

**TRIBAL HOUSING AND URBAN DEVELOPMENT - VETERANS AFFAIRS
SUPPORTIVE HOUSING PROGRAM**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes authority, policy, and procedures for the Tribal Housing and Urban Development (HUD)-VA Supportive Housing (VASH) Program.

2. SUMMARY OF CONTENT: This is a new directive which sets forth VHA's policy and procedures for implementation of the Tribal HUD-VASH demonstration project. It specifies responsibilities for implementing this program, in which VHA provides clinical case management and supportive services to homeless and at risk homeless American Indian and Alaska Native Veterans living on or near Tribal HUD-VASH grantees' trust land.

3. RELATED ISSUES: VHA Directive 1162.05(1), Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, dated June 29, 2017, and amended October 31, 2017.

4. RESPONSIBLE OFFICE: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this directive. Questions may be directed to the Executive Director, VHA Homeless Programs Office, at 202-461-1635.

5. RECISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 30, 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Carolyn M. Clancy, M.D.
Executive in Charge

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on June 8, 2018.

CONTENTS

**TRIBAL HOUSING AND URBAN DEVELOPMENT- VETERANS AFFAIRS
SUPPORTIVE HOUSING PROGRAM**

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS 1

4. TRIBAL HUD-VASH DEMONSTRATION PROGRAM 5

5. POLICY 6

6. ELIGIBILITY 6

7. RESPONSIBILITIES 7

8. GUIDING PRINCIPLES..... 25

9. CULTURE 26

10. TRIBALLY DESIGNED HOUSING ENTITY 27

11. PORTABILITY 32

12. PROGRAM PARTICIPANT TARGETING 33

13. RECORDS MANAGEMENT 35

14. REFERENCES..... 35

APPENDIX A

DEFINITIONSA-1

TRIBAL HOUSING AND URBAN DEVELOPMENT- VETERANS AFFAIRS SUPPORTIVE HOUSING PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy and procedures for Tribal Housing and Urban Development (HUD)-VA Supportive Housing (VASH) and sets forth the authority and responsibilities for the administration, monitoring, and oversight of the program in VHA. **AUTHORITY:** Title 38 United States Code (U.S.C.) 2003(b); Consolidated and Continuing Appropriations Act, 2015 (Pub.L. 113-235).

2. BACKGROUND

a. In 2014, Congress passed the Consolidated and Continuing Appropriations Act, 2015 (Pub. L. 113-235), authorizing a HUD-VASH demonstration program for American Indian/Alaska Native (AI/AN) tribal areas and allowing Native American Housing and Self-Determination Act (NAHASDA)-funded housing to be utilized in this program. On October 21, 2015, HUD published "Implementation of the Tribal HUD-VA Supportive Housing Program" in the Federal Register (FR). See 80 FR 63822, <https://www.gpo.gov/fdsys/pkg/FR-2015-10-21/pdf/2015-26748.pdf>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973. VA now provides case management support for Tribal HUD-VASH.*

b. In January 2015, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) announced a demonstration program to offer a permanent home and supportive services to Native American Veterans who are experiencing or at risk of experiencing homelessness. The Tribal HUD-VASH will provide rental assistance and supportive services to Native American Veterans who are Homeless or At Risk of Homelessness living on or near a reservation or other Indian areas. In its initial funding round, HUD is making available \$5.2 million in grant funding to Indian tribes and tribally designated housing entities (TDHE) to fund this rental assistance and associated administrative fees. Indian tribes and TDHE participating in this program must partner with VA to provide case management and supportive services to eligible American Indian/Alaska Native Veterans.

3. DEFINITIONS

NOTE: *Definitions contained in this section are unique to Tribal HUD-VASH. For additional definitions related to the HUD-VASH program see Appendix A.*

a. **American Indian/Alaska Native.** American Indian/Alaska Native (AI/AN) is the preferred terminology for "Indian," which is the term used in the Native American Housing And Self-Determination Act (NAHASDA), the authority tribes use to determine Tribal HUD-VASH eligibility. The definition of the law set forth by NAHASDA, the law that establishes the terms and conditions under which federal housing assistance is provided in Indian Country, states, the term 'Indian' means any person who is a member

of an Indian tribe. See Title 25 U.S.C. 4103(10). The Act also states that “the term ‘Indian tribe’ means a tribe that is a federally recognized tribe or a State recognized tribe” but further clarifies that the only State recognized tribes that qualify are those that received United States Housing Act of 1937 (Title 42 U.S.C. 1437) (USHA) assistance before the effective date of NAHASDA. See Title 25 U.S.C. 4103(13). However, even though NAHASDA defines “Indians” in terms of tribal membership, there are no nationally available, reliable or uniform data about the number of tribal members for the relevant geographies. Each tribe determines their membership, based on blood quantum or proving direct lineage from registered tribal member(s).

b. **At Risk of Homelessness.** For purposes of this directive, “at risk of homelessness” mean, with respect to an AI/AN individual or family, that the AI/AN individual or family:

- (1) Has an income that is no more than 80 percent of area median income for the Indian area;
- (2) Has insufficient resources immediately available to attain housing stability;
- (3) Has moved frequently because of economic reasons;
- (4) Is living in the home of another because of economic hardship;
- (5) Has been notified that their right to occupy their current housing or living situation will be terminated;
- (6) Lives in a hotel or motel;
- (7) Lives in severely over-crowded housing;
- (8) Is exiting an institution; or
- (9) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.
- (10) Such term includes all families with children and youth defined as homeless under other Federal statutes.

(11) See 42 U.S.C. 11360(1) and 24 CFR 576.2. **NOTE:** *While the definition of “At Risk of Homelessness” for the general population requires an income below 30 percent of median income for the geographic area, for the Tribal HUD-VASH program, VA requires an income that is no more than 80 percent of area median income for the Indian area. This is consistent with HUD’s adoption of the low income definition in Section 4(14) of the Native American Housing and Self Determination Act of 1996 (NAHASDA)(25 U.S.C. 4103(14) for purposes of the Tribal HUD-VASH program. Please see 80 FR 63822-63829 for additional information on HUD’s implementation of the Tribal HUD-VASH program (<https://www.gpo.gov/fdsys/pkg/FR-2015-10-21/pdf/2015-26748.pdf>). For additional clarification of the statute, see:*

http://portal.hud.gov/hudportal/documents/huddoc?id=HEARTH_ESG_Interim_Rule.pdf

These linked documents are outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

c. **Continuum of Care.** The homeless Continuum of Care (CoC) is an organized community-based group of homeless providers and other stakeholders who work in a strategic, coordinated way to end homelessness in the CoC coverage area. This includes activities such as ensuring that homeless providers are entering data into their Homeless Information Management System (HMIS), annually participating in the Point In Time (PIT) Count, applying for and administering HUD grants designed to end homelessness, and other functions as needed to address homelessness in a community or group of communities. Some CoC are limited to an urban area while other CoC are considered “Balance of State” which encompasses rural communities that are not otherwise in a city/county or group of counties CoC. **NOTE:** *Most tribal communities do not participate in CoC activities nor do they receive resources from the CoC. NOTE: Please see Section 7, Responsibilities, for the Point of Contact and the case managers for more information.*

d. **Indian Housing Block Grant.** The Indian Housing Block Grant (IHBG) is a formula grant that provides a range of affordable housing activities on Indian reservations and Indian areas. The block grant approach to housing for AI/AN was enabled by the NAHASDA, 25 U.S.C. 4101 et seq. Eligible IHBG recipients are federally recognized Indian tribes or their Tribally Designated Housing Entity (TDHE), and a limited number of state recognized tribes who were funded under the Indian Housing Program authorized by the United States Housing Act (USHA) of 1937, Pub.L. 75–412. **NOTE:** *Visit the following Web site for additional information, http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/grants/ihbg. This linked document is outside VA control and may or may not conform to Section 508 of the Rehabilitation Act of 1973.*

e. **HUD Office of Native American Programs.** The HUD Office of Native American Programs (ONAP) administers housing and community development programs that benefit AI/AN tribal governments, tribal members, the Department of Hawaiian Home Lands, Native Hawaiians, and other Native American organizations. ONAP administers the subsidy for the Tribal HUD-VASH program. This is in comparison to HUD’s Office of Public and Indian Housing, which administers the subsidy for standard HUD-VASH program.

f. **Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH).** HUD-VASH is a collaborative program between VA and HUD, supported through HUD’s Section 8 rental assistance vouchers and VA’s provision of intensive case management services. The primary goal of HUD-VASH is to move Veterans out of homelessness and into permanent supportive housing. **NOTE:** *Additional guidance can be found in Directive 1162.05(1), Housing and Urban Development Department of Veterans Affairs Supportive Housing program, dated June 29, 2017, and amended October 31, 2017.*

g. **Project-Based Assistance.** Project-Based Assistance (PBA) may be a component of the TDHE's housing support program. Under the PBA program, a TDHE develops or designates a specified number of units specifically for Tribal HUD-VASH (or other special population), usually in one or more buildings. The assistance is tied to a unit; a family who moves from a PBA unit does not have any right to continued housing assistance unless they are eligible to receive tenant based assistance when/if available. In Tribal HUD-VASH, PBAs are tribally owned developments.

h. **Tenant Based Assistance.** Tenant Based Assistance (TBA) is where the subsidy is provided to the individual to be applied to an available rental unit of the individual's choice.

i. **Tribally Designated Housing Entity.** The Tribally Designated Housing Entity (TDHE) is the tribal housing agency that receives Federal funds from HUD to administer the funding (usually in the form of a grant) to provide housing for tribal residents in their service area at affordable rents. The income limits are different from those established for public housing authorities, although income is evaluated.

j. **Tribal HUD-VASH.** Tribal HUD-VASH is a demonstration program cooperatively developed by VA and HUD. This program is designed to assist AI/AN Veterans living in tribal communities who meet criteria for homeless or at risk of homelessness, as established by HUD at 80 FR 63822. Instead of a Section 8 voucher, HUD's ONAP administers Tribal HUD-VASH by providing a hybrid IHBG to fund the housing subsidy provided by the TDHE grantees. VA provides the case management and supportive services to Veteran participants to foster housing stability, recovery, and independence.

k. **Tribal HUD-VASH Veteran Family.** A Tribal HUD-VASH Veteran family refers to either a single Veteran or a Veteran with a household composed of two or more related persons. It also includes one or more eligible persons living with the Veteran who are determined to be important to the Veteran's care or well-being. The composition of the household must be approved by the TDHE. The family must promptly inform the TDHE of the birth, adoption, or court-ordered custody of a child. Other persons may not be added to the household without prior written approval of the owner and the TDHE. Please see the eligibility criteria outlined in Section 10, Participant Targeting, of this directive. **NOTE:** *The partnerships with HUD, the TDHE and VA staff require an understanding of the terminology of each agency to improve communication.*

l. **Veterans Affairs Office of Tribal Government Relations.** The VA Office of Tribal Government Relations (OTGR) is an office within VA that works to strengthen and build closer relations between VA, tribal governments, and other key federal, state, private and non-profit partners in an effort to effectively and respectfully serve Veterans across Indian Country. This work is done in the spirit of government to government consultation and collaboration, respectful of the special relationship that exists between the United States and tribal governments. **NOTE:** *OTGR program information is available on the OTGR website, link:*

<https://www.va.gov/TRIBALGOVERNMENT/locations.asp>.

