

2021202

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# Vermont Veterans Committee on Homelessness

GOVERNANCE CHARTER-APPENDIX A

## 1. Purpose

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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

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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.

- o BoS prioritization is referenced above.
- o 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~~

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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 ~~23~~ 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

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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.