



Wisconsin Department
of Veterans Affairs

Veterans Housing & Recovery Program (VHRP)

Chippewa Falls

Green Bay

Union Grove

Standard Operating Procedures



Veterans Housing and Recovery Program (VHRP)

Stand Operating Procedures (SOP) Manual

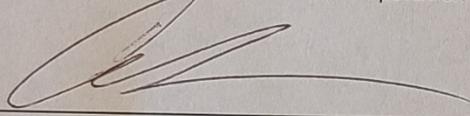
This is the SOP for the Chippewa Falls, Green Bay and Union Grove VHRPs. It establishes the policies and procedures for the staff of the VHRPs to provide direction and guidance to their responsibilities, while participating in the development, assessment, training and evaluation of residents in the Wisconsin Department of Veterans Affairs Grant Per Diem Program.

The areas identified in the SOP are in accordance with grant requirements and program guidelines.

This document has been reviewed and approved for implementation as of the date signed below. It will be reviewed annually in September prior to annual GPD inspections, by the representatives of the contracting agency (Executive Director) and the WDVA (Oversight Personnel), with final approval by the WDVA Director, Bureau of Health Service. It is a living document and subject review and modification as required in order to maintain standards set forth with in the grant.

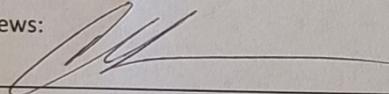
Colleen Rinken

Director, Bureau of Health Services Wisconsin Department of Veterans Affairs

Signature: 

Date: 10 / 2019

Annual Reviews:

Signature: 

Date: 8 / 2020

Signature: _____

Date: _____

Table of Contents

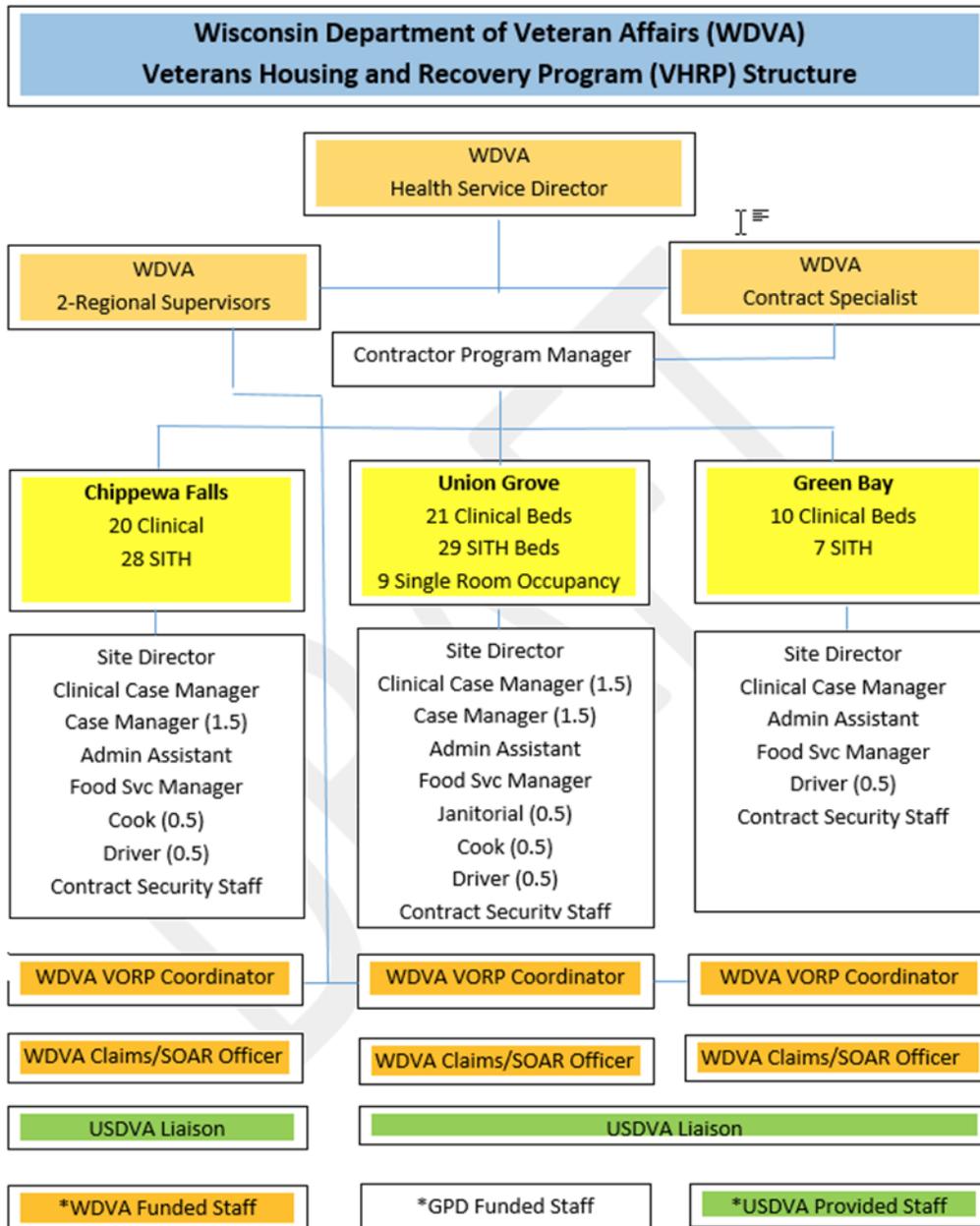
Cover Page and Purpose.....	1-2
Program Support Structure	5
Program Quality Assurance/Management	6
Outreach and Referral Services	7
Admission Process	9
Waitlist Policy.....	10
Admission Denial.....	11
Confidentiality and Privacy	11
Resident Intake.....	12
Chart Audit.....	13
Case Management and Individual Service Plan (ISP)	15
Program Supportive Services.....	17
HMIS - (Service Point) Data Entry.....	20
Mixed Gender Populations	21
Safe and Sober Environment	22
Medical, Mental Health and Detoxification.....	23
Emergency Disaster/Site Evacuation Plans	24
Emergency Response Plan.....	25
Incident Reporting	25
Instructions on IR and SIR.....	25
Voluntary Discharge	26
Involuntary Discharge.....	26
Donation Procedure	27
Building Maintenance: Periodic Maintenance and Testing	28
Facility Heating Protocol	28
Facility Cooling Protocol.....	29
Food and Kitchen Policy.....	30
Transportation for Veterans	30
Resident Accountability and Reporting	31

Appendices

<u>APPENDIX</u>	<u>TITLE</u>
A	Facility Wellness Committee
B	Weekly Facility Technical Performance Report
C	VHRP-VORP Standard Operating Procedure
D	Veterans Housing and Recovery Program (VHRP) brochure
E	Resident Folder Forms
F	Admission Decision Letter
G	Bed Bug Policy
H	Columbia: Suicide Risk Assessment - Suicidal Ideation
I	Chart Audit Report
J	Individualized Service Plan
K	Institute for Community Alliance WI Service Point - - Client Inform Consent and Release of Information
L	Mixed Gender Policy
M	Safe and Sober Environment Policy
N	Emergency Disaster/Site Evacuation Plan
O	Emergency Response Plan
P	Incident Report (IR)
Q	Serious Incident Report (SIR)
R	Discharge Summary – Voluntary
S	Discharge Summary – Involuntary
T	Donation Letter
U	Food and Kitchen Policy
V	Transportation Policy
W	Resident Accountability and Report

Program Support Structure

Following is the approved Veterans Outreach and Recovery Program support structure as approved in our GPD grant. The role of the WDVA Veterans Outreach and Recovery Representative for each site is to provide resources and assistance for program veterans. They will also be kept abreast with actions that involve residents that they refer and/or enrolled into the VORP. They will provide regularly scheduled site visits to listen to concerns and gather program improvement ideas. Their site visits will be announced and posted for all Program and SRO residents. The role of the WDVA Claims/SOAR Officer will provide on-site assistance to veterans with Federal VA Claim and SOAR applications and support.



Program Quality Assurance/Management

The intent of our program quality assurance measures are to assist in developing ways and means to increase customer (veteran) satisfaction, staff confidence and program credibility within the communities of Wisconsin. The following section will outline and describe specific actions and interactions in support of these initiatives.

Facility Wellness Committee

The VHRP is designed to provide services and support that are sensitive to the needs of our enrolled residents. Providing enrollees with a voice and communication means for providing concerns and ideas for program betterment are critical in giving the veterans a feeling of ownership in the events and activities at their program. Each site will appoint a Facility Wellness Committee (*Appendix A*) which will be chaired by the Facility Veteran Liaison (VL). Wellness Committee meetings will be held a minimum of once a month.

Copies of the Committee Report and Site Director's response will be sent to the Contracting Executive Director, VA Liaison and WDVA VHRP Oversight.

Technical Assistance (Weekly and Quarterly Reporting)

(1) The Weekly Facility Technical Performance Report (*Appendix B*) will be completed and submitted by each site director to WDVA **NLT 9 AM each Monday capturing the previous week's information via email to the WDVA Program Support Specialist, Contractor Executive Director, VA Liaison with copies sent to the WDVA Division Administrator and WDVA Director for Bureau of Health Services.**

The intent of this report is to provide ongoing weekly written updates on each program's performance and facilitate interactive communications for program betterment. The contractor and WDVA Directors will co-sponsor weekly or biweekly meetings/educational sessions that may be by telephone or face to face depending on their identified needs. This will allow an avenue to discuss identified concerns and, as needed, assist in developing an effective supportive Corrective Action Plan (CAP). **The recommendations and concerns received from the Advisory and Wellness Committees will be discussed and addressed during the forum.** This platform will be used to formulate and update policies and procedures and provide the co-sponsors an opportunity to provide training and education for site staff. These weekly reports will become the template and base support document for the meeting discussions and will be used when completing the Quarterly Technical Performance Report.

(2) Quarterly Facility Technical Performance Report: The weekly reports will provide a means and tool to document and assemble the Quarterly Report. The Site Directors will work closely with their VA Liaison to provide needed responses and information in support of their report. Once the report is received, the **Site Directors** will also be responsible for developing

and providing a correction action plan (CAP) outlining their plan for complying with noted deficiencies and means for tracking their CAP. This plan will be provided and executed within **30 days of receipt of the report**. Site plans will be reviewed and approved by the Contractor's Director. The Contractor and WDVA Directors or their representatives will personally attend or call into the quarterly review to receive the Quarterly Report and suggestions.

Group Clinical Supervision

To provide the efficient and effective clinical support of the veterans we serve in the VHRP, the clinical staff from each of the three sites will conduct monthly Clinical Supervision Groups. Clinical supervision's ultimate goals are to ensure that the clinicians are using skills appropriately and properly handling a client caseload, all while being mentored by one another. This is an ideal way to share clinical skills and knowledge, learn from unique cases through consultation and increased clinical support. Overall, this leads to an increased skill set as well as improved outcomes of veteran care. This supervision will include:

- Review of each of their new admission assessments and the ISP that is developed from that assessment with the veteran.
- Review of all updated ISPs, including those that are updated per review timelines as well as those that have been updated due to the veteran's behaviors or inability to follow the plan as originally written and agreed to.
- Clinicians should review all cases of veterans who are struggling with their plans, as seen through Incident Reports and Serious Incident Reports.
- Share ideas and resources with one another as appropriate.
- Paramount issues for consideration with each other include each clinician's clinical skill, ability to impart this skill, and validating that the skill is being demonstrated.
- The clinical team (clinicians for all three sites), can determine if there is need for further consultation, further skill development and/or education needed for themselves or others within the program based on consultation.
- The vendor Director of the program will oversee that these groups are being held and be available for any suggestion that may come from them. The Director will assure the WDVA Program Coordinator that this supervision is being conducted and will inform them of any issue, concern or need.

Outreach and Referral Services

A goal of the program is to reach out and assist as many homeless or at risk of homeless Veterans as possible. Outreach efforts are targeted and tailored in coordination with our VAMC and service centers, local Continuum of Care agencies, and other Federal, state, and local service providers. Our interactive communications with our partners provide the tools and information for determining the locations and needs of our homeless veterans.

Site outreach and marketing will be the responsibility of the facility VHRP program staff with assistance from the Veterans Outreach Recovery Program (VORP). WDVA has

complimented each program with educated VORP staff. A VHRP and VORP Collaboration Standard Operating Procedures (SOP) (*Appendix C*) outlines the coordination of outreach and referral efforts between the two programs. Each Program Site will include the VORP site representative in at least 1 of their monthly staff meetings to coordinate events, services and discuss program needs and betterment.

VHRP Outreach

Site Director and Staff will cover outreach in the communities and local areas. Local outreach may also include: Stand downs; veterans' events; CVSO sponsored events; forums, conferences; and homeless shelters. VHRP also believes that a solid community presence is also important in keeping the local citizens aware of what is available, and where it is available to any veteran that they might find needs assistance. We have found that participating in community cleanup and other local volunteer opportunities helps keep the program in the public eye.

VORP Outreach

VORP staff will provide VHRP program information at events given by/for veterans by Federal and State agencies, Service and Nonprofit Organization events and functions. Also, VORP will provide street awareness services for the veterans in shelters, or any other area location where the homeless may reside. The VORP staff member will assist with identifying, coordinating and attending area events that support veterans including those that find themselves homeless or at risk of homelessness. The VORP staffer will also provide street case management and service support for veterans in identifying their needs and making referrals to the VHRP. VORP staff will also work with the separate sites to assist in the events and locations that they are unable to attend. VORP will provide support at shelters, prisons, jails, hospitals, CVSO's, community homeless coalitions and the VA homeless coordinator. Outreach will consist of phone calls, mailings, e-mailings, face to face meetings, display tables, and presentations. VORP staff conduct street outreach as well as coordinate with other homeless service providers who conduct street outreach. Street outreach includes providing homeless kits, transportation, case management, and referrals to services.

Continuum of Care

VHRP will tailor outreach efforts in coordination with continuum of care organizations in a comprehensive effort to support a veteran's access to permanent housing. VHRP and VORP staff attend local monthly meetings as well as larger quarterly Continuum of Care meetings (CoC). Site Directors also attend specific CoC Veteran Advisory Committee meetings to assist the needs of homeless veterans. Local CoCs use the Vulnerability Index-Service Prioritization Decision Assistance Tool, better known as VI-SPDAT, to access homeless individuals in the community. These individuals are placed on the Coordinated Entry List (CEL). The VHRP can access the CoC's CEL through the Homeless Management Information System (HMIS). We are able to then identify the individuals that have veteran status, and contact the Veteran to see if they are still in need of permanent housing, inform the Veteran of the VHRP, and answer any questions the Veteran may have.

Outreach Resource List

An objective of the VORP is to develop a list of area resources in support of providing wrap around services for those veterans and their families needing assistance. This list is maintained by each VORP representative and will be made available to site staff in support of them assisting veterans with life sustaining and improvement services. The site staff will be encouraged to use and provide updates to this list to enable the extensive capture of available resource with contacts and services.

Referrals and Distribution of Program Information

A copy of the VHRP brochure (**Appendix D**) will be used to disseminate our program and contact information to our service partners. The brochure contains site specific contact information where veterans and referrals of veterans can be directly made.

Referrals can come from a variety of sources such as the CVSO, VORP, Homeless Shelters, Probation and Parole, VA Medical Centers, and self-referrals. Referrals also come from many of our local partners including local law enforcement, emergency shelter staff, natural resources agencies, Tribal agencies, county social service agencies, and more. Our services and contacts are physically posted in areas frequently habituated or visited by the homeless populations such as food banks, shelters, free clinics, and on the information boards at local veteran organization such as American Legion posts.

Admission Process

The admission process is designed to screen potential candidates for acceptance into the VHRP. A set of admission forms will be included in the Resident Folder. (**Appendix E**)

dix E) The initial step is for homeless veterans to contact us and request an application. The VHRP Resident application (**Resident Folder A-2**), VA Form 10-5354 May 2005, “Request for and Authorization to Release Medical Record or Health Information (ROI)” (**Resident Folder A-3**). This Release gives the VA permission to talk to the GPD program regarding the veteran’s admission. Also attach a SF180 “Request Pertaining to Military Records” (**Resident Folder A-4**) if no DD214 is available; the form must be filled in, signed and returned either by email, mail or fax to program site shown on the VHRP application and filed in the Resident Folder. The SF180 will be removed and replaced with the DD214 upon receipt. Once the veteran is accepted into the program, another VA Form 10-5345 (**Resident Folder A-5**) is completed by the VA representative and placed into the veteran’s Resident Folder. Any needed Authorizations for Release of Information (**Resident Folder A-14**) will also be completed and attached to the application for the VHRP.

It is understood the signed release encompasses all WDVA and agency contracted staff in support of VHRP and allows for the strict confidential and need to know sharing of veteran information. **This sharing of information includes WDVA Veterans Outreach and Recovery Program (VORP) Staff providing site support services for applicants and program residents. A copy of the application** is provided to the Site VA Liaison for their determination of program eligibility.

When considering applicants for enrollment the safety of staff, residents and area populations must be taken into consideration. Also, consideration must be made of those that are actively participating in monitored probation and the associated imposed restrictions and our abilities to support such services. Thus, a criminal background check is done to determine if the member has a violent history of offenses, pending court cases and/or charges and any outstanding warrants and/or probation requirements. Checks are done using the **Wisconsin Consolidated Court Automation Programs (CCAP) Case Management system.** If an applicant has not lived in or recently moved to Wisconsin, then a check is completed through Verified Credentialing that can check backgrounds for any state they have resided in.

A check of the NSOPW website is also done. This checks the National Sex Offender Registry to ensure that the potential client is not an offender. **A veteran's past criminal history including sex offenses will be reviewed to ensure that the safety of the staff, residents and nearby populations are considered.** If an offender cannot be accepted, they will be assisted and referred to other appropriate agencies, including a referral to VORP for assistance.

Once determined eligible a phone or in person interview is conducted with the applicant to discuss any questions and/or concerns regarding their health, legal needs, income and housing status. A brief explanation of the VHRP and program and participation requirements is presented to the veteran.

The Program Site Director discusses the application with Site Staff and the VA Site Liaison deciding to accept and approve or disapprove the applicant's enrollment. If disapproved, the case application will be sent to WDVA. **WDVA is the final determining factor of the veteran's appropriateness for the program taking into consideration all aspects of the information provided.**

If the decision is to admit the veteran a date is set to move the veteran and their belongings into the VHRP site.

Waitlist Policy

If the veteran meets criteria for admission, but space is not available, the veteran can chose to have his name added to the wait list, the veteran's application will then be held on file for 30 days pending an opening and scheduling an intake.

The following waitlist process is explained to the veteran that has his name added to the waitlist:

- a. Applicants will be notified of other program sites that have openings and if the veteran is interested the contact numbers for those sites will be provided.
- b. A general overview of the Veterans Outreach and Recovery Program (VORP) will be explained to them, and if the applicant is interested and approves, their information will be provided to the VORP representative for assistance.

- c. Applicants are told they must check in weekly to confirm their interest in keeping their application current on the waitlist. If no contact from the veteran after 30 days, the application is archived.
- d. When space opens and a new intake can be scheduled, the Case Managers and the Site Director will review the screened applications to prioritize the next intake.
 - i. Screened Applicants who are literally homeless get priority.
 - ii. Screened Applicants who are at risk of homeless have the next priority.
 - iii. If two applicants are equal in either above category, other factors of vulnerability will be considered.
 - iv. This process of reviewing the waitlist and contacting veterans about scheduling an intake will repeat until the list is cleared.
- e. The Site Director reserves the option to use the non-Per Diem reserved space to shelter a homeless veteran until a GPD space opens

Admission Denial

When an applicant is denied into the program, an “Admission Decision” letter (*Appendix F*) is prepared outlining the reason(s) for the denial and signed by the Site Director. The original letter is then mailed to the applicant. In the event the applicant does not have a physical address the notification is made by phone and request is made for an address or email account so that a copy can be sent out. A copy of the application and denial letter is kept in a secure file area for a period of three years after which time they will be destroyed.

