

2021

Vermont Veterans Committee on Homelessness

GOVERNANCE CHARTER

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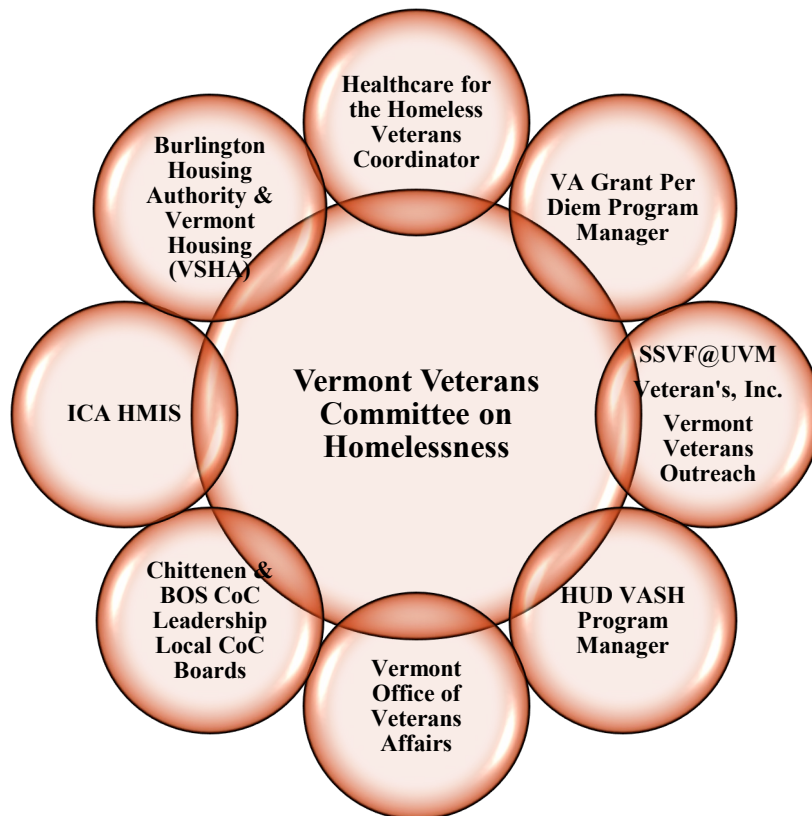
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1. Purpose

The Vermont Veterans Committee on Homelessness (VVCH) was formed in collaboration with several Vermont agencies and organizations to ensure all homeless Veterans are immediately identified, have access to shelter, are assisted in developing an active housing plan, and permanently housed as quickly as possible. This goal will be accomplished by VVCH acting as a joint sub-committee for the Chittenden County Homeless Alliance and the Vermont Coalition to End Homelessness, tracking Veterans via a Priority List, prioritizing and matching housing resources and applicable services for Veterans who are experiencing homelessness, as indicated in Vermont's Plan to End and Prevent Homelessness and Long-Term Stayer Initiative.

2. Committee Membership

Membership, as a minimum, consists of representatives from the following agencies, organizations and groups.



3. Committee Responsibilities

The VVCH is a joint subcommittee of the Chittenden County Homeless Alliance (CCHA) Continuum of Care and Balance of State (BOS) Continuum of Care (COC) and shall be responsible for the following:

- ❖ Managing and updating Veterans Priority List
- ❖ Ensuring privacy, release of information, and consent protocols are in place to protect Veteran information as contained on the Priority List (per individual agency and organization requirements)
- ❖ Staying abreast of current initiatives and evidence-based best practices pertaining to ending and preventing homelessness for Veterans
- ❖ Updating the COCs on Priority List progress (as agreed upon by all parties)
 - Prioritizing and matching Veterans to housing and services
- ❖ Actively participating in local COC meetings
- ❖ Actively participating in the planning and implementing of Vermont's Coordinated Entry System

There will be 2 sub-committees of the VVCH:

- ❖ Executive Committee: Charged with administrative tasks of the VVCH including policy development and review
- ❖ Case Conferencing Committee: Charged with the case conferencing/review of homeless Veteran's identified on the FBGT (as described in #11 below)

4. Elected Officers

VVCH will recognize a Chair, Vice-Chair, VVCH Voting Member, Case Conferencing Facilitator, Scribe, and Veterans Committee Representative. A description of officer responsibilities is as follows:

- ❖ Chair
 - Drafts and distributes meeting agenda
 - Facilitates regularly scheduled Executive Board meetings
 - Acts in the role of point – person between VVCH and Federal, State and local partners
- ❖ Vice-Chair
 - In absence of the Chair:
 - Drafts and distributes meeting agenda
 - Facilitates regularly scheduled meetings
 - Serves as the Chair
- ❖ Veterans Committee Voting Member
 - Serves as the official voting member to the two federally recognized CoCs, VT-500, BoS and VT-501, Chittenden County
 - Provides monthly reports to the Executive Board on CoC meetings
- ❖ Case Conferencing Facilitator
 - Leads the discussion, keeps time, keeps the focus of the group engaged, and ensures all relevant providers have space to share
 - Solicits action steps and leaders for follow up tasks
- ❖ Scribe*
 - Drafts and distributes meeting minutes for review
 - Other duties as assigned by the Chair or Vice-Chair

- ❖ Veterans Committee Representative*
 - Manages the Federal Benchmark Generation Tool
 - Works collaboratively with state and local CoCs
 - Ensures accurate reporting of data
 - Coordinates with local CoC CE Leads to “scrub” the Master List, checking for Veteran status identification, connection to services and data integrity
 - Acts as List Manager for Case Conferencing meetings

Elected positions can be combined, one person can assume the role of multiple positions with the approval of the Executive Board.

