

**Supportive Service for Veteran Families
2016 Post-Award Launch Event**

Deeper-Dive Discussion Guide

Table of Contents

Targeting Homelessness Prevention and Using the New Screener	3
Progressive Engagement/Assistance Strategies	4
Employment and Income Support Strategies	5
Universal Access to Low-Barrier Shelter in Urban and Rural Areas	6
Data Collection and Master List Management	7
System Governance and Management	8
Prioritization in a Housing First System	9
Using RRH as a Primary Intervention for Navigation and Re-Housing	10
SSVF & GPD/Other Transitional Housing Partnerships	11
SSVF & HUD-VASH Partnerships	12
Effective Case Conferencing	13
Comprehensive, Coordinated Outreach/In-reach in Urban & Rural Areas	14
Diversion Strategies	15
Creating Comprehensive Housing Partnerships and Opportunities	16

Targeting Homelessness Prevention and Using the New Screener

Overview: Effective Homelessness Prevention (HP) targeting is critical to ensuring SSVF's scarce HP resources are delivered to the most vulnerable households first. The SSVF Homelessness Prevention Screening Form is the primary tool used by grantees to deliver targeted prevention resources while also ensuring that rapid re-housing remains the primary focus of SSVF efforts locally.

Topic Highlights

- HP services should only be delivered when grantees, the local CoC, local VA and other key stakeholders agree that sufficient SSVF assistance is available to meet all RRH demand among eligible Veterans. RRH remains the primary focus of the SSVF program.
- HP is not the same as eviction prevention. Grantees must use the HP Screening Form to distinguish between Veterans who are at risk of eviction and those who **will truly become homeless “but for” SSVF assistance.**
- Assessing imminent risk of literal homelessness is as much art as science: While the criteria for meeting Stage 2 Targeting are defined, grantees must use some judgement when assessing the viability of other housing options and resources to discern who will become literally homeless “but for” SSVF assistance as part of Stage 1 Eligibility.
- “Light Touch/Case Management Only” services may not be light touch at all. In fact, those who are at imminent risk of homelessness but do not meet your threshold score can receive the full range and amount of non-TFA SSVF supportive services available.
- Just because a Veteran family passes the threshold requirement does not mean they *must* receive TFA support. Consistent with the progressive assistance approach, all households should first be offered the minimal assistance required to prevent their homelessness, with TFA only being used when absolutely necessary.

Discussion Questions

1. How do you plan to evaluate whether your score is appropriate for your community? Given the significant changes to the targeting criteria, how will you determine if your new score is appropriate?
2. How do you ensure HP services are made available to the most vulnerable Veterans who are at imminent risk of homelessness? Do you employ proactive outreach or other techniques for those Veterans who many not know about SSVF? Does your coordinated entry system quickly connect Veterans who are diverted from a shelter bed to SSVF? What does this look like?
3. How do you promote non-TFA services as the primary HP intervention and support staff in delivering effective services that resolve the housing crisis without the use of financial assistance when possible?
4. What lessons have you learned about targeting prevention assistance and how do you make program adjustments based on those lessons?
5. Where do you struggle most with HP targeting and services and what strategies have you explored to overcome those challenges?
6. How can your agency assess HP utilization to ensure that sufficient resources are available to provide services throughout the year?

Progressive Engagement/Assistance Strategies

Overview: Progressive engagement/assistance is an approach to help households end their homelessness or housing crisis as rapidly as possible and stabilize in housing with the least amount of financial and support resources necessary. Assistance is reduced or terminated when the household is no longer imminently at-risk of literal homelessness, even if they continue to have other non-housing related needs. Consistent with this approach, SSVF grantees should recognize that each Veteran household is unique. Initial housing plans should explore the minimal level of support it takes to end that household's homelessness or housing crisis today, with the ability to flex assistance up or down over time. This approach recognizes that many Veterans only need a small amount of assistance to end their homelessness and not immediately fall back into crisis and ensures that scarce resources are used efficiently. The ability to increase support over time requires ongoing, housing-focused case planning and goal setting that reflects the changing dynamic of the household's needs.

Topic Highlights

- More supports are offered to those households who struggle to stabilize and cannot maintain their housing.
- Progressive engagement/assistance recognizes that there is no way to accurately predict how much help someone may need to stay housed or end their homelessness and avoid a return to the streets or shelter.
- In this approach, participants are initially offered a basic package of assistance, including help creating a reasonable housing placement/stabilization plan, housing information and search assistance, and limited financial assistance for arrears, first month's rent, or security deposit. More or less offered as needed.
- Programs using a progressive approach regularly re-assess housing barriers. The focus is on the individual housing plan and the barriers that have been identified in the plan, knowing that these might change over time. Case management works towards addressing the housing retention barriers and closes a case when these barriers are resolved and the household can assume full responsibility for their rent and other lease obligations. This means that case management commitments vary by household. Assistance is provided on an "as-needed basis".
- Although progressive engagement may ultimately result in a referral to a permanent supported housing program, such as HUD-VASH, progressive engagement is not transitional housing. The intent is to use SSVF resources to place and sustain a household in permanent housing. Only after further assessment that occurs during the course of SSVF service delivery might progressive engagement principles lead to such a referral.

