VA, HUD, AND USICH COMMUNITY PLANNING SURVEY

COMPANION GUIDE

May 2018

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Overview and Instructions

Background
This is the second year that VA, HUD, and USICH are releasing a national community planning survey to gauge progress on ending Veteran homelessness and the development of sustainable systems. The following *Companion Guide* provides an overview of how to complete the survey and description of survey questions.

Overview
The purpose of the survey is to help us to better understand community progress related to ending Veteran homelessness. The information gathered through this survey will help the VA—along with HUD and the U.S. Interagency Council on Homelessness (USICH)—tailor training and technical assistance so that it more effectively addresses local needs.

- Responses should be inclusive of the perspectives of the CoC (or the CoC's official representative in cases where the Veteran Work Group/Subcommittee has been designated by the CoC to respond), Veteran Work Groups/Subcommittees, the VA Medical Center(s) homeless leadership covering the CoC, SSVF grantees, GPD grantees, and other Community Partners
- SSVF grantees will help to facilitate submissions (data entry into survey tool). However, responses must depict a collective review, analysis, and discussion to accurately identify community progress and needs.
- SSVF grantees should **not** submit responses in isolation.
- If a community is unable to engage a partner, they should email Adrienne at adrienne.nashmelendez@va.gov by **Monday, May 21st** for assistance.
- This survey is **not** an evaluation; it has no impact on funding, awards, or compliance. Open and honest responses are required.
- Balance of States (BOS) should prepare a collective response as one (1) submission. Additional comments can be included in *Part 10: Open Ended-Questions* to identify needs and progress in sub-regions where applicable.
- **One (1)** submission per CoC is due on or before Friday, **June 15th**.

Submission
SSVF grantees will facilitate the data entry into the survey tool to assist communities. However, they should not do this until the community has prepared their collective responses which are inclusive of the stakeholders listed above. It is the responsibility of all community and VA stakeholders to ensure that the information accurately reflects the community's progress and needs.

Accessing the Survey
SSVF grantees will receive the survey link via email. SSVF grantees with shared geography should coordinate together to determine who will assist with data entry for the CoC.

The survey link should **not** be accessed until responses are ready to be submitted to avoid duplicate and incomplete responses. For the small number of communities that do not have an assigned SSVF grantee, a separate email will be sent to the CoC leads with additional instructions and data entry assistance.

Past Survey Responses
Past survey responses can be located at: VA, HUD, and USICH Community Planning Survey (formerly Community Plans).

Tools
This Companion Guide, a copy of the pdf questions of the survey (preparation only), and an instructional video are available for communities.

Survey Deadline
All Survey responses must be submitted on or before **Friday, June 15th**.

Part 1: Demographics

1. **Contact Information**
    a. **Name of Person Completing This Survey:** Open

Please enter the name of the person completing the data entry for the survey including first name and last name.

    b. **Title of Person Completing This Survey:** Open

Please enter the title of the person completing the data entry of the survey.

    c. **Email of Person Completing This Survey:** Open

Please enter the email address of the person completing the data entry for the survey. This is the email address that we will use if there are any questions related to the survey submission.

2. **Primary Organization Person Completing Represents**: Dropdown (CoC Board, Veteran Leadership Team, Mayor's Office, VAMC, SSVF, Other)

Please select the primary organization that this person represents. It is understood that this person may play multiple roles. However, for the purposes of survey submission, please indicate which role that they represent.

3. **Continuum of Care Number and Name:** Dropdown *(CoC Number and Name)*

Please select the Continuum of Care Number and Name that this survey response represents.

Part 2: Survey Completion

4. **Does the community have a Veteran leadership team/committee or other group charged with community planning and implementation efforts related to ending homelessness among Veterans?** Yes, No, Not applicable

Please indicate if the community has a Veteran leadership team, committee, or other group that is responsible for planning and implementation efforts related to ending homelessness among Veterans. It is understood that this group may have another title such as Veteran Task Force, Veteran Leadership Team, subcommittee, work group, etc.

5. **Is the Veteran leadership team/committee an official group under the Continuum of Care?** Yes, No, Not applicable

If the community does have a Veteran leadership team, committee, or other group that is responsible for the planning and implementation efforts related to ending homelessness among Veterans, is this group or team an "official" group under the Continuum of Care? In other words, is the group/team/committee officially recognized by the CoC and included within the CoC's structure.

6. **Was this survey completed with support from the CoC Governing body or Collaborative Applicant?** Yes/No

7. **If yes, who is the CoC point of contact?** (Please include name, organization, email, and phone number)

8. **If no, please explain.** *An example of a "No" response might include: Experiencing capacity challenges, Significant Leadership Transition, Other (Please note that if a community needs assistance engaging with partners, they should reach out to Adrienne at Adrienne.nashmelendez@va.gov and Tamara Wright Tamara.wright2@va.gov by May 21st)*

Was the survey completed with support from the CoC governing body or Collaborative Applicant? It is understood that in cases where the Veteran Work Group/subcommittee/Veteran Leadership Team is officially designated by the CoC to oversee and manage work related to ending Veteran homelessness, their support would represent the CoC Governing body or Collaborative Applicant for the purposes of responding to this question.

9. **Was this survey completed with support from all of the VA Medical Center(s) (VAMC) who cover this CoC?** Yes/No

10. **If yes, who is/are the points of contact?** (Please include name, organization, email, and number)

There could be multiple VAMCs involved in a CoC.

11. **If no, please explain.**

An example of a "No" response might include: Multiple VAMCs cover are but not all participated in response, VAMC(s) capacity challenges, Staff transition, Other Please note that if a community needs assistance engaging with partners, they should reach out to Adrienne at Adrienne.nashmelendez@va.gov and Tamara Wright Tamara.wright2@va.gov by May 21st)

Was the survey completed with support from all the VA Medical Center(s) (VAMC) that cover this CoC? It is understood that multiple VAMCs may cover a CoC. In some cases, one VAMC may cover the majority of a CoC with another VAMC covering smaller areas within the CoC. The expectation is that the VAMC that covers the majority or larger portion of the CoC (where applicable) provides input into the survey responses. The other VAMCs can and should help with responses. However, it is understood that their level involvement may vary depending on catchment area. For example, one VAMC may cover 1 county in a Balance of State whereas another VAMC covers 20 counties within the Balance of State. The VAMC covering 20 counties in the Balance of State may be more actively involved in the CoC due to their catchment area. While both VAMCs should assist with providing input into the survey responses, the one VAMC may have additional day to day experience based on the number of areas that they cover.

