HOUSING AND URBAN DEVELOPMENT (HUD)-DEPARTMENT OF VETERANS AFFAIRS SUPPORTED HOUSING (VASH) PROGRAM

1. PURPOSE. This Veterans Health Administration (VHA) Handbook establishes the Department of Veterans Affairs (VA) portion of the procedures for the Housing and Urban Development (HUD)-Veterans Affairs Supported Housing (VASH) Program and sets forth the national authority for the administration, monitoring, and oversight of HUD-VASH services.

2. SUMMARY OF CHANGES. This is a new Handbook clarifying the admission process and procedure for homeless Veterans into the HUD-VASH Program and the duties of those assigned responsibilities under the program. This Handbook also addresses staffing changes associated with implementing and monitoring HUD-VASH-funded programs nationally and addressing program enhancements as a result of recent program expansion.

3. RELATED ISSUES. VHA Directive 1162.

4. FOLLOW-UP RESPONSIBILITY. The Office of Mental Health (116E), Director for HUD-VASH, is responsible for the contents of this Handbook. Questions may be directed to the Associate Chief Consultant, Homeless and Residential Rehabilitation and Treatment Services at (202) 461-7348.

5. RESCISSIONS. None.

6. RECERTIFICATION. This VHA Handbook is scheduled for re-certification on or before the last working day of June 2014.

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HOUSING AND URBAN DEVELOPMENT (HUD)-DEPARTMENT OF VETERANS AFFAIRS SUPPORTED HOUSING (VASH) PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures for the Department of Housing and Urban Development (HUD) and Department of Veterans Affairs Supported Housing (VASH) Program and sets forth the national authority for the Department of Veterans Affairs (VA) portion of administration, monitoring, and oversight of these services. ***NOTE:*** *This Handbook describes VA Central Office, Veterans Integrated Service Network (VISN) Offices and medical center support duties and methods to provide oversight, and to monitor, support, and mentor the HUD-VASH Programs.*

2. BACKGROUND

a. In 1992, VA and HUD established the HUD-VASH Program. HUD-VASH is a joint program between VA and HUD. VA provides case management services by screening homeless Veterans for program eligibility while HUD provides permanent housing subsidies to homeless Veterans and their immediate families by allocating rental subsidies from its "Housing Choice" Program. The primary goal of HUD-VASH is to move Veterans and their families out of homelessness. A key component of the program is VA's case management services. These services are designed to improve the Veteran's physical and mental health and enhance the Veteran's ability to live in safe and affordable permanent housing (in a community chosen by the Veteran).

b. The 2008 Consolidated Appropriations Act (the Act) Public Law (Pub. L.) 110-161 enacted December 26, 2007, provided $75 million of funding for the HUD-VASH voucher program as authorized under the United States Housing Act (USHA) of 1937 section 8(o)(19). The HUD-VASH Program combines HUD Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided at its medical centers and in the community.

c. Based on this language, VA identified 132 VA medical centers to participate in the program. In doing so, VA took into account the population of homeless Veterans needing services in the area, the number of homeless Veterans served by the homeless programs at each VA medical center during Fiscal Year (FY) 2006 and FY 2007, geographic distribution, and VA case management resources. ***NOTE:*** *There is to be at least one site in each of the 50 states, in the District of Columbia, and in Puerto Rico.*

d. "Housing Choice" Vouchers are allocated by HUD to local Public Housing Agencies (PHAs) based on a needs assessment formula established jointly by VA and HUD. Once allocated, VA medical center staff follow guidelines described in this Handbook to provide case management and other program services to qualified homeless Veterans, to include assisting Veterans to obtain rental assistance, secure housing, and attain other needed resources to sustain continued stabilization.

e. HUD-VASH does not require a set period of sobriety in order for a Veteran to be considered eligible for the program. A Veteran's suitability for the program needs to be addressed on a case-by-case basis and must include consultation from Mental Health Services. Veterans who have active or a past history of substance use disorder(s) can be considered for the program. ***NOTE:*** *The HUD-VASH case manager is strongly encouraged to coordinate treatment services with VA and or community-based substance abuse treatment programs.*

3. AUTHORITY

a. The HUD-VASH Program combines case management and clinical services provided by VA with HUD "Housing Choice" Voucher rental assistance for homeless Veterans and their families. The HUD component of the program is authorized by the USHA of 1937, as amended. VA's mandate to provide Section 8 HCV Program voucher recipients with case management services is found in Title 38 United States Code (U.S.C.)§ 2003(b).

b. The 2008 Appropriation required HUD to "make such funding available to public housing agencies (PHAs) that partner with eligible VA medical centers or other entities as designated by the Secretary of VA, based on geographical need for such assistance as identified by the Secretary of the Department of Veterans Affairs, public housing agency administrative performance, and other factors as specified by the Secretary of Housing and Urban Development in consultation with the Secretary of the Department of Veterans Affairs."

4. DEFINITIONS

a. **Community Homelessness Assessment, Local Education, and Networking Groups (CHALENG).** CHALENG is a VA program designed to enhance the continuum of care for homeless Veterans. Each VA medical center is required to participate in CHALENG on an annual basis. Through CHALENG, medical centers are required to collaborate with the community, other state and Federal partners and stakeholders, and Veteran Service Organizations (VSOs) to identify local needs of Veterans who are homeless. These needs are then reported through a national survey and the results are reported to Congress and are used to help guide future Homeless Program priorities and services.

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

c. **Homeless.** For the purposes of this Handbook, the definition of "homeless" is the definition in the McKinney Act, 42 U.S.C.11302 (see 38 U.S.C. 2002(1)). The definition of "homeless" is as follows:

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

(2) An individual who has a primary nighttime residence that is:

(a) A supervised publicly or privately-operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill;

(b) An institution that provides a temporary residence for individuals intended to be institutionalized; or

(c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. ***NOTE:*** *The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.*

d. **Chronically Homeless.** A chronically homeless Veteran is a person who has been continuously homeless (see subpar. 4c) for 1 year or more, or has had at least four episodes of homelessness in the past 3 years.

e. **Public Housing Agency (PHA).** Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. The PHA is a specific city, county or state agency that receives Federal funds from HUD to administer the Section 8 "HCV Program" to provide housing for low-income residents at rents they can afford. Each PHA has developed independent operating procedures that must comply with HUD regulations and the law. The PHA is responsible for determining "fiscal eligibility" for this program. Within HUD-VASH, the PHAs do not have the authority to screen potentially eligible families or to deny assistance on any grounds permitted under Title 24 Code of Federal Regulations (CFR) 982.552 (broad denial for violations of HCV program requirements) and 982.553 (specific denial for criminals and alcohol abusers), with the exception that PHAs are still required to prohibit admission if any member of the household is subject to a lifetime registration requirement under a state sex offender registration program.

f. **State.** "State" refers to any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a state, exclusive of local governments. The term does not include any public and Indian housing agency under USHA of 1937.

g. **Housing Choice Voucher (HCV).** The HCV program is the Federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.

