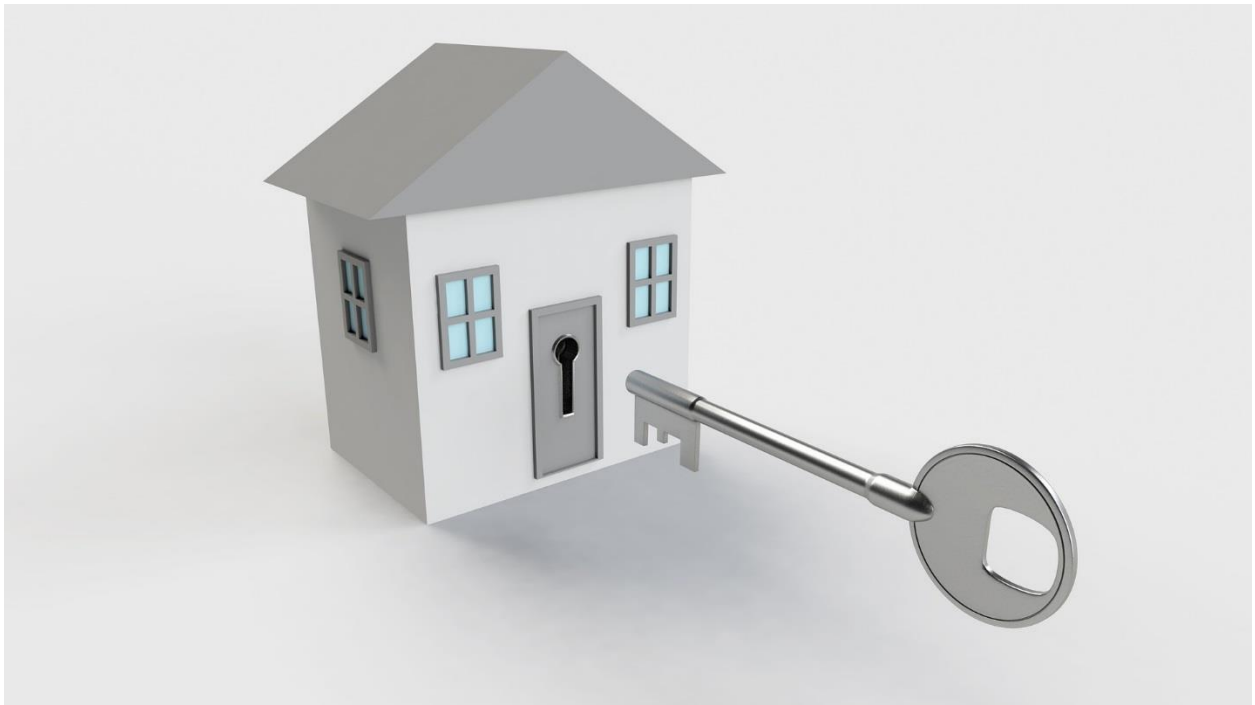
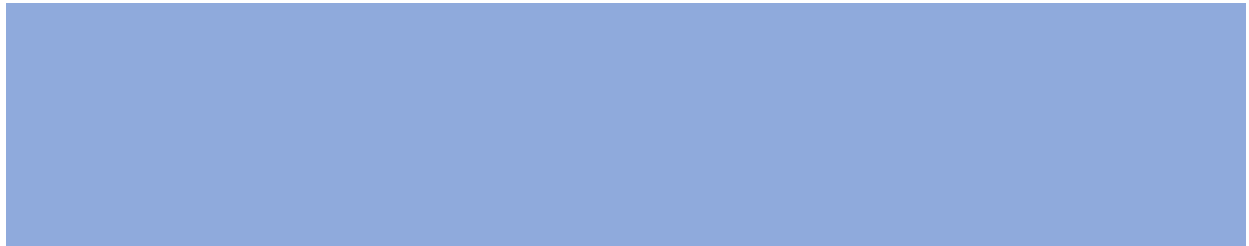