Discussion Questions

1. How does your program go about operationalizing a progressive engagement/assistance approach to your supportive services and temporary financial assistance commitments? How do you communicate with Veterans about what program assistance is available to them and the way in which those resources will be adjusted as needed?
2. How do you balance promoting successful tenancies with the need to provide the minimal assistance possible to resolve the housing crisis and assist the household to become stable? How do you ensure assistance can flex up or down as needed in real time? Do you have tentative set asides in your budgets to accommodate greater needs?
3. What linkages have you made to longer term supports for Veterans who are not able to sustain their housing even after the full suite of SSVF assistance has been provided (bridge to HUD-VASH, PHA, CoC PSH)? How do you plan for this in a proactive way? How is this integrated into your community's strategies for ending Veteran homelessness?
4. What community resources outside of your program have been key to helping you economize SSVF resources?
5. What training protocol do you employ to support staff in making decisions around the type, amount and duration of assistance, and then communicating those decisions both to Veterans and to you at the management level?

Employment and Income Support Strategies

Overview: The first priority of any rapid re-housing or homelessness prevention intervention is to end the housing crisis at hand, regardless of a Veteran's perceived or real housing barriers. Once the housing crisis is ended, SSVF must work with Veterans to address barriers that may prevent them from sustaining housing in the near term. Income supports, both employment and benefits, are often a critical component in SSVF's ability to promote housing stability once a Veteran is in their own housing. Simply put: Veterans will not be able to maintain their housing, particularly in the private rental market, without enough income to support their fixed and most important discretionary costs. SSVF grantees must also balance the principles of Housing First with efforts to assist Veterans and their family members in maintaining or increasing their income.

Topic Highlights

- Housing First approaches stress the importance of first ending the housing crisis before focusing on services that may help the household retain their housing over the longer term.
- Some Veterans may not be able to seek work. For those Veterans, maximizing VA and other benefits, including cash benefits and resources that free up cash/reduce fixed expenses, is critical.
- For many other Veterans, work is a goal and their employment goals should be explored while they are enrolled in SSVF, even if they are also receiving other cash benefits.
- Increasing the income of other, non-Veteran household members supports the housing stability of the entire household. SSVF grantees should assess whether other household members may help support housing stability with employment or benefits assistance.
- Partnerships with community employment programs is critical for Veterans who want to address employment needs.
- SSVF grantees, either directly or through partnerships, should offer budgeting and financial literacy services as an available service for Veterans who have little income relative to their fixed costs.
- Creative partnerships with banks, community programs and other local assets can take some of this burden off of SSVF and promote community involvement for Veteran families

Discussion Questions

1. How have you incorporated employment and income supports (directly or through partners) into your SSVF Program?
2. What sorts of partnerships have been especially effective in helping you coordinate access to income supports?
3. At what point in the service or housing engagement do you begin working on increasing income with Veterans and other household members? How do you tailor this to individual needs and preferences? How do you judge when a program participant's housing crisis is sufficiently resolved that they are able to focus on these issues?
4. How do you balance the need for program participants to have income that supports their rent with ensuring fidelity to Housing First approaches?
5. What level of training do you provide to your staff or other partners to ensure the right balance between crisis response and longer term income or employment support services? Do your staff all have clear understanding about when to and how to begin to work on budgeting with the household?
6. What employment strategies have not worked well and how have you made adjustments to your service package?
7. What unique or non-traditional employment or income supports (including access to benefits and financial literacy) have you been able to tap into for your Veteran families? Are these strategies adaptable in other communities?

Universal Access to Low-Barrier Shelter in Urban and Rural Areas

Overview: Immediate access to some form of low-barrier shelter (no pre-conditions to enter shelter such as lack of mental health issues or sobriety) for any Veteran who wants and needs it is a central pillar to any community's crisis response system and an expectation of local communities nationwide. Low barrier shelter may come in different forms and be coordinated based on local conditions or needs, but no Veteran should ever be forced to live on the street or a place not meant for human habitation because shelters have too many entry requirements or impose unnecessary restrictions. Emergency and non-traditional shelters are also a primary access point for Veterans to be quickly connected to permanent housing resources that will end their homelessness. Ensuring access to low-barrier shelter requires system partners work together to review and adjust shelter criteria, develop strategies for facilitating access for people in need of transportation or other assistance, and development of contingency shelter options in the event primary shelter options are not available.

