

2. **Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Vermont SSVF grantees meet bi-monthly with principal members listed on the Veteran subcommittee as well as members of the Balance of State CoC. This group is working on developing a list of homeless veterans, so community partners can better target and coordinate efforts. At this time we have requested an aggregate list of homeless veterans report from our state HMIS lead to identify the number of homeless veterans statewide. We have received a de-identified list of over 69 veterans statewide and are calling each HMIS provider listed to inquire about the veteran. In addition our committee continues to develop landlord strategies to carve out a percentage of their inventory as a set aside for homeless veterans. Work is still in progress to create a data sharing agreement pertaining to the HMIS data. Meeting notes are shared with the group, so discussion continues and there is documentation of progress for future reporting. Main topics continue to include Outreach to remote locations, Coordinated Entry for Homeless Veterans and addressing housing barriers to reduce days until housed averages. Our Community Coordinator participates in both Coordinated Entry pilots in the Balance of State CoC area. **Rapid Engagement** for veterans is building upon PATH statewide strategies as well as continued outreach to all community homeless resources until the Coordinated Entry model is rolled out statewide. Work is in progress to develop one single toll free number for all homeless veteran referrals. Collaboration continues with the CoC and SSVF through the TA with the Vets@Home Assistance Program. This should organize State Housing Authority and CoC efforts to better address functional zero.

3. **Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero:** Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. **Estimated Annual Number of Homeless Veterans:** Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	226
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3B. **Community/CoC Goals:** Identify your community's/CoC's key goals and targets.

A. **Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:**
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	54	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	43	14	57
Of number above, how many will also be counted as chronically homeless:	14	5	19

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths include:
Dedication of the sub committee members, as well as open communication with the VA. We are working towards building our relationship with a SSVF point of contact at the White River VA Medical Center. Our Point of Contact has just been named and we are setting up a weekly meeting to discuss rapid engagement to services. There is extensive outreach to Vet Centers, Veteran Service Officers, Shelters, Transitional Housing, Department of Labor, State Police Barracks, US Forestry and local non-profit organizations. We have implemented a single phone number to be used on all branded materials for all VT SSVF providers to unify as one. This will reduce the confusion and enable rapid engagement. We continue to strengthen our collaborative outreach with statewide PATH providers and are not only identifying homeless veterans but we are also providing basic necessities to use and share with fellow homeless veterans. We now have a HMIS list of statewide homelessness and are creating a work flow to receive reports bi-monthly from area agencies. SSVF continues to be represented on the steering committee for both Coordinated Entry pilots being tested in Washington and Rutland counties in VT-500 ensuring veterans are included. To address barriers to housing homeless veterans and their beloved pets, we have learned about more resources available while veterans are in transition to permanent housing.

Challenges include:
The rural nature of the state and the limited number of shelters in many communities, is making it difficult to track/locate homeless veterans. Transportation and limited cell service continues to be a barrier for our veterans who are striving for sustainability. Opposition to providing additions to the homeless list in smaller rural communities is a barrier. Very few housing authorities have a veteran preference and those that do often have long waiting lists. It is known that there is a less than 1% vacancy rate for affordable housing statewide in Vermont. Functional Zero Surveys are being submitted by CoC without SSVF

SSVF: Community Plan Summary

Date Completed/Revised: 9/15/2015

Continuum of Care Name:	Burlington/Chittenden County CoC	CoC Number:	VT-501
CoC Representative:	Erin Ahearn	Title:	Safe Harbor Clinic(Community Health Center Burlington)
Phone/Email:	802-860-4310 ext 8481/ eahearn@chcb.org		
Person Completing this Summary:	Kathleen Weinheimer	Title:	University of Vermont SSVF/Operations Manager
Phone/Email:	802-656-3249/kathleen.weinheimer@uvm.edu		

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	Homeless Veterans Sub Committee	
Principal Members	Affiliation	
Dr. Tom Simpatico	University of Vermont SSVF: Program Director	
Kathleen Weinheimer	University of Vermont SSVF: Program Coordinator	
Aliceanne Lavallee	University of Vermont SSVF Program: Community Coordinator	
Erin Ahearn	Safe Harbor Clinic Director	
Brian Smith	VT Dept. of Mental Health/PATH State Lead	
Jim Bastien	White River Junction VA Medical Center, VT: SSVF POC	
Steve Kelliher, PsyD	White River Junction VA Medical Center, VT	
Travis Poulin	Champlain Valley Office of Economic Opportunity	
Margaret Bozik	Champlain Housing Trust	
Kelly Newell	Burlington Housing Authority	
Rebeka Lawrence-Gomez	Pathways Vermont SSVF Case Management Supervisor	
Dan Ward	Veterans Inc. SSVF Program Coordinator	

2. **Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Vermont SSVF grantees meet bi-monthly to be sure that all grantees are coordinating on strategies to house more veterans and families. Besides reviewing progress toward overall goals this group is working on developing a list of homeless veterans, so community partners can better target and coordinate efforts. At this time we have requested an aggregate list of homeless veterans report from our state HMIS lead to identify the number of homeless veterans statewide. We have received a de-identified list of over 69 veterans statewide and are calling each HMIS provider listed to inquire about the veteran. In addition we continue to develop landlord strategies to carve out a percentage of their inventory as a set aside for homeless veterans. Work is still in progress to create a data sharing agreement pertaining to the HMIS data. Meeting notes are shared with the group, so discussion continues and there is documentation of progress for future reporting. Main topics continue to include Outreach to remote locations, Single point of Entry for Homeless Veterans and addressing housing barriers to reduce days until housed averages. **Rapid Engagement** for veterans is building upon PATH statewide strategies as well as continued outreach to all community homeless resources until the Coordinated Entry model is rolled out statewide. Work is in progress to develop one single toll free number for all homeless veteran referrals. Coordinated Entry workflows are just in it's beginning stages. There is no pilot identified at this time in the VT-501 CoC.

3. **Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero:** Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. **Estimated Annual Number of Homeless Veterans:** Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	67
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3B. **Community/CoC Goals:** Identify your community's/CoC's key goals and targets.

A. **Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:**
 Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	60	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	16	4	20
Of number above, how many will also be counted as chronically homeless:	5	1	6

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths include:
Dedication of the sub committee members, as well as open communication with the VA. We are working towards building our relationship with a SSVF point of contact at the White River VA Medical Center. Our Point of Contact has just been named and we are setting up a weekly meeting to discuss rapid engagement to services. There is extensive outreach to Vet Centers, Veteran Service Officers, Shelters, Transitional Housing, Department of Labor, State Police Barracks, US Forestry and local non-profit organizations. Additional outreach to re-habilitation facilities, landlords, community mental health housing providers, emergency responders is under development. We have implemented a single phone number to be used on all branded materials for all VT SSVF providers to unify as one. This will reduce the confusion and enable rapid engagement. We continue to collaborate outreach with statewide PATH providers and are not only identifying homeless veterans but we are also providing basic necessities to use and share with fellow homeless veterans. We now have a HMIS list of statewide homelessness and are creating a work flow to receive reports bi-monthly from area agencies. To address barriers to housing homeless veterans and their beloved pets, we have learned about more resources available while veterans are in transition to permanent housing.

Challenges include:
The rural nature of the state and the limited number of shelters in many communities, is making it difficult to track/locate homeless veterans. Opposition to providing additions to the homeless list in smaller rural communities is a barrier. It is known that there is a less than 1% vacancy rate for affordable housing statewide in Vermont. We have identified that homeless surveys have been submitted without SSVF staff knowledge. In addition, SSVF is not currently represented as an elected CoC veteran representative.