

# Greater Richmond Continuum of Care VetLink Procedures

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## 1. Overview

The GRCoC VetLink team prioritizes and refers veterans experiencing homelessness to housing using GRCoC guiding principles: 1. Transparent; 2 Evidence-based & Data-driven; 3. Strengths-based & Client-focused; 4. Easily Accessible; 5. Housing-focused; and 6. Continually Improving.

## 2. Roles

### Team Coordinator

Responsibilities:

- Manage meeting
- Coordinate with CoC
- Develop training

### List Coordinator

Responsibilities:

- Add updates to the spreadsheet
- Enter intake information from non-HCIS users into HCIS
- Ensure HCIS and spreadsheet match

### Navigator

Responsibilities:

- Send updates about client to the list coordinator on a weekly basis
- Complete PSH or RRH application with the individual
- Provide a warm hand-off to the housing resource

### Member

Responsibilities:

- Attend Vetlink meetings
- Navigate clients that are in your shelter or that you have contact with

If the team coordinator or list coordinator steps down, the team would vote to determine a new coordinator.

Navigators are assigned by the team.

### **3. By-name list**

VetLink maintains a by-name list of all veterans experiencing homelessness in Greater Richmond.

#### **How is someone added to the list?**

- Only individuals who are homeless, either staying outdoors or in shelter, are added to list.
- Providers enter intake questions, VI-SPDAT, and ROI for veterans into HCIS.
- Team members email the List Coordinator the name and HCIS number of a veterans to add the person to the list.
- Providers who do not use HCIS fax or deliver paper intake & VI-SPDAT to List Coordinator.
- List coordinator pulls name, last 4 of social, DOB, income, phone number, VI-SPDAT, and shelter info from HCIS.

#### **How do we track people on the list?**

- The team tracks veterans using three categories. Veterans can move between the categories.
  - Homeless: Veteran is "homeless" if s/he is unsheltered, in shelter, transitional shelter, or Safe Haven. S/he also remains homeless while working with a housing program until moved into permanent housing.
  - Housed: Veteran is "housed" if s/he has moved into permanent housing.
  - Deferred: Veteran is "deferred" if s/he moved out of Greater Richmond or if no contact has been made for 90 days. Team must show that reasonable attempts to locate the veteran prior deferring veteran.
- Once a veteran is added to the homeless list, s/he is assign a navigator. Navigator is typically selected based on who completed the VI-SPDAT or who has had contact.
- The team matches client with appropriate housing and provides a warm hand-off to the housing provider.
- Veterans who are not eligible or appropriate for VA, SSVF, or VVFS housing resources are referred to the Singles Housing Team.

## 4. Conducting the Assessment

### Assessment Packet:

1. ROI: Release of Information allowing information to be shared between VA and all HCIS users
2. Intake Questions: Required questions for HUD entry into HCIS
3. VI-SPDAT: GRCoC common assessment tool to assist with prioritization of housing resources

### Suggested messaging:

"My name is [ ] and I work with a group called [Greater Richmond Continuum of Care, Richmond Outreach, Vetlink ]. I have a 15 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into the Homeless Management Information System, the database for homeless services in Greater Richmond. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources I can refer you to.

Would you like to take the survey with me?"

- If "yes," ask the individual to sign the Release of Information before proceeding with the survey.
- "If at any point you don't understand what I am really asking, just let me know and I can clarify for you. Let's start with the first question..."

If an individual refuses to sign the ROI:

- S/he should not be added to list.
- If s/he is chronically homeless or has high service needs, add to the Singles Housing Team engagement tab for monitoring.
- Continue to engage and proceed with housing options available without ROI.

### Refuse to complete VI-SPDAT?

### Client FAQs

Where am I on the waiting list?

- The survey does not place you on a waiting list. It's designed to help us figure out the right type of resource for you. Continue to pursue resources on your own and continue to connect with your case manager.

When do I hear back?

- Continue to work with your case manager if you already have one.
- Continue to check in at HPE.

### DOs and DON'Ts for Explaining VI-SPDAT and Coordinated Assessment

- ✓ Do explain that [Vetlink, Richmond Outreach, Greater Richmond Continuum of Care] is a collaboration of service providers working to streamline services to help connect homeless individuals to available resources and appropriate housing.

- ✓ Do explain the VI-SPDAT as an assessment that enables our network of service providers to understand their needs, program eligibility, and assist in matching them to the next resources available.
- ✓ Do ask the client to sign the VI-SPDAT consent form prior to conducting the survey.
- ✓ Do encourage clients to seek out other housing opportunities.
- ✓ Do encourage clients to connect with their case managers.
- ✗ Don't do a VI-SPDAT if the person is not literally homeless.
- ✗ Don't mention a list.
- ✗ Don't explain to a client the type of housing program for which they are most appropriate for.
- ✗ Don't mention that people will receive a score after participating in a VI-SPDAT, and don't give the score.
- ✗ Don't mention a list.
- ✗ Don't guarantee housing to a client or give them a timeframe in which they will be housed.
- ✗ Don't say what programs can offer (i.e. RRH can pay for a year)
- ✗ Don't tell a client that the most vulnerable are being prioritized for housing. Please remember that we are using the VI-SPDAT to match to appropriate housing.

## 5. VetLink Meeting

VetLink, a subcommittee of the GRCoC Coordinated Entry Committee, consists of staff from multiple agencies directly working with veterans experiencing homelessness, including: intake, outreach, shelters, SSVF, HUD-VASH, and employment providers within GRCoC.