The positions of Scribe and Veterans Committee Representative are appointed positions with the approval of the Executive Board.

5. Term of Office, Nominations, Vacancies, Resignations & Removal

Term of Office:

- ❖ Officers shall serve a term of *1 year*. Term period will be: July 1 – June 30 for all elected officers.

Nominations:

- ❖ Annually, the VVCH members will be solicited for candidates to act in the Officer roles. The membership will vote for each position as needed, or annually.

Vacancies:

- ❖ When an unexpected vacancy occurs the Chair or Vice-Chair have the authority to appoint another member to fill the unexpired term.

Resignations & Removal:

- ❖ A representative may resign at any time by giving notice to the Chair. In addition, Officers may be removed from their position by a majority vote of the VVCH members for repeated absences, misconduct, failure to participate, or violation of conflict of interest or confidentiality policies.

6. Voting

In the event where an action or decision requires a committee vote, there shall be one vote per agency, association, or individual. VVCH members may recuse themselves if such a vote presents a conflict of interest. Votes will be accepted electronically as needed. A quorum is required to pass any voted measure. Warnings for votes shall be issued one week in advance of votes due.

7. Consent for Release of Information

Committee members may use their own agency or organization consent for release of information forms which will allow for the identifiable information contained on both intra-agency and Priority List. Cross agency sharing agreements will be established as needed. At all times, the committee will maintain client confidentiality and shall not discuss or share any By-Name list or information contained therein with agencies or organizations not identified on consent for release of information forms nor for the purposes outside the scope of the committee in ending Veteran homelessness

8. Veteran By-Name List - Format

To ensure applicable data element collection, and information required for Vermont to claim an end to Veteran homelessness, VVCH will use the Federal Benchmark Generation Tool (FBGT) provided by USICH as it's Priority List. The list will be updated, at a minimum, bi-weekly and contains data necessary for calculating Federal Benchmarks and tracking data, such as general demographics, date of initial engagement, current living situation, active housing plan creation, last known address, program acceptance or denial, program refusal and case management contacts.

9. Federal Benchmark Generation Tool

In order to maintain a current and accurate list of homeless Veterans, committee members will update the FBGT with their current data. The FBGT will then be sent to the Veterans Committee Representative (VCR) who will then consolidate all information to the master list.

10. VVCH Veteran Access, Engagement, Assessment, & Referral

- ❖ Veteran Access– A coordinated effort is made by all of the Charter's partners to identify homeless veterans and place them on the priority list.
- ❖ Engagement – Case management agents make contact with homeless veterans that are identified. There are instances where a person declines support and or services. Further attempts are made to engage the veteran, but an informed denial of services should be respected.
- ❖ Assessment – All identified homeless veterans are screened in accordance with current CoC and VVCH policy as it applies to coordinated entry. Those categorized as “chronic” receive priority for case management and services.
- ❖ Referral – Those found qualified to receive homeless services are referred to the appropriate service organization for case management.

11. Prioritizing & Matching – Housing Resources and Services

The process of prioritizing is meant to ensure effective utilization of housing resources and services so that Veterans with the longest homeless history, and those with most severe needs are prioritized for and matched with the most appropriate housing resources and services to meet their needs. VVCH may consider the following:

- ❖ Longest history of homelessness
- ❖ CE Assessment results/score
- ❖ Severe medical issues
- ❖ All other factors being equal – *tie breaker* considerations may include:
 - Safety concerns
 - Applicable eligibility components
 - PH housing placement denial from program or refusal by Veteran

In addition to Veteran-specific resources, Veterans will have equal access to non-Veteran CE specific resources that remain available to the non-Veteran community, following CE prioritization policy.

12. Case Conferencing

VVCH will review the information as documented on the FBGT during, at least 2x/month case conferencing meetings. The committee will review progress and barriers to achieving Veteran's housing goals, troubleshoot any housing or service issues which may arise, and clarify service provider roles. Reviewing the priority list is a critical component of case conferencing, and staff participating during case conferencing meetings should possess in-depth knowledge about the status, needs and preference of each Veteran being discussed. On a case-by-case basis, the committee may include a Veteran during a separate case conferencing meeting to discuss their specific situation. The determination and prioritization of which Veteran(s) will be included in case conferencing will be determined by the VCR, in conjunction with the Case Conferencing Facilitator.

