

Coordinated Entry Implementation Assessment Worksheet

VHA Homeless Programs

CATEGORY 1: VA PARTNERSHIP WITH CONTINUUM OF CARE (CoC) BOARDS AND BOARD ACTIVITIES

The CoC framework is designed to promote community-wide commitment to the goal of ending homelessness, including Veteran homelessness, making local VA support and participation essential to the CoC process. The Veterans Health Administration (VHA) Homeless Program Office (HPO) requires all VA Medical Centers' (VAMC) homeless programs to be fully engaged with each of their local CoCs, which means at a minimum, participating in a formal decision-making body on decisions that impact Veteran homelessness. Per VA Legal Counsel, VHA employees are legally permitted to participate in and serve on CoC boards. Approval for participation in this capacity should be granted by the facility's medical center leadership or designee. Recusal from CoC board decision-making processes is only required if the employee has an outside position with, or interest in, a local organization seeking Housing and Urban Development (HUD) funding. Otherwise, employees are permitted and encouraged to participate fully in their role as a CoC board member. In fact, HUD regulations encourage participation by other Federal organizations on local CoCs, including incorporating their input into establishing priorities for funding projects in the geographic area.

VAMCs with multiple CoCs should select "Partial" as the assessment response when they have met the requirements with some, but not all, of the CoCs within their catchment area.

Does your VAMC have a least one staff member who is assigned to actively collaborate with each CoC in the VAMC catchment area in their collective plans to end Veteran Homelessness? *This is required.*

Yes
 No
 Partial

This Point of Contact (POC) should be actively involved in the community planning process and be well-versed in the local goals being pursued, the Federal Criteria and Benchmarks for Ending Homelessness Among Veterans (<https://www.usich.gov/tools-for-action/criteria-for-ending-veteran-homelessness>), and local VA homeless program performance expectations. This POC should have decision-making authority as it relates to the VA's ability to coordinate housing and services for homeless Veterans with the continuum of care and other key partners, and assumes responsibility for communicating CoC goals and priorities to local VA leadership. VAMCs with multiple CoCs may assign different staff for each CoC at their discretion.

CATEGORY 2: CASE CONFERENCING AND BY-NAME LISTS (BNL)

Communities across the country recognize the need for consistent, inclusive case conferencing to support their coordinated entry process. The case conferencing process allows for case coordination and problem-solving to occur regularly with case management and other staff serving Veterans experiencing homelessness in that community. Case Conferencing is also utilized to make eligibility determinations that can lead to referrals for services. It is a place where as a collective community, prioritization for services can be determined.

A BNL (also referred to as a “community-wide list”, “master list” or “active list”) is defined as a real-time, up-to-date list of all Veterans experiencing homelessness in a given community, allowing that community to know each homeless Veteran by name while facilitating timely decisions around how to best assist them with the available resources within that community. These lists are populated through information obtained from outreach, community Homeless Management Information Systems (HMIS), shelters, VA-funded programs, and any other providers in the community who may work with Veterans experiencing homelessness. More information on key elements of a BNL can be found on HUD’s website (<https://www.hudexchange.info/resources/documents/Vets-at-Home-Identifying-and-Engaging-Veterans-Toolkit.pdf>). In addition to the names of Veterans, this list also includes additional data elements that help assess Veterans’ current situation and facilitate quick referrals, such as housing status, chronic homeless status, and prioritization level.

VAMCs with multiple CoC’s should select “Partial” as the assessment response when they have met the requirements with some, but not all, of the CoCs within their catchment area.

Does your site have at least one person assigned to participate consistently in each CoC’s case conferencing meetings? *This is required.*

- Yes
- No
- Partial

VAMC homeless programs are required to actively participate in the case conferencing meetings taking place amongst the community partners within each of their local CoCs, either in person or via conference call. Specifically, this means assigning at least one staff person who can consistently attend case conferencing meetings for each CoC in their VAMC catchment area. This person should be oriented to the role through training and education and be well-versed in the continuum of VA programs and the current real-time availability of VA resources. This POC is expected to be the bridge of communication between the CoC providers and the VA homeless team, and should have decision-making authority regarding the housing options that can be presented to individual clients in real-time, based on the case conferencing discussions. It is expected that this staff person will be prepared for each case conferencing meeting with the most current client information allowable to share per VACO National Privacy Guidance (<http://vhaindwebsim.v11.med.va.gov/hub2/app/hp/library/record/visit?id=663>). Each VA staff person in this role must identify a backup who can fill in during their inevitable absences. In-person attendance at these meetings is preferable, but where in-person attendance creates an unreasonable burden on staff, phone participation in the case conferencing is permissible.