(1) Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses, and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

(2) Recognizing the challenges that HUD-VASH participants may face with their housing search, HUD-VASH HCVs have an initial search term of at least 120 days; Veterans and their families are permitted to live on the grounds of a VA medical center in units owned by VA. HUD-VASH participant Veterans and families that are eligible for HCVs may reside only in

those jurisdictional areas that are accessible to case management services, as determined by the partnering VA medical center.

h. **HUD-VASH Case Management.** Case management is the provision of services by VA clinical staff to homeless Veterans and includes all activities to provide appropriate treatment and maintain Veterans in HUD- approved stable housing. The HUD-VASH case managers' duties and responsibilities include:

(1) Screening of homeless Veterans to determine whether they meet the HUD-VASH program participation criteria established by the VA national office;

(2) Providing appropriate treatment and supportive services to potential HUD-VASH program participants;

(3) Assisting the Veteran with the process for PHA-issuance of the rental voucher;

(4) Providing housing search assistance to HUD-VASH participants with issued rental vouchers;

(5) Identifying the social service and medical needs of HUD-VASH participants and providing, or ensuring the provision of, regular ongoing case management, outpatient health services, hospitalization, and other supportive services, as needed;

(6) Working toward meeting landlord requirements;

(7) Developing a Housing Case Management Plan that addresses the concerns and goals of the Veteran; and

(8) Maintaining records and providing information for evaluation purposes, as required by HUD and VA.

i. **Income Eligibility.** The PHA must determine income eligibility for HUD-VASH families in accordance with 24 CFR 982.201. Income targeting requirements of Section 16(b) of the USHA of 1937, as well as 24 CFR 982.201(b)(2), do not apply for HUD-VASH families in order to allow participating PHAs to effectively serve the targeted population specified in the 2008 Appropriation Act; that is, homeless Veterans, who may be at a variety of income levels. The PHA may, however, choose to include the admission of extremely low-income HUD-VASH families in its income-targeting numbers for the FY in which these families are admitted.

j. **Portability.** Portability has to do with changing the administration of a Section 8 HCV voucher from a PHA with allocated vouchers to a PHA in another geographic location. There are two types of portability for HUD-VASH:

(1) **Type 1.** Type 1 is for a Veteran or Veteran's family who wishes to live in a town within the catchment area of the VA medical center that is outside the area covered by the PHA where the voucher is allocated. The Veteran must be able to continue with case management services provided by the VA medical center to port the voucher. The PHA covering the area where the

Veteran chooses to live would receive the voucher and would follow HUD rules for administering this voucher.

(2) **Type 2.** Type 2 is for a Veteran or Veteran's family accepted into HUD-VASH who wishes to move outside of the catchment area to another jurisdiction where it is not possible for the admitting VA medical center to provide case management services. The VA medical center working with the Veteran must first determine that the Veteran's family could be served by another HUD-VASH Program in the area where the Veteran wishes to live and the receiving PHA must have a HUD-VASH voucher available for this family. The families must be absorbed by the receiving PHA either as a new admission (upon initial participation in the HUD-VASH Program), or as a portability move-in (after an initial leasing in the initial PHA's jurisdiction). Upon absorption, the first PHA's HUD-VASH voucher will be available to lease to a new HUD-VASH eligible family and the absorbed family counts toward the number of HUD-VASH slots awarded to the receiving PHA. The receiving PHA must process this move in accordance with the portability procedures.

k. **Project Based Vouchers.** Project-based vouchers are a component of PHA's HCV Program. Under the project-based voucher program, a PHA enters into an assistance contract with the owner for a specified number of units and for a specified term. HUD and VA have determined that no more than 50 percent of a PHA's allocation of HUD-VASH vouchers may be project-based. HUD and VA consider the conversion of its tenant-based vouchers to project-based on a case-by-case basis. Requests from the PHA must have the support of the participating VA medical center leadership to obtain project-base housing concurrences from HUD and VA Central Office.

l. **Admission into HUD-VASH.** For the purpose of this Handbook, admission to the HUD-VASH Program is defined as the point when the HUD-VASH Program accepts a Veteran as eligible for HUD-VASH. To be eligible for HUD-VASH, the Veteran must be eligible for VA services, meet the definition of homelessness, and be willing to participate in case management services to obtain and sustain housing. Admission decisions must occur following verification of the Veteran's VA eligibility status and, if indicated, in consultation with medical and or mental health clinical staff to determine the Veteran's clinical suitability for this program.

5. SCOPE

a. VA is the largest provider of treatment and assistance to address homelessness in the nation with HUD-VASH the largest of its housing programs. VA is committed to rapidly expanding programs to help those who are homeless now, and developing programs to prevent homelessness in the future. Homelessness, a significant national problem, has many causes. Homeless individuals are usually unemployed, unable to work, or have such low income that they cannot afford housing. Some homeless individuals have disabling mental health, substance abuse, or physical conditions that lead to, or compound, their homeless situation. Homeless families are a growing part of the homeless population.

b. At the end of FY 2008, on any given night throughout the Nation, it was estimated there are 154,000 Veterans who are homeless. Approximately twice that many Veterans have experienced an episode of homelessness over the course of a year. VA has developed several

programs that offer a continuum of care to VA eligible homeless Veterans such as the Health Care for Homeless Veterans (HCHV) Program, Grant and Per Diem (GPD) Program, Residential Rehabilitation and Treatment Programs (RRTP), and the Homeless Dental Program. HUD-VASH is a program within the VA homeless continuum of care.

c. The HUD-VASH Program is a collaborative program between HUD and VA. The HUD-VASH Program was first authorized in 1991. In FY 2008, Congress authorized an additional 10,000 Section 8 HCVs. These vouchers are allocated to local PHA partners connected to VA medical facilities. Additionally, VA has been authorized to hire over 290 case managers to provide supportive services to Veterans participating in the program. Expansion of the program in FY 2009 will provide an additional 10,000 HCVs and 275 new case manager positions.

d. HCV Section 8 vouchers provided by HUD supplies supported permanent housing for homeless Veterans and their families. Homeless Veterans must meet HUD-VASH criteria and be willing to actively participate in their program of recovery with a case manager.

e. Veterans who are homeless often require case management and supportive services in order to remain housed in the community. Many homeless Veterans have physical, emotional, or other problems that make living independently challenging. Transitioning from being homeless to being independently housed can be very difficult for Veterans who have been chronically homeless. Case management may include such things as coordinating care with the VA medical center, money management skill development, apartment search planning, and other functional assistance as needed by the individual Veteran. The case manager monitors the Veteran's stability and intervenes, if indicated, to ensure that the Veteran remains housed. The goal of the program is to help the Veteran achieve the Veteran's highest potential and live independently in safe community housing with the Veteran's family.

