

# SSVF National Webinar

## February 9, 2023

Disposable Smartphone Initiative  
SSVF Health Care Navigation

[Link to Audio](#)



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# Presenters and Facilitators

- Nikki Barfield, Acting National Director SSVF
- Cindy Spencer, SSVF Regional Coordinator Supervisor
- Jennifer Nemeth, VA Homeless Program Office
- Esau Williams, Abt Associates
- Douglas Tetrault, Technical Assistance Collaborative
- Louise Rothschild, Abt Associates
- Scott McKee, Community Action Partnership of Oregon



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# Housekeeping



90 minutes



Slides &  
handouts  
are in the  
“handout  
” section



Recording,  
Handouts &  
Slides will  
be sent via  
email



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box or any  
time at  
[ssvf@va.gov](mailto:ssvf@va.gov)

# Agenda

I. Welcome

II. Housekeeping

III. VA HPO Smartphone Initiative

IV. SSVF Health Care Navigation

V. Q&A



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# VA Homeless Programs Smartphone Initiative

## SSVF Smartphone Updates

### February 2023

Jennifer Nemeth  
Business Operations & Staffing Coordinator  
VHA Homeless Program Office



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# VA Homeless Programs Disposable Smartphone Initiative

## Background:

- Initiated in response to the COVID-19 public health emergency.
- Devices are prioritized for Veterans engaged in VA Homeless Programs, including:
  - Support Services for Veterans and Families (SSVF),
  - Grant and Per Diem (GPD),
  - Health Care for Homeless Veterans (HCHV) programs,
  - HUD-VASH,
  - Veterans Justice Programs (VJP),
  - Community Employment Services (CES), and/or
  - Engaged in other homeless services.
- These phones are utilized as a resource for Veterans to stay connected with case managers, caregivers, and other support services, especially during the pandemic.
- Once the phone is given to a Veteran, it becomes the Veteran's property and does not need to be returned to the VA or the SSVF grantee.
- All phones include a time limited pre-paid service plan of unlimited talk, text, and data. After the data plan ends, the plan can be renewed, at low cost, by the Veteran, or the phone can be used over Wi-Fi, at no additional cost.



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## SSVF Roles & Responsibilities:

**SSVF Grantee Program Supervisors** are responsible for the oversight of the VA Homeless Programs Smartphones Initiative at their facility.

- Supporting the SSVF Grantee Phone POC, as necessary to ensure success of initiative.
- Ensuring there is a secure, locked location for the storage of undistributed phones to reduce loss/theft.
- Communicating initiative guidance locally to staff.

Local dissemination of phones to homeless or at-risk Veterans, is at the discretion of the **SSVF Grantee supervisor**.

**SSVF Grantee Phone POCs** are responsible for the tracking and monitoring of phone distributions and inventory.

- Maintaining a detailed VA Homeless Programs Disposable Smartphone Initiative Tracker that includes a full list of all inventory and distributions.
- Assessing all phones upon receipt to ensure working condition. All broken phones or missing items are to be reported within 15 business days of receipt, to [jennifer.nemeth@va.gov](mailto:jennifer.nemeth@va.gov).
- Ensuring phones are in a secure location to reduce loss/theft.
- Maintaining a file for all signed VHA Homeless Program Smartphone Veteran User Agreements.
- Reporting the Quarterly Inventory Assessments and any other reporting, as necessary.
- Trouble shooting activation issues.

# Phone Inventory Updated

- FY 2023 Q1 Smartphone inventory assessment is complete!
  - 147/164 Grantees completed reporting requirement.
  - 87% of allocated devices have been distributed to Veterans with an assessed need.

Barriers	Number of SSVF Sites Affected
Difficulty using technology	54
Technical difficulties/lack of technical support (lockouts, resets, VA computer unable to support Apple troubleshooting needs, etc.)	33
Phones not properly stored or cared for (lost/stolen/sold/damaged)	31
Change of responsibility challenges (Veterans unable to pay, service provider requiring pin, etc.)	24
Difficulty locating Veterans with an identified need for a device	19
Veterans declined phones (distrust government, feeling unworthy)	18
Administrative (workload, time and staffing barriers, teaching staff, tracking, distribution, etc.)	15
Activation barriers (long process, not working, no Wi-Fi, etc.)	15
Distribution and service in large/rural areas	5

- Next Quarterly Inventory Assessment will be due in late March 2023.