A copy of the denial letter will be provided to the Site VORP Representative as a referral to contact and provide additional resources and assistance to the denied veteran.

Confidentiality and Privacy

The principle of confidentiality states that **WDVA and contractor program staff** may not disclose information about a resident without that resident’s consent. Confidentiality may be thought of as both a legal and a moral concept.

1. The veteran resident has the right to confidentiality. Their records are private. Their records will only be used within the Department of Veterans Affairs (VA) Healthcare System, along with staff from WDVA and the contractor that are connected to the program that you are working within. They will not be released to any person or organization outside of the VA health care system WDVA or the contractor without consent in writing from the veteran whose records they are. This includes not telling others that the veteran is participating in our program unless the veteran gives us permissions to do so.
2. There are some important legal limitations to the right of confidentiality:

- a. We are required to report cases of child or elder abuse to the proper authorities for investigation.
- b. If we have knowledge that a resident **has ever** viewed child pornography, we must report as suspected child abuse.
- c. If we believe that a resident poses an immediate threat to the safety or life of another person, we must take steps to protect that person, even if that violates that resident's confidentiality.
- d. If we believe that a resident poses an immediate threat to their own life or safety, we must take steps to protect that resident, even if that violates their confidentiality.
- e. If a resident's records are court ordered to be released, we must comply with that order.
- f. We request that all veteran participates in our group treatment sessions keep the information shared within the session private and confidential. However, it is important to understand that other veteran residents are not legally bound to keep one another's information confidential.

Resident Intake

After a veteran is accepted into the program, a date is scheduled for the veteran to bring themselves and their belongings to the designated VHRP. When they arrive at the facility, they are **welcomed by the Site Director or their designee (Case Manager) and if available the Veteran Liaison (VL) further designed as the Committee Chair of the Facility Wellness Committee.**

It is also important that the clothing and articles being brought with the veteran are immediately heat treated prior to being placing into the facility and that the new resident takes a shower, put on clean clothing temporarily provided by the site and bag the clothes they were wearing to be treated in the bed bug machine. Resident will need to be provided temporary clothing until this is accomplished. Sites will all follow a Bed Bug Policy. (Appendix G)

The next priority for resident intake will be to complete a Suicide Risk Assessment as outlined under *Appendix H*.

Residents are processed into the program using a **WDVA 2526 Resident Intake and Orientation (Resident Folder A-6)**. A short tour of the facility is made with introductions to residents and staff.

Once that is completed, the case manager assigns the resident to a room. They are given a lock for their cabinet. The case manager takes them to their room and thoroughly goes through their belongings (**that have been heat treated**) to check for anything that is inappropriate or considered contraband in the program. These items are either disposed of or are locked in a secure area until the resident leaves the program.

The resident is provided a welcome kit that includes towels, wash clothes, sheets, blankets, a pillow and any personal hygiene products that they need. If they have medications,

fill in a medication log for the veteran, listing medication, dose and instructions. Residents are informed that their medications, even the OTC medications, must always be locked up in their cabinet. However, emergency medications will remain unlocked for easy access to use. Emergency medications are those that if not used within a relatively short period of time would increase the risk of death or disability for the Veteran. These medications have a low likelihood of resulting in death by overdose should they be used by the Veteran or someone else. Examples are:

- Naloxone
- Rescue inhalers for COPD and asthma
- EpiPen
- Glucose oral gel
- Glucagon injectable
- Nitroglycerin sublingual.

The case manager has the resident sign the program contract and schedules an appointment for them to meet with them the next day to fill out the rest of their intake paperwork.

The case manager gives the resident a tour of the facility, so they know their way around and where to sign in/out. The resident is introduced to the staff and residents. They are given a copy of the Resident Handbook and instructed to read it over and bring any questions they have to their meeting the next day.

Case Manager will schedule an introduction with the WDVA VORP Representative. During this visit they will receive information on the programs and services available through the VORP.

The resident will meet with the case manager the day after they arrive at the program. The case manager will explain and assist the resident in completing their documents in the Resident Folder as outlined *WDVA Form 2524 Section A1*. This will include all releases of information, rules of confidentiality, the Right of Fair hearing and Appeals process. With the signing of these forms, as well as conducting the Intake, the case manager will open a chart, or record, of the veteran. Any and all pertinent information will be housed in that chart. It is a legal document and will be treated as such, including double locking of the records for storage.

The resident is informed of the rules and requirements of program participation. The resident was provided a handbook the previous day and the case manager will address any questions and concerns they may have regarding the handbook. The resident is informed of their responsibilities outlined in their handbooks. Veteran will agree to these requirements by signing the *WDVA 2511 Section A-13 VHRP Resident Contract*.

Chart Audit

A random sample of the veterans' records will be reviewed monthly by staff to determine if all required elements of the chart are housed within; including, but not limited to:

Assessment is complete, and includes at minimum:

- Family Status
- Veteran Status Verified (DD214, VA ID Card, VA Confirmation letter)
- Education
- Employment history, skills, licenses, & credentials
- Housing History including reason for homelessness
- Financial Position (income sources, debts, and assets)

INDIVIDUAL SERVICE PLAN/TREATMENT PLAN are completed and reviewed per SOP timelines and includes at minimum:

- Assessment of Barriers (to independent housing)
- Assessment of Service Needs
- Assessment of Strengths
- Specific services and referrals planned
- Benefits to be achieved as a result of program participation
- Duration of supportive services and expected outcomes
- Goals consistent with needs
- Goals written in SMART format
- Objectives relevant to goals
- At least quarterly documentation of service outcomes
- Client Signature on original and each review as verification of participation

Documentation should include at minimum:

- Specific service provided including duration and outcome
- Documentation of referrals made and follow up
- Benefits to be achieved as a result of program participation
- Quarterly verification of service outcomes with the veteran's participation

Progress notes/case notes will be completed per agency policy (printed monthly) and case note document veterans progress toward:

- Permanent housing
- Employment, job training, or states barriers to same
- Obtaining other federal, state, or local assistance (VA, SSI, SSDI, etc.)
- Comments
-

The results of these audits will be reported (*Appendix I*) to the GPD Liaison and the WDVA Representative monthly upon completion of the task. Report should include review findings for each case file plus resolution of any reported deficiencies.

Case Management and Individual Service Plan (ISP)

The veteran and case manager will begin to formulate an Individual Service Plan by completing **WDVA 2554 Part A-B-C Individual Service Plan (ISP)** (*Resident Folder Documents B-5*).

Upon admission to the program, a thorough assessment of each veteran's current status and needs are developed and recorded on our Individual Service Plan (ISP). This in-depth analysis also establishes specific agreed upon goals, objectives and outcomes between the veteran and our programs and services.

Individual flexible plans will remain the record of the veteran's self-set goals and objectives for themselves, with the guidance and counseling provided by the treatment team. Veterans will be empowered and encouraged to envision their own lives at a higher quality than they may have considered. The treatment team will provide the resources necessary to achieve these goals, as well as monitor progress via the plan that is created between the veteran and their case manager. All services are reviewed and approved by our site liaison from the VAMC.

Facility case managers as a minimum meet weekly or on demand with the veteran to ensure ongoing interactive communication and support are made available to facilitate success in the agreed upon goals and objectives. A preliminary ISP is will be developed within seven days of the initiation of site residency. **Within 30 days** of the initial ISP, the case manager and veteran review the progress made, barriers encountered, and progress achieved. **The ISP continues to be reviewed quarterly thereafter.**

The initial plans will focus on the immediate needs, such as reconnecting with a primary care provider with the VA or refilling and obtaining urgent medications. Income/benefit goals will begin immediately as well, to give the veteran the longest amount of time as possible to begin saving their money, in preparation for securing permanent housing. Within the first 30 days of that initial plan, the case manager assigned to the veteran will review their progress with the veteran, documenting their progress, as well as any barriers the veteran has encountered; in addition to the steps taken to overcome the barrier. An updated plan will be generated taking in to account the progress that has been made, as well as any new goals the veteran has set. This will ensure that the veteran is continually making progress but taking things one manageable step at a time.

To aid Veterans in seeking increased income, a thirty-day income goal is developed. For example, a plan may be developed to secure employment and/or benefits. For example:

30 Day Income Goal: establish a claim with the Dept. Of Veteran Affairs for a Service Connect disability.

Progress steps (initial-30 day)

- Request a copy of military records
- Submit intent to file online with E-Benefits
- Make an appointment with the VA Mental Health Dept.

- Write a statement in support of claim

Quarterly, the service plan will be reviewed and revised as needed, though progress will be continued to be monitored by the case manager and treatment team coordinator daily. Veterans will report to their case manager at least once a week, with encouragement to see them as often as they need to.

Progress will be determined by steps that are taken to accomplish goals outlined in their program plan. The case manager will be able to track the veteran's progress and help the veteran to overcome any barriers that are preventing them from moving forward. If the veteran was able to accomplish all four steps by the time the plan is reviewed, a new goal will be established.

These small steps are manageable, and continually feed into the bigger picture goals that the veteran has of generating an income, establishing stable health, and moving on in permanent stable living. All progress will be documented on the plan, kept in the veteran's file as well as noted in the AWARDS/HMIS (Foothold Technology) software system.

The case manager is responsible for establishing and maintaining trust and rapport with the resident population. The case manager achieves an appropriate balance between being actively and assertively involved (while the resident is at risk) and being non-intrusive in the individual's life. They also use a therapeutic relationship to ensure the co-operative endeavor with the resident and continuity of care. The case manager consults regularly with colleagues of all relevant disciplines and with members of the multidisciplinary team concerning the residents' needs, plans, and requirements for when the case manager is off duty.

The ISP contains short term goals for treatment, counseling, and housing that is to be provided at the program, VA facilities and allied service providers, and long term goals including the rehabilitation and return of the resident to a self-supporting member of the community.

ISPs and supportive case management is essential to the individual and program success. The case managers bear the primary responsibility for **coordinating** the clinical and functional needs unique to each resident within the program. **This entails ensuring that the full cycle of assessment, planning, implementation, review, and follow-up occur during and after program completion.**

The ISP will be a simple agreement between the resident and appropriate staff as to the resident's initial and long-term goals and the steps in the resident's progression to achieve those goals. It may or may not be a lengthy document if all issues are covered. Areas warranting immediate response such as substance use, mental/general health, civil/physical limitations or program limitations should be taken into consideration when deciding on staff for ISP development.

The core goals under our ISP (*Appendix J*) will consist of three tiers with the 1st priority of permanent independent housing

Tier 1 Housing: Goals relating to finding and obtaining permanent, secure housing, including community reintegration, readiness planning, and referral.

Tier 2 Wellness: General physical health issues, mental health related need, substance use health related need. Goals focus on stabilizing these dimensions, sustaining sobriety and recovery; as well as, increasing quality of life via medication, support groups, education, and counseling.

Tier 3 Income: Employment, or other income-generated avenues such as Social Security, VA disability, VA pension, unemployment, etc. Life betterment skills such as education, financial management, and Job skills.

Permanent and affordable housing remains the **primary goal** of all residents in the program. The goal of the program is for the veteran to obtain and sustain permanent housing. All individual goals will support or directly relate to obtaining permanent housing. Our program's 3 Tiers to success are explained to our incoming veterans as: "(1) Get healthy, (2) Develop sources of income, (3) Create housing opportunities, graduate with success on all 3 and move to sustainable permanent housing".

The ISP is developed based on what the veteran's strengths, needs, abilities and preferences are for housing and the barriers to successfully achieving that goal. This is where the preparation of discharge begins. While the program length can be as long as twenty-four months the usual stay is not that long. If a veteran would need to stay longer than twenty-four months, an extension letter may be written to the VA Liaison requesting a specific length of time needed to find permanent housing.

Our team of case managers begins identifying housing needs and goals as soon as they form the initial ISP with the veteran. It is the backbone of all treatment objectives as treatment can always continue once a veteran is stable and housed permanently. Under their service-intensive and clinical models of programming, we will continue to make income generation and housing the end game goal of all veterans in this program.

Program Supportive Services

At any WDVA (VHRP), we believe in strong person-centered planning. This means the veteran and their Therapist/CM develop an ISP using the person's strengths and supportive services to meet the veteran's identified needs. Due to this fact, the weekly program schedule is developed new each week based on the needs of the current residence of the program. Below is the general schedule to give the residents a sense of routine.

Each veteran's schedule will depend on their needs and would be flexible to meet these needs. Thus, some veterans may follow the full schedule; others may be working or volunteering. For the later, they would take part in less of the programming, but the scheduling of the programming they need would be made available during times of their availability. The veterans in programming are encouraged to start and end their day with time to meditate and reflect. All veterans who wish to take part in these groups, but feel they need to learn more about it, can have their case manager assist in teaching skills in meditation and reflection. These groups assist

the veteran to begin their day with gratitude and purpose, and to end their day with new insights about their day and hope for tomorrow. These groups are run by the veterans themselves.

For the veterans participating in the Clinical Treatment model, the schedule also includes daily therapeutic groups or “Core Groups”, unless the therapist is absent for personal reasons/vacation.

The daily programming for participants of both models also includes one “Life Skills Group” or “Elective Group” per day. The Life Skills groups assist the veteran in improving on or developing the skills needed to improve their daily living. Elective Groups teach those skills to enhance life, thus improving the overall quality of life for the veteran,

In addition to group work, there is plenty of time for individual sessions. Within the VHRP this can be a therapeutic appointment with the Clinician (if within the clinical treatment model), or case management sessions. The program requires weekly one on one contact with the participant’s Clinical Case Manager/ Case Manager at a minimum. This would also be time to meet with any of the representatives that come to the site to assist veterans.

An example of what a possible week of programming could resemble, see the schedule below; keep in mind the schedule is written with the current veteran population need in mind and would change based on those needs

Examples of Core Groups: Art Therapy, Cognitive Behavior Therapy, Stages of Recovery, Relapse Prevention, Recovery Principles, Family Dynamics, Process Group, Spirituality, Recreational Activity Therapy, Anger Management, Stress Management, Suicide Prevention and Intervention, and Conflict Resolution. These groups will be facilitated by licensed clinical staff.

Examples of Elective Groups: SMART Recovery, Nutrition, Grief and Loss, Communication Skills, Employability Skills, General Math, Big Book, Fitness, and Prayer Group. These groups will be facilitated by case managers or others who may present a specific topic in their expertise.

Examples of Life Skills Groups: Confidence Building, Budgeting and Money Management, Time Management, and Organizational Skills, Problem Solving, Medication Management, Cooking, Tenant and Landlord Interactions and Personal Appearance. These groups will be facilitated by licensed clinical staff and/or case managers.

Examples of Individual Sessions: Individual MH and/or SUD Therapy, Family Therapy, Case Management; along with outside providers who come to the facility weekly: SOAR Representative, VORP Representative, DWD Representative, GPD Liaison and Legal (as requested). These sessions will be facilitated by the appropriate provider within their scope of practice.

Daily Meditation and Recovery Reflections Groups: Mental health, substance use, and over all support groups to aid the veterans to begin their day with gratitude and purpose, and to end their day with new insights about their day and hope for tomorrow. These groups will be peer run by the veterans themselves.

schedules will be posted a week in week the and will

Core Groups, and Life Skills be offered for

Monday	Tuesday	Wednesday	Thursday	Friday
0600-0800 Cleaning Chore and Breakfast				
0830-0900 Daily Meditation	0830-0900 Daily Meditation	0830-0900 Daily Meditation	0830-0900 Daily Meditation	0830-0900 Daily Meditation
0900-1000 Core Group	0900-1000 Core Group	0900-1000 Core Group	0900-1000 Core Group	0900-1000 Personal time
1000-1200 Individual Sessions	1030-1200 Elective Group	1000-1200 Individual Sessions	1030-1200 AA/NA Meeting	1030-1200 Elective Group
1200-1245 Lunch	1200-1245 Lunch	1200-1245 Lunch	1200-1245 Lunch	1200-1245 Lunch
1300-1400 Life Skills Group	1300-1400 AA Meeting	1300-1400 Life Skills Group	1300-1400 Life Skills Group	1300-1400 NA Meeting
1430-1700 Individual Sessions	1430-1700 Individual Sessions	1430-1700 Individual Sessions	1430-1700 Individual Sessions	1430-1700 Individual Sessions
1700-1800 Dinner	1700-1800 Dinner	1700-1800 Dinner	1700-1800 Dinner	1700-1800 Dinner
1830-1930 NA Meeting	Personal time	1830-1930 AA Meeting	Personal time	Personal time
2030-2100 Recovery Reflections	2030-2100 Recovery Reflections	2030-2100 Recovery Reflections	2030-2100 Recovery Reflections	2030-2100 Recovery Reflections

Weekly printed and advance of the schedule covers,

list the actual Elective Groups, Groups that are to that week.

Transportation to recovery support groups such as Alcoholics Anonymous (AA) will be offered regularly throughout the week with interest. Recovery support group also meet on site as it fits the populations need, including AA and Smart Recovery.

WDVA has complemented the supportive services with the on-site, as needed, VORP Coordinator and a Claims/SOAR (SSI/SSDI Outreach, Access, and Recovery) Representative.

In addition to the extensive outreach assistance they provide to the VHRP programs, the VORP Coordinators are also available for case management if requested for those who don't meet criteria to enter the program, as well as those that leave the program, whether via voluntary or involuntary means.

A WDVA Claims/SOAR Officer certified in both services, will be available on site for a minimum of 4 hours a week to assist veterans attempting to receive the VA benefits or pensions due to them, increase their service connected disabilities if appropriate, upgrade their discharge, or file a SOAR application for Social Security. This helps the VHRP in its goal of increasing veteran income to assist in permanent housing stability.

Along with WDVA staff, there is also representation from the Disabled Veterans' Outreach Program (DVOP) to assist veterans with employment and underemployment issues who comes to the site weekly or as needed.

Other services can be brought on site as needed following appropriate confidentiality requirements. These include, but are not limited to:

Supportive Services for Veteran Families Case Manager

The U.S. Department of Veterans Affairs' SSVF program awards grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing.

Grantees provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which may include: health care services, daily living services, personal financial planning services, transportation services, fiduciary and payee services, legal services, child care services, and most importantly for our veterans' housing counseling services

U.S. HUD-VASH Program Case Manager

HUD-VASH is a collaborative program between HUD and VA, and it combines HUD housing vouchers with VA supportive services to help homeless Veterans and their families find and sustain permanent housing.

Through public housing authorities, HUD provides rental assistance vouchers for privately owned housing to Veterans who are eligible for VA health care services and are experiencing homelessness. VA case managers may connect these Veterans with support services such as health care, mental health treatment and substance use counseling to help them in their recovery process and with their ability to maintain housing in the community.

Other services as needed

Other required services include legal assistance, religious service, Upward Bound for education, or Vocational Rehabilitation counselors. The supportive services at our Union Grove and Green Bay facilities are offered to our veterans in support of their personalized Clinical and SITH models. Sites will provide no-cost transportation support to enable veterans to attend off-site opportunities when available and scheduled.

