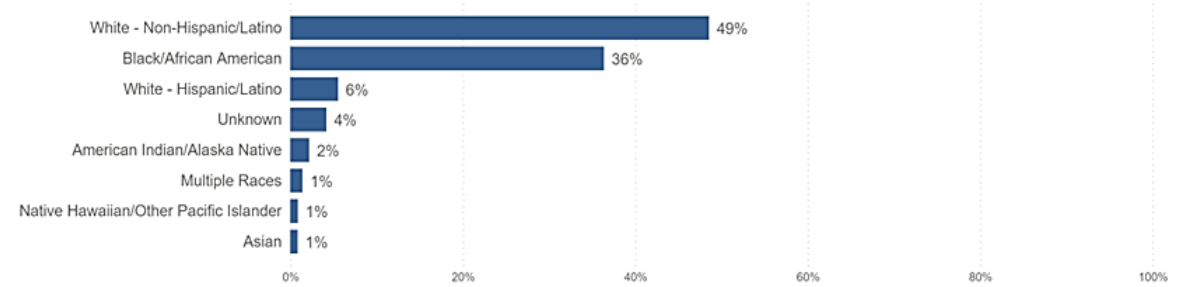
Race/Ethnicity	Unique Veterans Served	Program Entries	Program Exits	Average Length of Stay Days	HUD-VASH Average Days to Initial Lease-Up
White - Non-Hispanic/Latino	55,866	27,213	25,832	439	100
Black/African American	46,278	20,388	18,997	486	120
White - Hispanic/Latino	6,767	3,109	2,902	449	109
American Indian/Alaska Native	2,886	1,227	1,238	485	102
Multiple Races	1,297	793	733	317	112
Native Hawaiian/Other Pacific Islander	1,106	487	431	423	132
Asian	993	475	430	448	130
Total	**115,193**	**53,692**	**50,563**	**456**	**110**

Race and Ethnicity Overview

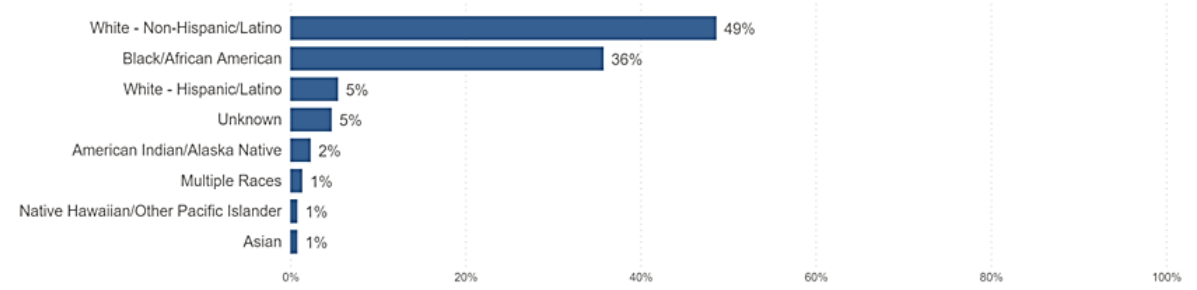
Percent Unique Veterans Served in FY



Percent New Program Entries in FY



Percent Program Exits in FY



1. SSVF Equity Report

Purpose: The SSVF Program Office has developed the SSVF Equity Report to better understand and assist grantees in achieving racially equitable service delivery and policy implementation.

This dashboard can help VAMC teams identify usage and outcome differences by race/ethnicity for SSVF grantees. Identifying and addressing these differences can help VAMCs achieve their goals while simultaneously improving the equitability of SSVF programs.

Access: Only SSVF Program Office staff and SSVF grantees can access this report directly. The link is **https://ssvfhmis.shinyapps.io/ssvf_equity_report/**. To request access, email **ssvfhmis@abtassoc.com**.

Snapshots: See the next page for snapshots of the SSVF Equity Report.

