



# Determining Your *HP Allocation & Targeting Threshold Score*

SSVF Fall 2016  
Regional Meeting

# SSVF Homelessness Prevention: Lessons Learned

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- 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

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## **SSVF INELIGIBLE**

At-Risk of Housing Loss, but not Literal Homelessness

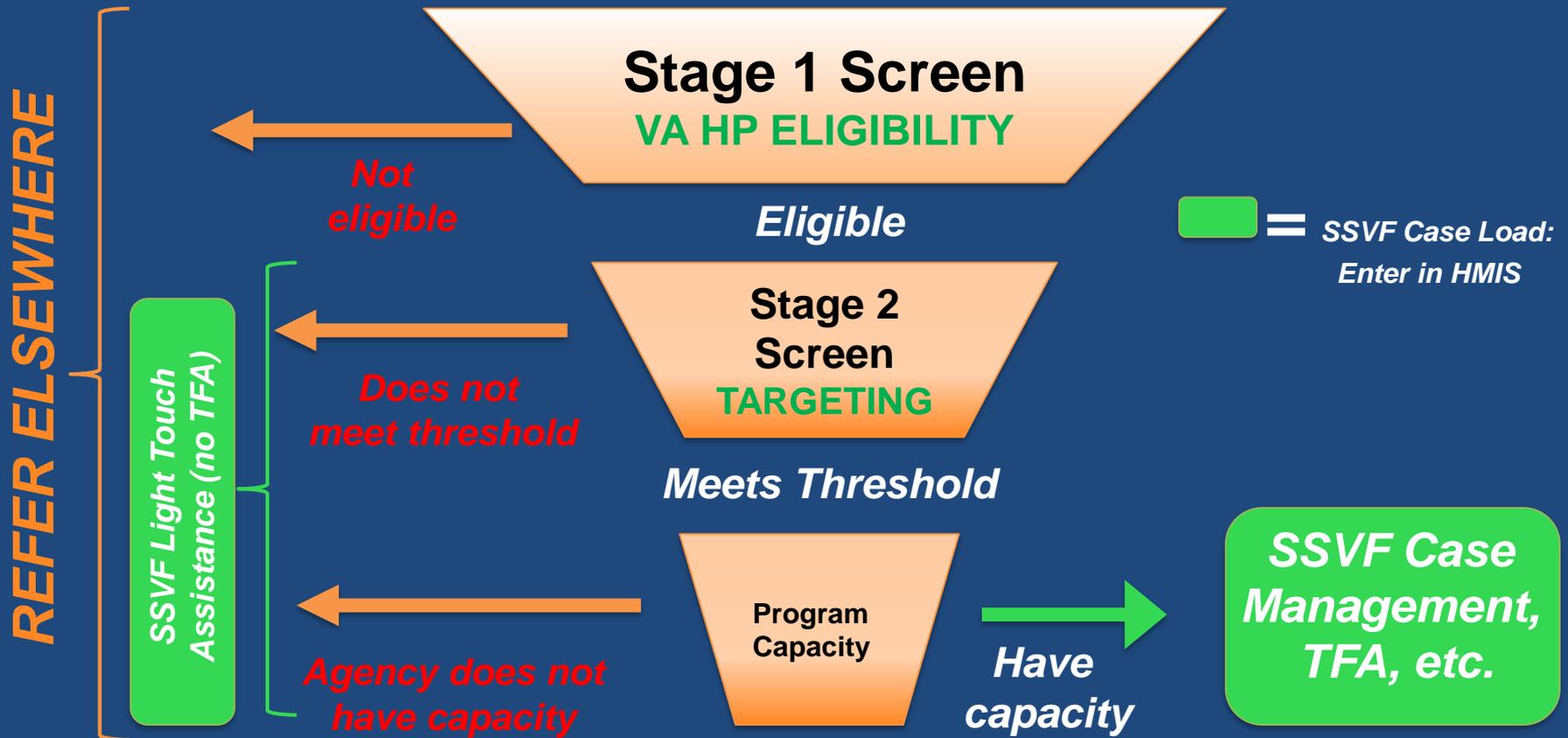
## **SSVF ELIGIBLE**

Imminent Risk (<30 Days) of Literal Homelessness

## **SSVF PRIORITY:**

Most Urgent,  
Greatest  
Vulnerability &  
Barriers

# SSVF Homelessness Prevention: Eligibility Screening & Targeting Flow



# WHEN SCREENING

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- 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

# Determining Your *HP Allocation & Targeting Threshold Score*

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- Grantees must continue to use a VA approved “targeting threshold score”
- *All grantees need to review and determine a new Targeting Threshold Score (if not already done)*
- *Only 1 Targeting Threshold Score per CoC per grantee*
- **5 Steps to determining**
  1. *Estimate Annual CoC Demand*
  2. *Estimate Number Who Will Need SSVF RRH Assistance*
  3. *Determine Remaining Capacity for SSVF HP*
  4. *Estimate Number Who Will Seek SSVF HP Assistance*
  5. *Determine Targeting Threshold Score*

