

Supportive Services for Veteran Families

System Assessment & Improvement Toolkit

March, 2017

A Toolkit for Communities Working to End Homelessness Among Veterans



The System Assessment & Improvement Toolkit

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AN OVERVIEW: USING THE TOOLKIT TO ADVANCE COMMUNITY PLANNING EFFORTS

Federal, state, and local partners have committed to ending homelessness among Veterans in every community as quickly as possible. The goal, outlined by the [Federal Criteria and Benchmarks](#), is to achieve and sustain a well-coordinated and efficient community system that assures homelessness is **rare, brief and non-recurring and no Veteran is forced to live on the street.**

Communities across the country are **assessing** their current homelessness crisis response systems for Veterans, and further **improving** these systems to ensure that Veterans experiencing homelessness have immediate access to shelter, services and housing interventions, as swiftly and efficiently as possible. System assessments may examine the processes, capacity and efficacy of local efforts in order to understand:

Progress Toward the Goal: Whether the community is achieving the Federal Criteria and Benchmarks, or alternative goals related to ending Veteran homelessness

The Local Coordinated Entry System: The effectiveness and efficiency of the local Coordinated Entry system and how Veterans flow through the system

Demand & Resource Capacity: The demand for local homeless crisis response assistance and resources needed to meet that demand

Optimization of the By Name/Master List: How to better use a by name/master list for ongoing tracking, utilization management, and case conferencing

Links to Permanent Housing: Whether there are sufficient and readily available linkages for Veterans to rapid re-housing and other permanent housing interventions

Housing First: The extent to which low barrier, Housing First practices are employed throughout the system

SSVF Grantees & Community Planning

SSVF is one of the primary drivers of local progress toward achieving an end to Veteran homelessness, and SSVF programs are expected to be fully integrated into local community planning efforts. SSVF's unique flexibility and capacity to contribute and lead community planning activities at the local level has created an opportunity for success in every region of the country.

The System Assessment & Improvement Toolkit Contains: An [Overview Guide](#) to assessing and improving homelessness response systems, [tools](#) to use to during your assessment and improvement work, and [blank templates](#) to put your findings into action.

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1.) How to Use This Toolkit – [page 4](#)

2.) Identify – [pages 5-9](#)

The System Assessment & Improvement Guide: The Guide provides communities with a step by step process of [identifying](#) the key stakeholders, components and flow of the current system response. Key questions and considerations are provided to [identify](#) the current state of the system, as well as to [assess](#), [re-vision](#), [create action](#), [formalize and continuously improve the system](#) response to homelessness.

3.) Assess – [pages 10-19](#)

Component Assessment Questions: Homelessness response systems typically have four components that work together to end Veteran homelessness: 1.) *Entry points*, 2.) *Transitional Housing*, 3.) *Permanent Housing*, and 4.) *Homelessness Prevention*. The Component Assessment Questions can be used to assess how each of these components currently function in your system by reviewing these questions with the administering providers.

4.) Re-Vision – [pages 20-23](#)

Assessment Report and System Diagram Samples: The Assessment Report sample provides communities with a model of how to organize the findings about your system using the Federal Criteria and Benchmarks as a framework. The Assessment Report sample is populated with potential findings a community may encounter during the assessment. A [system diagram](#) accompanies the Re-Vision section to provide communities with a visual tool to re-vision systems.

5.) Action – [pages 24-27](#)

Action Step Tracking Tool- Sample: The Action Step Tracking Tool can be used as a framework to define, assign, measure and track discrete tasks that contribute to the re-visioning of your homelessness response system. The tool is formatted to align with the Federal Criteria and Benchmarks as a way to ensure action steps directly correspond to the larger goal of ending Veteran homelessness.

6.) Formalize – [pages 28-45](#)

Formalize Processes & Promote Continuous Improvement - Blank Templates: This section provides communities with the following blank, customizable templates to use and adapt as needed: an [assessment report to organize findings](#), a sample [system diagram](#) to assist in re-visioning your system, an [action step tracking tool](#) framed within the larger goal of the Federal Criteria & Benchmarks, and [sample policies and procedures](#) to formalize your existing and new processes.

HOW TO USE THIS TOOLKIT

Audience

The audience for the toolkit is any key stakeholders who contribute to system planning efforts including, but not limited to, SSVF grantees, Continuum of Care (CoC) leads or VA Medical Center (VAMC) staff. Examples of system planning efforts may include participating on a Veteran leadership group, managing By Name/Master List efforts, or contributing to the design of local Coordinated Entry Systems (CES).

Importance of a Leadership Group to Drive Community Goals

The toolkit is built to assist communities to assess and improve their homelessness response system, using the concepts and practices identified in the Federal Criteria and Benchmarks for ending Veteran Homelessness. The Criteria and Benchmarks are a comprehensive set of minimum standards and goals that work to ensure Veteran homelessness is rare, brief and non-recurring.

The Local Leadership Group- An Essential Role: To implement the Federal Criteria and Benchmarks, it is essential to have a Veteran leadership group to drive the community's efforts around setting system goals, defining measures to track progress, and evaluating efforts to move the system forward. Leadership group membership may consist of decision-makers from key organizations and stakeholders who have a part in ending Veteran homelessness in the community. If your community does not have a local leadership group in place to drive the work of assessing and improving your system, take a look at the [Top 10 Strategies to End Veteran Homelessness](#), and these [case studies](#) of communities who have successfully ended Veteran homelessness to find your starting point.

Importance of Setting and Driving Community Goals: If your community has not agreed on how you define an end to Veteran homelessness, either through the Federal Criteria and Benchmarks, or other targets/measurements, this should be your first step. In order to improve your system, it is important that everyone has the same vision and expectations. If your community has not had a recent review of the Federal Criteria and Benchmarks, it is a good place to start your discussions to ensure that everyone collectively understands the goals your community is pursuing. See the [Federal Criteria and Benchmarks Review Tool REV 2/2017](#) for a template to generate a review.

Sequencing of the Toolkit

The toolkit is sequenced in the process order of assessing and improving a homelessness crisis response system. You may use this toolkit in its entirety, or use pieces that are of particular importance to your current community planning process.



THE SYSTEM ASSESSMENT & IMPROVEMENT GUIDE

The Guide provides communities with a step by step process to fully identify and assess the current system response to Veteran homelessness. Below is an overview of the steps. Each step is examined in further detail immediately following this overview on pages 5-8. You may also click on each step's heading to view the detailed instructions.

The Key Steps

1. **Identify:** Identify the current system's key stakeholders, capacity, components, processes, participant flow and data collection to create a collective understanding.
 - Use your Continuum of Care's Housing Inventory Chart (HIC) and other available data to produce an inventory of beds and services.
2. **Assess:** Assess the current system's programming, components, and participant flow to gain a community-wide understanding of how the system is currently designed.
 - Assess current outreach, shelter and re-housing practices and system processes by utilizing some or all of the [Assessment Questions](#)
3. **Re-Visioning:** Use the findings from the assessment as a way to envision the community's desired system response (i.e. aligning SSVF at the front door of the shelter response system; prioritizing populations system-wide for available HUD-VASH and permanent supportive housing, etc.)
 - Determine whether practices and processes are consistent with Federal Criteria and Benchmarks for ending Veteran homelessness or other benchmarks you have agreed upon.
 - Identify changes in practices and processes needed to meet the Federal Criteria and Benchmarks.
 - Identify potential gaps in services and barriers to quick access to permanent housing.
4. **Action:** Set concrete action steps for the working group to achieve the desired outcomes.
5. **Formalization & Continuous Improvement:** Create infrastructure and sustainability of the system's response by developing written policies and procedures and continuous improvement methods to monitor the system's progress.
 - Review and document coordination, communication and decision-making processes for effectiveness and efficiency.
 - Review data collection practices for alignment with Federal Criteria and Benchmarks.

