Homelessness Prevention BASICS

SSVF Fall 2016
Regional Meetings
SSVF Homelessness Prevention: Lessons Learned

• Homelessness prevention is **not** the same as eviction prevention

• Establishing basic eligibility is most **important** and most **difficult**
  – Qualified Veterans who will be **literally** homeless (on street or in shelter) **but for** SSVF assistance

• When $ and capacity is limited: prioritize assistance for Veterans with more urgent needs, greater housing barrier and vulnerabilities
SSVF Homelessness Prevention Paradigm

**SSVF INELIGIBLE**
At-Risk of Housing Loss, but not Literal Homelessness

**SSVF ELIGIBLE**
Imminent Risk (<30 Days) of Literal Homelessness

**SSVF PRIORITY:**
Most Urgent, Greatest Vulnerability & Barriers
SSVF Homelessness Prevention: Eligibility Screening & Targeting Flow

Stage 1 Screen
VA HP ELIGIBILITY

- Not eligible
- Eligible

Stage 2 Screen
TARGETING

- Does not meet threshold
- Meets Threshold

Program Capacity

Have capacity

Agency does not have capacity

REFER ELSEWHERE

SSVF Case Load:
Enter in HMIS
You’ve already heard about the philosophy of RRH and the core components: housing identification, financial assistance and case management.

- Full-Support HP: All available assistance

- Light-Touch HP: All assistance \textit{EXCEPT} financial assistance (unless funded by another non-SSVF source)
Each table will use the new SSVF HP Screening Form to score Rafael and Lynda.

Is either eligible for SSVF assistance? IF SO:

Based on their targeting score and the program’s threshold score, what level of SSVF assistance would s/he receive:

- Full-support HP (with Temporary Financial Assistance)
- Light-touch HP (without TFA)

We will then discuss in the full group.
1. Is he eligible?
2. What is his Targeting Score?
3. Based on his score and the program’s threshold, does Rafael qualify for light touch or full support?
Lynda

1. Is she eligible?
2. What is her Targeting Score?
3. Based on her score and the program’s threshold, does Lynda qualify for light touch or full support?
WHEN SCREENING

• All questions must be explored and answered in Stages 1 and 2
• Screening and assessment is more art than science, especially related to other housing options and resources
• Targeting criteria and score for each assisted Veteran (light touch or full HP) must be entered in HMIS
HP Housing Plan

First Step: *Can and should* the current housing be preserved? What does the client want?

- If temporarily sharing housing, could/should this arrangement be continued? What would it take for host (and landlord) to agree?
- If recently left housing, has landlord rented the unit; would LL let client move back in if arrears could be paid and other lease issues resolved?
- If still in housing but with eviction, would landlord rescind eviction in exchange for payment of arrears and tenancy/landlord supports?
Preserve Housing

What is necessary to preserve housing?

• *Money*: Payment of arrears

• *Negotiations with host*: Defining roles, rules, who pays what

• *Negotiations with host’s landlord*: Will LL allow client to be added to the lease? Any adjustment to the rent?

• *Negotiations with current LL*: Payment of arrears? Resolve lease violations?
Preserve Housing?

1. Determine the costs of housing, income, need for arrears, subsidy: is it feasible?
2. Stabilize the housing situation through negotiations, payments
3. Determine landlord and tenancy supports, referrals that may be needed
4. Define Housing Plan
5. Implement Plan, update as needed
When Relocation is Necessary

IF HOUSING CAN’T OR SHOULDN’T BE RETAINED, the steps are virtually identical with Rapid Re-Housing:

• Define client preferences and housing options, including costs vs. income
• Housing Plan
• Housing search
• Housing start-up costs and subsidy needed
• Tenancy and landlord supports
• Other services
Putting it all Together

Each table: Develop a homelessness prevention plan for Rafael and one plan for Lynda.

Remember: is the plan light-touch or full-support?

You have 30 minutes and then we’ll discuss
QUESTIONS?

What additional guidance or clarification regarding the revised screener would be helpful?