

Erie VAMC Homeless Programs Data Sharing and Coordination with the Erie Continuum of Care

An Emerging Practice in VHA Homeless Programs Operations

White Paper



**U.S. Department
of Veterans Affairs**

Developed by
VHA Homeless Programs National Office
In partnership with the **VA Center for Applied Systems Engineering (VA-CASE)**

INTRODUCTION

The VHA Homeless Programs Office is in the process of identifying and disseminating emerging and best practices in homeless programs operations, utilizing a framework developed by the Centers for Disease Control (CDC)¹ to determine emerging practices in VHA Homeless Programs Operations.

The Erie VA Medical Center has been identified as a site with an emerging practice based on their collaboration with their local Continuum of Care (CoC) and data sharing process to enhance operational planning and increase access to care for homeless Veterans.

PRACTICE OVERVIEW

Strong relationships and a shared vision with community partners have led to positive results.

The Homeless Programs at the Erie VAMC has a longstanding relationship with their local Continuum of Care (CoC) for homeless individuals and families. During FY 2014, Mike Wehrer, the Homeless Care Team Supervisor at the Erie VAMC, developed a process with the local CoC to share demographic data on homeless Veterans using the Homeless Operations Management and Evaluation System (HOMES) Assessment form. This better connected Veterans with community resources and developed a more accurate picture of the homeless Veteran population within the Erie VAMC area. This practice also led to the HMIS system incorporating VA HOMES data into their understanding of homelessness among Veterans, and the Homeless Program Coordinator accessing data about Veterans within the CoC's Homeless Management Information System.

“At a CoC meeting we realized we were not getting an accurate number of Homeless Veterans locally and saw that HOMES and HMIS intakes are parallel to each other and figured we could somehow link the two.”

Mike Wehrer

*Erie VAMC Homeless Care Team
Supervisor*

Practice has increased access to community data resources

Through this collaboration, the *Erie VAMC Homeless Care Team Supervisor obtained “read-only” access to the HMIS system*, providing insight into where Veterans were receiving emergency and transitional housing services within the Erie catchment area. This has led to quicker identification of homeless Veterans in community shelters who were not receiving VA services, increasing access to VA healthcare services. The CoC HMIS Administrator also provided reports of homeless Veterans identified in HMIS during 2014, information that had previously not been made available to the VAMC. Due to these efforts, the VAMC was able to more accurately identify the number of homeless Veterans

¹ Spencer LM, Schooley MW, Anderson LA, Kochtitzky SC, Degroff AS, Develin HM, et al. Seeking Best Practices: A Conceptual Framework for Planning and Improving Evidence-Based Practices. *Prev Chronic Dis* 2013;10:130186. DOI: <http://dx.doi.org/10.5888/pcd10.1300186>

experiencing homelessness in their catchment area and were able to justify a change in the basic needs assumptions as part of their Gap Analysis Tool.

Bi-directional Data Sharing has Led to Improved Understanding of Veteran Need

In addition, the VAMC currently completes HOMES Assessments on homeless Veterans utilizing VA homeless program services. This bi-directional data sharing agreement has given both the VAMC and the local CoC insights into the homeless Veteran population within the Erie VAMC catchment area. The Homeless Care Team Supervisor worked closely with the VAMC's Information Security Officer (ISO) and Privacy Officer to ensure information released to the local CoC was done within VA guidelines. In FY 2015, the Erie VA is comparing existing HMIS and VA lists of "homeless Veterans" in order to identify additional Veterans in need of services, and to make HMIS and VA data more accurate.

CONCLUSION

The Erie VAMC has provided a number of resources related to implementation of this practice that might be useful for other VAMCs and community partners to implement. These resources can be accessed directly from this document:

- **Summary transcript of interview with Mike Wehrer, MSW, LCSW, Homeless Program Supervisor, Erie VAMC**
- **Erie Release of Information Form**: Used by the Erie VAMC for Veterans to complete, providing authorization for the file transfer.
- **HMIS HOMES Pilot Email**: Email from VACO Health Care for Homeless Veterans (HCHV) providing additional information about the Pilot.
- **An Overview of the Data Sharing Project Between Erie, PA VAMC and Erie, PA HMIS**: A report published by the Erie CoC regarding this process.

If you have questions about the content, please contact the VHA Homeless Programs Emerging Practices group [here](#). We thank staff from the Erie VAMC for their time and effort in sharing this practice.

EMERGING OUTCOMES

1. A better understanding of the need of homeless Veterans throughout the Erie VAMC catchment area.
2. Increased access to VA healthcare services for Veterans accessing community homeless programs.
3. Development of more accurate Veteran data within HMIS, allowing for the correction of HMIS to reflect a more accurate number of homeless Veterans.
4. Better targeting of VA homeless resources, based on HMIS data.

Summary transcript of interview with Michael Wehrer, MSW, LCSW, Homeless Program Supervisor, Erie VAMC

To further define and understand the structure the Erie VAMC used in working with their local CoC, the following is a series of questions and answers related to this emerging practice.

1. What is the practice's intended and critical target population (individuals, customers, staff, agency and other target populations)?

Intended target populations being served are Homeless Veterans, VA Homeless Programs, local corresponding HMIS information systems (managed by their local Continuum of Care).