THE SYSTEM ASSESSMENT & IMPROVEMENT GUIDE *(CONTINUED)*

STEP ONE: IDENTIFY CURRENT SYSTEM COMPONENTS, PROVIDERS AND CLIENT FLOW

Tip: Incorporate your Housing Inventory Count (HIC), Continuum of Care (CoC) Membership and network, involve your CoC board/staff and look at any data sources that will provide you with information about the capacity of each of the components including number of beds and staffing

	System Component	What do we currently have in place? Who provides that assistance?
A.	System Entry Points Include all providers that screen/assess/admit a Veteran at an initial point of contact, including coordinated entry, individual shelters, Safe Havens, Diversion and Outreach teams.	<ul style="list-style-type: none"> • Street outreach, including Healthcare for Homeless Veterans (HCHV), SSVF, other community street outreach • Emergency shelter (ES), including HCHV Community Contract beds, Safe Havens, other ES, VA Drop In Center/Community Resource & Referral Center (CRRC)
B.	Transitional Housing (TH) Include all providers who have transitional housing beds.	<ul style="list-style-type: none"> • Grant & Per Diem (GPD) • Other TH • Bridge Housing Beds
C.	Permanent Housing (PH) Include all permanent housing providers whether singularly focused for Veterans or just "available" to Veterans.	<ul style="list-style-type: none"> • Rapid Re-Housing (RRH) including SSVF, other RRH • System navigation those components that exist to assist Veterans with accessing a provider or a housing opportunity • Permanent Supportive Housing (PSH) including HUD-VASH, or other PSH that might be accessible to a Veteran • Other mainstream permanent housing opportunities
D.	Homelessness Prevention (HP) Include those who provide homelessness prevention assistance and/or who are responsible for any diversion practices in your system.	<ul style="list-style-type: none"> • Coordinated Entry site/provider • SSVF • Other HP providers

THE SYSTEM ASSESSMENT & IMPROVEMENT GUIDE *(CONTINUED)*

STEP TWO: ASSESS EACH SYSTEM COMPONENT UTILIZING COMPONENT ASSESSMENT QUESTIONS

Tip: Depending on your timeline, you can hold separate meetings with the representative(s) of each component to go through the Assessment Questions (see below); OR you can assemble all of your stakeholders together and go through the process component by component. If you have a large system, you will most likely want to break this up.

	System Assessment Q's	Key Areas to Pay Particular Attention
		Use all or some of Assessment Questions
A.	What is the general client flow between components?	<ul style="list-style-type: none"> • What do Veterans (and their family's experience)? • How long does it take to move within and between components? • What barriers exist that affect the Veteran's path? • When do processes break down? • Where do people get stuck? • Where do Veterans get lost?
B.	Are the practices and processes consistent with the Federal Criteria and Benchmarks?	<ul style="list-style-type: none"> • Is outreach comprehensive and coordinated across your community? • Offers of Permanent Housing Interventions: Who is doing them? When are they made? How are they tracked? Is this consistently done before an enrollment in another program (such as Grant & Per Diem (GPD))? • Is there same-day access to anyone who wants shelter? • Are there sufficient low-demand shelter beds for the demand? • Are all processes and programs low barrier and operating using Housing First approaches?
C.	Who collects what data at what step in the process?	<ul style="list-style-type: none"> • What data is currently collected? • Where is data stored or who is it passed on to, relative to HMIS and by name/master list production? • What practices are in place to assure timely, complete and reliable data? • Are all data required for tracking performance on the benchmarks being collected? • Are there written policies and procedures about data collection and populating the by name/master list?

THE SYSTEM ASSESSMENT & IMPROVEMENT GUIDE *(CONTINUED)*

STEP THREE: RE-VISION THE SYSTEM WITH STAKEHOLDERS BASED ON ASSESSMENT FINDINGS

Identify System Gaps, Barriers to Progress and Changes Needed to Achieve Desired System

[See: Assessment Report \(sample\)](#)

[See: Assessment Report \(blank\)](#)

A.

Report back to your planning team (with stakeholders present) what has been uncovered about the system's functioning within each component from your System and Component Assessment meetings. Use this meeting to identify the barriers and gaps that are preventing Veterans from being housed quickly.

Create a common vision of what the system *should* look like and what Veterans *should* experience within the framework of the Federal Criteria and Benchmarks.

Be sure to include the development of written [Policies and Procedures](#) for each component which will document how your system should work at every step along the way.

Pay particular attention to these questions:

- What barriers were brought up in the meetings?
- Where is there confusion that highlights a need for clarification in the policies and procedures?
- Where are the current practices hindering a Veteran's quick movement through the system and into permanent housing?

STEP FOUR: ACTION PLAN

Develop Action Plans by Each System Component to Change System to Align with the Re-Vision

[See: Action Step Tracking Tool \(sample\)](#)

[See: Action Step Tracking Tool \(blank\)](#)

A.

With key stakeholders, prioritize system improvements that will have the most impact on aligning the system with the group's re-vision. Identify changes that will be implemented; determine the key actions necessary to make the changes; fill gaps; and identify who is responsible for each action step and the timeline for completion and review.

THE SYSTEM ASSESSMENT & IMPROVEMENT GUIDE *(CONTINUED)*

STEP FIVE: FORMALIZE SYSTEM PROCESSES & CONTINUOUS IMPROVEMENT

Tip: Formalizing the processes of your system is essential to making progress and building sustainability. This includes documenting plans and developing agreements; monitoring and evaluating system performance to identify further changes and improvements needed; and updating and executing the action plan to meet performance targets.

A.	Document system plans and agreements to ensure consistent, system-wide understanding of roles, responsibilities, and procedures in system Policies and Procedures. Assess whether the system's stakeholders need Memoranda of Understanding (MOU's) to ensure accountability. Plan and support staff orientation and training to the new system design and functioning.	See: Sample Policies and Procedures See: Action Step Tracking Tool (blank)
B.	Using data from your HMIS and By Name/Master List, examine performance against the Federal Criteria and Benchmarks and/or other local measures, including related client flow and process efficiencies. Monitor the implementation of the agreed upon processes and accountability measures. Update system Policies and Procedures as needed.	See: Federal Criteria and Benchmarks Review Tool REV 2/2017 See: Sample Policies and Procedures
C.	Determine the measures by which system partners will evaluate how the system is functioning and performing, starting with the Federal Criteria and Benchmarks.	See: Federal Criteria and Benchmarks Review Tool

ASSESS: COMPONENT ASSESSMENT QUESTIONS

Questions to Assess the Four Key Components of a Homelessness Response System: Homelessness response systems have four components that work together to end Veteran homelessness: 1) *Entry points*, 2) *Transitional Housing*, 3) *Permanent Housing*; and 4) *Homelessness Prevention*. These Assessment Questions were created to be used in your community meetings with the administering providers of each of the four components. **The goal of these sessions is to hear how providers and stakeholders see the system working.**

Assessment Tips

- **Record of Meetings:** When conducting the Assessments it is helpful to have someone to record notes, or reflect the discussion on flip charts.
- **Inclusive Process:** Be sure to get input from all providers in the room, and if a key stakeholder is missing, you may want to circle back to them to go through the appropriate questions.
- **Different Viewpoints:** *You may hear different descriptions of the same step or process from different people in the room. This should be noted as a place of confusion or inconsistency in the system.*
- **Note System Barriers:** You want to note specific barriers that get raised as these will be important to address when you are discussing your system revision (e.g. “We can’t find out the real Veteran status until after they’ve been referred to us, which means the Veteran often has to be referred back to Central Intake and re-matched with a provider. When this happens, it is not unusual to lose the Veteran.”).
- **Reconcile the Notes:** At the end of each session, it is important to go back over the notes, bring participants’ attention to what was noted, and see if there is anything that was recorded incorrectly or missing before you wrap-up the meeting.



ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 1: ENTRY POINTS

(Outreach, Shelters, VA entry points, System Navigators, etc.)

✓ **Outreach**

- How often do (or should) outreach staff engage, or attempt to engage, an unsheltered Veteran?
- Is outreach coordinated across providers, comprehensive, routine and frequent, covering all 'known locations' and other potential locations where unsheltered and sheltered Veterans may be found via outreach or community partners?
- Is outreach systematized? Is there a written outreach plan or strategy outlining roles, responsibilities, partners, processes?

✓ **Community Resource & Referral Centers (CRRC) and VAMC Clinics** *(If your community has one of these, or some other kind of centralized location that Veterans go to try to connect with the VA)*

- What are the basic process steps?
- What happens to the Veterans who are found here?
- Are they referred to Coordinated Entry or a provider?
- Are they assessed?
- Are they asked if they are interested in a Permanent Housing Intervention?
- How does their information get entered into the community's By Name /Master List?

ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 1: ENTRY POINTS *(Continued)*

(Outreach, Shelters, VA entry points, System Navigators, etc.)

✓ **Emergency Shelters (including Safe Haven)**

- Accessibility
 - Are there eligibility limitations for any shelters? If so, what are they specifically?
 - Are shelters low-barrier (i.e., can a Veteran access if intoxicated? If previously stayed? Other restrictions?)
 - How many low-barrier beds are available in your community and how does someone access them 24/7?
 - Can the shelter admit someone 24/7/365? What happens if not?
- How do the shelters get the Veterans connected to the By Name/Master List? And/or Coordinated Entry?