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# Phone Change of Responsibility Process - VERIZON

- The last of the SSVF issued phones with Verizon data plans expired on 1/22/2023.
- Veterans have a right to choose a data plan carrier of their choice.
- Issues related to the Change of Responsibility (COR) have been addressed by Verizon and Veterans should follow the below steps to ensure transition to self-pay:

## STEPS TO TAKE TO TRANSITION TO VERIZON SELF-PAY OPTIONS

- Contact Verizon to have the phone line released by choosing one of the options below:
  - Veterans can dial 611 from their phone,
  - Veteran/VA or SSVF Staff can call **1-800-295-1614**, or
  - Veteran can go in-person to a Verizon store.
- Once contact is initiated with Verizon to release the line, Verizon will coordinate releasing the telephone number. (This step will take less than 2-minutes)
- If the Veteran chooses to stay with Verizon, below are payment plan options from the list below:

### Verizon Plan Options:

➤ Welcome Unlimited \$20. <https://www.verizon.com/military/>, or

Unlimited Talk & Text	UTT 5GB	UTT 15GB	Unlimited Talk, Text, and Data
\$30.00	\$40/mo per line \$35 with Auto Pay8 as low as \$25 after loyalty discounts	\$50/mo per line \$45 with Auto Pay8 as low as \$35 after loyalty discounts	\$65/mo per line \$60 with Auto Pay8 as low as \$50 after loyalty discount
Basic plan includes unlimited talk and text only.	Includes: Unlimited talk, text, and Mobile Hotspot	Includes: Unlimited talk and text, and mobile hotspot	Includes: Unlimited talk, text, and data Add Mobile Hotspot for \$5/mo
		Talk to Mexico/Canada	Talk, text and data to and from Mexico and Canada



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## Phone Change of Responsibility Process – T-MOBILE

- The last of the SSVF issued phones with T-Mobile data plans will **expire on 2/26/2023**, or sooner (based on distribution times)
- The device is not locked to T-Mobile. Port out signals have been activated. This means, Veterans can go to another carrier, should they choose to do so.
- Veterans have a choice of a T-Mobile post-paid data plan or pre-paid data plan. If the Veteran prefers post-paid vs. pre-paid, they will need to work with the customer care team to switch over to a post-paid plan.

### STEPS TO TAKE TO TRANSITION TO T-MOBILE SELF-PAY OPTIONS

1. Call **1-833-236-1769** to speak to a dedicated T-Mobile COR Team member.
  - Veterans will have the opportunity to choose from one of the T-Mobile offered plans OR they can choose to port their line to a carrier of their choice.
  - If the Veteran chooses a different carrier, T-Mobile will walk the Veteran through unlocking the device. This will allow the Veteran to port their line to any carrier. They will have to contact the other carrier directly or go into any authorized carrier branch. Neither VA, nor T-Mobile will be able to initiate that process.

**To be clear, this only establishes the new self-pay account.** Veterans will need to make payment arrangements once the self-pay account is established. T-Mobile will hold the phone number for 30 days after the expiration date to allow for transition.



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# Payment and Plan Options – T-MOBILE

## Payments can be made:

- **In person:** Veterans can go to a T-Mobile store and pay with cash/card.
- **Via Phone:** Veterans can set this up with the T-Mobile COR Team member at time of establishment of self-pay account.

## Plan Options:

### Prepaid options for Veterans include:

- *T-Mobile Connect* <https://prepaid.t-mobile.com/prepaid-plans/connect> \$10/\$15/\$25/\$35 (Please note the \$10 plan comes with 1K minutes/1K texts, not unlimited. All other plans are unlimited talk & text.)
- *Simply Prepaid* <https://prepaid.t-mobile.com/simply-prepaid> \$40/\$50/\$60 (Prepaid but with more features such as free roaming in Canada/Mexico).

### Post-pay plans for Veterans includes:

- Requires a bit more extensive information to be collected and requires a credit check.
- *Magenta Military Plan* <https://www.t-mobile.com/cell-phone-plans/military-discount-plans> \$55 w/AutoPay, \$60 w/o AutoPay (Requires credit check + verification of Veteran status).

# Phone Change of Responsibility Process – ALL OTHER CARRIERS

## Tracfone:

- To activate, call 1-800-87-7138 or [tracfone.com/activate](https://tracfone.com/activate)

\$15.00	\$20.00	\$25.00
Includes: 500 Minutes of talk 500 text messages 500 MB of data	Includes: Unlimited Talk Unlimited Text 1GB of data	Includes: Unlimited Talk Unlimited Text 2GB of data

## AT&T:

### Prepaid Options:

- \$30 + tax - UNL Talk & Text w/ 5GB high speed data
- \$40 + tax - UNL Talk & Text w/ 15GB high speed data
- Additional Details: <https://www.att.com/prepaid/plans/>

## SafeLink Wireless:

- Affordable Connectivity Program: A long-term FCC program that will help connect families and households struggling to afford internet service. Please refer to <https://www.safelinkwireless.com> for more information.