In addition to VVCH specific case conferencing, opportunities for local, community-based case conferencing will be identified within the local CoC's, either within currently established community-based meetings or ad-hoc meetings. In communities where case conferencing does not happen regularly, VA Homeless program staff will coordinate with local CoC/CE staff as a means of utilizing the full spectrum of services available to persons experiencing homelessness within the given community.

13. Code of Conduct, Attendance and Recusal Process

Code of Conduct & Attendance:

- ❖ VVCH must exercise care, diligence and continually ensure confidentiality protections. All members must complete work they have agreed to undertake on behalf of this committee in a timely manner. In addition, members must attend meetings, be prepared to actively participate, and work in collaboration with other VVCH members, or provide advance notification for any meeting absences.

Recusal Process:

- ❖ The VVCH purpose is to ensure that homeless Veterans are placed into the most appropriate housing with the level of services that meets their needs, and for which they are eligible. If at any time there is a conflict of interest whereby an organization or individual cannot be objective due to a direct interest in prioritizing and/or matching housing resources and services for Veterans experiencing homelessness, then that organization, representative of the organization or individual will recuse themselves from the process in order to mitigate any perceived conflict of interest. The recusal may be oral or in writing. In addition, the VVCH may request an organization, representative of organization or individual to recuse themselves from any activities.

14. Approval of Governance, Policies & Procedures and Subsequent Amendments

This Governance and any subsequent amendment to it must be approved by a majority of VVCH members. The Members will review the Governance annually, or as needed, and will recommend changes to improve the functioning of the committee as it pertains to ending and preventing homelessness for Vermont Veterans.

2021

Vermont Veterans Committee on Homelessness

GOVERNANCE CHARTER-APPENDIX A

1. Purpose

This Appendix (A) shall serve as direction and guidance for the VVCH VCR's role as it pertains to the process of receiving all CE Veteran referrals and the decision-making process for referring out to Veteran-specific housing resources.

2. Referrals into the VVCH

It shall be the policy that the VVCH will receive all Veteran referrals from local CoC partners. The process shall be:

- 1) All local CoC partner agencies will complete a CE Assessment and CE ROI (or make a referral, if designated as such, to a Lead Agency/Assessment Hub)*
**excluding those Veteran Service Providers who are designated CE Assessment providers*
- 2) The CE provider will complete the VT-500 or VT-501 Order of Prioritization
- 3) That provider will enter the Veteran client into HMIS CE for the appropriate CoC and share visibility
- 4) The CE provider will create a referral in the CoC CE Entry to the VVCH and notify the VCR within one (1) business day, by phone or email, providing the HMIS client number. If the Veteran's contact number is not entered in HMIS, that needs to be included in the email to the VCR.
- 5) The VCR will look up the Veteran in HMIS and will pull the CE report to determine if the referral is appropriate for the VVCH.

To be appropriate, the referral must:

- Have completed a CE assessment and signed the corresponding CE ROI
 - The CE assessment and signed CE ROI must be input into HMIS
 - The referral is confirmed to be a Veteran (see #6 below)
 - The Veteran is literally homeless
 - The Veteran is not currently enrolled in another Non-Veteran RRH (Rapid Rehousing) program or PSH (Permanent Supportive Housing) Program. Some examples of these programs are HOP or CARES Programs.
 - The Veteran is not currently being served by a Veterans program in the VVCH, unless the program they are enrolled in, is requesting the referral.
- 6) The VCR will verify the Veteran's status
 - a. If the Veteran is eligible, upon confirmation of all HMIS CE data elements needed to ensure the FBGT does not produce data errors, the Veteran will be placed on the FBGT using the information available in HMIS CE by the VCR. The VCR will then contact the Veteran and offer to refer the Veteran to the Veteran-specific resource(s) best suited to the Veteran's needs and wishes (see #3 below).
 - b. If the Veteran is not eligible, the VCR will contact the CE referral source to advise that the Veteran is not eligible for Veteran resources and the client should then be prioritized on the local by-name-list as a non-Veteran**
*** Should the individual identified be determined to not meet the VVCH definition of a Veteran, their status as such will be changed in HMIS to reflect non-Veteran status.*
 - 7) The Veteran will remain on the Local By-name-list and will continue to be considered for all community-based resources per statewide CE policy.

- 8) Once enrolled in a Veteran program, that program will assume responsibility of entering and maintaining data updates within the FBGT.
- 9) If the Veteran is not accepted by any programs outlined below, the referral will be declined by the VCR and referred back to the CE provider where the referral originated.
 - Once a Veteran is determined not to be eligible for any programs in the VVCH, the VCR will contact the Veteran and let them know that they are not eligible for any of the programs. The VCR will also inform the Veteran that they will be referred to back to the CE provider that originally referred them. If the VCR is unable to reach the Veteran, they will attempt to contact the client 3 times per week for a period of 2 weeks using contact information available.
 - The VCR will decline the referral made to the VT Veterans Committee in HMIS and notify the CE referral source that they are assigned to.