NOTE: *Research has demonstrated that supported housing programs like HUD-VASH are effective in assisting the Veteran and the Veteran's family exit homelessness.*

6. RESPONSIBILITIES OF THE OFFICE OF MENTAL HEALTH SERVICES, HUD-VASH PROGRAMS, VA CENTRAL OFFICE

The Office of Mental Health Services (116E), HUD-VASH Programs, VA Central Office is responsible for ensuring that:

a. Coordination with HUD Central Offices is consistent and continual for program implementation and administration.

b. Funds for HUD-VASH Programs, including support for VA staff, are distributed to VA medical centers consistent with public laws, regulations, and VA directives and policies.

c. Guidance based on relevant VA laws, rules, regulations, directives, and analysis of collected data, is provided to VISN offices and VA medical centers to ensure that:

(1) HUD-VASH Programs are maintained;

(2) The programs provide quality services, which are in compliance with existing laws and policies; and

(3) HUD-VASH Programs are operating in accordance with this VHA Handbook.

7. RESPONSIBILITIES OF THE VETERANS INTERGRATED SERVICE NETWORK (VISN) DIRECTOR

Each VISN Director is responsible for ensuring that HUD-VASH Programs within their VISNs are operated in compliance with relevant public law, regulations, and VHA policies and procedures.

8. RESPONSIBILITIES OF THE NETWORK HOMELESS COORDINATOR (NHC)

Each Network Homeless Coordinator (NHC) has VISN-level responsibility for oversight and monitoring of the HUD-VASH Programs in their VISN. Each NHC is responsible for:

a. Ensuring HUD-VASH Programs are monitored and evaluated as prescribed by established VA medical center policies.

b. Reviewing North East Program Evaluation Center (NEPEC) results and other evaluation data (HUD-VASH Dashboard) and working with VA medical centers.

c. Assisting HUD-VASH case managers to develop thresholds, clinical indicators, program monitors, and corrective actions, when necessary.

d. Working with VA medical centers and HUD-VASH case managers, along with Quality and Performance Management staff, to include HUD-VASH Programs in risk management and reporting systems.

e. Reviewing HUD-VASH Programs' critical incidents and initiating appropriate investigation and follow-up activities in collaboration with the respective medical center.

f. Providing support, guidance, and advice to HUD-VASH case managers through regular communications, including site visits, to facilitate mentoring, problem solving, and compliance.

9. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Each Facility Director is responsible for:

a. Providing and maintaining program oversight to ensure quality services and compliance with VHA policy and procedures. A particular focus of the quality oversight is on the screening evaluation component of HUD-VASH. The Director must ensure that the medical center provides adequate consultation to determine medical and psychiatric suitability of Veterans referred to, and case managed in, HUD-VASH.

b. Ensuring the timely completion of all mandated reporting, monitoring, evaluation, and accreditation requirements, including Full-time Equivalent (FTE) employee tracking.

c. Ensuring that VA medical center staff assigned to the HUD-VASH Program have the appropriate backgrounds, education, and experience necessary to provide community-based case management services to a homeless population.

d. Providing appropriate support and resources to ensure the HUD-VASH Program is able to accomplish its stated mission, goals, and objectives. In order to meet stated objectives, VA Central Office has established a staffing guideline of approximately thirty-five program participants to one FTE case manager dependent on the acuity and unique case management requirements of the participating Veterans. The priority is to match intensity of services with the unique needs of the Veteran, noting that treatment services must be more intense during the earlier stages of the program and that they may vary given the clinical presentation of the Veteran.

e. Ensuring managers and clinicians are competent to address the mental health clinical needs specific to the treatment population. This includes, among other required training for clinicians working in mental health programs, training related to suicide risk reduction.

f. Ensuring the HUD-VASH case managers participate in required VA ethics training for confidential filers. ***NOTE:*** *Specific emphasis must be given to conflict of interest.*

g. Ensuring HUD-VASH meets all accreditation requirements, including Commission on Accreditation of Rehabilitation Facilities (CARF), if indicated.

10. RESPONSIBILITIES OF THE HUD-VASH CASE MANAGERS AND PROGRAM STAFF

In carrying out case management services, each HUD-VASH case manager is responsible for providing oversight of the HUD-VASH Program as outlined in this Handbook, including:

a. Verifying the Veteran's status, eligibility for VA medical care, and clinical need for program participation.

b. Establishing a process for referrals, evaluation, and admission to the HUD-VASH Program, and ensuring homeless Veterans and their families who meet the criteria are placed in the program.

c. Providing appropriate treatment and supportive services to potential HUD-VASH Program participants, and assisting the Veteran in the PHA issuance of rental voucher process.

d. Providing housing search assistance to HUD-VASH participants with rental vouchers.

e. Identifying the social service and medical needs of HUD-VASH Veterans, and providing, or ensuring the provision of regular ongoing case management, outpatient health services, hospitalization, and other supportive services as needed throughout this initiative.

f. Reviewing agreements between Section 8 HCV landlords, PHAs, and VA in establishing appropriate referral sites for HUD-VASH placements.

g. Performing site visits of HUD-VASH apartments to ensure that Veterans reside in safe environments in compliance with local housing codes.

h. Meeting regularly with landlords and PHA officials to ensure the availability of Section 8 HCV eligible housing stock.

i. Collecting and submitting HUD-VASH Program evaluation data as outlined by NEPEC evaluation procedures. The HUD-VASH Program staff must track the following data on homeless Veteran families selected to participate in the HUD-VASH Program:

(1) The full name of the VA medical center;