HMIS - (Service Point) Data Entry

All information concerning veterans in the VHRP program must be entered into the nationwide data system Service Point.

All Residents must complete the Institute for Community Alliance WI Service Point, Client Inform Consent and Release of Information document. (*Appendix K*)

The information needed to open a client file into Service Point (SP) system is collected upon admission to the VHRP program. The case manager will ask the veteran questions that will later be entered into SP. The required information is marked by green bars on the Client Profile page of the system. This information is required by HUD for all agencies working with homeless and receiving funds from grant sources that require the information for reporting purposes. There are 20 required elements for each client. This information should be entered into the system within 48 hours of the client entering the program. Information should also be entered in the Military Assessment section. This information is found on the veteran's DD214 separation document.

Case notes should be entered in weekly or as soon after meeting with the veteran. A hard copy should be printed and placed in the veteran's VHRP file. This file is kept in the case manager's filing cabinet that is locked in their office.

Reports for statistically reporting are pulled by the DOC and HUD on the 15th of each month. All information and especially new clients need to be in the system by the 15th.

Updates on a client's income status, non-cash income should be done monthly.

Upon discharge from the program the entry/exit is completed to indicate the date of the exit, housing and progress obtained in the program.

The case managers will help the veteran find the resources they need to achieve their goals. The case managers will not do for the client that what the client can do for themselves. The case manager is there to help guide the veteran.

Each month the resident will bring a copy of their bank statements (checking and savings accounts) to the case manager to verify that they are receiving income, where it is being spent and how much is being put into a savings account for when they transition on. The resident is responsible to provide any documentation on income verification if it changes.

If there are any issues the resident is having with either another resident, staff or with the program they are to see their case manager for guidance.

Every two weeks the Director will have each case manager pull 10% of their case files. The Director will check the files to make sure they are accurate and up to date on case notes, initials, signatures, initial assessments and Individual Service Plans. The Director will check all the residents Service Point records monthly to make sure that all case managers are entering their weekly meetings into Service Point case notes.

Mixed Gender Populations

The Union Grove VHRP is a mixed-gender facility, and offers female veterans separate living quarters from our male residents. We do not offer services for individuals who have children in their custody. The same rules and policies of the program apply to both the female and male residents. It is important for the program to ensure that each veteran feels safe and secure while they are in the facility. Union Grove implements a mixed-gender policy to address these safety needs. (*Appendix L*)

The sleeping quarters and dayrooms for the men are separate from the female rooms. Access to the area for the female veterans is monitored by program staff, security staff, and a security camera, as are the main areas of the building. Each bedroom includes a bathroom with shower for privacy.

Our Green Bay and Chippewa Falls facilities do not have the capabilities of housing both female and male veterans. Female veteran referrals for that area will be provided with alternative options and if willing to relocate, enrollment at our Union Grove Facility.

When a veteran applies to the program, we invite them for a pre-admission visit to the facility. This gives them the opportunity to see the facility and to ask any questions they have regarding the program, and more importantly, determine if they feel the environment would be safe for them.

While the services offered at the VHRP are gender neutral, consideration will be given to appropriate fit for all veterans, male or female; looking through a trauma informed lens being trauma sensitive when looking at services with the individual for their ISP. As stated earlier, the veterans in the SITH model of care are welcome to engage in services provided under our clinical treatment, if appropriate for per their ISP.

Our female facilities staff is available as needed for individual counseling as well. We will provide transportation to any outside groups or counseling that a veteran request's and will make recommendations to our female veterans if they are unaware of such resources being available to them. A female veteran will also be designated for our facility wellness committee which provides a forum for their concerns and an opportunity for us to provide a more comfortable environment for all residents.

Safe and Sober Environment

Our priority is to provide residents a Clean, Safe and Sober Environment in support of their wellness. Each new member is required upon arrival to complete a Breathalyzer and a rapid urine test during their resident intake process to establish their current use and level of use. Residents that are positive will be assessed for possible detox treatment. A Safe and Sober Environment Policy (*Appendix M*) provides the procedures in support of this environment including guidelines for:

- Personal Area Inspection
- Possession of Weapons/Pornography
- Contraband Disposal
- HIV/TB Communicable Disease
- Medication Control
- Substance Free Environment
- Urine screening Procedure
- Alcohol Blow Wand Procedure
- Intoxilyzer S-D2 Procedure
- Contingency Plan: Residents under the Influence of Substances

Medical, Mental Health and Detoxification

VA Eligible Veterans

The following policy is in effect concerning veterans' health/mental health issues after hours. If a veteran report feeling ill, other than chest pains, bleeding, severe head pain, or suicidal/homicidal threats

For Emergencies:

1. Call 911 if a VA eligible veteran exhibits symptom needing emergent medical, mental health or substance abuse treatment.
 - a. Description of the problem
 - b. Location
 - c. Your name
 - d. Name of injured person
 - e. Do not hang up until told to do so
 - f. Stay with the resident until medical help arrives
 - g. Have a copy of the resident's medication list ready to give to the EMT's.
 - h. Secure the veterans room making sure all medication and valuables are secured in the veteran's locker.
 - i. Security should notify the Program Director of the incident.
 - j. Write up an incident report and make note and highlight it on the daily security log.
2. Emergency issues include, but are not limited to:
 - a. A resident is unconscious,
 - b. Complaining of chest pain,
 - c. Are unable to breathe, are choking or gasping for breath,
 - d. Excessive bleeding,
 - e. A fall where the individual cannot get up or complains of severe pain,
 - f. Broken bones,
 - g. Hallucinations,
 - h. Threats of homicide or suicide.

For Non-Emergency Situations:

1. If the situation is not an emergency, do the following:
 - a. Have the veteran call VAMC the VA Nurse Advice Line: 1-888-469-6614 ext. 46345.
 - b. If a nurse tells the veteran to come to the VA for treatment, please assign a resident driver and one other resident to ride along for help and transport the veteran to the VA Hospital.
 - c. Write up and incident report.
2. Examples of non-emergency situations are:
 - a. Complaint that they do not feel good (cold, flu),
 - b. If the veteran is ambulatory,
 - c. Mental health stresses.

Non-VA Eligible Veterans

1. Call 911 if a non-VA eligible veteran exhibits symptom needing emergent medical, mental health or substance abuse treatment. Please state the following:
 - a. Description of the problem
 - b. Location
 - c. Your name
 - d. Name of injured person
 - e. Do not hang up until told to do so
 - f. Stay with the resident until medical help arrives
 - g. Have a copy of the resident's medication list ready to give to the EMT's.
 - h. Secure the veterans room making sure all medication and valuables are secured in the veteran's locker.
 - i. Security should notify the Program Director of the incident.
 - j. Write up an incident report and make note and highlight it on the daily security log.

2. Emergency issues include, but are not limited to:
 - a. A resident is unconscious,
 - b. Complaining of chest pain,
 - c. Are unable to breathe, are choking or gasping for breath,
 - d. Excessive bleeding,
 - e. A fall where the individual cannot get up or complains of severe pain,
 - f. Broken bones,
 - g. Hallucinations,
 - h. Threats of homicide or suicide.

For Non-Emergency Situations:

1. If the situation is not an emergency, contact emergency VHRP staff personnel for guidance.
2. Examples of non-emergency situations are:
 - a. Complaint that they do not feel good (cold, flu),
 - b. If the veteran is ambulatory,
 - c. Mental health stresses.

Emergency Disaster/Site Evacuation Plans

Each facility will maintain on file an “**Emergency Disaster/Evacuation Site Plan**” that is unique to the site's location. (*Appendix N*).

Emergency Response Plan

During intake, each resident will identify their current Allergies, Medical Conditions, Medications and Dietary needs under (*Appendix O*). This document will be kept on file and available for Security Staff in case of an emergency.

All sites adhere to an **Emergency Response plan** (*Appendix O*) for protocol responding to a Violent Veteran/Person, Active Shooter, and Law Enforcement involvement

Incident Reporting

Incident Report (IR) (*Appendix P*) will be completed to report violations/inappropriate behavior (non-violent) verbal altercations etc. All write-ups for program violations will be documented as an Incident Report. **A copy of the IR will be forwarded to WDVA, the VA Liaison within 48 hours. A copy will also be sent to the VORP Site Representative when the Incident involves a resident enrolled in VORP.**

Serious Incident Report (SIR) (*Appendix Q*) will be completed in the event of a serious injury/death, accident or any incident involving law enforcement or emergency medical services if these events occur at any of the Sites.

Instructions on IR and SIR

The contractor's Executive Director, VA Site Liaison and WDVA VHRP Program Manager or designee will be informed of all SIR's when they happen. As a courtesy it is asked that the Site Director inform the VORP Representative when the SIR involves a veteran that they referred or is **enrolled into VORP**.

When these reports are completed, in the SITE option on the forms it should read as follows and include the initials of the resident:

Example:

A Serious Incident at Green Bay on April 26, 2017 would read GBSIR04262017-XX

An Incident at Union Grove on April 26, 2017 would read UGIR0426201- XX

Union Grove=UG Chippewa Falls=CF Green Bay =GB

The reports will be logged on the sites Serious Incident Report File. When logging them the file number will be represented by noting if it is an Incident (IR) or a Serious Incident (SIR), followed by the site with Green Bay (GB) Union Grove (UG)-Chippewa Falls (CF), and then by the secession of that reports number starting with 001, 002, 003, etc....

Example: The first Serious Incident at Chippewa Falls would be *SIRCF001*
The ninth Incident at Green Bay would be *IRGB009*

On the log in column B you will log the date, C the type of incident followed by the description in the last column.

Each site will complete and send the Serious Incident Report File to WDVA VHRP Program Manager and the contractor's Executive Director **within 24 hours of the incident.**

Voluntary Discharge

The Discharge Summary: The Voluntary Discharge form (*Appendix R*) will be used for processing residents that voluntarily leave the program or have met all the graduation requirements. This form gives the resident a chance to provide feedback regarding their stay in the program. This information will be used to not only document the services a veteran received but also to make improvements. Two copies will be made of this form. One program copy will go to the site director for review and follow up with the veteran on any issues of concern and maintained on file. **A second copy will be provided to the WDVA VHRP Program Manager and the WDVA VORP Representative as a referral for providing follow-up and resource assistance.** Involuntary Discharge

Involuntary Discharge

All involuntary discharges must be approved by WDVA. The Discharge Summary – The Involuntary Discharge Form (*Appendix S*) will be used for all Involuntary Discharges. It may or may not include having the veteran present for the screening due to the seriousness of the discharge.

The WDVA VORP Representative will only be involved with involuntary discharges that involve their enrollees and referrals to the program. **Then only as a resource and support network** to assist with the veteran's release from the program.

Two copies will be made of this form. One program copy will go to the site director for review and follow up with the veteran on any issues of concern and maintained on file. **The second copy will be provided to the WDVA VHRP Program Manager and the WDVA VORP Representative as a referral for providing follow-up and resource assistance. The VORP Representative will provide WDVA any additional needed copies.**

Donation Procedure

When someone comes to VHRP with donations, the Administrative Assistant or staff member on duty will check the donation to see if it is acceptable for use at the VHRP. If it is acceptable a donation slip is written out documenting name, full address of the person or organization donating, the items donated with the estimated cost of the item/s (this is estimated by the person donating the item) and their email address, if possible. A donation letter (*Appendix T*) is prepared, signed and given to the person donating. The donation slip is placed in the Administrative Assistant's mailbox.

If a contributor calls before bringing items to the VHRP, staff will question the contributor to determine if the items are acceptable for donation. If acceptable, a time will be arranged for the items to be delivered. If the items are unacceptable for donation, staff will help identify other Veterans' organizations that the items may be more acceptable for.

In the case of cash/check donations either by mail or in person, the following steps are followed. A copy of the check is made by the Site Director and the check is sent to WDVA to be deposited in the VHRP account.

Donations of gift cards are received by the Site Director. The cards are kept in the Site Director's office in the safe. The cards are kept there until it is deemed necessary for the program or special needs of a veteran in the program. A store receipt is kept on file for proof of the items purchased and if it is a special item purchased for a veteran it is indicated on the receipt. If the organization requests a copy of the store receipt it is mailed to them as the card is used. If gas cards are donated, these cards will be given to veterans who have their own vehicle and cannot transported by the VHRP vans to a medical appointment or to school.

Furniture donations are accepted for distribution to veterans who are exiting the program and furnishing their own apartments.

These donations are delivered to:

Chippewa Falls: 2820 East Park Ave, Bldg. 128, Chippewa Fall, WI 54729

Green Bay: 2500 Bel Meadow Drive, Green Bay, WI 54311-6775

Union Grove: 21425 Spring Street, Bldg. D, Fairchild Hall, Union Grove, WI 53182

All items of food that are donated are processed through the kitchen staff. All donations that are received are documented on a donation form and a copy is placed in the filing cabinet in the Security office along with a copy of the thank you letter that was sent. These thank you letters are written and mailed to all contributors.

Building Maintenance: Periodic Maintenance and Testing

VHRP Sites will maintain documentation of periodic maintenance or testing requirements unique to each facility. Documentation should reflect service provider or manufacturers recommended service intervals and project the future service date to serve as a reminder when service is due. Documentation can be tailored to specific inspection requirements.

This will include but not limited to Fire Extinguisher inspection, Fire Suppression system testing (if installed), Emergency Lighting, Exterior Lighting, verification of hygienic cleaning of items like air vents, filter changes of HVAC equipment, Backflow prevention systems, and other items unique to the that facility.

Example of documentation for Master List of service providers:

Vendor	Phone	Equipment	Inspection Interval
Mared Mechanical	414-536-0411	HVAC	Filter change 3x yrly
Johnson Controls	866-825-8865	Fire Panel & Extinguishers	Annual
Flannery Fire	262-653-1517	Sprinkler System	Quarterly

Example of documentation for other than monthly inspections

Inspection	Interval	Due / Complete	Due / Completed	Due / Completed
Back Flow Prevention Sys.	Annually		N/A	N/A
HVAC Filter Changes	3x Annually per service provider	April 2020		

Abbreviated example of documentation for monthly inspections (eg. Fire Extinguishers)

	300 Pod R	300 Pod L	200 Pod R	200 Pod L	Kitchen	Basement
Jan – 2020	OK	OK	OK	OK	OK	OK
Dec - 2020	OK	OK	OK	OK	OK	OK
Inspector's Initials	LG	LG	LG	LG	LG	LG

Facility Heating Protocol

The average temperature in all the Veterans living areas should be at 67 degrees during the heating system. These areas will be monitored and logged once during the daytime hours and once overnight.

If there is a deviation of more than 5 degrees, the housing staff will try to rectify the issue by adjusting the thermostat, and/ or closing outside doors and windows. If that does not work, WDVA will be notified immediately and a qualified HVAC service person will be called in.

If the temperature falls below 62 degrees and remains there or lower for more than 2 hours, WDVA will be notified immediately and a qualified HVAC service person will be called to come in and rectify the issue. The residents will be asked to move to another area in the building. This area will be either the library or cafeteria during the day or to sleep at night. The residents will be allowed to move their beds to these areas until a qualified HVAC service person can fix the issue.

If the issue is covering the entire building during the day the VHRP vans will take the residents to either the local library or the Milwaukee VA until the HVAC service person can rectify the issue. A call will be immediately made to WDVA to see if they can arrange for the residents to have an alternate place to sleep if the issue cannot be resolved before the end of the working day.

The filters in the heating units will be inspected, and if needed will be replaced, prior to and after the heating season, as well as monthly during the same season.

Facility Cooling Protocol

The average temperature in all the Veterans living areas should be at 70 degrees during the cooling season. These areas will be monitored if there is an issue and logged once during the daytime hours and once overnight.

If the temperature of the affected area reaches 80 degrees or above, the housing staff will try to rectify the issue by adjusting the thermostats, placing fans in the area, and/ or opening outside doors and windows. If that does not work, WDVA will be notified immediately and a qualified HVAC service person will be called in.

If the temperature rises above 90 degrees, WDVA will be notified immediately and a qualified HVAC service person will be called to come in and rectify the issue. The residents will be asked to move to another area in the building. This area will be either the library or cafeteria during the day or to sleep at night. The residents will be allowed to move their beds to these areas until a qualified HVAC service person can fix the issue.

If the issue is covering the entire building during the day the VHRP vans will take the residents to either the local library or the Milwaukee VA until the HVAC service person can rectify the issue. A call will be immediately made to WDVA to see if they can arrange for the residents to have an alternate place to sleep if the issue cannot be resolved before the end of the working day.

The filters in the cooling units and return/exhaust ductwork grills will be inspected, and if needed will be replaced, prior to and after the cooling season, as well as monthly during the same season.

Food and Kitchen Policy

The VHRP provides program veterans with three no-cost meals a day on site regardless of income. All sites have a full-service kitchen with a Food Service Manager and/or support cooks on staff. Meals are prepared with a basis of sound and complete nutrition. Alternate meals are prepared for residents with special dietary needs, such as those with food allergies, diabetes or where medically indicated.

When veterans are out on an appointment, at work, or otherwise not in the building, they have the option to have their meals reserved for them when they return or are provided a carry-out lunch. We do not charge any money for these meals, and therefore veterans without income need not be concerned about meals while at the facility.

A **Food and Kitchen Policy** (*Appendix U*) encompasses procedures regarding food inspection, food preparation and kitchen policies including:

- Food Donations
- Food Inspection
- Rapid Food Cooling
- Leftover Cooling Procedure
- Veteran Refrigerators – Shared or Individual
- Food Service
- Dietary Needs
- Bagged Lunches
- Procedure for Temperatures for Refrigerators and Freezers
- Procedure to Wash, Sanitize and Calibrate a Thermometer
- Dishwasher Procedure
- Dishwasher Testing and Monitoring

Transportation for Veterans

Our VHRP sites will provide free, safe, legally licensed and insured transportation and drivers to our residents for appointments, employment and supportive services. Drivers will be made-up of staff and program volunteers. In the case of an emergency the appropriate area medical services will be requested to assist based on site emergency plans. In the case of employment our sites will provide assistance as available, until such time a resident can obtain suitable transportation. Transportation for employment will be provided within a **20 mile commuting distance** from the facility. All other support will be determined based on availability of drivers, vehicles and other transportation resources.

If a veteran needs transportation to work, school or a medical appointment they will need to notify staff and arrangements will be made. To assist in the demand, a veteran of the program that passes the requirements may volunteer to drive. (*Appendix V*)

Resident Accountability and Reporting

Staffing: Each site will conduct weekly staffing meeting to review and discuss each resident's case. This generally will be conducted by the VA Site Liaison with participation from the site treatment team. **Site VORP staff are also encouraged** to attend and provide any feedback or assistance with resources and assistance.

Sites will maintain daily census accountability rosters (*Appendix W*) requiring each resident to personally sign each day or have the security staff validate during rounds that each resident is physically in the facility. The monthly bed census report under (*Appendix W-3*) will be reviewed and confirmed by the VA Liaison and submitted to WDVA for processing GPD payment.



