

SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

Continuum of Care (CoC) Name: DeKalb County Continuum of Care		CoC #: GA -500
CoC Representative: Stacy Horn Koch		Title: Interim Executive Director
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Person Completing this Plan: Stacy Horn Koch		Title: Interim Executive Director
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1. Primary Planning and Coordination Group: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name: DeKalb CoC Veterans Planning Committee	
Principle Members	Affiliation
City of Atlanta Continuum of Care	Continuum of Care
Atlanta V.A. Vision 7 Staff	Veterans Administration
Atlanta Housing Authority	VASH Voucher Distributor
Pathways Community Network	HMIS Provider
Project Community Connections	SSVF Priority 1 Grant Holder
Action Ministries	SSVF Priority 2 Grant Holder
United Way of Greater Atlanta	SSVF Priority 2 Grant Holder
HOPE Atlanta the Programs of Traveler's Aid	SSVF Priority 1 and 2 Grant Holder
Decatur Cooperative Ministry	SSVF Priority 2 Grant Holder
Atlanta VA Medical Center HCHV	Veterans Administration

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of

The group participated in Dedicating Opportunities to End Homelessness Veterans Subcommittee with the DeKalb CoC. The DOEH Subcommittee sets goals and convenes quarterly to track shared progress toward re-housing Veterans through the VASH Voucher program, identifies system barriers and provides a forum for case specific review and coordination of pre and post housing services.

Community partner agencies have representation at CoC planning meetings related to Coordinated Intake and Assessment on a weekly basis.

Additionally, the SSVF funded agencies with shared geography hold monthly meetings. These meetings are held to discuss strategy development, coordination of overlap and outreach activities. The meetings also provide a forum for agencies to share resources and training. SSVF front line case managers also hold monthly meeting at the VA's Community Resource and Referral Center at Fort McPherson. The case managers meetings are held to staff cases, and share client resources. Agencies that share grants meet quarterly (at a minimum) to discuss issues, program changes and to plan for future program needs.

Implementation of the 25 Cities Initiative will begin in March 2015, all SSVF partners will be represented at the meetings that will occur on a weekly basis. Follow up regarding listing of homeless Veterans will be conducted via phone conference or email.

At minimum at least one SSVF Grantee participates in all of the above mentioned meetings and reports back to the SSVF Community at large during bi-monthly SSVF meetings.

what information is reviewed during these meetings.

3. SSVF Grantees Serving CoC Geography: Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
Action Ministries	\$255,000	100	70	70%
Project Community Connections	\$496,000	119	119	100%
HOPE Atlanta the Programs of Traveler's Aid	\$586,560	160	112	70%
HOPE Atlanta the Programs of Traveler's Aid	\$500,000	100	70	70%
United Way of Greater Atlanta	\$877,778	158	150	95%
Decatur Cooperative Ministry	\$128,000	72	72	100%
TOTAL	\$2,843,338	709	593	84%

4. Annual Demand and Need for Rapid Re-Housing Assistance: Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	1232	863	593	200	70
Households with Children	0	0	0	0	0
Total Homeless Veteran Households	1232	863	593	200	70

5. CoC Goals for Ending Homelessness among Veterans: List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	200	70	0	60	20	0
Households with Children	0	0	0	0	0	0
Total Households	200	70	270	60	20	80

Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015? Yes No

If "Yes", please describe:

Goals

1. The goal is to have available safe and stable housing for 100% of those who are homeless in the City of Atlanta. We plan to permanently house 474 Vets during the period of November 1st, 2014 – October 31, 2015.
2. Ensure that 80% of housed vets will remain stably housed assuming that funding is available for prevention services through SSVF and other grants.
3. The Atlanta CoC will implement strategies to:
 - a) Transition households from homelessness to permanent destinations within 120 days of enrollment into a CoC project.
 - b) Increase positive outcomes.
 - c) Divert entry into homeless service system.
 - d) Decrease returns to homelessness (reduce the number of episodes of homelessness).
4. Through the 25 Cities Initiative and the 2015 PIT count a list has been generated using the VI-SPDAT to better identify homeless Veterans in need of services.

6. SSVF Integration into CoC Coordinated Assessment System: Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC's coordinated assessment system (e.g., "All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

The City of Atlanta Continuum of Care in partnership with the Veterans Administration (VA) has developed a coordinated, systems approach to prevent and end Veteran homelessness in the City of Atlanta. With input from the VA and SSVF funded organizations, the City of Atlanta Continuum of Care is instituting a coordinated intake and assessment system approach to streamline and expedite the entry of individuals and families at-risk or experiencing homelessness into the homeless service system.

