

# SSVF Priority 1 Community Plan

Date Completed/Revised:

0	2	/	0	5	/	2	0	1	5
Month			Day			Year			

<b>Continuum of Care (CoC) Name: Kansas City/Wyandotte County CoC</b>		<b>CoC #:</b> KS-501
<b>CoC Representative:</b> Amy Bickford		<b>Title:</b> Homeless Services Coalition Coordinator
<b>Phone/Email:</b> (913)573-5120/abickford@wycokck.org		
<b>Person Completing this Plan:</b> Rachel Pederson		<b>Title:</b> Salvation Army SSVF Program Director
<b>Phone/Email:</b> 816-285-2793/ Rachel_Pederson@usc.salvationarmy.org		

**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.

<b>Primary Group Name:</b> Zero: 2016/Continuum of Care/Regional Task Force	
<b>Principle Members</b>	<b>Affiliation</b>
Scott Wagner	Regional Homeless Task Force Chair
Megan Judd	MAAC
Howie Howard	MAAC/Zero: 2016
Jennifer Tidwell	HUD Regional Director
Jason Bohn	MARC/Regional Homeless Task Force/Zero:2016
Debra Fester	Salvation Army: Div. Veterans & Recovery Services
Evelyn Craig	reStart, Inc.
Patricia Becher	reStart, Inc.
Robin Johnson	reStart, Inc.
Karen Gettinger	United Way of Greater Kansas City/2-1-1
LaurieAnn Jean-Klapproth SSVF Priority 1 Svc Coord.	The Salvation Army: SSVF
Rachel Pederson-SSVF Program Director	The Salvation Army: SSVF
Amy Bickford	Homeless Services Coalition Coordinator
Elaine Stroud	Housing Authority of Kansas City, KS
Steven Kopp	Law Enforcement
Stephanie Moore	WYCO Unified Government Community Development
Mark Churchill	Catholic Charities SSVF
Laura Moore	Catholic Charities
Randy Crandall	VA VISN 15 Network Homeless Coordinator
Cindy Taylor	Zero:2016, Kim Wilson Housing
Deasiray Norris	WYCO Unified Government-ESG
Cindy Spencer	Kansas City Veteran's Administration/HUD VASH
Sondra Robinson	Kansas City Veteran's Administration/Zero:2016

**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 what information is reviewed during these meetings.

The group will meet at least once per month to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. During these meetings or related coordination and leadership meetings we will also review progress toward: goals outlined in this plan, adopting VI-SPDAT to prioritize/triage services, implementation of coordinated assessment, and progress toward on the ground efforts in ending Veteran homelessness. These efforts are further described below in Question 6: SSVF Integration into CoC Coordinated Assessment. In addition, we will analyze need for revision to this plan, including demand, utilization, homeless counts, unmet needs, methodology for PIT counts of homeless Veterans, and will coordinate with other VA housing programs (HUD-VASH, GPD, HCHV), and review of emergent best practices and/or relevant research.

**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
Salvation Army #12-KS-036	\$18,339.28	6	4	70%
Salvation Army #C15-KS-501B	\$375,919.00	40	30	70%
restart, Inc.	\$500,000.00	65	55	85%
<b>TOTAL</b>	<b>894,258.28</b>	<b>111</b>	<b>89</b>	<b>78%</b>

**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	137	89	80	9	0
Households with Children	6	4	4	0	0
<b>Total Homeless Veteran Households</b>	<b>143</b>	<b>93</b>	<b>84</b>	<b>0</b>	<b>0</b>

**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	24	0	24	0	0	0
Households with Children	0	0	0	0	0	0
<b>Total Households</b>	<b>24</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>

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:

In the “House the Dotte in 10 Years” plan, established in July 2013, by the Wyandotte Homeless Services Coalition (WHSC), the second goal is to prevent and end veteran homelessness. Wyandotte County was chosen as a Zero:2016 community. Additionally, along with the WHSC Mayor Mark Holland committed to the Mayor’s Challenge to End Veteran Homelessness.

The CoC goals are organized around:

1. Local Leadership & Collaboration
2. Identifying and capturing data around an access point
3. Clearing a Path from homelessness to housing
4. Identifying and maintaining housing
5. Outreach and diversion from homelessness

SSVF is an active partner in the CoC work towards meeting these goals and collaborating to create the systems change necessary to implement the plan.

**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.

Our CoC will be doing a pilot program with Coordinated Assessment using the SSVF program. For VASH household eligibility with SSVF, we have agreed upon an acuity level of 8 on the VI-SPDAT and above or the HUD chronic homeless eligibility criteria. We have trained various staff members on how to administer the VI-SPDAT and will continue those efforts to ensure that all SSVF programs and personnel implement use of the VI-SPDAT as a prioritization and triage tool. Full implementation of the pilot is proving complicated, but we hope to reach implementation as quickly as possible.

- a. We access “but for” criteria and identify other naturally recurring resources and referring to those. Our approach is but for SSVF services the client would remain homeless.
- b. Use the VI-SPDAT to triage those with the highest acuity and refer them to the appropriate housing service as determined by their acuity level.
- c. Once trained to administer VI-SPDAT as a part of the screening and assessment process, SSVF grantees and KCVA will meet regularly (weekly is planned) to discuss assessments and prioritization and placement based on acuity

Since the nature of homelessness prevention/diversion cases are variable, further discussion and agreement will need to be reached between SSVF grantees on how to prioritize homeless prevention funds to ensure households are not entering homelessness. These cases often require immediate action to prevent loss of housing in addition to fiduciary compliance limits.

**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

- 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.

We are using the SSVF Priority 1 programs to do a pilot of coordinated intake and assessment for the individual CoC's and multi-continuum region. In this way, the SSVF program is helping to stimulate long-term system improvement to the whole region. These practices will then be implemented in all other CoC agencies. The VA has been an active partner throughout and we will use any barriers that come up in that partnership to look for solutions. The Planning and Coordination Group, composed of community-based services and public/private housing providers, will also examine gaps and barriers both in the SSVF programs and across the continuums to ensure changes become system wide. Recent notification of a likely reduction in CoC GPD program beds dedicated to homeless Veterans in the community will require strengthening of coordination efforts between SSVF providers and other VA homeless programs (HUD-VASH, GPD, and HCHV).

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

**Strength:**

We have already implemented using the VI-SPDAT across both continuums in some SSVF grantee programs and the tool is already available in the HMIS database. All SSVF grantees have agreed to adopt use of the VI-SPDAT following adequate staff training.

We have two Zero:2016 communities, both communities participate in the Mayors' Challenge to End Veteran Homelessness and there are already coordinated regional efforts to end homelessness in place.

SSVF grantees have agreed to and are working on implementing a pilot for the community's Coordinated Assessment.

Current SSVF grantees and their sponsoring agencies have a wealth of experience in provision of homeless services to bring to the table in serving Veterans.

**Challenges:**

Although both communities are committed to coordination and collaboration among homeless service providers due to the acknowledged fluidity between service areas, there are challenges inherent in having one metro area divided by a state line.

As a community, we have not fully implemented use of the VI-SPDAT across SSVF programs and we have not implemented and Coordinated Assessment. This will require all grantees to get up to speed quickly and will in some ways drive the community process.

Working to integrate SSVF within other already occurring efforts is a challenge. The SSVF program eligibility requirements and restrictions are often difficult for other community partners or VA homeless programs to understand.

Additional challenges include coordination of outreach to homeless Veterans and ensuring constructive community alternatives to criminalization of the homeless.