Wisconsin Department
of Veterans Affairs

Veterans Housing & Recovery Program (VHRP)

Chippewa Falls

Green Bay

Union Grove

Standard Operating Procedures
APPENDIX



Appendices

<u>APPENDIX</u>	<u>TITLE</u>	
A	Facility Wellness Committee.....	3
B	Weekly Facility Technical Performance Report.....	4
C	VHRP-VORP Standard Operating Procedure	5
D	Veterans Housing and Recovery Program (VHRP) brochure	8
E	Resident Folder Forms	10
F	Admission Decision Letter	12
G	Bed Bug Policy	13
H	Columbia: Suicide Risk Assessment	16
I	Chart Audit Report.....	17
J	Individualized Service Plan.....	18
K	Institute for Community Alliance WI Service Point..... (Client Inform Consent and Release of Information)	19
L	Mixed Gender Policy	21
M	Safe and Sober Environment Policy	25
N	Emergency Disaster/Site Evacuation Plans.....	38
O	Emergency Response Plan	49
P	Incident Report (IR)	53
Q	Serious Incident Report (SIR)	54
R	Discharge Summary – Voluntary	56
S	Discharge Summary – Involuntary	58
T	Donation Letter	59
U	Food and Kitchen Policy	60
V	Transportation Policy	76
W	Resident Accountability and Report	81

Wellness Committee

Group Makeup:

- 1 – Committee Chair or further described as the Veteran Liaison (VL)
- 3 – Program Resident Members
- 1 – SRO Resident Member (If applicable)
- 1 – Committee Recorder: Administrative Support Staff

Committee Responsibilities:

Include reviewing resident concerns and suggestions for program enhancements and presenting recommendations and ideas to support their concerns to the site leadership.

Committee Chair Responsibilities:

- Develop and lead the meeting agendas
- Presents committee reports to Site Director
- Present report and Site Director Responses at the monthly town hall meeting
- Meet with Site Director weekly or when time permits

Committee Members Responsibilities:

- Listen and report on resident concerns and suggestions for improvement
- Inform residents of implemented changes and survey their satisfaction

Committee Recorder Responsibilities:

- Appoint and post in writing all Committee Members and their positions
- Schedule and announce all meetings
- Prepare meeting agenda (these can be standing agendas covering all topics)
- Record and publish minutes for meetings
- Post all Site Director responses, maintain committee records

Meeting Standing Agenda:

- 1-Food Service (Menus, dietary needs, KP)
- 2-Facilities (Living quarters, safety, betterment)
- 3-Transportation (Van Services, POVs, parking)
- 4-Program betterment ideas (Picnics, luncheons, outings, sporting events)
- 5-Program Services (Participation, education health, income, employment, housing, volunteering)

The committee will not only identify and discuss issues, but will also develop and provide recommendations for improvement, including staff and resident involvement.

Program Census

Date: _____

Program	Enrolled	Capacity	Percent
VHRP			#DIV/0!
SRO			#DIV/0!
Non-GDP			#DIV/0!
Total			#DIV/0!

Referrals	Pending	Admits	Graduate
VHRP Enrolled in VORP		0	#DIV/0!

Events/Activities	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Outreach Efforts
 CoC participation: local meetings, Quarterly meetings, BOS meetings, Veteran Advisory Committee.

Local Partners: VORP, SSVF, CVSO, VAMC, VA's, shelters, agencies, etc.

Referrals and Source (including CE list)

Resident Issues/Incidents

Supportive Services	
Claims/SOAR	
DVOP/DWD	
SSVF/HUD-VASH	
Other (AODA, DAV etc.)	

Denial of Applicant with Explanation



Wisconsin Department
of Veterans Affairs

Veterans Housing & Recovery Program and Veterans Outreach & Recovery Program

Collaborative Services

Standard Operating Procedure

VHRP and VORP Coordination

A VORP Outreach and Recovery Regional Coordinator (ORRC) is assigned to a specific VHRP site to provide resources and assistance for the program to best serve their veterans. VORP will be kept abreast with actions that involve VHRP residents that were referred and/or enrolled into the VORP.

Admissions

- VHRP introduces new residents to ORRC within two weeks of enrollment. New residents will be referred to sign-up for VORP orientation on the sign-up sheet.
- VHRP is responsible for tracking all VORP referrals.

Denials

- VHRP will notify ORRC, VORP Supervisor, and VHRP Program Coordinator of any denied applicants.
- VORP will reach out to see if they can be of assistance in providing other services.
- For denials due to active alcohol and/or drug use, VORP may be able to assist with treatment then making the veteran a candidate for VHRP in the future.

Discharges

- Refer all discharging residents to VORP to offer follow-up case management services. This includes successful graduation, personal choice, and program violation discharges.
- Email ORCC, VORP supervisors, and VHRP Program Coordinator on all discharges.
- Residents at VHRP must agree to participate in VORP services. It is not mandatory.
- For those that violate VHRP guidelines due to alcohol and/or drug use, VORP may be able to assist with treatment if they are not VA eligible. VHRP will have monthly contact with all residents for six months post discharge.

Ongoing Program Collaboration

- All VHRP serious incident reports for VORP clients will be sent to ORCC's and cc'd to VORP Supervisor.
- Each program site will include the VORP site representative in at least 1 staff meeting monthly to coordinate services, events, and discuss program needs.
- Coordinating with the ORCC, each program will offer residents a scheduled meeting time to consult with VORP as needed/requested. This meeting can be held via phone, virtual meeting, or in-

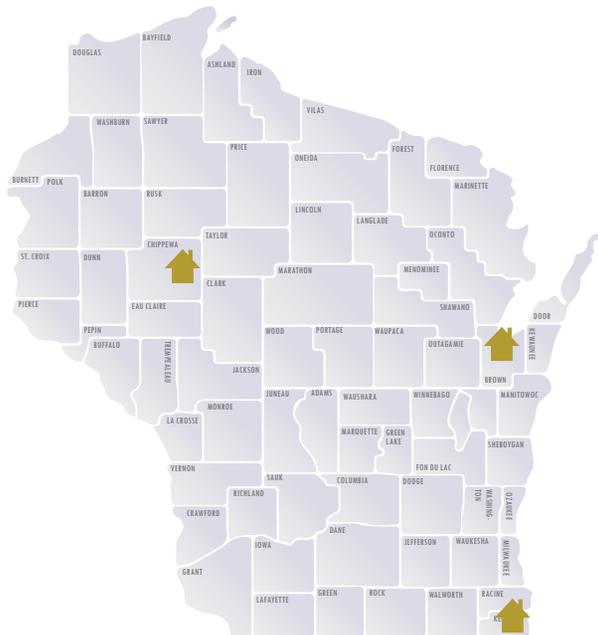
person. This meeting will be announced and posted for all Program residents. A sign-up sheet will be made available to schedule a meeting with the ORCC.

Outreach

- VHRP Site Director, VHRP staff and VORP ORRCs to conduct outreach for the VHRP sites to include visits to shelters, social service providers, CVSOs, veterans' expos and meetings, and homeless coalition meeting as well as street outreach and other locations not meant for human habitation.
- VORP will report quarterly outreach activities as part of the VHRP VA Quarterly Meeting.
- VORP Representatives will maintain an outreach referral list and make available to VHRP staff.
- VHRP will collaborate with providers to ensure that the referral process, eligibility, and follow-up are done in the most efficient and effective manner.

Feedback

- Any concerns ORRCs have should be reported to their supervisor.
- Any concerns VHRP staff have should be reported to their Executive Director and Program Coordinator.



Veteran Housing and Recovery Program (VHRP) Sites

Please contact the VHRP sites directly for questions about referrals, applications, and program information.

VHRP Chippewa Falls
 2820 East Park Avenue, Bldg. 128
 Chippewa Falls, WI 54729
 Phone: 715.726.2541

VHRP Green Bay
 2500 Bel Meadow Drive
 Green Bay, WI 54311-6775
 Phone: 920.391.4370

VHRP Union Grove
 21425 Spring Street, Bldg. D
 Fairchild Hall
 Union Grove, WI 53182
 Phone: 262.878.9151



VETERANS HOUSING AND RECOVERY PROGRAM

Learn more about our State Programs and Services >
 1-800-WIS-VETS (947-8387) | WisVets.com



VETERANS FORWARD

What is VHRP?

The Veterans Housing and Recovery Program (VHRP) provides temporary housing, training, and supportive services to military veterans who are homeless or at risk of becoming homeless in order to help them obtain permanent housing.

The goal of VHRP is to help veterans achieve stability, increase their skill levels and/or income, and obtain greater self-determination that will enable them to reintegrate back to the community.

Our programs are located in Chippewa Falls, Green Bay, and Union Grove.

Who does VHRP Serve?

Any male or female veteran of the active U.S. Armed Forces regardless of length of service. The USDVA assists in final determination of eligibility. VHRP is not able to accept a veteran who has a dishonorable discharge.

While spouses and children are not eligible for this program, our staff will assist a veteran's family in trying to obtain adequate housing or other needs while the veteran is in the program.



What Services are Provided?

VHRP offers secure and safe housing to veterans while they receive training and services to become stably housed. VHRP staff will work with residents on:

- ✓ Permanent Housing
- ✓ Employment Assistance
- ✓ Education & Job Training
- ✓ Healthcare & Mental Health Services
- ✓ Substance Abuse Recovery Support
- ✓ Claims & Benefits Assistance

Veterans may stay at a VHRP for up to 24 months, however many complete the program in 6 to 10 months.

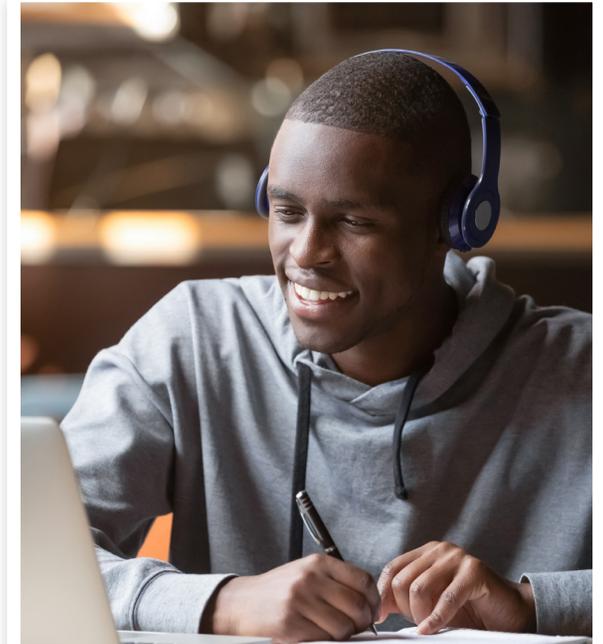
What Can Veterans Expect?

Program staff are highly trained professionals who are dedicated to serving veterans and providing ongoing support.

VHRP offers many amenities to assist in daily living such as a meal plan, activity room, laundry, recreational activities, access to computers, and assistance with transportation.

Veterans enrolled in VHRP build a sense of community and restore pride and confidence by working together to maintain the common living areas they reside in and volunteering their time in the local community.

Residents are encouraged to earn and save money while in the program to assist them in securing and maintaining permanent housing at graduation.



VHRP RESIDENT FOLDER-TABLE OF CONTENTS

SECTION 1 Progress Review.....

Resident Completion Check off List.....

Table of Contents WDVA 2524

Contract..... WDVA 2511

Resident Volunteer/Bodily Harm Statement..... WDVA 2532

Resident Intake Sheet..... WDVA 2528

Transportation Agreement..... WDVA 2534

Substance Abuse Contract..... WDVA 2504

Curfew Policy..... WDVA 2536

Participants Rights..... WDVA 2538

Kitchen Intake Form.....

Linen Issue.....(N/A GB)..... WDVA 2540

Resident Signature Sheet..... WDVA 2542

Keys.....

Phone Watch Policies.....(N/A GB)

Resident Living Area Regulations.....

Room Inspection Forms.....

SECTION 2 Resident Statistics WDVA 2548

Autobiography..... WDVA 2560

Program Plan (Site Specific)..... WDVA 2554

Resident/Staff Communication Documents.....

Section 2 (B)

VHRP Applications & Correspondences.....

Authorization to Release Form.....

VA Authorization to Release Form.....

Award Letters (NSC/SC/SSI/SSDI).....

Housing Application.....

Police/Court Reports.....

SECTION 3 Intake information.....

VAP Initial Assessment

- Columbia Suicide Severity Rating Scale
- PCL-5
- CAGE-AID Overview alcohol and drug use screen
- *PROMIS Emotional Distress Anxiety Short Form
- PHQ-9 Patient Depression Questionnaire

Veterans Goals

Program Notes.....

VHRP Resident Progress Report.....

Rule Violation Reports..... WDVA 2556

Incident Reports.....

Restriction Rules/Schedule.....

VHRP RESIDENT FOLDER-TABLE OF CONTENTS

SECTION 4 Program Fees Tracking/ Savings Plan
Program Fee Worksheets WDVA 2570
Employment/Unemployment Documents.....
Pay Stubs and/or Bank Account Statements.....
Program Fee Agreement..... WDVA 2568
Savings Plan Agreement..... WDVA 2564
Resident Vehicle Registration.....
Budgeting Plan and Expense Tracking.....
Credit Report (if applicable).....

SECTION 5 DD 214 or SF180 Request Form.....
Forms of Identification.....
Benefits & Eligibility Checklist WDVA 2576
Acceptance Letter into VHRP..... (N/A GB)
Service Point Release of Information.....
Authorization to Release Information VHRP..... WDVA 2503
Informed Consent for Dissemination of Personal Records & Info..... WDVA 2546
Specific Release of Information to Wisconsin CVSOs WDVA 2544
Emergency Contact Release Form.....
VHRP Bicycle Release.....
LSS Media Release.....
Probation Rules & Permit (if applicable).....

Section 5 (B)

- Medical Reports**
- Allergies**
- TB Test Results**
- Medication Sheet**
- Urine Drug Screen results**
- Any medical records as applicable and available**

SECTION 6 Resident Exit Form.....
Resident Discharge Summary.....
Bar Procedure WDVA 2582
CVSO Discharge Letter WDVA 2592
Discharge Check Sheet..... WDVA 2588
Notice of Right to Appeal (Program Termination) WDVA 2594

VETERANS HOUSING AND RECOVERY PROGRAM

Wisconsin Department of Veteran Affairs

Admission Decision

Name:

Date:

Address:

Site: VHRP- Location, WI

Staff has reviewed your referral and reviewed your veteran's status and eligibility. We regret to inform you that you have been denied admission to the Veterans Housing and Recovery Program for the following reason(s):

Your past participation in VHRP: We are not readmitting you due to your past performance while a resident. This constitutes terminating assistance to you under the provisions of the Wisconsin Administrative Code, Chapter VA 13.02(3) for failure to fulfill your responsibilities under your program agreement as follows: Program Violations; SUD Violations; Failure to follow clinical/medical plan; Lack of Motivation; Other:

Your **criminal justice status** requires treatment or extensive monitoring to insure the security of the program and the community that is beyond the capacity of the VHRP to provide at the present time.

Your **veteran's status**: Federal Guidelines limit program eligibility to three GPD admission episodes per veteran. Current admission will exceed the limit and your three prior admissions without success constitute cause under the WI Administrative Code, Chapter VA 13.02(3).

Your **mental health needs** are beyond the capacity of the program as determined by our collaborating clinical staff. [Ineligible for VA Clinical Services]

Your **physical health requirements** are beyond the capacity of the program to safely and successfully manage. [Ineligible for VA Medical Services]

You have **insufficient need** under the provisions of the Wisconsin Administrative Code, Chapter VA 13.02(2): Not homeless or at risk. Sufficient Income.

You are **not a veteran** under the provisions of the Wisconsin Administrative Code, Chapter VA 13.01(3).

Other:

Site Director Name

Site Director

NOTICE OF RIGHT TO APPEAL

If you disagree with this decision, you have 60 days to appeal, in writing, to the Office of Legal Counsel, State of Wisconsin Department of Veterans Affairs, 2135 Rimrock Road, Madison, WI 53708

Bed Bug Prevention/Treatment Policy

The VHRP has established the following policy to help prevent bed bug infestations.

1. All beds shall be protected by a bed bug cover on the mattress and box springs if used.
2. Pillows shall be protected by a bed bug encasement
3. Three methods of Bed Bug Defense:
 - a. PackTite Closet (referred to as “the Bed Bug Machine”) is one of the first defenses against the bed bug.
 - b. Washing clothes items in HOT water then DRYING on HIGH HEAT for at least 30 minutes is also an acceptable decontamination process
 - c. Hand inspection of items not suited for the PackTite Closet or washing
4. All property brought into the facility by program participants will be processed for bed bug exclusion.
5. NO resident shall take personal belongs directly to their living area that hasn't been inspected, or either gone through the wash cycle, or the bed bug machine unless it is brand new, in the packaging from the store (example: from Walmart or Target)
6. Items requiring bed bug exclusion protocol include any items from participant's vehicles, storage units, garage sales, secondhand stores, and donations to the program.
7. The PackTite Closet will be used in an area that can be secured. Keep this procedure and printed instructions that came with the unit posted by the unit.
8. A log will be kept with initials of whose property is in the machine, the date, time in and time out. Completed log sheets will be kept in the Directors office or designated storage location for reference upon request.

IMPORTANT: The following instructions will be followed with the PackTite Closet. Certain items can be harmed or damaged if processed in the Bed Bug Machine.

Items in categories 1 & 2 shall be manually inspected:

1. These items should NOT be treated in the PackTite Closet:
 - Medications, - Liquids, - Food, - Aerosol cans.
2. PackTite Closet is NOT recommended for treating electronic devices, including:
 - Computers, - iPods, - MP3 players, - Cameras, - Phones.
3. Items enclosed in paper wrapping, Styrofoam, cardboard boxes, plastic bags or plastic tubs shall be removed from these materials if suitable for processing in the PackTite Closet. These materials can act as heat insulators and will prevent items from reaching the critical temperature.

WARNING: These actions may damage to the PackTite unit or contents

- Do Not cover or obscure the top vent
- Do Not over fill
- Do Not put damp or wet items in the device
- Do Not use in areas where gasoline, paint, or flammable liquids are used or stored

USING THE PACKTITE CLOSET

New Admissions will be educated upon intake on this procedure and their part in it. The Case Manager will document that the training was conducted with the veteran and that all their belongings were treated as written in the policy.

Daily Living Skill classes on this topic should be held quarterly to include pictures of what they would be looking for along with this prevention and treatment policy. The trainer will document the training with a sign in sheet listing the date and duration of the training, who trained, what was trained and who attended by their signature. This form will be kept with the main group sign in sheets for trainings.

Staff training should be completed 2x a year on this procedure and hands on training of the PackTite Closet. The trainer will document as with all staff trainings; who conducted the training, the date and duration of the training, what information was covered by the training, and who attended the training by the attendees signature.

The Site Director will monitor all three training levels above to make sure the trainings are happening at all three levels appropriately.

NOTE: If bed bugs are ever identified in the program:

1. The Site Director shall notify the contracting Executive Director and the WDVA Representative.
2. Await approval to have exterminator verify.
3. If verified have resident in effected areas collect necessities and process through PackTite Closet. Resident should be given clothing and shoes from clothing room, towel, hygiene items and a plastic garbage bag. They should shower and the items they remove place into the garbage bag to include footwear. The garbage bag of items should be taken to the PackTite Closet, put into the unit by turning the garbage bag inside out and dispensing evenly and processed. The garbage bag should be put into another bag, sealed and disposed of right away. They should then be assigned to an un-infected sleeping area until their area is treated and cleared, if available.
4. Infected areas should be secured and no one should enter into the infected area until treated and cleared, if possible.
5. Hold a Town Hall meeting to notify and educate the Residents of the issue and requirements.
6. Document incident along with history from records of training, classes provided to staff and residents of affected areas, and treatment dates of affected resident's property prior to the infestation. An incident report should be filled out and sent to the VA Liaison and the WDVA Representative.

