

Maricopa Regional Continuum of Care
Ending Veteran Homelessness Workgroup
Operations and Definitions

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I. Glossary of Terms

BNL – By-Name List

CE – Coordinated Entry

GPD – Grant Per Diem Program

H0 – Humanitarian Zero

H1 – Humanitarian One

HMIS – Homeless Management Information System

HOMES – Homeless Operations Management and Evaluation System

HUD-VASH - Housing and Urban Development-VA Supportive Housing

MRCoC – Maricopa Regional Continuum of Care

PHA – Public Housing Authority

PVHACS – Phoenix VA Health Care System

SITH – Service Intensive Transitional Housing

SSVF – Supportive Services for Veteran Families

VA – Department of Veterans Affairs

VI-SPDAT – Vulnerability Index-Service Prioritization Decision Assistance Tool

II. HMIS Data Standards

Homeless Management Information System (HMIS) is the data base used by the community to track services for individuals and families experiencing homelessness. Data Standards are a set of guidelines mandated by HUD for programs receiving federal dollars. Data Standards are implemented within the HMIS system and adhered to by the community.

Systems Categorization

Veteran status is not dependent on discharge status. A dishonorable discharge limits eligibility for certain Department of Veteran Affairs (VA) benefits and programs, but it does not mean that the person is not a Veteran for HMIS and Point-in-Time count purposes. Unless the project's funder has eligibility requirements for Veteran status, it is not necessary to obtain documentation for users to record a 'yes' response to the data element.

A 'no' response is for anyone who had not been on active duty. This includes individuals who attended training but were discharged before reporting to a duty station, and Reservists or National Guard who were never activated or deployed (As defined locally Humanitarian 0).

A 'yes' response is for anyone who has been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when a military member reports to a duty station after completion of training.

Reserves and National Guard: active duty is any time spent activated or deployed, either in the United States or abroad.

A 'yes' response is for anyone who was disabled in the line of duty during a period of active duty training.

A 'yes' response is for anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

The data element is only required for adult clients.

Reference: [2020 HMIS Data Standards Manual](#)

III. VA Data Guide

Veteran status should be ‘yes’ for anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

For members of the Army, Navy, Air Force, Marine Corps, and Coast Guard, active duty begins when a military member reports to a duty station after completion of training.

For members of the Reserves and National Guard, active duty is:

- Any time spent activated or deployed, either in the United States or abroad; or
- Anyone who has disabled in the line of during a period of active duty training; or
- Anyone who was disabled from an injury incurred in the line of duty or from an acute myocardial infarction, a cardiac arrest, or cerebrovascular accident during a period of inactive duty training.

Veteran status should be ‘no’ for anyone who has not been on active duty, including:

- Individuals who attended basic training, officer training school, and/or technical training but never discharged before reporting to a duty station;
- Members of the Reserves or National Guard who were never activated or deployed.

Reference: [FY 2019 VA Data Guide](#)

IV. HUD-VASH

HUD-VASH is a partnership between the Department of Veterans Affairs (VA) and the Department of Housing and Urban Development (HUD) that provides long-term case management, supportive services, and permanent housing support for chronically homeless or vulnerable Veterans.

HUD-VASH Utilization is determined by the Real Time Report, with individual categories determined as follow:

Searchers – Total number of initial voucher searchers plus existing voucher holders that are street living or in transitional housing.

*Initial searcher = Veterans who have attended intake/briefing and are searching for their first unit.

*Movers = Veterans who have already been housed, may still be housed or may be out of housing but have a voucher issued to them for locating new housing.

Total Vouchers Allocated = Total number of Vouchers allocated to PHAs within the MRCoC.

Vouchers Reserved for Veterans Undergoing PHA Validation = Referred to PHA Date is populated in HOMES Housing Progress Form and Issue Date is not populated.

Vouchers Issued to Veterans but not yet Housed = Voucher Issue Date is populated in HOMES Housing Progress Form and Move In Date is not populated.