3. Referrals from the VVCH (VCR)

In situations in which a Veteran is enrolled in CE and referred to the VCR as stated above, the following resources will be offered to the Veteran:

- ❖ Rapid Rehousing (RRH): Supportive Services for Veteran Families (SSVF)
- ❖ Transitional Housing (TH): Grant and Per Diem (GPD) & non-GPD
- ❖ Permanent Supportive Housing (PSH): Dept. of Housing and Urban Development Veterans Affairs Supportive Housing (HUD VASH)
- ❖ Non-Categorical Case Management: Healthcare for Homeless Veterans (HCHV)

Referrals will be made in accordance with the respective CoC's prioritization policy (*see CCHA CES Policy and VCEH CES Policy for currently approved prioritization details*).

- In the Balance of State CoC, providers use the same Order of Priority for all resources in addition to program-specific eligibility requirements to enroll the highest prioritized individual or family from the Master List.

The Order of Priority is:

1. Chronic Homelessness + Complex Service Needs (Points)
2. Non-Chronic Homelessness + Disability, then
 - a. Unsheltered or living in an emergency shelter/safe haven
 - i. Then, homeless at least 12 months + Complex Service Needs (Points)
 - ii. Then, homeless for less than 12 months + Complex Service Needs (Points)
 - b. Living in transitional housing (meeting homeless definition prior to entry) + Complex Service Needs (Points)
3. Non-Chronic Homelessness without Disability + Complex Service Needs (Points)

Where households are equally ranked on the list, priority will first be given to those who are unsheltered, then those in emergency shelter/safe haven. If there are equally ranked households with the same living situations, (e.g. two households in unsheltered living) the priority will be given to the household that presented for assistance first.

- In the Chittenden County CoC, prioritization is dependent on the program/resource as outlined below (see sections a., b., c.)

The VCR will attempt to contact the Veteran within 24 hours after receiving the referral from the CE provider.

When the VCR contacts the Veteran, they will inform the Veteran on which services they are prioritized for. The VCR will educate the Veteran on all of the resource options within the VVCH.

After the Veteran is informed, they will be given choice on what program they would like to be referred to.

The VCR will then make a referral in HMIS and will contact the program by email/phone.

It should be noted that a referral to a program does not require that the program enroll the Veteran in services. Veterans must meet program requirements, as determined by the program, and will not be considered working with a provider/resource until it has been confirmed they are eligible and enrolled by the program itself. This communication will take place between the VCR and the Veteran program/referral recipient.

a. Rapid Rehousing (RRH)

There are 2 designated RRH providers in Vermont. Each are VA-grant funded yet operate as their own program.

- 1) Supportive Services for Veterans Families (SSVF) @ The University of Vermont (UVM)
- 2) Veterans Inc. (VI) SSVF

To qualify, Veteran households must be experiencing homelessness or be at risk of homelessness and must be earning less than 50% AMI.

Upon receiving a Veteran referral through CE, the VCR will consult the respective CoC's prioritization requirements.

- BoS prioritization is referenced above.
- CCHA prioritization is as follows:
 - RRH is prioritized according to two factors: vulnerability/severity of service need and likelihood to attain housing stability. RRH will be prioritized for households who have limited financial barriers to attaining housing stability (as determined through the Sustainability Assessment). Among these households, RRH will be prioritized according to vulnerability as determined by the Vulnerability Assessment.
 - The first order of priority is the Sustainability Assessment score.
 - The second order of priority is the Vulnerability Assessment score.
 - The order of priority for RRH is from highest to lowest:
 - Note: High sustainability index score = high financial strength (low financial barriers)*
 - 1. High sustainability index score + high vulnerability
 - 2. High sustainability index score + low vulnerability
 - 3. Medium Sustainability Index score + high vulnerability
 - 4. Medium Sustainability Index score + low vulnerability
 - 5. Low Sustainability Index score + high vulnerability

6. Low Sustainability Index score + low vulnerability

Referral Process:

Upon reviewing the appropriate Order of Priority, the VCR will make contact with the Veteran to discuss the recommended referral. Provided the Veteran is in agreement, the referral will be made to one of the SSVF RRH providers using the following criteria:

If the Veteran does not have a preference for which SSVF program they would like to be referred to, Veteran referrals will be rotated between SSVF @ UVM and Vets Inc. SSVF on an every other basis.

- If SSVF @ UVM or Vets Inc. SSVF is at capacity for services, both programs will consult one another to determine where the Veteran should be referred.

Once a program is chosen, the VCR will make a referral in HMIS.

The VCR will then contact the SSVF Program, by phone and email.