A. Create a log entry with the initials of whose property is in the machine, the date, time in and time out.

B. TO LOAD AND RUN

1. To reduce treatment time and maximize effectiveness of the PackTite Closet, hang items to be treated on clothes hangers and hook the hangers to the top bar. Place only items that CANNOT be hung, on the bottom shelf.
2. Unzip or open any luggage, backpacks, purses, briefcases, etc. (open outer pockets as well) to enable heat to circulate throughout the contents.
3. Take care DO NOT OVERFILL the unit. If the unit seems slow to heat, take items from lower shelf and hang them from the top rack, or remove some items and restart the unit.
4. The unit comes with a digital thermometer. Place the thermometer probe inside any item to be monitored. Zip the front flap closed with the thermometer probe cord extending out at the zipper end, either at the top or the bottom.
 - a. If the thermometer has a small switch that can read either the OUT or the IN temperature you must turn it to the OUT setting in order to read the temperature inside the closet.
5. When treating luggage, remove as much clothing as possible and hang it as instructed above. Place the (mostly) empty luggage shell on the lower shelf. When treating personal items, unzip and open any pouches or compartments.
6. The unit comes with an electronic countdown timer. Plug the heater cord into the timer and then plug the timer into the wall outlet. To start the unit, push the button on the timer until the indicator light above the desired setting is illuminated (2 hours, 4 hours, etc.).
 - a. **IMPORTANT:** You must monitor the temperature of the items being treated to insure that the internal temperature of all items reaches 120 F and holds that temperature for 60 minutes.
 - b. **NOTE:** If the internal temperature of the items being treated does not reach 120 F within a reasonable time, the PackTite Closet may be overfilled. Either re-arrange some of the items by hanging them up, or remove some items and restart the treatment.
 - c. Do not treat items that are enclosed in paper wrapping, Styrofoam, cardboard boxes, plastic bags or plastic tubs as these materials act as heat insulators and will prevent items from reaching the critical temperature.
7. When the indicator light goes off, turn the fan knob to OFF, turn the timer OFF, unplug the timer from the outlet, immediately unzip the flap and wait 5 minutes before removing items.

IMPORTANT: If the green light on the heater attachment continually clicks on and off, or goes off completely, check the following:

- a. Make sure the top vent is not blocked in any way.
- b. Shut off and unplug blower, remove the heater attachment from the blower and clean the lint filter on the heater attachment.
- c. Restart treatment process from beginning.



**VETERANS OUTREACH AND RECOVERY PROGRAM (VORP)
COLUMBIA – SUICIDE SEVERITY RATING SCALE**

Name: _____ Date: _____

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
	YES	NO
<p>Ask Questions that are Bolded and Underlined Ask Questions 1 and 2</p>		
<p>1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></p>		
<p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <i>Have you actually had any thoughts of killing yourself?</i></p>		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it." <i>ave you been thinking about how you might kill yourself?</i></p>		
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." <i>Have you had these thoughts and had some intention of acting on them?</i></p>		
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i></p>		
<p>6) Suicide Behavior Question: <i>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</i> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <i>If YES, ask: How long ago did you do any of these?</i> •Over a year ago? •Between three months and a year ago? •Within the last three months?</p>		

1 | For inquiries and training information contact: Kelly Posner, Ph.D. New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu © 2008 The Research Foundation for Mental Hygiene, Inc. | WisVets.com

GPD Monthly Chart Review

GPD Program:

Review Date:

Reviewer:

Veteran: (Last initial + last 4)

Active / Discharged

1. Participant's Chart Includes:

YES NO N/A

Family Status

Veteran Status Verified (DD214, VA ID Card, VA Confirmation letter)

Education

Employment history, skills, licenses, & credentials

Housing History including reason for homelessness

Financial Position (income sources, debts, and assets)

Comments:

2. INDIVIDUAL SERVICE PLAN/TREATMENT PLAN

Completed per policy (30, 60, 90 days, etc.)

ISP CONTAINS:

Assessment of Barriers (to independent housing)

Assessment of Service Needs

Assessment of Strengths

Specific services and referrals planned

Benefits to be achieved as a result of program participation

Duration of supportive services and expected outcome

At least Quarterly Documentation of service outcomes

Comments:

3. PROGRESS NOTES/CASE NOTES

Completed per agency policy (printed monthly)

CASE NOTE DOCUMENT VETERANS PROGRESS TOWARD:

Permanent Housing

Employment, Job Training, or States Barriers to same

Obtaining other Federal, State, or Local assistance (VA, SSI, SSDI, etc.)

Comments:

The following is an *example* treatment plan and indicates the core dimensions of treatment focus for the individual veteran:

PROBLEM CATEGORY	PROBLEM	GOALS	OBJECTIVES	CASE MANAGER INTERVENTIONS	BARRIERS	STRENGTHS
HOUSING GPD Goal: Attain permanent housing	<ul style="list-style-type: none"> Homeless 	<ul style="list-style-type: none"> Identify personal goals for housing (where do you want to live) and a reasonable savings amount to work towards 	<ul style="list-style-type: none"> Identify area to live Research apartment rates Set a goal for a savings amount of 2x rent 	<ul style="list-style-type: none"> Provide resources for assistance in housing cost reduction Submit veteran for HUD-VASH eligibility screening 	<ul style="list-style-type: none"> No vehicle No income currently 	<ul style="list-style-type: none"> Veteran is engaged in their goals and wants to actively work toward achieving them
HEALTH Medical/Mental, Drug/ Alcohol GPD Goal: Increase self-determination by maintaining/attaining optimal health	<ul style="list-style-type: none"> Anxiety/ PTSD ETOH Abuse Insomnia/ nightmares 	<ul style="list-style-type: none"> 100% attendance of VA medical appointments Achieve 30 days of sobriety Reduced nightmares 	<ul style="list-style-type: none"> Maintain 100% compliance with all VA appts Refill medication Check in with Drug & Alcohol counselor daily Attend 5 AA meetings a week 	<ul style="list-style-type: none"> Ensure transportation is arranged for all appointments Inform vet of appointment changes Monitor attendance at AA meetings Provide supportive counseling 	<ul style="list-style-type: none"> ETOH abuse history Family issues/ stress Nightmares affecting sleep No income 	<ul style="list-style-type: none"> Self-advocative Aware of problems, eager to address them 10 days sober
INCOME GPD Goal: Attain stable income	<ul style="list-style-type: none"> Income: \$0 CK Balance: \$0 Savings Balance \$100 	<ul style="list-style-type: none"> Generate income Grow savings 	<ul style="list-style-type: none"> Apply for a VA service-connected disability (PTSD diagnosis) Apply for Social Security Prepare records for VA claim to have on hand 	<ul style="list-style-type: none"> Arrange a meeting with the VA disability outreach liaison Provide guidance on the process and how to best prepare for it 	<ul style="list-style-type: none"> No income Almost depleted savings 	<ul style="list-style-type: none"> Has a potential claim for service-connected disability Strong family support



Wisconsin HMIS Client Informed Consent and Release of Information

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES
Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency _____ participates in the Wisconsin statewide Homeless Management and Information System. Agencies that participate in the Wisconsin HMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances. The name of the software that stores this data is called WellSky Community Services, formerly known as ServicePoint.

Benefits to Data Sharing for the Consumer	
Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

**WellSky ensures the security of its system. Please see below for detailed information on security measures.*

Because this network is made up of many service providers in Wisconsin, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network. WI HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any department in the Federal Government, other than Federal departments that are providing services within our network (for example, Veterans Affairs). Personally identifying information will not be shared with any State or Federal department for the purposes of determining your eligibility in other State or Federal programs (for example, Food Share). Information collected is housed in a secure server owned and hosted by WellSky in Arizona. Limited WellSky staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network can be accessed on the ICA website here, [HMIS Release of Information](#). This list may change.

Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.



Wisconsin HMIS Client Informed Consent and Release of Information

Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Gender, Race Ethnicity, Last Residence Information, Military Status
- Housing/Program Specific: Program Eligibility, Entry/Exits, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence

Please indicate your choice regarding data sharing

Option 1: Verbal Consent

- _____ By initialing here, I agree to share my and my child/children’s above specified information and coordinate services with all participating agencies in the network.

Option 2: Verbal Consent

- _____ By initialing here, I agree to limit sharing of my and my child/children’s above specified information and coordination of services with this agency and the agencies listed below:

Option 3: Verbal Consent

- _____ By initialing here, I agree I do not want to share my and my child/children’s above specified information and coordinate services with other agencies.

I understand that signing below relates only to data sharing within the WI HMIS and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Print Name: _____

Client Signature: _____ **Date:** _____

Adult #2 Print Name: _____

Adult #2 Client Signature: _____ **Date:** _____

Agency Witness Signature: _____ **Date:** _____

Verbal Consent obtained by phone (Agency Staff Initials): _____ Date: _____

Mixed Gender Population Policy

The Union Grove VHRP is a mixed-gender facility, and offers female veterans separate living quarters from our male veterans. The same rules and policies of the program apply to both the female and male residents. It is important for the program to ensure that each veteran feels safe and secure while they are in the facility. All residents can expect to have privacy while drug testing, toileting, showering, and changing clothes.

Safety

The sleeping quarters and dayrooms for the men are separate from the female rooms. Access to the area for the female veterans is monitored by program staff, security staff, and a security camera, as are the main areas of the building. Each bedroom includes a bathroom with shower for privacy. The Union Grove facility has 32 cameras throughout the facility for security monitoring. The Site Director and other approved staff will have mobile access to security monitoring on cell phones in addition to the CCTV monitoring system. All sites adhere to an **Emergency Response plan (SOP Appendix O)** for protocol responding to a Violent Veteran/Person, Active Shooter, and Law Enforcement involvement.

Trauma-Informed Individualized Care

While the services offered at the VHRP are gender neutral, consideration will be given to appropriate fit for all veterans, male or female; looking through a trauma informed lens being trauma sensitive when looking at services with the individual for their ISP. Veterans in the SITH model of care are welcome to engage in services provided under our clinical treatment, if appropriate per their ISP.

Our female VHRP staff are available as needed for individual counseling as well. Transportation will be provided for supportive services including outside groups or counseling that a veteran request. VHRP staff will make recommendations to our female veterans if they are unaware of such resources being available to them. A female veteran will also be designated for our facility wellness committee which provides a forum for their concerns and an opportunity for us to provide a more comfortable environment for all residents.

Fraternization

The VHRP program honors the autonomy of a resident's choice, client empowerment and the client's right to self-determination. However, engagement in sexual interactions or a romantic involvement between residents in treatment settings causes risks to the recovery and treatment process. A social contract between the residents and program will recognize and acknowledge the potential harm that relationships can cause in recovery. The non-fraternization policy is an

acknowledgment of this reality and exists to create a safe environment that features added structure and a measure of security to physically protect the safety and well-being of clients. It discourages any attempts to initiate sexual or dating engagements, especially when initiated by predatory exploitation. VHRP does not permit the fostering of an atmosphere and environment contradictory of treatment and strongly discouraging clients from instigating and initiating intimate relationships with one another.

Intimate relationships are defined as; extremely personal or emotional interactions, or any involvement of a sexual nature between residents of VHRP, between residents and staff, or security personnel. Intimate relationships have the potential of causing emotional crisis and distraction. Such relationships can also be an impediment to the developmental progress of residents. Any fraternization of this nature is prohibited.

Zero Tolerance

VHRP will not tolerate sexual misconduct, sexual harassment, or sexual abuse of any kind within our environment and will take any necessary steps to ensure that incidents of sexual abuse or harassment are responded to immediately and appropriately.

Sexual Misconduct

Sexual misconduct includes sexual acts or behaviors that occur, consensually or non-consensually, between residents as well as staff member, volunteer, contractor, or agency representative and resident. Examples include, but are not limited to:

- Any sexual act
- Any sexual advance
- Requests for sexual favors
- Threats for refusing sexual advances
- Verbal or physical conduct of a sexual nature
- Invasion of client privacy beyond that reasonably necessary for safety and security
- Intentional touching of genitals, anus, groin, breast, or inner thigh area to gratify sexual desire
- Indecent exposure
- Kissing, touching, inappropriate comments about personal appearance

Sexual misconduct also includes sexual harassment. Examples include but are not limited to:

- Demeaning references to a client's gender
- Derogatory comments about a client's gender
- Jokes about sex or gender specific traits
- Abusive, threatening, profane or degrading sexual comments

- Touching, attention, language or conduct of a sexual nature

Reporting Sexual Abuse, Sexual Harassment, or Sexual Misconduct

A report may be made at any time without time limitations and can be reported in any of the following ways:

- **Verbally**
- **In writing**
- **Anonymously**
- **By a Third Party**

Reporting process

All reported incidents will be referred to law enforcement, and all reported incidents will be investigated. This includes incidents that just happened, as well as incidents that happened months or years ago. During an investigation, separation of reporter and alleged abuser will occur. Residents could be relocated for their safety. The investigation must clearly support or refute any allegation with evidence, information gathered from witnesses, and documentation.

If a sexual assault has occurred, seek medical attention as soon as possible. Do not shower, brush teeth or wash clothes or underclothing. This could wash away hair or bodily fluids, which are critical evidence. Also, save anything that touched the abuser (i.e. a condom, tissue, or towel) or anything that she/he left behind. Immediately report the incident to a staff person, security, or to local law enforcement in the community.

Outcomes of an Investigation

VHRP staff does not take lightly the responsibility to maintain a safe community environment. Claims of sexual misconduct are serious issues that require outside investigation and due diligence to sort out the facts of the allegation. Once law enforcement investigations are concluded, LSS and WDVA will review for program violations and/or program discharges.

Retaliation for Reporting Sexual Abuse, Harassment, or Misconduct is prohibited

Retaliation is intimidation to prevent a client from reporting an incident or participating in an investigation. VHRP prohibits anyone from interfering with an investigation, including intimidation or retaliation against witnesses. If you believe you are being unfairly transferred or punished in some way because you reported an incident or assisted in the investigation of a reported incident, please report this immediately to the Program Supervisor or Investigator.

Supportive Services

VHRP will work with residents to obtain community treatment, medical and mental health services in a timely manner. Please keep in mind that the professionals providing support services in the

community are also mandated reporters and have a duty to warn. VHRP will not monitor these communications, unless the resident requests it, and would be done in the fashion the resident requests, i.e.: direct observation (in person), via telephone, or electronically via email-

Safe and Sober Environment Policy

The VHRP has established a comprehensive policy to ensure a safe and sober environment. This policy includes the following guidelines and procedures:

- Personal Area Inspection
- Possession of Weapons/Pornography
- Contraband Disposal
- HIV/TB Communicable Disease
- Medication Control
- Substance Free Environment
- Urine screening Procedure
- Alcohol Blow Wand Procedure
- Intoxilyzer S-D2 Procedure
- Contingency Plan: Residents under the Influence of Substances

Personal Area Inspection

The VHRP established the following policy to preform inspections of personal areas and property.

- Always have two staff when inspection personal areas.
- Wear gloves.
- The veteran can be present, but this is not required, if they are present, they stand by but do not participate or interfere.
- Inspections can be random or selected for any reason.
- Personal area also includes personal owned vehicles.
- Be thorough.

-Items of concern to look for

- Alcohol or items containing alcohol (mouthwash/medications/cups/bottles)
- Paraphernalia or items that may be questionable (items with burn marks for example)
- Pornography or sexually inappropriate items/alcohol, drug or gambling advertisements/racially or any minority group demeaning items (in any format)
- Weapons-(knives over 3in./guns/arrows/axe)
- Vehicle liquids/flammables-(fuel, anti-freeze, oil, lighter fluid, propane, fireworks)
- Urinalysis or drug testing tampering items (bottles of urine, additives for altering test)

Follow **Room Inspection Sheet** (*Attachment 1*) for cleanliness issues. Both staff inspecting should sign the sheet and if not accompanied by the veteran it will left on their bed or placed into their mailbox. Make their area is secured before leaving it.

No items of concern found:

If no items of concern are found, make two copies of the Room Inspection Sheet. One copy is to be turned into the Program Director and the other copy is to be given to the veteran with instructions to have any issues corrected by the next business day. The original Room Inspection Sheet will go in the resident file in section five after using it on the next business day to verify corrections have been made.

Items of concern are found:

1. Contact the Program Director
2. The Director will instruct the next steps to be taken depending upon what is found.
 - a. Illegal drugs/paraphernalia- notify local Police. Veteran will be staffed for outcome.
 - b. Weapons-wait for Director- depending on weapon Veteran could be immediately discharged staffed for outcome or local Police could be contacted.
 - c. All other items of concern-confiscate- Veteran could be immediately discharged or staffed for outcome.
3. Document everything on a Rule Violation form and in case notes.
4. For non-items of concern make two copies of the Room Inspection Sheet. One copy is to be turned into the Program Director and the other copy is to be given to the veteran, if not discharged, with instructions to have any issues corrected by the next business day. The original Room Inspection Sheet will go in the resident file in section five after using it on the next business day to verify corrections have been made.
5. Program Director will notify VA Clinician when needed and with incident and outcome.
6. Program Director will notify Executive Director of incident and outcome.

Personal area inspections will be completed upon intake, randomly and at least once a month per veteran.

Possession of Weapons/Pornography

Weapons

1. Possession of firearms carried either openly or concealed, whether loaded or unloaded (except by Federal or State law enforcement officers on official business) is prohibited.
2. Introduction or possession of explosives, or explosive devices, which fire a projectile, ammunition, or combustible, is prohibited.
3. Possession of knives, which exceed a blade length of 3 inches; switchblade knives; any variety of hatchets, clubs, or hand-held weapons; or brass knuckles, is prohibited.
4. The unauthorized possession of any of the variety of incapacitating liquid or gas-emitting weapons is prohibited.

Pornography

1. Possession of pornographic materials or sexually explicit materials while a resident of the program is prohibited. **NOTE:** Possession of any pornographic material involving what “appears” to be a minor will result in the authorities being notified per duty to report child abuse.
2. Pornographic materials include books, movies, posters, pictures or magazines, or any other written print that depicts erotic behavior which is intended to cause sexual excitement, materials that depict erotic behavior and is intended to cause sexual excitement and the depiction of acts in a sensational manner so as to arouse a quick intense emotional reaction.
3. Erotica consisting of literary or artistic works having an erotic theme or quality.
4. Examples of this material include, but is not limited to:
 - Publications such as Playboy, Hustler, Stag, etc.
 - Movies with an X, XX or XXX rating.
 - Posters or pictures depicting people with minimal clothing that could be considered offensive in a group living environment.
5. If you possess materials that are questionable, see your Case Manager for a determination on whether it is allowed.

Residents possessing any of the above items must turn them over to their Case Manager. These materials will be placed in a secure area and will be returned to the resident upon discharge from the program.

Contraband Disposal Procedure

“Contraband Disposal” document shown under (*Attachment 2*) will be used to record any items for disposal.

If a resident has items that are considered contraband for the program, they must be discarded properly. Contraband items are weapons, alcohol, illegal drugs, and pornographic material.

If a resident has possession of alcohol, 2 staff members will take the container of alcohol document what it is, how much is in the bottle, and where it was found. They will then pour the contents of the bottle down the drain in the sink in the security office. They will both sign the document stating it was disposed of.

If a resident has possession of illegal drugs, either physically or in their POD or room, do not touch it; secure the area until law enforcement officials are notified and arrive for proper evidence collection. If a staff member touches or moves evidence, it may not be admissible in a court if charges are filed. Document what the substance was and annotate or note that it was turned over to the local law enforcement department.

If a resident has possession of any pornographic material, it will be discarded in the trash and documented that it was removed and discarded by the case manager.