✓ **System Navigators** *(if relevant to your system)*

- What is the purpose of system navigators?
- Which Veterans need/get this assistance?
- How are System Navigators assigned to Veterans? Is this being consistently followed?
- How are their interactions with Veterans tracked in the By Name/Master List?

✓ **Low-Barrier Shelter Access**

- Is every unsheltered Veteran immediately offered access to (and assistance to access) low-barrier shelter?
- What are the basic process steps?
- What transportation options exist so Veterans have immediate access to shelter?

✓ **Assessment and Referral** *(modify questions as appropriate to the community's Veteran system)*

- Does the program check to see if the Veteran has completed the community's assessment tool, and conduct an assessment if they have not?
- Does the program check to see if the Veteran has been matched to a housing intervention and facilitate the connection to the housing program if needed?
- Do all entry points conduct an assessment, or offer connection with (and transportation to) assessment sites?
- Are there enough assessors in the right places?
- Are assessments complete and accurate?

ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 1: ENTRY POINTS *(Continued)*

(Outreach, Shelters, VA entry points, System Navigators, etc.)

✓ **Permanent Housing (PH) Assistance Access**

- Is there a protocol for immediately offering a PH intervention that complies with the Federal Criteria & Benchmarks?
- Is there a protocol for continuing to offer PH interventions if initially refused?
- Is there a protocol to ensure Veterans experiencing chronic and/or long term homelessness are offered a PH intervention at least every 2 weeks?
- What is the protocol for immediately connecting potentially eligible Veterans to SSVF? HUD-VASH? Other rapid re-housing (RRH) or permanent supportive housing (PSH) options?

✓ **Data Collection**

- Are the dates of identification, date(s) of PH intervention offer(s), and other essential data collected?
- How does this information end up on the By Name/Master List?
- Do all providers participate in HMIS? What happens if the provider doesn't participate in HMIS?
- What are the basic process steps?
- What changes, if any, are needed to ensure timely inclusion on the By Name/Master List?

✓ **System Functioning** *(These questions will be identical in each of the component Assessment meetings).*

- Are the written policies and procedures easily available to all stakeholders?
- How are new staff or stakeholders trained on the policies and procedures? Are refresher trainings held?
- Is there monitoring of compliance with policies & procedures?
- How are concerns about an individual Veteran resolved?
- How are program concerns identified and resolved?
- How are systemic concerns identified and resolved?
- How are new processes communicated to providers?
- Do the current set of committees and work groups leave any gaps in system decision-making or planning?

ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 2: TRANSITIONAL HOUSING

(GPD-Bridge, Service Intensive transitional housing, Low Demand, Clinical, CoC and other TH)

✓ **Accessibility/Referrals**

- Are there eligibility limitations? If so, what are they specifically?
- Is the program low-barrier? (i.e., can a Veteran access if intoxicated? If previously stayed? Other restrictions?)
- Are Veterans informed about Grant & Per Diem (GPD)/Transitional Housing (TH) services and offered GPD/TH along with other shelter options?
- How many referrals are turned away because a Veteran does not meet eligibility requirements?
- Are all vacancies in the program filled through referral from the By Name/Master List and/or the coordinated entry system?
- What is the process to connect a Veteran to other resources if the Veteran is not eligible?

✓ **Permanent Housing (PH) Assistance Access**

- Are Veterans always **first offered** a PH intervention prior to admission to a transitional housing program? Who makes the PH offer? Is there a script that is used by everyone in the system? How are these offers documented and tracked?
- Is there a protocol for continuing to offer PH interventions if initially refused?
- Is there a protocol to ensure Veterans experiencing chronic homelessness and/or long term homelessness are offered a PH intervention at least every 2 weeks?
- Is there a protocol to ensure that every Veteran in Transitional Housing (GPD or other) who has turned down a permanent housing intervention, opting instead for a service-intensive stay is re-offered a permanent housing intervention every month after they have enrolled? Is that offer being documented in the By Name/Master List?
- What is the protocol for immediately connecting potentially eligible Veterans to SSVF? HUD-VASH? Other housing?

ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 2: TRANSITIONAL HOUSING *(Continued)*

(GPD-Bridge, Service Intensive transitional housing, Low Demand, Clinical, CoC and other TH)

✓ **Data Collection**

- How is Veteran choice documented? How are permanent housing (PH) interventions documented and tracked?
- Is date of project entry, date(s) of PH intervention offers, and other essential data collected?
- Does the provider participate in HMIS? If not, by what other means do data end up on the By Name/Master List?
- What are the basic process steps?

What changes, if any, are needed to incorporate data into HMIS or otherwise ensure timely inclusion on the By Name/Master List, such as distinguishing between long term and chronically homeless Veterans?

✓ **System Functioning** *(These questions will be identical in each of the component Assessment meetings)*

- Are the written policies and procedures easily available to all stakeholders?
- How are new staff or stakeholders trained on the policies and procedures? Are refresher trainings held?
- Is there monitoring of compliance with policies & procedures?
- How are concerns about an individual Veteran resolved?
- How are program concerns identified and resolved?
- How are systemic concerns identified and resolved?
- How are new processes communicated to providers?
- Do the current set of committees and work groups leave any gaps in system decision-making or planning?

ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 3: PERMANENT HOUSING

(SSVF RRH, Other Rapid Re-Housing, HUD-VASH, Other PSH)

✓ **Accessibility/Referrals**

- How is a Veteran referred to the program?
- What is the process for screening, eligibility determination, and admission? What are the basic process steps?
- Are there eligibility limitations? If so, what are they specifically? What populations are prioritized?
 - Is HUD-VASH dedicated or targeted to literally homeless Veterans?
 - Is HUD-VASH prioritized for chronically homeless Veterans?
 - Is there any other prioritization currently being used?
- Are all vacancies in the housing programs filled through referral from the By Name/Master List?
- Is the program low-barrier? (i.e., can a Veteran access if intoxicated? If previously stayed? Other restrictions?)
- Is there a protocol for using SSVF or other rapid re-housing assistance as a bridge to quickly house a Veteran when they are awaiting a permanent housing subsidy (e.g., HUD-VASH not immediately available?)
- Is there a protocol for connecting a Veteran to another permanent housing (PH) intervention if the intervention is not available, the Veteran is ineligible, or the Veteran refuses and desires another form of PH assistance?
- Once a Veteran is matched to a housing program are there barriers to enrolling the Veteran?
- Once a Veteran is enrolled in the housing program are there barriers to maintaining engagement with the Veteran until placement in permanent housing?
- Are there sufficient PH resources to meet the needs of all Veterans accepting an offer of PH whether they are eligible for VA funded PH programs or not?

✓ **Data Collection**

- Is date of project entry and other essential data collected?
- Does the provider participate in HMIS? If not, by what other means do data end up in HMIS and on the By Name/Master List?
- What are the basic process steps?
- What changes, if any, are needed to incorporate data into HMIS?

ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 3: PERMANENT HOUSING *(Continued)*

(SSVF RRH, Other Rapid Re-Housing, HUD-VASH, Other PSH)

- ✓ **System Functioning** *(These questions will be identical in each of the component Assessment meetings)*
 - Are the written policies and procedures easily available to all stakeholders?
 - How are new staff or stakeholders trained on the policies and procedures? Are refresher trainings held?
 - Is there monitoring of compliance with policies & procedures?
 - How are concerns about an individual Veteran resolved?
 - How are program concerns identified and resolved?
 - How are systemic concerns identified and resolved?
 - How are new processes communicated to providers?
 - Do the current set of committees and work groups leave any gaps in system decision-making or planning?

ASSESS: COMPONENT ASSESSMENT QUESTIONS (CONTINUED)

COMPONENT 4: Homelessness Prevention (HP) Services

✓ **Accessibility/Referrals**

- How is a Veteran referred to the program?
- What is the process for screening, eligibility determination, and admission?
- What are the basic process steps?
- Are there eligibility limitations? If so, what are they specifically?
- What population(s) are prioritized?
 - Is there any prioritization currently being used by the community?
- Are there services, other than financial assistance that are offered?
- Are prevention services connected to the Coordinated Entry System?
- Do all prevention programs use the same screening criteria?
- What is to prevent a person “shopping” from prevention program to prevention program in order to get served?
- If a person is deemed “ineligible” what happens to him/her?
 - Are they referred elsewhere for other services?
 - Is there a protocol that is used for all referrals?
 - Are there non-financial services that can be offered?
- Are there sufficient homelessness prevention resources available in the community?