Referral from VCR to Vets Inc. SSVF:

- The VCR will make a referral to the Vets Inc.'s Regional Manager of the VT/Northern NH area (via email/phone), providing the Veteran's HMIS number, contact information, CE assessment score, Veteran status via Squares, chronic homelessness determination, current housing situation, and location.
- Vets Inc. will accept the referral and will notify the VCR once the referral is accepted. Vets Inc. will ensure that HMIS is up to date until the Veteran is exited from the program.
- Once a case manager is assigned to screen the Veteran for services, they will ensure that the FBGT is up to date until the Veteran is exited from the program.
- Once the Veteran is enrolled into the program, Vets Inc. will notify the VCR by phone/email.

Referral from VCR to SSVF @ UVM:

- The VCR will make the referral to the Program Assistant (via email/phone) and will include the Program Manager on the email. The Veteran's HMIS number, contact information, CE assessment score, Veteran status via Squares, chronic homelessness determination, current housing situation, and location will be included in the notification email.
- SSVF @ UVM will accept the referral and will notify the VCR. SSVF @ UVM will ensure that HMIS is up to date until the Veteran is exited from the program or determined to be ineligible for the program.

- Once the Veteran is enrolled into the program, SSVF @ UVM will notify the VCR by phone/email.
- Once a case manager meets with the Veteran, SSVF @ UVM or its designee will ensure that the FBGT is up to date until the Veteran is exited from the program.

If the Veteran is not eligible for SSVF or does not get enrolled:

- The SSVF Program will notify the VCR (via email/phone) that the Veteran is not eligible/enrolled.
- The SSVF Program will make sure that HMIS is up to date and that the referral is declined in HMIS.
- Within 24 hours (1 business day) of being notified that the Veteran is not eligible for the SSVF Program, the VCR will contact the Veteran to see if they would like to be referred to another program. If the Veteran chooses to be referred to a RRH, TH/GPD, HUD-VASH or HCHV CM Program, the VCR will educate the Veteran about the programs. After the Veteran is informed, they will be given Veteran choice on what program they would like to be referred to.
- Once the Veteran decides on a program referral, the VCR will make a referral in HMIS and will contact the program by email/phone. The email will contain the Veteran's HMIS number, contact information, CE assessment score, Veteran status via Squares, chronic homelessness determination, current housing situation, and location.

b. Transitional Housing

There are 2 designated TH providers in Vermont. Each are VA-grant funded yet operate as their own program. The current grant period ends October 30, 2023.

- 1) The Veterans Place (TVP) GPD, Northfield, VT
- 2) Veterans Inc. (VI) GPD, Bradford, VT

There is another Veteran-dedicated TH provider in Vermont. They are not a GPD and operate as their own program outside of CE, but are willing to accept referrals from CE.

- 1) The Dodge House, Rutland, VT

To qualify, Veteran households must be experiencing homelessness or be at risk of homelessness.

Upon receiving a Veteran referral through CE, the VCR will consult the respective CoC's prioritization requirements.

- BoS prioritization is referenced above.
- CCHA prioritization is as follows:
 - Transitional Housing (TH) will be prioritized according to Vulnerability Assessment score for persons who are not chronically homeless and are therefore not prioritized or eligible for PSH.

There are 3 different types of GPD bed models. The services included in each are:
Service Intensive: Case management focused on a housing plan, barriers to

housing, income, & personal stabilization

Bridge Housing: Housing focused case management, coordination with HUD-VASH, SSVF, or other involved community providers

Hospital to Housing: Specialized case management program for Veterans from specific White River Junction VAMC programs or units.

Upon reviewing the appropriate Order of Priority, the VCR will make contact with the Veteran to discuss the recommended referral. Provided the Veteran is in agreement, the referral will be made to one of the TH providers. The VCR will use the following criteria, in addition to geographic preference and bed availability:

Service Intensive Requirements: no current housing plan, requesting assistance to secure permanent housing, has a need for support, structure, & stability

Bridge Housing Requirements: Veteran has already been offered and accepted a permanent housing intervention (*i.e. this does not need to be an offer of specific housing*), accepts focus on movement into permanent housing with a goal of permanent housing in 90 days

Hospital to Housing Requirements: highly integrated case management program involving GPD and VA providers. As delineated in the grant, referrals are restricted to three (3) specialty programs at the White River Junction VAMC.

VI has both Service-Intensive and Bridge Housing beds

TVP has Service-Intensive, Bridge and Hospital to Housing beds

Dodge House does not have designated bed models

All 3 TH programs provide a sober living environment. There is no designated amount of sobriety or abstinence that is required prior to referral.

Referral Process:

- In making a referral, the VCR will provide the needed Veteran identification elements, CE Assessment information, reason for the referral and the Veteran's contact information.
- In instances when the referral is to a GPD, the VCR will include both VA GPD Liaisons on the referral and the VA's Coordinated Entry Representative.
- VA and/or GPD/TH staff will confirm receipt of the referral to the VCR within one (1) business day.
- The VA GPD Liaison(s) will work directly with the VHA eligibility staff to verify GPD eligibility, using VA National Guidelines. An eligibility decision will be made and communicated to the Veteran being referred in no more than two (2) business days.
- The VA GPD Liaison(s) will assess and, in collaboration with the Veteran, determine which GPD program best fits the Veteran's needs.