CES Policies and Procedures for Veterans



Adopted January 8, 2018
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Contents

COORDINATED ENTRY OVERVIEW FOR VETERANS.....	3
GOALS	3
GUIDING PRINCIPLES	4
Housing First	4
Non-Discrimination	4
Client Choice	5
Accurate Data.....	5
Performance Driven Decision Making	5
Prioritizing the Most Vulnerable.....	6
STRUCTURE	6
ENTRY POINT CONTACT INFORMATION	7
IDENTIFYING, ASSESSING, AND ENGAGING VETERANS	7
VETERAN STATUS CONFIRMATION.....	8
RESOLVING IMMEDIATE HOUSING NEEDS FOR UNSHELTERED HOMELESS VETERANS.....	8
ASSESSMENTS	9
MATCHING VETERANS TO HOUSING PROVIDERS.....	9
Coordination with Lowcounty Continuum of Care Coordinated Entry System	9
CASE CONFERENCING	9
PRIORITIZATION AND BY NAME LIST MANAGEMENT.....	10
HOMELESS VETERAN SERVICE COORDINATION	11
VACANCY UPDATES.....	11
PROVIDER INTAKE DECLINE	11
CLIENT PROGRAM EXIT AND BY NAME LIST RECORD	11
DATA SHARING AND HMIS.....	11
VA AND CoC PARTNERSHIP	11

COORDINATED ENTRY OVERVIEW FOR VETERANS

The goal of the Coordinated Entry System (CES) for Veterans is to rapidly connect households with previous active military service to appropriate housing interventions through a coordinated process that links them with customized interventions based on individual needs. The Veteran Coordinated Entry process and broader coordinated entry planning body – the Coordinated Entry and Prioritization Committee – work to ensure continuity in policy and practice decisions as much as possible. Additional information regarding the federal benchmarks and newest version and criteria for ending veteran homelessness can be found at <https://www.usich.gov/tools-for-action/criteria-for-ending-veteran-homelessness/>.

The Coordinated Entry System screens individuals with moderate to high barriers to housing stability. It is a low barrier, person-centered, easily accessible, and standardized system. Program eligibility will need to embrace these principles. Housing providers should offer permanent housing first and assist in navigation of long-term supports.

It is the policy of Lowcountry CoC to collaborate with all agencies serving Veteran's experiencing homelessness. Access points will connect the Veteran with service providers to rapidly outreach, engage, and coordinate services of their choice. By allocating resources based on Veteran vulnerability and Veteran preference. So that when a Veteran becomes homeless; it is rare, brief, and nonrecurring. The Lowcountry CoC will continue to work with SSVF and VAMC to establish policies and procedures that align with Coordinated Entry to also include HUD regulations and mandates.

GOALS

The Lowcountry CoC recognizes and supports HUD's goals for its local policies and procedures and strives to meet its obligations under the HEARTH Act. In a way that helps to enhance its coordinated response among Veterans who experience homelessness as a sub-population within the broader homeless population along with a subordinate effort to community-wide homeless coordinated entry. The goal of Coordinated Entry is to provide each Veteran with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible.

These standards hereby:

1. Establish community-wide expectations on the operation of projects serving the Veterans experiencing homelessness.

2. Ensure that the prioritization of limited community resources is transparent to users and operators.
3. Establish guidelines for the maintenance of the veteran by-name list and case conferencing which addresses the needs of Veterans identified on the by-name list.
4. Establish minimum training standards on the community response to Veteran homelessness.

GUIDING PRINCIPLES

Lowcounty CoC commits to the following Guiding Principles as part of its overall approach to ending and preventing Veteran homelessness throughout the CoC. These Guiding Principles shall inform all program and policy decisions of the CoC and its funded or affiliated housing providers.