2. Which stakeholders were (or could have been) involved in implementing the practice? Were impacted by it? Who was the primary champion?

Stakeholders include all homeless Veterans in Erie VAMC catchment area, Erie VAMC Homeless Care Team, Erie County (PA) Continuum of Care/HMIS and Community Homeless Service providers.

3. How is the practice designed to integrate with existing networks and partnerships?

At a CoC meeting, we realized we were not getting an accurate number of Homeless Veterans locally and saw that HOMES and HMIS intakes are parallel to each other and figured we could somehow link the two. This process uses existing networks and partnerships, and merely allows the Veteran to elect to share his/her information with HMIS. The Veteran signed a release allowing their information to be uploaded into the HMIS system. No additional forms are filled out: we fax our HOMES Assessment directly to the HMIS administrator.

4. Does the practice streamline or add complexity to existing procedures or processes?

The VA has no existing system to integrate local homeless Veteran data with community homeless Veteran data. This does not add complexity to existing procedures outside of sending a fax and obtaining a release of information (ROI). This finally allows for an accurate assessment of homeless Veterans in our area.

5. What resources were required to fully implement this practice?

Good communication and collaboration with community partners, approval from local Release of Information Office, Information Security Officer and Privacy Officer. An agreement with the CoC is also required to accept your HOMES forms and have them entered into the HMIS system.

6. What barriers to implementing this practice did you experience?

There are no barriers on the side of the VA or local CoC/HMIS. Some outlying CoC HMIS providers have been hesitant to implement due to lack of staff to process the HOMES forms. It would be preferred if an electronic transfer of data can happen which we are unable to do at this time. If our HMIS administrator left that might also cause a barrier if the next administrator did not buy in to our new process.

7. Based on current data, why do you believe this practice worked? (We want to know both mechanism and facilitators.)

It has an obvious benefit to the Veteran, easing connection to community services. There is a benefit to the CoC/HMIS data validity as well as benefit for the VA since HUD's HMIS numbers are used at VA. This works due to limited additional work for both VA and CoC because we are using existing documents processes.

8. Were there any unanticipated effects, positive and/or negative?

Changed our whole GAP analysis calculation, since we know actual numbers, not a numerical best guess. We now can figure out who is actually a homeless Veteran and compare this to VA data. We increased the reported number of homeless Veterans in HMIS, just when there is a national expectation to decrease the number of homeless Veterans. I believe that through this process, the Erie VAMC will be able to accurately state the number of homeless Veterans in our catchment area, leading to the provision of existing VA homeless services, and ultimately leading to the elimination of homelessness among Veterans in our catchment area. There may always be acute episodes of homelessness among Veterans, however this process will allow for the immediate identification of Veterans in need of services, resulting in immediate response by the VA.

9. How much of the population could ultimately be affected (potential reach)?

Already at least 12 locations nationally are using this process (that have contacted Erie for additional information). Ideally, every VA should be using this process, if they did, the HUD and VA data on homeless Veterans would be much more accurate.

10. What resources are required to sustain the practice over time?

Support and buy-in from VA and HUD leadership is already in place, local buy-in and commitment will be required. Ground work was developing a strong relationship with the CoC, getting to know the HMIS folks, getting them to trust our mission and work, went a long way to making this process work

Because there is no formal directive on either the VA or HUD side, it will be up to the interpersonal skills of the VA leadership to establish how this process is mutually beneficial, and worth the time and effort. Really, there is no formal incentive/performance measure/etc. to drive this process, just the desire to provide services to homeless Veterans. Hopefully an electronic transfer of the Veteran's HOMES Assessment will smooth the way in the future. Formal, official messages from both VA and HUD would of course not hurt either. A more automated system of sharing data, such as through electronic transfer of a Veteran's HOMES Assessment via a comma separated values (CSV) file would greatly enhance the growth and continuation of this process.

11. What long-term effects/maintenance/improvement of efforts over time can be achieved?

Once a Veteran is entered into HMIS through this process, VA staff will need to provide housing status updates to HMIS so that we do not have an ever-expanding list of Veterans listed as “homeless” in HMIS. Ultimately, should all VA’s adopt this practice; VA would see a vastly more accurate count of homelessness among Veterans. Based on the Erie example, this will lead to a much lower number of homeless Veterans identified by HMIS, because the number will now be accurate. Those Veterans who are identified as homeless will then be more easily tracked to ensure that appropriate resources and services are provided.

12. What might threaten the transferability of this practice to other regions? For example, will any political, organizational, geographic, social, or economic factors affect implementation feasibility or impact?

Each CoC and therefor HMIS system is administered locally, not through HUD. Therefore, even if HUD says that it is a great idea, each CoC can decide independently to implement. Each VA homeless program also has the independence to choose to use this process or not. A CoC may not have the staff/financial means to input the HOMES data into their HMIS system.

13. Looking back if you could do things differently what would you change?

We would have found a way to get Vets out of the HMIS system once they were no longer homeless and start a better tracking system of what we were sending over to HMIS. Currently Erie VA is manually responding to a HMIS list of “homeless Veterans” generated each month, and indicating the current housing status of known Veterans.