Part 3: Mayor or Public Official Involvement and Milestones

12. **Does your community have a commitment from the Mayor's Office or other local Public Officials in support of your efforts to end homelessness among Veterans?** Please rate from 0 to 4.

This question uses a scale from 0 to 4.

0=No commitment or involvement

1=Limited commitment or involvement *(Might include awareness of efforts or officially signed on to work but limited involvement since then)*

2=Some commitment or involvement *(Might include asking for updates, hosting an annual meeting, or participating when specifically invited)*

3=Engaged *(Might include regular attendance at meetings or quarterly or more updates)*

4=Actively engaged *(Might include possibly co-chairing a committee, providing staff support to the Veteran Work Group/Leadership Team/Committee, Committing resources such as funding for a Landlord Mitigation/Contingency/Risk Mitigation Fund, or Barrier Busting from a System-Level)*

Please note that in places where a Mayor is not involved but perhaps a County Commissioner or State Governor is, responses could include their level of commitment.

13. **How would you describe the Mayor's Office or other local Public Official's role in ending Veteran homelessness?** Checkbox: Actively participates in leadership meetings, Serves as chair or co-chair, Assists with system barrier busting and/or leveraging of resources, Awareness of efforts but not an active participant

Whereas the previous question asked for level of commitment on a scale, this question asks for a description of the type of involvement.

Please note that in places where a Mayor is not involved but perhaps a County Commissioner or State Governor is, responses could include their level of commitment.

14. **Is your community participating in the Mayors Challenge, Built for Zero (Community Solutions), and/or pursuing the Federal Criteria and Benchmarks?** Mayors Challenge, Built for Zero (Community Solutions), Federal Criteria and Benchmarks, None related to Veterans, Other (specify) (Please select all that apply ---checkbox)

Please help us to understand any initiatives (and goals) that this CoC is participating in or pursuing. Please check all that apply.

15. **If applicable, when would you anticipate that your community could submit a Claim to the Federal Partners based on the Federal Criteria and Benchmarks in hopes of Federal Confirmation?** Submitted –approved, Submitted-pending, Next Month, Next 3 Months, Next Six Months, Next Year, Longer than a year, Never-pursuing but will not submit, Never –pursuing but not attainable, N/A – not pursuing

If your committee has pursued or is pursuing submitting a claim to the Federal Partners based on the Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness , please note your progress. If you have submitted a claim and have been approved or if that claim is pending, please let us know. If you plan to submit a claim in the future, please indicate the approximate timeframe of when you might submit the claim. If the community pursuing but will not submit, is pursuing but will not attain, or is not pursuing, they should select the appropriate response.

Part 4: Planning and Implementation Efforts

General Coordinated Entry Questions

16. **What type of Coordinated Entry access model or models is your community using?** (Checkbox) Single Point of Access, Multi-Site Centralized Access, No Wrong Door, and Assessment Hotline *Select all that apply*.

Please help us to understand the Coordinated Entry access model or models that your community is using. It is understood that a community may be using a combination of models. Please check all that apply.

17. **What coordinated entry common assessment tool has the CoC chosen or developed? (**Dropdown) VI-Spdat, Sufficiency Matrix or Variation with Life Domains, Developed Own Tool, Acuity Assessment, Other, please specify.

Please select the coordinated entry assessment tool that the CoC has chosen or developed. If a tool was selected or developed that is not listed and does not fall into one of the drop down options, please select "Other"and specify.

18. **Are you experiencing challenges with Coordinated Entry?** Check all that apply: Lack of buy-in from providers, Speed of system, Lack of resources to meet need, Challenges with assessment tool, Challenges with master list/by-name list/active list, Challenges with case conferencing, Challenges with integrating VA resources, Challenges coordinating across large geography (like Balance of State), Challenges with HMIS, Other: Please specify

Please check any challenges that the CoC is experiencing with Coordinated Entry. Please be open and honest. Your response will not affect funding or awards and will help us to better understand where additional support is needed. If "Other" is selected, please note additional information that is not included in the listed options.

19. **Does your community have Homeless Prevention resources available to Veterans through Coordinated Entry?** Yes, No, In progress
    a. If yes, please explain and include information on how those resources are targeted and prioritized.

Please indicate if Homeless Prevention resources are available through Coordinated Entry. Selecting "In Progress" might include that there have been preliminary discussions around prevention and diversion/rapid resolution. There may be linkages to Coordinated Entry. However, processes may not be fully implemented yet.

20. **Does your community have any formalized, consistent Shelter Diversion activities? Yes, No, In Progress**
    a. If yes, please explain.

Does your community have a way to divert households from emergency shelter and/or rapidly exit (within 1-3 days) households that may need immediate shelter but can be reconnected to family, friends, or other resources? A response of "In Progress" would mean that discussion has occurred but that a process has not been fully implemented.

VA Integration into Coordinated Entry Systems

21. **Does the Continuum of Care have written policies and procedures for Coordinated Entry that includes Veteran resources?** Yes, No, In Progress

22. **If yes, is/are the VA Medical Center(s) covering this CoC included in the Policies and Procedures? (**Yes, No, In Progress)

23. **If no, what is your timeline for formalizing the Policies and Procedures to include VA Medical Center(s)?** (2 weeks, 1 month, 2 months, 3 months+)

Responses should reflect the full Continuum of Care geography. Policies and procedures might include specific flow maps, a detailed description of where Veteran resources fit into the system and processes for accessing these resources, the role of the VAMC (s) and other Veteran resources, etc. It is understood that although Veterans are not one of the 5

subpopulations that may have a different process within Coordinated Entry, the system should fully understand and incorporate Veteran needs.