Vouchers Currently In Use = Sum of Veterans Housed plus Vouchers Reserved for Veterans Undergoing PHA Validation plus Vouchers Issued to Veterans but not yet Housed.

Vouchers Available = Total Vouchers Allocated minus Vouchers Currently in Use. Veterans are excluded in summary numbers if they are no longer housed using HUD-VASH voucher and have returned their vouchers.

*Vouchers available do not include Veterans that fall into the “movers” category.

HUD-VASH & HOMES Reporting Requirements

VA’s HOMES Reporting Policy requires staff to enter any change of status within three business days of awareness. Status change examples include but are not limited to: the date a veteran is referred to the PHA, the date a voucher was issued, or the date the Veteran moves into a unit (move-in date).

The HUD-VASH Voucher Utilization/real time report is updated in “real time” and is current as of activity from the previous day.

Veteran Definition

A Veteran is, for the purpose of HUD-VASH, a person whose length of service meets statutory requirements, and who served in the active military, naval, or air service, was discharged or released under conditions other than dishonorable and is eligible for VA health care.

A Vulnerable Veteran has:

- (1) Underlying chronic medical or mental health conditions that will substantially impact the Veteran’s life expectancy and/or ability to function that cannot be effectively cared for due to their homelessness;
- (2) Advanced age and infirmity where the Veteran’s unstable and unstructured homelessness places them at substantial risk for being unable to maintain independent activities of daily living; and/or
- (3) Diminished cognitive capabilities that place the Veteran at increased risk of victimization physically, mentally, and/or through exploitation.

(4) This definition should be used to help in the assessment and admission of Veterans to the HUD-VASH program.

HUD-VASH PROGRAM PARTICIPANT TARGETING

The HUD-VASH team is responsible for program participant targeting.

a. Veteran participants in HUD-VASH must be homeless and meet VA health care eligibility as defined by law and regulation. HUD-VASH follows the definition of “homeless” as authorized in 24 CFR 91.5, 38 U.S.C. 202(1) and the McKinney-Vento Homeless Assistance Act, as amended by S. 896 The HEARTH Act of 2009.

b. This resource is to be utilized for those Veterans who demonstrate the most need or vulnerability based on their unique clinical and/or psychosocial circumstances. Veterans with higher needs are served first.

c. HUD-VASH targets the chronically homeless Veteran who is the most vulnerable and often has severe mental or physical health problems and/or SUD, with frequent emergency room visits, multiple treatment attempts, and limited access to other social supports. However, other Veterans who are homeless with diminished functional capacity and resultant need for case management are also eligible for the program.

d. The HUD-VASH team must assess each applicant on an individual basis. Admission decisions are to be prioritized by highest need for HUD-VASH, based on Veteran’s acuity per clinical judgment and resource availability. It must be demonstrated that the homeless Veteran has an identified need for case management services to obtain and sustain housing.

NOTE: It is strongly recommended that an assessment tool is used to determine acuity. In situations where the Veteran’s clinical profile is unclear, consultation with mental health leadership or primary care, or their clinical designee, must be utilized to ensure appropriate placements.

e. Chronically homeless Veterans will be given the highest priority for admission.

f. Where there are no chronically homeless Veterans, admissions to HUD-VASH will use the HUD Notice CPD-16-11, *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other*

Vulnerable Homeless Persons in Permanent Supportive Housing, in the following order of priority:

- (1) First Priority. Homeless persons with a disability with long periods of episodic homelessness and severe service needs.
- (2) Second Priority. Homeless persons with a disability with severe service needs.
- (3) Third Priority. Homeless persons with disability coming from places not meant for human habitation, safe havens, or emergency shelters without severe service needs.
- (4) Fourth Priority. Homeless persons with a disability coming from transitional housing.
- (5) VA Priority Populations. Homeless Veterans who do not meet criteria for chronic homelessness or the priority groups above may be prioritized for VA-funded PSH if they demonstrate a need for ongoing case management based on clinical assessment. Additional priority populations include, but are not limited to, the following Veterans: women, those with children, those who served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), aging Veterans, those with a debilitating clinical condition that does not meet formal disability criteria, and those with an extensive homeless history that does not meet other criteria above.