(2) The name and code of the PHA to which the family was referred;

(3) The full name of the Veteran;

(4) The Social Security number of the Veteran;

(5) The date of birth of the Veteran;

(6) The date of written referral to the PHA for eligibility determination; and

(7) The date the voucher was issued, or the date of, and reason for, denial of a voucher by the PHA. ***NOTE:*** *The preceding program services listed are the responsibilities of HUD-VASH staff. However, further clarification of the duties may be deemed necessary to carry out these responsibilities and to ensure appropriate program oversight. Depending on the organizational structure of the particular program, these responsibilities are not to be viewed as inclusive or limited. Staff is under the direction of the medical center Director, therefore, the responsibilities may be expanded or limited based on medical center policies, protocols, standards, and position.*

11. OUTREACH

a. Outreach is conducted to identify Veterans among homeless populations in various community locations. If an HCHV Program exists at a medical center, much of this outreach is conducted in coordination with HCHV staff. A HUD-VASH case manager must be the Point of Contact (POC) for referrals and must process referrals for admission into HUD-VASH. ***NOTE:*** *If a medical center has an operational HCHV or Domiciliary Care for Homeless Veterans (DCHV) Program, the HUD-VASH Program is to be organizationally aligned with these existing homeless initiatives.*

b. Under the HUD-VASH Program, staff identify homeless Veterans who, with their immediate families, are in need of both permanent housing and case management services to promote their retention in permanent housing.

12. REFERRAL

As HUD-VASH is one available program in the homeless continuum of care, close collaboration with HCHV outreach and other VA homeless programs is essential. A primary source of HUD-VASH Program referrals are Veterans that have been identified through HCHV outreach, or those currently receiving services. Veterans may be referred to HUD-VASH through:

a. The HCHV Program;

b. The Domiciliary or RRTP;

c. The Health Care for Re-Entry Veterans (HCRV) Program;

d. The GPD Program;

e. The VA medical facility inpatient and outpatient programs;

f. The VA emergency services;

g. The Community-based Outpatient Clinic (CBOC); or

h. A community source, such as an agency that provides services to individuals who are homeless.

NOTE: *It is acceptable to evaluate a Veteran for participation in a HUD-VASH Program if the Veteran is a current participant in one of VA's homeless residential programs, such as RRTP or GPD. If there are no available vouchers or case management openings, the Veteran needs to be placed on an "interested in HUD-VASH" list. The Veteran needs to be provided with information about HUD-VASH and, when appropriate, the HUD-VASH case manager needs to invite the Veteran to participate in a HUD-VASH Pre-group. The HUD-VASH program staff need to also be available to make referrals to other VA or community-based housing programs.*

13. PROGRAM PARTICIPANT TARGETING

Veteran participants in the HUD-VASH Program must meet VA health care eligibility as defined by law and regulation (including enrollment in the VA health care system) and they must be homeless, or at imminent risk for homeless within the next 7 days.

a. Based on historical demographic information, the expected referral population for HUD-VASH includes homeless Veterans who usually present with mental health or addiction disorders. However, other homeless Veterans with diminished functional capacity and resultant need for case management are also eligible for the program. ***NOTE:*** *A period of sustained sobriety is not a prerequisite of the HUD-VASH Program.* The HUD-VASH case manager is to assess each case on an individual basis. ***NOTE:*** *It is strongly recommended that the case manager coordinate with the medical center's Substance Use Disorder treatment program.*

b. Based on clinical judgment, after evaluating the Veteran's clinical profile, it must be demonstrated that the Veteran has an identified need for case management services. Veterans with medical health, Substance Use Disorder, or mental health clinical symptoms can be admitted to the program for case management and eventual placement. ***NOTE:*** *It is strongly recommended that these cases be reviewed with mental health leadership to ensure appropriate clinical determination that HUD-VASH would provide the appropriate level of care.*

c. Among the homeless Veteran population not identified as "chronically homeless," there are homeless Veterans in clinical need of case management services. Indeed, their unique clinical needs may make them vulnerable to illnesses that prevent them from being able to obtain or remain in permanent housing. For that reason, they need to be considered for participation in HUD-VASH. These Veterans may include:

(1) Homeless Veterans with dependents;

(2) Operation Enduring Freedom (OEF)-Operation Iraqi Freedom (OIF) homeless Veterans;

(3) Women homeless Veterans; and

(4) Homeless Veterans with a disability.

14. SCREENING AND EVALUATION

Screening and evaluation determine the various unique health and functional needs of Veterans referred to the program. The screening process is the first step in determining suitability for the program and determining that the Veteran wants and needs case management services to obtain and sustain housing.

a. There are several steps involved in the process from referral to obtaining the housing voucher and permanent housing. All Veterans referred to HUD-VASH must be screened by program staff with consultation from Mental Health and "Primary Care" services when clinically indicated.

b. The first step in the screening evaluation process is to verify that the Veteran meets homeless criteria, VA eligibility criteria, and is in need of case management services. Once this is complete, the case manager coordinates with other VA providers to gather additional clinical information.

(1) If the Veteran is new to VA, the case manager ensures that the Veteran is enrolled in primary care.

(2) If a mental health evaluation is needed, it must be scheduled within 14 days of the initial contact.

(3) The HUD-VASH case manager must ensure that there is a recent NEPEC homeless initial contact and appropriate NEPEC forms completed on the Veteran (within the last 12

months). If this form is not completed, then one should be completed, appropriately placed in the Veteran's electronic medical record to document the contact, as well as the Veteran's homeless status and needs, and a copy forwarded to NEPEC.

(4) If it becomes clear during the screening process that the Veteran needs more intensive stabilization services, such as inpatient mental health or residential rehabilitation and treatment, the HUD-VASH case manager must coordinate and facilitate that referral with the mental health consultant.

c. Veterans are considered clinically appropriate for entry to the program by either the HUD-VASH staff's clinical decision or, if indicated, utilizing consultation with the facility's Mental Health or Primary Care Services for a mutual decision regarding admission.

d. Newly-admitted Veterans are assigned to a HUD-VASH case manager. The case manager then completes the comprehensive psychosocial assessment to identify relevant problem areas to be addressed in the case management or housing plan. This assessment must include strengths the Veteran has to build on, as well as a close examination of the barriers that have contributed to the Veteran's homelessness. Other pertinent areas include:

(1) The Veteran's demographics including period of service and duration of homelessness;

(2) Health status (including medical, psychiatric, substance use history, and current medications);

(3) Housing (including access and planned maintenance);

(4) Vocational, educational, income status, including credit history;

(5) Psychosocial connections and adjustment, including family relationships, social participation, cultural identification, spiritual beliefs and practices, and community involvement;

(6) Legal status, including any legal needs or requirements; and

(7) Independence (discharge) goals.

