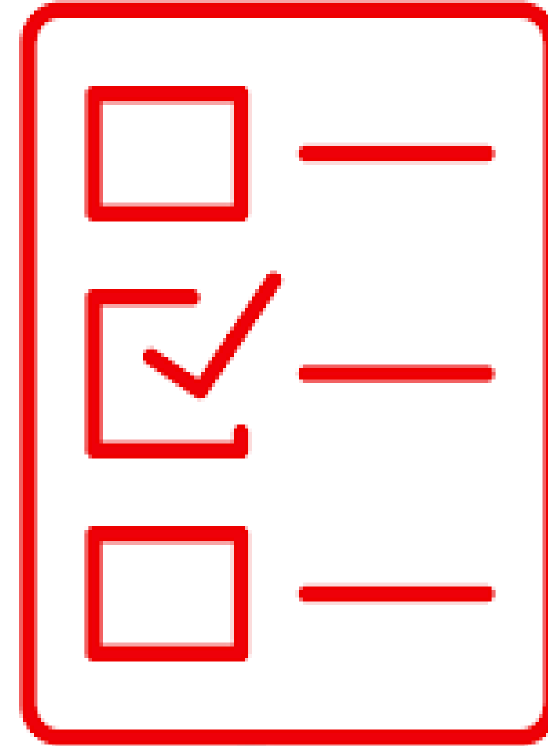
2023 VA Permanent Housing Conference

Permanent Housing Placement Goal: Engaging Unsheltered Veterans in Housing Services

Agenda

- Objectives
- Acronym Key
- Housing First & Trauma-Informed Care: A Brief Review
- Housing Focused Practices
- Exploring Supports
- Questions/Closing



Who is in the room?

- SSVF Staff
- HUD-VASH Staff
- VA leadership

Acronym key

- GEC: Geriatric and Extended Care
- GPD: Grant and Per Diem
- HCHV: Health Care for Homeless Veterans
- HUD-VASH: Housing and Urban Development- Veterans Affairs Supportive Housing
- HFP: Housing-Focused Practices
- LDSH: Low-Demand Safe Haven

- PACT: Patient Aligned Care Team
- PSH: Permanent Supportive Housing
- SC: Service-Connected Disability Compensation
- SSI: Supplemental Security Income
- SSDI: Social Security Disability Insurance
- SSVF: Supportive Services for Veteran Families

Housing First & Trauma-Informed Care: A Brief Review

Refresher: Housing First

- Prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.
- Guided by the belief that people need basic necessities like food and a place to live before focusing on anything less critical, such as getting a job, budgeting properly, or attending to substance use issues.
- Based on the belief that client choice is valuable in housing selection and supportive service participation; exercising that choice is likely to make a client more successful in remaining housed and improving their life.
- Programs remove barriers faced by households trying to attain permanent housing, and do not require prerequisites to access housing support beyond what is required in a tenant's lease.

Source: National Alliance to End Homelessness

What is Trauma?

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (Substance Abuse and Mental Health Services -- SAMHSA)

Examples of Trauma include:

- Experiencing or observing physical, sexual, and emotional abuse;
- Childhood neglect;
- Having a family member with a mental health or substance use disorder;
- Experiencing or witnessing violence in the community or while serving in the military; and
- Poverty and systemic discrimination.

What is a Trauma Informed Approach?

- According to SAMHSA, a program, organization, or system that is trauma-informed practices the 4 “R’s”:
  - **Realizes** the widespread impact of trauma and understands potential paths for recovery;
  - **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  - **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
  - Seeks to actively **resist re-traumatization**.

Principles of a Trauma Informed Approach

- Safety
- Trustworthy and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Addressing structural racism, sexism and homophobia

How Trauma-Informed is Your Program? Discussion

How are you currently implementing these principles?

In what ways can they be strengthened in your systems?

Housing Focused Practices

What are Housing-Focused Practices?

Strategies, approaches, and policies that center the importance of moving Veterans from homelessness to permanent housing with as few barriers as possible.

Goals of Housing-Focused Practices

- Ensuring people experiencing homelessness obtain and maintain housing quickly.
- Support achievement of VA Homeless Programs Office CY2023 goals.
- Better use of resources, reduces strain on the crisis response system.
- Reduce the negative impact of long-term homelessness.

What are Housing-Focused Practices?

- Housing-focused street outreach
- Housing-focused case management
- Housing navigation
- Housing First orientation
- Motivational Interviewing
- Trauma-informed and race-based trauma informed care
- Full representation of people with lived expertise in services

Housing-Focused Practices and Racial Equity

Housing is a way to effectively address racial inequities.