If a resident arrives at the facility with any weapons, the resident may call someone to come and pick the weapons up. The local law enforcement agency can be called to come and clear the weapons and take possession of the weapons until the resident is discharged from the facility. They are not allowed to possess any weapons when coming in or at the facility.

If a resident has possession of any weapons while at the facility, the local law enforcement agency will be called to clear the weapons and will take possession of the weapons until the resident is discharged from the facility.

If a resident has the local law enforcement agency take possession of the weapons, it will be the resident's responsibility to retrieve the items upon their discharge. The facility is not responsible of any weapons that are held by the local law enforcement agency.

HIV/TB Communicable Disease

Standard precautions are designed for the care of all residents regardless of the diagnosis or presumed infection status.

- a. Standard precaution techniques should be applied to all body substances from all residents, not only those with diagnosed infections since the presence of the infectious organisms always precede the diagnosis. Contact with body substances from any individual infected or uninfected should be avoided.
- b. Standard precautions is a consistent method of taking precautions with body substances (blood, pus, feces, sputum, urine or other body fluids) of all individuals, all the time, regardless of their diagnosis in order to prevent the transmission of infectious disease.
- c. Employees are required to practice standard precautions for all individuals in order to protect themselves from infectious disease.
 1. Wash hands after touching any bodily fluids, whether gloves are worn. Wash hands immediately after gloves are removed.
 2. Use plain soap for washing hands.
 3. Residents are to wash their hands.
 4. If unanticipated contact with body substances occurs, thorough washing with soap and water is to be done as soon as possible.
- d. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.
- e. All procedures involving infectious materials (urine screens) will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- f. Specimens of infectious materials will be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
- g. Gloves:
 1. Will be worn when it is anticipated that the employee may have hand contact with body fluids/mucous membranes/non-intact skin of any resident.
 2. Will be replaced as soon as is practical when contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- h. Living areas:

1. All residents must practice good personal hygiene. Good personal hygiene is defined as not soiling articles with blood, pus, feces, urine, or oral secretions.
 2. When a resident's personal hygiene is questionable; a private room may have to be assigned.
- i. Facility cleaning:
1. Daily cleaning of the facility will be performed, including prompt cleanup of body substances using gloves and a disinfectant.
 2. Bed linens will be changed on a weekly basis and washed.
- j. Exposure to tuberculosis:
1. Residents exposed to TB will receive testing from the VAMC.
 2. VHRP staff exposed to TB will receive testing from the County Health Department or their private physician, should they so choose.

Medication

Veterans who are accepted into the VHRP are required to handle their own medications. VHRP staff will not dispense medication to the veterans. There is no nursing staff on site to perform this function.

It is required that Therapist/Case Managers be informed of any prescription drugs residents have as well as the dose of each medication. This enables VHRP to take the proper action when residents undergo a drug test; have an adverse reaction and it is necessary to consult a physician or seek medical treatment or experience any other type of medical emergency.

Over-use or excessive use of prescribed medications will be viewed in a similar fashion as drug abuse and will affect your status in the program. Only alcohol-free mouthwash is approved for member use.

Each veteran has a lockable drawer in their living quarters for their medications upon admission to the program. They are instructed to keep all medication within the drawer and that the drawer must always be locked. If they leave their sleeping area, the lock must be in place and locked. The case managers and staff do random room checks and if medication is found unlocked, there will be a rule violation given to the resident. Staff will lock the lock to make sure that the resident items are secure.

Emergency medications must be maintained either on the Veteran's person or by the Veteran's bedside. The Veteran must have quick seamless access to these medications. Emergency medications are those that if not used within a relatively short period of time would increase the risk of death or disability for the Veteran. These medications have a low likelihood of resulting in death by overdose should they be used by the Veteran or someone else. Examples are:

- Naloxone
- Rescue inhalers for COPD and asthma

- EpiPen
- Glucose oral gel
- Glucagon injectable
- Nitroglycerin sublingual

Medications are received by mail. These are delivered to their personal mailboxes and are locked within them. It is the veteran's responsibility to report any medication changes to their case manager so the medication log can be updated. The medication log (*Attachment 3*) is used to inform emergency medical personnel of medication an individual is taking.

A copy is placed in the resident folder and in the medication, binder located in the cabinet in the security office. A copy should be made of the individual's medication list if they are taken to the hospital. If a veteran is diabetic and is prescribed insulin, they must get a 30-day supply at a time so that it does not require refrigeration. There is no refrigerated storage available for medications.

Sharp's containers: It is the veteran's responsibility to maintain the supply of needles and sharps container and the disposal of that container. Veterans may deliver the sharps container to the VA CBOC Clinic for disposal.

Medication disposal: Medication that has expired or is no longer prescribed to the veteran are to be turned in to the VA hospital near the veteran or mailed in using the VA medication mail in envelope. Make sure to log medication and quantity before turning them in.

Medication Refills: Residents are responsible for ordering their own medications. Need to order 10 business days prior to running out of medication. For refills, call the appropriate VA

Substance-Free Environment

All Residents upon entry sign agreements regarding the base line alcohol/other drug test and program requirements for random testing. On the WDVA Form 2504 A-8 residents agrees to remain totally abstinent from any mood-altering substance, including alcohol while in the VHRP. On the WDVA Form 2511 A-13 "Contract" the resident again agrees to abide by policies which include possession of illicit drugs and alcohol while in their program and agrees to participate in periodic drug and/or alcohol testing. This signed agreement also includes unannounced searches of the resident, their locker, and living area and transportation devices. Also reaffirms the weapons of any kind are prohibited on the grounds.

Residents of the VHRP are prohibited from using or possessing alcohol and non-prescribed drugs while residing in the VHRP. To ensure a substance-free environment, residents must agree to observed alcohol and drug screenings on a regular, random, or as-clinically-indicated basis.

- Returning from pass, residents will have a breathalyzer and urine toxicology screen.
- Returning late from pass or after curfew results in breathalyzer and urine toxicology screen.
- Monitoring procedures will include observed sample collection in space specifically designed for this purpose.
- VHRP utilizes Rapid Test panels for urine toxicology screening that accurately detects substances which may remain in a resident's system for several days or weeks.
- Veterans with a positive urine toxicology screen or who fail to adhere to the VHRP monitoring policy will not be subject to immediate discharge, but will be staffed with their Case Manager, Site Director, and VA Liaison to evaluate possibility to continue.
- Veterans who refuse to submit to toxicology testing will be presumed to test positive.
- A clinical review to determine the appropriate level of care will be held for veterans with a positive breathalyzer, urine toxicology screen or who fail to adhere to the VHRP monitoring.

The residents are also briefed and provided a program handbook that also lays out the program's requirements in support of a Clean, Safe and Sober Environment.

Urine screening Procedure

On intake into the program a urine sample is taken from the veteran and tested via Rapid Drop UA test panel to establish a baseline for future urine testing while veteran is resident for VHRP. If a veteran refuses the initial urine screen, they may not be admitted to the program. Once the veteran is part of the program, they are required to do a urine screen upon returning to VHRP after overnight pass or when a VHRP staff request to screen at random. If a veteran refuse to honor a request for a urine screen at any time, the veteran will be staffed for refusal, and a plan developed to address the issue. This is explained to each veteran at the intake process.

Each VHRP site utilizes a Drug Test Card for multiple reagent testing of various prescription and illicit drugs. Site Directors will create a monthly random selection urine screening list using random number generator excel file to create individual day of the week U.A. Screening list.

- Cross reference the Monthly testing sheet for the day's tests.
- 6:00am wake up call, inform identified veterans to report to security office for U.A. drop as soon as possible.
- Testing is accomplished in bathroom without soap dispensers or other liquids.
- Veteran completes U.A. drop and staff/security tests the sample per Drug Test Card instructions.
- Results are read. Negative results noted on security report. Positive results are also noted, plus the Test Card photographed with veteran's signature, date, and time of testing.

If the results are positive, there will be a staffing of the case with the individual, the VHRP Therapist/Case Manager, Director and VA liaison to discuss the results and any changes that are needed to the veteran's ISP to continue participating in the VHRP.

Staff will utilize the AlcoBlow Wand (pass/fail testing) for testing for alcohol use by a resident. Should the resident have a positive reading for alcohol on the AlcoBlow Wand, the Intoxilyzer SD2 should be used to determine blood alcohol level (BAC) of the resident to determine appropriate protocol to be followed based on the residents BAC. Staff and security reserve the right to test any resident at any time.

Alcohol Blow Wand Procedure

Step 1: Press the On/Off button, the Red “ready/wait” light will illuminate then turn Green once the self-test is complete. The wand is ready to use.

Step 2: Hold the wand horizontal with the black mouthpiece about 1” away from the test subject’s mouth and have them blow. Subject must blow a continuous stream of air; the wand will make a clicking noise once it receives enough air.

Step 3: Lower the wand and read the result. It will be:

Green = Negative Yellow = 0.02 to 0.04 (positive) Red = Greater than 0.04 (positive)

Step 4: If negative, turn off the wand by pressing the on/off button. If positive, refer to the procedure for using the Intoxilyzer S-D2 to more accurately test the blood alcohol level.

Note: If a veteran refuse to test, that is considered a positive result and the staff will be notified. If there are signs of intoxication, and veteran refuses to test, they must receive medical clearance to stay at the VHRP. Either way with veteran’s refusal of testing, they will have a staffing with the Site Director and Case Manager to determine the reason for refusing to comply. If the veteran exhibits unacceptable or intoxicated behavior, refer to the section for Contingency Plan: Residents under the Influence of Substances.

Intoxilyzer S-D2 Procedure

Step 1: Press the READ button done and hold for 10 seconds. (Reading must be below .002. If not press the SET button wait 1 minute and press READ again.)

Step 2: Press the SET button.

Step 3: attach the mouthpiece onto the sampling port. Turn the lipped end towards the subject.

Step 4: Tell subject to take deep breath and blow into the mouthpiece until told to stop.

Step 5: Subject must blow strong enough to light up the sample light A and continue until light B lights up.

Step 6: Once light B lights up Press READ button. The highest number will display in 20-30 seconds.

Step 7: Remove mouthpiece and discard.

Step 8: Press Set button until it locks. This may take several minutes after a positive test before another one can be performed.

Result readings: Any reading of 0.02 or higher is a positive test.

Contingency Plan: Residents under the Influence of Substances

New Resident Admission: A rapid urinalysis will be performed to ensure the test results are negative. If a perspective resident has a positive test reading, they will need to have medical clearance to be admitted into the program. Do not allow them to drive themselves, they can present to any medical doctor or emergency room for this clearance. Once cleared, can return to the VHRP to continue the admission process.

Current resident: If the screen is positive for alcohol with a BAC of 0.1 or higher, or positive for benzodiazepines, they will need medical clearance from a medical doctor or emergency room before they can return to the VHRP. If a positive alcohol screen is less than 0.1 BAC; they should sit with staff/security being retested with the by breath every ½ hour until they have a reading of 0.00, showing no alcohol in the system.

Once the veteran has decreased alcohol intake to 0.00 from <0.01, or they have returned to the site with medical clearance from benzodiazepines or for an alcohol BAC of >0.01, or their positive screen was due to other chemicals than alcohol or benzodiazepines, the resident's case will be staffed to include the individual, the VHRP Therapist/Case Manager, Director and VA liaison to discuss the results and any changes you may need or want to your ISP.

Any reading over 0.29, Staff or security will immediately call the Ambulance to have the individual taken to the Emergency Room to be treated.

Room Inspection Sheet

Name: _____
Room and Bed #: _____ Date: _____

- Check for contraband items (Confiscate and make note)
- Make bed correctly.
- Change linens
- Put away clothing
- Line shoes up under your bed
- Secure wall locker
- Secure medications-
- Clean off top of wall locker-nothing on top of wall locker.
- Take down item hanging on your locker/walls-
- Clean off the bed
- Pick up the floor area
- Empty trash/ put a bag in the can
- Put suitcase, boxes, extras in storage area
- No food or beverages in your personal area-No perishable food items/other items (candy/chip/bread/etc.) should be kept in a sealed plastic container.
- Sweep and mop the floor
- Dust your area
- Lock up cleaning/laundry supplies (soap/bleach/dryer sheets)
- NO extra furniture, only what is issued. See Case Manager and put extras in resident storage.
- NO extension cords, ONLY surge strips.
- NO food in your window.
- Inspection of private vehicle (If applicable).**
 - Operational Current Registration Current Insurance
 - Check for contraband

Notes: _____

Thank you for your help in keeping your center looking its best.

Please have corrections made by tomorrow morning.

Inspection Conducted by: _____



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS**

Veterans Housing and Recovery Program - Chippewa
2820 East Park Avenue, BLDG 128
Chippewa Falls, WI. 54729
PHONE: (715)726-2541 FAX (715)726-4521

KLEIN HALL

SUBJECT:	Klein Hall Emergency, Workplace Violence Prevention, Fire and Tornado Evacuation, Disaster Plan, First Aid/Emergency Care, People with Disabilities, Bomb threat, Energy Brownout or Blackout and Blood Borne Pathogens Control Plan, Substance Testing
EFFECTIVE DATE:	Original drafted on December 30th, 2013 Reviewed and amended on July 31st, 2020 <i>M. Hake</i>
ISSUED BY:	VHRP, KLEIN HALL, Chippewa Falls, Wisconsin

This emergency response plan has been developed in accordance with the Department of Administration (DOA).

The Emergency Response Plan was developed in accordance with general safety concerns and the need to have an orderly evacuation of the Klein Hall, Veterans Housing & Recovery Program Facility in the event of an emergency. The intent of this plan is to establish procedures for responding to a fire, severe weather or other circumstances endangering the safety of employees and residents. This plan requires the involvement and responsibility of each individual staff member and resident.

The building evacuation procedures and tornado policy will be provided to each resident and staff at Klein Hall. Evacuation routes and floor plans will be posted in each POD and each exit point of the building.



VHRP EMERGENCY PLANS TABLE OF CONTENTS

Section 1 Workplace Violence
Policy on Violence
Employee Accountability
Directive
Appendix 1) Incident Report
2) First Aid and CPR List
Section 2 Fire Alarm-Exiting the Building
Designated Evacuation Area
Fire Alarm Tests
Accidental Discharge of a Fire Alarm/ Sprinkler Head
Evacuation Drill Procedures
Appendix 3) Map of NWC Grounds
5) Exit Locations for Lower Level of Klein Hall
6) Exit Locations for Upper Level of Klein Hall
7) Exit Locations for Mechanical (Penthouse)
8) Location of Alarm Pull Stations
9) Location of Fire Extinguishers
10) Map of Primary Designated Evacuation Area, Bus Stop Shelter
11) Map of Secondary Designated Evacuation Area, Northern Industries, Building 231, Room 400, (GYM).
Section 3 Tornado and Severe Weather Procedures
Appendix 12) Map of Tornado and Severe Weather Shelter, Laundry Room #0-25
Section 4 Bomb Threat Policy
Bomb Threat Checklist
Section 5 Active Shooter
How to Respond when Law Enforcement Arrives
Section 6 First Aid and Emergency Care
Non-Emergency VA Care Sheet
Section 7 Emergency Brownout or Blackout
Section 8 Airborne Contaminants /COVID-19
Medical Emergency
Individuals with Disabilities
Section 9 Medication/Poison Control
Section 10 Blood Borne Pathogens Control Plan
Personal Protective Equipment

Pandemic Plan



STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Veterans Housing and Recovery Program – Green Bay
2500 Bel Meadow Drive
Green Bay, WI 54311
PHONE: (920) 391-4370 FAX (920) 391-4373

Disaster Response Plan

SUBJECT:	Disaster Response Plan
EFFECTIVE DATE:	September 8, 2020
ISSUED BY:	Veterans Housing and Recovery Program – Green Bay

This Emergency Response Plan was developed in accordance with ensuring the general safety of the residents and address the need to have an orderly response to emergency situations or the need for evacuation, Veterans Housing and Recovery Program (VHRP) Facility in the event of an emergency. The intent of this plan is to establish procedures for responding to disasters, including fire, severe weather, or other circumstances endangering the safety of employees and residents. This plan requires the involvement and responsibility of each individual staff member and resident.

Green Bay

Site Director / Staff

After Work Hours, Weekends and Holidays: Assigned Security Officer.

VETERANS HOUSING AND RECOVERY PROGRAM RECALL LISTING

Order of notification in the event of an emergency

The Order of notification begins with the Site Director at all times. The Site Director will contact the VHRP Coordinator to inform them of the disaster and seek directive if needed; then the Site Director will begin to call the staff roster, each staff member in turn calling the next person on the roster. The VHRP Coordinator will notify the WDVA Director of the Bureau of Health Services to insure the WDVA is aware that their program is in danger based on the disaster. The VHRP Coordinator will then contact the local VA medical facility to provide status updates and/or to request assistance with coordinating Veteran placement if needed.

Katrina Currier	Site Director	(920) 413-8093
Colleen Rinken	WDVA, Director of Bureau	(608)405-0499
Kirstin Holmgren	VHRP Coordinator	(608) 590-7665
	Case Manager	
Melissa Skenandore	Administrative Assistant	(920) 413-8093
	Head Cook	
	Maintenance	

Table Of Contents

Disaster Response Plan	
List of Appendixes.....	4
Responding to a Fire Alarm.....	5
Exiting the Building.....	6
Additional Information.....	9
Evacuation Drill & Emergencies	
Tests of the Alarm System	
Maintenance of Emergency Equipment	
Reporting Unsafe Conditions	
Periodic Review and Update of Emergency Response Plan	
Medical Emergencies.....	11
Emergency Alert Systems/Sirens & Public Broadcasting Systems.....	12
Tornado and Severe Weather Procedures	
Shelter in Place	
Snow Emergency	
Flooding	
Natural Disaster	
Workplace Threats.....	15
Civil Disturbances	
Active Shooter	
Bomb Threat Policy.....	19
Emergency Brownout or Blackout.....	21
Utility Failures.....	22
Pandemic Response.....	24

PANDEMIC PLAN

In the event of any pandemic, apply the following information as needed for the safety of all concerned.

1. Staffing:
 - a. Staff will work their normal schedule in case of a pandemic.
 - b. If staffing shortages develop, non-affected staff will cover as needed.
 - c. In the event of additional shortages of staff, immediate use of on-site security will be applied for daily operations.
 - d. PPE will be utilized by all staff to minimize possibility of contamination.
2. Clients:
 - a. Whenever possible, only have one client assigned to a bedroom.
 - b. When all rooms are full, utilize second bed as needed.
 - c. If clients become ill and do not require medical hospitalization, a hotel will be used for housing.
 - d. Meals will be delivered in disposable containers to clients in hotel rooms.
 - e. If a higher number of clients become ill, and a hotel is not capable for housing needs a suite from the center will be used.
 - f. If a suite is used, suite F will be utilized. The bathroom/shower area is only assessable by that suite. Suite F is also on the west side of the building benefiting common wind direction from the east. This will aid in mitigating additional spread of disease.
 - g. If a suite is used, food will be delivered in disposable containers without making any physical contact with contaminated clients.
 - h. Voice contact will be maintained by using two way radios with contaminated clients in the suite.
 - i. All trash will be placed in red trash bags for proper disposal.
 - j. Laundry items will be placed in red bags.
 - k. Any support items needed for quarantined clients will be distributed as needed safely with PPE being worn at all times.
 - l. Any areas not covered in this document should be referred to the County Health Department for proper guidance.

