

**Department of
Veterans Affairs**

Memorandum

Date: **OCT 17 2017**

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

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

To: Network Director (10N1-23)

1. The purpose of this memorandum is to issue guidance regarding the roles and responsibilities of the Department of Veterans Affairs (VA) VA medical centers (VAMC) homeless programs in each of their local Continuums of Care (CoC) and the CoC's coordinated entry systems. VA's Federal partner, the Department of Housing and Urban Development (HUD), requires that all communities develop and operate a coordinated entry system (CES) for all homeless individuals, including Veterans. CES is a critical element in our continued efforts to end Veteran homelessness because it ensures coordination of community-wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources by Veterans who are in critical need. VA's participation is essential to the success of this national effort. There are several key components to a fully-developed CES: case conferencing, By-Name-Lists (BNL), assessment tools, and data sharing.
2. The CoC framework is designed to promote a community-wide commitment to the goal of ending homelessness, including Veteran homelessness, making local VA support and participation essential to the CoC process. The Veterans Health Administration (VHA) Homeless Program Office requires all VAMC homeless programs to be fully engaged with each of their local CoCs and actively collaborate in their collective plans to end Veteran Homelessness.
3. Community case conferencing is one key element essential to an efficient coordinated entry process. Each VAMC's homeless program team is required to actively participate in person or through conference calls in the case conferencing meetings taking place amongst the community partners within their local CoCs. Specifically, each VAMC homeless program team is required to assign at least one staff person to consistently attend the CoC case conferencing meetings and act as a bridge of communication between the CoC providers and the VHA homeless program.

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4. A second key element in the coordinated entry system is the BNL (also referred to as "master lists" or "active lists"). Where a CoC has developed a BNL, each partner VAMC homeless team is required to actively participate in its maintenance, ensuring that it is accurate and up to date, while diligently following the data sharing guidance provided by the VHA Homeless Program Office on this specific issue.

5. Within each CoC's coordinated entry process, there is an assessment tool that the CoC expects will be utilized by all community partners in their assessment of homeless individuals, including Veterans. HUD requires that each CoC implement this tool by January 2018. VAMCs are encouraged to adopt the local assessment tool when it is feasible, as it would ensure VA integration with the CoC's coordinated entry process to the fullest extent possible. Where full adoption of the assessment tool with every CoC is not feasible, VAMCs are required to work collaboratively with their CoC to communicate their own internal VA screening and prioritization process so that standardized VA assessment findings can be incorporated into the larger CoC prioritization system. This process must be clearly outlined and communicated to all community partners within the CoC providers, ideally through written policy.

6. It is required that VAMC's homeless programs dedicate a portion of available VA resources (such as HUD-VA Supportive Housing vouchers or VA Homeless Program Residential Treatment beds) for their inclusion into the greater pool of homeless service resources that are accessed by Veterans through the coordinated entry process. This will ensure integration of VA into the coordinated entry process to the fullest extent possible. The degree to which VA resources are dedicated is at the discretion of VAMC homeless program leadership. VAMCs are required to work with CoCs to establish a clear process for making and receiving referrals for Veterans screened through coordinated entry. This process must be outlined and communicated to the CoC providers, ideally through written policy.

7. To fully support the coordinated entry efforts in their local CoCs, each VAMC's homeless program is required to implement the following information sharing guidelines:

- Through collaborating with local Privacy Officers, create a universal release of information that, when signed by the Veteran, allows that Veteran to be added to the CoC's BNL and coordinate housing, and referrals with the other participating community partners.

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- Work collaboratively with each of the Homeless Management Information System agencies in their catchment areas to ensure that user agreements/data sharing agreements are established and signed to facilitate information and data sharing.
- Share aggregate data from the Homeless Operations Management and Evaluation System and the Homeless Services Cube with 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.

8. The VHA Homeless Program Office has created the attached checklist of activities each VAMC's homeless team should complete fully to meet the requirements of this memorandum. This checklist is available on the VHA Homeless Programs Hub, in the Initiatives Section, for VAMCs to track their progress towards meeting these requirements. Should you have any questions, please contact Ms. Eileen Devine, National Director Health Care for Homeless Veterans, VHA Homeless Program Office, at (503) 957-3360 or by email at Eileen.Devine@va.gov.

9. Thank you for your continued dedication to preventing and ending homelessness among Veterans and their families.


Steve Young

Attachment