Topic Highlights

- Access to shelter, including low-barrier options, is the number one priority of your crisis response system and your ability to ensure the safety of all Veterans who need a safe place to stay, tonight.
- Shelter comes in different forms including congregate shelters, HCHV contract residential beds, GPD, other transitional housing, Safe Havens, and hotel/motel vouchers/assistance. All should be explored to ensure sufficient capacity - shelter for families with older children can be particularly difficult to access and identify.
- Communities need to establish capacity to get Veterans off the street and ensure access across the geographic area.
- Community shelters are often the first contact for a Veteran and may serve as the gateway for accessing SSVF.
- SSVF is uniquely positioned to work with shelter providers to: Identify low-barrier shelter needs and gaps; refer Veterans to available shelter when identified; provide transportation to shelter and other critical services across varying geographies and areas; and, swiftly connect newly identified Veterans to the community's housing links.
- SSVF is well equipped to inform crisis response systems about how to function in a low-barrier environment and to immediately engage Veterans who access shelter for the first time.
- SSVF Emergency Housing Assistance may play an important, safety-net role in ensuring shelter access for every Veteran who wants or needs in, particularly in an emergency situation when no other shelter options are available and where the Veteran will be able to work toward housing as a result of the EHA placement.

Discussion Questions

1. How does your SSVF program support the community in ensuring access to low barrier shelter for Veterans in need?
2. Does your community have a method to identify available shelter beds and update this list of available beds on a daily basis? If you have such a list, can you easily access beds identified as available?
3. In what situations do you use Emergency Housing Assistance and how is that resource made known/available to your community partners and outreach teams?
4. How do you use the lessons learned through SSVF to inform shelter providers on low-barrier access and programs?
5. How does your community work to create or identify creative, low-barrier shelter options for Veterans in need?
6. What are effective strategies for helping Veterans access low-barrier shelter, especially when initially resistant?
7. How does your SSVF program ensure that those Veterans who access shelter are immediately engaged in finding and securing permanent housing? How does this fit into your coordinated entry system or other housing linkages?

Data Collection and Master List Management

Overview: A, comprehensive Master List (aka, “by-name list”) is a critical tool in a community’s efforts to end homelessness among Veterans. The Master List and associated management protocol ensure that all Veterans in the community are known, that the community can track progress toward performance benchmarks over time, and that communities know in “real time” the status of each and every Veteran in need of housing assistance locally.

Topic Highlights

- Your Community’s Master List can help:
 - Ensure all Veterans experiencing homelessness within a community are identified.
 - Track the status and progress toward permanent housing of each of these Veterans.
 - Coordinate housing and services for each Veteran household between all community providers.
 - Measure progress toward goals and how close a community is to reaching local/national goals.
 - Identify key barriers to goal attainment and opportunities to resolve them.
 - Help inform how community resources should be allocated so that homelessness can be ended.
- Qualities of an Effective Master List include:
 - Data for the List is generated using existing data systems – local Homeless Management Information Systems (HMIS) and the VA’s HOMES data system, among others where applicable.
 - The List is comprehensive, meaning it captures all Veterans experiencing homelessness including all unsheltered Veterans and those in all types of emergency shelter (including HCHV), Safe Havens, transitional housing (including GPD beds) and those in hotel/motels with a voucher.
 - The List is dynamic and updated frequently, preferably daily or weekly, and at least monthly.
 - Information from the List is used in case conferencing and other system coordination and monitoring.
 - The List is used to measure progress toward community goals.

Discussion Questions

1. In what way are you using HMIS as the central means to collect and then use data to populate your Master List? What data do you have to collect through others means to supplement HMIS? What’s working? Not so well?
2. What role have you played in the development, management or use of your local Master List? As an SSVF grantee, where have you struggled to ensure the Master List is an active tool in your planning and housing efforts?
3. Has the Master List helped your community to understand what permanent housing resources are needed? If so, in what have you learned about permanent housing needs and gaps?
4. What technologies (or lack of) has your community used to manage the list? What has worked well? Not so well?
5. How have you built in sustainability mechanisms (P&Ps, Data Sharing Agreements) to ensure comprehensive data collection, reporting and use is permanently engrained in your community’s work?
6. What successes or challenges have you faced in accessing non-SSVF or non-CoC data, such as VA or other systems of care? Have you put in place any practices to overcome challenges?
7. How do you, as an SSVF grantee, assist or lead the integration or coordination of data between HMIS and the actual Master List? How is VA data incorporated into your Master List, and what leverage does SSVF have in making those connections? Have you employed any innovative practices related to sharing data with the VA?

System Governance and Management

Overview: A key to building and maintaining a sustainable system that continually ends homelessness among Veterans is ensuring your community has a governance and management structure in place to push progress forward and manage ongoing implementation and improvement efforts. This includes not only establishing a core team, but also that the systems and protocols are in place for that team to set goals, implement strategies toward achieving those goals, monitor progress, and adjust as needed over time. To build a system that lasts, the leadership team should be imbedded in the CoC's formal governance structure (e.g., a standing committee) and have policies and procedures (P&Ps) in place to ensure sustainability.

Topic Highlights

- “Governance” does not suggest an overly complicated layering of efforts, but rather a clear, deliberate and transparent approach for identifying community goals, ensuring strategies to meet those goals are developed and implemented (both at the program and system levels), reviewing progress toward those goals, and making frequent, relevant adjustments. Governance is about clarity of process and leadership roles.
- HUD, through the Continuum of Care, has prescribed the ways in which CoCs should establish and implement a governing board and system-wide standards and protocols for providers assisting people who are homeless in the CoC's geographic areas. Your efforts to end homelessness among Veterans are part of this local CoC-governed system.
- The day to day activities that support your Veteran efforts require an ongoing management protocol with clear roles and accountabilities for system functions (e.g. Master list, Case Conferencing, Leadership Meetings).
- Efforts can only be sustained if they are institutionalized through clear, written system protocols that describe how Veterans access and flow through the system and related provider responsibilities.