24. **Do your Coordinated Entry Policies and Procedures include clear protocol for identifying and connecting Veterans to permanent housing?** Yes, No, In Progress

Please respond based on your current Coordinated Entry Policies and Procedures.

25. **Does the community have a process for connecting Veterans with employment services while obtaining housing? Please note that employment is never a prerequisite in order to obtain permanent housing.** Yes, No, In Progress

*Please respond based on your current processes. Please note that employment is never a prerequisite to housing. This specific question is just trying to learn more about if employment services are available and are part of Coordinated Entry planning in cases where a Veteran may benefit from these services. Employment is **not** required in order to access permanent housing.*

26. **Does the community have a process for connecting Veterans to benefits while obtaining housing?** Yes, No, In Progress

*Please respond based on your current processes. Please note that benefits are never a prerequisite to housing. This specific question is just trying to learn more about if benefit services are available and are part of Coordinated Entry planning in cases where a Veteran may need these services. Benefits **not** required in order to access permanent housing.*

27. **Does the Continuum of Care use the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to help Veterans with disabling conditions access SSI/SSDI?** Yes, No, In progress

28. **If yes, who is the SOAR Point of Contact in the CoC (name, organization, email)?**

29. **If no, would SOAR technical assistance be beneficial for your CoC? Yes, No**

Does the CoC use SOAR to assist Veterans and Veteran households with accessing SSI/SSDI? If yes, please tell us the SOAR Point of Contact. If no, please indicate if technical assistance would be beneficial.

30. **Does the Continuum of Care have a process for connecting Veterans with legal services to address issues that interfere with housing placement, such as unresolved civil matters, fines, child support, and misdemeanor offenses?** Yes, No, In Progress

Please help us to understand if the CoC has a process for connecting Veterans and Veteran households with legal services.

Part 5: Partnerships

31. **Is there a designated individual from the VAMC or VAMCs assigned to the CoC Board or Veteran Work Group/Committee Policy or Leadership Team to provide strategic leadership?**

a. **If no, please explain.**

32. **If yes, who is/are the points of contact?** (Include VAMC name, VAMC code, person's name, and email address)

This question is asking if there is a formal point of contact from the VAMC or VAMCs (in the cases where multiple VAMCs cover the CoC) who is involved in policy work and strategic leadership related to ending Veteran homelessness. Please include the VAMC name, VAMC code, person's name, and email address. If no, please explain. In instances where multiple VAMCs cover the CoC and one or several VAMCs are involved but perhaps not all, please indicate who is involved and note where continued relationship building and integration is occurring or needed. If additional space is needed, please refer to Part 10: Open-Ended Questions.

VAMC Station Codes: *A list of codes can be found under the Appendix (p.21)*

33. **Does community case conferencing currently take place? Yes, No**
    a. **If yes, how frequently do meetings occur? (weekly, bi-weekly, monthly, bi-monthly, quarterly)**

Please indicate if case conferencing takes place in the CoC and if yes, the frequency.

34. **Is there a designated individual from the VAMC or VAMCs assigned to Case Conferencing and the Master List/By-Name List/Active List?**
    a. **If no, please explain.**

35. **If yes, who is/are the points of contact?** (Include VAMC name, VAMC code, person's name, and email address)

This question is asking if there is a formal point of contact from the VAMC or VAMCs who is involved in case conferencing and the active list/master list/by name list/one list related to ending Veteran homelessness. Please include the VAMC name, VAMC code, person's name, and email address. If no, please explain. In instances where multiple VAMCs cover the CoC and one or several VAMCs are involved but perhaps not all, please indicate who is involved and note where continued relationship building and integration is occurring or needed. If additional space is needed, please refer to Part 10: Open-Ended Questions.

VAMC Station Codes: *A list of codes can be found under the Appendix (p.21)*

36. **What is your level of coordination with VA Health Care for Homeless Veterans (HCHV) outreach and contract residential services?**
    a. **Likert Scale:** 0, 1, 2, 3, 4 (with 4 as highest level)

This question uses a scale from 0 to 4.

0=Partnership or Resource Does not Exist in Community

1= Awareness *(Might include little or no knowledge of resource, awareness, or communication, staffing changes causing limited communication, and/or infrequent knowledge sharing and referrals)*

2= Basic Communication *(Might include awareness of efforts and general communication including an understanding of eligibility requirements, how to make referrals, and clear referral partners amongst partners; however, deeper level collaboration is absent. For example, a partner might attend a meeting or call but have limited input during the meeting or limited to no feedback during discussions.)*

3=Coordination *(Might include specific points of contact for referrals, warm hand-offs, regular active participation in meetings and strategy including providing input, taking on action items, sharing information with team and other programs, and helping to identify barriers.)*

4=Enhanced Coordination/Collaboration *(Might include possibly co-chairing a committee, providing staff support to the Veteran Work Group/Leadership Team/Committee, full participation in Coordinated Entry, having specific staff assigned to functions like policy and case conferencing/master list, staff fully embracing plan and helping to develop shared goals and expectations, shared decision-making and evaluation of needs, and full integration of resources)*

There will be an opportunity to provide clarifying narrative under Part 10: Open-Ended questions at the end of the survey if needed.

37. **What is your level of coordination with HUD and VA Supportive Housing (HUD-VASH)?**
    a. **Likert Scale:** 0, 1, 2, 3, 4 (with 4 as highest level)

This question uses a scale from 0 to 4.

0=Partnership or Resource Does not Exist in Community

1= Awareness *(Might include little or no knowledge of resource, awareness, or communication, staffing changes causing limited communication, and/or infrequent knowledge sharing and referrals)*

2= Basic Communication *(Might include awareness of efforts and general communication including an understanding of eligibility requirements, how to make referrals, and clear referral partners amongst partners; however, deeper level collaboration is absent. For example, a partner might attend a meeting or call but have limited input during the meeting or limited to no feedback during discussions.)*

3=Coordination *(Might include specific points of contact for referrals, warm hand-offs, regular active participation in meetings and strategy including providing input, taking on action items, sharing information with team and other programs, and helping to identify barriers.)*

4=Enhanced Coordination/Collaboration *(Might include possibly co-chairing a committee, providing staff support to the Veteran Work Group/Leadership Team/Committee, full participation in Coordinated Entry, having specific staff assigned to functions like policy and case conferencing/master list, staff fully embracing plan and helping to develop shared goals and expectations, shared decision-making and evaluation of needs, and full integration of resources)*

There will be an opportunity to provide clarifying narrative under Part 10: Open-Ended questions at the end of the survey if needed.