4. TRIBAL HUD-VASH DEMONSTRATION PROGRAM

In the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) (“2015 Appropriations Act”), Congress authorized funding for a demonstration program in order to expand the HUD-VASH program into Indian Country. The 2015 Appropriations Act directed HUD to coordinate with Indian tribes, TDHEs, and other appropriate tribal organizations on the design of this program, and to ensure the effective delivery of housing assistance and supportive services to Native American Veterans who are Homeless or At Risk of Homelessness. It also authorized HUD to make appropriate adjustments to the HUD-VASH model, and to waive or specify alternative requirements (except for requirements related to fair housing, nondiscrimination, labor standards, and the environment) for any provision of any statute or regulation that it administers if it finds that they are necessary for the effective delivery and administration of rental assistance under the program.

a. A top priority for VA is to end Veteran homelessness.

b. The standard HUD-VASH program is not available to Veterans living on American Indian reservations due to Housing Choice (Section 8) voucher program statutory barriers and public housing authority jurisdictional impediments.

c. HUD and VA jointly developed the Tribal HUD-VASH program where HUD provides the housing subsidy funding through a hybrid grant similar to an IHBG, and administered by the TDHE; VA provides entry to the program, clinical case management and supportive services to VHA eligible Veterans to help these Veterans and their families become and stay housed.

d. Accomplishing this mission requires a program specifically tailored to American Indian and Alaska Native (AI/AN) communities. Homeless shelters, Safe Havens and Transitional Housing are all largely absent in tribal areas. CoCs also are not generally active with tribal entities and most tribes do not participate in the annual Point in Time Count, so there are no by name lists or coordinated entry processes to utilize in tribal communities. AI/AN individuals and families who are homeless are usually sheltered in the homes of family or friends, resulting in extremely overcrowded conditions. Thus, VA provides funding for clinical case management support for Tribal HUD-VASH. Tribes were consulted by the VA medical facilities in order to note their preference for VA to hire staff or contract with the tribe or a provider on or near the tribe’s location; however, the VA medical facility Director is the final authority regarding how case management is provided. Each VA medical facility has a Point of Contact (POC), usually a VA Homeless Programs Coordinator or HUD-VASH Coordinator, to work directly with the tribe and provide technical assistance, support and direct assistance to ensure smooth VA implementation of Tribal HUD-VASH. Case managers are required for program implementation to begin.

e. HUD’s ONAP provides funding to the tribes through a grant similar to IHBG. Tribes inform ONAP regarding the number of TBA and PBA units, and the time-frame for the units to be available for use by Veterans.

5. POLICY

a. It is VHA policy for Tribal HUD-VASH to provide clinical case management and supportive services to Veterans in Tribal HUD-VASH by utilizing the principles of Housing First, an evidence-based low-barrier model which quickly moves the homeless individual or family into housing with no preconditions for treatment or behavior changes, and provides the needed supports to assist the client to meet their physical and mental health, substance use, employment and social recovery while sustaining in housing. Chronically homeless and other vulnerable homeless Veterans, based on the HUD Prioritization Notice, are admitted to case management to support the ongoing effort to end Veteran homelessness.

b. Veterans will be treated with dignity, compassion, and respect as individuals. Consistent with Federal law and VA policy, Veterans will not be subject to discrimination for any reason, including for reasons of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.

NOTE: *Tribal HUD-VASH follows the standard HUD-VASH Directive, VHA Directive 1162.05(1), unless there are specific differences noted in this directive.*

6. ELIGIBILITY

a. VA is responsible for screening AI/AN Veterans to determine eligibility for the Tribal HUD-VASH program. VA screens for program eligibility using the following requirements established by HUD:

(1) Eligibility for VA health care (based on factors such as length of time in active duty, service, and type of discharge as noted on the AI/AN Veteran's Certificate of Discharge from Active Duty (DD-214).

(2) Determination of Homeless or At Risk of Homelessness in accordance with the Notice at 80 FR 63822. **NOTE:** *An AI/AN Veteran will be eligible for the Tribal HUD-VASH program if they otherwise meet the definition of "homeless" or "at risk of homelessness." For purposes of making this determination, please see the definitions for "homeless" and "at risk of homelessness" within this directive.*

(3) A clinical need for case management services (a disabling physical or mental condition, or substance use that contributes significantly to the AI/AN Veteran's housing status.

(4) The AI/AN Veteran's agreement to participate in VA case management.

b. Upon written referral by VA of AI/AN Veterans and their families, the TDHE screens for the following eligibility requirements:

(1) A determination that the Veteran is "Indian" as defined in section 4(10) of NAHASDA. See 25 U.S.C. 4103(10).

(2) A determination that the AI/AN Veteran is income-eligible. To be eligible, a Veteran household's annual income must be no more than 80 percent of area median income for the Indian area.

(3) A determination that the Veteran is not under a State lifetime sex offender registration requirement. Admission to the program is prohibited if the Veteran or any member of the household is subject to a lifetime registration requirement (Tier III offense) under any State sex offender registration program. If a household member, other than the homeless or at risk of homelessness Veteran (which would result in denial of admission for the household), is subject to lifetime registration under a State sex offender registration, the remaining household members may be served if the Veteran agrees to remove the sex offender from its household composition.

NOTE: For more information on Tribal HUD-VASH program eligibility, please see HUD's Notice at 80 FR 63822-63829. **NOTE:** For additional information on eligibility visit the following Web site, <https://www.federalregister.gov/documents/2015/10/21/2015-26748/implementation-of-the-tribal-hud-va-supportive-housing-program>.

7. RESPONSIBILITIES

NOTE: Additional responsibilities as outlined in VHA Directive 1162.05(1), Housing and Urban Development Department of Veterans Affairs Supporting Housing Program, dated June 29, 2017, and amended October 31, 2017, are upheld.

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all of the VHA health facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **HUD-VASH Program Office, VHA Homeless Program Office, Central Office.** The HUD-VASH Program Office, VHA Homeless Program Office, VA Central Office is responsible for:

(1) Collaborating and coordinating program implementation with HUD's ONAP.

(2) Seeking consultation, collaborating and coordinating with VA's OTGR for working with tribal governments, TDHEs, tribal Veterans Service Organizations, Indian Health Service (IHS), Bureau of Indian Affairs, etc.

(3) Appropriated HUD-VASH funds, including support for VA case managers, are distributed to VA medical facilities. This funding also supports implementation of Tribal HUD-VASH. Funding appropriated for HUD-VASH is expected to be utilized for all HUD-VASH programs to support programmatic goals and targets as demonstrated through established metrics. Sufficient staffing is required to ensure the appropriate level of services are available to tribal participants, particularly given the geographic distance from VA facilities and the breadth of work the Tribal HUD-VASH case managers are required to perform.

(4) Monitoring Tribal HUD-VASH case management staff hiring through the Homeless Initiatives Reporting System, striving to meet the 90-day performance measure, where possible, and assisting sites with hiring delays to resolve the barriers to timely hiring. Assistance, such as recruitment, retention and relocation incentives for sites where obtaining a case manager is especially challenging, may be provided when hiring is particularly challenging due to the geographical location of the position.

(5) Developing and providing guidance on Tribal HUD-VASH to VISN offices and VA medical facilities to ensure consistency within the VHA Tribal HUD-VASH program. This guidance will conform to the Housing First and other best practice models (Harm Reduction, Motivational Interviewing, Critical Time Intervention, etc.) used in the standard HUD-VASH program.

(6) Providing implementation technical assistance, especially related to overcoming barriers and challenges in collaboration with HUD's ONAP. Technical assistance is responsive to case managers' and tribes' questions and concerns, and provides the information needed to implement Tribal HUD-VASH.

(7) Analyzing collected data from the Homeless Operations and Management Evaluation System (HOMES) and providing feedback to VISN offices and VA medical facilities on performance metrics, as described in VHA Directive 1162.05(1), HUD-VASH Program.

(8) Providing training to case managers on Tribal HUD-VASH through, but not limited to, HUD-VASH National Orientation Calls, VHA Homeless Programs Office National Clinical Calls, Tribal HUD-VASH calls, and awareness of other training opportunities (such as HUD webinars) to ensure clinicians are educated on subjects needed to implement the program with fidelity to the Housing First model including use of low barrier, evidence-based practices, to promote awareness of cultural considerations when utilizing these practices.

(9) Holding monthly conference calls with Tribal HUD-VASH case managers, points of contact, Network Homeless Coordinators (NHC), HUD ONAP staff, VA OTGR staff and Tribal HUD-VASH tribal representatives. These calls provide an opportunity for

training, technical assistance, and dialogue across these stakeholders to address barriers, clinical challenges, housing and employment concerns, cultural competency questions, and sharing best and innovative practices.

(10) Representing VA on calls scheduled by HUD's ONAP with participating tribes, ONAP Regional Field Office staff, and VA case managers to support ONAP and provide VA guidance, assistance, or process in implementing Tribal HUD-VASH. These calls are established to maintain communication with the tribes and provide a forum to address and resolve concerns and barriers.

d. **Director, VA Office of Tribal Government Relations.** The Director of the VA Office of Tribal Government Relations is responsible for:

(1) Providing consultation to VHA Homeless Programs Office (HPO) and Tribal HUD-VASH program staff.

(2) Assisting with Tribal HUD-VASH staff communications with tribal governments.

(3) Providing cultural context to VA Homeless Programs staff and Tribal HUD-VASH staff for participating Tribal HUD-VASH tribes, as needed.

(4) Assisting Tribal HUD-VASH staff to make contact with tribal members, such as the Tribal Veterans Service Officer, and aiding with facilitation of those communications, when needed.

e. **VISN Director.** Each Veteran Integrated Service Network (VISN) Director is responsible for:

(1) Ensuring VA medical facilities have the funding needed to implement Tribal HUD-VASH.

(2) Providing oversight to ensure Tribal HUD-VASH VA facilities expedite hiring case managers. Provide assistance and support to resolve hiring barriers.

(3) Providing oversight to ensure VA facilities are delivering the appropriate administrative support and resources needed to guarantee the Tribal HUD-VASH case manager is able to safely accomplish the stated mission, goals, and objectives.

(4) Ensuring Tribal HUD-VASH case managers have the resources and tools needed to do their job effectively in tribal community settings, to include office space, laptop computers, vehicles, cell phones with boosters, etc.

(5) Ensuring case manager safety when working in geographically challenging areas with weather extremes via appropriate resources and supports.

(6) Discussing concerns with the VA medical facility Director to ensure the facility is empowered to address these challenges.

(7) Providing consultation to or obtaining consultation with the NHC regarding Tribal HUD-VASH implementation, barriers or program needs (such as office space), or tribal government leaders' concerns.

f. **Network Homeless Coordinator (NHC).** In addition to the responsibilities noted in VHA Directive 1162.05(1), in Tribal HUD-VASH, each NHC with Tribal HUD-VASH in their VISN is also responsible for:

(1) Oversight and monitoring of Tribal HUD-VASH in their respective VISN. This includes monitoring hiring of case managers in compliance with VHA Homeless Program Office metrics, and ensuring vehicles appropriate for the geographic area to be covered are obtained, case managers have safe and decent office space, and the facility has provided the appropriate technology and training to allow the case manager to effectively do their job.

(2) Keeping the VISN Network Director informed of Tribal HUD-VASH implementation, particularly in regards to VA barriers and concerns expressed by tribes, TDHEs, HUD or ONAP Headquarters or Field Office staff.

(3) Providing direct assistance through communication with a VA facility director, Human Resources staff, or other facility-level staff to address hiring delays, transportation problems, or other challenges. The NHC may coordinate with VACO to obtain additional resources, such as hiring incentives or airfare funding for very remote tribal locations.

(4) Meeting with tribal government leadership, when needed, to resolve barriers or challenges.

(5) Reaching out to the VACO HUD-VASH program staff for consultation, technical assistance, obtaining ONAP clarification for program regulations or policy, or assistance with removing barriers.

(6) Monitoring of Tribal HUD-VASH metrics focused on targeting appropriate Veterans, housing homeless Veterans, employment for able-bodied Veterans, and sustaining Veterans in the program (limited negative exits from Tribal HUD-VASH), and providing program improvement assistance with VA facility staff, when needed, to improve outcomes related to each Veteran's housing stability, self-defined recovery, and independence in the community. The NHC engages the director/supervisor/program coordinator for program improvements or supports, as needed, to achieve compliance with metric targets on exiting homelessness and improving the Veteran's ability and motivation to engage in treatment strategies.