## Lifeline Support for Affordable Communications:

- <https://www.fcc.gov/life>



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*For questions, please email [Jennifer.Nemeth@va.gov](mailto:Jennifer.Nemeth@va.gov) or [Holly.Hirsel@va.gov](mailto:Holly.Hirsel@va.gov)*



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# Health Care Navigator Refresher

# Health Care Navigation History

- Introduced as new SSVF service shortly after COVID-19 public health emergency
- Initial focus on basic health connections, COVID-19 risk mitigation and vaccines
- Broader purpose of better linking SSVF Veterans to health care supports with dedicated expertise
- Now a permanent, required service of SSVF grantees



# Social Determinants of Health

Figure 1

## Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	Quality of Care
Medical Bills	Playgrounds	Higher Education		Stress	
Support	Walkability				
	Zip Code/ Geography				

### Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>



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# What is a Health Care Navigator?

- SSVF health care navigators work with Veterans on a variety of issues to assist them in identifying and overcoming challenges to accessing the healthcare system or adhering to recommended health care plans
- SSVF health care navigators should be trained to assist Veterans with the following:
  - Gaining access to health care (VA and Mainstream)
  - Supporting health care plans by identifying barriers to care and supporting Veteran in accessing care
  - Providing education on wellness related topics, including those related to public health



# SSVF Expectations

- SSVF Grantees must provide some level of access to Health Care Navigation services for all enrolled Veterans, though some may not want/need ongoing support
- Veteran family members can also receive health care navigation services if enrolled as part of the household
- HCN is NOT a separate program; it is added service to SSVF

# HCN Role – General

## Assist Veterans in accessing healthcare systems

- Work with the Veteran to identify a health navigation plan that meets the Veteran's unique needs, choices and goals
- Gaining entry to VA health care (including mental health and substance use disorder) care) or community care when Veterans are not interested in or eligible for VHA
- Connecting Veterans to VA health care by working with the VAMC to facilitate enrollment
- Helping with documentation and paperwork required for enrollment in coordination with case manager
- Following up on enrollment progress to ensure that the Veteran is enrolled in VA or community health care services
- Coordinating with health partners to ensure Veteran has access and can follow through with health care needs and plans and appointments



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# HCN Role continued

- Help Veterans get access to appointments when needed
- Assist Veterans in utilizing services, including preventative health care
- Help Veterans identify barriers to recommended health care plans
- Assist Veterans in understanding and communicating with providers to make informed decisions about health care
- Problem-solve barriers to care (transportation, childcare, communication)
- Provide education or create linkages for Veterans to learn about wellness related topics or other pressing health initiatives



# Health Care Navigation and Veteran Choice

- Honor Veteran's choice and use client centered approach
- Veteran may opt out of participating or answering questions in assessments or other services
- Goals and priorities for engaging in health care services are determined by the Veteran
- Close coordination with Veteran's housing case manager or other staff to ensure consistency, non-duplication and avoid confusion

# Important: SSVF cannot provide clinical care

- SSVF grantees CANNOT provide direct health care services; navigators are not health care providers and do not deliver direct patient care
- Mental health counseling is not an eligible SSVF activity and therefore not within the scope of the SSVF health care navigator's job duties
- SSVF health care navigators do not make treatment recommendations

# Approaches for Addressing Disparities

- Implement Data Informed Practices
- Partner with local organizations that are deeply connected in communities that have disparate health outcomes
- Leverage the expertise of communities with disparate health outcomes and create shared goals for reducing disparities
- Collaborate with Veterans with lived expertise



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# Example: Targeting HCN to Reduce Disparities

- SSVF provider reviewed their disaggregated health care enrollment data over the course of 24 months
- Data review showed that black men were enrolled in VA healthcare at rate 15% below their counterparts at entry, and 14% below counterparts at exit
- The grantee elevated health care enrolled for all Veterans earlier in the engagement but still struggled to bring black male enrollments up to their counterparts in the program
- The SSVF grantee tapped into their peer specialist role and paired with the HCN to discuss health care options with BIPOC Veterans
- Over the course of 6 months, VA health care enrollment rates for black males were just 6% under their counterparts in the program