38. **What is your level of coordination with the Grant and Per Diem Providers (GPD) that serve your community?**
    a. **Likert Scale:** 0, 1, 2, 3, 4 (with 4 as highest level)

This question uses a scale from 0 to 4.

0=Partnership or Resource Does not Exist in Community

1= Awareness *(Might include little or no knowledge of resource, awareness, or communication, staffing changes causing limited communication, and/or infrequent knowledge sharing and referrals)*

2= Basic Communication *(Might include awareness of efforts and general communication including an understanding of eligibility requirements, how to make referrals, and clear referral partners amongst partners; however, deeper level collaboration is absent. For example, a partner might attend a meeting or call but have limited input during the meeting or limited to no feedback during discussions.)*

3=Coordination *(Might include specific points of contact for referrals, warm hand-offs, regular active participation in meetings and strategy including providing input, taking on action items, sharing information with team and other programs, and helping to identify barriers.)*

4=Enhanced Coordination/Collaboration *(Might include possibly co-chairing a committee, providing staff support to the Veteran Work Group/Leadership Team/Committee, full participation in Coordinated Entry, having specific staff assigned to functions like policy and case conferencing/master list, staff fully embracing plan and helping to develop shared goals and expectations, shared decision-making and evaluation of needs, and full integration of resources)*

Use the most common number. For example, if you have one GPD grantee/provider where your coordination level is a 4 but 2 others at a 2, please use 2 for your response.

There will be an opportunity to provide clarifying narrative under Part 10: Open-Ended questions at the end of the survey if needed.

39. **What is your level of coordination with the Supportive Services for Veteran Families (SSVF) grantees that serve your community?**
    a. **Likert Scale:** 0, 1, 2, 3, 4 (with 4 as highest level), N/A

This question uses a scale from 0 to 4.

0=Partnership or Resource Does not Exist in Community

1= Awareness *(Might include little or no knowledge of resource, awareness, or communication, staffing changes causing limited communication, and/or infrequent knowledge sharing and referrals)*

2= Basic Communication *(Might include awareness of efforts and general communication including an understanding of eligibility requirements, how to make referrals, and clear referral partners amongst partners; however, deeper level collaboration is absent. For example, a partner might attend a meeting or call but have limited input during the meeting or limited to no feedback during discussions.)*

3=Coordination *(Might include specific points of contact for referrals, warm hand-offs, regular active participation in meetings and strategy including providing input, taking on action items, sharing information with team and other programs, and helping to identify barriers.)*

4=Enhanced Coordination/Collaboration *(Might include possibly co-chairing a committee, providing staff support to the Veteran Work Group/Leadership Team/Committee, full participation in Coordinated Entry, having specific staff assigned to functions like policy and case conferencing/master list, staff fully embracing plan and helping to develop shared goals and expectations, shared decision-making and evaluation of needs, and full integration of resources)*

Use the most common number. For example, if you have one SSVF grantee/provider where your coordination level is a 4 but 2 others at a 2, please use 2 for your response.

There will be an opportunity to provide clarifying narrative under Part 10: Open-Ended questions at the end of the survey if needed.

40. **What is your level of coordination with other VA programs like Safe Haven, Veterans Justice Outreach (VJO), and Community Resource and Referral Center (CRRC) (where applicable)?**
    a. **Likert Scale:** 0, 1, 2, 3, 4 (with 4 as highest level)

0=Partnership or Resource Does not Exist in Community

1= Awareness *(Might include little or no knowledge of resource, awareness, or communication, staffing changes causing limited communication, and/or infrequent knowledge sharing and referrals)*

2= Basic Communication *(Might include awareness of efforts and general communication including an understanding of eligibility requirements, how to make referrals, and clear referral partners amongst partners; however, deeper level collaboration is absent. For example, a partner might attend a meeting or call but have limited input during the meeting or limited to no feedback during discussions.)*

3=Coordination *(Might include specific points of contact for referrals, warm hand-offs, regular active participation in meetings and strategy including providing input, taking on action items, sharing information with team and other programs, and helping to identify barriers.)*

4=Enhanced Coordination/Collaboration *(Might include possibly co-chairing a committee, providing staff support to the Veteran Work Group/Leadership Team/Committee, full participation in Coordinated Entry, having specific staff assigned to functions like policy and case conferencing/master list, staff fully embracing plan and helping to develop shared goals and expectations, shared decision-making and evaluation of needs, and full integration of resources)*

There will be an opportunity to provide clarifying narrative under Part 10: Open-Ended questions at the end of the survey if needed.

41. **What is your level of coordination VA Homeless Veterans Community Employment Services (HVCES)?**
    a. **Likert Scale:** 0, 1, 2, 3, 4 (with 4 as highest level)

0=Partnership or Resource Does not Exist in Community

1= Awareness *(Might include little or no knowledge of resource, awareness, or communication, staffing changes causing limited communication, and/or infrequent knowledge sharing and referrals)*

2= Basic Communication *(Might include awareness of efforts and general communication including an understanding of eligibility requirements, how to make referrals, and clear referral partners amongst partners; however, deeper level collaboration is absent. For example, a partner might attend a meeting or call but have limited input during the meeting or limited to no feedback during discussions.)*

3=Coordination *(Might include specific points of contact for referrals, warm hand-offs, regular active participation in meetings and strategy including providing input, taking on action items, sharing information with team and other programs, and helping to identify barriers.)*

4=Enhanced Coordination/Collaboration *(Might include possibly co-chairing a committee, providing staff support to the Veteran Work Group/Leadership Team/Committee, full participation in Coordinated Entry, having specific staff assigned to functions like policy and case conferencing/master list, staff fully embracing plan and helping to develop shared goals and expectations, shared decision-making and evaluation of needs, and full integration of resources)*

There will be an opportunity to provide clarifying narrative under Part 10: Open-Ended questions at the end of the survey if needed.