LIST OF APPENDIXES

- Serious Incident Report (Appendix 1)
- Emergency Evacuation Evaluation (Appendix 2)
- Suspicious Person/Vehicle Worksheet (Appendix 3)
- Bomb Threat Checklist (Appendix 4)
- Map of GB VHRP in Village (Appendix 5a)
- GB VHRP Rally Point Location (Appendix 5b)
- Internal Map of GB VHRP Building (Appendix 5c)

- Locations of GB VHRP – Exits (Appendix 6)
- Fire Alarm Pull Locations (Appendix 7)
- Fire Extinguisher Locations (Appendix 8)
- Tornado and Severe Weather Shelter Areas (Appendix 9)



STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Veterans Housing & Recovery Program – Union Grove
21425 Spring Street- Building D – Fairchild Hall / P.O. Box 427
Union Grove, WI 53182
PHONE: (262)878-9151 FAX (262)878-9161

FAIRCHILD HALL
EMERGENCY RESPONSE PLAN

SUBJECT:	EMERGENCY RESPONSE PLAN
EFFECTIVE DATE:	DRAFT – August 22, 2019 - DRAFT
ISSUED BY:	Veterans Housing and Recovery Program – Union Grove

This emergency response plan has been developed in accordance with the Department of Administration (DOA).

The Emergency Response Plan was developed in accordance with general safety concerns and the need to have an orderly evacuation of the Fairchild Hall, Veterans Housing and Recovery Program (VHRP) Facility in the event of an emergency. The intent of this plan is to establish procedures for responding to a fire, severe weather or other circumstances endangering the safety of employees and residents. This plan requires the involvement and responsibility of each individual staff member and resident.

FAIRCHILD HALL

Site Director / Staff

After Work Hours, Weekends and Holidays: Assigned Security Officer.

VETERANS HOUSING AND RECOVERY PROGRAM RECALL LIST

Order of notification in the event of an emergency

LSS, UG Site Director: Larry Gamble

(C) 414-699-9061 (H) 414-761-8179

LSS, UG Admin Assistant: Wendy Galeano

(C) 262-705-3671

LSS, Housing Director: Derek Moran

(C) 414-312-3599

Table Of Contents

Fairchild Hall - Emergency Response Plan

List of Appendixes	6
Evacuation Protocols	5
Emergency Evacuation to a Rally Point and Alternate Rally Point	
Building Evacuation Primary and Alternate Locations	
Fire Alarm Response – Exiting the Building	8
Activate the Internal Alarm System	
Personal Belongings	
Exiting the Building Fire Alarm.....	10
Accidental Discharge of a Fire Alarm.....	11
Sprinkler Head	
If Unable to Exit the Building	
Last Person Out	
Report to Designated Evacuation Site	
Account Procedure	
Fairchild Hall Building Exits	
Designated Evacuation Area	
Additional Information.....	14
Evacuation Drill & Emergencies	
Tests of the Alarm System	
Maintenance of Emergency Equipment	
Reporting Unsafe Conditions	
Periodic Review and Update of Emergency Response Plan	
First Aid and Emergency Care.....	16
Definition	
Administration of First Aid	
Good Samaritan Law	
Equipment and Supplies	
Medical Emergencies.....	14
Pandemic Response Plan	15
People with Disabilities.....	18
Emergency Alert Systems/Sirens & Public Broadcasting Systems.....	19
Tornado and Severe Weather Procedures	
Bomb Threat Policy.....	20
Emergency Brownout or Blackout.....	21
When There is a Public Appeal for a Concerted Energy Reduction	

LIST OF APPENDIXS

- Incident Report (Appendix 1)
- Bomb Threat Checklist (Appendix 2)
- Map of SWC Grounds (Appendix 3)
- WDVA Evaluation of Emergency Exercises (Appendix 4)
- Exit locations for Fairchild Hall (Appendix 5)
- Location of all emergency alarm pull stations (Appendix 6)
- Location of Fire Extinguishers (Appendix 7)
- Map of primary designated evacuation area, (Appendix 8)
- Map of tornado and severe weather shelter (Appendix 9).

Emergency Response Plan

All sites adhere to protocol responding to a Violent Veteran/Person, Active Shooter, and Law Enforcement involvement.

HOW TO RESPOND TO A VIOLENT VETERAN/PERSON

If a veteran becomes violent steps need to be taken to protect other residents, the violent resident or person and the staff.

1. Send someone to get the person in charge (Program Director/Supervisor/Security after normal duty hours).
2. Ask the person to come with you to talk about what the issue is that is causing their distress.
 - a. If the person will come with you go to a location that you will not be trapped but an area where others will not be in any danger.
 - b. If the person will not go to another location with you, ask the others to remove themselves from where you are.
3. Speak calmly with the person about what is wrong, stay calm and try to de-escalate the situation.
 - a. If situation is resolved, document occurrence.
 - b. If situation is not resolve continue with next step.
4. Tell someone to call for assistance (police).
 - a. If not in physical danger, stay with person until help arrives.
 - b. If in physical danger, get away and keep others safe.
5. Work with police.
6. After issue is completed with the police, contact the Program Director/Supervisor immediately.
7. After notification has been made complete a Serious Incident Report and get any other staff (residents) involved to write statements.
8. Turn in all reports to the Program Director/Supervisor as soon as completed (within an hour of the end of the incident).
9. Program Director/Supervisor will notify the Executive Director upon notification and turn over copies of reports upon receipt.
10. The Executive Director will notify WDVA Program Manager as soon as any death, serious injury/accident or any incident involving law enforcement agencies occurring to or caused by any resident in the program. The notification shall be made as soon as possible but no later than 8:00 A.M. CT the following day. This will include a copy of the Serious Incident Report. Any other incidences not in this catchment of issues will need to be reported and not to exceed seventy-two (72) hours after the incident.

A Serious Incident Report will be completed in the event a serious injury/death, accident or any incident involving law enforcement agencies or emergency medical agencies if these events occurs at any of the Sites.

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that clients are likely to follow the lead of employees and managers during an active shooter situation.

1. Evacuate

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

2. Hide out

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door

- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3. Take action against the active shooter

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers usually arrive in teams of four (4)
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety

How to react when law enforcement arrives:

- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times

- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

**VETERANS HOUSING AND RECOVERY PROGRAM
SERIOUS INCIDENT REPORT**

SITE/DATE: _____ SIR _____
Site Code *MMDDYYYY*

Reported by: _____

- Nature of Incident:
- Injury
 - Arrest/Detainment
 - Probation/Parole Violation
 - Theft/Damage in excess of \$500
 - Negative Impact on Program
 - Drugs/Alcohol Involved
 - Other _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Personnel Involved (to include witnesses):

Description of Incident (attach witness statements as required):

Current Disposition (Send updates as disposition changes):

Media Involvement (if any):

Authorities/Personnel Notified of the Incident (update as required):

Final disposition:

Attachments (indicate attachments, i.e. witness statements, police report, etc.): Please list

Other information that is pertinent to incident:

Person filling out report: _____ Title: _____

Director's Signature: _____

- Sent to:
- Program Director
 - Executive Director
 - President
 - WDVA
 - Other: _____

Veterans Housing and Recovery Program Discharge Summary - Voluntary

Name: _____ Discharge Date: _____

Program Site: _____

1. From which county were you referred? _____
2. What was your last place of residence prior to entering the program? (Shelter, vehicle, friend's house/apartment, etc.) _____
3. How long were you homeless or at risk of becoming homeless prior to entering the program?

4. Where will you be going when you leave the program? (State, city, county)

5. What type of job/training/benefits did you receive during your residency?

6. How long were you a resident? _____
7. Were you a resident at another VHRP program site? (Yes) (No)
If yes, which site, and when? _____
8. Did the program and staff assist you in achieving your goals? (Yes) (No)
Please explain your answer. _____

9. Did you participate in any training/educational programs while a resident at this program site? (Yes) (No)
If yes, please explain. _____

10. Did you open a savings and/or checking account? (Yes) (No)
11. Did you obtain a credit card? (Yes) (No)
12. Have you been referred to another program, shelter, etc., to obtain assistance after leaving the center? (Yes) (No)

If yes, please explain. _____

13. What kind of housing will you be seeking upon leaving the program? (Your own home or apartment, friend's home/apartment, half-way house, public/private shelter, etc.)

14. Do you have a forwarding/contact address that the staff may use to send your mail or contact you if the need arises? (Yes) (No)

If yes, please enter that address and phone number, if known, below:

Name _____

Street _____

City, State, Zip _____

Phone (include the area code) _____

15. How will you be reaching your destination? (Own vehicle, bus, friend, etc.)

16. Additional comments:

Resident Signature	Date
--------------------	------

Case Manager Signature	Date
------------------------	------

Veterans Housing and Recovery Program

Discharge Summary – Involuntary

Name: _____ Discharge Date: _____ Site: _____

1. Reason(s)/violation(s) for program discharge? _____

2. _____ **Immediate Discharge due to safety and welfare of residents and staff**

Discharge will be requested by the Site Director with concurrence from the Contractor Executive Director, Case Manager and VA Liaison. The WDVA Representative will be notified of the situation but will only be involved in cases where there is disagreement on actions.

3. _____ **Discharge allows time to process and assist the veteran being discharged**

a. Board as a minimum will include the Contractor's Executive Director, Site Director, Case Manager and VA Liaison. Board was convened on _____ Veteran was present, in no explain why: (Y/N) _____

b. Board members have reviewed this case and are in agreement with discharge of this veteran: (Y/N) If no, board summary will be referred to WDVA for further consideration.

4. Veteran will be released to (Facility) _____ Address _____
_____ in the County of _____

With release, CVSO will be notified, veteran's contact information given, and the site of their release.

5. Transportation Provided? _____

6. Personal Items: _____ Taken with veteran _____ Inventoried and stored

7. Veteran has funds to support himself upon release? (Y/N) If no, assist with resources

8. Contact address and phone number to use to complete follow-up, as well as to provide additional resources and services. _____ Veteran does not wish to provide contact information.

Name: (If not veteran) _____ Street _____

City _____ State _____ Zip code _____ Phone (area code) _____

9. **WDVA VORP Representative's Contact Information was given to the veteran (Y/N)** _____

10. Other information: _____

Resident Signature; (If available)	Date:
------------------------------------	-------

Site Director Signature:	Date:
--------------------------	-------

(Written on Letterhead of Contractor)

Month Day, Year

Dear _____,

On Behalf of the Veterans Housing and Recovery Program (VHRP), I would like to thank you for your generous donation. Your donation of _____ is greatly appreciated.

Donations are essential in the successful operations of our programs. Monetary donations, food, personal hygiene, clothing and home furnishings that are provided to the veterans from organizations and individuals such as yours help us achieve a high standard of care for those veterans that are in the program needing assistance.

If monetary, your donation will go into a general fund to assist the program and the needs of the veterans that cannot be obtained through other resources. All other donations will be used for the day-to-day services our veterans need or for long-term success when they leave the program.

Please know that your donation will be used to improve the quality of life for the veterans we serve. Again, thank you for your donation. If you would like any information regarding our programs, you can contact me directly.

Sincerely,

Name
Site Director
VHRP Location

Food and Kitchen Policy

Food Donations

The VHRP's appreciates any food donations from the community or food banks. Our policy is to accept, with gratitude, any food donation; however, we reserve the right to discard any donation which may be potentially harmful to the residents and staff.

All donations that arrive at the VHRP will be inspected and determined acceptable/unacceptable by the Kitchen Manager and Site Director. The items that are found to be acceptable will be immediately placed in the proper area (freezer, refrigerator, or pantry) for storage of that item. All items that are found to be unacceptable will be immediately discarded in the trash. The Kitchen Manager will use the USDA and FDA guidelines to determine whether or not an item is acceptable. Food items that are past the expiration date will not be accepted, stored or served to any veterans. All items brought in will be placed on the shelves in order of expiration, with the items that are to expire first being set in front on the shelf and those expiring last in the back of the shelf. This will maintain the rotation of food items.

Food Inspection

All potentially hazardous foods (milk, milk products, eggs, meat, poultry, fish, and cooked vegetables) that have been stored at 45 degrees or below for refrigerated items or above 140 degrees for previously cooked are acceptable. The temperatures of the items will be taken at the time and if at acceptable temperature they will be immediately stored properly or if not at the correct temperature discarded immediately. **Green Bay VHRP** no longer accepts previously cooked items.

All fresh vegetables and fruits will be inspected for possible spoilage. If spoilage is found the items will be discarded. If they are acceptable they will be immediately stored properly. These will be placed in a separate area from the same items already in the refrigerator, this is to insure first in first out procedure.

All eggs that are donated to the facility must have the USDA grade shield on them or they must be discarded. Eggs are to be used no longer than 3-5 weeks past the sell by date according to the USDA guidelines. These will be placed in a separate area from the same items already in the refrigerator, this is to insure first in first out procedure.

All canned food that are donated will be inspected. Any cans that are severely dented, rusted, bulged, have no label or show signs of leakage will be discarded immediately. If they are found to be acceptable, they will be marked with the date received and used according to the USDA guidelines. These items will be placed behind the items already on the shelf to insure first in first out procedure.

All boxed or bagged items will be inspected for breakage of the inner seals, punctured or signs of infestation or spoilage. If this is found the items will be discarded immediately. If they

are found to be acceptable, the item will be marked with the date received and used according to the USDA guidelines. These items will be placed behind items already on the shelf to insure first in, first out procedure.

All frozen foods will be checked for breakage of the packaging. The temperature of items will be taken and if at the acceptable temperature will be placed in the refrigerator to finish thawing or freezer to remain frozen. If the food is discolored or has ice crystals these items will be discarded immediately. The items that are found to be acceptable will be marked with the received date and used according to the USDA guidelines. These items will be placed behind items already in the freezer to insure first in, first out procedure.

If prepared food is brought in the temperature of the food will be taken to assure it is at the appropriate temperature for consumption. If acceptable it will be either used immediately or stored in the proper area following USDA guidelines. If found not to be acceptable it will be discarded immediately. If a tray has been partially used, that tray will be discarded.

All prepackaged food will be inspected and if found to be acceptable it will be marked with the received date. Unless it had been frozen then the item will be marked with the date it was pulled from the freezer and placed out. These items will be placed behind items already in their place to ensure first in, first out procedure. Any item to be found unacceptable (showing spoilage, or the package is broken) will be immediately discarded.

The Site Director will make weekly checks of the food storage areas to ensure they are clean and organized. The Director will also inspect the refrigerators, freezers, salad bar, veteran's refrigerator (shared or individual), kitchen and dry storage areas weekly to ensure dating and rotation of items (first in, first out procedure) is being properly done and that the appliance is clean and in good working condition. The Director will also check to make sure that any food items that are out of date according to the USDA guidelines are being discarded and not served.

The Site Director will check all products being used to prepare the meals for that day are inspected and appropriate to serve. The Director will be looking for items that are spoiled or out of date.

The Kitchen Manager will taste the meals prepared to make sure they are palatable. Temperatures will be checked to make sure the food is being served at the right temperature. Temperatures will be taken in 3 different areas of the food item or serving pan to ensure temperature is even throughout. Cook on duty will record the temperature of the food item on a copy of the daily menu next to the food item. The Completed log pages will be saved in the kitchen office and monthly the stored pages archived to keep in storage for three years with other archival documents in the main office.

Cool Food Rapidly

To prevent bacterial growth, it's important to cool food rapidly so it reaches as fast as possible the safe refrigerator-storage temperature of 40° F or below. To do this, divide large amounts of food into shallow containers. A big pot of soup, for example, will take a long time to cool, inviting bacteria to multiply and increasing the danger of foodborne illness. Instead, divide the pot of soup into smaller containers so it will cool quickly.

Place leftovers in the single leftover refrigerator. This refrigerator is kept colder than the others. Cut large items of food into smaller portions to cool. For whole roasts or hams, slice or cut them into smaller parts. Cut turkey into smaller pieces and refrigerate. Slice breast meat; legs and wings may be left whole.

Hot food can be placed directly in the refrigerator or be rapidly chilled in an ice or cold water bath before refrigerating.

Leftover Cooling Procedure

If there are leftover food items from meals, the following procedure will be followed.

1. The leftover food will be covered in plastic wrap and marked with today's date.
2. Placed all leftover pans in the leftover refrigerator.
3. After 2 hours of being in the leftover refrigerator take the temperature of the leftover items.
 - a. The temperature must be taken in the middle of the items or the thickest part of the food, hold there until the temperature stops increasing.
 - b. Remove thermometer and place in another area of the same item, hold there until the temperature stops increasing.
 - c. Use one thermometer for meat or entrée and a separate one for vegetables.
 - d. **DO NOT TOUCH THE PAN WITH THE THERMOMETER**
 - e. The temp must be 70 degrees or lower
 - i. If temperature is 70 degrees or lower, continue to next step.
 - ii. If temperature is 71 degrees or above throw out the food item in that pan.
 - f. Record this temperature on the log.
 - g. Wash and sanitize thermometer according to the instructions posted.
4. Take the temperature of the food 4 hours after the last temperature.
 - a. The temperature must be taken in the middle of the items or the thickest part of the food, hold there until the temperature stops increasing.
 - b. Remove and place in another area of the same item, hold there until the temperature stops increasing.
 - c. Use one thermometer for meat or entrée and a separate one for vegetables.
 - d. **DO NOT TOUCH THE PAN WITH THE THERMOMETER**
 - e. This temperature must be 41 degrees or lower.
 - i. If temperature is 41 degrees or lower, continue to next step.
 - ii. If temperature is 42 degrees or above throw out the food item in that pan.

- f. Record this temperature on the log.
 - g. Wash and sanitize thermometer according to the instructions posted.
5. End of temperature taking procedure. Use or throw out leftovers by 4th day. If leftovers need to be cooled from future meals, 1st move food that is in the refrigerator into the other refrigerator.

If these temperatures do not meet the required temperature at the times required, the kitchen manager or part time cook will throw that item out. This will ensure that the food items were safely cooled.

Veteran Refrigerators – Shared or Individual

Where available, shared refrigerators will be checked weekly during room inspections for cleanliness and that the temperature is within the appropriate standards. Veterans are responsible for keeping their refrigerators clean and at the right temperature per standards daily.

GREEN BAY VHRP: Veterans will identify what food items they put into the shared refrigerator by labeling it with their name. The top two shelves of the shared refrigerator are for veterans individually purchased food items and the bottom three shelves are for food the site purchases for the veterans to share. Site purchased or donated food placed in the veteran's refrigerator will be dated (received date and the use by date).

Kitchen Manager and/or Site Director will check the refrigerator weekly on Fridays. All items that are expired will be discarded. The temperature of the shared refrigerator will be checked daily and the refrigerator will be cleaned weekly. Bag lunches that have been preordered will be placed in the shared refrigerator in a brown bag with the veteran's name and the date on it. The Green Bay VHRP has no leftover policy, saved plates are held for 2 hours and discarded.

UNION GROVE VHRP: There are no individual refrigerators for veterans at Union Grove. In the cafeteria area, there are two community refrigerators for VHRP provided items either site purchased, site prepared, or donated and items will have noted the use by date. These refrigerators are not for veterans use to store individually purchased food items.

Kitchen Manager and/or Site Director will check the refrigerator weekly on Fridays. All items that are expired will be discarded. The temperature of the community refrigerators will be checked daily and the refrigerator will be cleaned weekly. Bag lunches that have been preordered will be placed on the top shelf of the community refrigerator in a brown bag with the veteran's name and the date on it. The Union Grove VHRP has a save-a-meal policy and plates are labeled with the veteran's name and date then discarded if not consumed in 24hrs.

Food Service

Food service provides for 3 meals a day. There is a full kitchen, pantry, refrigerators, and freezers available. One full time (40 Hours) kitchen manager and one part time (24 hours) cook prepare food for veterans.