(7) Providing or obtaining support, guidance, orientation, training, consultation, and advice to Tribal HUD-VASH staff for program implementation through regular communications, including site visits, VISN calls, supervisor consultations, etc. to enable facility-level mentoring, problem solving, and compliance.

(8) Assisting VA Tribal HUD-VASH supervisors to develop solutions to work in tribal areas where office space and cell coverage may be limited, and staff are physically distant from any VA facility;

(9) Providing consultation with the Tribal HUD-VASH supervisors and case managers to meet the needs of Veteran participants and their family members in this demonstration program, particularly for areas where resources are limited or geographically distant from the tribe.

g. **VA Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Utilizing the appropriated funding to support Tribal HUD-VASH case management services, as required by statute.

(2) Endorsing Tribal HUD-VASH implementation by engaging with tribal and other community partners, when needed, while respecting the tribe's sovereignty through a government to government relationship. The facility director may need to meet with a tribe's government to address implementation barriers at the leadership level.

(3) Hiring facility full-time equivalent (FTE) employees or contracting for Tribal HUD-VASH case managers, and maintaining staffing levels to ensure Tribal HUD-VASH case management and other clinical services for the vulnerable Veterans served in Tribal HUD-VASH are accessible. Providing temporary Tribal HUD-VASH case managers until a permanent Tribal HUD-VASH case manager is in place to allow the tribe to implement the program may be needed when hiring delays exceed 90 days.

(4) Ensuring timely administrative support and issuance of resources needed to guarantee Tribal HUD-VASH staff can safely accomplish the program's stated mission, goals, and objectives. This may include providing support to Tribal HUD-VASH supervisors to resolve barriers, such as ensuring needed resources to provide services to Veterans in tribal communities in a safe and efficient manner are available. This could mean General Services Administration (GSA) vehicles are issued to the Tribal HUD-VASH case manager, vehicles may need to be parked at alternative federal facilities; Tribal HUD-VASH case managers have cell phones, boosters and air cards, and telehealth/telemental health is available for tribal Veterans. Alternative modes of transportation to provide the Tribal HUD-VASH case management assistance may be needed in extreme frontier locations, such as Alaska, in order to reach tribal villages.

(5) Ensuring Tribal HUD-VASH has safe locations for staff to meet with Veterans, particularly since many tribal areas do not geographically have a VA facility or clinic within proximate distance. The facility director is responsible for ensuring office space is secured through lease, contract, Memorandum of Understanding (MOU) or other avenue for the Tribal HUD-VASH case manager in or near to the tribal communities.

(6) Providing the access needed for Veterans in Tribal HUD-VASH to obtain the health care and services needed. This may be through a tribal health system or IHS reimbursement agreement or other arrangements, as needed, to ensure access to

quality health care when VA is too distant for regular access. Ensuring MOUs are developed, where needed, for cooperative partnerships to meet Veterans' needs.

NOTE: *Transportation resources are very limited and scarce in tribal communities, so it may be important for VA to develop essential transportation supports for Veterans needing VA services at the CBOC or VA medical facility, or to develop a mobile health clinic to serve these remote locations.*

(7) Providing telehealth or tele-mental health resources to support Tribal HUD-VASH case management needs, or developing a MOU with IHS, a tribal health group, or a TDHE to allow the Veteran access to VA telehealth using local viewing options. The facility director is responsible for ensuring that the appropriate technology is in place or that Veterans have access to existing technology to permit use of telehealth/tele-mental health to support Tribal HUD-VASH case management services.

(8) Ensuring each Tribal HUD-VASH case manager has effective remote access to the systems needed, including the Computerized Patient Record System and Homeless Operations Management and Evaluation System (HOMES) through the VA Information and Technology (IT) systems.

(9) Providing support for efforts to identify homeless needs, frequency of occurrence, and develop strategies address homelessness in tribal communities by:

(a) Ensuring VA participation in any tribally driven counts of Veteran homelessness, which may require temporary changes in tours of duty, compensation time, or other approvals from VA leadership.

(b) Providing tribal governments within the local VA facility's catchment area the opportunity to engage in the Community Homelessness Assessment, Local Education, and Networking Group (CHALENG) meeting, and the annual CHALENG survey to improve understanding of the needs of homeless AI/AN Veterans.

(c) Ensuring VA participation in and collaboration with local community endeavors to end homelessness among the AI/AN population. In tribal locations, bringing evidence based and innovative practices to the attention of tribal leaders is key as most tribes do not participate with the CoC nor contribute to the Homeless Management Information System. **NOTE:** *Increasing tribes' awareness of the importance of data to show need for the purpose of procuring needed resources is vital.*

(10) Ensuring Tribal HUD-VASH data accuracy and quality by reviewing Tribal HUD-VASH metrics and discussing outcomes with the local Homeless Program and/or HUD-VASH Coordinator(s).

(11) Creating a culture of safety, meaning leadership openly focuses on safety as a top priority, where system-wide learning occurs as to the causes of adverse events are openly shared, where investments are made in the resource and training to ensure safe practices, and where employees freely report and communicate safety concerns. This includes ensuring Tribal HUD-VASH case managers are educated on the local facility's Prevention and Management of Disruptive Behavior Committee and processes,

including a Point of Contact, group e-mail or link for reporting events in the Disruptive Behavior Reporting System, completing a Workplace Behavioral Risk Assessment, or consulting with this committee.

(a) HUD-VASH is a community based program and the safety concerns raised by staff may differ as a result.

(b) This includes empowering VA employees to identify and report their concerns about patient safety without fear of reprisal.

h. **HUD-VASH Coordinator.** The HUD-VASH Coordinator is responsible for:

(1) Working as or designating the POC for Tribal HUD-VASH.

(2) Meeting the responsibilities outlined in the HUD-VASH Directive 1162.05(1) as they also apply to Tribal HUD-VASH.

(3) Coordinating with Human Resources/Acquisitions to actively hire or contract for case management staff through the development of administrative and personnel documents such as position descriptions, functional statements, and performance appraisals. Ensuring hiring or contracting for the local case manager(s) serving the participating tribe(s) is within VHA Homeless Program Office metrics through collaboration and coordination with either the local facility's HR or Acquisitions department. **NOTE:** *For additional information related to metrics, visit <http://vhaindwebsim.v11.med.va.gov/hub2/hp/index.html>. This is an internal VA Web site that is not available to the public.*

(4) Including tribes where possible in the selection process for the case manager provides respect for tribes' self-determination and input into the individual who will be working with them.

(5) Establishing internal and external working partnerships with VA and community partners to reduce barriers and silos to ensure a seamless transition between providers for Veterans served in Tribal HUD-VASH.

(6) Ensuring staff have adequate work space, laptops, cell phones, and internet connections, etc. Developing MOUs, where needed, to facilitate implementation. The MOU may be between the local VA and tribe (such as for office space), the VA and another agency (such as the local IHS), or may be developed between two VA facilities (for example, facilities where a tribe's geography is served by two different VA systems, such as occurs with the Navajo Nation) to ensure adequate communication, access and documentation across facilities.

(7) Providing programmatic education and direction to the Tribal HUD-VASH case manager, to include orientation to the VA programs, VA Homeless Programs, HUD-VASH and Tribal HUD-VASH, evidence based practices, clinical strategies, safety protocols, and other topics as needed. Case managers will be directed to meet with Veteran participants as frequently as is needed based on the stage of case

management being provided and the specific care needs of each Veteran. Video conferencing for some of those meetings may be required due to the geographic location of the Veteran. **NOTE:** *Additional information on the stages of case management and frequency of contacts may be found in VHA Directive 1162.05(1), Section 4.h.(11) (a)-(e).*

(8) Ensuring the education on and implementation of Housing First and other evidence based practices are applied consistently across all Tribal HUD-VASH locations served by the VA medical facility. **NOTE:** *Please see the Educational Supplements found on the HUD-VASH webpage in the VHA Homeless Programs Hub, under "Initiatives."*

<http://vhaindwebsim.v11.med.va.gov/hub2/hp/initiatives.html#/Overview>. *This is an internal VA Web site that is not available to the public.*

(9) Supervising local Tribal HUD-VASH case manager(s), including providing clinical supervision, review of data for purposes of program improvement, and staff education, training, and development to ensure each Tribal HUD-VASH case manager is prepared to work in locations that are geographically distant from VA facilities. This may have to be done via electronic means, such as VTEL or other audio/visual technology.

(10) Providing clinical case reviews and staff meetings with assignments for follow-up action virtually, or face-to-face when possible.

(11) Ensuring the Tribal HUD-VASH case manager(s) have adequate coverage to allow the case manager(s) leave or travel status, and ensure Veterans have case management services in the event the case manager position(s) becomes vacant. Ensuring in leave situations that there is a communication loop to inform the Tribal HUD-VASH case manager of any Tribal HUD-VASH contacts made during his/her absence, and the final disposition for each Veteran contacted.

(12) Providing opportunities to the Tribal HUD-VASH case manager(s) to develop relationships with the VA HUD-VASH, Homeless Programs, and wider VA teams, and guiding team development with VA, tribes, and local community partners.

(13) Creating a culture of safety, meaning leadership openly focuses on safety as a top priority, where system-wide learning occurs as to the causes of adverse events are openly shared, where investments are made in the resource and training to ensure safe practices, and where employees freely report and communicate safety concerns.

(a) HUD-VASH is a community based program and the safety concerns raised by staff may differ as a result.

(b) Empowering VA employees to identify and report their concerns about patient safety without fear of reprisal.

i. **Tribal HUD-VASH VA Point of Contact (POC)**. The Tribal HUD-VASH VA POC's duties are usually enacted by the VA facility's Homeless Programs Coordinator, HUD-VASH Coordinator, or Tribal HUD-VASH case manager. The VA POC acts as the

liaison between VA and the participating tribe(s), providing VA oversight of Tribal HUD-VASH, and facilitating problem solving in collaboration with the tribe(s)/TDHE(s) to address implementation barriers. This includes:

(1) Communicating on a regular basis with the tribal leadership/TDHE on tribal HUD-VASH implementation. Collaborating with the tribal grantees government leaders, TDHE, and Veterans Service Officers and others to develop vital partnerships to establish honest, respectful, mutually consultative and coordinated program implementation to include development of the processes needed to achieve and sustain housing.

(2) Providing education to the tribe on Tribal HUD-VASH from the VA perspective, particularly regarding Housing First and other models, importance of case management supports, and community-wide strategies to end Veteran homelessness.

(3) Ensuring related policies and processes are developed.

(4) Discussing barriers and concerns in consultation with the tribes/TDHE, and providing VA solutions or ideas to resolve those barriers within VA's area of responsibility.

(5) Consulting and partnering with the tribe and TDHE to identify specific activities to support finding eligible Veterans for referral to Tribal HUD-VASH. This may include ways to promote awareness of the program, such as radio or newspaper articles highlighting the program or interviewing the case manager, bulletin boards, webpages, brochures, etc., meeting with tribal Veterans Service Officers on a schedule, attending tribal gatherings for or with Veterans, etc.

(6) Ensuring at least quarterly reconciliation of data through a review of VA HOMES data with the TDHE's Tribal HUD-VASH census to determine the status of all Tribal HUD-VASH assistance units. Review processing times, barriers to lease up and program exits, to include dates exits occurred. Ensure regular communication with the TDHE to promote policy adherence, including VA data entered within 3-business days of TDHE referral, housing lease-up and other HOMES data points.