✓ **Data Collection**

- What kind of data is collected about HP requests and services?
- Is the data recorded in HMIS?
- How does the demand and need get reported to the CoC for the purposes of being able to track needs and demand?
 - Are these reports shared with those that participate in the By Name/Master List?
- If someone was recently housed through the list, how would the involved agencies be alerted about the request for HP?
- What changes, if any, are needed to incorporate data into HMIS?

ASSESS: COMPONENT ASSESSMENT QUESTIONS *(CONTINUED)*

COMPONENT 4: Homelessness Prevention Services *(Continued)*

System Functioning *(These questions will be identical in each of the component Assessment meetings).*

- Are the written policies and procedures easily available to all stakeholders?
- How are new staff or stakeholders trained on the policies and procedures? Are refresher trainings held?
- Is there monitoring of compliance with policies & procedures?
- How are concerns about an individual Veteran resolved?
- How are program concerns identified and resolved?
- How are systemic concerns identified and resolved?
- How are new processes communicated to providers?
- Do the current set of committees and work groups leave any gaps in system decision-making or planning?

RE-VISION: ASSESSMENT REPORT- SAMPLE

The Assessment Report sample provides communities with a model of how to organize the findings from the system and component assessments into the framework of the Federal Criteria and Benchmarks. Compiling the findings within the framework of agreed upon goals to will assist communities in re-visioning a system that effectively ends Veteran homelessness. The Assessment Report sample is populated with potential findings a community may encounter during the assessment step. **A [blank template](#) has been provided to you in the Customizable Templates section.**

CRITERIA AND BENCHMARKS	ANYTOWN SYSTEM DESCRIBED DURING ASSESSMENT MEETINGS
Criteria 1: Has the community identified all Veterans experiencing homelessness? <ul style="list-style-type: none"> a) Does the community have a By Name/Master List? b) Is the list updated at least monthly? c) Does the community conduct comprehensive and coordinated outreach? d) Are Veterans in TH (GPD /TH on the list? e) Does the list include chronically homeless, long-term homeless and non-chronically homeless Veterans? f) Does the list include all Veterans who served in the armed forces regardless of how long they served/type of discharge? 	<ul style="list-style-type: none"> A. Veterans are not always assessed when they are identified; Veterans may be referred to assessment provider but not transported. <ul style="list-style-type: none"> • No standard process to engage Veterans after a night in shelter • Chronic status determination not always correct B. Many outreach teams work to engage with unsheltered and sheltered Veterans, but no coordination across assessment teams to ensure that the whole city is covered. C. Veteran status, including eligibility for Veterans Health Administration (VHA) care, often not determined when Veteran is first identified. Veterans are referred to permanent housing interventions without determination of Veteran status. D. Outreach workers aren't trained in policies and procedures for Veteran system.
Criteria 2: Does your community provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it? <ul style="list-style-type: none"> a) How are unsheltered Veterans engaged and offered immediate shelter while also assisted to swiftly find permanent housing? b) Is access to shelter contingent on sobriety, minimum income, criminal records, or other unnecessary conditions? 	<ul style="list-style-type: none"> A. Immediate shelter offered but not always to a low barrier shelter B. Outreach workers not working with a coordinated plan to offer access to all shelters. C. There is a lack of shelter for those who are intoxicated or currently using alcohol or other substances. <ul style="list-style-type: none"> • Lack of shelter for sex offenders • Access to shelter on weekends limited with no alternate plan to ensure Veterans' immediate safety needs are addressed.

CRITERIA AND BENCHMARKS	ANYTOWN SYSTEM DESCRIBED DURING ASSESSMENT MEETINGS
<p>Criteria 3: Does your community only provide service-intensive transitional housing (TH) in limited instances?</p> <p>a) Is priority placed on using TH as a short-term bridge to permanent housing?</p> <p>b) Is service intensive TH only provided to those Veterans who have been offered and declined permanent housing before they were offered service intensive TH?</p>	<p>A. Veterans enter GPD before PH offer is made</p> <p>B. GPD providers not committed to Housing First.</p> <p>C. There is confusion around the offers of Permanent Housing (PH) including:</p> <ul style="list-style-type: none"> • Requirement to continue to offer PH to chronically homeless Veteran every two weeks • No standard protocol on timing and process of permanent housing offer.
<p>Criteria 4: Does your community have the capacity to assist Veterans to swiftly move into permanent housing (PH)?</p> <p>a) Has the community identified permanent housing so all Veterans on the list, including those in transitional housing (TH), can move into PH quickly?</p> <p>b) Is permanent housing assistance available without entry barriers using Housing First principles and practices?</p>	<p>A. Veterans are lost because of delay between assessment and referral to permanent housing intervention.</p> <p>B. Assessment issues include incomplete assessments and missing information on Veteran location.</p> <p>C. Lack of procedures or expectations about coordination between emergency shelter and transitional housing providers, and permanent housing providers once Veteran is referred.</p> <p>D. Coordinated Entry processes are not always well known or followed. Some permanent housing programs are not using coordinated entry process to fill all openings.</p> <p>E. Lack of protocols for progressive engagement referrals from RRH to PSH.</p> <p>F. Some permanent housing providers have barriers to entry including income and treatment requirements which prevents higher barrier Veterans from accessing housing.</p>

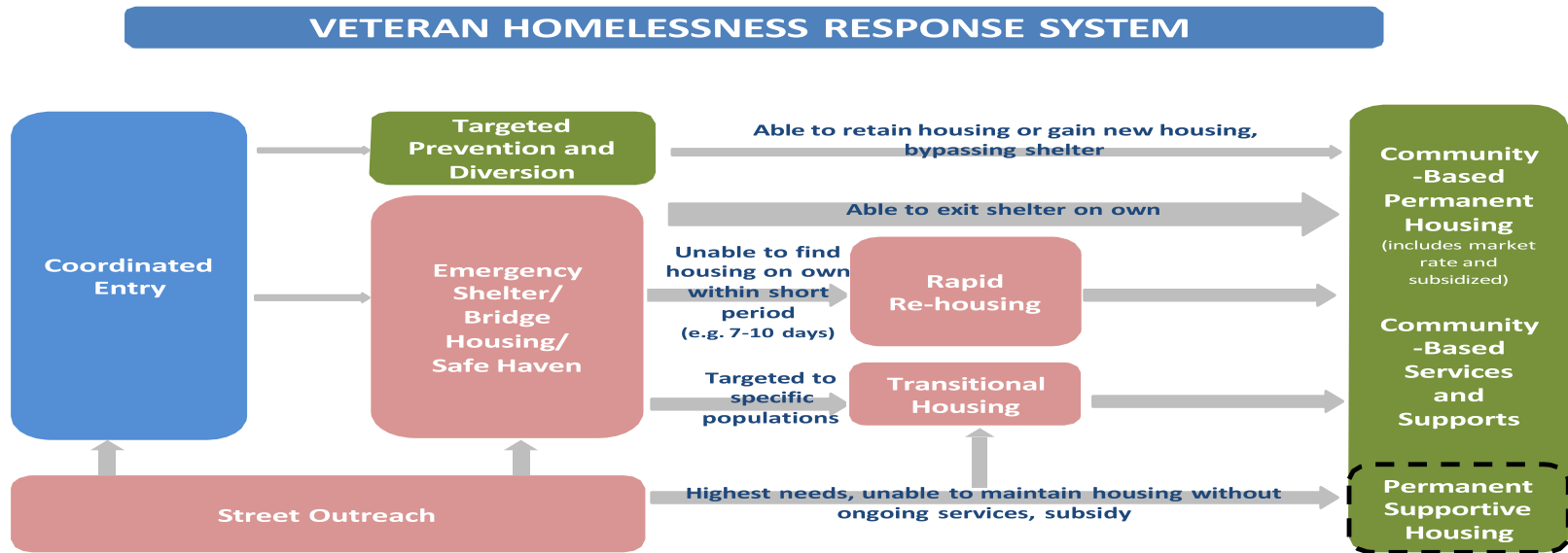
CRITERIA AND BENCHMARKS	ANYTOWN SYSTEM DESCRIBED DURING ASSESSMENT MEETINGS
<p>Criteria 5: Does the community have the resources, plans and system capacity in place should any Veteran become homeless or at risk of homelessness in the future?</p> <p>a) Is the community routinely using multiple data sources and conducting comprehensive outreach to identify all such Veterans?</p> <p>b) Does the community have an adequate level of resources and the capacity to provide appropriate services to prevent homelessness for at-risk Veterans?</p> <p>c) Does the community have an adequate level of resources and appropriate plans and services in place to promote the long-term housing stability of all Veterans who have entered permanent housing (PH)?</p>	<p>A. Inefficiencies in case conferencing meetings:</p> <ul style="list-style-type: none"> • Providers not always participating in meetings particularly VA and GPD. • Provider staff participating in meetings sometimes cannot make needed decisions on behalf of their program • Current meeting agendas don't include time for problem-solving for Veterans with significant barriers to housing. <p>B. Communication and coordination problems between different committees in Veteran system.</p> <ul style="list-style-type: none"> • Overall too many meetings • Confusion about how Veteran leadership group decisions are made • Lack of communication to and from the Veteran leadership group <p>C. System monitoring and evaluation</p> <ul style="list-style-type: none"> • Master list needs to be cleaned up and deduplicated regularly. • Providers need help with data quality. • System data including progress on Criteria and Benchmark are not distributed to all stakeholders to help community see the progress to the goal and to assist with further refining systems/processes. <p>D. Lack of diversion at entry points</p>