Discussion Questions

1. Are you active in the CoC's governance structure? If so, how does it work? If not, how do effect progress?
2. Does your CoC have sufficient capacity to manage a system of care that includes a by-name list, coordinated entry, developing and regularly updating a community plan to end homelessness among Veterans, and regular contact between providers to support the coordination of care? If it does not, can area SSVF grantees provide financial assistance to the CoC to develop that capacity?
3. How does your community plan reflect the intentions of the entire community and CoC governing body, and not just SSVF's operations? How do you go about involving your CoC and leadership teams in developing your local plan to prevent and end Veterans homelessness, conducting gaps analysis (e.g., with SSVF Gaps Analysis Tool), and periodically completing SSVF Community Plan Summary Submissions?
4. What system staffing needs have you identified and addressed or tried to address? If you've addressed staffing needs, how did you do this and what role (if any) has SSVF played?
5. How does your Veteran Leadership Team manage itself in day to day work while also creating clear lines of communication with other CoC or local stakeholders? Do you have P&Ps that describe how efforts are managed?
6. What promising practices have you or your local leadership group employed to ensure your efforts are efficient and managed to achieve – not just contemplate – your local goals?
7. How do you triage local resources to meet anticipated demand? Who will be offered permanent supported housing, rapid re-housing, or other resources available and how will you meet the needs of Veterans ineligible for VA services?

Prioritization in a Housing First System

Overview: Prioritization is a process that ensures the most vulnerable homeless Veterans (i.e., those who are chronically homeless, have experienced a longer amount of time homeless, and/or have the most severe service needs) are the first to be targeted for more costly and intensive interventions such as PSH, when available, or otherwise are prioritized for the next most intensive and available intervention(s), such as rapid re-housing. Prioritization recognizes that the first priority for any system is to ensure rapid housing linkages for those Veterans who are most in need or otherwise most vulnerable. Prioritization also reflects a community's commitment to Housing First approaches as it seeks to screen in, rather than screen out, those Veterans with the highest barriers to housing, including for RHH.

Topic Highlights

- Many CoCs use a common assessment to prioritize homeless individuals in their system. A Master List is a great mechanism for identifying Veterans based on longest time homeless and housing barriers.
- Prioritization tools should help prioritize and assess the housing needs of persons experiencing homelessness. However, they do not and should not dictate the type of intervention a Veteran is to receive. For example, a Veteran who scores above a certain assessment threshold and qualifies should not just be offered HUD-VASH or PSH – especially if those options are not immediately available or the Veteran does not prefer them.
- Housing first recognizes that the solution to homelessness is permanent housing. RRH is and will remain the primary intervention for helping most Veterans quickly secure and stabilize in permanent housing.
 - Where SSVF does not have the capacity to rapidly re-house all eligible Veterans in need, then SSVF should serve Veterans with the highest barriers who are not otherwise being housed by another source.
 - SSVF's responsibility is to ensure your community is focused on rapid linkages to permanent housing regardless of any individual Veteran's perceived or real housing access or retention barriers.
 - SSVF is NOT "a 90-day program". SSVF services must be delivered flexibly where those who need little support receive limited help and those with higher barriers (high priority) are more SSVF assistance, both in duration and level of assistance. SSVF programs must be capable of offering the maximum amount of assistance allowed by the VA for Veterans with more severe service needs.
 - Many communities have worked with their local VA HUD-VASH program to institute a community-wide prioritization process for HUD-VASH that focuses on chronicity, length of time homeless, and vulnerability.

Discussion Questions

1. Does your CoC use a prioritization strategy for Veterans? What assessment tool and factors are used to prioritize Veterans? What role does SSVF play in that process?
2. How are you using your Master List and Case Conferencing process to strategically link the most vulnerable or high barrier Veterans to available housing options?
3. What have you experienced in your efforts to ensure HUD-VASH is being for those Veterans who need it most?
4. How do you, as an SSVF provider, actively promote Housing First practices at the community-level?
5. Have you, as an SSVF provider, been involved in, or actively promoted, the adoption of Housing First through the CoC's Governance Charter or Written Standards? If so, how did that process unfold? If not, how can you?
6. How do you adjust staffing and management practices to ensure an adequate level of services is provided to those Veterans who need the most support to retain their housing?

Using RRH as a Primary Intervention for Navigation and Re-Housing

Overview: Affordable housing resources such as public housing, housing choice vouchers, and permanent supportive housing are scarce in most communities. As communities become more coordinated in their efforts to end Veteran homelessness, Rapid Re-Housing has emerged as a flexible, low-barrier intervention to quickly re-house and stabilize participants with wide-ranging needs who cannot otherwise resolve their homelessness by themselves or through other means. Key practices such as using a Housing First approach, employing progressive engagement/assistance, and fostering participant choice have positioned Rapid Re-Housing as a primary system intervention for both navigation and re-housing activities.

