

Evh - S1EP16 - Solving the Coordination Problem in Your Community

Eileen Devine: [00:00:00] Rural communities, urban communities, every part of our country where there are homeless individuals, there needs to be this coordination.

And what we say to the VA staff is the creation of this coordinated entry system, that burden, as we talked about is certainly not on the client that we're trying to serve. It's on the community as a whole. And VA's role is not necessarily to be the creator of it. But we need to be at the table. We bring a lot of resources, a lot of expertise, and it's just the right thing to do as an involved community partner.

Shawn Liu: Welcome to Ending Veteran Homelessness, your first hand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at [00:01:00] 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838

There is a good chance that in your community there is a bunch of different charities, nonprofit organizations, foundations, and the like, working to address the ills of society. They could be working on hunger, or poverty, or mental health, or homelessness. They could be working with families, women, older adults, LGBTQ+ folks, Veterans.

You've probably seen their good news stories and fundraisers on social media. You may have attended some of their fundraisers in person. You may have volunteered with them to serve meals throughout the year or to serve dinner at Thanksgiving. You may have sponsored holiday gifts for families through them at Christmas or Hanukkah.

Some of you may have even read their annual reports, which [00:02:00] highlight all of the positive impacts that their organization has made on your

community. And, as you heart their social media posts, or drop off donations, or hand a participant a plate of spaghetti, you may wonder to yourself, "Yo, do all these different groups talk to each other? Like, there are a lot of y'all. How does all this fit in together?"

Those are really great questions. And in the world of ending Veteran homelessness, those questions touch on something that many of us call the coordination problem.

For our purposes today, the quote/unquote "coordination problem" is just this general idea that a group of people can likely come up with a good solution to an issue, say, homelessness among Veterans, but without an effective means of coordination, individual people within the group are unlikely to take the specific and necessary steps toward that solution on their own.

Yes, they'll still do a lot of good and important work. Yes, they'll still help a lot of [00:03:00] people in need. But homelessness among Veterans may persist nonetheless. Of course, dedicating a ton of money is indeed necessary to end Veteran homelessness. But money alone is not enough. You need coordination - some way to get different people, with different strengths, to take specific roles in a system to achieve the outcomes we all want.

And there are a lot of reasons why coordination is hard. There may be barriers that make communication difficult amongst all the different group members. The benefits of coordination may not be easy to see or immediately felt. And it may require folks to give up some power or autonomy for the greater good. There may even be perverse incentives that actually reward people for not coordinating.

Sometimes it can feel like the deck is stacked against us. Sometimes it's easy to feel like homelessness is a big, out of control problem that will never end.

But, if we're going to truly end homelessness for Veterans and non Veterans alike, [00:04:00] we're going to have to solve the coordination problem.

Our Veterans, our neighbors, deserve nothing less.

But how do we get all these different groups, with their own missions, and funders, and goals, and visions for our country, marching to the beat of the same drum?

That's also a really great question.

So, to help us learn more about how VA is doing our part to coordinate better with the homeless assistance groups in your community, I can think of no one better to talk to, once again, than our very own Eileen Devine.

Ms. Devine is the National Director for Health Care for Homeless Veterans here in the Homeless Programs Office. She's also a licensed clinical social worker who has worked in a variety of VA settings including outpatient mental health, inpatient medicine, homeless programs, and programs specifically for Veterans experiencing severe and persistent mental illness.

In addition to providing direct clinical care and supervision for multiple VA medical center teams over the last 20 years, she's also worked at the regional level within the Veterans Health Administration as a Network Homeless Coordinator for the Pacific [00:05:00] Northwest and at the national level as the National Program Manager for Community Resource and Referral Centers.

Eileen, welcome back to the show!

Eileen Devine: Thank you so much, Shawn. So happy to be back!

Shawn Liu: Yeah, this is going to be great. Also kind of want to acknowledge we are recording this July 5th. This episode is going to air uh, in August, but this is basically your last week with VA. And so, I feel kind of honored as somebody who's been able to work pretty closely with you over the last six years, specifically on the topic that we're going to talk about today, which is coordination. I feel really honored to kind of, spend these last few days with you, continuing to draw out the wisdom, the wonderful guidance, and the really humanistic way in which you approach social services and homeless services.

It's really kind of a delight and an honor for me.

Eileen Devine: Aww thank you. One of the most wonderful things about this position for me is being able to lead the efforts and coordinated entry and I'm sure as we'll get into. It's a pretty new initiative within VHA homeless programs in [00:06:00] comparison to some of our more longstanding programs, and it's been really fun. It's been a lot of work, but also really gratifying, and I've so appreciated working with you on it each step of that way.