42. **What is your level of coordination with the Continuum of Care (CoC) Governing Board as a Veteran Work Group/Committee?**
    a. **Likert Scale:** 0, 1, 2, 3, 4 (with 4 as highest level)

0=Partnership or Resource Does not Exist in Community

1= Awareness *(Might include little or no knowledge of resource, awareness, or communication, staffing changes causing limited communication, and/or infrequent knowledge sharing and referrals)*

2= Basic Communication *(Might include awareness of efforts and general communication including an understanding of eligibility requirements, how to make referrals, and clear referral partners amongst partners; however, deeper level collaboration is absent. For example, a partner might attend a meeting or call but have limited input during the meeting or limited to no feedback during discussions.)*

3=Coordination *(Might include specific points of contact for referrals, warm hand-offs, regular active participation in meetings and strategy including providing input, taking on action items, sharing information with team and other programs, and helping to identify barriers.)*

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There will be an opportunity to provide clarifying narrative under Part 10: Open-Ended questions at the end of the survey if needed.

Part 6: Data and Data Sharing

43. **Does your community have an active or "by-name" list of Veterans experiencing homelessness?**

    Yes, No, In Progress

44. **If yes, how often the list is updated?** Daily, Weekly, Bi-weekly, Monthly, Quarterly

45. **If yes, what is the number of days the community waits to change a Veteran's status to missing when he/she can no longer be located or contacted?** 0-10 days, 11-30 days, 31-60 days, 61-90 days, 91+days

Please tell us about your active list/by-name list/master list/one list including frequency of updates and number of days to change a Veteran's status to missing. Missing means that the Veteran can no longer be located or contacted.

46. **If no to "does your community have an active or by-name list", please describe how you keep track of Veterans experiencing homelessness.** (Open text)

If your community does not have an active "By-name list/master list/active list" of Veterans experiencing homelessness, please tell us a little more about how you track Veterans experiencing homelessness. This could include how Veterans are identified and how they are matched to permanent housing.

47. **Are you using a standard Release of Information (ROI) to share information where everyone is using the same one?** Yes, No, In Progress

Please tell us if everyone is using the same, standard Release of Information (ROI) to share information.

48. **Does this release include all Veterans?** Yes, No, In Progress
49. **Does your community have data sharing policies that include your local VA Medical Center and other VA programs that allow you to share data for the purposes of the By-Name/Master List/Active List?** Yes, No, In Progress, Other (Specify)

To support comprehensive master lists/by name lists/active lists, do data sharing policies include VAMC(s) and other VA programs?

50. **Is your master list/by-name list/active list held in HMIS?** Yes, No, Partial (Combination of HMIS and Manual Compilation)

Partial indicates that the master list/by name list/active list is a combination of HMIS and manual data compilation.

51. **If no, do you plan to maintain it in HMIS?** Yes, No

Are there plans to hold the master list in HMIS in the future?

52. **Is the coordinated entry assessment tool in HMIS?** Yes, No

Is your coordinated entry assessment tool included in HMIS?

53. **If no, do you intend to include it in HMIS?** Yes, No

Are there plans to include it in HMIS in the future?

54. **Is the VA Medical Center able to access HMIS for read-only information?** Yes, No

Read-only includes the ability to look up information and may also include the ability view history and demographics. However, the user does not have access to make edits within HMIS.

55. **Is the VAMC able to enter data into HMIS (not required)?** Yes, No

In some cases, a VAMC or VAMCs covering the CoC may enter data directly into HMIS. This is not a VA-requirement. We are interested in learning about what communities are doing and what has been helpful to them. Please feel free to provide additional comments under Part 10: Open-Ended Questions.

56. **Does your data include all Veterans who are unsheltered and experiencing homelessness?** Yes, No

Example: On the street, living in a car, in a camp, in a place not meant for human habitation, etc.

57. **Does your data include all Veterans who are sheltered and are experiencing homelessness?** Yes, No

Example: Emergency shelter, transitional housing, and Safe Haven

58. **Are there any programs in your community that are not accounted for in your data?** Select all that apply: SSVF, GPD, HCHV, Faith-Based organizations serving persons experiencing homelessness, Domestic Violence, Mon-CoC funded organizations, Other

It is understood that some programs may not be accounted for in your data. Please help us to understand what information might not currently be included.

59. **How many Veterans are currently on the by-name list/master list/active list at the moment?**

The following questions appear as a chart in the survey. Please note that key words are highlighted. The total number of Veterans on the current by-name list/master list/active list is asked. Then, this number is broken down into sheltered and unsheltered and further broken down into sub-categories.

- ***Please note that the total number of Veterans who are Unsheltered and Sheltered should add up to the Number of Veterans Total.***
- ***Please note that the Number of Veterans who are Unsheltered should equal the Unsheltered subcategories.***
- ***Please note that the Number of Veterans who are Sheltered should equal the Sheltered subcategories.***

a. **Number of Veterans Total**
   The total number of Veterans who are currently experiencing homelessness and are on your by name list/master list/active list. For example, if your master list is comprehensive and includes all Veterans experiencing homelessness (sheltered and unsheltered), this would be the number that you would use. This number should equal the number of unsheltered Veterans plus the number of sheltered Veterans entered below.
b. **Number of Veterans who are Unsheltered**
   The total number of unsheltered Veterans currently experiencing homelessness and are on your by name list/master list/active list. Please break this number down further by location of the unsheltered Veterans (street, camp/tent city, car, or other location not meant for human habitation). ***Do not count the same Veteran in more than 1 location below****. The total number of unsheltered Veterans should equal the sum of all of the numbers below: on street plus (+) in camp/tent city plus (+) in car plus (+) other place not meant for human habitation.*
c. **Unsheltered-On Street**
d. **Unsheltered-In Camp/Tent City**
e. **Unsheltered-In Car**
f. **Unsheltered Other Place not meant for human habitation (abandoned building, subway station, sewer, etc.)**
g. **Number of Veterans who are Sheltered**
   The total number of sheltered Veterans who are currently experiencing homelessness and are on your by name list/master list/active list. Please break this number down further by shelter type (Emergency Shelter, Transitional Housing (GPD and Non-VA), and Safe Haven). ***Do not count the same Veteran in more than 1 shelter type below****. This number should equal the sum of all of the numbers below: emergency shelter plus (+) transitional housing plus (+) VA Grant and Per Diem plus (+) Non-VA Transitional Housing plus (+) Safe Haven.*
h. **Sheltered-Emergency Shelter**
i. **Sheltered-Transitional Housing**
j. **Sheltered-VA Grant and Per Diem**
k. **Sheltered-Non-VA Transitional Housing**
l. **Sheltered-Safe Haven**