VetLink is a case conference meetings to review cases of veterans. This allows for a review of the worker knowledge, client intake, and VI-SPDAT to determine most appropriate housing resource. VetLink members demonstrate professional judgment. Conferencing provides individual attention and conversation, but still maintain a uniform, transparent process. The process will be person-centric, not program-centric (i.e., the end result will not always be RRH or PSH placement, but rather to match a person to the appropriate housing resource).

Membership include representation from the following service types:

- Outreach
- Shelter Intake
- Vets Transitional Housing
- SSVF provider
- HUD VASH provider
- Virginia Veteran and Family Services
- Veteran employment agencies
- Other agencies providing housing support to homeless veterans

Adding a member:

- Interested agencies contact Team Coordinator about joining vetlink, who will bring the request to the team
- Interested agencies must be able to commit a staff member to attend meetings on a regular basis and contribute to available resources and/or navigation for veterans
- If determined to be able to join, agency must sign a confidentiality agreement to listen and share information with the team.

### Meeting Preparation

1. Members submit updates two days prior to the meeting, including:
  - a. Last contact
  - b. Recommended housing plan: self-resolve, SSVF, HUD-VASH
  - c. Update on if document ready
2. Team Coordinators created agenda for the meeting.

### Meeting Structure

1. Ensure all veterans are matched to a navigator
2. Ensure all veterans have a suggested housing resource
3. Case conference top 15 most vulnerable
4. Determine who is document ready and able to be refer to resource

### After the Meeting

1. List coordinator emails updated spreadsheet and call for updates
2. Navigator complete steps provided by the housing plan established at the meeting.

### Dos and Don'ts of Case Conferencing

DO present basic client information, including: Gender, Age, Location, Length of time of homelessness, Income, Barriers to housing.	DON'T use names or other client identifiers without a Release of Information.
DO solicit input from participating providers to address barriers and immediate needs.	DON'T present personal information that does not directly affect the housing and/or stabilization plan.
DO identify a concrete service plan for each individual presented.	DON'T coordinate a housing plan outside of vetlink.
DO provide updates on clients discussed at previous meetings to track success and gaps.	DON'T conclude a case without addressing solutions to housing barriers.

## 6. Prioritization and Matching for HUD-VASH

Assistance is prioritized based on vulnerability and length of homelessness to ensure that people who need assistance the most receive it in a timely manner.

### Priority for HUD-VASH is given to:

- Chronically homeless with longest history of homelessness (determined by HCIS data and case manager input) and most serve service need (determined by VI-SPDAT score and case manager input).
- VA Prioritization process?

Tie breakers:

- Female
- Family
- OIF/OEF
- Chronic

Questions to ask when prioritizing:

- Where are they currently staying? How do you know?
- When did you last see them? How did they look? How are they doing?
- What is their case management need?

Prioritization using above priorities:

- The team discusses the newly added veterans and determines who should be prioritized for PSH based length of homelessness and service needs (e.g. severity of health and behavioral health challenges, frequent interactions, difficult engaging).
- If a veteran requires more intensive services that HUD-VASH offers, s/he is referred to the singles housing team.

Connecting to PSH Intake:

- Navigator brings the veteran to the VA for screening between 9 and 12:30 for walk-in hours.
- VA Protocol:
  - Comprehensive Assessment

- HOME
- VI-SPDAT (If it has not been completed)
- Daily staffing for walk-ins and connected to program within 24 hours
- When a housing resource is available, the veteran who is prioritized at the daily staffing based on who has a completed application and documents will be selected and ....

## **7. Prioritization and Matching for SSVF**

### **Priority for Rapid Rehousing is given to:**

- Veterans with medium level case management need based on VI-SPDAT score on 5-9 and case management input
- If they are not eligible for SSVF, they are referred to community-based RRH.

### Questions to ask when prioritizing:

- Is the client interested in rapid rehousing?
- Is the client willing to sign a lease?
- Does the client have the needed documents for housing?
- Will the client have the ability to meet with housing specialist and search for housing?
- If the client does not have income, are they willing to look for employment?
- If needed, does the client have a payee or are they willing to get one?

### **Procedures for matching to SSVF:**

1. The team discusses the newly added veterans and determines who should be prioritized for RRH based case management needs.
2. Once a person is identified as document-ready, they are matched to housing resource.

## **8. Helpful Information**

### **Definitions:**

- **Homeless:** Person staying in a place not meant for human habitation (car, tent, bench, etc.), emergency shelter, or transitional shelter.
- **Chronically homeless:** Person with a disability that is staying in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or four times in the last three years totaling at least 12 months.
- **Permanent Supportive Housing:** Subsidized housing with support services for chronically homeless individuals and families.
- **Rapid Rehousing:** Permanent housing with short-term financial assistance and case management for individuals and families experiencing homelessness.
- **HCIS:** Homeward Community Information System is a Homeless Management Information System (HMIS), a client-level database for homeless service providers.
- **VI-SPDAT:** Vulnerability Index-Service Prioritization Decision Assistance Tool helps recommend individuals for housing interventions, moving the discussion from who is eligible to who is eligible and in greatest need of that intervention.
- **Supportive Services for Veteran Families (SSVF):** Rapid Rehousing assistance for veterans, including single individuals and families.

- **HUD-VASH:**

**Contact Info:**

- **VetLink List Coordinator:** Monika Merk
- **VetLink Team Coordinator:** Celie Weaver

**VetLink Team Members:**

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