15. HOUSING CASE MANAGEMENT PLAN

Veterans admitted to the HUD-VASH Program are assigned a case manager and must participate in development of a Housing Case Management Plan, which is a treatment or recovery-focused plan. This plan includes the active participation of the Veteran, who must have buy-in on all treatment goals in order for the plan to be successful.

a. Treatment or recovery plans must be individualized and revised, as necessary, to meet the changing clinical needs of Veterans in the program. The Housing Case Management Plan identifies the Veteran's treatment and housing needs and the expected actions of the Veteran, case manager, and other treatment and service providers to obtain the Veteran's recovery goals. ***NOTE:*** *Housing Case Management Plans must include the appropriate clinical agreements*

regarding the expectations of the Veteran and the case manager, in order to ensure that the program is successful for the Veteran and the Veteran's family. Plans must document the Veteran's participation and agreement with the plan. One expected goal must speak to obtaining and maintaining safe permanent housing. Treatment or recovery plans are reviewed and revised when there is a significant change in the Veteran's status, i.e., if the Veteran requires a higher level of care, and in accordance with the local Mental Health Services policy.

b. Primary components of the Housing Case Management Plan must address the following areas:

(1) **Treatment Objectives.** Primary treatment objectives include:

(a) Returning and maintaining the Veteran in mainstream community-based housing;

(b) Improving the Veteran's overall physical and mental health status;

(c) Increasing the Veteran's employability and income;

(d) Enabling the Veteran to live without dependence on alcohol and illegal drugs;

(e) Assisting the Veteran in achieving an optimal level of psychosocial functioning;

(f) Improving the Veteran's overall quality of life; and

(g) Maximizing independence for the Veteran.

(2) **Housing Placement.** Once accepted into HUD-VASH and assigned a case manager, the Veteran and the case manager begin the process of gathering information so that a formal and complete referral package can be sent to the local PHA for processing.

(a) The PHA is responsible for:

1. Determining if the Veteran meets their HUD-VASH fiscal eligibility requirements by following their local procedures and HUD-VASH guidelines.

2. Verifying fiscal eligibility.

3. Completing a background check to ensure that the Veteran is not on a life-time registry for sex offenses.

4. Issuing one of the program-designated housing vouchers, only if the Veteran has successfully completed this process.

(b) The Veteran, with the help of the HUD-VASH case manager, identifies a suitable apartment. The procedure sequence is as follows:

1. Upon locating a suitable apartment, the Veteran or case manager asks the local PHA

to inspect and approve the dwelling;

2. With PHA approval, written notice is provided to the landlord and the Veteran;

3. The Veteran contacts the landlord and, if all parties agree, a standard lease is executed; and

4. The Veteran, assisted by the case manager, moves into the housing unit on the agreed upon date. ***NOTE:*** *The Veteran may need case manager assistance to plan the steps involved in the move including obtaining furniture, cleaning supplies, dishes, as well as how the Veteran will physically move those items. Case managers are encouraged to work with their local Voluntary Service Program, community programs, and other appropriate resources to assist the Veteran with this step and the physical move.*

16. CASE MANAGEMENT

HUD-VASH case managers are responsible for regular contacts with the Veteran prior to placement in Section 8 HCV housing and for follow-up once the Veteran is housed.

a. Case managers are responsible for:

(1) Arranging, coordinating care, and providing direct clinical services (assessment, treatment, Housing Case Management Plan, etc.) and support.

(2) Actively involving the Veteran in the development of an integrated interdisciplinary recovery-oriented treatment plan with explicit goals and objectives, including long-range discharge goals.

(3) Providing education regarding community living skills.

(4) Assisting with locating and obtaining suitable and HUD-acceptable housing. The case manager must facilitate the housing placement, (for example, the case manager and Veteran meet together with the Veteran's landlord to explain the HUD-VASH Program, the commitment of VA to provide ongoing services, and the commitment of the Veteran to continue in treatment), as needed according to the Veteran's functional abilities.

(5) Referring and providing linkage to VA medical facilities, VA Regional Offices, and community-based agencies for a variety of services that may include health care, entitlements, vocational assistance, education, recreation, and any other needed assistance.

(6) Providing direct mental health and substance abuse counseling within their scope of practice.

(7) Providing crisis management services needed to maintain the Veteran safely in the Section 8 HCV apartment.

(8) Monitoring physical and psychiatric health and substance use status and stability.

(9) Pursuing, assertively, re-entry into treatment in the event of a relapse or treatment disruption. This may include entry into a higher-level of care for a course of treatment.

(10) Providing education on basic life skills, such as credit repair, money management, shopping, safety, basic cleanliness, and meal preparation.

(11) Facilitating the Veteran's involvement in therapeutic and work restoration programs, in line with treatment and recovery goals, such as Compensated Work Therapy (CWT), as appropriate.

(12) Arranging for, or providing, transportation for necessary clinical and social services appointments (e.g., through the beneficiary travel program or the VA Volunteer Transportation Network).

(13) Intervening, when necessary, and advocating on behalf of the Veteran to fill gaps in the delivery of services.

(14) Reviewing the current treatment plan and goals when there is a significant change in the Veteran's status, when there is a change to a higher-level of care, or in compliance with the local medical facility's policy and procedure regarding treatment plan review.

(15) Working toward long range HUD-VASH Program discharge goals. ***NOTE:*** *HUD- VASH case managers, in order to further the Veteran's treatment, may provide linkage to community resources for the Veteran's family's needs.*

b. There are three levels of case management:

(1) **Pre-Voucher Case Management Services.** The HUD-VASH case manager assists with maintaining the Veteran's clinical stability while helping the Veteran with the HUD-eligibility portion of the referral, such as completing required applications or obtaining documentation.

(a) The VA case manager concurrently works toward ensuring the Veteran meets the PHA application requirements before referring the Veteran to the PHA in writing. The PHA completes a separate fiscal eligibility determination. The PHA also determines lifetime sexual-offender registry status to ascertain if the Veteran meets the HUD-VASH Program requirements and whether the Veteran meets the HUD-eligibility standards for this program.