RE-VISION: SYSTEM DIAGRAM - *SAMPLE*

This system diagram contains the four key components of any homelessness response system:

1. Entry points
2. Transitional Housing
3. Permanent Housing
4. Homelessness Prevention

It can be used as a visual to assist communities to re-vision their current system using the findings from the [Component Assessment Questions](#).



ACTION: ACTION STEP TRACKING TOOL

The Action Step Tracking Tool can be used as a framework to define, assign, measure and track discrete tasks that contribute to the re-vision of your system. The tool is formatted to align with the Federal Criteria and Benchmarks to End Veteran Homelessness as a way to assist stakeholders to understand how their roles contribute to the larger goal. Each section is framed by one of the Criteria; within each section are the benchmarks that correspond to the Criteria goals.

For your convenience, we have provided a [blank template](#) of the Action Step Tracking Tool as a part of this toolkit.

Goal: Criteria #1 The community has identified all Veterans experiencing homelessness.					
This includes the use of outreach, multiple data sources and the use of a By Name/Master List to identify and enumerate all homeless Veterans, including those who are chronic, and all who served in the armed forces, regardless of how long they served or the type of discharge they received.					
Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates
Street Outreach[Example] Develop brief, written street outreach strategy	12/10/16	1/10/17	Jill	Brief written strategy is finalized and adopted by all participating programs; identified key community points of contact (e.g., VAMC staff, law enforcement, library staff, 211, etc.); expected frequency of outreach and basic steps for what assistance (low-barrier shelter, low-barrier permanent housing assistance) should be offered and what data should be collected.	
System Front Door[Example] Establish data collection workflow and tools to populate by name list	11/30/16	1/30/17	John	Data collection workflow and tools are finalized and adopted by all participating agencies. Staff responsible for data collection are trained on the tools and workflow.	

ACTION: ACTION STEP TRACKING TOOL (CONTINUED)

Goal: Criteria #2 The community provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.

This includes having the capacity to immediately offer a form of shelter to any unsheltered Veteran who wants it, while swiftly assisting the Veteran to also access permanent housing. Access to shelter is not contingent on sobriety, minimum income requirements, criminal records, etc.

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates
Emergency Shelter [Example] Confirm with Veteran Shelter that it will be used as a first option shelter for after-hour placements for male Veterans.	1/25/17	2/14/17	Pat	Veteran shelter has confirmed use as a first option shelter. Veteran shelter staff are trained in protocol. Provider agencies and area services (police, outreach) are trained on how to access the Veteran shelter as a first option shelter after hours.	

Goal: Criteria #3 The community only provides service-intensive transitional housing in limited instances

Priority is placed on the use of transitional housing (TH) & Grant and Per Diem (GPD) as a short term bridge to permanent housing. Service-intensive TH/GPD is only provided those Veterans who have indicated a preference prior to entering the TH/GPD program.

- **Benchmark D: # of Veterans experiencing homeless who enter service-intensive TH is significantly less than # entering homelessness**

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates
GPD or other TH [Example] Identify the number of bridge housing beds that exist in the community, and where they are located. Reflect this on our visual system assessment	1/20/17	2/6/17	Tom	Reflect the GPD bridge beds and service-intensive beds on our visual system assessment.	

ACTION: ACTION STEP TRACKING TOOL (CONTINUED)

Goal: Criteria #4 The community has the capacity to assist Veterans to swiftly move into permanent housing.

The community has identified permanent housing (PH) for all Veterans know to be experiencing homelessness, including those Veterans who have to enter transitional housing (TH). The community can assist Veterans to move into their housing quickly and without barriers to entry, using Housing First practices.

- **Benchmark A:** Chronic and long-term homelessness among Veterans has ended.
- **Benchmark B:** Average time from the identification of Veterans' homelessness to permanent housing entry is 90 days or less
- **Benchmark C:** The # exiting homelessness to perm. housing is greater than/equal to # of Veterans entering homelessness

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates
SSVF & Other Rapid Re-Housing (RRH) [Example] Confirm SSVF capacity to assist all eligible Veterans with SSVF RRH using the SSVF Gaps Analysis tool	1/25/17	2/20/17	Tim	The gaps analysis should be completed collectively by the Veteran working group and reviewed with CoC/Vet Leadership.	
Other navigation, RRH & stabilization assistance [Example] Change criteria for City-funded ESG program to allow RRH assistance for any homeless Veteran	1/20/17	2/1/17	Pat	City ESG criteria will be changed to allow any homeless Veteran to access RRH assistance, regardless of military service, discharge status or income.	
HUD-VASH [Example] Determine # of Veterans who no longer use VASH supportive services and create a plan with the public housing agency (PHA) to transition those Veterans to a Housing Choice Voucher (HCV)	1/20/17	3/20/17	Lee	The PHA will have created a referral process to transition Veterans who no longer use HUD-VASH supportive services to a Housing Choice Voucher.	

ACTION: ACTION STEP TRACKING TOOL (CONTINUED)

Goal: Criteria #5 The community has resources, plans and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

The community can identify Veterans entering or returning to homelessness and those at risk of homelessness using multiple data sources, outreach and engagement. The community also has adequate resources to prevent homelessness for at-risk Veterans and promote the long-term housing stability of all Veterans who have entered permanent housing.

Action Step	Start Date	End Date	Person Responsible	Measure that Action is Complete	Notes & Status Updates
Homelessness Prevention (HP)- SSVF & Other Resources [Example] Confirm with SSVF grantees that all HP referrals will only come from the system's "front door" access point when Veterans are diverted from shelter.	1/20/17	1/27/17	Rob	SSVF grantees have signed off on written protocol or MOU to exclusively take referrals from the system's front door.	

Goal, Sustainability: Build Infrastructure to Promote the Sustainability of the System

The community has built a sustainable system by creating infrastructure such as dependable staffing patterns, written policies and procedures, and a system evaluation mechanism.

Action Step	Start Date	End Date	Person Responsible	Measure that Action is Complete	Notes & Status Updates
Staffing [Example] Develop job description for a system manager	1/20/17	2/5/17	Lyn	A job description is developed with input and feedback from the Veteran leadership group	
System Policies & Procedures (P&P's) [Example] Draft system P&P's based on system assessment	1/20/17	3/1/17	Jan	A draft of the policies/procedures will be shared with leadership.	
Improvement [Example] Report on progress toward Federal Criteria & Benchmarks based on new system	3/15/17	4/1/17	Lyn	Report sent to working group members to review.	