Shawn Liu: Likewise. But before we dive into what is probably going to be a technical "how the sausage" is made a topic, I want to just kind of remind folks, you are actually with us on our very third episode where we're talking about outreach and the services that your program, Health Care for Homeless

Veterans, provide. Coordinated entry and the guidance also falls under your program.

But since it's been basically over a year since we last spoke with you, can you remind folks a little bit about what your role has been as National Director for Health Care for Homeless Veterans?

Eileen Devine: Yeah, absolutely.

So, Health Care for Homeless Veterans, which is referred to in the field a lot as HCHV, I describe our program as a large umbrella with a lot of moving parts underneath it.

And our core mission is outreach to Veterans [00:07:00] experiencing literal street homelessness. And as you mentioned, we talked about that in another episode. Closely related to that, are our community resource and referral centers, our stand down events, and also our contract residential services programs, basically contracts with community providers to provide transitional housing specifically for Veterans.

And so all of that is within the HCHV program and something that I've had the honor of overseeing for many years now. And then, as we mentioned a few times now, coordinated entry was added to our program several years back around 2017.

Shawn Liu: So let's start unpacking this. Solving the coordination problem through coordinated entry. That's the term that we're going to be, that's the jargon that we're going to be using for today's show.

Coordinated entry.

What on earth is coordinated entry and why is it something that's important for our communities to have as part of their homelessness response systems?

Eileen Devine: Coordinated entry is a mandate by [00:08:00] HUD for their communities where they provide funding. And that mandate is really saying to those communities, "We don't want to be duplicating services. We want to work in unison. We want to make sure that we have very clear points of entry for individuals experiencing homelessness and that the burden of navigating all of the resources within that community is on the community and that system, not on the individual trying to get services."

And so in order to do that, they said, "You all need to come together, sit at the same table, talk about what your expertise is, what you bring to this community, and let's coordinate those services. Let's basically be sure that the right hand knows what the left hand is doing."

In the community, there was a lot more chatter, I'd say, about coordinated entry, and HUD started developing guidance for their communities on what exactly their requirements were. At the same time, on the VA side, we understood very [00:09:00] clearly at this point we can't end Veteran homelessness on our own. We need to be coordinated with our community partners. We need to be relying on what they do best, their expertise in the communities, knowing that it was probably different than ours and would add to the care for homeless Veterans in our communities.

And so we decided we were going to develop requirements for the medical centers on their participation in coordinated entry. And it just so happened that it lined up really nicely with the time that HUD was developing their requirements. And so we were able to bring those two big federal agencies together at the same time to provide this guidance saying, these are the elements that need to be in place to create this system.

So it makes sense. A lot of sense. I don't think anyone argues with that. And it can sound pretty simplistic, like, yeah, let's just kind of all get in the same room and talk about what we do and make sure that we all are talking to each other to serve these Veterans.

But when you look at especially some of [00:10:00] these really large cities that have hundreds of different agencies, it actually is a huge, huge undertaking. We're asking these major systems to come together and really be one. To be able to create one organized central system so that an individual experiencing homelessness can just show up at whatever that front door to that system is and know that they will be well cared for. They don't have to then figure out, "Where do I need to go for this service? Where do I need to go for that service? How do I get access to this permanent housing placement? Is it this agency or that agency that has the access to that resource?"

It's really that front door and everybody who has the ability to provide services is sitting around the table talking about each Veteran and how they coordinate that care in the best way possible.

Shawn Liu: Everything that you just said makes total sense in a way that may feel deceptively commonsensical and thus may be easy. I'm sure listeners are

probably [00:11:00] listening to like, "Shawn, Eileen, why are you doing a whole episode on this? That's obvious. Like, isn't that how you're supposed to be doing?" But in many ways, the coordinated entry revolution, like the post-coordinated entry world, is actually a major significant change from how our systems were loosely set up before.

And you touched on this a lot that before coordinated entry, you may have, let's say you're a suburban or even an urban community, and you have like dozens of different nonprofits or agencies, and you as a person in need, maybe you're a Veteran who's experiencing homelessness, or maybe you're a Veteran who's on the cusp of homelessness, maybe you're about to be evicted, maybe your lights got shut off. How do you get connected to care? Well, you may stumble upon one nonprofit organization, right? But that nonprofit may only do a couple different things. They may only pay light bills and do food, but they don't do employment and you probably need a job.

And they definitely don't do like housing subsidies, that's somebody else. And they may or may not be talking to the other organizations that have those resources.

For those social workers listening in, [00:12:00] and Eileen you may have experienced this too, I know I experienced this early in my career.