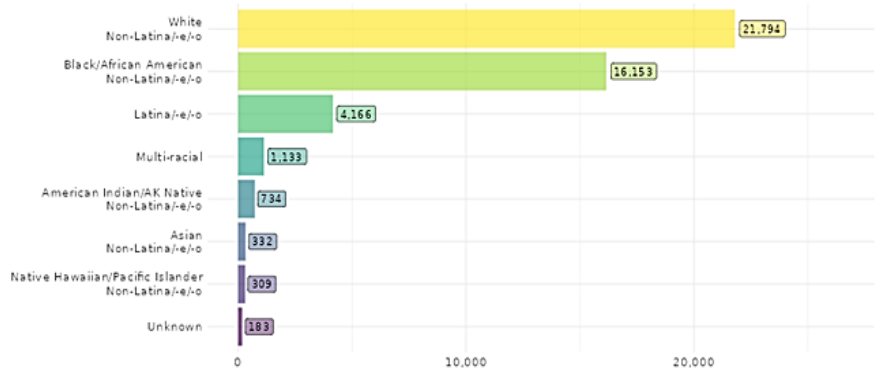
Select Time Period: FY 2022

Select Project Type: ○ Homelessness Prevention ◉ Rapid Re-housing

Select Grouping: ◉ Singular Groupings ○ Multiple Groupings

Veterans Served by Race/Ethnicity

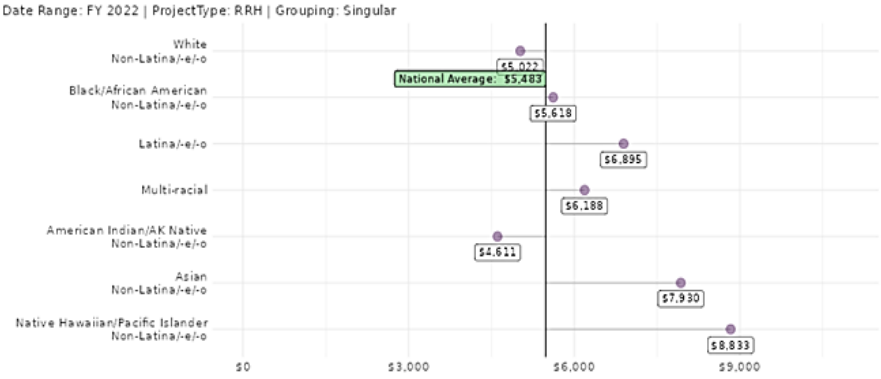
Date Range: FY 2022 | ProjectType: RRH | Grouping: Singular



In FY 2022, 44,804 Veterans were served with SSVF Rapid Re-housing.

Average Temporary Financial Assistance per Veteran by Race/Ethnicity

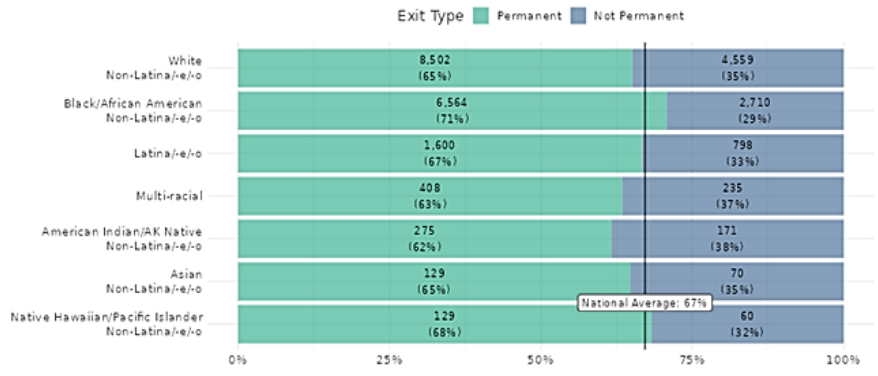
Date Range: FY 2022 | ProjectType: RRH | Grouping: Singular



In FY 2022, 44,804 Veterans were served with a total of $245,659,700 for direct temporary financial assistance to Veterans in SSVF Rapid Re-housing.

Veteran Exits to Permanent Housing by Race/Ethnicity

Date Range: FY 2022 | ProjectType: RRH | Grouping: Singular



In FY 2022, 26,313 Veterans exited an SSVF Rapid Re-housing enrollment.