- How do we address this in the field?
  - Gain a deeper understanding of the connection between structural racism and racial disparities among homeless populations.
  - Gain a deeper understanding of how to collect and comprehend community data, one of the first steps in making progress toward reducing racial disparities.
  - Develop and implement actionable procedures for addressing racial disparities, including ensuring that your community's systems do not replicate existing harmful structures.
  - Conduct qualitative analysis and elevating people with lived expertise in decision processes are important actions, whether disparities are found in quantitative data or not

Adapted from: Addressing Racial Equity in the Field is a Must: The Racial Equity Learning Series Can Help You Get There - National Alliance to End Homelessness

Embedding Housing Focused Practices in All Pathways to Housing

VA Homeless Programs (HPO) Pathways

Embedding Housing Focused Practices Throughout the System

Street Outreach	Shelter & Interim Housing	Rapid Re-Housing	Permanent Supportive Housing
• Housing-Focused Case Management • Target most vulnerable • Document readiness • Housing navigation	• Low barriers to entry • Housing-Focused Case Management • Document readiness • Housing navigation	• Low barrier • Target most vulnerable • Housing Retention Supports • Landlord Partnerships	• Low barrier • Target most vulnerable • Experienced Case Management/Housing Retention Supports • Landlord partnerships

All aspects of the system should be connected via coordinated entry and By Name List/Case Conferencing protocols.

Housing-Focused Practices in Outreach

- ✓ Introduce and explore all housing pathways, including opportunities for rapid resolution, interim housing and long-term housing options. If interim housing is accepted, continue to do the preparation work for long-term housing until you've had a warm handoff to a new case manager.
- ✓ Proactively address sources of delays and barriers, i.e. begin document readiness ASAP.
- ✓ Offer additional services to support safety and stability. The Veteran may become more open to housing discussions after addressing acute issues.
- ✓ Remember, engagement can take time, continue to follow up with offers of support and assistance while honoring and recognizing Veteran choice. Don't give up!
- ✓ Prioritize unsheltered Veterans for permanent housing resources (i.e. HUD-VASH), with PACT and other team support for those who have complex clinical or medical needs.

A Note on Encampment Sweeps

Many communities are seeing an increased focus on encampment sweeps. If sweeps are being planned or are active in your community, the following is recommended:

- VA programs should collaborate with local law enforcement, city and/or county entities (i.e. local homeless strategy office), and behavioral health supports to ensure encampments are a part of a strategic housing process and not simply displacing Veterans to other locations which might be equally unsafe or disparate.

- Should encampments be identified and shared in advance, VA programs should conduct proactive housing-focused outreach to Veterans in the site in an effort to help transition them to safe and stable housing in advance of the actual sweep.

- For Veterans not open to accessing housing despite sweeps, ensure a plan for access to items needed for survival should they be displaced: Tents, bedding, food, clothing, medications, etc. and a plan for continued outreach and engagement.

Examples of Interim Housing Pathways

- Rapid Resolution to family/friends or other natural supports
- HCHV Contract Beds, including residential treatment
- Low-Demand Safe Haven
- Grant and Per Diem (all models)
  - Transition-in-Place (TIP)
  - Low- Demand
  - Clinical Treatment
  - Hospital to Housing
  - Bridge Housing
  - Service-Intensive
- Community-funded transitional housing, i.e. transitional housing for 65+, those living with HIV/AIDS
- In situations where interim housing beds are not available, consider SSVF Emergency Hotel Assistance (noting eligibility and time restrictions).

Housing-Focused Practices in Shelter & Interim Housing

- ✓ Shift the goal of shelter from survival response to a focus on housing.
- ✓ Explore opportunities for rapid resolution, including temporary housing with family or friends, while assessing what supports might be needed to ensure long-term housing stability.
- ✓ Have early discussions around the Veteran’s needs and preferences for housing (while also being mindful of pacing discussions so that they are not overwhelming).
- ✓ Offer housing navigation and concrete support around completion of housing applications, financial assistance applications, etc.
- ✓ Proactively address delays and barriers, i.e. begin document readiness ASAP.
- ✓ Assess for support needs, i.e. if Veteran appears to need occupational therapy, make the referral while in interim housing or shelter versus waiting until housed.