(7) Providing education and direction on Tribal HUD-VASH, "ending homelessness" strategies, VA programs, VHA eligibility, etc. to the TDHE, Tribal leaders, and associated service providers. The POC also works closely with tribal community partners to eliminate Veteran homelessness among AI/AN Veterans by:

(a) Educating tribal leadership, TDHEs and other interested parties (such as the Tribal Veterans Service Organization) on the Continuum of Care and other "evidence-based practices" such as coordinated entry, by name lists, rapid rehousing and other cooperative strategies utilized by communities to identify homeless Veterans, obtain data to show need, identify Veterans with the highest need, and work collaboratively to quickly house these individuals and families.

(b) Determining, through consultation and collaboration, the strategies each tribe wishes to utilize to address Veteran homelessness in their tribal communities based on their specific homeless population needs, culture and resources.

(c) Helping interested tribes to develop a “by name” list of tribal Veterans who are homeless or at risk of homelessness to determine where the need is and to be able to target assistance to those with the highest need, with the tribes managing their list.

(d) Educating tribes on the importance of data to demonstrate need for resources and ways to obtain or develop this type of data (such as a CoC’s HMIS system, PIT counts, etc.).

(e) Identifying and establishing cooperative relationships with the resource providers needed to support Veterans and their families who are homeless or at risk of homelessness to exit to safe, decent, and sanitary housing, and sustain in that housing.

(8) Educating tribes on prioritization requirements to ensure higher needs AI/AN Veterans are targeted and served before lower need Veterans are assisted.

(9) Creating additional resources to assist Tribal HUD-VASH and other homeless or at-risk AI/AN Veterans such as VA Homeless Program outreach practices and emergency housing through Healthcare for Homeless Veterans contract housing or Grant and Per Diem transitional housing programs. Also, utilizing other appropriate VA homeless programs, such as a Residential Rehabilitation Treatment Program (RRTP), Supportive Services for Veteran Families (SSVF), Homeless Veteran Community Employment Services (HVCES) and Compensated Work Therapy Residential or programs external to VA to assist homeless individuals with housing and employment.

(10) Establishing VA, tribal, and community partners to build functional, cooperative relationships that work seamlessly to enhance Tribal HUD-VASH’s efficiency and effectiveness in outreach and service delivery. The VA’s internal partnerships include relationships with local VA medical providers, mental health and substance use disorder treatment resources, and other resources, such as employment assistance, available through the VA healthcare system, including HVCES and Compensated Work Therapy (CWT). The POC will also establish working relationships with VBA Homeless Representatives to smooth processes to obtain Veterans Service Connected benefits, Non-Service Connected Pension or assistance with other VBA related services such as Aid and Attendance, when needed. External to VA resources, such as Social Security and other fiscal benefits and supports (i.e. Temporary Assistance to Needy Families [TANF], Supplemental Nutrition Assistance Program [SNAP], Food Distribution Program on Indian Reservation [FDPIR]), and relationships with IHS, Department of Labor employment assistance/training/rehabilitation, etc., employment assistance/training/rehabilitation, etc. are also important to provide a full range of services to Veterans living in tribal communities.

(11) Developing procedures with VA Homeless Programs and with tribal and other community-based programs to provide assistance to homeless AI/AN Veterans who are

not eligible for or able to participate in Tribal HUD-VASH, or who want different assistance than Tribal HUD-VASH provides. Veterans who are not eligible for Tribal HUD-VASH can be referred to other VHA programs, such as SSVF or Grant and Per Diem, and/or local tribal or community programs assisting homeless or tribal individuals and families.

(12) Fostering relationships with the Department of Health and Human Services' IHS and/or tribal health programs to improve access to the full range of health care services needed by homeless AI/AN Veterans.

j. **Case Manager.** The case manager is responsible for implementation of Tribal HUD-VASH.

NOTE: *The responsibilities in this section are unique to Tribal HUD-VASH. There are additional responsibilities listed in VHA Directive 1162.05(1), dated June 29, 2017, and amended October 31, 2017, that must be followed.*

(1) The case manager develops a culturally aware, strong, respectful, consultative and cooperative working relationship with the tribal entities vital for developing the policies, processes and procedures required in implementation of Tribal HUD-VASH. The case manager is responsible for:

(a) Developing relationships with the tribal leaders, TDHE, IHS or tribal health system, community service providers, tribal Veterans Service Officer (VSO), and other resources important in implementation and coordination of Veteran referrals, care, and contingency planning for crisis intervention/emergencies.

(b) Providing expertise to tribal leaders on Veteran homelessness. Providing education and consultation services for and with tribal leaders on evidence-based practices for ending Veteran homelessness and working with the tribe on any initiatives or practices the tribal leaders elect to develop to end Veteran homelessness in their tribal service area.

(c) Cooperatively reviewing documents, policies, and guidelines to ensure both VA and TDHE have a common understanding of the requirements and are meeting those requirements as they implement the program. The Tribal HUD-VASH Operating Requirements, recorded webinars and other resources are available here: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/trib_alhudvash. ***NOTE:*** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

(d) The case manager works with the TDHE to establish effective processes and procedures for referrals, housing search, inspections, move-in and other functions where the TDHE and VA case manager must work collaboratively and seamlessly.

(e) The case manager consults with and engages in collaborative discussions with tribes' leadership, TDHEs, AI/AN Veteran Service Officers, and others regarding appropriate tribal boundaries, cultural guidance and appropriate events for case

managers to meet with Veterans for outreach and education to generate referrals to the program of Veterans who meet the eligibility criteria. Determine if the tribe requires a MOU for work in tribal communities and develop MOU, if indicated.

(f) The case manager consults with tribal leaders and the TDHE to work in partnership with them to resolve barriers to implementation and to establish the breadth of the roles of each entity in Tribal HUD-VASH.

(2) Engaging in marketing activities with tribal entities, such as articles and postings on Tribal HUD-VASH, providing interviews on local radio shows to discuss Tribal HUD-VASH, and development of brochures and other marketing materials for distribution to referral sites and partnering agencies. The VA case manager will coordinate these activities with the VA facility's Public Affairs office and the tribal entities involved.

(3) Ensuring appropriate release of information (ROI) protocols are utilized by educating tribal and community agencies and Veterans on the ROI policies at VA (see: VHA Directive 1605.01, Privacy Release of Information, dated August 31, 2016, and VHA Handbook 1605.04, Notice of Privacy Practices, dated September 6, 2015). Establishing mutual ROIs within policy guidelines with tribal and community agencies, and obtaining consents from Veterans, as needed, to ensure comprehensive coordination and collaboration towards housing permanency is needed. This is especially important with Tribal HUD-VASH as care teams will include non-VA partners to ensure adequate care coordination and supports for AI/AN Veterans. Signed releases will be scanned into the Veteran's VA Computerized Patient Record System (CPRS).

(4) Participating in Tribal HUD-VASH program specific conference calls, broadcasts, and trainings. This includes the monthly National HUD-VASH Operations Call, Homeless Programs Office Integrated Clinical Call, and HUD-VASH Orientation Call, as well as VISN calls, which provide updates, guidance, and training opportunities. Additionally, VA holds a National Tribal HUD-VASH call specific to training, guidance, updates and collaboration across Tribal HUD-VASH sites. HUD's ONAP holds Tribal HUD-VASH calls and produces webinars to promote collaboration and to improve implementation knowledge and processes.

(5) Providing outreach services, such as engaging with tribal community service agencies, participating in "Stand Downs;" attending Tribal VSO meetings or activities such as a Powwow or Potlatch, connecting with the tribal law enforcement, providing resources such as clothing, food or personal hygiene items; transporting Veterans to medical services; or regularly checking in with homeless Veterans. Identify and engage homeless and at risk of homelessness AI/AN Veterans living in tribal communities, especially those who are chronically homeless.

(6) Providing awareness and widespread dissemination of VHA health care eligibility application information so tribal Veterans can apply for VHA services electronically or via telephone at: <http://www.va.gov/healthbenefits/> or 877-222-VETS (8387). VHA eligibility is a requirement for Tribal HUD-VASH admission.

(7) Screening the Veteran for Tribal HUD-VASH eligibility criteria, including prioritizing targeted Veterans based on length of time homeless and service needs. Assisting Veterans who are ineligible for Tribal HUD-VASH by providing a “warm handoff” for referrals to other appropriate services, such as health care services, monetary benefits, employment services, etc., for which they may be eligible. This may include standard HUD-VASH for Veterans who do not have tribal membership, who are not AI/AN, or who cannot for some other reason access Tribal HUD-VASH (such as needing a different size unit than Tribal HUD-VASH can provide). Other non-Tribal HUD-VASH housing assistance may be possible through the TDHE, as well.

(8) Engaging the Veteran and discussing with the Veteran the benefits of, and Tribal HUD-VASH requirement to participate in, case management. Describing the positive impact case management can make to ensure housing stability, develop tenancy skills, and improve the Veteran’s quality of life, as well as achievement of goals meaningful to the Veteran may help to engage the Veteran. Ensuring the Veteran understands that non-participation may lead to loss of housing assistance is also important, as are the specific thresholds for graduation from case management. These would include low acuity and meeting tenancy requirements for at least one year, demonstrated independence with meeting fiscal obligations, stable income, especially through employment, and achievement of the Veteran’s goals and objectives.

(9) Admitting Veterans who meet VA Tribal HUD-VASH criteria into the program and case management with a progress note in CPRS.

(10) Completing a biopsychosocial assessment in CPRS.

(11) Developing a Housing Stability Plan, or treatment plan, with each Veteran served by the team and entered into CPRS. The Housing Stability Plan provides a case management and supportive services framework for the Veteran’s sustainability in Tribal HUD-VASH, and identifies the Veteran’s goals with steps to achieve those goals.

NOTE: For additional guidance see VHA Directive 1162.05(1), 4.(h)(8)(a)-(f).

(a) The Housing Stability Plan is written in simple, measurable, achievable actions relevant to the Veterans short and long-term goals and with specific timeframes.

(b) The case manager revisits the Housing Stability Plan with the Veteran at least every 90 days, or more frequently if there are significant changes.

(c) The case manager asks the Veteran to prioritize the goals, working on three or fewer goals at a time, and utilizes activities or strategies that the Veteran chooses as a course of action to achieve the desired outcome(s).

1. Veteran goals may include things such as home ownership, getting a job, dating, being a good parent, getting a car or a television, etc.

2. The plan would focus on activities to achieve those goals, and might include conversations about behaviors that impede those goals and a menu of actions the Veteran can consider to address goal challenges. For example, if the Veteran’s goal is

eventual home ownership, then successful tenancy and money management might be actions to achieve first to ensure the Veteran is able to save the money needed for a home and can get needed references.

(d) The Veteran may also need to look at the impact of substance use, physical or mental health symptoms, or social skills on his/her goal achievement, and determine what steps s/he wants to take to address that barrier, through a guided discussion with the case manager. Specific steps for each would be described. **NOTE:** *Treatment is not required under Housing First, but identifying the impact and consequences of behaviors that threaten the Veteran's tenancy, values or goals is the responsibility of the case manager. Working with the Veteran to identify the Veteran's motivation for change and steps the Veteran is willing to take, from a menu of options, is also part of the case manager's role.*

(e) The case manager provides support, monitors the Veteran's achievements, provides feedback, problem solves and provides direct care, treatment or other assistance to the Veteran. Helping the Veteran to work on their stated goals using the agreed upon strategies to reach those goal(s).

(f) The case manager empowers the Veteran to develop new goals as the Veteran achieves their objectives or revisits prior goals to make them more achievable. Revisions are made either as the plan is completed or, if there are barriers to achieving the goals, working with the Veteran to develop a more achievable plan. The case manager checks in with the Veteran on goal achievements, discusses barriers the Veteran experienced, and determines what strategies the Veteran used to address those barriers as well as new objectives the Veteran wishes to achieve to update the Housing Stability Plan.