- The Atlanta CIA system allows Veteran households facing housing loss to quickly access needed services without having to call multiple social service programs. Coordinated intake and assessment prevents unnecessary duplication, makes better use of resources and staff time, and connects Veterans with the housing and supportive services they need and are eligible for.
- Veterans may present at any agency within the continuum and trained staff and volunteers will screen and immediately refer applicants to the VA's Community Resource and Referral Center (CRRC) at Fort McPherson for full assessment.
- Veterans presenting at an organization funded to provide Supportive Services for Veteran Families (SSVF) may receive services directly from that agency. Non SSVF agencies, utilize a standard prescreening form along with the VA client authorization form. Both are emailed or faxed to the VA's Community Resource and Referral Center (CRRC) for timely follow up.
- Pathways Community Network Institute (PCNI) provides on-going training and technical assistance to case managers, throughout the continuum, on the use and entry of the Atlanta Coordinated Intake and Assessment Pre-Screening information into the Homeless Management Information System (HMIS). Special emphasis is placed on the screening and referral protocols for Veterans who walk-in to the office or chose not to use access services through the Veterans hotline.
- All Veterans referred to the CRRC or SSVF are served by Veteran specific case managers who conduct an in-depth screening and assessment, as well as case management services for individuals and families both at risk for or experiencing homelessness. Veterans who present for shelter can be screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night. Veterans who have already become homeless can be screened and triaged to SSVF rapid re-housing assistance when it is clear that the Veteran will not be able to resolve their homelessness without assistance.
- Early Veteran identification, prescreening and timely referral to the CRRC or SSVF ensures that Veterans are triaged by Veteran specific case managers and service providers for assessment and referral to timely and appropriate housing and services.
- All Outreach Teams in the Metro Atlanta area are trained to connect Veterans to either the CRRC and/or an SSVF Provider. The majority of the Outreach Teams in Atlanta are operated by agencies that also are SSVF Providers or the VA itself.

7. Long-Term System Improvements: Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

SSVF funds are not available to the CoC for planning and administrative purposes however the CoC has identified ending veteran homelessness as a priority in its Continuum of Care Plan to HUD with the goal of ending veteran homelessness by 2015. The CoC works closely with the VA who will actively be involved in the CoC 501c3 board, the Governance Council and work with the CoC Planning Committee. The SSVF grantees or their appointed representatives all have representation on the CoC Planning Committee or Board and have worked with the CoC in the development and implementation of the Atlanta Coordinated Assessment Model. We are changing the HMIS system to make coordinated assessment easier and provide reports that agencies access easily. Over the next three years the CoC will continue to:

- Form partnerships and increase/strengthen collaborative relationships with Veteran service providers
- Increase access to mainstream benefits (VA service and non-service connected SSI/SSDI, SNAP, etc...)
- Increase employment based income
- Increase the # of households that are stably housed at exit
- Decrease the number of days before clients transition from prescreen to referrals to CRRC via coordinated intake, assessment & referral system
- CoC funded agencies maintain ongoing monthly case management efforts and post discharge follow up as needed
- CoC funded agencies will conduct ongoing outreach and refer Veterans to SSVF providers and the CRRC
- Continuously improve and processes and systems to attaining the above activities

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

One of the primary challenges identified is the VA's exclusion of the CoC from National SSVF meetings and information about the SSVF programs and current events. Additional challenges identified by the SSVF funded providers that would help to improve and strengthen the service delivery include:

- The need for increasing the inventory of affordable housing options
- Alignment of HUD and VA policies that will help serve and house veterans
- More VA representatives at SSVF Grantee Share Geography meetings including: HUD/VASH, GPD, CWT, VAMC, CRRC, VBA
- Inability to place VASH recipients outside of the PHA's jurisdiction
- More participation from the PHA's at SSVF Shared Geography Meetings
- Lack of flexibility for families to select a residential jurisdiction
- Coordination of federal requirements that can cause variance in agency productivity

In addition to the agencies with shared geography, all of the agencies and CoC partners work with entities across multiple jurisdictions to collaborate on ways to end Veteran homelessness by 2015. The most recent meeting was hosted by United Way of Greater Atlanta, Regional Commission on Homelessness with a discussion focused on how we as a larger community can work together to help end Veteran homelessness by 2015. Representatives in attendance included U.S. Interagency Council on Homelessness, HUD, the VA, 5 Continuums of Care, local PHAs, SSVF grantees and other homeless Veteran service providers.