Reference: VHA DIRECTIVE 1162.05, HOUSING AND URBAN DEVELOPMENT DEPARTMENT OF VETERANS AFFAIRS SUPPORTIVE HOUSING PROGRAM and Information provided by PVAHCS and [VA National Office](#), August 2019.

V. Grant and Per Diem (GPD)

The GPD Program is vital for providing safe transitional housing and supportive services for homeless Veterans. Supportive services refers to programming, which may be designed by the recipient or program participants, that address the needs of homeless Veterans, including but not limited to outreach, providing food, nutritional advice, counseling, health care, mental health treatment, alcohol and other substance abuse services, case management services, assistance in obtaining permanent housing, education and employment counseling and assistance with obtaining Federal, state and local benefits. There are 5 GPD models: Bridge Housing, Low Demand, Hospital-to-Housing, Clinical Treatment and Service-Intensive Transitional Housing.

| | Bridge Housing | Low Demand | Hospital-to-Housing | Clinical Treatment | Service-Intensive Transitional Housing |
|-------------------|---|--|---|--|--|
| Target Population | Homeless Veterans who have been offered and have accepted a permanent housing intervention (<i>e.g.</i> , SSVF, HUD–VASH, Housing Coalition/ Continuum of Care (CoC)), but are not able to immediately enter the permanent housing. Other permanent housing may also be identified (<i>e.g.</i> , purchase of a home, or an apartment lease). | -Chronically homeless Veterans who suffer from mental-health or substance-use problems, or who struggle with maintaining sobriety -Veterans with multiple treatment failures who may have never received treatment services, or may have been unsuccessful in traditional housing programs. These Veterans may have not yet | Homeless Veterans identified and evaluated in emergency departments and inpatient care settings for suitability for direct transfer to a designated GPD Program for transitional housing and supportive care. | Homeless Veterans with a specific diagnosis related to a substance-use disorder and/or mental-health diagnosis; Veteran actively chooses to engage in clinical services. | Homeless Veterans who choose a supportive transitional housing environment providing services prior to entering permanent housing. |

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| | | fully committed to sobriety and treatment. | | | |
| Model Overview | intended to be a short-term stay in transitional housing for Veterans with pre-identified permanent housing destinations. | Low-Demand housing uses a low-demand/harm reduction model to better accommodate chronically homeless Veterans, and Veterans who were unsuccessful in traditional treatment settings. | Respite care is a medical model to address the housing and recuperative care needs of homeless Veterans who have been hospitalized. Veterans must be able to complete ADLs. | Clinically focused treatment provided in conjunction with services effective in helping homeless Veterans secure permanent housing and increase income through benefits and/or employment. | Provides transitional housing and a milieu of services that facilitate individual stabilization and movement to permanent housing as rapidly as clinically appropriate. |
| Specific Admission Criteria | Veterans must have been offered and accepted a permanent housing intervention prior to admission or within the first 14 days of admission. | N/A | Individual must be functional, be able to perform independent Activities of Daily Living (ADL), not require acute detox, have no apparent psychosis, and have a post discharge plan coordinating care with the medical center (e.g., H-PACT Team, | N/A | N/A |

| | | | | | |
|--|--|--|--|--|--|
| | | | Mental Health, Substance Abuse, etc.). | | |
|--|--|--|--|--|--|

References: [GPD Low Demand](#) and Federal Register, Vol. 82, No. 211, November 2, 2017. VHA Handbook 1162.01, Grant and Per Diem (GPD) Program

VI. Supportive Services for Veteran Families (SSVF)

Veteran Definition

A person who served in the active military, naval or air service, regardless of length of service, and who was discharged or released there from. Veteran excludes a person who received a dishonorable discharge from the Armed Forces or was discharged or dismissed from the Armed Forces by reason of the sentence of general court-martial. The length of service restrictions under 38 U.S.C. 5303A do not apply.