60. Of all of the Veterans who are sheltered and unsheltered, how many are chronically homeless? (number)

Based on the total number of Veterans experiencing homelessness entered above (both sheltered and unsheltered), how many of these Veterans are chronically homeless. For example, if there are 20 unsheltered Veterans and 40 sheltered Veterans, there are a total of 60 Veterans experiencing homelessness. Of the 60 Veterans experiencing homelessness, how many are chronic? In this example, perhaps 10 Veterans currently meet HUD's definition of chronic homelessness. So the response would be 10. ***Response should be a number.***

61. What percentage of all Veterans who are sheltered and unsheltered are chronically homeless? (percentage)

This question is a variation on the prior question. Using the example above, we have 60 Veterans experiencing homelessness; 10 meet HUD's definition of chronic. Therefore, the percentage is 10/60 which equals approximately 17% (rounded up 16.6%). ***Response should be a percentage.***

62. **What percentage of all Veterans who are sheltered and unsheltered are Veterans Healthcare Administration (VHA) eligible?**

Of the total number of Veterans who are sheltered and unsheltered above, what percentage are VA Healthcare Administration eligible. Using the example above, we have 60 Veterans experiencing homelessness total. Based on our master list, we know that 20 of the Veterans are eligible for VHA (eligible for VA health care). Therefore, 20/60 equals 33% (rounded down 33.33%), so 33% of the Veterans who are sheltered and unsheltered are eligible for VA Healthcare.

If you have questions on who would be eligible for VHA, and the information is not clear on your master list, please feel free to reach out to the VAMC point of contact(s) that work with your community. ***Response should be a percentage.***

63. **What is the average monthly inflow of Veterans experiencing homelessness into your homeless system? To calculate the monthly average, please use the time period of the last 90 days.**

Inflow is the number of Veterans entering your homeless system per month. It includes Veterans who are new to the homeless system as well as Veterans who were involved in the homeless system and are perhaps returning to the system/re-entering the system. This information can be calculated using your master list and/or HMIS. Please provide us with an average based on the same 90 day time frame that is used below. ***Response should be a number.***

64. **Approximately what percentage of Veterans self-resolve?** 0-5%, 6-10%, 11%-15%,16-20%, 21-25%, 26%-30%, 31%+

Please indicate the number of Veterans that are able to self-resolve their experience of homelessness. ***Response is a percentage.***

65. **What is the average length of time in days from identification of a Veteran experiencing homelessness to housing placement? To calculate the monthly average, please use the time period of the last 90 days**

How long does it take from entry into the homeless system to housing placement for Veterans. Use the same 90 day timeframe as above to calculate the average. ***Response is a number (number of days).***

66. **What is the average number of placements to permanent housing per month?**

How many Veterans are placed into permanent housing per month? Please use the same 90 day timeframe as above to calculate the average. ***Response is a number.***

Part 7: Permanent Housing

67. **Do you have enough permanent housing available housing to place every Veteran experiencing homelessness in 90 days or less after being identified?** Yes, No

68. **If yes, is the existing permanent housing currently available to Veterans experiencing homelessness affordable (ex. available to Veterans if they only spend ~40% of their income on rent and utilities.)** Yes, No

Please tell us about permanent housing availability. This follow up question is focused on understanding if affordable housing is generally available within the community's context. It is understood that many households may be spending more than 40% of their income on housing. Please feel free to provide additional comments under Part 10: Open-Ended Questions.

69. **Do you have challenges with a tight rental market (ex. Vacancy rate of 5% or less)?** Yes, No

We are interested in better understanding the rental housing market within your community.

70. **Are you working with your local apartment association?** Yes, No, In Progress, N/A

Please indicate if your community is working with a local apartment association to engage in conversations and strategy related to permanent housing.

71. **Do you need political support to assist you with landlord engagement?** Yes, No

Please identify if you need political support to assist with engaging landlords.

72. **Do you have a community landlord incentive fund/contingency/risk mitigation fund?** Yes, No, In Progress, N/A

Does the community have a landlord incentive fund, contingency fund, and/or risk mitigation fund? It is understood that communities may have one fund that encompasses all of these functions where other communities might not have a fund or may have separate funds depending on specific landlord needs.

73. **If yes, does the fund cover the following? Check all that apply.**
    i. Damages
    ii. Utility arrears
    iii. Vacancy Payments
    iv. Support for Landlords to Meet Code Requirements
    v. Application Fees
    vi. Other

If your community does have a fund or funds, please check all that apply.

74. **If you answered "Yes to having a landlord incentive/contingency/risk mitigation fund," Is the landlord fund for Veterans only?** Yes, No

Please note if the fund is separate for Veterans or if it is part of a fund for various populations.

75. **If you answered "Yes,"How is the landlord incentive fund funded? Check all that apply.**
    i. Municipal General Revenue
    ii. Dedicated Funding Source
    iii. Philanthropic Resources
    iv. Corporate Funded
    v. Faith Community Funded

Please tell us what funding is used to fund the fund. If there are multiple funding sources, please check all that apply. If you have additional comments, please include them under Part 10: Open-Ended Questions.

76. **If you answered "Yes,"who administers the landlord incentive fund?**
    i. CoC
    ii. SSVF
    iii. City
    iv. County
    v. Other

Please tell us who manages the fund or funds.