FORMALIZE & MONITOR FOR CONTINUOUS IMPROVEMENT

CUSTOMIZABLE TEMPLATES

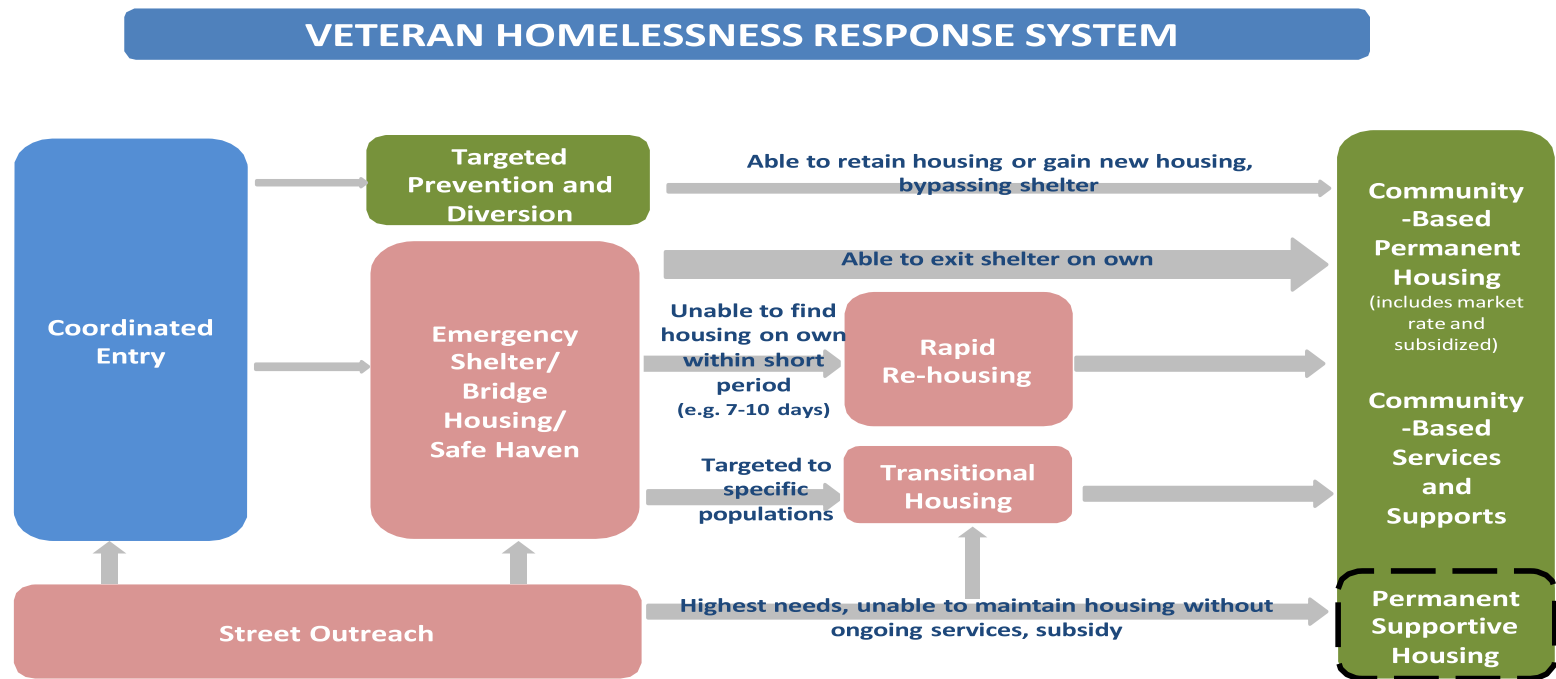
- [Assessment Report](#)
- [Sample System Diagram](#)
- [Action Step Tracker](#)
- [Written Policies and Procedures Template](#)

BLANK ASSESSMENT REPORT

Federal Criteria and Benchmarks	Assessment Findings
<p>Criteria 1: Has community identified all Veterans experiencing homelessness?</p> <ul style="list-style-type: none"> a) Does the community have a By Name/Master List ? b) Is the list updated at least monthly? c) Does the community conduct comprehensive and coordinated outreach? d) Are Veterans in TH (GPD and other TH) included on the list? e) Does the list include chronically homeless, long-term homeless and non-chronically homeless Veterans? f) Does the list include all Veterans who served in the armed forces regardless of how long they served or the type of discharge they received? 	
<p>Criteria 2: Does your community provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it?</p> <ul style="list-style-type: none"> a) How are unsheltered Veterans engaged and offered immediate shelter while also being assisted to swiftly achieve permanent housing? b) Is access to shelter is contingent on sobriety, minimum income, criminal records, or other unnecessary conditions? 	

Federal Criteria and Benchmarks	Assessment Findings
<p>Criteria 3: Does your community only provide service-intensive transitional housing in limited instances?</p> <p>a) Is priority placed on using TH as a short-term bridge to permanent housing?</p> <p>Is service intensive TH only provided to those Veterans who have been offered and declined permanent housing before they were offered service intensive TH?</p>	
<p>Criteria 4: Does your community have the capacity to assist Veterans to swiftly move into permanent housing?</p> <p>a) Has the community identified permanent housing so all Veterans on the list, including those in TH, can move into PH quickly?</p> <p>b) Is PH assistance is available without entry barriers using Housing First principles and practices?</p>	
<p>Criteria 5: Does the community have the resources, plans and system capacity in place should any Veteran become homeless or at risk of homelessness in the future?</p> <p>a) Is the community routinely using multiple data sources and conducting comprehensive outreach to identify all such Veterans?</p> <p>b) Does the community have an adequate level of resources and the capacity to provide appropriate services to prevent homelessness for at-risk Veterans?</p> <p>c) Does the community have an adequate level of resources and appropriate plans and services in place to promote the long-term housing stability of all Veterans who have entered PH?</p>	

SAMPLE SYSTEM DIAGRAM



ACTION STEP TRACKING TOOL (BLANK)

Goal: Criteria #1 The community has identified all Veterans experiencing homelessness.

This includes the use of outreach, multiple data sources and the use of a by name /master to identify and enumerate all homeless Veterans, including those who are chronic, and all who served in the armed forces, regardless of how long they served or the type of discharge they received.

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates

Goal: Criteria #2 The community provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.

This includes having the capacity to immediately offer a form of shelter to any unsheltered Veteran who wants it, while swiftly assisting the Veteran to also access permanent housing. Access to shelter is not contingent on sobriety, minimum income requirements, criminal records, etc.

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates

Goal: Criteria #3 The community only provides service-intensive transitional housing in limited instances

Priority is placed on the use of transitional housing (TH)/Grant and Per Diem (GPD) as a short term bridge to permanent housing. Service-intensive TH/GPD is only provided those Veterans who have indicated a preference prior to entering the TH/GPD program.

- **Benchmark D: # of Veterans experiencing homeless who enter service-intensive TH is less than # of Veterans entering homelessness**

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates

Goal: Criteria #4 The community has the capacity to assist Veterans to swiftly move into permanent housing.

The community has identified permanent housing for all Veterans know to be experiencing homelessness, including those Veterans who have to enter TH. The community can assist Veterans to move into their housing quickly and without barriers to entry, using Housing First practices.

- **Benchmark A:** Chronic and long term homelessness among Veterans has ended.
- **Benchmark B:** Average time from the identification of Veterans' homelessness to permanent housing entry is 90 days or less
- **Benchmark C:** The #of Veterans exiting homelessness to permanent housing is greater than or equal to # of Veterans entering homelessness

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates

Goal: Criteria #5 The community has resources, plans and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

The community can identify Veterans entering or returning to homelessness and those at risk of homelessness using multiple data sources, outreach and engagement. The community also has adequate resources to prevent homelessness for at-risk Veterans and promote the long-term housing stability of all Veterans who have entered permanent housing.

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates

Goal, Sustainability: Build Infrastructure to Promote the Sustainability of The System

The community has built a sustainable system by creating infrastructure such as dependable staffing patterns, written policies and procedures, and a system evaluation mechanism.

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates

SAMPLE POLICIES & PROCEDURES TEMPLATE

ENDING VETERAN HOMELESSNESS IN [COC NAME]: POLICIES AND PROCEDURES FOR A COMPREHENSIVE SYSTEM RESPONSE

Introduction and Background

In 2010, the U.S. Interagency Council on Homelessness (USICH) introduced the first comprehensive federal strategy to prevent and end homelessness. This plan, called Opening Doors, outlined a number of goals related to ending homelessness in the U.S. – the first of these committed to ending Veteran homelessness by 2016.

In 2015, the USICH, along with the Department of Housing and Urban Development (HUD) and the Department of Veteran Affairs (VA), adopted a vision of what it means to end homelessness and shared specific criteria and benchmarks for ending Veteran homelessness in order to help guide communities as they take action to achieve the goal, with a focus on long-term, lasting solutions.

In line with the federal goals outlined in Opening Doors, the [CoC name] Continuum of Care has committed to a goal of effectively ending Veteran homelessness in the CoC by 2017. To that end, the [CoC name] has focused recent efforts on...[additional local context/priorities]

The [CoC name] has determined that ending Veteran homelessness in our CoC means the following:

[SAMPLE LANGUAGE]

Where Veteran homelessness does occur, it is rare, brief, and non-recurring. More specifically, every identified homeless Veteran who is unsheltered is immediately offered access to low-barrier shelter, and every Veteran who is unsheltered or in emergency shelter, Safe Havens, or Transitional Housing in the [CoC name] is immediately offered access to low-barrier permanent housing placement and stabilization assistance. Veterans who accept assistance will be re-housed within an average of [90 days or other CoC goal]. To achieve this, the [CoC name] is committed to the principles of Housing First, which means our system is primarily focused on quick placement into permanent housing, respecting Veteran choice, and targeting our resources to those with greatest needs.