# Determining Your HP Allocation & Targeting Threshold Score

## Example:

FY17 COC ESTIMATE						
<b>Total Literally Homeless Veterans</b>	<b>700</b>					
-Self-Resolving	210	30%	<i>With RRH</i>			
<b>Needing Assistance to Obtain PH</b>	<b>490</b>	<b>70%</b>	<i>SSVF RRH</i>	<i>Other RRH</i>		
-HUD VASH or other PSH	98	20%	<b>49</b>	50%	10	10%
-GPD or other TH assistance	172	35%	<b>34</b>	20%	18	10%
<i>-RRH Only (with or without ES)</i>	221	45%	<b>187</b>	85%	34	15%
<b>TOTAL SSVF RRH DEMAND</b>			<b>271</b>			

FY17 SSVF Capacity for CoC	TOTAL	RRH	HP
Total Households (RRH & HP)	<b>360</b>	<b>271</b>	<b>89</b>
-Grantee A	150	100	50
-Grantee B	210	171	39

### Result:

- ✓ Meets demand estimate
- ✓ 75% RRH
- ✓ Capacity for 89 HP households with SSVF

# Program Planning through HP/RRH Data

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NOW is the time to review your data to ensure that your SSVF funding is fully addressing RRH demand and remaining funding used for HP is well-targeted

- How do we ensure that we are only assisting those who, BUT FOR SSVF, will be literally homeless in next 30 days
- And, among these, those who are MOST IN NEED

# HOW DO YOU DO THIS?

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- What method did you use to meet these objectives and determine your HP allocation and targeting score?
- Share with the group
- What questions do you have about this?

# Estimate Number Who Will Seek SSVF HP Assistance

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- Use data from recent period of time (3-6 months?) to estimate total # Veterans who will be screened and eligible per Stage 1 in upcoming year
- Calculate difference between Stage 1 eligible and HP capacity:

Example:

Estimated annual # Veterans eligible per Stage 1 = 200

Estimated annual HP capacity = 89 (45%)

Estimated annual # unable to assist = 111 (55%)

- Per example, ~55% of Stage 1 eligible applicants will need to be screened out during Stage 2

# Where do your HP cases come from?

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- Are all of your HP cases coming in directly to your office?
- Are you doing any outreach to find people who are imminently at risk of becoming homeless?
- Do you follow up with closed RRH households?
- Do you coordinate with the VAMC clinics?
- Are Veterans referred to you by Coordinated Entry or when being diverted from shelter?

# Considerations

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- If you are routinely running out of prevention funds and have to freeze TFA availability during portions of the grant cycle, your threshold score is **SET TOO LOW**
- Remember, the priority is still on RRH, even if you have reached an operational end to homelessness among Veterans in your community.

# SSVF HP Toolkit

Access Toolkit and Forms at SSVF website under Participant Eligibility:

<http://www.va.gov/homeless/ssvf.asp>

## HP Toolkit Materials:

- ✓ Overview of VA HP Materials (PDF)
- ✓ \*Grantee HP Eligibility & Targeting Threshold Score Form (form-fillable PDF) - includes instructions
- ✓ HP Screening Form (form-fillable PDF)
- ✓ HP Screening Form Companion Guide (PDF)
  
- ✓ **Coming Soon:** SSVF Gaps Analysis Tool for determining RRH and HP allocation

\*Must be VA-approved prior to implementation

# QUESTIONS

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*What additional guidance or clarification related to the new screener would be helpful to receive?*



# SSVF Homelessness Prevention Light Touch Services:

## Supervising and Supporting Staff

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# HP Light Touch: When to Employ