Part 8: Adoption of Best Practices

77. **Has the Continuum of Care implemented a CoC-wide prioritization strategy for ensuring the most intensive resources (HUD-VASH, PSH) are targeted to the Veterans that need it most?** Yes, No, In Progress

Targeting and prioritizing resources for Veterans and Veteran households most in need is important. For example, not every household will need permanent supportive housing (highest level of intervention). Progressive engagement/assistance should be employed where possible. For those Veterans and Veteran households that need the most intensive resources, does the CoC have a clear policy/procedure that is consistent across the CoC for prioritizing and targeting resources?

78. **Has the Continuum of Care embraced a CoC-wide Housing First approach?** Yes – fully embrace HF, Yes – somewhat embrace HF, No, I don't know

What level of Housing First is employed within the CoC? Please note that conducting a training on Housing First is different than actual implementation within the system. In these responses, fully embrace means that the CoC understands Housing First and has implemented it across the system.

79. **Does the Continuum of Care use frequent Case Conferencing or another process to match Veterans to available housing resources and also identify system barriers?** Yes – at least monthly, Yes - less than monthly, No, Not Sure

Case conferencing is a practice that has been extremely helpful in identifying Veterans experiencing homelessness and also connected those Veterans to housing resources. Case conferencing should also include the ability to identify system barriers. Please tell us if the CoC uses case conferencing or a similar type of mechanism to match Veterans to housing resources and identify barriers and the frequency that this occurs. Please feel free to include additional comments under Part 10: Open-Ended Questions.

80. **Has the Continuum of Care worked to integrate GPD programs and the new models into coordinated entry system with the support of the VA Medical Center?** Yes, No, In Progress

We are interested in understanding how GPD grantees/providers and GPD liaisons are working together to integrate into Coordinated Entry. It is understood that the new GPD models went live October 1 and that this is a significant change for providers. We want to work together to support each other in the process of full integration. Please feel free to add comments under Part 10: Open-Ended questions especially if your community does not have GPD.

81. **Does your community have GPD bridge housing?** Yes, No

If your community does have GPD bridge housing, please mark "Yes".

82. **If you answered "Yes" to the previous question, please provide the following:**
    i. How many beds? *Number of GPD bridge beds-Please reach out to your GPD providers for information (if needed).*
    ii. What is the occupancy rate? *Current occupancy rate-Please reach out to your GPD providers for information (if needed).*
83. **If your community has GPD bridge housing and the occupancy rate is is low, why?**
    1. Difficulty accessing beds
    2. Need additional support with how to fully integrate
    3. Other

This question is solely to help us learn and would be a good place to engage in dialogue.

84. **Do your meetings have formalized agendas, action items, and notes?** Yes, No, In progress

Please help us to understand more about the structure of your meetings related to ending Veteran homelessness.

85. **Does everyone in your leadership team understand your goals and your data?** Yes, No, In Progress

Please help us to understand more about the structure of your meetings related to ending Veteran homelessness.

Part 9: Federal Criteria and Benchmarks

Please indicate to what extent the Continuum of Care or the community for which you are responding has reached the following federal criteria.

86. **Criteria 1: Has your community identified all Veterans experiencing homelessness?** Yes, No, In Progress

Please refer to the Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness for additional information.

87. **Criteria 2: Does your community provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it?** Yes, No, In Progress, Not pursuing

Please refer to the Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness for additional information.

88. **Criteria 3: Does your community only provide service-intensive transitional housing in limited instances?** Yes, No, In Progress, Not pursuing

Please refer to the Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness for additional information.

89. **Criteria 4: Does your community have the capacity to assist Veterans to swiftly move into permanent housing?** Yes, No, In Progress, Not pursuing

Please refer to the Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness for additional information.

90. **Criteria 5: Does your community have the resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future?** Yes, No, In Progress, Not pursuing

Please refer to the Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness for additional information.

Part 10: Technical Assistance

91. **Would your community be interested in receiving Technical Assistance related to ending homelessness among Veterans?** Yes, No

Technical assistance is meant in the broadest sense of the term which could include connection to existing tools and resources and hands-on support based on availability. The provision of technical assistance is also broad and could be conducted by connecting peer communities, working with Regional Coordinators/other Subject Matter Experts, or a TA provider.

92. **If yes, what areas of technical assistance would be the most helpful to your community?** Check all that apply:
    - By Name/Master List
    - Coordinated Entry
    - Case Conferencing Strategies
    - Prioritization Strategies
    - System Wide Progressive Engagement & Assistance Strategies
    - Housing First and Trauma-Informed Care
    - Rapid Re-housing
    - Engaging Leadership/Convening Partners
    - Developing Emerging Leaders
    - System Mapping
    - Grant and Per Diem Models and Coordination
    - Quality Improvement/Sustainability
    - Shelter Diversion Practices
    - Targeting RRH to High-Need Veteran Households
    - Rural/BOS Challenges
    - Data sharing and/or data best practices
    - Data analysis/analytics
    - Other (please specify)

Please note that this is an exploratory list. It may not be all-inclusive. Additionally, technical assistance is meant in the broadest sense which could include connection to existing tools or hands-on support based on availability.

93. **If your community is currently receiving technical assistance, which organization/group has been primarily responsible for providing it (check all that apply)?**

- SSVF Technical Assistance
- HUD Vets@Home Technical Assistance (Current or Former)
- Built for Zero (Community Solutions)
- ERPI (through VAMC)
- HUD Priority Community TA
- Don't know
- None
- Other (specify)

If your community is currently receiving technical assistance, please check all that apply. Additionally, if your community formerly received HUD Vets@Home, please check.

Open-Ended Questions

94. **What are some areas or issues that are proving most difficult for your community in your efforts to end homelessness among Veterans?** Open text

Please help us to better understand some of the issues or challenges that are impacting your efforts to end Veteran homelessness. Your insight is incredibly helpful in our work together.

95. **Please further describe the levels of coordination indicated in Part 5: Partnerships. For example, if relationship was rated a 0 or 1 under Part 5, please tell us why and what might help with improving the relationship. If a relationship was rated as a 3 or 4, please tell us what is working well.** Open text

Please help us to better understand the responses related to Part 5: Partnerships.