- GPD Liaison will complete the GPD referral form and submit it directly to the GPD program within two (2) business days.
- Once a GPD Program is decided upon, the VA GPD Liaison will notify the VCR on what GPD program the Veteran will be referred to and which GPD program has accepted the referral. The VCR will then create a referral in HMIS to that GPD program.
- The GPD program will complete their screening process within three (3) business days.
- Once the Veteran is enrolled in the program, the GPD will update HMIS, within five (5) business days to show that they are enrolled and the program will be responsible for all HMIS updates. The GPD Program will notify the VCR when the Veteran is enrolled in conjunction with the VA GPD Liaison.
- The GPD Program will be responsible for ensuring that the Veteran is up-to-date on the FBGT and in HMIS. When the Veteran needs to be exited from CE, the GPD program will exit them.
- If the Veteran is not successfully housed at time of program exit and is in the State of Vermont, the VCR will take back the Veteran and will coordinate to get them connected to another Veterans program or refer them back to the local CoC.

If the Veteran is not eligible for GPD/TH or does not get enrolled:

- For GPD's, the VA GPD Liaison will notify the VCR via email/phone that the Veteran is not eligible/enrolled.
- For GPD's, the GPD Program will make sure the HMIS is up to date and that the GPD referral is declined in HMIS.
- Within 24 hours (1 business day) of being notified that the Veteran is not eligible for the GPD/TH Program, the VCR will contact the Veteran to see if they would like to be referred to another program. If the Veteran chooses to be referred to a RRH, HUD-VASH or HCHV CM Program, the VCR will educate the Veteran about the programs. After the Veteran is informed, they will be given Veteran choice on what program they would like to be referred to.
- Once the Veteran decides on a program referral, the VCR will make a referral in HMIS and will contact the program by email/phone. The email will contain the Veteran's HMIS number, contact information, CE assessment score, Veteran status via Squares, chronic homelessness determination, current housing situation, and location.

Dedication of Resources:

- Veterans Inc. GPD will dedicate two (2) beds to Veterans referred from Coordinated Entry.

- The Veterans Place GPD will dedicate two (2) beds to Veterans referred from Coordinated Entry.
- In instances where non-CE GPD beds are unavailable for use, and there remains available CE-GPD beds, the GPD reserves the right and ability to offer an available GPD bed to a qualifying Veteran, regardless of their status in Coordinated Entry.
- CE GPD bed availability will be regularly communicated to the VCR from the appropriate personnel.

c. Permanent Supportive Housing

There is 1 designated PSH provider in Vermont.

- 1) Veterans Health Administration (VHA or VA)

To qualify, Veteran households must be experiencing homelessness or be at imminent risk of homelessness, cannot be on a State Sex Offender **Lifetime** Registry and must meet income guidelines set by the Public Housing Authority. *VA Healthcare eligibility is no longer a HUD VASH eligibility requirement.*

Upon receiving a Veteran referral through CE, the VCR will consult the respective CoC's prioritization requirements.

- BoS prioritization is referenced above.
- CCHA prioritization is as follows:
 - a) First priority - chronic homelessness
 - b) Second priority - the individual's or family's severity of service needs as measured by the Vulnerability Assessment score or determined through another method of case worker input when necessary
 - c) Third Priority - length of time the individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter.

Vulnerability Assessment score is prioritized in scoring blocks rather than by descending acuity. The first priority scoring block is 14 to 17; the second priority scoring block is 11 to 13; the third priority scoring block is 8 to 10; the fourth priority scoring block is 4 to 8.

Referral Process:

Upon reviewing the appropriate Order of Priority, the VCR will make contact with the Veteran to discuss the recommended referral. Provided the Veteran is in agreement, the referral will be made to:

- the appropriate VA Social Worker (or more than 1 when coverage area is shared)
- the VA's Coordinated Entry Representative
- the VA's HUD VASH Coordinator

In making a referral, the VCR will provide the VA staff with the needed Veteran identification elements, CE Assessment information, reason for the referral and the Veteran's contact information.

- VA staff will confirm receipt of the referral to the VCR within two (2) business days.

- VA staff will confirm program enrollment to the VCR once a determination is made.

If the Veteran is not eligible for HUD-VASH or does not get enrolled:

- VA HUD VASH staff will notify the VCR via email/phone that the Veteran is not eligible/enrolled.
- Once the VCR is notified, they will look to see if any information has been updated on the FBGT and if Veteran status has been confirmed.
- Within 24 hours (1 business day) of being notified that the Veteran is not eligible for the HUD VASH Program, the VCR will contact the Veteran to see if they would like to be referred to another program. If the Veteran chooses to be referred to a RRH or TH/GPD or HCHV CM Program, the VCR will educate the Veteran about the programs. After the Veteran is informed, they will be given Veteran choice on what program they would like to be referred to.
- Once the Veteran decides on a program to be referred to, the VCR will make a referral in HMIS and will contact the program by email/phone. The email will contain the Veteran's HMIS number, contact information, CE assessment score, Veteran status via Squares, chronic homelessness determination, current housing situation, and location.