We lived and died from resource lists, right? It's like, oh my gosh, we gotta update the resource list again. You'd get a social worker intern, you'd update the resource. Yeah, and that was the only way we knew how to coordinate, was look at the list, try to find a resource, and then call up the organization.

Because we really didn't talk to each other. There wasn't really, often like these big convenings, or if they were... Again, it was just like a sharing a bunch of resources. And in many ways, and I love the expression you mentioned, that it's incumbent upon us as the service providers, as the system, to figure out the labyrinthine maze and make it easier for our participants. They should not be experts of the system. They're going through their own crisis.

Eileen Devine: Yeah, absolutely. We can talk about the specifics of what coordinated entry actually is in practice day to day. And that's when the details of it starts to come together for folks like, "Oh, okay, this is what it means to truly do a systems integration."

Rural communities, urban communities, every part [00:13:00] of our country where there are homeless individuals, there needs to be this coordination.

And what we say to the VA staff is the creation of this coordinated entry system, that burden, as we talked about is certainly not on the client that we're trying to serve. It's on the community as a whole. And VA's role is not necessarily to be the creator of it. I don't think we're in the best position to do that. But we need to be at the table. We bring a lot of resources, a lot of expertise, and it's just the right thing to do as an involved community partner. And so sometimes when you're trying to create a system that works for everyone, and there's lots of people providing input, it's going to be a little clunky at first. It's not going to come together in one smooth way. It's going to take some conversation. There will be differences of opinions. Just remaining at the table, being an invested partner, really doing what's in the best interest of the homeless Veterans in their community, which is working very closely in this way with those community [00:14:00] providers.

Shawn Liu: I've always appreciated the way over the years you've reemphasized this point of coming back to the table, keep having conversations, keep tweaking, keep adjusting. That also might be in contrast to maybe many of our intuitions about you, you know you set policy, you set system and go and that's the system and then it's locked in.

But a big part of coordinated entry and doing it well is the needs today are likely different from the needs of yesterday and will likely be different for the needs tomorrow. Which means you and your teams all across the country need to remember to keep revising, keep updating. Tweak and adjust and all of that is okay. But it sometimes can be scary as well, that kind of adjustment.

Eileen, you also teed up something nicely. I want to go ahead and shift gears into this. The core components of coordinated entry and we'd also love for you to provide just a kind of a summary of those requirements that we at VA are holding ourselves to as good partners in this coordinated entry sphere.

Eileen Devine: I mentioned 2017. Even the month sticks out to me, it's October of [00:15:00] 2017 where we were able to publish these guidelines for medical centers. And that was a big deal because we didn't necessarily have these requirements handed to us. They were inherent in the coordinated entry systems and we were able to talk with our partners at HUD a lot about which of these requirements rise to the top in terms of having a well organized and functioning coordinated entry system. But we had to tease it out quite a bit.

These really are the elements that we look to when we're trying to help a medical center determine whether they are fully integrated into their local coordinated entry system.

The 1st piece is a by-name list and oh, my goodness, we could talk for an entire hour about by-name lists. But basically it's having a list of homeless Veterans from your community. So those Veterans who are seeking services, making sure that you literally know them by name. And there's all other points of data that you can collect depending on what your needs are. in that community are how long they've been experiencing homelessness, any other details that might [00:16:00] help get them into permanent housing at a faster rate. But every community really needs to have a by-name list so that they know who it is they're serving, who's out there, who do they need to bring these resources to.

The second piece closely related to that is case conferencing. It's where representatives from each of the agencies in that community literally sit around the table and they talk about what resources they have available. Do they have a bed open? Do they have a voucher open? That sort of thing. And what Veterans are on that by-name list? Who are, who's most vulnerable on that list and who can they serve today?

The other piece closely, of course, related to all of this is the assessment process. We know that individuals experiencing homelessness go through lots of different assessments that look different at each agency that they visit for services. We wanted to really be able to reduce that as much as possible and have a common assessment process that the entire community would agree upon so that [00:17:00] that Veteran only had to do one assessment to be able to get served by any of those agencies in their community.

Of course, what happens with those assessments is we need to be able to share data. And we have lots of protections against sharing the data of Veterans that we serve. That's important and needed. And so we had to do a lot of work in figuring out what sorts of paperwork, releases of information, whatever it might be so that we could talk freely with community partners about their situation so that again, they could access services and ideally permanent housing as quickly as possible.

Another requirement was that we were asking each medical center to have representations on each of their homeless Veteran boards. So in their communities, the Continuum of Care, the organizations that would come together, they oftentimes have boards that lead this effort to make these decisions. And we wanted to be sure that VA was represented on those boards.