Using the federal criteria and benchmarks as our guide, this document includes policies and procedures for a coordinated and standardized response to Veteran homelessness across our entire community.

SAMPLE POLICIES & PROCEDURES TEMPLATE *(CONTINUED)*

Applicability

All homeless assistance projects in the [CoC name], regardless of funding source, are expected to adhere to the policies and procedures outlined here.

[Option: include list of providers by system component: outreach, coordinated entry point(s), emergency shelter/Safe Havens, transitional housing, rapid re-housing/navigation, permanent supportive housing, homelessness prevention]

Responsibility for Oversight

The [CoC name] [CoC Veterans leadership group name], with support from [e.g., CoC staff], is charged with managing the [CoC name] [local name for By Name/Master List] (described below), ensuring that the policies and procedures outlined in this document are implemented appropriately at the system, provider, and client level, and regularly monitoring progress towards the ending Veteran homelessness goal.

[CoC name] [CoC Veterans leadership group name] membership includes:

- *[List members]*
- *[Describe how often group meets and basic oversight responsibilities]*

Common Terms

Veteran

A Veteran is someone who, regardless of discharge status, has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Permanent Housing Assistance (i.e., "permanent housing intervention")

A subsidy or other form of rental assistance, with appropriate services and supports. Interventions can include HUD-VASH, SSVF, and CoC Program-funded rapid re-housing (where rental assistance is included), CoC Program-funded permanent supportive housing, Housing Choice voucher (HCV), or other form of permanent housing subsidy or rental assistance.

SAMPLE POLICIES & PROCEDURES TEMPLATE *(CONTINUED)*

[CoC name] Homeless Veterans [list name – e.g., 'Active List', 'By-Name List', or other term used by CoC]

The [CoC name] Homeless Veterans [list name] is the primary means used to identify and track all currently homeless Veterans (in shelters, Safe Havens, transitional housing, or unsheltered) in the CoC's area and to report on current housing plans and movement towards permanent housing. The [CoC name] HMIS is the primary data source for the [list name] and includes multiple data fields necessary to identify and track assistance and outcomes for individual Veterans.

[Option: describe how list is used, how personally identifying information is protected, etc.]

Identifying Homeless Veterans

1. **Policy** – All literally homeless Veterans in the [CoC name] geographic area are immediately identified

[Sample Language]

Procedure – [provider(s)] engage in street outreach in the communities within their service areas on a weekly basis, as appropriate, for purposes of identifying all unsheltered homeless Veterans.

- In communities where there are dedicated street outreach teams, SSVF staff coordinate with the local street outreach teams to ensure comprehensive coverage and efficient provision of services
 - SSVF and street outreach must put into place an agreement wherein the street outreach team immediately refers all homeless Veterans to SSVF for housing assistance
 - All identified unsheltered homeless Veterans are either entered into HMIS once they become SSVF clients, or are added to the Homeless Vets Report by the SSVF provider using a unique identifier, if they are not yet a client

Identifying Homeless Veterans *(continued)*

Procedure – [provider(s)] identify all homeless Veterans residing in local non-HMIS participating ES and TH projects, including victim services provider agencies

- SSVF grantees engage in weekly in-reach to non-HMIS participating ES and TH projects in their service area for purposes of identifying homeless Veterans
 - SSVF grantees may develop formal referral relationships and protocol with local non-HMIS participating ES and TH providers. But if local ES/TH providers cannot maintain regular referrals, weekly in-reach to those projects should happen.
 - All identified sheltered homeless Veterans are either entered into HMIS once they become SSVF clients, or are added to the Homeless Vets Report by the SSVF provider using a unique identifier, if they are not yet a client

Procedure – CoC staff will run the [CoC name] Homeless Veterans Report on a bi-weekly basis and share the report, with newly homeless Veterans clearly identified, with SSVF grantees for purposes of identifying any newly homeless Veterans

- SSVF grantees conduct outreach to the newly homeless Veterans appearing on the Homeless Vets Report as appropriate

Procedure – VA staff identifying and/or assisting literally homeless Veterans may ensure those Veterans get added to the Homeless Vets Report in one of the following ways:

- VA staff refer the homeless Veteran to the local SSVF provider who, in turn, enters the client data into HMIS (that client-level data is then pulled into the Homeless Vets Report), in cases where the Veteran becomes an SSVF client
- VA staff with [CoC name] HMIS licenses may check HMIS to see if the homeless Veteran is already in HMIS
 - If so, the Veteran is already on the Homeless Vets Report
 - If not, VA staff may follow steps outlined above to make a referral to the local SSVF provider.
 - If the Veteran declines SSVF assistance or cannot be located, VA staff add the Veteran to the Homeless Vets Report using a unique identifier

Identifying Homeless Veterans *(continued)*

- 2. Policy** – All literally homeless Veterans identified in the [CoC name] are tracked on the [CoC name] [list name]

[Sample Language]

Procedure – [CoC name] staff maintain and populate the [CoC name] Homeless Vets Report

- [CoC name] staff run the Homeless Vets Report out of HMIS on a bi-weekly basis, update the Homeless Vets Report accordingly, and inform all identified [CoC name] Providers when it's available
 - The report includes data on all literally homeless Veterans in the CoC
 - HMIS serves as the primary data source for the Homeless Vets Report, although Homeless Vets Workgroup members may add by hand identified Veterans who may not be residing in an HMIS participating shelter
 - VA staff with [CoC name] HMIS licenses will work with local SSVF providers to add literally homeless Veterans they have identified to the Homeless Vets Report
- CoC staff identify on the Homeless Vets Report an [CoC name] Provider Responsible for assisting the homeless Veteran to move into permanent housing and reporting on required Data Fields on the Homeless Vets Report
 - In most cases, the identified responsible provider is the SSVF grantee serving the county in which the Veteran is identified.
 - In cases where the homeless Veteran is residing in an ES or TH project and not dually enrolled in SSVF (or declined SSVF assistance), the provider primarily assisting the homeless Veteran must report out all required data on a bi-weekly basis

Procedure – [CoC name] Responsible Providers assigned to a homeless Veteran on the Homeless Vets Report provide updates on housing plans, offers of permanent housing, etc. on a bi-weekly basis

- Updates are made to the Homeless Vets Report

Procedure – The Homeless Vets Workgroup reviews the Homeless Vets Report on a monthly basis

- If CoC staff and/or the Homeless Vets Workgroup observe decreases in the performance of the [CoC name] system response to Veteran homelessness, such as increasing lengths of time to house, the workgroup may decide to increase the frequency of the provision of updates to the Homeless Vets Report

Providing Immediate Shelter to Unsheltered Homeless Veterans

3. **Policy** – The [CoC name] provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.

[Sample Language]

Procedure – All state and federally funded [CoC name] ES projects must comply with the [CoC name] Homeless Program Standards, which require system-wide housing first orientation, by January 2017

Procedure – SSVF grantees and, where applicable, local dedicated street outreach teams assist in moving unsheltered homeless Veterans into local emergency shelters

- If local shelters are full, SSVF providers may pay for a temporary stay in a local hotel/motel for the unsheltered homeless Veteran, where the Veteran is eligible and following SSVF requirements,
- If unsheltered Veterans decline the shelter offer because of excessive barriers to entry (i.e., barriers that do not comply with the [CoC name] Homeless Program Standards), SSVF or other program staff working with the Veteran will contact CoC staff to report the issue and CoC and SSVF/other staff will advocate on behalf of the unsheltered homeless Veteran
 - If the issues with local shelter barriers to entry cannot be immediately resolved, SSVF grantees may pay for a temporary stay in a local hotel/motel for the unsheltered homeless Veteran, where the Veteran is eligible and following SSVF requirements

Procedure – If an unsheltered homeless Veteran declines a shelter offer for reasons other than excessive barriers to entry, SSVF grantees and, where applicable, local dedicated street outreach teams will make offers of shelter to the unsheltered homeless Veteran on a bi-weekly basis, at minimum.

- In extreme weather situations, shelter offers must be made on an every three-day basis, at minimum.