1. Housing First

Housing First is an evidence-based, cost-effective approach to ending homelessness for the most vulnerable and chronically homeless individuals. The Housing First model prioritizes housing; then assists the veteran with access to healthcare and other supports that promote stable housing and improved quality of life. The model does not try to determine who is “housing ready” or demand treatment or other support services as preconditions to housing. Instead, treatment and other support services are wrapped around Veterans as they obtain and maintain permanent housing.

Consistent with VA and HUD COC guidance, the Lowcounty CoC looks to promote Housing First principles across the Lowcounty with programs that serve veterans experiencing homelessness.

2. Non-Discrimination

Lowcounty CoC commits to a policy of non-discrimination for all CoC projects and activities.

- A. Providers must have non-discrimination policies in place and reach out to people least likely to engage in the homeless system.
- B. Providers must comply with all federal statutes including the [Fair Housing Act and the Americans with Disabilities Act](#).

- C. Lowcounty CoC practices a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in Lowcounty CoC service area, including, but not limited to: homeless veterans, youth, families with children, and victims of domestic violence.
- D. Lowcounty CoC is committed to abiding by the [Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity Final Rule published in 2012 and the subsequent Final Rule under 24 CFR 5](#) General HUD Program Requirements; Waivers, September 2016.

3. Client Choice

Clients will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of Coordinated Entry through surveys and other methods designed to obtain their thoughts on the effectiveness of the Coordinated Entry process. To the degree possible, based on resources and the prioritization mechanisms described in this document, and where safety is not compromised, clients are given choice in:

- A. The type of services they receive by whom and over what time period
- B. The location and type of housing they access
- C. The elements and goals of their housing stability plans

4. Accurate Data

Data collection on people experiencing homelessness is a key component of the Coordinated Entry process. Data from the assessment process that reveals what resources clients need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all staff and providers who are participating in Coordinated Entry must enter data in a timely fashion. Clients' rights with regards to access to and release of privileged information will always be made explicit to them. SSVF will continue to enter data into HMIS; discussion will continue with VAMC regarding the use of HIMS. VAMC will continue to utilize internal database.