And then the last one, which I would say is probably the one [00:18:00] where medical centers have had to work the hardest just to figure out what does this mean for my community is the dedication of resources. And this is where we

encourage medical centers to no longer be the gatekeepers to their own resources. We want to make sure that as much as possible, all of the VA homeless resources, vouchers, beds, whatever it might be, is in the larger pool of resources for homeless Veterans in that community.

So of course, this is not traditionally the way that programs have operated at the medical center level. So it's taken a lot of time and diligence and really dedication to the process for medical centers to figure this out.

Now, when we talk about dedication of resources, we don't give this amount or this timeline. We don't have specifics for medical centers in that way because it's going to look different for every medical center. But what we have said over and over again is that the final goal, the direction we want them to be headed, is full dedication of resources [00:19:00] into the pool of community resources.

That could be a few years from now. It could be a few months from now. Again, different communities are in different places in terms of their overall development of their coordinated entry system. But we are very clear that that is the final goal folks should be working towards.

Shawn Liu: You're touching on so many different components on how we're basically addressing the coordination problem. Right? There are these core set of requirements that we are kind of beholden to, and they get into different aspects, different roles, different components of good coordinated entry systems.

I want to touch on one in particular that was really critical. You mentioned the by-name list. And the by-name list in many communities is one of those really interesting tools that again, makes sense on this side after you're like working on it and it's like, "Oh, well, yeah, you want to know everybody by name." But prior to coordinate an entry, we actually couldn't tell you, "Hey, last Tuesday, how many Veterans were homeless in your community?"

Many of our communities relied on, and still do, something called our [00:20:00] Point-in-Time Counts. I sometimes call it homeless census, but it's the annual effort to count everybody experiencing homelessness, including Veterans. And it provides a year-over-year snapshot. But something interesting about the by-name list is that you're actually able to have closer to real time understanding and information about how many people are homeless in your community. And it's not estimates, as you pointed out, it's literally their name, not in a weird kind of like registry sort of way, but to make sure that we're

connecting them to the needed services, emergency shelter, permanent housing, right?

We're making sure that no Veteran falls through the cracks. But to make sure no Veterans fall through the cracks, we got to know them by name. And there's a lot of amazing improvements that your systems can do when you have a tool, like a by-name list.

You mentioned some other really, really important requirements that clarify our role. I heard case conferencing to help Veterans navigate through the system. And similar to almost like a treatment team like you would have at a hospital, if you were maybe staying at a hospital.

Eileen Devine: I think that the case conferencing, that's exactly how I would describe it. That's [00:21:00] going to sound really familiar to anybody who's ever been on a treatment team or worked in any team at all that is in service to other people.

Shawn Liu: I want to shift gears a little bit. Over the last... uh, how many years has it been? Almost like six, seven years? We've learned a lot. We've heard from a lot of amazing communities that are doing this really, really well. What are some of the big lessons learned.

Eileen Devine: This isn't going to surprise you because you know I'm biased, but I really think that every community that you and I have talked to that has been so successful so far in integrating their medical center into coordinated entry systems and also helping communities stand up their coordinated entry systems, that they excel in relationship building.

There is no work that can be done if there is no relationship. And so it's about humility. It's about going into these meetings and understanding that everybody is on equal playing field. It's understanding that we should not be [00:22:00] gatekeeping our resources in that highly protective, almost defensive way. That the resources we have for homeless Veterans needs to be a part of the greater pool of resources. It's understanding that there is going to be differencing opinions. And that the way that we have always done things, I'm saying we as the greater VA, that maybe that needs to change.

Maybe that actually isn't the best way to serve homeless Veterans in this particular community. Maybe we need to figure out how to be more flexible in a system that can be quite rigid at times, right? I'm not saying it's as easy as it sounds. But to continuously come back to the table and say, what can I

contribute? What do I have to learn? And how can I support the other people who are sitting around this table?

We hear that over and over and over again from these communities that have experienced all of this success in creating these systems, maintaining these systems, and really doing [00:23:00] an incredible job of serving Veterans through these systems.

Shawn Liu: One of the other things that I'm reflecting on is also the importance of having a quality improvement, continuous improvement, systems redesign approach to improving the systems. I think a lot of people have, and even many of us, have this maybe bias or conception that systems, bureaucracies, institutions, they're kind of fixed. They're rigid inflexible, and they could never change.