SAMPLE POLICIES & PROCEDURES TEMPLATE *(CONTINUED)*

- 4. Policy** – [CoC name] homeless services providers assisting unsheltered homeless Veterans will document offers of shelter

Procedure – SSVF grantees and, where applicable, local dedicated street outreach teams or other providers assisting unsheltered homeless Veterans, document the offers of shelter they make to Veterans

- Documentation is made on the Homeless Vets Report and includes identifying the date of the shelter offer, whether the Veteran accepted or declined, and reasons for a decline

Housing Focused System and Providers

- 5. Policy** – The [CoC name] is committed to immediately providing permanent housing (PH) to all homeless Veterans who desire it, regardless of perceived needs or issues

Procedure – [CoC name] emergency shelter providers immediately, meaning within 2 business days, refer any presenting homeless Veteran to their local SSVF provider for assistance obtaining permanent housing

- Referral to SSVF does not necessarily mean that a Veteran will be assisted with SSVF resources. SSVF grantees must determine if the Veteran is eligible and if the Veteran desires to accept an offer of assistance.
 - SSVF providers will only decline to provide RRH assistance to homeless Veterans if they are not eligible per SSVF program requirements or if the Veterans decline SSVF-RRH assistance
 - For those Veterans who have higher housing barriers and may require, and choose Permanent Supportive Housing, providers (SSVF or the current shelter provider) will coordinate with PSH providers as soon as possible and potentially provide bridge housing in the short term

Housing Focused System and Providers *(continued)*

- 6. Policy** – The [CoC name] prioritizes the use of Transitional Housing (TH), including VA Grant and Per Diem (GPD), as a short-term bridge to PH

Procedure – Homeless Veterans residing in emergency shelters are immediately offered assistance to move into permanent housing (PH)

- In accordance with Policy 4 above, all homeless Veterans are immediately, within two business days, referred to SSVF for eligibility determination, assessment, review of available housing options, and possible Rapid Re-housing (RRH) assistance

Procedure - Homeless Veterans are only assisted with TH in the following situations:

- The Veteran has explicitly declined an offer of RRH assistance because of a self-identified need for intensive services that the Veteran believes can be provided by a particular TH project
 - If a homeless Veteran requests to move into a TH bed provided by an [CoC name] GPD provider, and has declined SSVF RRH assistance, the emergency shelter provider may contact GPD providers directly for possible referral. Detailed GPD provider information can be found in the appendix of this document
- The Veteran accepted an offer of PH, either Permanent Supportive Housing or RRH, but the PH unit is not immediately available.
 - In this situation, a Veteran may be moved into a TH unit while waiting for the PH unit to become available, rather than remaining in the emergency shelter or in an unsheltered location
 - Once a PH offer has been made, accepted, and documented in the Homeless Vets Report by the appropriate [CoC name] Provider Responsible, additional offers of PH do not need to be made or documented

Procedure – Where a homeless Veteran has chosen to move into a TH project because of the desire for intensive services, as described in procedure 2b above, the TH provider must make new offers of assisted PH to the Veteran on a bi-weekly basis. The dates of the PH offer and the Veterans' acceptance or decline of that offer must be reported in the Homeless Vets Report

- The [CoC name] TH provider responsible for assisting the homeless Veteran will report on the status of the housing plan in the Homeless Vets Report

Housing Focused System and Providers *(continued)*

7. Policy – [CoC name] providers provide support, information, and targeted assistance to previously assisted Veterans to help minimize returns to homelessness

Procedure – [CoC name] housing providers, including SSVF and other RRH grantees, will provide information, including contact information, to assisted homeless Veterans to ensure they know whom to contact if they become at risk of homelessness after housing assistance ends

Procedure – [CoC name] providers make follow-up contact with all clients at least once after the client's exit from the program and into housing

- Follow-up contact occurs between one and six months after the termination of financial assistance
- If initial attempts at contact are unsuccessful, [CoC name] providers make multiple attempts at contact, using multiple methods (e.g., phone, email, letter, in-person visits)

Procedure – [CoC name] providers will prioritize for assistance those homeless Veterans who have been assisted in the past and are eligible for assistance again.

- Coordination between the CoC and the VA at the System and Project Level

8. Policy – VA-funded SSVF and VASH projects and providers coordinate with non VA-funded RRH and PSH providers to ensure homeless Veterans enter permanent housing swiftly and in a way that most efficiently uses community resources

Procedure - When literally homeless Veterans are identified by an [CoC name] homeless assistance provider, the provider immediately, within two business days, refers to the local SSVF provider

- Local HCRP-RRH providers, in particular, only provide assistance to homeless Veterans when they are not eligible for VA-funded programs, such as SSVF

Procedure - In line with the [CoC name] Homeless Program Standards, [CoC name] RRH and PSH providers will prioritize for their services eligible, literally homeless Veterans who are not eligible for VA-funded assistance, such as that provided by SSVF or VASH

Housing Focused System and Providers *(continued)*

9. **Policy** –SSVF, GPD, and other homeless assistance providers regularly identifying and assisting homeless Veterans engage in regular community meetings with local VA and VSO staff for purposes of identifying and providing assistance to local homeless Veterans

Monitoring System and Provider Capacity to End Veteran Homelessness

10. **Policy** – The [CoC name] monitors provider and system capacity to ensure the CoC maintains resources to move homeless Veterans into PH quickly

Procedure - On a quarterly basis at minimum, CoC staff will survey SSVF grantees to ensure ongoing ability and capacity to serve all eligible, literally homeless Veterans

Procedure - On a monthly basis at minimum, CoC staff will review and share data about the CoC's progress on the federal benchmarks demonstrating ending Veteran homelessness

11. **Policy** – The [CoC name] monitors progress on the federal benchmarks for ending Veteran homelessness to ensure the sustainability of the CoC's system response and identify any problems or issue areas

Procedure – On a monthly basis at minimum, CoC staff will monitor and report on the following data:

- Federal Benchmarks (per the federal specifications)
 - Number of Actively Homeless Veterans (not having declined PH)
 - Number of Chronically Homeless Veterans
 - Average length of time to house Veterans
 - Number of Veterans exiting to PH vs. number of Veterans entering homelessness
 - Number of Veterans entering TH (having declined PH offers) vs. number of Veterans entering homelessness
- HUD-VASH utilization rates
- HUD-VASH time to house homeless Veterans (average days)
- Number of homeless Veterans entering our system (per month)
- Number of homeless Veterans exiting to PH (per month)
- Permanent Supportive Housing and HUD-VASH turnover rates
- Returns to homelessness across all project types
- Number/rate of homeless Veterans served by non-VA funded programs

IMPLEMENTATION OF AND COMPLIANCE WITH POLICIES & PROCEDURES

Upon adoption by the [CoC name] Board, CoC staff will distribute these policies and procedures to the full CoC membership (via email listserv and posting on XXXX website) and host a webinar to introduce and explain them. CoC staff will also work with regional representatives to the CoC Board, SSVF providers, and others as appropriate to develop plans for facilitating ongoing local conversations and provision of technical assistance to CoC providers related to implementation of and compliance with these policies and procedures.

[CoC name] homeless assistance providers must comply with these policies and procedures within 60 days of their release. The only exception is for the policies and procedures that

Initially, monitoring for provider compliance with these policies and procedures will be done primarily via check-ins and reporting in the monthly XXXXX meetings, and through informal surveys of providers across the [CoC name]. Over time, monitoring for compliance with these policies and procedures will be incorporated into a standard tool and process. Lastly, lack of compliance may be identified in the data monitoring/analysis processes outlined in the Monitoring Provider and System Capacity section above.

Common Terminology and Definitions

Continuum of Care (CoC)

CoC refers to the both planning body that coordinates the provision of housing and services for homeless families and individuals in a defined geographic area, as well as the geographic area itself.

- The XXXXX Continuum of Care is comprised of

Rapid Re-Housing

A homeless assistance project type that quickly moves households out of homelessness and into permanent housing through the provision of case management services and limited financial assistance as needed. Homeless status is an eligibility requirement and homelessness is documented.

HMIS = Homeless Management Information Systems

The CoC's data system that houses client-level data on all persons assisted by HMIS participating homeless assistance providers in the CoC

Transitional Housing

A homeless assistance project type that provides households with up to 24 months of housing and services assistance. Homeless status is an eligibility requirement and homelessness is documented.

Emergency Shelter

Any facility for which the primary purpose is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. Homeless status is an eligibility requirement and homelessness is documented.

Permanent Supportive Housing

Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. Homeless status is an eligibility requirement and homelessness is documented.

Veteran

An adult who served on active duty in the armed forces of the United States, including persons who served on active duty from the military reserves or the National Guard. For the purposes of these criteria, a Veteran is any person who served in the armed forces, regardless of how long they served or the type of discharge they received.