(b) The case manager facilitates the Veteran's meeting with the PHA by maintaining a good working relationship with the PHA, being a conduit for communication between the PHA and the Veteran, and by providing support throughout this process.

(2) **Voucher Case Management Services**

(a) Once the Veteran has been issued a voucher, the case manager continues with Voucher Case Management Services to provide support and any appropriately-indicated assistance to the

Veteran from housing search through the Veteran's and the Veteran's family's move into their PHA-inspected housing.

(b) The case manager assists the approved Veteran to locate and obtain safe, appropriate housing. The case manager assists the Veteran's planning process for the move to include obtaining furniture, getting utilities, shopping, etc. ***NOTE:*** *Case managers must assist the Veteran and the Veteran's family through the transition from being homeless to housed, as there are many changes occurring during this period of time.*

(c) Veterans who do not meet the PHA criteria are provided reasonable assistance by the VA case manager to ensure that continuity of care continues. The case manager provides linkage for the Veteran's care to other appropriate VA and community services to address the Veteran's needs, including safe, stable housing prior to discharge from HUD-VASH. ***NOTE:*** *This often includes linkage to other VA homeless programs.*

(3) **Case Management Services for Housed Veterans**

(a) Case management is provided to the Veteran in the community in which the Veteran now lives. Case management services ensures that needed treatment, support and mentoring assistance continue after placement in the HUD HCV Program.

(b) HUD-VASH Veterans often need a broad range of supportive services to establish and maintain themselves in the community, including wellness-focused case management treatment for their mental and physical health conditions, which prevents a return to homelessness.

(c) Once housed, participation in the HUD-VASH Program may continue even if the Veteran fails to continuously maintain sobriety, or struggles with treatment compliance, as long as the participant meets and follows guidelines set forth by HUD and this program. Every effort must be made by the case manager to address treatment compliance and concerns and seek a higher-level of care, when indicated, to maintain the Veteran's housing status. ***NOTE:*** *Veterans who are not able to continue with the HUD-VASH Program for any reason must continue, within the law, to be eligible for VA health care services.*

(d) Case managers must make every reasonable effort to assist Veterans to connect with the indicated care to ensure the Veteran has appropriate follow-up opportunities.

(e) Veterans who are seeking, moving into, and establishing housing, need support, linkage, and planning assistance from the case manager. ***NOTE:*** *The case manager's knowledge of resources and the ability to tap into those resources is vital.*

(f) Continued case management is a program requirement, unless the case manager and the Veteran determine that the Veteran no longer requires case management.

(4) **Discharge From the HUD-VASH Program.** Graduation from case management is a goal of the program in order to help the Veteran achieve optimal independent functioning and the ability to live independently in the community. Some Veterans are able to achieve this goal more quickly than others. Case managers, in consultation with the Veteran, determine if the

Veteran achieves this milestone and may then discharge the Veteran from the case management portion of the program.

(a) If a Veteran or Veteran's family no longer needs case management, as determined by the VA case manager, the family is still eligible for rental assistance under the voucher program. In cases where case management is no longer needed, the PHA can use one of its own vouchers, if available, to continue assisting this family and free up a voucher for another HUD-VASH eligible family. If a regular voucher is not available, the family continues utilizing the HUD-VASH voucher. ***NOTE:*** *If a HUD-VASH voucher is switched from a HUD-VASH voucher to a regular voucher, the family is not subject to the PHA's waiting list because the family is already a participant in the PHA's HCV Program.*

(b) Some Veterans may not discharge in a successful manner. If a Veteran refuses to participate in the case management portion of the program, the voucher can be revoked by the PHA following the applicable laws and processes. The case manager, as much as possible, works to link the Veteran with treatment or resources, as appropriate to the Veteran's individual needs.

(5) **Denial of Assistance.** As in the regular voucher program, the PHA must determine whether a family is income eligible prior to the provision of HUD-VASH assistance. If the family is over income (based on the most recently published income limits for the family size), the family is ineligible for HUD-VASH. If the PHA denies assistance to a family under the HUD-VASH Program, it must provide:

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

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

(c) The family the opportunity for an informal review in accordance with 24 CFR Section 982.554(a) and (b). A copy of this denial of assistance notice must be sent to the VA case manager and the Housing Program Specialist at HUD Headquarters, Office of Public and Indian Housing, Housing Voucher Management and Operations Division, Room 4210, Washington, DC, 20410-1000.

NOTE: *The only reasons for denial of assistance by the PHA are failure to meet the income eligibility requirements (see subpar. 4i), or if any member of the Veteran's household is subject to a lifetime registration requirement under a state sex-offender registration program.*

17. ENDING CASE MANAGEMENT SERVICES

a. HUD-VASH is a flexible, low-turnover case management program. It is expected a Veteran remains in case management over time with perhaps significant fluctuations in the Veteran's living situation and treatment participation. Thus, a client who relapses to substance abuse and enters treatment would not necessarily be discharged from HUD-VASH case management; in fact, such case management provides important continuity of care and opportunity to assist the Veteran in a recovery process.

b. The decision to end a Veteran's HUD-VASH case management services is a programmatic decision. ***NOTE:*** *It is highly recommended that the case manager obtain consultation from local mental health services and the VISN Homeless Coordinator.*

c. Some of the situations where clients may be considered for discharge from case management may include:

(1) Agreement between the Veteran and case manager that clinical goals have been accomplished and case management is no longer warranted;

(2) Permanent loss of the rental subsidy (e.g., due to excess income, violation of PHA rules, failure to pay rent, etc.);

(3) Change in clinical status requiring a more intensive level of care for a more extended period of time than can be provided in the HUD-VASH Program;

(4) Client refusal of case management services; or

(5) Loss of contact with the client.

NOTE: *Non-compliance with HUD-VASH does not necessarily lead to loss of the Section 8 HCV voucher. HUD rescinds the Housing Choice Voucher if the Veteran is non-compliant with the PHA requirements. The Veteran receives written notification from the PHA of this action. Additionally, Veterans admitted to the HUD-VASH Program who are not willing to participate in their recovery can have the program terminated by the VA case manager, jeopardizing the voucher status as it is tied to Case Management. In this situation, the PHA follows their normal procedure for termination of a voucher pursuant to the law and applicable HUD regulations.*

18. PORTABILITY

The HUD-VASH HCVs are portable. HUD-VASH participants may only reside in those jurisdictional areas that are accessible to case management services as determined by VA. Portability allows Veterans to live in the community of their choice within the catchment area of the VA case manager. Veterans who chose to move to another VA catchment area must obtain admission to the HUD-VASH Program in that area and a voucher allocated to that VA must be utilized. When this is appropriate, the HUD-VASH case manager in one locality assists the Veteran in securing admission to the program in the new locality (see subpar.4, for additional information).