Communities that have done this well, they've taken those really effective relationships that you mentioned that keep coming back to the table, and they've been applying quality improvement principles to tweaking and adjusting and improving the performance out of their systems. And it's this wonderful marriage of high performing teams, groups that trust each other, that treat each other with good faith and assume the best intentions, having a shared mission, and then really applying these really sound quality improvement principles can just turn out these stellar systems that help [00:24:00] Veterans and non-Veterans navigate through, get to the housing that they need, and then stay housed as well.

Eileen Devine: I don't know how many times we've said that this is a marathon. It's not a sprint. Like, this is always shifting and changing and the work is never done. There's always an opportunity to grow deeper in your understanding of the population you're serving, what the community can do to collectively serve that population, and to improve on these systems.

So I think that for some, that's a relief, like, "Okay, I don't have to have it all right tomorrow. Like, this is going to be long term, ongoing. I just need to stay the course and continuously work at it."

And I think for others, it brings a lot of anxiety, right? They want to know what the end state, the end goal is.

And while we have a lot of examples and information about how ideally the system would look, there's always going to be room for improvement. The work really is never done.

Shawn Liu: Eileen as we start winding down this episode, I want to shift gears one or two more times. I want to talk [00:25:00] about calls to action.

Now in contrast to other topics that we've had, the calls to action here are a little bit more inward focusing. Obviously for the Veterans who are listening in if you're experiencing homelessness or housing instability, call our Call Center 877-424-3838.

There's another call to action though, that for Veterans listening in, especially if you've been through our homeless programs and services, you're going through them now. A big part of good coordinated entry systems these days is also drawing from the lessons, the feedback, the guidance, the consultation from Veterans with lived experience, meaning they've actually gone through the system, they've actually received the services, and using that consultative feedback to make the system better. Again, a big call to action of the Veterans, especially if you're listening in and you've gone through the systems, get back in touch with your VA. Get back in touch with your homeless programs and your community. Provide your feedback, provide those lessons learned, be part of the process to make the system better for more [00:26:00] Veterans. I think that's going to be a really big one.

Eileen, you mentioned a lot of calls to action for us as service providers, which is keep building those relationships. Keep coming back to the table.

For the members of the general public listening in, are there any things that we can mobilize them for, ask of them when it comes to coordinated entry?

Eileen Devine: One thing that we always are looking for and needing in each community and again, it's going to look different based on the community and their needs and what they have available and what they don't, is really the support of unsheltered individuals. For example, you live in a neighborhood and maybe you've seen unsheltered homelessness rise in that neighborhood. Finding out what community agencies oversee what we've been talking about, this coordination of services, what they might need and how you might contribute.

It could be lending your time at one of those community agencies who rely heavily on volunteers. It could be being a part of that planning process. If you have expertise and high [00:27:00] level administration skills, legal skills, those sorts of things. These big systems need people like you as well.

And so I would just encourage you to not automatically assume there isn't a place for you. There's lots of different needs and lots of opportunities to fill

those gaps, help your specific community fill those gaps. And so going to an agency that you maybe just have heard of, serves homeless individuals and asking them, how do I get involved in your coordinated entry?

How can I be a part of the solution?

Shawn Liu: There's a place for everybody in this work.

Eileen, I'd like to go ahead and start wrapping us up. Um, oh my gosh, I'm actually going to start tearing up a little bit.

Um, we're going to shift gears a little bit.

Normally on this show we end with why. It's important for me as a non-Veteran to let our Veterans know where we stand in the mission to support them. It's important that they know this isn't just another job for us, that this is really deep and [00:28:00] important work for us, and we're committed to, as Secretary McDonough would say, fight like hell for them.

But we actually got to hear your why when you were on with us last year. As we close out for today, want to actually mix it up a little bit.

As you look back on your 20 years of federal service, for Veterans experiencing homelessness, there are many folks who you've inspired, who will be carrying the torch, what words of wisdom do you have for us as we continue in this work?

Eileen Devine: At 20 years. Thinking back on the 20 years, you talked about the dedication that folks who are in this work have to this population of individuals and the way they see them with so much compassion and really is their life's work, not just a job, but their life's work, to help these individuals get to a better place. That is why we have been so successful in doing this work. I'm not saying it's over. I think everyone realizes there's a lot more to be done.

From the medical center level all the way up to our office, continuing to lead with compassion and with [00:29:00] service as the center. Keep doing your amazing work. It really does make a difference.

Shawn Liu: Eileen Devine has been the National Director for Health Care for Homeless Veterans here in the Homeless Programs Office.

Eileen, thank you so much for the last six years of your friendship and for the gift of your time.

Eileen Devine: Thank you so much, Shawn.

Shawn Liu: If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless. And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

That's all for this month. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care. [00:30:00]