This person may be different from the POC designated to collaborate with CoCs in their collective plans to end Veteran Homelessness as outlined in Category 1 of this assessment. VAMCs with multiple CoCs may assign different staff as the POC for each COC case conference at their discretion.

Where a CoC has an established BNL, does your site actively participate its maintenance? *This is required.*

- Yes
 No
 Partial

VAMCs are required to actively participate in the maintenance of the BNL, for each CoC in their catchment area that has established one, while diligently following the data sharing guidance provided by VACO on this specific issue. BNL maintenance activities may include (but are not limited to) updating: current housing or homelessness status, current program enrollment status, VA eligibility status, initial identification date, most recent contact date, and pending case management issues as appropriate.

CATEGORY 3: ASSESSMENT TOOLS

Within each CoC's coordinated entry process, there is an assessment tool or a set of common assessment tools that the CoC expects will be utilized by all community partners to assess homeless persons in a standardized way. HUD has recognized that certain populations have specific vulnerabilities and allows communities to adopt variations in assessment processes and tools to the extent necessary to meet the needs of the different populations, including adults without children, adults with children, unaccompanied youth, households fleeing domestic violence, and persons at risk of homelessness. Veteran households may fall into any one of these other population groups as well, so VAMCs may need to consider multiple assessment tools or variations as they determine adoption of or alignment with the CoC's assessment tool(s).

More information about assessments can be found at the following:

Notice on Additional Requirements:

<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

Coordinated Entry Core Elements Guidebook:

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

The purpose of this standardized assessment process is to determine prioritization. Upon determining how an individual is being prioritized, further dialogue can take place through the case conferencing process to ensure that the individual is being connected to the most appropriate resources for their unique situation.

VAMCs with multiple CoC's should select "Partial" as the assessment response when they have met the requirements with some, but not all, of the CoCs within their catchment area.

Option 1. Has your site adopted the local assessment tool(s) and integrated it into your local operations for each CoC within your VAMC's catchment area? *This is recommended, but not required.* Yes
 No
 Partial

OR

Option 2. If your site has not adopted the CoC's identified assessment tool(s), has your site outlined how your internal VA screening and prioritization process will align with coordinated entry for each CoC within your catchment area and communicated this process to each CoC's local leadership group? *This is required if the VAMC is not adopting the CoC identified assessment tool(s). (Note: please mark "yes" if either or both option 1 or option 2 are yes.)*

There is no standardized assessment tool used across all CoCs nationally, and the various assessment tools can differ in terms of content as well as methodology. Additionally, there are often significant mismatches in geographical catchment area between the CoC and the VAMC. HPO acknowledges that these issues present unique challenges to the local VA Medical Center. However, VA medical centers are still encouraged to adopt the local assessment tool when it is feasible and when it does not create an unreasonable administrative burden. This will allow the VAMC to integrate with the CoC's coordinated entry process to the fullest extent possible.

Where full adoption of the assessment tool with some or all CoCs is not feasible, VAMCs are required to work with their various CoCs to clearly communicate their own internal VA screening and prioritization process and where there are points of divergence, work with the CoC to determine how to translate across the prioritization principles and vulnerabilities. Specifically, each VAMC homeless team must have a well-developed and clearly articulated way of prioritizing Veterans presenting for services based on the level of need and acuity, including those Veterans who are engaged through unsheltered street outreach. This process must be communicated to each CoC, ideally through written policy, so that a unified process that incorporates standardized VA assessment determinations into the CoC's larger prioritization system can be collaboratively developed.

For VAMCs with multiple CoCs, it is possible to adopt the assessment tool(s) of some CoCs while developing a unified process for others. In these circumstances, VAMCs should select "Yes" as the assessment response.

CATEGORY 4: DEDICATION OF VA RESOURCES

Coordinated entry is intended to prioritize resources for those with the greatest need, match people with the services that are most likely to help them exit homelessness, reduce the time it takes for clients to access services, and ensure that limited resources are allocated efficiently. Non-CoC funded programs and organizations that receive referrals from coordinated entry processes may elect to dedicate some or all available resources for inclusion into the greater pool of homeless services that are accessed through coordinated entry. To offer Veterans as much assistance as possible and help them resolve their homelessness as quickly as possible, each CoC will need to have, at a minimum, a clear understanding of what VHA resources are available to assist in this overall effort and the process by which referrals will be made and received.

VAMCs with multiple CoC's should select "Partial" as the assessment response when they have met the requirements with some, but not all, of the CoCs within their catchment area.