Examples of Permanent Housing Pathways

- SSVF (Rapid Rehousing), including as a bridge or through progressive engagement to HUD-VASH
- HUD-VASH (Permanent Supportive Housing)
- Other Housing Choice Voucher (HCV) programs (some examples below):
  - Non-Elderly Disabled Vouchers (NED)
  - Family Unification Program Vouchers (FUP)
  - Moderate Rehab Single Room Occupancy (SRO)
- Fair-Market Rental Housing (no subsidy)
- Group living options such as state-licensed group homes and shared housing as roommates
- Recovery-oriented housing (options with no cap on time limits)

Housing-Focused Practices in Permanent Housing Pathways

- Explore and case conference all possible solutions available through SSVF: Rapid Rehousing, Rapid Resolution, Shallow Subsidy, to create a sustainable housing plan.
- Increase collaboration between SSVF and HUD-VASH and consider intentionally bridging SSVF and HUD-VASH resources to expedite appropriate housing placement.
- Explore all housing settings to support a Veterans clinical needs, including Assisted Living Facilities and Community Residential Care Homes as HUD-VASH vouchers can be used in these settings.
- Ensure supports to help a Veteran tenancy are brought in as early as possible (set up pre-housing, if able), i.e. financial management resources, clinical supports.

SSVF & HUD-VASH Collaboration Guidance

Progressive Engagement: Every formerly homeless Veteran housed by SSVF through Rapid Rehousing (RRH), who has been receiving ongoing RRH services and who lacks a clear and sustainable exit to permanent housing, should also be considered for a HUD-VASH voucher where the resource is available.

Bridging: In circumstances where HUD-VASH case management and/or voucher resources are not immediately available for a Veteran who would otherwise be appropriate for the program, and where SSVF has the capacity, Veteran families may be co-enrolled and provided SSVF housing navigation services, financial assistance (including rental assistance), and non-clinical housing case management supports.

Hotel Prioritization: Every homeless Veteran placed in temporary accommodation (e.g., hotel or motel) by SSVF should be considered and prioritized for a HUD-VASH voucher where the resource is available.

SSVF & HUD-VASH Collaboration Guidance

May 19, 2023, memorandum authorized co-enrollment in HUD-VASH and SSVF programs to expedite housing placements.

–"*In circumstances where HUD-VASH case management and/or voucher resources are not immediately available for a Veteran who would otherwise be appropriate for the program and where SSVF has the capacity, Veteran families may be co-enrolled and provided SSVF housing navigation services, financial assistance (including rental assistance), and non-clinical housing case management supports. HUD-VASH is responsible for assuring the delivery of clinical care related to health and behavioral health needs, while SSVF is providing these additional supports.*"

SSVF & HUD-VASH Collaboration Example

Veteran identified through street outreach by SSVF.

- SSVF connects with VA CE specialist to triage Veteran and coordinate services. There is no current bed availability through VA or community interim housing programs.
- Veteran referred to SSVF EHA for immediate safe placement and accepts this.
- Per local policy to prioritize Veterans in EHA and in unsheltered settings, the Veteran was prioritized for HUD-VASH
- Veteran immediately co-enrolled in HUD-VASH to begin permanent housing process.
- HUD-VASH provides clinical case management and refers to appropriate clinical services to support the Veteran. .
- SSVF provides housing navigation and a unit is identified and Veteran is approved.
- The Veteran’s needs and progress are tracked and discussed continually through case conferencing throughout the process.
- SSVF provides financial assistance for deposit and rental assistance while the Veteran is in the process of obtaining a voucher and awaiting HQS inspection.
- Veteran obtains HUD-VASH voucher and the unit is approved for HQS.
- Veteran discharged from SSVF and remains in HUD-VASH.

Identifying Delays & Barriers in the Housing Process: Disusion

When do conversations begin about housing?

What are your first steps when meeting a Veteran in outreach & interim housing?

Where do delays frequently happen and how have you been able to improve/streamline processes to reduce?

The Role of Housing Navigation

- Staff embedded in a project or system who have a strong understanding of the local housing market, including both subsidized and market rate housing.
- Walk participants through the housing search and placement process.
- Often responsible for landlord engagement and recruitment to help swiftly connect participants to housing opportunities.
- Example: Many communities have SSVF housing navigation positions funded under a supplemental NOFA.

Housing Navigation Tools

Housing Navigators should use all available tools, including:

- Wide use of SSVF landlord incentives across program exits for Veterans who have high barriers.
- Coordinated use of SSVF tenant incentives and general housing stability assistance to support household good for Veterans who have very little or no housing related to materials.
- Leveraging or peers to support housing move in and support Veterans who are newly transitioning to housing from street settings.
- Other nuanced issues such as landlord coordination for those that take pets and specialized units for those with mobility issues.