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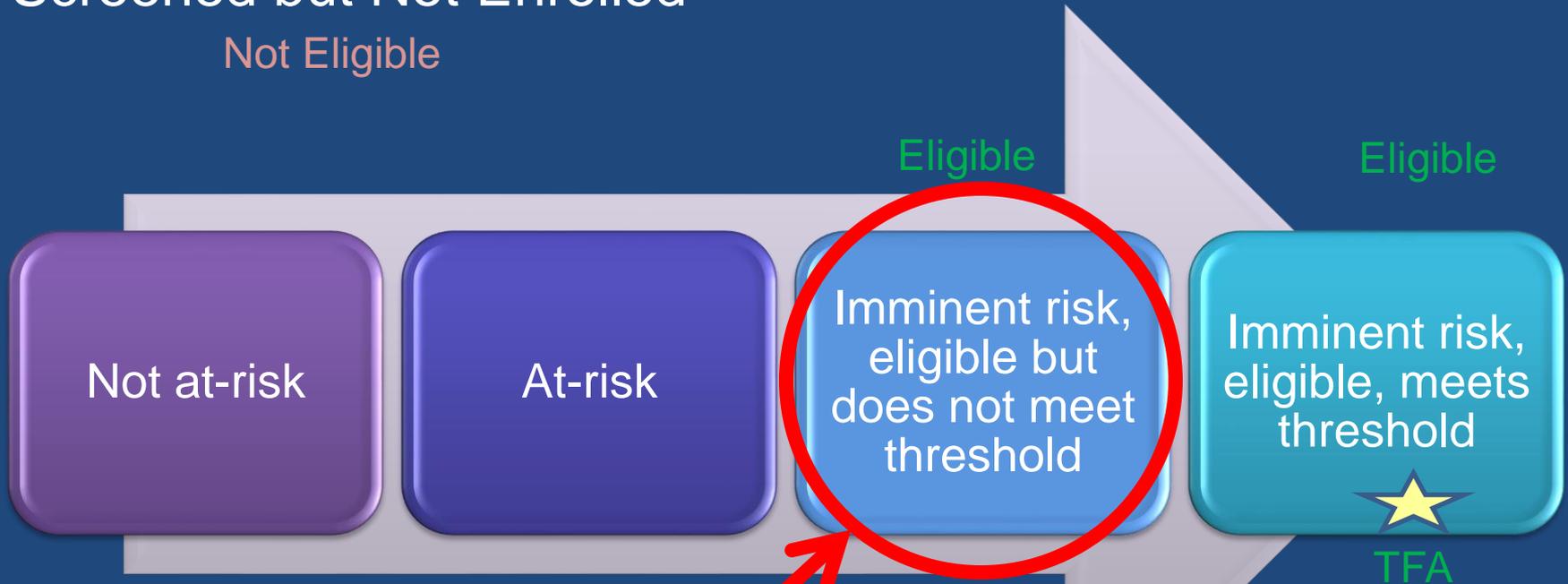
- **Households that pass Stage 1 eligibility but don't meet threshold may receive “light touch” SSVF services.**
- “Light touch”
  - Supportive services, without temporary financial assistance, to prevent literal homelessness.

# Screening and Enrollment

Screened but Not Enrolled

Not Eligible

Enrolled



This group can receive “light touch” (non-TFA services) only. Enroll in program and enter in HMIS if assisted. Reported with all other enrolled HHs.

# Understanding Stage 1 & 2 Dispositions

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- Stage 1 Disposition is *Not Eligible*
  - Provide other referrals when needed and desired
  - Track/document as “Screened, but not Enrolled”
  - Do not enter household data into SSVF HMIS
- Stage 1 Disposition is *Eligible*, but Stage 2 Disposition is *Does Not Meet Targeting Threshold*
  - May receive “light touch” (i.e., non-TFA) assistance if do not meet targeting threshold score in Stage 2
  - Enter in HMIS as served client
- Stage 1 and Stage 2 Dispositions are *Eligible* and *Meets Targeting Threshold*
  - Use progressive assistance approach – start with “light touch” when possible and effective in avoiding literal homelessness
  - Enter in HMIS as served client

# Value of Light Touch HP Services

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- Gives staff opportunities to assist Veterans who do not meet HP threshold, but who are still imminently at-risk
- Prevent literal homelessness w/out financial assistance
- Homelessness Prevention skill building for staff
- Trust-building between Veteran and program

# Light Touch

## Homelessness Prevention Examples

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- **Advocacy**
  - Landlord mediation
  - Payment plan negotiation
  - Identification of supports (friends, family)
- **Problem Solving and Support**
  - Create Housing Stability Plan
  - Budgeting assistance
  - Housing Search Assistance
  - Follow up check-ins with Veteran (and landlord if Veteran consents)
- **Information and Referral**
  - Other prevention resources (incl financial and legal)
  - Cash and non cash benefits (i.e. fuel assistance, SNAP, etc.)
  - Other community resources

# Group Discussion

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1. How do you support your staff in communicating Homelessness Prevention funding limitations and priorities? What strategies do your staff use to ensure Veterans feel supported, even if they're only able to receive light touch assistance?
2. How do you instruct your staff to carry out light touch services for Veterans who do not meet the threshold? Where do light touch services stop for your staff? How do staff know when light touch work should end?
3. What light touch services would you consider the most effective to prevent literal homelessness?
4. What are your staff's biggest challenges to providing light touch services? What are some potential ways to overcome those challenges?

# BREAK

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During this break, the air walls are going to be pulled out, and we will reconvene for the rest of the meeting as the full group.

Don't miss the final session:

- ✓ Time to ask questions of the VA
- ✓ Learn new skills to bring back to your team
- ✓ Yes, there is still more to learn, and it will be fun, too!