Topic Highlights

- Rapid Re-Housing is a vital tool to end homelessness in communities, especially given the inadequate supply of affordable, subsidized housing most communities are experiencing.
- Rapid Re-Housing remains the first SSVF priority to ensure there are no “turnaways” for eligible Veterans who are literally homeless and have no other readily available means to secure permanent housing.
- Effective community planning with local stakeholders can position Rapid Re-Housing as a primary intervention for most Veterans in a system’s response for ending Veteran homelessness.
- SSVF Rapid Re-Housing is increasingly being used as a primary source for system “navigator” services to assure Veterans have a single point-of-contact and support for housing planning, identification and placement while they are residing in temporary shelter.
- The use of a Housing First approach in Rapid Re-Housing programs provides a low-barrier option for Veterans who may be experiencing complex service needs and can help expedite permanent housing placement for Veterans awaiting permanent supportive housing assistance.
- In an effort to promote stability for RRH households, using a progressive engagement/assistance approach ensures both supportive services and financial assistance are customized for each Veteran to promote housing stability.

Discussion Questions

1. How have SSVF Rapid Re-Housing programs been incorporated into your local Coordinated Entry Systems (CES) or coordinated system of care for Veterans? What positive outcomes have emerged from participating in CES (or greater coordination)? What challenges still remain to integrating SSVF Rapid Re-Housing into CES as a primary re-housing intervention for most Veterans?
2. How does your community prioritize or triage which Veterans are referred to SSVF Rapid Re-housing programs? Is SSVF Rapid Re-Housing used as a primary source for system navigation? What does this look like in your community?
3. How do grantees with overlapping geography coordinate referrals between programs to ensure seamless program access for homeless Veterans?
4. How does your Rapid Re-Housing program employ a progressive engagement/ assistance approach? Is a progressive engagement/assistance approach standardized across other Rapid Re-Housing programs in your community?
5. What strategies do your Rapid Re-Housing programs use to support clients with complex service needs (i.e. active substance use, disabilities, etc.)? Is there a formal system in place to rapidly refer a Veteran being assisted with Rapid Re-Housing to permanent supportive housing options, such as HUD-VASH, when clearly needed and desired?
6. How does your program or community work to re-house those Veterans in RRH who have become literally homeless again? What techniques or interventions have been successful in assisting those Veterans who have previously obtained permanent housing through rapid re-housing, but subsequently lost it?

SSVF & GPD/Other Transitional Housing Partnerships

Overview: VA Grant and Per Diem (GPD) program and other community transitional housing programs are an integral tool of local homelessness response systems. Incorporating GPD/TH providers into local community planning efforts can help to ensure transitional housing is targeted effectively, efficiently, and in tandem with other resources, such as SSVF Rapid Re-Housing, to reduce the length of time any Veteran remains literally homeless. Transitional housing's role continues to shift and evolve to include more innovative, housing focused models. As demonstrated by the Federal Criteria and Benchmarks and HUD's realigning of priorities, TH projects, with the help of SSVF, should be looking for ways to lower barriers and expedite housing placements and opportunities while also addressing the temporary shelter and service needs of Veterans.

Topic Highlights

- Local GPD/Transitional Housing providers are essential partners in both the community planning process, and the mission to end homelessness among Veterans.
- SSVF programs can be an integral partner in offering Veterans the choice, prior to GPD/TH entry, to pursue a permanent housing intervention while staying in GPD or another TH program.
- SSVF can also play a primary role in providing permanent housing assistance for those already enrolled in GPD/TH, and in particular, those Veterans who want permanent housing but lack the means to immediately access it.
- Innovative program designs are emerging from some GPD/TH programs that are working in tandem with SSVF programs to use GPD as “bridge housing” for a portion of their beds.
- Bridge Housing is a flexible opportunity, but one that requires a Change in Scope for GPD and close coordination between GPD, SSVF providers and the CoC.
- In some communities, every eligible Veteran is offered SSVF RRH assistance upon entering the system for basic system navigation and re-housing support, including Veterans who need and desire more intensive services like GPD.

Discussion Questions

1. How has your community worked to engage your local GPD/Transitional Housing programs in the work to shorten Veterans' length of time homeless (e.g., action camps, training GPD and SSVF staff, SSVF attendance at GPD “house meetings”, Master List operations, leadership working groups, collaborations with VAMC staff, etc.)?
2. How does your community ensure all homeless Veterans are offered a permanent housing intervention (e.g., SSVF RRH, HUD-VASH) prior to entry to a GPD or Transitional Housing program, and what is SSVF's role in making the permanent housing assistance offer?
3. Is SSVF stationed at the “front door” of GPD/TH programs to provide the Veteran with a comprehensive description of available housing options, and to conduct co-enrollment between SSVF and GPD/TH programs when a Veteran elects to pursue both options? What does this look like? What are the challenges?
4. Describe any partnerships between SSVF and GPD/TH where bridge housing or regular TH beds are used while SSVF works with the Veteran to secure permanent housing. How are duties between SSVF and GPD/TH staff delineated in a way that best supports the Veteran?
5. Are there MOU's between SSVF and GPD/TH programs to formalize any types of partnership? Are processes/policies/procedures written down? How detailed are these written agreements and/or protocols and what did it take to create and come to agreement around them?
6. What other strengths or partnerships have you seen through your work with GPD/ TH partners? What's working well?