Has your site dedicated a portion of available VA housing and services for their inclusion into the greater pool of housing and service resources that are accessed by Veterans via the coordinated entry process for each CoC within your catchment area? *This is required.*

Yes
 No
 Partial

It is required that sites dedicate a portion of available VA resources for their inclusion into the greater pool of homeless service resources for Veterans that are accessed via coordinated entry. The degree to which resources are allocated is at the discretion of the VAMC. This will ensure integration of VA into the coordinated entry process to the fullest extent possible.

Has your site, in collaboration with local leadership from each CoC within your catchment area, established a clear process for making and receiving referrals for Veterans (both eligible and non-eligible) referred via coordinated entry? *This is required.*

Yes
 No
 Partial

VAMCs are required to work with CoCs to establish a clear process for making and receiving referrals for Veterans (both eligible and non-eligible) screened through coordinated entry. This process must be outlined and communicated to the CoC providers, ideally through written policy.

Has your site implemented a process by which Veterans referred from coordinated entry can access services as quickly as possible while avoiding placing additional burdens on the Veterans? *This is required.*

Yes
 No
 Partial

The intent of the initial assessments completed using the assessment tool is not to "screen out" a Veteran from any particular program, but rather to gain a more

comprehensive picture of the Veteran's needs and strengths and to determine the most appropriate housing resource. VA and community partners should work collaboratively to ensure that initial assessment tool screenings, HOMES clinical assessments, matching and prioritization through the coordinated entry process, and referrals for final VA program admission determination be done as expediently as possible. The timing and sequence of these steps, along with any additional clinical assessments, should be carefully planned, with an emphasis on avoiding additional burdens to the Veteran. In an ideal internal triage system, the Veteran should not have to meet with a VA clinician multiple times for each assessment and referral step to be completed (e.g., for a VI-SPDAT, for further screening, for a HOMES assessment and documentation, for HUD-VASH housing authority paperwork completion, for final program determination, etc.). Each VAMC homeless program team should strive to have all necessary steps completed in the least number of visits. Utilization of any specialized screening tools for purposes of assessment and admission do not replace documentation requirements in HOMES.

CATEGORY 5: DATA SHARING

The VHA Privacy Office, in collaboration with the VHA Homeless Program Office and after discussions with the VA Office of General Counsel, released VACO National Privacy Guidance to the field regarding information sharing on behalf of Veterans for the purposes of providing housing coordination.

VACO National Privacy Guidance

(<http://vhaindwebsim.v11.med.va.gov/hub2/app/hp/library/record/visit?id=663>).

The sharing of allowable information is an essential part of the coordinated entry process, resulting in much more efficient coordination of care for the homeless Veteran seeking housing resources.

VAMCs with multiple CoC's should select "Partial" as the assessment response when they have met the requirements with some, but not all, of the CoCs within their catchment area.

Has your site established a universal ROI that has been approved for use by your local Privacy Officer? *This is required.*

- Yes
 No
 Partial

To fully support the coordinated entry efforts in their local CoCs, each VA Medical Center's homeless program is required to create a universal release of information (ROI) that, when signed by the Veteran, allows that Veteran to be added to the community's BNL and coordinate housing and referrals with the other participating community partners. The VHA Homeless Program Office, in partnership with the VHA Office of Privacy, has developed guidance in drafting Universal Release of Information.

Universal Release of Information Guidance:

(<http://vhaindwebsim.v11.med.va.gov/hub2/app/hp/library/record/visit?id=961>)

Universal ROIs cover disclosures to categories of providers (e.g., homeless service providers, prospective employers, Continuums of Care, HMIS managers, faith groups and meal sites) for a specific purpose, eliminating the need for a new ROI for each individual entity. Utilization of universal ROIs will help create efficiencies with the coordination of employment, housing and other related homeless program services, specifically for VAMCs participating in coordinated entry case conferencing.

In cases where the Veteran is unsheltered, and is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the unsheltered Veteran's incapacity or an emergency circumstance, VHA may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the Veteran and, if so, disclose only the protected health information directly relevant to the community partner's involvement with the Veteran's care or payment related to assessing or addressing a Veteran's basic need (shelter, safety, or security).

Privacy Guidance: Authority to Make Disclosures to Community Partners FAQ
(<http://vhaindwebsim.v11.med.va.gov/hub2/app/hp/library/record/visit?id=738>)

Has your site developed a process to routinely share aggregate data from HOMES and the Homeless Services Cube with each of your CoCs on an as-needed basis? *This is required.*

- Yes
- No
- Partial

VAMCs are required to share aggregate data from HOMES and the Homeless Services Cube with each of their communities on an as-needed basis, such as higher level program numbers, outcomes (inflow, outflow, current census), or general demographic information. Aggregate data does not include any Veteran identifiable information.