

SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

Continuum of Care (CoC) Name: Kansas City/Independence/Jackson		CoC #: MO-604
County/Missouri		
CoC Representative: Vickie Riddle		Title: Homeless Services Coalition Executive Director
Phone/Email: 816-924-7997/vriddle@hscgkc.org		
Person Completing this Plan: Evie Craig		Title: reStart, Inc. President & CEO
Phone/Email 816-472-5664 ext. 252/ecraig@restartinc.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.

Primary Group Name: Zero: 2016/Continuum of Care/Regional Task Force	
Principle Members	Affiliation
The Hon. Scott Wagner	Regional Homeless Task Force Chair/Zero:2016/Mayor's Challenge to End Veteran Homelessness
Megan Judd	MAAC
Howie Howard	MAAC/Zero:2016/Regional Task Force
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./Zero:2016/Regional Task Force
Cindy Spencer	Kansas City Veteran's Administration/HUD VASH
Sondra Robinson	Kansas City Veteran's Administration/Zero:2016
Karen Gettinger	United Way of Greater Kansas City/2-1-1
Patricia Becher	reStart, Inc.
David McCorn	reStart, Inc.
Rachel Pederson	Salvation Army
Sophia Stachofsky	Salvation Army
Ed Lowndes	Housing Authority of Greater Kansas City/Regional Task Force/Zero:2016
To be determined	Law Enforcement
Stuart Bullington	Kansas City, Missouri Neighborhood and Housing Department
Mark Churchill	Catholic Charities
Laura Moore	Catholic Charities
Frank Piper	VA VISN 15 Network Homeless Coordinator
Sara Schwab	Truman Medical Center/Zero:2016
David Mizelle	Salvation Army SSVF
Vickie Riddle	Kansas City/Jackson County/Independence CoC

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.

Following the completion of a highly successful 100,000 Homes campaign in Kansas City through which 434 households were placed in permanent housing (including 107 Veterans), more than 20 agencies in the Continuum work together to end Veteran homelessness. In coordination with Zero:2016 KC, agencies meet four times a month at the VA to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts to keep Veterans and their families in stable housing as well as to prevent future homelessness. Critical to our efforts is the use of a community-wide list of homeless and vulnerable veteran households, based on the results of completed VI-SPDATs (Vulnerability Index- Service Prioritization Decision Assistance Tool) that is our common assessment tool.

Two of the monthly meetings focuses on outreach efforts and include updates on individuals recently housed, those still being placed, and those that need to be assigned an outreach worker. Outreach workers also discuss any special circumstances that may impact successful housing placements and seek additional resources as needed. The other two monthly meeting include all permanent and rapid rehousing providers, including staff that have the authority to initiate programming and housing intakes.

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 #13MO109	\$319,408.84	85	68	80%
Salvation Army #C15MO604A	\$494,809.00	80	64	80%
Catholic Charities #13MO110	\$226,626.00	50	30	60%
reStart, Inc. #C15-MO-604B	\$500,000.00	65	55	85%
TOTAL	\$1,540,843.84	280	217	78%

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	577	375	209	13	153
Households with Children	24	17	8	9	0
Total Homeless Veteran Households	601	392	217	22	153

SSVF program staff worked with the VA to get the Annual Count number and used a multiplier of 2.5 to get the total number of Veteran Households. Using information from the 2014 PIT count we calculated that 96% of the households

were without children and the remaining 4% were with children. We estimated that 65% of the Veterans would need Rapid ReHousing.

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	38	7	45	4	2	6
Households with Children	4	1	5	0	0	0
Total Households	42	8	50	4	2	6

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:

The CoC goals, in alignment with Zero: 2016, for ending homelessness among veterans are:

1. Work conjunctively with VA to address vulnerability factors
 - i. Accurately assess level of support and services needed, using, among other tools, the revised VI-SPADT PIT survey tool in January of 2015
 - ii. Create and expand service interventions and homelessness prevention policies for at-risk veterans and their families, including diversion where appropriate
2. Expand and create permanent supportive housing and rapid re-housing resources for veteran households
 - i. Increase the number of VASH and SSVF funding, including completion of Phase Two of St. Michael’s to include housing for veteran families with children
 - ii. Create strategies for increasing supportive services, including targeted programs for increasing employment among Veterans
3. Continue to use “Housing First” strategies to a) end homelessness among Veterans by 12/31/15, and b) ensure long-term system change so that homelessness is prevented when possible and, when it does occur, it is rare and brief
 - i. Make permanent housing placements for Veteran households based on service prioritization not first come, first served
 - ii. Ensure there are adequate wrap around supportive services in place for Veterans after they are stably housed

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. We will be setting an acuity level to serve in place of the chronic homeless eligibility for VASH households. We have started training various staff members on how to administer the VI-SPDAT and will continue those efforts. Our goal would be that Coordinated Assessment be fully implemented following the January 2015 Point In Time Count.

- 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 assessment process, SSVF grantees and KCVA will meet regularly (weekly is planned) to discuss assessments, prioritization and placement base 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 CoCs 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 Zero: 2016/Continuum of Care/Regional Task Force will also examine gaps and barriers both in the SSVF programs and across the continuums and is made up of community based services and public/private housing providers 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 use of the VI-SPDAT across both continuums that are engaged in the SSVF programs. It is also already in our HMIS database.

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.

Challenges:

As a community we have not fully implemented Coordinated Assessment and we have to get up to speed on that quickly.

Working to integrate SSVF within other already occurring efforts is a challenge.