Dedication of Resources:

- The VA will dedicate ten (10) HUD VASH vouchers to be used by qualifying Veterans, as determined by the VA, to those Veterans enrolled in and referred from Coordinated Entry. This will be a Statewide total. CoC prioritization policies will be adhered to.
- In instances where the VA's non-CE HUD VASH vouchers are unavailable for use, and there remains available CE-dedicated HUD VASH vouchers, the VAMC reserves the right and ability to offer an available HUD VASH voucher to a qualifying Veteran, regardless of their status in Coordinated Entry.
- CE HUD VASH Voucher availability will be regularly communicated to the VCR from the appropriate VA personnel.

d. Non-Categorical Case Management

For any Veteran that is not eligible to be referred for RRH, TH or PSH or is waiting on enrollment in a program, the VA Medical Center Healthcare for Homeless Veterans (HCHV) team can provide non-categorical Social Work Case Management (CM) for these Veterans.

- 1) This is referred to as HCHV CM

Veterans **do not** need to be VA healthcare eligible to be referred to HCHV CM.

The goal of HCHV CM is to support homeless Veterans, including those not eligible for VHA healthcare, as they navigate and overcome barriers towards permanent housing with the support of a service provider.

Referral Process:

- Upon reviewing the appropriate Order of Priority and aforementioned referral processes, if the Veteran is not appropriate, cannot be referred to any of the previously detailed Veteran housing resources, or is not able to be enrolled in any of the programs outlined, the VCR will make contact with the Veteran to discuss the recommended referral.
- Provided the Veteran is in agreement, the referral will be made to the appropriate VA Social Worker.
- The VA Social Worker will confirm receipt of the referral to the VCR within one (1) business day.
- The VA Social Worker will confirm enrollment in the program to the VCR in no more than five (5) business days.

If the Veteran is not eligible for HCHV CM or does not get enrolled:

- VA HCHV staff will notify the VCR via email/phone that the Veteran is not eligible/enrolled.
- Once the VCR is notified, they will look to see if any information has been updated on the FBGT and if Veteran status has been confirmed.
- Within 24 hours (1 business day) of being notified that the Veteran is not eligible/enrolled for the HCHV CM Program, the VCR will contact the Veteran to see if they would like to be referred to another program. If the Veteran chooses to be referred to a RRH or TH/GPD or HUD VASH Program, and qualifies for such, the VCR will educate the Veteran about the programs. After the Veteran is informed, they will be given Veteran choice on what program they would like to be referred to.
- Once the Veteran decides on a program to be referred to, the VCR will make a referral in HMIS and will contact the program by email/phone. The email will contain the Veteran's HMIS number, contact information, CE assessment score, Veteran status via Squares, chronic homelessness determination, current housing situation, and location.

APPENDIX X: Veterans Coordinated Entry Policy & Procedures for the Chittenden County Homeless Alliance (VT 501)

1. Overview:

The Vermont Veterans Committee on Homelessness (VVCH) is a statewide organization that serves both federally recognized Continuum of Care. Vermont Coalition to End Homelessness (VCEH) is the organization that represents the Balance of State Continuum of Care (VT 500). The Chittenden County Homeless Alliance (CCHA) is the organization that represents the Chittenden County Continuum of Care (VT 501). This policy is specific to the Chittenden County Homeless Alliance.

This appendix outlines the process Assessment Hubs and Assessment Partners with CCHA will use to assist Veterans in gaining access to Veteran specific resources. Referral Partners will follow CCHA policy and procedures to refer Veterans, like all persons, to the local Assessment Hub to participate in coordinated entry

The stated goal of the Veteran's Homeless programs is to end homelessness among Veterans. The resources available are federal, state, local and private funded programs. In addition to Veteran-specific resources, Veterans can access non-Veteran specific resources for people experiencing homelessness through the Coordinated Entry process.

The VVCH will follow the CCHA Coordinated Entry policies and procedures in Chittenden County, unless there is a required variance outlined by the U.S. Department of Veterans Affairs or HUD, specific to Veteran resources.

2. Definitions:

Veteran: A person who served in the active Military, Naval, Air Service, regardless of length of service, and who was discharged or released there from, excluding any one who received a dishonorable discharge or was discharged or dismissed by reason of a General court-martial (PL 114-315; 38 USC § 2002(b)).

- Active duty means full time duty in the active military service of US Title 10. Hence, the National Guard and Reserve Members must have been called into Federal Service, by the President.

Veteran family: A Veteran who is a single person or a family in which the head of household, or the spouse/guardian of the head of household, is a Veteran.