19. ADDRESSING HOUSING CASE MANAGEMENT PLAN CHALLENGES

a. Veterans who do not meet the goals and objectives outlined in their housing case management plan must be re-assessed to determine any barriers to compliance. It is the responsibility of the case manager to work with the Veteran to eliminate the barriers, whether it involves engagement in treatment for substance abuse, mental health problems, or revision of the housing and case management plan to attainable goals.

b. This may include:

(1) Breaking down the goals into smaller, easier to accomplish steps.

(2) Using a low demand model to assist the Veteran in staying safe and housed.

(3) Using Motivational Interviewing techniques to assist the Veteran in making needed changes.

c. These and other engagement techniques can be considered to maintain the Veteran's housing status. ***NOTE:*** *Utilize consultation with facility Mental Health leadership, other VA programs staff (such as Substance Use Disorder programs, Mental Health Intensive Case Management (MHICM) or other homeless programs for assistance in determining alternative clinical treatment approaches.*

20. HUD-VASH PROGRAM CASE MANAGER AND STAFF TRAINING

The HUD-VASH case manager is the key POC between the Veteran, the medical center, the PHA, and the landlord. The success of the program depends greatly on the rapport and collaborative efforts established by the case manager

a. **HUD-VASH Training.** Training for the case manager is available and must be conducted within 90 days of initial start date. The case manager is required to contact the NHC Office to schedule an appointment for training.

b. **NEPEC Training.** Additional training from NEPEC is required for the case manager. The NHC provides NEPEC with a monthly list of new case management hires so NEPEC can schedule an appointment for this training when hired. The HUD-VASH case manager must contact NEPEC to obtain this training.

c. **Government Ethics Training.** As part of the initial designation and annual re-designation, the HUD-VASH case manager is required to comply with the provisions of "Confidential Filer" regulations to ensure there is no real or "apparent" conflict of interest between the case manager and provider organizations. Names of designated case managers are obtained by VA Regional Counsels from the VA medical centers. The HUD-VASH office may assist Regional Counsel in identifying case managers. Information about the Government Ethics training for confidential filers may be obtained at: http://vaww.ees.lrn.va.gov/mandatorytraining . ***NOTE:*** *This is an internal work site and is not available to the public.*

d. **Other Training.** The HUD-VASH Program has regularly scheduled conference calls. Additional training is offered for HUD-VASH staff through face-to-face conferences or web-based media. All HUD-VASH staff are required to obtain appropriate training.

21. WORKLOAD

a. HUD-VASH case management requires the case manager to provide services to a limited number of Veterans in the community. Case management requires staff to:

(1) Conduct frequent home visits;

(2) Collaborate with PHAs on the Veteran's behalf;

(3) Meet with private landlords to determine available housing stock; and

(4) Assist Veterans with transportation and other immediate clinical needs for independent living.

b. Workload credit can be claimed by the HUD-VASH case manager for all clinical contacts with the Veteran both before, and after, the date of formal admission. ***NOTE:*** *HUD-VASH case managers must: frequently network with community-based organizations to leverage services or develop resources, participate in community meetings, and serve on local coalitions. As a result, HUD-VASH Program staff do not necessarily meet the standards prescribed for office-based mental health staff. Facility directors must recognize the unique nature of these duties when considering workload indicators and thresholds.*

c. HUD-VASH Program clinics, community-based clinics, or home visits must be entered into the 522 stop code. These clinic visits may be retrieved for management purposes at the local medical center. They are routinely provided in conference call minutes and reports to Congress concerning the HUD-VASH Program.

d. Telephone contacts made by HUD-VASH Program case managers with homeless Veterans with mental health or substance use disorders, or with members of homeless Veterans' families, are entered into the 530 stop code.

22. INTERNAL ADMINISTRATION

a. **Local Written Policies and Procedures.** Local standard operating procedures, which may include a mission statement, may be developed by HUD-VASH Program sites. ***NOTE:*** *It is encouraged to integrate these operating procedures with the other facility homeless programs, such as HCHV, GPD, CWT-Therapeutic Residence (TR), and Domiciliary or RRTP Program as HUD-VASH is a significant component in the homeless continuum of care and in meeting the intent of the VHA Handbook 1160.01).* While not required, it can be useful for local program definition. Other materials, which may be considered, are:

(1) Forms and instructions for collecting statistical data for program evaluation and monitoring;

(2) Position descriptions and duties;

(3) Staff transportation and education policies, including staff competency assessments;

(4) Residential care conditions of placement;

(5) Regulations and procedures for psychiatric and medical emergencies;

(6) Documentation policies;

(7) Staff schedules and outreach sites;

(8) Daily or weekly case management activity logs;

(9) Guidelines and procedures for routine medical and psychiatric care referral;

(10) End of month reports procedures;

(11) Program rules and regulations, to include consequences of rule infractions;

(12) Patient Advocate Services and grievance procedure;

(13) Policy for incident reports;

(14) Quality and Performance Initiative reports;

(15) Statements of the Veteran's rights and responsibilities;

(16) Advance Directives; and

(17) Consumer Boards and peer support process.

b. **Medical Records.** Medical record documentation must comply with the local medical center policy and procedures. All clinical care and services provided, and recommendations for follow-up care, as well as all Veteran-related case management contacts must be documented in progress notes. Admission and discharge progress notes must be entered into the Veteran's electronic medical record. All clinical documentation is to be consistent with the local medical center's documentation policies and quality of care standards.

c. **Conference Calls, Meetings, and Minutes**

(1) Staff meetings must be scheduled on a regular basis to address program planning, administration, and quality and performance initiatives or activities.

(2) Interdisciplinary clinical staff conferences must be scheduled on a regular basis to discuss the Veteran's treatment plan, compliance issues, progress, and discharge from the program.

(3) When appropriate, staff from community agencies and other VA programs are encouraged to share information concerning their programs to both Veterans and staff. Examples of opportunities to connect with community agencies include: CHALENG, participation in Continuum of Care meetings, Stand Downs, and meetings with specific community organizations.