SSVF & HUD-VASH Partnerships

Overview: To effectively assist Veterans with identifying housing that meets their needs and preferences, it is critical for SSVF and HUD-VASH to build strong partnerships together. Among SSVF participants who successfully exited to permanent housing in FY 2014, just under one-fifth (18 percent) remained in or moved to a rental unit with a HUD-VASH subsidy. Coordination and streamlined processes between SSVF and HUD-VASH within the community planning process serve to increase each Veteran's ease in accessing the supports they need to quickly obtain and maintain permanent housing. SSVF and the CoC can also encourage that HUD-VASH units be prioritized for the most highly vulnerable Veterans or those who face the most significant housing barriers.

Topic Highlights

- Community planning efforts must strive to include HUD-VASH programs to conduct gaps analyses, plan for increased/decreased resources, target resources, and improve processes between HUD-VASH, SSVF and other programs.
- Effective SSVF/HUD-VASH partnerships ensure a streamlined process for Veterans who may need to access both programs (e.g., using SSVF RRH to transition to HUD-VASH based on progressive engagement/assistance, assisting HUD-VASH literally homeless households requiring TFA assistance for security deposits or household needs, coordinating with HUD-VASH to prevent returns to literal homelessness, etc.).
- Integrating HUD-VASH and SSVF staff into Master List and case conferencing can facilitate the growth of these partnerships while also facilitating the prioritization and targeting of resources.
- The integration of HUD-VASH data into the community's broader system is essential in order to ensure a comprehensive approach that accounts for all Veterans experiencing homelessness in your community.
- HUD-VASH may, in some cases of progressive engagement, be needed to ensure Veterans can maintain their unit once SSVF assistance ends.
- In some instances, SSVF HP assistance may be necessary to help a HUD-VASH participant remain in their subsidized unit.

Discussion Questions

1. Is there an efficient process for linking eligible Veterans to HUD-VASH when appropriate? How did improvements to previous processes get buy-in and traction from community partners?
2. How has HUD-VASH been integrated into your community's Master List operations and coordinated entry system (e.g., use of a common prioritization tool, updates to master list, seamless referral processes between programs)? Are all or just some Veterans referred to HUD-VASH included in the coordinated entry system or other prioritization strategies?
3. How has your community worked through confidentiality and privacy considerations to ensure sharing information about Veterans in both HUD-VASH (and other VA homelessness programs) and the rest of the community partners?
4. Describe any data sharing arrangements or agreements your community has with the VA including HUD-VASH. Does HUD-VASH staff have read-only access to HMIS or input data into HMIS? Has your community found a secure and approved work-around to share information and data with HUD-VASH staff for purposes of updating and maintaining a Master List?
5. How might you use the HUD-VASH and SSVF Referral Packet (RRH Only) with HUD-VASH as you plan for the year?
6. What systems have SSVF and HUD-VASH programs put in place to address homelessness prevention needs among HUD-VASH clients? Does your SSVF program coordinate with HUD-VASH staff to estimate HUD-VASH demand for homelessness prevention? Are protocols established and documented between SSVF and HUD-VASH to address homelessness prevention need (e.g., MOU, written policies and procedures)?

Effective Case Conferencing

Overview: Communities across the country are recognizing the need for a consistent, inclusive case conferencing process to support case coordination, problem-solving, provision of housing assistance, and a swift end to Veterans' homelessness. A primary goal of case conferencing is to ensure your community is tracking, engaging and connecting all Veterans experiencing homelessness to permanent housing. Case conferencing should work in tandem with your Master List operations, and occur regularly with case management and other staff serving Veterans who are experiencing homelessness in the community.

Topic Highlights

- Case conferencing meetings are organized by using a Master List of all Veterans experiencing homelessness in the community to identify challenging situations faced by Veterans that would benefit from the input of case conferencing providers working together (such as difficulty finding a landlord, or difficulty locating a Veteran)
Common goals of case conference meetings are to:
 - Review progress and barriers related to each Veteran's housing goals
 - Identify and track systemic barriers
 - Strategize solutions across multiple providers
 - Clarify roles and responsibilities
 - Ensure non—duplication of services
- Critical, system-wide barriers identified in case conferencing meetings should be brought to the local leadership group in an effort to find systemic solutions.
- Case conferencing should happen no less than monthly, but ideally more often.
- Case conferencing is most effectively managed when a CoC or provider staff person has defined responsibilities for convening, facilitating, and communicating case conference meeting results.