(12) Providing clinical case management, referral, and supportive services in Tribal HUD-VASH. These include but are not limited to:

(a) Providing direct clinical care services, including treatment within the scope of the case manager's practice and credentials, as it applies to the Veteran's specific needs, choices and goals. This may include evidence based therapies for mental health or substance use disorders, social work interventions, or other discipline specific services. Development of interpersonal skills, anger management or self-soothing techniques may be part of the direct clinical care services. This may be especially important for helping the Veteran to meet tenancy by allowing others peaceful enjoyment of their units and meeting landlord expectations.

(b) Assisting the Veteran with the steps to obtain housing, remembering that transitions are difficult by helping the Veteran to process those feelings and address concerns.

(c) Providing referrals for health care and other needed resources, such as mental health and substance use disorder treatment, and fostering increasing independence. Monitoring Veteran's acuity levels, response to medications, and changes in mood,

affect, symptoms, or risk level with the appropriate clinical interventions indicated by those changes.

(d) Assisting the Veteran to sustain permanent housing through meeting their tenancy requirements with education, skill building, and monitoring of the Veteran's housing stability and providing feedback and problem solving or other clinical assistance when needed to help the Veteran meet requirements that are challenging for the Veteran.

(e) Providing crisis intervention.

(f) Utilize evidence based treatments as appropriate to the Veteran's specific clinical needs, including trauma-informed care, when appropriate.

(13) Advocating for the Veteran.

(14) Assisting with obtaining housing.

(a) Preparing the AI/AN Veterans for the TDHE application process, including helping with gathering the required documents, such as DD-214, birth certificates, proof of AI/AN status or tribal membership, Social Security numbers, income verification and bank statements, photo id, etc., and assisting with completing the application, as needed by the Veteran.

(b) Referring the Veteran to the TDHE.

(c) Discussing the Veteran's housing priorities and choosing from available units, where there is choice. The case manager must work with the Veteran to find suitable housing that meets the Veterans preferences and needs, so the case manager will need to elicit from the Veteran important features in a housing unit (i.e. upper or ground floor level, handicapped accessible, accepts pets, on-site services, etc.).

(d) As needed, providing housing search assistance when indicated for tenant-based units to Veterans in Tribal HUD-VASH, including choices of available housing within the Veteran's preferred community, as available in the tribe's service area and as can be supported by the case manager (based on locally determined geographical/travel limitations). Some tribes will only provide project-based housing, but when possible, Veterans shall utilize choice among the available units.

(e) Helping the Veteran to access fiscal resources when needed for deposits. The case manager assists the Veteran with pre-housing actions, such as ensuring utilities are active and in the Veteran's name.

(f) Assisting the Veteran family plan the move into the unit and helping the Veteran to obtain the needed furniture and other move-in items necessary for setting up a household (linens, dishes, cleaning supplies, etc.), and developing transportation/move-in assistance for these items, particularly in rural areas. This may include working with the tribe/TDHE to procure storage for furniture and other household start-up items and

working with VACO resources for items such as beds and “move-in kits.” In situations where the tribe is providing the housing, choice may be limited or there may be only the one available unit. Providing choice where possible, with furnishings and other items needed to make the unit a home is important in these situations.

(g) Assisting- with any TDHE recertification process, when that occurs, and respectfully advocating for the Veteran with the TDHE, as needed.

(15) Scheduling convenient case management home visits with Tribal HUD-VASH Veterans. The home visit is important because it allows the case manager to see if the Veteran is meeting their tenancy requirements. The case manager can view the Veteran’s ability to manage independently in his/her home, including their ability to keep food appropriately, clean the unit enough to prevent health hazards (such as clean dishes or keeping egress routes clear), meet the landlord’s requirements (not hoarding, smoke detectors in working order, no damage to the unit, etc.), and ensure the Veteran has not moved individuals that are not on the lease into the unit. The home visit provides a space more conducive to developing the professional relationship. Meeting in the Veteran’s space may be more relaxing for the Veteran. Hopefully, this fosters trust, respect and the open communication necessary for the case manager to best assist the Veteran.

(16) In Tribal HUD-VASH specifically, the VA facility is usually several hours travel from the Veteran’s home and many families in tribal areas do not have adequate transportation, so a home visit removes the transportation barrier for the Veteran.

(17) Clinicians must discuss when unscheduled visits will occur, and emphasize their use as a safety measure in an emergency situation. Review wellness checks and the circumstances when they may be requested from local law enforcement, such as when the Veteran cannot be contacted or does not respond to attempted contacts by telephone, mail or e-mail, or when there is specific concern for the Veteran’s safety, such as when the Veteran may have communicated about suicidal intentions.

(a) Case managers are responsible for determining the Veteran’s acuity status, using an acuity scale and/or clinical judgment, and completing risk assessments during contacts. Frequency of contacts increases with acuity, although weekly face to face contacts may not be reasonable if geography is a barrier (such as a Veteran living in a village in Alaska only reachable by airplane). Veterans will be determined to be in a specific case management stage as outlined in the HUD-VASH Directive, based on acuity and the resultant contact frequency needed.

(b) Case managers will utilize the most personal contact possible, with at least one home visit per month. Veterans who live close to the case manager’s location will have home visits as frequently as is indicated by their case management stage. Veterans who are geographically distant will have the additional contacts by video, Skype or other telemental health avenues or, when those are not available, by telephone.

(c) A case manager must consult with their supervisor in situations when there is a concern for the Veteran's well-being but the case manager's safety is also a concern. In these situations, a wellness check with or by a law enforcement officer may be indicated.

(18) Assisting Veterans to increase income:

(a) Through employment and training opportunities as are available in the specific tribal location and/or through VHA, VBA or Department of Labor programs.

(b) Through benefits, such as VA Service Connected, VA Non-Service Connected or Social Security Benefits, depending on which benefits the Veteran qualifies for and provides the most income.

(c) Through other subsidies or supports as applies to the Veteran's need and family structure, such as Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Food Distribution Program on Indian Reservation (FDPIR), and other resources, as available.

(19) Discussing the importance of structure and daily meaningful activities that provide the Veteran with a sense of purpose.

(a) The case manager helps the Veteran to develop awareness of opportunities and strategies to establish structure and purpose.

(b) The case manager helps Veterans to establish a plan to develop structure and meaningful activities each day. This may include employment, vocational training, volunteering, being involved in a civic organization, or participating in spiritual or cultural activities. For some AI/AN Veterans, this may mean participating in a singing and drumming group, powwows or potlatches, sweat lodges, or other cultural or spiritual activities.

(c) Developing groups and activities of interest to the Veteran. The case manager also provides education on and practice for needed skills. Groups are developed based on the interests and identified needs of the Veteran population served, but could include things such as fiscal management, cooking classes, communication skills, emotional regulation, tenancy skills, or culturally relevant socialization groups. Use of "Talking Circles" may be appropriate for group meetings, particularly to discuss appropriate clinical concerns such as anger management, substance use, or other topics pertinent to the specific group focus when confidentiality can be maintained.

(20) Promoting housing retention and stability by:

(a) Regularly communicating and following up with Veterans to ensure they are educated about, and meeting their, tenancy obligations and addressing threats to tenancy proactively. There will likely be multiple opportunities for the case manager to educate the Veteran on tenancy requirements and skills. For example, education can

occur during tenancy groups or classes, when reviewing the lease, during home visits, and at crisis points.

(b) Ensuring the Veteran is paying their rent, if any, by the due date and in accordance with the terms of the lease. The Veteran's rent will be no more than 30 percent of the Veteran family's income, but in tribally supported housing, rent may be less than 30 percent, dependent on tribal housing norms and policies.

(c) Engaging and soliciting the Veteran's ideas on protecting their housing status when areas that threaten tenancy are identified. Housing First is not housing only, and the case manager is responsible for ensuring that tenancy concerns are addressed with the Veteran, and the Veteran actively participates in solving those concerns.

(d) Helping the Veteran to identify choices and options and to think through the impact of each of these; ultimately the Veteran decides which actions they will take to address the tenancy concerns with the case manager's support.

(e) Educating the Veteran to notify the case manager and landlord or housing management of issues or concerns with the unit/other tenants. The case manager will help the Veteran to develop a plan to appropriately resolve the concerns, providing as much independence and support as the individual Veteran wants and needs.

(21) Providing assistance when the Veteran is in crisis.

(a) Advising the Veteran to communicate with the case manager early, when a crisis situation first begins, and to work with the case manager to determine strategies to address the crisis.

(b) Providing the Veteran with emergency contact information following admission to Tribal HUD-VASH.

(c) Providing education, preparation, and skills to the Veteran to prevent crisis and to successfully manage crisis independently.

(22) Discussing independence and tapering case management assistance with the Veteran. The case manager will reinforce that the decision will be a mutual decision based on the outcome of the discussion between the Veteran and the case manager and will be based on objective criteria, such as the Veteran's ability to sustain tenancy, independent functioning, and stability in other aspects of their life as found on the acuity scale used by the case manager.

(23) Communicating when coverage is needed when the case manager takes leave. Both before and following leave, the case manager connects with their coverage and they discuss the status of Veterans on the case load and particularly note any high acuity Veterans who need extra attention or monitoring. The case manager also establishes a list of alternative resources for Veterans in their local community for emergency needs and provides education on use of these services.

(24) Ensuring a culture of safety exists by:

(a) Completing all VA required safety training, including training related to suicide prevention, working safely with high-risk Veterans, in both office and community settings, such as: those with severe mental illness and substance use disorders, those with a history of violence, and those with an involvement with the justice system, and participating in the mandatory Prevention and Management of Disruptive Behavior Training.

(b) Reporting all incidents of Veteran threats, aggression or violence, including those witnessed in the community, to the Disruptive Behavior Committee for tracking and assistance. Each facility has a Disruptive Behavior Committee tasked with ensuring the safety of VA staff, Veterans, and visitors when Veterans with disruptive behaviors are identified. Veterans who are seen in home environments also should be reported to the Disruptive Behavior Committee and tracked for guidance on future service delivery options. Tracking the incidents helps the committee to identify those Veterans who are at highest risk of potentially violent, aggressive or inappropriate behaviors and to develop a plan to reduce potential harm. Case managers must be trained in accessing their local committee, the Disruptive Behavior Reporting System, and obtaining a risk assessment.

(c) Utilizing safe practices while performing duties. This includes ensuring there are adequate emergency supplies in the vehicle in the event of an unexpected weather event or vehicle malfunction, such as food, water, blanket, flares, and regularly checking in with a contact who will know where the case manager is and who will contact the appropriate assistance, if needed.

(d) Establishing close working relationships with tribal law enforcement to ensure support and assistance is available in situations when a case manager determines such support for seeing a Veteran or locating a Veteran is needed.

(e) Referring AI/AN homeless Veteran family members to community providers for direct social services and care assistance, when indicated; VA case managers may not provide direct care services to the Veteran's family members unless the services directly relate to the Veteran's care needs. Assistance that family members are typically referred for include physical health care, mental health counseling and medications, substance use disorder treatment, social and employment services, parenting programs, etc.

(25) Case managers are responsible for documenting all work with Veterans in Tribal HUD-VASH electronically in CPRS progress notes, with appropriate workload entered, and when appropriate, ensuring HOMES is updated within 3 business days of a documentable event occurring.

8. GUIDING PRINCIPLES

The following are principles to guide employees when administering the Tribal HUD-VASH program:

(a) Cultural competency is vital in working with tribal members. Develop and incorporate cultural competency in all interactions with tribal members to promote respectful, culturally sensitive and positive interactions to develop and maintain a foundation of trust and understanding with Veterans, Veterans' family members, tribal elders or leaders, TDHE staff, and other tribal entities. The OTGR Regional Specialist may be consulted when needed.

(b) AI/AN Veterans may be reluctant to engage with VA services. Ensure provision of the same high level of competent, Veteran-centric clinical care and services as any Veteran in the standard HUD-VASH Program would receive. **NOTE:** Review VHA Directive 1162.05(1) for additional guidance.

(c) Tribal HUD-VASH is Veteran-centric. Engage the Veteran in all decisions related to his/her well-being.