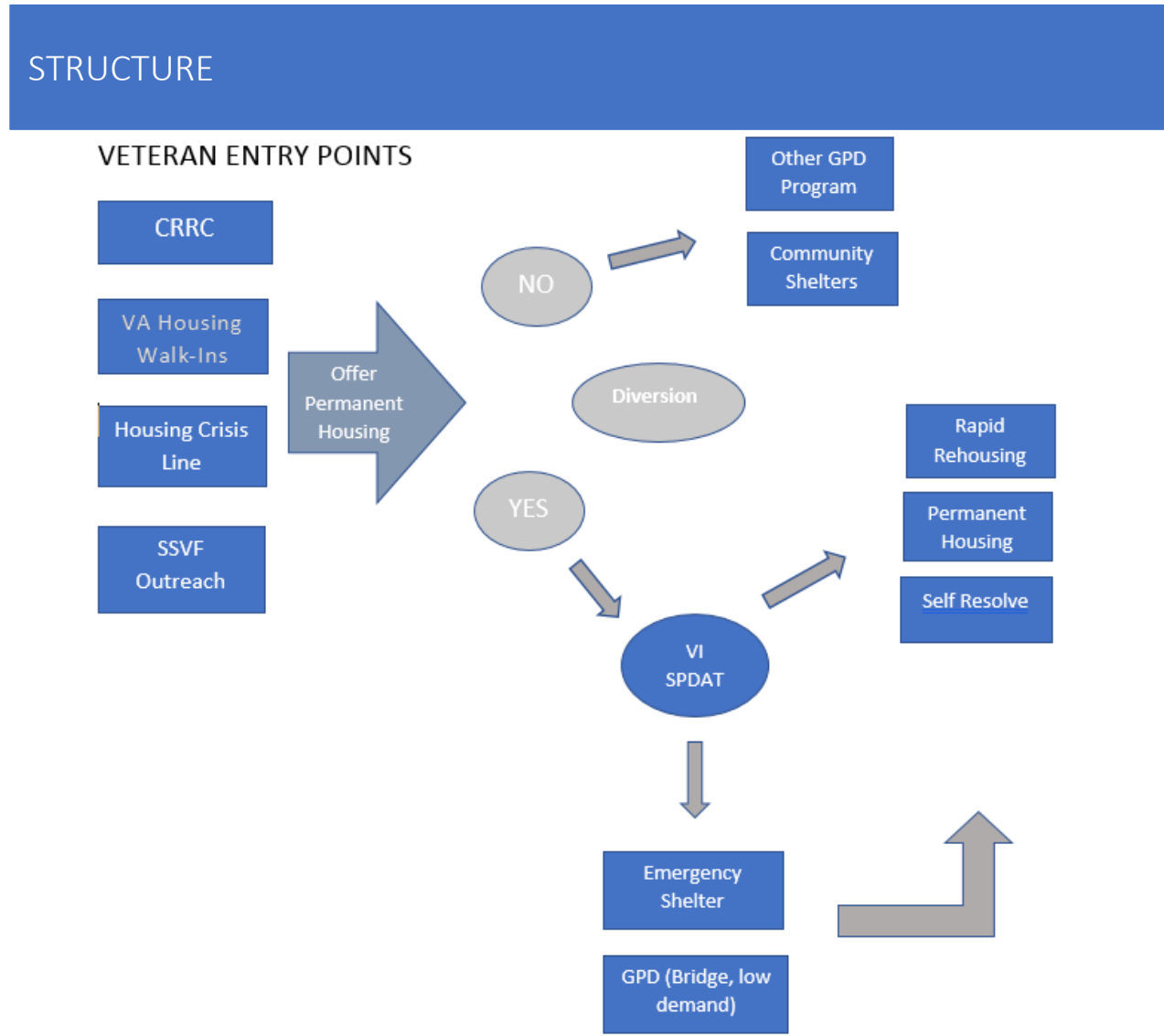
5. Performance Driven Decision Making

Decisions about and modifications to the Coordinated Entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a

desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.

6. Prioritizing the Most Vulnerable

Coordinated Entry referrals will prioritize those households that appear to be the hardest to house or most vulnerable for program beds and services. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.



ENTRY POINT CONTACT INFORMATION

Ralph H. Johnson VA Medical Center

Housing Walk-Ins- 3rd floor
Screening for GPD and HUD-VASH Programs
9-11 am Monday-Friday
109 Bee St.
Charleston, SC 29401
HUD/VASH Karen Medbury 843-577-5011 X5775
GPD- Meg Boyle 843-789-7765

One80 Place SSVF Program

7am-5 pm Monday-Thursday
7am-1pm Friday
1064 Gardner Rd. St. 206
Charleston, SC 29407
843-212-8668

VA-Community Resource and Referral Center

Screening for GPD program
8AM-4:30PM walk ins accepted
2424 City Hall Ln.
North Charleston, SC 29406
843-789-6804

Housing Crisis Line

7:30 am-4 pm Monday-Thursday
7:30 am-12am Friday
843-737-8357

IDENTIFYING, ASSESSING, AND ENGAGING VETERANS

A. All literally homeless Veterans will be immediately identified.

1. Outreach and Engagement to Street Homeless

a. Coordinated outreach which includes Supportive Services for Veteran Families (SSVF) grantees, and other community outreach teams, shall be conducted on a weekly basis, or as appropriate, for the purposes of identifying unsheltered Veterans experiencing homelessness.

b. Outreach teams will work collaboratively to ensure comprehensive coverage and efficient provision of resources.

c. All street outreach teams shall agree that all Veterans who are encountered and located shall take place on a weekly basis to ensure that eligible households who do not enroll in programs are identified and assessed. The day after a Veteran who is experiencing homelessness is

assessed on HMIS, he or she will be included in the “By Name List” to be matched to a housing provider.