All persons entering the kitchen must wash hands before performing any task, have beard and head covered and no open toed shoes. Preparers and servers must wear protective hand gear and should never handle food with their bare hands.

Meals are served at established times:

Chippewa Falls: Breakfast, 0700 – 0745, Lunch, 1045 – 1115, Dinner, 1645 – 1715

Union Grove: Breakfast, 0530 – 0730, Lunch, 1200 – 1230, Dinner, 1700 – 1730

Green Bay: Breakfast, 0630 – 0830, Lunch, 1200 – 1230, Dinner, 1645 – 1715

All veterans are required to sign in before meals, this includes SRO veterans. If a veteran is unable to partake in a meal at the assigned time, he/she must request a plate be saved for them by the kitchen crew. The plate will be covered and placed in the refrigerator with the veteran's name on it.

Food purchases are made by the fulltime cook using established food wholesales companies, with prior approval of the Site Director. Some of these purchases are made with prior approval on a store charge account. A receipt must be brought back and given to the Site Director. If food gift cards are available, they are kept by the Site Director and issued to the kitchen manager for purchases as needed or for special events. Monthly visits to the local food pantry are arranged to pick up donated food. A monthly visit to Feed America is also done.

Donations of prepared and/or baked goods are accepted by the facility. Unopened purchased food that is donated is accepted by the Cook and/or the Site Director. All donated goods are accepted using the established donation procedure set up by the program. If individual food items are donated and it is appropriate these items are placed in the resident's mailboxes. (Candy, gum, wrapped packages of cookies or crackers)

The fulltime cook is responsible for menus and preparation of the meals. If the cook is unavailable, certain residents have been trained by the cook and may take the cooking duties for the day. Holiday meals are prepared by the cook or outside groups may come in and prepare or serve a meal. These have been pre-arranged with the Site Director and Cook. The Administrative Assistant is responsible for assigning all kitchen duties according to their physical capabilities. The Cook is responsible to make sure that the veterans follow direction in completion of their chores and reports it to the case managers if it is not done.

Cooks will be trained by Safe Serve, the cost of the class is provided by employer. Cooks are expected to follow all directions for food safety and preparation. This includes storing, steam table temperatures, meat temperatures and doneness. All left over food is to be stored properly and dated when placed in the refrigerator. A daily log is kept to record the refrigerator and freezer temperatures and kept in the Kitchen Manager's office. Any appliance malfunctions are reported to the Site Director.

Holding temperatures: Hot foods should be kept at an internal temperature of 135 degrees or higher; while cold foods should be kept at 40 degrees or colder. Never add new food to an already filled serving dish. Replace nearly empty serving dishes with freshly filled ones. The two-hour rule: discard any perishables left out at room temperature for more than two hours, unless it is being kept hot or cold.

The pantry, kitchen, freezer room and Kitchen Manager's Office are locked after the evening meal and only security or staff can open it if deemed necessary. The dining hall cleanup is conducted as an assigned chore and is inspected by the Cook or staff.

Dietary Needs

In the event a resident has special dietary needs, the kitchen manager will accommodate those needs. Some examples are religious reasons, lactose intolerance, gluten free meals, kosher meals, specific food allergies and diabetic meals.

The case managers inform the kitchen manager upon intake if a resident has an allergy to a specific food, does not eat certain foods due to religious reasons, or dietary restriction due to medical issues. The kitchen manager will then prepare alternate food options for those individuals.

Example if a resident does not eat pork there will be an alternate protein for that resident to have. If a resident cannot have dairy soy or almond milk will be provided and anything that would be made with dairy would be made with a nondairy substitute or alternate meal would be made for that individual. Crystal light is provided as a substitute beverage at meals.

Bagged Lunches

The Veterans Housing and Recovery Program will provide a bagged lunch for any resident. The resident must sign up on the clipboard that is hanging outside the kitchen door in the hallway by the parking lot door. They are to place their name on the day they want the lunch. If they want the lunch for Monday, they need to put their name on the Monday block. This must be done no later than 12pm the day before, so the kitchen can make sure there is a lunch prepared.

A bagged lunch will consist of a sandwich, small bag of chips or pretzels, fruit or fruit cup, a vegetable and either a cookie or some sort of dessert. If there is bottled water available this will be added as well.

In the event a bagged lunch was not prepared by the kitchen staff, there is bread available in the cafeteria in the bread bin. Peanut butter and jelly is also available with the breakfast cart that is place out at 5:30am. The security guards have sandwich bags in the security area that they

can provide to the residents. The security guard can get into the kitchen storage area to provide the resident with a bag of chips and fruit.

Procedure for Temperatures for Refrigerators and Freezers

All Refrigerators and freezers will have their temperature checked twice daily. The temperatures will be taken at times when the appliance doors have been closed and not opened for a minimum of one hour. These temperatures will be recorded on the temperature log on the outside of the appliance. The proper temperature for the refrigerator should be 40 degrees or lower. The proper temperature for the freezer should be 0 degrees.

In the event the temperature is not at the correct temperature or below, the temperature will be taken a second time one hour later. If the temperature is not at the correct temperature or below one hour later, the food will then be moved to one of the other refrigerators or freezers. A work order will then be written to have that appliance serviced before it will be used again.

Procedure to Wash, Sanitize and Calibrate a Thermometer

Wash and Sanitizing a Food Thermometer by:

- Wiping away any visible food waste
- Washing the probe in warm water and detergent
- Sanitizing using an appropriate sanitizer (bleach water solution)
- Rinsing with water if a sanitizer is used and rinsing is necessary
- Allowing the probe to completely air dry or thoroughly drying with a single – use towel before reusing it.

Calibrate the Thermometer by:

- Fill a glass with ice cubes, then top off with cold water.
- Stir the water and let sit for 3 minutes.
- Stir again, then insert your thermometer into the glass, making sure not to touch the sides.
- The temperature should read 32°F (0°C). Record the difference and offset your thermometer as appropriate.

Dishwasher Procedure

- Scrape food particles off the dirty dishes
- Place dishes in the soapy water and wash the dishes with a Brillo pad or soapy steel wool
- Place Dishes in hot clean water to rinse
- Place the dish in the dishwasher tray do not overcrowd
- Press the ‘Start’ Button, the upper most button on the machine

- Once the machine has run through a complete cycle, take the dishes out of the dishwasher and place them on a clean towel to air dry
- Put the dishes away once dry

Kitchen Patrol (KP) chores require residents to perform certain tasks that maintain a clean, sanitary mess hall and kitchen. All residents require familiarization training and documentation to ensure each KP team member understands the duty and responsibility of the tasks being completed before and after each meal.

Kitchen manager, cook, or a designated and trained resident will demonstrate and verify KP team members know and comply with kitchen safety and cleanliness requirements. Training will be documented on the “Kitchen Procedure Demonstration Log”.

Dishwasher Testing and Monitoring

Low Temperature, Chemical Sanitizing Dish Machines, require that the Wash Water be maintained at a minimum Temperature of 120⁰ F.

The machine is tested in two ways, by testing the concentration of bleach in the machine and its temperature.

To test the bleach, use one (1) test strip located on the shelf above the dishwasher. The strip should test out in the 50-100 range, though 80 is optimal.

To test the water, take a clean, sterile and properly calibrated thermometer, and stick it in the water while the machine is full. The temperature should be above 120 degrees.

This should be done once a day to ensure the machine is working properly. The temperature and test strip result should be logged each day.

The UG-VHRP utilizes a commercial under counter dishwasher that requires testing and monitoring to ensure proper operation. Dishwasher cycle is 2 minutes and will be tested before use to ensure it reaches minimum temperature. The dishwasher temperature will be recorded on the “Dishwasher Daily Log”.

The log sheets will be used for one month then stored in accordance other kitchen performance logs for three years.

If the dishwasher does not reach or fails to maintain minimum temperature; the KP team is required to utilize the 3 Compartment Sink for dish washing and must record the temperature and PH test on the “3 Compartment Sink Daily Log.”

Kitchen and Meal Attachments

As a supplement to the Food and Kitchen Policy, the following attachments are included:

1. Meal List
2. Save a Plate
3. Left Over Temperature Log
4. Kitchen Procedure Demonstration
5. Fridge/Freezer Daily Log
6. Dishwasher Log
7. 3 Compartment Sink Daily Log

Attachment 1: Meal List

Meal List					Date: _____				
VAP					SRO				
	Name	Breakfast	Lunch	Supper		Name	Breakfast	Lunch	Supper
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9									
10									
11									
					Guests				
						Name	Breakfast	Lunch	Supper
12					1				
13					2				
14					3				
15					4				
16					5				
17					6				
18					7				
19					8				
20					9				
21					10				
22									
23									
24									
25									
26									
27									
28									
29									
30									

Attachment 3: Left Over Temperature Log

Left Over Temp Log							
Date	Lunch				DINNER		
	2 hours	4 Hours	6 Hours		2 Hours	4 Hours	6 Hours
1-Jun-16							
2-Jun-16							
3-Jun-16							
4-Jun-16							
5-Jun-16							
6-Jun-16							
7-Jun-16							
8-Jun-16							
9-Jun-16							
10-Jun-16							
11-Jun-16							
12-Jun-16							
13-Jun-16							
14-Jun-16							
15-Jun-16							
16-Jun-16							
17-Jun-16							
18-Jun-16							
19-Jun-16							
20-Jun-16							
21-Jun-16							
22-Jun-16							
23-Jun-16							
24-Jun-16							
25-Jun-16							
26-Jun-16							
27-Jun-16							
28-Jun-16							
29-Jun-16							
30-Jun-16							

Volunteer Resident Vehicle Driver Policies and Procedures

Residents are encouraged to volunteer as drivers for transporting program veterans. All drivers must have at least two years of driving experience. An application (*Attachment 1*) must be completed and a copy of their current driver's license attached. The application and license copy will be sent for review by the contractor's insurance company. Once the driver has been cleared, they will have a week long driving ride along. This will allow the driver to get familiar with the destinations of the VHRP vans. All drivers of program vehicles must read and sign a **Vehicle Use Agreement (Attachment 2)** before driving for the VHRP. The **Vehicle Use Agreement** contains provisions signifying that the driver has been given a copy of the policies and procedures and that he/she understands them. It also contains space for the individual's driver license number and it informs the driver of their obligation to reveal changes in the status of that license.

The approved application, copy of driver's license and Vehicle Use Agreement will be placed in the veterans file maintained on site.

Volunteer drivers must have a valid driver license; two years licensed driving experience, and must pass our insurance company's requirements.

PERMITTED & PROHIBITED USE OF THE PROGRAM VEHICLES RESPONSIBILITIES OF EMPLOYEE & DESIGNATED DRIVER

1. The use of a vehicle by an employee or designated driver who is under the influence of alcohol or drugs is strictly forbidden. Any such vehicle use will be considered a **severe** violation of the work and/or program rules and will be grounds for immediate termination.
2. All drivers and passengers in the VHRP vehicles are required to comply with the Wisconsin seat belt law.
3. There will be **NO CELL PHONE USE** by the driver of the vehicle while the vehicle is being driven.
4. There will be **NO SMOKING, FOOD OR BEVERAGE CONSUMPTION** in any vehicle. The Administrative Assistant will inspect all vans periodically.
5. Use of VHRP vehicles will be restricted for commuting miles only. Commuting miles are considered those traveled from the Program Site to medical appointments, off site work, etc. A driver may not make incidental stops. However, refueling and smoke breaks for drivers and passengers are permissible. **Under no circumstances** will a driver keep a van overnight or for purposes other than those stated.
6. Modifications to the vehicles for personal reasons are not permitted.
7. Installation and/or use of any radar detection device in any VHRP vehicle is prohibited.
8. The use of VHRP vehicles for personal gain, such as delivering goods or services (i.e. operating private pools where the rider pays the driver) is **prohibited**.
9. Unknown riders are not permitted in VHRP vehicles except in a life threatening emergency situation. The driver's discretion must be used in such matters and the Program Director, President or security staff must be notified before giving any non-resident a ride in a VHRP vehicle.
10. Jump starts are not allowed (period).

11. Any driver who is or feels unable to drive for health or safety reasons should notify the Executive Assistant, who will then notify all pertinent parties within the VHRP staff.

GENERAL RESPONSIBILITY:

1. The designated driver will furnish mileage and fuel use on the dispatch sheets located in the vehicle logbook.
2. Vehicles will be fueled at designated facilities. When fuel is purchased the number of gallons fueled should be logged on the mileage sheet in the appropriate column in the logbook. A receipt must be obtained by the driver at the time of refueling and turned in to the Administrative Assistant. **All vehicles should be refueled at one-half tank for emergency purposes.**
3. If a major break down occurs on the road (i.e. blown engine or transmission failure) the driver should contact the **Program Director/Administrative Director** for assistance and instructions on repair. Each vehicle has instructions in the glove box on how to handle a roadside emergency.
4. All vehicles must receive a complete safety check each week. This will include inspecting all hoses, belts, tire pressure, coolant, oil and transmission fluid levels, etc. The Administrative Assistant or Program Director will be responsible for coordinating the safety checks. Authorization for necessary repairs will come from the President.
5. Any driver requesting a pass is required to notify the Administrative Assistant of the date and times of the pass. The driver is also required to make sure that another driver will be responsible to complete any scheduled runs the driver going on pass will miss. The second driver is required to sign the pass on the **DESIGNATED DUTY REPLACEMENT** line.

ACCIDENTS:

Drivers are responsible for **IMMEDIATELY** reporting all accidents and/or damage to the **Administrative Director/Program Director**.

YOU MUST REPORT IMMEDIATELY TO THE ADMINISTRATIVE DIRECTOR (866) 823-8387 (OR THE PROGRAM DIRECTOR IF THE PROGRAM DIRECTOR IS UNAVAILABLE) BY TELEPHONE IF YOU ARE INVOLVED IN A MISHAP WITH A VHRP VEHICLE INCLUDING (BUT NOT LIMITED TO) THE FOLLOWING:

1. Any collision with another vehicle and/or structure.
2. Any bodily injury.
3. Any other incident involving a VHRP vehicle that requires a presence of a Law Enforcement Officer.

The driver should complete accident reports and any passengers should complete witness statements. Notification will be given to the Program Director and President and when necessary notification will be made to the appropriate law enforcement agency.

All vehicles will have an **Auto Incident Reporting Packet** containing forms and instructions for reporting any incident. See the Administrative Assistant for replacement kits.

DURING AND AFTER BUSINESS HOUR PHONE CALLS:

For routine questions, call the Administrative Assistant at your location from 8 am to 5 pm Monday – Friday (except holidays). From 5 pm to 8 am Monday – Friday and all day Saturday and Sunday contact the Security Officer on duty at your location.

CHIPPEWA FALLS (715) 726-2541
UNION GROVE (262) 878-9151
GREEN BAY (920)-391-4370

Refueling Vans

The volunteer drivers or Foundation staff will refuel all vans weekly. The Administrative Assistant and volunteer drivers will check daily how many miles each van has gone and when they will need to be refueled. Each van must be full of fuel by the end of the business day every Friday to make sure there is enough fuel for the weekend and any early Monday morning scheduled or unscheduled runs. The following procedures must be used for fueling the vans by the volunteer drivers:

1. Sign for the fueling credit card on the Sign Out / Sign In form with the Administrative Assistant or available staff:
 - a. Date
 - b. Name
 - c. Time out – time of day signing out the card
2. Fuel van at the designated service station using the credit card.
3. Obtain the credit card receipt to turn in to the Administrative Assistant (or available staff) – indicate on the back of the receipt which van the receipt is for by writing the license number of the van and the mileage at fill up.
4. Mark on the vehicle log book sheet in the appropriate columns the number of gallons of fuel used to fill the van and the mileage at the time of fueling.
5. Return to credit card to the Administrative Assistant (or available staff) and sign the Sign Out / Sign In log sheet of the time the credit card is returned (Time In)
6. Turn the receipt in to the Administrative Assistant (or available staff) and they will sign their name on the receipt as receiving it.
7. The Administrative Assistant (or available staff) will put the receipt in the Administrative Director's mail slot for recording purposes.

Transportation Credit Card Usage

The transportation credit card is kept by the Administrative Assistant. This card is given to the Resident Drivers when the 3 vans need to be refueled.

The driver will sign the card log showing they are signing the card out for usage. They will sign the log when they return the card. The gas receipt will be given to the Administrative Assistant and will be then scanned and placed in drop box for accounting records. The drivers are only authorized to purchase gas for any of the 3 vans that are operated for the VHRP program.

Attachment 1

**Veterans Housing and Recovery Program
Supplemental to Driving Application
Three Year Driver Employment History**

Please complete the following. Please print neatly:

Insurance: _____ Policy No: _____
Name of Driver _____ Driver DOB: _____
Date of Hire: _____ Lic. #/State: _____

A. Employment History (Including Current Employer-List most recent employer first. Must have full three years)

1. Employer: _____ Address: _____
Phone Number: _____ Position Held: _____ (FT/PT)
Date of Employment: From _____ To _____
Type of Vehicle Driven: ___ Light Van (1-8 Passengers) ___ Private Passenger
 ___ Intermediate Van (9-20 Passengers) ___ Other
Radius of Use: ___ 0-50 Miles ___ 50-300 Miles ___ Over 300 Miles

2. Employer: _____ Address: _____
Phone Number: _____ Position Held: _____ (FT/PT)
Date of Employment: From _____ To _____
Type of Vehicle Driven: ___ Light Van (1-8 Passengers) ___ Private Passenger
 ___ Intermediate Van (9-20 Passengers) ___ Other
Radius of Use: ___ 0-50 Miles ___ 50-300 Miles ___ Over 300 Miles

3. Employer: _____ Address: _____
Phone Number: _____ Position Held: _____ (FT/PT)
Date of Employment: From _____ To _____
Type of Vehicle Driven: ___ Light Van (1-8 Passengers) ___ Private Passenger
 ___ Intermediate Van (9-20 Passengers) ___ Other
Radius of Use: ___ 0-50 Miles ___ 50-300 Miles ___ Over 300 Miles

4. Employer: _____ Address: _____
Phone Number: _____ Position Held: _____ (FT/PT)
Date of Employment: From _____ To _____
Type of Vehicle Driven: ___ Light Van (1-8 Passengers) ___ Private Passenger
 ___ Intermediate Van (9-20 Passengers) ___ Other
Radius of Use: ___ 0-50 Miles ___ 50-300 Miles ___ Over 300 Miles

B. Have you had any accidents/tickets within the last 5 years? Yes No
If yes, please describe: _____

-Do you have any objections to verification of the above information? Yes No
- For Insurance purposes/verification are you married or single? Married Single

By signing below, I give permission for the Veterans Housing and Recovery staff to verify my driving record with their insurance agent and insurance company,

Applicant Signature: _____ Date: _____

Attachment 2

**Veterans Housing and Recovery Program
Vehicle Use Agreement**

I (Print Name) _____ have read and understand the vehicle policies and will notify the Program Manager, the Site Director or my Case Manager of any changes in my driver's license status (i.e. suspension revocation) as well as any citations I received during my participation in the Veterans Housing and Recovery Program.

Driver's License Number: _____

Expiration Date: _____ Date of Birth: _____

Signature: _____



VHRP USE ONLY

- Does the driver qualify for Insurance purposes? ___Yes ___No
- Has the driving record abstract been reviewed? ___Yes ___No
- Have policy and procedures been reviewed? ___Yes ___No

Program Manager Approval Disapproval Signature _____

Site Director Approval Disapproval Signature _____

Case Manager Approval Disapproval Signature _____