(d) Poverty and unemployment is wide-spread in tribal communities and especially among homeless and at-risk of homelessness individuals. Develop employment opportunities for Veterans in Tribal HUD-VASH. Work to address poverty through obtaining income, especially through employment for Veterans in Tribal HUD-VASH, particularly since employment also increases self-esteem, fosters hope, and leads to a sense of competency and purpose.

(e) AI/AN Veterans may not have had opportunities to learn money management skills. Incorporate on-going fiscal training opportunities in Tribal HUD-VASH as a vital skill for each Veteran. On-going assistance with fiscal principles, such as saving money, paying bills, investment, etc. are important to help these Veterans utilize their money more effectively to achieve their goals.

(f) Transportation resources in tribal areas are often not available. Helping Veterans to get to appointments may be one of the most challenging aspects of working in Tribal HUD-VASH. In some locations, such as Alaska, the only transportation may be by airplane or boat from a village to a bigger village or town. Developing relationships with local providers is vital to ensure that Veterans can access needed care and services. Development of transportation options with Veteran Service Organizations and other transportation resources to improve accessibility of healthcare services to AI/AN Veterans is important.

9. CULTURE

Culture is described as a particular society with its own beliefs, ways of life, art, music, food, dress, etc., and the customary beliefs, social forms, and material traits of a racial, religious, or social group, including the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time. Although AI/AN people may share some cultural elements across tribes, each tribe has its own unique cultural and spiritual identity, customs, practices, regalia and history. Awareness of the specific cultures of the tribes participating in Tribal HUD-VASH is important.

a. Historical trauma is an important cultural context VA staff must be aware of, specifically as that relates to fear and mistrust of any “government worker” and how the U.S. government programs were/are experienced by tribal members. Many tribal members continue to feel the impact of U.S. government policies and interventions with tribes, which are experienced as both historical and current trauma. Indian schools, for example, broke apart families, prevented traditional cultural expression and language, and the impact continues to be experienced by AI/AN people today. VA staff must work to prevent re-traumatization in their interactions with AI/AN individuals.

b. Tribal HUD-VASH works with AI/AN Veterans and their families, TDHEs and tribal governments, and other tribal agencies and groups. VA staff must work with the tribe to learn tribal boundaries, specific cultural competencies and respect for the tribe’s governance and processes. For example, in some tribes, when or how you look at a tribal member when you or they are speaking is important information to show the proper respect. Staff must inquire about and practice the cultural protocols as one aspect of cultural competency.

c. VA staff are strongly encouraged to participate in diversity/cultural sensitivity training, provided through VA’s education system to ensure respectful, culturally appropriate interactions with tribal entities.

d. VA staff must check with the tribal leaders to determine if a MOU is needed for working in tribal communities.

e. VA staff must ensure that they are welcome and engaged in appropriate activities with tribes. VA staff may participate in tribal events only when invited to do so by the tribe. Some events are public, and some events are only for tribal members. Tribal events are good opportunities to conduct outreach for Tribal HUD-VASH, but it is important to first check with the tribe regarding participation to ensure that the tribe welcomes the involvement, particularly from a non-tribal entity.

10. TRIBALLY DESIGNED HOUSING ENTITY

Tribal HUD-VASH is possible due to the partnership between VA and HUD. HUD has the statutory authority and budget to provide the housing side of the program. HUD’s ONAP has the legal authority to establish the regulations for Tribal HUD-VASH, determine the amount of grant funding awarded to each tribe (based on need and in consultation with the tribes), and provide technical assistance and training to support TDHE implementation of the program.

a. The TDHE is the local Tribal HUD-VASH housing partner who implements this program by evaluating each Veteran referred by the VA case manager, per HUD’s regulations. The evaluation domains are determined by HUD and are discussed in the regulations from the Federal Register. Veterans who pass the TDHE’s Tribal HUD-VASH eligibility determination are then approved for the housing subsidy assistance.

b. The TDHE determines how many units are for tenant based or project based assistance. Tenant based units may be either tribally owned or may be privately

owned, depending on the TDHE's housing stock availability and decisions made by the TDHE regarding how the assistance will be utilized within their tribal service area.

c. While the expected rent can be no more than 30 percent of the Veteran family's income, the tribe may choose to charge less or zero rent. Paying rent is a life-skill that is important to develop for housing outside of the reservation, but TDHEs/tribes may have different rules and values around rent payment, especially for combat Veterans.

d. Due to sovereignty, tribes have a significant level of independent decision-making in the management of their own affairs, so working within their guidelines is important to maintain trust and the relationship with the tribe. Consult with the tribal leadership and TDHE.

e. VA staff must understand the role of the TDHE. The TDHE responsibilities are under the authority of the tribe and HUD. Please review 80 FR 63822, *Implementation of the Tribal HUD-VA Supportive Housing Program* for additional information, available at: <https://www.gpo.gov/fdsys/pkg/FR-2015-10-21/pdf/2015-26748.pdf>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

f. The TDHE's role in Tribal HUD-VASH includes:

(1) Establishing the tribal housing policies. The TDHE will review their standard TDHE housing policies for areas inconsistent with Tribal HUD-VASH and/or Housing First with the case manager/POC. The TDHE and case manager will discuss potential new policies or amendments to meet the Tribal HUD-VASH and Housing First model fidelity, following the TDHE protocols for new or amended policy approval and implementation. For example, most tribes have a zero-tolerance policy toward use of substances, so this policy for Tribal HUD-VASH needs to be reviewed with the Housing First model in mind.

(2) Determining if the Veteran meets the TDHE eligibility criteria for Tribal HUD-VASH, allowing them to support the Veteran with Tribal HUD-VASH rental assistance. The TDHE must accept the VA referral of the Veteran applicant for their eligibility determination. The criteria, established by HUD, are:

(3) Establishing AI/AN status, as defined in section 4(10) of NAHASDA, and if the Veteran meets any tribal preference as stated in the TDHE's Implementation/Administrative Plan. If the tribe has grant funding remaining and all of the tribal preference Veterans have been served, then the remaining funding may support other referred AI/AN Veterans that are members of other tribes until all grant funding under this program is spent.

(4) Verifying income eligibility for the Veteran family, per Tribal HUD-VASH regulations. **NOTE:** *The Tribal HUD-VASH income eligibility differs substantially from standard HUD-VASH. Tribes have a much higher level of allowable income (80 percent of the area median income) to qualify for this program. Generally, the tribal income calculations follow those as defined in the Indian Housing Block Grant Notice.* **NOTE:**

In some tribes, tax credit funding was obtained to increase housing stock. In those situations, the regulations require a 30 percent AMI threshold to qualify for that specific housing type. Please review 80 FR 63822, Implementation of the Tribal HUD–VA Supportive Housing Program, Section 2, ‘Definitions’, for additional information, available at: <https://www.gpo.gov/fdsys/pkg/FR-2015-10-21/pdf/2015-26748.pdf>.

NOTE: *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

(5) Determining the Veteran, and any household member, is not on a lifetime state sex offender registration requirement. If a household member, outside of the Veteran, is found to have such a requirement, the family may be served if the family agrees to exclude the sex offender from the family household composition. Veterans determined to have this lifetime registration requirement are ineligible for the program.

(6) The TDHE must keep records of all family members per the HUD guidance outlined in the notice and consistent with their normal operating practices and in accordance with 24 CFR 5.216(g). This file will include the documentation required by the TDHE to verify the Veteran’s identity, such as Social Security number, date of birth, AI/AN status, and all other documentation required by the TDHE and HUD. This includes the written referrals to the TDHE and documentation of the eligibility screening.

(7) Providing the housing subsidy after the Veteran has successfully qualified for Tribal HUD-VASH with an initial search term of 120 days. The TDHE will offer the next available project based unit to the Veteran household. The tribe will determine if utilities are included in the unit’s rent in both tribally owned and privately-owned housing. The tribe/TDHE will enter into a contract with the owner of the privately-owned housing units that will govern the rental assistance provided by this program to the owner by the tribe/TDHE. Assisting with locating housing for the Veteran, particularly if the housing is tribally owned. Rents may not exceed 110 percent of Fair Market Rent (FMR). If needed, the TDHE must request prior approval from HUD for rents above 110 percent FMR, such as in a reasonable accommodation request situation, and housing to accommodate the disabling condition requires higher rent. Some tribal housing, called Formula Current Assisted Stock (FCAS), is ineligible for Tribal HUD-VASH use because it is already subsidized housing. However, tribes may elect to take their FCAS housing off-line in order to use it with Tribal HUD-VASH.

(8) Communicating with the case manager regarding census, concerns, barriers, upcoming appointments, etc. The TDHE should be asked to send a courtesy copy of all correspondence with the Veteran to the case manager to allow the case manager the opportunity to assist the Veteran when indicated.

(9) Assisting with marketing and messaging to the tribe/tribal leadership about the program.

(10) Providing referrals to Tribal HUD-VASH, as appropriate.

(11) Assisting with landlord recruitment, where appropriate, and increasing housing stock.

(12) Inspecting housing units in a timely fashion to ensure safe, sanitary and decent housing. The tribe/TDHE ensures that the unit meets applicable local housing codes and quality standards in accordance with 207(a)(2) of NAHSDA. Project based units must have an environmental review prior to entering into a project based rental assistance contract or lease.

(13) Providing assistance to case managers regarding appeals/hearings/rules.

(14) Paying the monthly housing subsidy for each unit under lease.

(15) Following their established procedures in Tribal HUD-VASH when addressing tenancy/TDHE concerns, including involving the case manager.

(16) Conducting interim and annual reexaminations related to income requirements. Reexaminations will occur due to:

(a) Changes in income to determine changes in eligibility and rent payments.

(b) Changes in the family composition.

(c) Changes in the amount of rent being charged to the TDHE/Veteran.

(17) TDHE denial of assistance. If the TDHE denies assistance to a Veteran under Tribal HUD-VASH, it must provide:

(a) The Veteran, the VA case manager, and HUD with prompt notice of the decision denying assistance to the family;

(b) A brief statement of the reason for denial; and

(c) An opportunity for the Veteran to request an informal hearing to contest the findings.

NOTE: *The only reasons for denial of assistance by TDHE are: Veteran is not Native American by NAHASDA definition, Veteran does not meet the “tribal preference” policy, if any, for Tribal HUD-VASH, the Veteran family fails to meet the income eligibility requirements or any member of the Veteran’s household is subject to a lifetime registration requirement under a state sex-offender registration program, according to HUD’s regulations.*

(d) Violation of TDHE rules. Once a Veteran participant is admitted to the subsidy side of Tribal HUD-VASH, the Veteran must meet the TDHE rules or face possible suspension or termination of their housing assistance. The TDHE must follow their established procedures in terminating assistance, to include an appeal process. Case managers are expected to work with the Veteran and TDHE to ensure all measures are

taken to address options that allow the Veteran to maintain housing. This may include assisting the Veteran with making necessary changes in behavior while advocating for flexibility with the TDHE. **NOTE:** *This may be especially complex when the TDHE is in the dual role of landlord and subsidy administrator.*

(e) Terminating Assistance.

1. Participating tribes and TDHE must comply with requirements of section 207 of NAHASDA on termination of assistance. In addition, before determining whether to terminate assistance, tribes and TDHE must contact the case manager to determine if ongoing Case Management services could mitigate the conditions leading to the potential termination. Participating tribes and TDHE are subject to Section 504 of the Rehabilitation Act and HUD's regulation at Title 24 CFR 8, which would include providing reasonable accommodations to individuals with disabilities throughout the termination process." (Federal Register 80, No. 203, Part VI, R).

2. In situations where the TDHE is not willing to continue assisting the Veteran family, the case manager will need to look to other resources.

3. Consultation with the TDHE to determine their guidelines for potential readmission is important. Tribal policy decisions may need to be addressed to work toward the goal of rehousing or readmitting a Veteran family for assistance, consistent with the Housing First model.