2. Outreach and Engagement to literally Homeless Veterans residing in shelters and Transitional Housing (TH)

a. Outreach teams will collaborate with providers, including victim services provider agencies, for the purposes of identifying Veterans experiencing homelessness.

b. Providers serving veterans will continue to collaborate with all shelters and Transitional Housing programs in their identified areas.

3. Requesting Outreach Support to Assess a Veteran

In the case where a person who is not trained or is not part of the Veteran Initiative is in communication with a Veteran who is experiencing homelessness the person encountering the Veteran can call one of the Entry Points listed in this document.

VETERAN STATUS CONFIRMATION

Veterans may have any discharge status and any length of active military service. Proof of Veteran status can be confirmed by the Veteran Repository. VA-funded programs must verify that the Veteran meets eligibility criteria by reviewing the Veteran’s DD214 paperwork. This can be obtained in person at the VA Regional office or through the mail. Veteran status can also be obtained by the Veteran going to the VAMC, first floor eligibility and requesting a HINQ.

RESOLVING IMMEDIATE HOUSING NEEDS FOR UNSHELTERED HOMELESS VETERANS

All unsheltered Veterans experiencing homelessness will be provided immediate access to shelter, if available.

When first encountered, an unsheltered Veteran experiencing homelessness will be asked if they would like a shelter bed today.

1. The first step is to assess for GPD by presenting at CRRRC. If not available, option 2 would be an outreach bed at the shelter, if available.
2. If unsheltered Veterans declines the shelter bed, notes will be documented in HMIS and outreach will continue to engage.

ASSESSMENTS

All literally homeless veterans will be assessed using the VISPDAT or comparable assessment. Within Lowcounty CoC's Coordinated Entry System, the VISPDAT is the common assessment tool that is utilized by all community partners to assess homeless persons in a standardized way. The purpose of this standardized assessment process is to determine prioritization. Upon determining how an individual is being prioritized, further dialogue can take place through the case conferencing process to ensure that the individual is being connected to the most appropriate resources for their unique situation.

MATCHING VETERANS TO HOUSING PROVIDERS

Coordination with Lowcounty Continuum of Care Coordinated Entry System

Coordinated Entry for Veterans will continue to integrate with the larger Coordinated Entry system.

1. Rapid outreach for those experiencing homelessness who report veteran status to determine military service history and homeless veteran specific program eligibility.
2. Quickly navigating those with documented military service to appropriate housing resources based on eligibility, program capacity, client vulnerability and client choice.
3. By allocating resources based on veteran vulnerability and veteran preference so that when a veteran becomes homeless, it is rare, brief and nonrecurring.
4. Collaborate closely with other homelessness response systems and providers.
5. Enter veterans into coordinated entry utilizing the systems, policies and protocols adopted by the Lowcounty CoC.

CASE CONFERENCING

Communities across the country recognize the need for consistent, inclusive case conferencing to support their coordinated entry process. The case conferencing process allows for coordination and problem-solving to occur regularly with case management and other staff serving veterans experiencing homelessness in the community. Case

Conferencing is also utilized to make eligibility determinations that can lead to referrals for services. It is a place where as a collective community, prioritization for services can be determined. A BNL (also referred to as a “community-wide list”, “master list” or “active list”) is a real time, up-to-date list of all Veterans experiencing homelessness in our community, allowing us to know each homeless Veteran by name while facilitating timely decisions around how to best assist them with the available resources within our community. This list is populated in Homeless Management Information Systems (HMIS), through information obtained from outreach, shelters, VA-funded programs, and any other providers in the community who may work with veterans experiencing homelessness. In addition to the names of Veterans, this list also includes additional data elements that help assess Veterans’ current situation and facilitate quick referrals, such as housing status, chronic homeless status, and prioritization level.