Discussion Questions

1. What is the structure of your case conferencing operations: how often do you meet? Who are the “players” that typically join the meetings? How do you ensure adequate attendance at meetings? How do you run meetings to effectively include members across a large geography? What works well?
2. How does your community prioritize who to discuss at case conferencing meetings? What are the critical pieces of information you discuss about each Veteran to coordinate housing and services effectively and efficiently?
3. What value have you found for your work through case conferencing? What processes in your work has case conferencing improved? What are you still struggling with?
4. How does your case conferencing group promote accountability among the members to ensure follow-through for tasks related to Veterans' shelter and re-housing needs?
5. A primary goal of case conferencing is to “bust” barriers Veterans may have to accessing appropriate housing and service interventions; how does your case conferencing group bust barriers and improve processes between programs?
6. Is there a built in feedback loop to your leadership group so that systemic barriers can be addressed (i.e. significant gaps in available services or housing stock, changing high-level procedures, etc.)?

Comprehensive, Coordinated Outreach/In-reach in Urban & Rural Areas

Overview: An effective homelessness crisis response system will have coordinated outreach and in-reach processes to identify and engage all Veterans experiencing literal homelessness across the community's entire geography. Outreach and in-reach activities should include Veterans who are unsheltered, as well as Veterans in shelters, Grant and Per Diem programs, VA HCHV programs and other VA residential programs that do not participate in HMIS and/or coordinated entry processes. Effective systems use targeted, ongoing outreach and in-reach efforts to identify and engage all Veterans, regardless of how long they served or the type of discharge they received. In larger geographic areas, including rural areas, a wide-range of community partners are relied upon to identify and quickly connect homeless Veterans to street outreach, shelter and other assistance available through the homeless crisis response system.

Topic Highlights

- SSVF programs often play an integral role in both providing Veteran-specific in-reach and outreach, but also coordinating various other outreach efforts intended to quickly identify Veterans when they become homeless.
- Outreach and in-reach efforts should be coordinated and comprehensive to ensure that no matter where a Veteran is located in a specific geography, s/he will have access to SSVF and other permanent housing assistance providers.
- As Master Lists and Coordinated Entry Systems continue to be established, outreach and in-reach activities should be directly linked to these systems so that Veterans are identified, engaged and able to access low-barrier shelter and re-housing assistance as quickly as possible.
- Comprehensive, complete outreach and access point coverage is fundamental to ensuring you have ended homelessness among Veterans. No county, town or other geographic area should be left uncovered in your outreach plan and efforts.
- Working with partners to develop a written outreach strategy can help ensure efforts are comprehensive, routine and there are clear assigned responsibilities for geographic coverage, as well as written protocols for what to do when a homeless Veteran is encountered. A written strategy can also help focus street outreach efforts in high concentration and known locations, while identifying specific community partners who can serve as first point of contact and referral (e.g., law enforcement, park officials, library staff, etc.).

Discussion Questions

1. What are approaches your community uses to identify all homeless Veterans in your geographic area immediately? How do you ensure comprehensive, coordinated, and complete geographic coverage?
2. Can Veterans readily find out about housing and service options, such as SSVF, regardless of where they are located in your geography? What systems and community partners are in place to ensure this?
3. What is SSVF's role in your community around conducting in-reach to local shelters/programs to quickly connect homeless Veterans to housing interventions?
4. What coordination exists between SSVF outreach efforts and those of the local VA staff and other outreach providers such as law enforcement, PATH teams, etc.?
5. Are non-SSVF street outreach teams and emergency shelter staff trained on how to link Veterans they may find to SSVF and/or your community's Coordinated Entry System or Veterans coordination system?
6. Are SSVF outreach staff trained on how to link a non-SSVF eligible Veterans to other the community housing links?
7. What community-based partners assist your community in identifying homeless Veterans? Are there any "non-traditional" partners who are key to your efforts? How do you maintain your relationships with community partners and ensure they remain up-to-date on to quickly connect a homeless or at-risk Veteran to SSVF and/or other street outreach, shelter and re-housing assistance?

Diversion Strategies

Overview: Diversion is an intervention located at the “front door” to emergency shelter or literal homelessness in a community. Diversion strategies seek to prevent literal homelessness for people who are actively seeking shelter by helping them to identify immediate viable housing alternatives instead of entering shelter, and if necessary, connecting them with services and financial assistance to remain in or find other permanent housing. Many people facing a housing crisis believe that the only way they can obtain assistance is by entering a shelter. However, communities that screen and seek to provide immediate problem solving help for people seeking shelter find that many can be diverted from entering shelter (or GPD and other transitional housing) through these interventions. A solid, coordinated diversion approach can reduce the number of households who become literally homeless, and ease the demand on local emergency shelter beds.