4. TDHEs are encouraged to view Tribal HUD-VASH as a demonstration program for how they address issues, such as substance use, in housing their tribal members, so flexibility and following the evidence-based models can be explored with the TDHE/tribal leaders.

5. When the Tribal HUD-VASH rental assistance is no longer needed by the AI/AN Veteran, the assistance must be issued to another eligible AI/AN Veteran as identified by the case manager and meets the VA and TDHE eligibility criteria.

(f) Changes in the Family.

1. ONAP policy clarifies continued eligibility for the program hinges on the Veteran's eligibility. If something happens to remove the Veteran from the household, the Veteran's family cannot be served separately.

2. The individual tribal administrative plan will determine the outcomes for changes in the family structure unless specifically addressed by the Tribal HUD-VASH Implementation Notice as published in the Federal Register. See 80 FR 63822, available at: <https://www.gpo.gov/fdsys/pkg/FR-2015-10-21/pdf/2015-26748.pdf>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

3. As the program is established for AI/AN Veterans, the assistance, where indicated, goes with the Veteran. Tribal policy and resource availability will determine continued assistance to the non-Veteran family members. These situations include:

a. Death of the Veteran. The subsidy will be made available for another Veteran family. As noted above, in (a), the subsidy cannot serve the family separately. The TDHE is expected to assist the family with another housing program or the case manager will assist the family to connect with the appropriate resources for housing assistance.

b. Separation/Divorce between the Veteran and his/her spouse/significant other. The rental assistance goes with the Veteran.

c. Imprisonment of the Veteran. TDHE policy will determine how long the housing may be retained for a Veteran who is imprisoned, particularly for a single Veteran versus a Veteran with a family continuing to utilize the unit. Under the IHBG regulations, grant recipients are not required to evict because of criminal activity, though criminal activity does allow the landlord to evict.

d. In situations of domestic violence, dating violence and stalking, where the Veteran is using violence, the Violence Against Women Act does not apply to Indian Housing. Therefore, the tribal policy will determine the impact on the Veteran's continued housing and use of the subsidy.

e. In situations where the TDHE terminates the Veteran from the subsidy, the case manager will continue to work with the Veteran to ensure appropriate resources are available to the Veteran, including (but not limited to) standard HUD-VASH in locations where that is available and feasible, for rehousing outside of tribal trust lands.

f. In situations where the tribe determines the family can no longer be assisted with the Tribal HUD-VASH subsidy, and the tribe is not providing alternative housing options for the family (due to policy or lack of housing stock), the Tribal HUD-VASH case manager will ensure the family is connected with the appropriate resources to provide assistance, including rehousing, as appropriate to the circumstances.

11. PORTABILITY

a. Portability is a Public Housing Authority option that provides Veterans the opportunity to transfer their Housing Choice Voucher (HCV) to live in the community of their choice, within certain limits.

b. Tribal HUD-VASH, however, provided grants (similar to IHBG) to TDHEs instead of vouchers. Because of this difference, Tribal HUD-VASH is not portable, and the two different programs' rental assistance is not interchangeable.

c. At this time, HUD's ONAP has not made provisions for use of the grant subsidy across tribal nations, similar to a port. However, HUD stated in the Tribal HUD-VASH Implementation Notice in the Federal Register, "If there are other tribes in the area with

eligible Veterans who can be served by the same case manager, the tribe invited to apply may either sub-grant to another entity or directly serve Tribal HUD-VASH recipients from the other tribe. Should the Tribe sub-grant to another entity, HUD strongly encourages the tribe invited to ensure that the sub-grantee has sufficient capacity and is in good standing with HUD.” See 80 FR 63824 for additional information, available at: <https://www.gpo.gov/fdsys/pkg/FR-2015-10-21/pdf/2015-26748.pdf>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

d. In the standard HUD-VASH program, vouchers are used to help Veterans to live in the community of their choice, including communities outside of the jurisdiction of the PHA holding the voucher through portability to accomplish this. In Tribal HUD-VASH, tribes are able to provide the Tribal HUD-VASH subsidy at any location within their service area as long as case management can be reasonably provided, so portability is not needed to allow Veterans to live in the community of their choice. The range for case management will vary based on geography and weather conditions, and is determined by the case manager through consultation with their supervisor. In some locations, the service areas of more than one tribe may overlap.

12. PROGRAM PARTICIPANT TARGETING

a. AI/AN people do not consider themselves “homeless” as the earth is their home, but do consider themselves “houseless”. It is understood that homelessness looks different in tribal areas due to cultural values and extreme temperatures/weather related to their geographic locations where being literally homeless increases the likelihood of death. Culturally, literal homelessness in tribal areas is rare with more extreme overcrowding as the community takes homeless tribal members into their homes.

b. Case managers are encouraged to work with tribes to develop a “by name” list of Veterans who are identified as homeless and at risk of homelessness. Using this list, VA can determine the Veteran’s eligibility for Tribal HUD-VASH and prioritize Veterans by their level of need. Assisting Veterans through a “first come first served” basis does not allow the subsidy to be used in the most effective and efficient manner to end Veteran homelessness. Veterans who are not eligible for Tribal HUD-VASH services will be referred to other VA and community providers for assistance.

c. VA Eligibility Criteria: Veteran participants in Tribal HUD-VASH must:

- (1) Be homeless or at risk of homelessness;
- (2) Be VA health care eligible, as defined by in Title 38 CFR 17.36, Title 38 U.S.C. 1710;
- (3) Need case management; and
- (4) Be willing to participate in case management.

d. TDHE Eligibility Criteria: The Tribal HUD-VASH Veteran must:

(1) Be an American Indian/Alaska Native.

(2) The Veteran family meets the TDHE's Tribal HUD-VASH income requirements as noted in the Tribal HUD-VASH Implementation Notice.

(3) Neither the Veteran, nor any family members residing with the Veteran, is subject to a State lifetime requirement to register as a sex offender.

NOTE: For more information on eligibility criteria see the Federal Register Implementation of the Tribal HUD-VA Supportive Housing Program notice <https://www.federalregister.gov/documents/2015/10/21/2015-26748/implementation-of-the-tribal-hud-va-supportive-housing-program>. **NOTE:** This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.

e. Tribal preference is determined by each TDHE grantee and determines which AI/AN Veterans may receive services from each tribe. Awareness of the tribe's preference policy for Tribal HUD-VASH is important for educating stakeholders and evaluating potential candidates.

(1) Under sovereignty, tribal membership is defined by the tribe in accordance with NAHASDA, and may include only tribal members registered with the tribe, may or may not include "descendants" (direct lineage to tribal members, but not registered with the tribe), and/or include only associated tribes (e.g. Cheyenne- Arapaho). Tribes may also elect to have no tribal preference.

(2) Tribal membership criteria, as outlined in the tribal preference policy, takes precedence over other prioritization. This means, if the Tribe determines to serve tribal members only, then if two AI/AN Veterans are homeless or at risk of homelessness, the tribal member Veteran will be served, even if the non-tribal member has higher need. Tribes determine if and when non-tribal AI/AN Veterans with need can be served.

f. The case manager assesses each applicant. Admission decisions are to be prioritized by length of time homeless and highest need for Tribal HUD-VASH, based on the Veteran's acuity per clinical judgment and resource availability. It must be demonstrated that the homeless Veteran has an identified need for case management services to obtain and sustain housing. **NOTE:** It is strongly recommended that an assessment tool is used to determine acuity. In situations where the Veteran's clinical profile is unclear, consultation with mental health leadership or primary care, or their clinical designee, must be utilized to ensure appropriate placements.

g. Tribal HUD-VASH will follow the targeting guidance found in VHA Directive 1162.05(1), Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, dated June 29, 2017, and amended October 31, 2017. Additionally, please see HUD Notice: CPD-14-012, "Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status," available at:

<http://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf>. **NOTE:** This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

13. RECORDS MANAGEMENT

a. Tribal HUD-VASH is a joint program between VA and HUD. VA case managers will enter the appropriate clinical documentation of their contacts with Veterans in the VA CPRS through the use of progress notes, clinical reminders, treatment plan suite for the "Housing Service Plan," and other approved templates.

b. Tribal HUD-VASH case managers will ensure that hard copy documents that are needed in CPRS will be scanned into the system, such as a signed Release of Information.

c. VA case managers in Tribal HUD-VASH will enter the appropriate workload using the HUD-VASH stop codes, the appropriate procedure code(s), and the pertinent diagnostic code(s). The clinical documentation will support the use of these codes. VA case managers will further document the Veteran's acuity level and evident risk factors as indicated by the Veteran's unique clinical presentation, and plan.

d. VA case managers will utilize other documentation as needed in compliance with VA policies. This includes items such as an incident report, report of contact, etc.

e. The TDHE will obtain and store the appropriate documentation for approving rental assistance for housing an individual or family according to the applicable laws and regulations described by HUD in the Federal Register Implementation of the Tribal HUD-VA Supportive Housing Program notice.

14. REFERENCES

- a. Consolidated and Further Continuing Appropriations Act, 2015, Pub. L. 113-235.
- b. United States Housing Act (USHA) of 1937, Title 42 U.S.C. 1437.
- c. Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, 2009, Pub. L. 111-22.
- d. Title 25 U.S.C. 4101 et seq.
- e. Title 38 U.S.C. 2003(b).
- f. Title 38 U.S.C. Chapter 20.
- g. Title 42 U.S.C. 11360 et seq.
- h. Title 42 U.S.C. 11302
- i. 5 CFR Part 2635

- j. 24 CFR Part 8
- k. 24 CFR 91.5
- l. VA Directive 8603, Consultation and Communication with Federally-Recognized Indian Tribes, dated February 20, 2015.
- m. VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.
- n. VHA Directive 1605.01, Privacy and Release of Information, dated August 31.
- o. VHA Directive 1162.05(1), Housing and Urban Development (HUD)-Department of Veterans Affairs Supported Housing (VASH) Program, dated June 29, 2017, amended October 31, 2017.
- p. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008, amended November 16, 2015.
- q. VHA Handbook 1605.04, Notice of Privacy Practices, dated September 6, 2015.
- r. Implementation of the Tribal HUD-VA Supportive Housing Program, 80 Fed. Reg. 63822 (October 21, 2015), *Federal Register: The Daily Journal of the United States*, available at: <https://www.federalregister.gov/documents/2015/10/21/2015-26748/implementation-of-the-tribal-hud-va-supportive-housing-program>. January 2017. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*
- s. Privacy Act of 1974 System of Records, 74 Fed. Reg. 60040 (November 19, 2009), *Federal Register: The Daily Journal of the United States*. Web. January 2017.
- t. Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-VA Supportive Housing Program Technical Correction, 79 Fed. Reg. 34769 (June 18, 2014), *Federal Register: The Daily Journal of the United States*, available at: <https://www.federalregister.gov/documents/2014/06/18/2014-14167/section-8-housing-choice-vouchers-revised-implementation-of-the-hud-va-supportive-housing-program>. January 2017. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*
- u. Tsemberis, Ph.D., S, *Housing first: The Pathways model to end homelessness with mental illness and addiction* City Center: first ed., Vol .1. Minnesota; 2010.
- v. US Department of Housing and Urban Development, Notice CPD-14-012, *Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*, US Department of Housing and Urban Development, <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>. **NOTE:**

This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

w. US Department of Housing and Urban Development, Notice PIH 2010-12 (HA), *Reporting Requirements for HUD-Veterans Affairs Supportive Housing Program*, US Department of Housing and Urban Development, https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_9006.pdf. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

x. US Department of Housing and Urban Development, Notice PIH 2011-53 (HA), *Reporting Requirements for HUD-Veterans Affairs Supportive Housing (VASH) Program*, US Department of Housing and Urban Development, <https://portal.hud.gov/hudportal/documents/huddoc?id=pih2011-53.pdf>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

y. US Department of Housing and Urban Development, Tribal HUD-VASH, http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/trib_alhudvash.

z. US Department of Housing and Urban Development, Indian Housing Block Grant Program, http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/grants/ihbg.