96. **What successes have you had with your VA partners and/or how have VA resources and staff added value to your efforts as a community?** Open text

Please tell us about your work together with the VAMC(s) and VA partners such as SSVF and GPD. We are interested in how your work together is adding value to your overall community efforts.

97. **If your community has GPD, please tell us about the overall integration into Coordinated Entry. Please also include any questions you may have.** Open text

Please tell us about your experiences and include any questions that you may have.

98. **Tell us about how you are creating sustainability within your system?** Open text

Please tell us about how you are not only working towards goals and milestones but are also creating sustainable systems.

99. **Any additional comments and/or feedback:** Open text

Please provide any additional comments and/or feedback.

Appendix: VA Medical Center Station Codes

Site Code	Site Code/Facility Name
402	(402) Togus, ME
405	(405) White River Junction, VT
518	(518) Bedford, MA
523	(523) VA Boston HCS, MA
608	(608) Manchester, NH
631	(631) VA Central Western Massachusetts HCS
650	(650) Providence, RI
689	(689) VA Connecticut HCS, CT
526	(526) Bronx, NY
528	(528) Western New York, NY
528A5	(528A5) Canandaigua, NY
528A6	(528A6) Bath, NY
528A7	(528A7) Syracuse, NY
528A8	(528A8) Albany, NY
561	(561) New Jersey HCS, NJ
620	(620) VA Hudson Valley HCS, NY
630	(630) New York Harbor HCS, NY
632	(632) Northport, NY
460	(460) Wilmington, DE
503	(503) Altoona, PA
529	(529) Butler, PA
542	(542) Coatesville, PA
562	(562) Erie, PA
595	(595) Lebanon, PA
642	(642) Philadelphia, PA
646	(646) Pittsburgh, PA
693	(693) Wilkes-Barre, PA
512	(512) Baltimore HCS, MD
517	(517) Beckley, WV
540	(540) Clarksburg, WV
581	(581) Huntington, WV
613	(613) Martinsburg, WV
688	(688) Washington, DC
558	(558) Durham, NC
565	(565) Fayetteville, NC
590	(590) Hampton, VA
637	(637) Asheville, NC
652	(652) Richmond, VA
658	(658) Salem, VA

659	(659) Salisbury, NC
508	(508) Atlanta, GA
509	(509) Augusta, GA
521	(521) Birmingham, AL
534	(534) Charleston, SC
544	(544) Columbia, SC
557	(557) Dublin, GA
619	(619) Central Alabama Veterans HCS, AL
679	(679) Tuscaloosa, AL
516	(516) Bay Pines, FL
546	(546) Miami, FL
548	(548) West Palm Beach, FL
573	(573) Gainesville, FL
672	(672) San Juan, PR
673	(673) Tampa, FL
675	(675) Orlando, FL
596	(596) Lexington, KY
603	(603) Louisville, KY
614	(614) Memphis, TN
621	(621) Mountain Home, TN
626	(626) Middle Tennessee HCS, TN
506	(506) Ann Arbor, MI
515	(515) Battle Creek, MI
538	(538) Chillicothe, OH
539	(539) Cincinnati, OH
541	(541) Cleveland, OH
552	(552) Dayton, OH
553	(553) Detroit, MI
583	(583) Indianapolis, IN
610	(610) Northern Indiana HCS, IN
655	(655) Saginaw, MI
757	(757) Columbus, OH
537	(537) Jesse Brown VAMC (Chicago), IL
550	(550) Danville, IL
556	(556) Captain James A Lovell FHCC
578	(578) Hines, IL
585	(585) Iron Mountain, MI
607	(607) Madison, WI
676	(676) Tomah, WI
695	(695) Milwaukee, WI
589	(589) Kansas City, MO
589A4	(589A4) Columbia, MO
589A5	(589A5) Kansas City, MO
589A6	(589A6) Eastern KS HCS, KS

589A7	(589A7) Wichita, KS
657	(657) St. Louis, MO
657A4	(657A4) Poplar Bluff, MO
657A5	(657A5) Marion, IL
437	(437) Fargo, ND
438	(438) Sioux Falls, SD
568	(568) Black Hills HCS, SD
618	(618) Minneapolis, MN
636	(636) Nebraska-W Iowa, NE
636A6	(636A6) Central Iowa, IA
636A8	(636A8) Iowa City, IA
656	(656) St. Cloud, MN
502	(502) Alexandria, LA
520	(520) Gulf Coast HCS, MS
564	(564) Fayetteville, AR
580	(580) Houston, TX
586	(586) Jackson, MS
598	(598) Little Rock, AR
629	(629) New Orleans, LA
667	(667) Shreveport, LA
504	(504) Amarillo, TX
519	(519) Big Spring, TX
549	(549) Dallas, TX
671	(671) San Antonio, TX
674	(674) Temple, TX
740	(740) VA Texas Valley Coastal Bend HCS
756	(756) El Paso, TX
436	(436) Montana HCS
442	(442) Cheyenne, WY
554	(554) Denver, CO
575	(575) Grand Junction, CO
623	(623) Muskogee, OK
635	(635) Oklahoma City, OK
660	(660) Salt Lake City, UT
666	(666) Sheridan, WY
463	(463) Anchorage, AK
531	(531) Boise, ID
648	(648) Portland, OR
653	(653) Roseburg, OR
663	(663) VA Puget Sound, WA
668	(668) Spokane, WA
687	(687) Walla Walla, WA
692	(692) White City, OR
459	(459) Honolulu, HI

459GE	(459GE) Guam
570	(570) Fresno, CA
593	(593) Las Vegas, NV
612	(612) N. California, CA
640	(640) Palo Alto, CA
654	(654) Reno, NV
662	(662) San Francisco, CA
501	(501) New Mexico HCS
600	(600) Long Beach, CA
605	(605) Loma Linda, CA
644	(644) Phoenix, AZ
649	(649) Northern Arizona HCS
664	(664) San Diego, CA
678	(678) Southern Arizona HCS
691	(691) Greater Los Angeles HCS