Topic Highlights

- The key difference between diversion strategies and homelessness prevention programs is that diversion is set up at the “front door” of emergency shelter and is designed to screen and, where possible, divert people away from entering shelter or transitional housing by connecting them to prevention assistance.
- The “front door” to emergency shelter and literal homelessness will look different in communities based on how the homeless crisis response system is set up. Common “front doors” are at emergency shelter and transitional housing intake units (including HCHV and GPD), centralized shelter intake and assessment centers, local resource hotlines that are connected to the shelter system (i.e. 211).
- Diversion strategies employ the same screening approach as SSVF homelessness prevention programs, which seek to identify and assist Veterans who will be literally homeless “but for” an intervention. Diversion often involves active problem-solving and, at times mediation and immediate financial assistance, to help people remain housed in the near-term, while connecting them to more in-depth prevention assistance as needed.
- Targeted homelessness prevention assistance through SSVF can be an effective tool to bolster local diversion efforts when coordinated entry, shelter, transitional housing and other providers establish processes that expedite access to.

Discussion Questions

1. Describe any diversion protocols and/or programs that currently exist in your community. How are they set up? What types of immediate services and/or financial assistance are offered to help Veterans avoid entering shelter or transitional housing or ending up on the street? Where are diversion staff located?
2. Are your program’s diversion efforts connected to the local Coordinated Entry System (CES) or your Coordinated Veteran system? If so, describe how diversion is connected to CES. Is there an expedited referral process to SSVF, especially for Veterans who have very little time remaining in their current housing?
3. How do staff practicing diversion strategies assess when to provide assistance to divert a Veteran from entering shelter? Is a diversion-specific screening tool used? What types of questions are staff asking to assess if diversion options?
4. Does your program or community have any guidelines to follow to decide if a Veteran should be diverted from shelter or not (e.g., the Veteran must be able to stay in their current living situation for 3 days or more)?
5. What efforts are in place with GPD and other transitional housing providers to screen and divert Veterans away from the homeless crisis response system and to other options when they need somewhere safe and appropriate to live?
6. What types of Non-TFA/Support Services strategies have been essential to successfully diverting people from entering shelter (i.e. landlord mediation, host mediation, housing search, legal services, connection to mainstream benefits, etc.)?

Creating Comprehensive Housing Partnerships and Opportunities

Overview: Housing markets in many places in the country are tight- rising housing costs and lower vacancy rates contribute to the challenges SSVF programs face on a daily basis. In response, SSVF programs are furthering their efforts by dedicating staff and program resources to creating comprehensive housing partnerships and opportunities for Veterans to access. A comprehensive approach includes efforts such as building partnerships with housing authorities; creating homeless Veteran preferences in affordable housing developments; conducting ongoing, targeted landlord recruitment/retention efforts; and creating effective program design around shared housing arrangements (i.e. congregate settings, roommate situations, etc.).

Topic Highlights

- The array of services that SSVF provides can be leveraged as incentives for housing providers to partner with your program or system.
- One of the primary concerns of landlords, property managers, and PHAs is what the service response will look like if a Veteran's tenancy is destabilized- this is a concern SSVF can alleviate.
- As housing markets become more challenging, options such as shared housing can be a tool to assist Veterans who choose to pursue a roommate or congregate living situation. SSVF services (including Non TFA/Supportive Services) can be used to address challenges that may arise in shared housing environments (roommate mediation, roommate agreements, tenant education re: roommate situations, etc.).
- Other strategies, like risk mitigation funds and financial incentives, can be effective tools for recruiting landlords concerned about real or perceived risks in accepting tenants with greater housing barriers.
- Building and maintaining comprehensive housing partnerships requires an ongoing investment of staff time, an understanding of housing partner needs, and a focus on attending to partner needs to preserve trust and confidence in SSVF as a reliable and attentive partner.

Discussion Questions

1. What are some ways your SSVF program or community has created housing partnerships to maximize housing options for homeless Veterans (e.g., partnership with housing authority, local realtor's association/Chamber of Commerce, etc.)?
2. What incentives can the SSVF program provide to housing providers such as housing authorities/landlords to promote comprehensive housing partnerships? Has your community developed any landlord incentive programs?
3. Has your public housing authority created any set-asides for Veterans experiencing homelessness either in their Housing Choice Voucher (HCV) program (Section 8) or their public housing units?
4. Have you and other community partners engaged in discussions with the local Housing Authority about any barriers to entry that are locally imposed by the housing authority which get in the way of Veterans experiencing homelessness participating in HCV or public housing? What locally imposed barriers are there? What local barriers have you been able to successfully advocate for removal or lessening?
5. Have you created any successful partnerships (including prioritization for Veterans experiencing homelessness) with any privately managed affordable housing units (tax credit properties; privately-owned affordable housing, PSH providers)? What are those partnerships and how was this accomplished? Are there formal MOU's to support this?
6. Have your programs assisted Veterans to pursue housing arrangements such as shared housing/roommate situations? What do you see as the benefits and challenges to promoting shared housing arrangements? What kinds of outcomes have you had with Veterans in shared housing? How does your program promote shared housing to the Veterans you serve? How does your program assist Veterans to find roommates and what support is offered to make shared housing successful (e.g., roommate agreements, tenant education on living with a roommate, roommate mediation, etc)?
7. Are there tools or resources that you would like from SSVF to support your work with shared housing or creating housing partnerships with local housing authorities or other affordable housing providers?