DEFINITIONS

Additional definitions from VHA Directive 1162.05(1), Housing and Urban Development of Veterans Affairs Supportive Housing Program, dated June 29, 2017, and amended October 31, 2017.

a. **Acuity**. The severity of illness or client condition that indicates the need for the intensity of the subsequent case management intervention.

b. **Assertive Community Treatment**. Assertive Community Treatment (ACT) is an evidence-based service-rich team approach designed to provide comprehensive, community based mental health treatment, rehabilitation, and support to individuals with serious and persistent mental illness, who have not responded well to traditional treatment program approaches. For additional educational materials and information please visit the following Operational Planning Web site <http://vhaindwebsim.v11.med.va.gov/hub2/hp/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

c. **Bridge Housing**. Transitional housing used as a short-term stay when a Veteran has been offered and accepted a permanent housing intervention (e.g., Supportive Services for Veteran Families [SSVF], HUD-VASH, Housing Coalition/Continuum of Care [CoC]) but is not able to immediately enter the permanent housing. Bridge Housing is generally provided for up to 90 calendar days.

d. **Chronically Homeless**. HUD-VASH follows the definition of “chronically homeless” from the McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, published in the Federal Register on December 4, 2015. Pursuant to 24 CFR 91.5, the definition of “chronically homeless” is as follows:

(1) A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (Title 42 U.S.C. 11360(9)) who:

(a) Lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(b) Has been homeless and living as described in paragraph (1)(a) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(a) of this definition. Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility,

for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

(4) Chronically homeless families are families with adult heads of households who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

e. **Community Homeless Assessment, Local Education, and Networking Groups (CHALENG)**. A VA program designed to enhance the continuum of care for Veterans experiencing homelessness. Each VA medical facility is required to participate in CHALENG on an annual basis. Through CHALENG, VA medical facilities are required to collaborate with the community, other state and Federal partners and stakeholders, and VSOs to identify needs of local Veterans who are homeless. Homeless, and formerly homeless Veterans, also provide input regarding gaps in services.

f. **Critical Time Intervention (CTI)**. CTI is an empirically-supported, time-limited case management model designed to resolve homelessness and minimize adverse outcomes for individuals with mental illness. CTI, a low-barrier model, engages the Veteran through working on the Veteran’s goals. *For additional information visit <http://vhaindwebsim.v11.med.va.gov/hub2/hp/>. NOTE: This is an internal VA Web site that is not available to the public.*

g. **Harm Reduction**. Harm Reduction is a public health model focused on decreasing adverse events by looking to alternative ways to moderate the outcome of behavior or events that cannot be controlled or prevented, while working toward overall health and well-being. *See additional information <http://vhaindwebsim.v11.med.va.gov/hub2/hp/>. NOTE: This is an internal VA Web site that is not available to the public.*

h. **Homeless Veteran**. The term homeless veteran means a veteran who is homeless (as that term is defined in subsection (a) or (b) of section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302). See Title 38 U.S.C.

2002. The HUD-VASH definition of homeless as defined in Title 42 U.S.C. 11302 is as follows:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence;

(2) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(3) An individual or family living in a supervised publicly or privately-operated shelter designed to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);

(4) An individual who resided in a shelter or a place not meant for human habitation and who is exiting an institution where the individual temporarily resided;

(5) An individual or family who:

(a) Will imminently lose their housing, including housing they own, rent, or living in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by:

1. A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;

2. The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or

3. Credible evidence indicating the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance found to be credible must be considered credible evidence for purposes of this clause.

(b) Has no subsequent residence identified; and

(c) Lacks the resources or support networks needed to obtain other permanent housing.

(6) Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who:

(a) Have experienced a long-term period without living independently in permanent housing,

(b) Have experienced persistent instability as measured by frequent moves over such period, and

(c) Can be expected to continue in such status of an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

(7) Domestic violence and other dangerous or life-threatening conditions. Notwithstanding any other provision of this section, the Secretary [of HUD] shall consider to be homeless any individual or family who is fleeing, or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children is jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

NOTE: The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.

i. **Homeless Management Information System (HMIS).** HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

j. **Homeless Operations Management and Evaluation System (HOMES).** HOMES is VA's primary platform for collecting intake, progress and outcome information for homeless Veterans as they move through VA's system of care.

k. **Homeless Program Operating Plan.** This is a planning tool utilized by VA medical facility homeless program staff members to turn strategies into actions. The tool is used to develop and update plans to maintain or improve homeless program performance measures at the VA medical facility level and develop and update plans to implement national, VISN, and VA medical facility strategies related to provision of services to Veterans in homeless programs.

l. **Housing Choice Voucher (HCV).** The HCV program allows very low-income families to choose and lease or purchase safe, decent, and affordable privately-owned rental housing. HCVs allow the Veteran to locate scattered site housing allowing the Veteran choice in their locating of a suitable unit. These vouchers may also be referred as being "tenant-based vouchers."

m. **Housing First.** Housing First is an evidence-based clinical practice that centers on rapid housing for homeless people with high service needs, and then provides case management and supportive services to sustain housing. What differentiates a Housing First approach from other strategies is -there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. See additional information <http://vhaindwebsim.v11.med.va.gov/hub2/hp/>. **NOTE:** This is an internal VA Web site that is not available to the public.

n. **Housing Specialist.** The Housing Specialist is a professional who is responsible for providing assistance to the VA homeless programs acting as a liaison between the public housing authorities (PHA) and the local HUD-VASH Program and in identifying appropriate permanent housing and landlords willing to work with homeless Veterans.

o. **HUD-VASH Veteran or Veteran Family.** A HUD-VASH or Veteran family refers to either a single Veteran or a Veteran with a household composed of two or more related persons. It also includes one or more eligible persons living with the Veteran who are determined to be important to the Veteran's care or well-being. A HUD-VASH or Veteran family also includes the surviving member(s) of a Veteran's family, described in this definition, who were living with the Veteran in a unit assisted under HUD-VASH at the time of the Veteran's death. The composition of the household must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption, or court-ordered custody of a child. Other persons may not be added to the household without prior written approval of the owner and the PHA. **NOTE:** HUD referenced "Family" in their regulations for HUD-VASH (Notice Public and Indian Housing (PIH) 2010-12 HA, http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_9006.pdf). **NOTE:** This linked document is outside VA control and may or may not conform to Section 508 of the Rehabilitation Act.

NOTE: The partnerships with HUD and PHA require an understanding of their terminology to improve cross agency communication.

p. **Intensive Case Management (ICM).** ICM is a team-based approach that offers a coordinated and brokered approach -delivering therapeutic services utilizing a strengths-based model of care. For additional information visit <http://vhaindwebsim.v11.med.va.gov/hub2/hp/>. **NOTE:** This is an internal VA Web site that is not available to the public.

q. **Linear Model.** The Linear Model is a staged treatment approach incentivizing housing and other benefits and requires successful completion of one program before moving to another program with a different level of care in a step-wise series with "housing readiness" as on goal at the end of the last program. The model often includes threshold elements such as –prescribed lengths of sobriety, medication compliance, or treatment completion prior to acceptance into another program. The model is in contrast to Housing First, which does not require a treatment program prior to housing.

r. **Motivational Interviewing (MI).** MI is a client-centered and semi-directive clinical engagement approach which attempts to increase the Veteran's awareness of the potential problems and complications caused, consequences experienced, and risks faced as a result of the harmful behavior in question. Clients are encouraged to envision a better future by considering what might be gained through change, in hopes of increasingly motivating them to achieve it. The discrepancy between how clients want their lives to be versus how they currently are (or between their deeply-held values and their day-to-day behavior) is explored. The reluctance to change is viewed as natural rather than pathological and client self-efficacy and autonomy is supported.

s. **Peer Support Specialist.** A person with a mental health and/or substance use disorder, who has been trained and certified to help others with these conditions identify and achieve specific life and recovery goals. In HUD-VASH, Peer Support Specialists may also have a personal history of homelessness. In the VA, Peer Support Specialists need to be Veterans.

t. **Point in Time Count (PIT).** The PIT count is a survey of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care (CoCs) conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and safe havens on a single night. Unsheltered counts are encouraged to be done annually with the sheltered count but is only required every other year.

u. **Portability.** Portability provides Veterans the opportunity to transfer their HCV to live in the community of their choice, within certain limits. In addition to local VA guidelines, Federal Register Notice of May 6, 2008 addresses portability in HUD-VASH. The Notice can be found by clicking the following link:

<https://www.federalregister.gov/documents/2014/06/18/2014-14167/section-8-housing-choice-vouchers-revised-implementation-of-the-hud-va-supportive-housing-program>.

NOTE: *This linked document is outside VA control and may or may not conform to Section 508 of the Rehabilitation Act.*

v. **Project-Based Voucher (PBV).** PBVs are a component of the PHA's housing support program. Under the PBV program, a Public Housing Agency (PHA) enters into an assistance contract with the owner of a property for a specified number of units and for a specified term. The assistance is tied to a unit. A family who moves from a PBV unit does not have any right to continued housing assistance unless they are eligible to receive a HCV when one becomes available.

w. **Public Housing Agency (PHA).** Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. A public housing agency (PHA) is a specific city, county, or state agency that receives Federal funds from HUD to administer the Section 8 HCV to provide housing for low-income residents at rents they can afford. Each PHA has developed independent operating procedures that must comply with HUD regulations and the law. PHA is responsible for determining eligibility for this program based on income eligibility and lifetime sex offender status.

x. **Rural Access Network for Growth Enhancement Team (RANGE).** The RANGE program provides intensive case management services to seriously mentally ill (SMI) Veterans residing in rural and small market areas.

y. **State.** State refers to any of the states of the United States (U.S.), the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the U.S., or any agency or instrumentality of a state, exclusive of local governments. The term does not include any Public and Indian Housing agency under the United States Housing Authority of 1937.

z. **Substance Use Disorder Specialist.** A clinical professional who is responsible

for providing expert guidance on Substance Use Disorder (SUD) to the HUD-VASH team, to other providers in the VA medical facility, and in the community. The SUD Specialist also provides assessments and treatment to certain high-risk Veterans who are using substances and provides support and after care to Veterans who have achieved sobriety. It is recommended that the SUD Specialist have a Master's degree and an independent license.

aa. **Tribal HUD-VASH.** Tribal HUD-VASH is a demonstration program implemented in fiscal year (FY) 2016 to provide HUD-VASH services to eligible Native American Veterans in 26 tribal locations. *For additional information on Tribal HUD-VASH please visit <http://vhaindwebsim.v11.med.va.gov/hub2/hp/>. A copy of the policy document will also be available at the VHA Forms and Publications Web site at <http://vaww.va.gov/vhapublications/publications.cfm?Pub=1> upon its publication.*

NOTE: *These are internal VA Web sites that are not available to the public.*

bb. **Veteran.** A Veteran is, for the purpose of HUD-VASH, a person whose length of service meets statutory requirements, and who served in the active military, naval, or air service, was discharged or released under conditions other than dishonorable and is eligible for VA health care.

cc. **Vulnerable Veteran.** A Vulnerable Veteran has:

(1) Underlying chronic medical or mental health conditions that will substantially impact the Veteran's life expectancy and/or ability to function that cannot be effectively cared for due to their homelessness;

(2) Advanced age and infirmity where the Veteran's unstable and unstructured homelessness places them at substantial risk for being unable to maintain independent activities of daily living; and/or

(3) Diminished cognitive capabilities that place the Veteran at increased risk of victimization physically, mentally, and/or through exploitation.

(4) This definition should be used to help in the assessment and admission of Veterans to the HUD-VASH program.