The type of information discussed at this meeting includes the following:

1. Current status: For example: active in shelter, active unsheltered, missing and whether that status has changed since the last case conference review.
2. Veteran Preferences: Housing plans and next steps should be guided by the Veteran’s preferences.
3. Critical Housing Placement Barriers: Review and problem-solve any barriers to housing placement.
4. Critical Service Barriers: Review and problem-solve any challenges to connecting veterans to critical services.
5. Current Safety: Make sure any unsheltered Veteran has a safe place to stay tonight.
6. Next Steps: Identify any immediate or critical action items related to the veteran, including roles and timelines.

PRIORITIZATION AND BY NAME LIST MANAGEMENT

- A. HUD VASH Eligibility and Prioritization
- B. Other Permanent Supportive Housing Eligibility and Prioritization
- C. Rapid ReHousing eligibility and prioritization
- D. Transitional Housing eligibility and Prioritization

HOMELESS VETERAN SERVICE COORDINATION

When a veteran individual or veteran family is identified by an agency, they will be rapidly connected to outreach and engaged to coordinate services of their choice. Coordination of outreach for identified veterans will be handled in real time and through weekly case conferencing. Veterans will be assessed for vulnerability using the Vulnerability Index-Services Prioritization and Decision Assistance Tool (VI-SPDAT). The results of these assessments will be used in conjunction with chronic status, individualized provider case presentation and client choice to determine a timely appropriate permanent housing intervention.

The agency who identifies the veteran is responsible for making the initial report to the Veteran By-Name List for coordination of outreach and housing assessment. Through client choice and case consultation, the client's primary provider for permanent housing search will be identified and recorded in HMIS. This provider is then responsible for providing updates on housing search and placement. The primary housing support provider is responsible for:

1. Ensuring the client has completed appropriate HMIS data sharing releases and agency releases to allow for case consultation and reporting to the Veteran By-Name List.
2. Actively participating in weekly case consultation
3. Providing weekly updates for each of their clients

VACANCY UPDATES

All agencies will report vacancies of housing units, HUD VASH case management openings, transitional housing beds and VA contract beds during weekly case consultation.

PROVIDER INTAKE DECLINE

Committee members will provide proper notice to clients regarding denial of a permanent housing or transitional housing application. Members also agree to provide notification to the committee members when a client is denied an intervention. An intake denial notification will include, at a minimum, the following details, if applicable:

1. The reason the client cannot enter the program, including the reason for rejection by the client or provider.
2. Instructions for appealing the decision, including the contact information for the person to whom and under what time frame the appeal should be submitted.

CLIENT PROGRAM EXIT AND BY NAME LIST RECORD

Every effort will be made by the committee members to avoid exiting veterans or veteran families from a program into homelessness. If a client is at risk of being exited from a program into homelessness the primary housing support provider will bring the client's case to weekly case consultation at least 30 days prior to exiting the client. During case consultation the committee will establish a community outreach plan to attempt to reconnect with the client over the next 30 days.

Clients who cannot be located by community providers, after 90 days of attempting to find the client, the client can be classified as inactive-missing and removed from the By-Name List. Attempts to find the client must be made every two weeks during the 90 days preceding removal. When located, clients can be added back to the BNL.

DATA SHARING AND HMIS

Client and program level data shall be shared weekly during the Veteran Case Conferencing. This will assist with transparency of data at the program and agency level, in reviewing lessons learned, and with the facilitation of discussions about how resources should be used based on current needs.

The VHA Privacy Office, in collaboration with the VHA Homeless Program Office, announced the addition of Routine Use #30 to the Privacy Act Systems of Records (SOR), entitled "[National Patient Databases-VA](#)" (121VA10A7). This Routine Use allows VA to disclose relevant healthcare and demographic information to health and welfare agencies, housing resources, and community providers **without a formal data sharing agreement or prior signed, written authorization**, for Veterans who are assessed by or engaged in VA Homeless Programs for the purposes of:

- coordinating care,
- expediting access to housing,
- providing medical and related services,
- participating in coordinated entry processes,
- reducing Veteran homelessness,
- identifying homeless individuals in need of immediate assistance, and
- ensuring program accountability by assigning and tracking responsibility for urgently-required care.