Vermont Veterans Committee on Homelessness (VVCH): The VVCH is a joint committee of the Chittenden Homeless Alliance and the VCEH. It is an all-volunteer committee made up of representation from Veteran service providers and other Veteran specific organizations. The VVCH provides the organizational structure to help Veterans access all of the Veteran specific homeless assistance resources available. The VVCH serves to ensure homelessness among Veterans is rare, brief and non-recurring.

Veteran Committee Representative (VCR): This position will be a full-time paid position housed in SSVF@UVM initially. The primary role of this position will engage with the Veteran and facilitate access into the Coordinated Entry System.

Coordinated Entry Housing Assessments: The existing CCHA Vulnerability & Sustainability Assessments from CCHA VT-501 will be used to determine order of priority and guide housing referrals.

Federal Benchmark Generation Tool (FBGT): The FBGT is a statewide Master List used by the VVCH. It provides data to help determine how successful the VVCH and Chittenden County Homeless Alliance are in meeting the federally mandated benchmarks of achieving an end to Veteran homelessness. It is only used by the Veteran Service providers

3. Available Veteran Resources:

Veterans who qualify, will be eligible for housing assistance in 5 Veteran-specific programs:

- HUD-VASH (Veterans Affairs Supportive Housing) is permanent supportive housing. This program is administered by the U.S. Department of Veterans Affairs in partnership with local Public Housing Authorities.
- Grant Per Diem (GPD) is a service-enriched transitional housing program. Veterans who are enrolled in GPD are still considered homeless and should be added to the Local Master list. GPD is administered by the U.S Department of Veterans Affairs in partnership with local homeless service provider agencies.
- Supportive Services for Veteran Families (SSVF) is primarily a Rapid Re-Housing program. Funding is also available for Homelessness Prevention on a case by case basis only. SSVF is grant funded through the U.S. Department of Veterans Affairs.
- Healthcare for Homeless Veterans (HCHV) services provide social work case management for eligible Veterans through the VA Medical Center. HCHV is able to serve Veterans who may not be eligible or are waiting enrollment in another program.
- Other Veteran Housing Partners, such as Dodge House.

4. Referral Process: CCHA, VT-501 Chittenden County

- Veterans will be referred to an Assessment Hub of the Local Coordinated Entry Partnership by referral partners to complete the assessment.
- Assessment Hubs and Assessment Partners will follow the Coordinated Entry process as outlined in the CCHA Coordinated Entry Policies and Procedures.
- If the initial point of contact for a Veteran is a CE Assessment Provider (Assessment Hub or Assessment Partner), that provider will follow the CCHA Coordinated Entry process – i.e., place the household on the local Master List, etc.
- Assessment Hub or Assessment Partner will make a referral to the VVCH in HMIS (or the equivalent in cases where DV/SV are present).
- Veterans Committee Representative (VCR) will accept the referral in HMIS.

- VCR will place the Veteran on the FBGT, determine what resource will best serve the Veteran (& their family, if applicable) based on the CCHA Housing Assessment and prioritization policy.
- VCR will refer the Veteran to a Veteran service provider within 3 business days.
- It is the responsibility of the Veteran Service Provider to update the FBGT bi-weekly.
- For Veterans who present at a non-HMIS Referral Partner, that Referral Partner will follow the policies and procedures outlined in the CCHA Policies and Procedures for Referrals.
- Veterans may remain on the local Master List until they exit to permanent housing or to the inactive list per the CCHA Policies and Procedures.
- Clients who report to be Veterans but don't meet eligibility requirements for any Veteran specific program will be referred by the VCR back to the Assessment Hub of the Local Continuum of Care.
- The VCR will coordinate with CES Lead(s) to address erroneous data duplications, review Veteran status of households on the Master List, and generally support coordination and data integrity.
- VA Homeless program staff will actively participate (either virtually or in person) in the case conferencing process that takes place amongst the community partners within the local CoC (referred to as Community Housing Review Community) as a means of utilizing the full spectrum of services and resources available to persons experiencing homelessness within the community.

5. Domestic Violence, Sexual Violence, Dating Violence and Stalking:

The VCR will work closely with the Victim Service Provider in the local CoC based on client choice, to ensure personal information is de-identified and all policies and procedures related to safety and access are followed. Each Veteran Service Provider will also follow their specific policies and procedures in regards to Veterans fleeing domestic/sexual violence.

6. Inactive List:

Each Veteran Service Provider, during their bi-weekly updates of the FBGT, will check current clients start dates to ensure a Veteran who has reached 90 days with no contact will be manually entered in the FBGT as inactive (Unknown/Missing). The VCR will work closely with the Local Assessment Hubs to ensure no Veteran is inadvertently placed on the Local Master list as inactive. The VCR will also provide feedback to the CoC to add Veterans names to the Local Master List when needed.

7. Non-Participation:

A Veteran who wishes to not participate in coordinated entry, Veteran-specific services, or with a specific provider/agency will still be eligible for services based on his/her eligibility. The VCR will work closely with the Local Assessment Hubs and the network of Veterans Service Providers to de-identify the Veteran and provide the Veteran access to the resources that will best suit them.