(4) Staff must attend the monthly 1-hour conference call hosted by the HUD-VASH National Coordinator. Program policy, trends, and resources, as well as site-specific issues and problems are addressed in this forum and documented in the minutes of the call. Periodically, HUD-VASH Program sites present information on new program ideas or cases during the call.

(5) Conference calls led by the VISN NHC may be established to promote training; discuss local issues, concerns, information, and develop a supportive mentoring resource.

d. **Conflicts of Interest.** In networking with not-for-profit agencies or other community-based providers, HUD-VASH Program teams must be aware of the possibility of situations that could be perceived as, or lead to, conflicts of interest. HUD-VASH staff must ensure that there is no inherent conflict of interest.

(1) Examples of a possible conflict of interest are:

(a) Steering Veterans to housing that is owned by the staff person or a family member of the staff person;

(b) Accepting a “finder’s fee” for utilizing certain housing; or

(c) Accepting a gift of any sort for utilizing certain housing.

(2) Staff must comply with all applicable laws, including the Government-wide "Standards of Ethical Conduct for Employees of the Executive Branch,” found at 5 CFR Part 2635.

(a) In the field, any questions in this area need to be directed to the Regional Counsel.

(b) Central Office employees need to direct their questions to the Designated Agency Ethics Official, i.e., the Assistant General Counsel for Professional Staff Group III (023).

e. **Composition of HUD-VASH Program Teams.** The composition of HUD-VASH Program teams may vary from site to site. Typical program teams are made up of staff that have Master’s Degrees in social work, nursing, or psychology. Program teams can have other staff including Bachelor-level social workers, a peer specialist, and a housing specialist.

23. WORKING IN THE COMMUNITY AND WITH THE MEDICAL CENTER

a. **Networking**

(1) The relationship between the HUD-VASH case managers and the PHA is key to program success. HUD-VASH staff must foster and maintain a positive collaboration with the PHA to

facilitate the timely review of the Veteran's application and approval of vouchers. ***NOTE:*** *The PHA has valuable housing resources.*

(2) Developing strong relationships with other VA programs and staff expands the scope of services the HUD-VASH Program can provide to homeless Veterans. Programs such as the HCRV Program, Women's Program, RRTP, CWT-Transitional Resource, and GPD Programs may serve as HUD-VASH referral sources. ***NOTE:*** *Establishing relationships with the inpatient programs provides both referral sources and consultation resources.*

(3) Program staff must actively network with community programs and organizations to provide additional sources for referrals and to secure alternative resources that assist in meeting the clinical needs of the homeless. ***NOTE:*** *Involvement with relevant state agencies and familiarity with national homeless groups may prove beneficial.*

b. **Independence and Flexibility to Meet Clinical Needs.** HUD-VASH Program staff must have the freedom and flexibility to develop innovative approaches to reach out and assist homeless Veterans.

(1) **Non-traditional.** Similar to HCHV staff, non-traditional approaches may include casual dress, irregular tours of duty, the use of office space donated by community agencies, and coordination of activities with community groups.

(2) **Autonomy.** Medical center Directors must give HUD-VASH staff the autonomy, flexibility, and resources needed to develop innovative programs that identify and engage those homeless Veterans who are underserved.

(3) **Safety.** This staff independence may necessitate medical centers to recognize additional considerations for program safety and employee security (i.e., take-home vehicles, cellular phones, laptop connectivity, additional security services, etc.).

24. PROGRAM MONITORING AND EVALUATION

a. **Goals.** The HUD-VASH Program is monitored by NEPEC and program sites are required to participate in the program evaluation data collection. The goals of the program evaluation are to:

(1) Describe the status and clinical needs of homeless Veterans,

(2) Monitor services delivered to Veterans in the program,

(3) Determine treatment outcomes and program effectiveness,

(4) Ensure program accountability, and

(5) Identify ways of refining the clinical program.

NOTE: *NEPEC issues an annual progress report to Congress, which details the HUD-VASH Program on a national basis and the work of each HUD-VASH Program site.*

b. **Evaluation Components.** The monitoring component of the HUD-VASH Program evaluation provides on-going information about program operation. ***NOTE:*** *New HUD-VASH case managers must contact NEPEC for training in documenting the following efforts.* This monitoring effort includes:

(1) Collection of information about staffing and staff vacancies;

(2) Measurement of the workload of HUD-VASH Program clinicians (i.e., number of Veterans served and number of contacts with each Veteran);

(3) Analysis of information concerning the Veterans served in the program;

(4) Documentation of the housing placement process; and

(5) Longitudinal assessment of case management services and client outcomes.

c. **Effectiveness.** NEPEC monitors the effectiveness of the HUD-VASH Program with program clinical monitors and other data collection methods.

d. **Critical Monitors.** Various indicators, called critical monitors, are used to ensure that each program site conforms to the goals of the overall program.

(1) Some of the more important indicators are:

(a) Clinical workload,

(b) The length of homelessness of Veterans served,

(c) The presence of psychiatric and substance use disorders among Veterans seen, and

(d) Success in placing Veterans into housing.

(2) Performance of the HUD-VASH Program at each medical center is assessed through comparison with other sites, especially with respect to critical monitors. Those sites, which differ significantly from the others on any particular indicator, are identified as outliers. The identification of a site as an outlier may help the case manager to align the site more closely with the national program. However, sometimes there are reasons for the difference, which are related to situations peculiar to a site, and which do not warrant correction. HUD-VASH case managers discuss the local program environment and the possible need for changes in the operation with NEPEC.

e. **Feedback to Local HUD-VASH Programs.** In addition to progress reports, which are issued annually, NEPEC gives sites information about their performance through the national conference call minutes. Preliminary tables for the progress report are distributed to all sites.

Case managers are encouraged to correct data and to submit any additional information as needed.

f. **Use of Evaluation Data at Local HUD-VASH Program.** Local HUD-VASH Programs often find the information captured by NEPEC to be useful for clinical and administrative purposes. Evaluation data are sometimes used in support of quality assurance efforts, student education, and public relations within, and outside of, the medical center.

g. **Quality and Performance Processes.** Quality assurance and improvement processes are to be carried out in conjunction with, and according to, medical center Quality and Performance Initiative.

h. **Accreditation.** HUD-VASH Programs may be required to obtain The Joint Commission or CARF accreditation. This independent third-party review is crucial to the quality of VA programs and their perception in both the medical care industry and the community. ***NOTE:*** *Complete details about CARF accreditation are located in VHA Handbook 1170.01.*