All disclosures must be consistent with good medical and ethical practices.

Routine Use #30 is intended to support effective and efficient collaboration between VA and outside agencies by allowing the disclosure of information documented in the Homeless Operations Management and Evaluation System (HOMES) for the purpose of improving timeliness and access to necessary services for Veterans in the homeless continuum. This guidance is more expansive than the [VACO National Privacy Guidance - Authority to Make Disclosures to Community Partners](#), as disclosures under Routine Use #30 are not limited to Veterans who are at “imminent risk” and are not specific to information captured only in the health care record.

The sharing of allowable information is an essential part of the coordinated entry process, resulting in much more efficient coordination of care for the homeless Veteran seeking housing resources.

VAMCs are required to share aggregate data from HOMES and the Homeless Services Cube with each of their communities on an as-needed basis, such as higher level program numbers, outcomes (inflow, outflow, current census), or general demographic information.

VA AND CoC PARTNERSHIP

The CoC framework is designed to promote community-wide commitment to the goal of ending homelessness, including veteran homelessness, making local VA support and participation essential to the CoC process. The Veterans Health Administration (VHA) Homeless Program Office (HPO) requires all VA Medical Centers’ (VAMC) homeless programs to be fully engaged with each of their local CoCs, which means at a minimum, participating in a formal decision-making body on decisions that impact Veteran homelessness. Per VA Legal Counsel, VHA employees are legally permitted to participate in and serve on CoC boards. Approval for participation in this capacity should be granted by the facility’s medical center leadership or designee. Recusal from CoC board decision-making processes is only required if the employee has an outside position with, or interest in, a local organization seeking Housing and Urban Development (HUD) funding. Otherwise, employees are permitted and encouraged to participate fully in their

role as a CoC board member. In fact, HUD regulations encourage participation by other Federal organizations on local CoCs, including incorporating their input into establishing priorities for funding projects in the geographic area.

1. VA will have at least one staff member who is assigned to actively collaborate with each CoC.
2. This person will be well-versed in the local goals and have decision making authority as it relates to the VA's ability to coordinate housing and services for homeless Veterans with the CoC and other key partners.
3. VAMC homeless programs are required to actively participate in the case conferencing meetings taking place amongst the community partners within each of their local CoCs, either in person or via conference call.
4. VAMCs are required to actively participate in the maintenance of the BNL while diligently following the data sharing guidance provided by VACO on this specific issue. BNL maintenance activities may include (but are not limited to) updating in HMIS: current housing or homelessness status, current program enrollment status, VA eligibility status, initial identification date, most recent contact date, and pending case management issues as appropriate. T

Coordinated entry is intended to prioritize resources for those with the greatest need, match people with the services that are most likely to help them exit homelessness, reduce the time it takes for clients to access services, and ensure that limited resources are allocated efficiently. To offer veterans as much assistance as possible and help them resolve their homelessness as quickly as possible, each CoC will need to have, at a minimum, a clear understanding of what VHA resources are available to assist in this overall effort and the process by which referrals will be made and received.

1. It is required that sites dedicate a portion of available VA resources for their inclusion into the greater pool of homeless service resources for Veterans that are accessed via coordinated entry. The degree to which resources are allocated is at the discretion of the VAMC. This will ensure integration of VA into the coordinated entry process to the fullest extent possible.
2. VAMCs are required to work with CoCs to establish a clear process for making and receiving referrals for Veterans (both eligible and non-eligible) screened through coordinated entry. This process must be outlined and communicated to the CoC providers, ideally through written policy.

This is a living document and will be reviewed annually in accordance with Lowcountry CoC Governance Charter. Changes can be made based on the information gathered through the evaluation process.