# Protocols for Prioritization

Grantees should develop protocols for prioritizing Veterans for Health Care Navigator intervention, based on Veteran choice, Planning should address:

- Veterans who are not already enrolled in health care
- Veterans identified as having a complex illness and difficulty accessing care
- Veterans identified as having mental health or substance use disorders
- Vulnerable Veterans living in hotels
- Veteran requesting HCN services who otherwise may not have apparent health care navigation needs



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# Supporting Veteran Health Care Plans

# Health Care Navigation Plan

- Should be informed by screening processes and even more importantly, the engagement with the Veteran
- Should include health goals and priority actions identified by the Veteran
- May include actions to be completed by the Veteran, HCN or other care team member
- Recommend that plan be reviewed between Veteran and HCN and updated every 30 days or at appropriate intervals
- May be incorporated as part of overall housing plan but should be identified as relevant to the health care navigation needs



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# Considerations for HCN Plans

- Messaging and Communication around HCN Plans should
  - **Be Consistent** – focused on HCN needs that support housing goals
  - **Be Smart and Simple**
- HCN Plans should
  - **Be Empowering**
    - Plans should be Veteran-centered and based upon their identified (and prioritized) needs
  - **Be Trauma-Informed and Equity-Centered**
    - Staff should become familiar with system disparities and inequities so as to better support Veterans as they navigate health care systems and resources.
  - **Be Flexible and Reviewed Regularly** as a part of ongoing discussions.



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# HCN Supervision, Support and Consultation



- All HCN must be **acclimated** to the SSVF Program Mission, Goals, and Service Provisions
- All HCN and Supervisors/Managers should work together to **develop processes and procedures** that are equitable to all Veteran Families being served.
- Supervisors/Managers will need to ensure roles and responsibilities **between staff are clarified** while supporting communication among staff
- Supervisors/Managers will need to provide regular and **ongoing support** to HCN for role development and process improvements.



- Support HCNs in making difficult decision in how to allocate time when competing needs arise
- Support the time needed to connect to and learn how to navigate the VAMC and Veteran resources both local and national for medical, behavioral health, and benefits needs
- Support the time needed to connect to and learn how to navigate non-VA resources and build health and behavioral health related expertise and portfolio
- Provide a safe space for a general check-in. This can facilitate a “normal” space to address:
  - HCN self-awareness, self-care and introspection and how this influences their service delivery
  - HCN use of self while providing a place to reflect on any transference or counter transference issues and how their own triggers can influence the way they deliver services
  - Areas a HCN may need support to manage stress and time, reducing chances of burn out
- It will also be important for Supervisors to address any boundary issues that may arise.



# Connections to VA and Community Partners



# VA SUD Positions

- VA Substance Abuse POCs for SSVF
  - VA's Office of Mental Health and Suicide Prevention developed a SUD-specific budget that was included in the President's Budget for FY2022 and is expected to be funded at least through 2024.
  - The SUD initiatives included in the budget closely align with the Administration's drug policy priorities and reflect VA's commitment to expand access to state-of-the-art, evidence-based treatment for substance use concerns.
- It is important that VA SUD positions and SSVF Grantees closely coordinate services for Veterans. This includes:
  - Ensuring VA SUD positions are linked to SSVF grantees to support the goal of expanding Veteran access to VA SUD care in the Veteran's preferred settings (e.g. primary care, SUD specialty care, general mental health, residential treatment, and telehealth).
  - VA SUD positions work directly with SSVF grantees and other homeless program staff to link Veterans to this expanded range of VA SUD care options.
  - SSVF Health Care Navigators may be a natural POC for dedicated SUD positions



# HCN – VA Point of Contact

- Each VAMC should have an assigned SSVF POC; role and activity of POC likely varies across country
- VA SSVF POCs may assist HCN in understanding how Veterans receive primary care appointments
- VA SSVF POCs may assist with the initial coordinating process and with bridging initial communications with other VA teams such as MHICM, HPACT, HBPC and Mental Health (see appendix)
- Reach out to your SSVF Regional Coordinator or review the spreadsheet included with this presentation for POC contact information



# HCN – Community Connections

- Some Veterans will want to engage in non-VA services or may live in areas where non-VA services are more readily available/accessible
- Each HCN should become familiar with the process to enroll in Non-VA health care benefits and should compile a resource guide
  - Health Care Coverage
  - Behavioral Health Supports
- Veteran family members may be eligible for or need support in accessing non-VA health care system



# Questions



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