2. SSVF Monthly Report

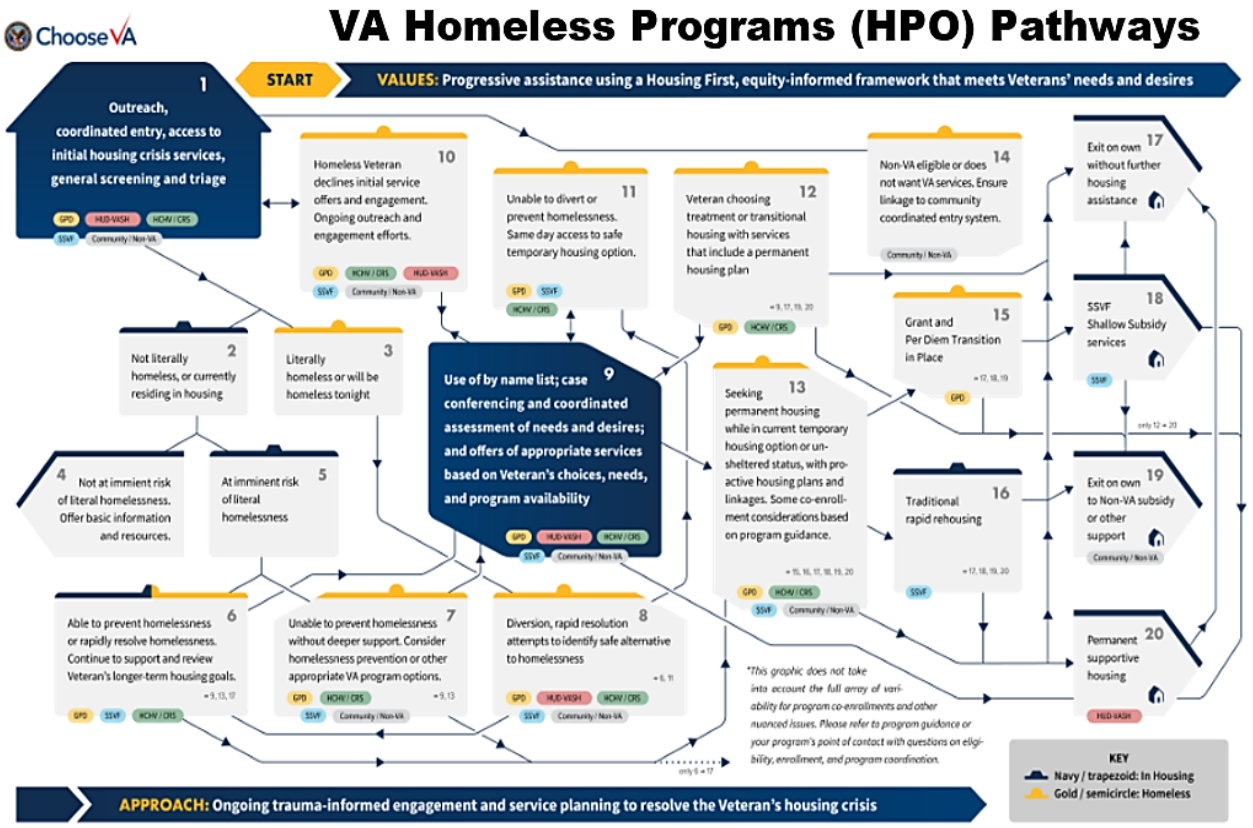
Purpose: On a monthly basis, the HMIS Repository generates an SSVF Monthly Report for each SSVF upload slot. The report is emailed to SSVF grantee staff with associated HMIS Repository accounts via an automated process. The main purpose of this report is to improve grantee staff's ability to understand, navigate, and share SSVF HMIS Monthly Report findings internally and locally.

This report can help VAMC teams understand the scope, scale, and outcomes of SSVF programs in their VAMC. That understanding can help One Team efforts to improve coordination with their local Veteran rapid re-housing and homelessness prevention programs.

Access: Only SSVF Program Office staff and SSVF grantees can access this report directly. SSVF grantees can email technical support for assistance in obtaining or understanding this report at **ssvfhmis@abtassoc.com**.

Guide: This report is quite long, containing 15 sets of tables. For screenshots and an overview of this report, see the SSVF Monthly Report Guide: **https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Monthly_Report_Guide_FY21.pdf**.

Appendix


ChooseVA
VA Homeless Programs (HPO) Pathways
START
VALUES: Progressive assistance using a Housing First, equity-informed framework that meets Veterans' needs and desires
1 Outreach, coordinated entry, access to initial housing crisis services, general screening and triage
2 Not literally homeless, or currently residing in housing
3 Literally homeless or will be homeless tonight
4 Not at immient risk of literal homelessness. Offer basic information and resources.
5 At imminent risk of literal homelessness
6 Able to prevent homelessness or rapidly resolve homelessness. Continue to support and review Veteran's longer-term housing goals.
7 Unable to prevent homelessness without deeper support. Consider homelessness prevention or other appropriate VA program options.
8 Diversion, rapid resolution attempts to identify safe alternative to homelessness
9 Use of by name list; case conferencing and coordinated assessment of needs and desires; and offers of appropriate services based on Veteran's choices, needs, and program availability
10 Homeless Veteran declines initial service offers and engagement. Ongoing outreach and engagement efforts.
11 Unable to divert or prevent homelessness. Same day access to safe temporary housing option.
12 Veteran choosing treatment or transitional housing with services that include a permanent housing plan
13 Seeking permanent housing while in current temporary housing option or un-sheltered status, with pro-active housing plans and linkages. Some co-enrollment considerations based on program guidance.
14 Non-VA eligible or does not want VA services. Ensure linkage to community coordinated entry system.
15 Grant and Per Diem Transition in Place
16 Traditional rapid rehousing
17 Exit on own without further housing assistance
18 SSVF Shallow Subsidy services
19 Exit on own to Non-VA subsidy or other support
20 Permanent supportive housing
*This graphic does not take into account the full array of variability for program co-enrollments and other nuanced issues. Please refer to program guidance or your program's point of contact with questions on eligibility, enrollment, and program coordination.
KEY
Navy / trapezoid: In Housing
Gold / semicircle: Homeless
APPROACH: Ongoing trauma-informed engagement and service planning to resolve the Veteran's housing crisis