

**Department of
Veterans Affairs**

Memorandum

Date:

OCT 21 2013

From:

Acting Deputy Under Secretary for Health for Operations and Management (10N)

Subj:

Coordination of Homeless Services (VAIQ #7406363)

To:

Network Directors (10N1 – 23)
Chief Medical Officers (10N1 – 23)
Network Homeless Coordinators (10N1 – 23)

1. The goal to end homelessness among Veterans by the end of 2015 remains a high priority goal for the Department of Veterans Affairs (VA). Since the inception of the goal, VA has made significant progress through its Veteran centric, data driven evidence-based service enhancements. With just over two years remaining, there is still substantial advancement that needs to be accomplished to obtain and maintain the goal of ensuring every eligible homeless Veteran has access to housing, healthcare, and other supportive services by the end of 2015.
2. One of the major initiatives undertaken by the VA to end homelessness in 2015 is the Supportive Services for Veteran Families (SSVF) program. In the past year, VA has made a major commitment to the program, announcing that 319 community agencies in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands have been awarded \$300 million in grants to serve approximately 120,000 homeless and at-risk Veterans and their families in Fiscal Year (FY) 2014.
3. To ensure coordination and integration of SSVF, it is requested that Medical Center Directors host a coordinating meeting with SSVF grantees in your area. The purpose and intent of the meeting is to develop clear procedures for the use of SSVF resources so that these resources are used in the most efficient manner possible, avoiding waste and duplication ensuring timely access to resources and appropriate targeting of the resources. Participants in the meetings should include internal (homeless program staff, mental health, social work, primary care) and external stakeholders (SSVF grantees, VA's Homeless Providers Grant and Per Diem partners, community partners, Veteran Service Organizations, Public Housing Authorities and leadership from the local continuum of care).
4. The success of the SSVF program depends on its services being integrated with existing services already offered through VHA's specialized homeless programs. The appendix attached to this memorandum details guidance to be used to foster such integration.

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5. In an effort to support the integration of SSVF services with local VAMC health care, mental health, and other specialized homeless services, all VAMCs should designate a SSVF point of contact (POC). The attachment outlines the functions required by VAMC SSVF POC. Veteran Integrated Service Networks should submit a roll-up of VAMC SSVF POCs to John Kuhn and Linda Southcott via email no later than October 31, 2013.
6. VHA's Homeless Program continues work on finalizing the system-wide gap analysis and strategy tool. Upon receipt of the completed analysis, VAMCs will be expected to hold operational meetings with internal and community stakeholders and partners. These meetings should be used to review the analysis and develop concrete strategies to address any identified gaps. To ensure coordination and leveraging of available VA and community resources to support and house Veterans who are homeless, local SSVF grantees should be invited to participate in these operational meetings. Additional information announcing the release of the gap analysis and strategy tool will be communicated through another memorandum from my office.
7. Questions pertaining to the information in this memorandum should be directed to John Kuhn, National Director, SSVF Program, at John.Kuhn2@va.gov, and Linda Southcott, Deputy Director SSVF Program, at Linda.Southcott@va.gov
8. Thank you for your continued dedication in preventing and ending homelessness among Veterans and their families.



Fernando O. Rivera, FACHE

Attachment

Collaborative Delivery of GPD/HUD-VASH/SSVF ServicesA. Background:

The VA has a variety of resources available to serve homeless Veterans. These resources must be deployed in an efficient and coordinated manner to support the VA's goal of ending homelessness among Veterans by 2015. Housing First is the guiding approach to the delivery of these services, so it is critical that program resources are employed as supports to housing placement, not barriers. The ability of program staff to screen and assess effectively, will allow Veterans to access the intervention appropriate to their needs.

B. Housing Resources:

This guidance addresses three VA specialized homeless programs: Grant and Per Diem (GPD), HUD-VA Supportive Housing (HUD-VASH), and Supportive Services for Veteran Families (SSVF). In general, these programs act along a continuum of care where each program places Veterans into permanent housing without drawing on resources from each other. The ability of these programs to function as designed allows resources to be made available for more Veterans, increasing the VA's ability to reduce homelessness among Veterans. However, due to the high barriers faced by some homeless Veterans, program collaboration is at times necessary to end a Veteran's homelessness. The requirements for such collaboration are as follows.

- 1) For SSVF Temporary Financial Assistance (TFA) for HUD-VASH or GPD, participants must at a minimum meet all of the following criteria.
 - i) Veteran referred by HUD-VASH must be chronically homeless.
 - ii) Veteran household must have an area median income of less than 30 percent.
 - iii) GPD participant must be a resident of a GPD program for no longer than 30 days prior to referral to SSVF. The Veteran would be designated for Rapid Rehousing in SSVF and therefore should have an individualized plan in GPD reflecting this approach.
 - iv) HUD-VASH participants must be referred prior to housing placement.
 - v) If a HUD-VASH referral is for a current resident in arrears,
 - (1) The Veteran must have a fiduciary or representative payee who can insure that over the intermediate term, rent will be paid.
 - (2) The fiduciary or representative payee arrangement should continue until the Veteran meets agreed upon targets demonstrating their ability to resume control over their finances.
 - (3) A written plan must be developed by the HUD-VASH case worker, working in coordination with the SSVF grantee that will lead to a path of sustainability for the Veteran in their current housing. This plan must include clear targets for rent repayment/relief and include a revised rent amount if required to sustain current housing. It may also include requirements for money management classes, treatment for SUDs, credit counseling, resolution of outstanding legal issues, and other appropriate interventions.

- 2) An appropriate collaboration with a SSVF grantee may include the delivery of non-temporary financial assistance services when such services are not available to GPD or HUD-VASH participants. In such instances, the assessment must document the need for such services to support housing stability and chart notes must also document the lack of available community resources to meet identified needs. Some examples may include:
 - i) SSVF legal services,
 - ii) Targeted case management services for non-Veteran family members.
- 3) Exceptions can only be requested in writing by the VA HUD-VASH or GPD liaison through the appropriate VA Network Homeless Coordinator to the SSVF grantee where assistance is being requested. Requests must clearly describe efforts to seek alternative assistance. These efforts need to demonstrate that no practical alternatives exist to SSVF and without assistance homelessness shall result for the referred Veteran household.

C. Designation of a SSVF Point of Contact

Each VAMC shall designate a SSVF point of contact who will have the responsibility to support the integration of SSVF services with local VAMC health care, mental health, and other specialized homeless services. In addition, the POC's responsibilities shall include:

- 1) Participating in regular planning calls with VA Regional Coordinators assigned to SSVF grantees;
- 2) Participating in regular planning meetings with SSVF grantees that standardize processes for referrals both to SSVF grantees and from grantees to VAMCs;
- 3) Facilitate presentations by SSVF grantees at VAMCs to educate staff about accessing available services
- 4) Coordinate this work with the VISN's Network Homeless Coordinator