A bad conduct discharge can result from General court-martial or a Special court-martial. anyone with a bad conduct discharge from a General court-martial is ineligible, anyone with a Special court-martial is eligible. If the person has documented evidence that their BCD was from a special court martial then the person would be considered a Veteran for the purposes of SSVF. Otherwise, they would not be eligible for SSVF until the appropriate character of discharge has been established.

Note that SQUARES may be used for preliminary Veteran status inquiries. As of January 2019, SQUARES results can be used as official documentation for eligibility. If documents proving eligibility are not immediately available, an Affidavit of Veteran Status signed by the Veteran can be used to allow grantees to temporarily enroll Veterans who are pending verification of Veteran status and initiate supportive services. However, temporary financial assistance will not be provided until the grantee/Veteran can obtain documentation proving Veteran status.

References: [SSVF Program Guide](#), 2018

Notice of SSVF from VA Data Guide

SSVF now permits enrollment of Veterans who only had service time in Basic Training. Therefore, full time active duty (guard and reserve are still not eligible) Veterans who were discharged from the military while in basic training meet service requirements to be considered for SSVF, if they meet all other eligibility criteria. Due to the complexity in the definition of active military service, it is important to have a strong level of communication with your VA Medical Center to verify if a potential participant has active military service and to verify their type of discharge. Due to the SSVF Program update for FY 19, the VA understands that an SSVF Program participant may be a 3.7 Veteran Status (HMIS Data Element) = 'no' and still be eligible for SSVF-funded services.

Reference: [FY 2019 VA Data Guide](#)

By-Name List

The By-Name List (BNL) is a comprehensive list of individuals and families within the Maricopa Region that have connected to the homeless system by way of Coordinated Entry, Outreach contact, or Emergency Shelter/GPD stay. The list is generated weekly and is de-duplicated and individuals and families on this list will be prioritized for homeless services through HMIS and other community databases.

Weekly BNL

The weekly veteran BNL will include all individuals that responded “Yes” to the question “U.S. Military Veteran?” in HMIS. This includes veterans with the “Veteran Type”: VA eligible, H1, H0, Dishonorable, Needs more paperwork, and Unconfirmed status. “H0” is included for data quality purposes as the HMIS data standard specifies that this category warrants changing the “U.S. Military Veteran?” response to “No.” “Needs more paperwork” and “Unconfirmed” are included so that the VA can examine and confirm the eligibility statuses of the identified veterans. Please note H0 should still go through the referral process and eligibility checks before being marked as “No” for Veteran status.

Monthly Community Solutions Dashboard

The dashboard will include only people with a “Veteran Type” of: VA Eligible, Humanitarian (1 day active) and Dishonorable.

Verification of Veterans Eligibility Status

See Appendix A

VII. Case Conferencing

Veteran case conferencing is a forum for the community of veteran service providers and other key stakeholders to discuss the progress to housing for Veterans prioritized for housing. The spirit of case conferencing will be collaborative as the community of case managers, navigators, and housing providers work to identify strategies and resources to resolve each clients' (actual or perceived) housing barrier.

While the forum is collaborative in nature, the Coordinated Entry lead agency will facilitate the case conferencing forum and will utilize the community BNL to guide the discussion. Clients meeting the community's current priorities should be at the forefront of the discussion. I.e. chronically homeless veterans experiencing homelessness. The CE lead agency may open the floor to case managers and outreach workers to staff clients they have concerns about but may not be on the agenda for the day, however, the BNL and current community priorities should be the primary driver of who is discussed at case conferencing. Depending on the current climate of the Veteran's housing system, a majority of the discussion will consist of follow-up on next steps identified at a previous case conferencing i.e. referrals to SSVF or VASH.

The forum is held weekly: currently on Tuesdays 8:30am-10:30am at Victory Place IV at 804 E Jones Ave, Phoenix, AZ 85040

Note: Due to the sensitive nature of client information disclosed at case conferencing all participating staff should sign a privacy attestation through the CE lead agency prior to attendance.

Appendix A

Veteran Eligibility Status Verification Process