Poll

Show of hands!

How many of you have consistent access to a housing navigator?

If yes…

Would 1-2 people be willing to share how this has made an impact on expediting housing for Veterans?

Exploring Supports to Enhance Safety, Stability, and a Successful Tenancy

Exploring Supports

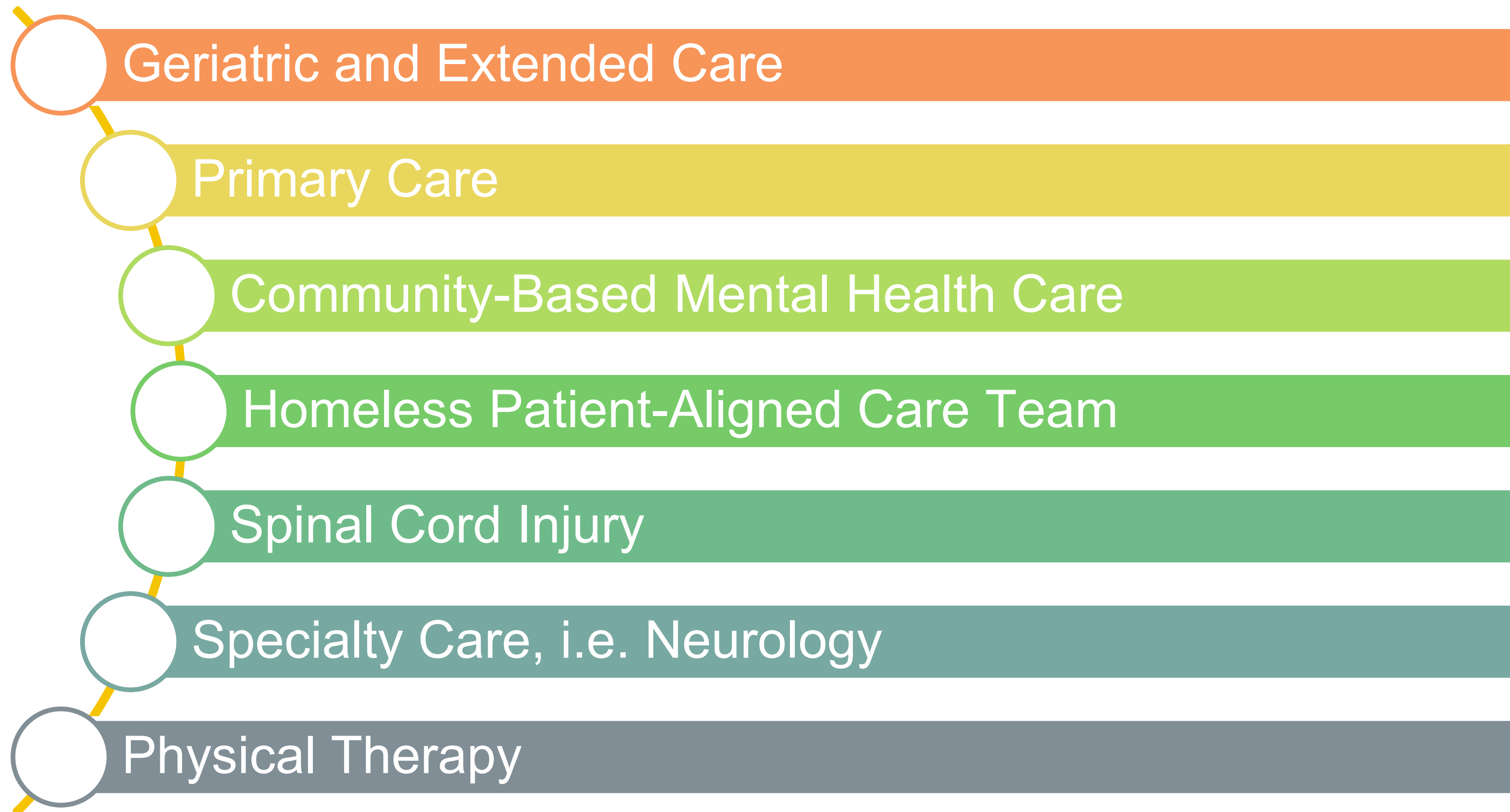
- Housing is a fundamental human need and basic right. Housing should never be denied due to lack of accepting specific services, i.e. mental health services, substance use services.

- Supportive services can be vital in helping Veterans increase safety and stability, supporting the process of obtaining and maintaining housing.

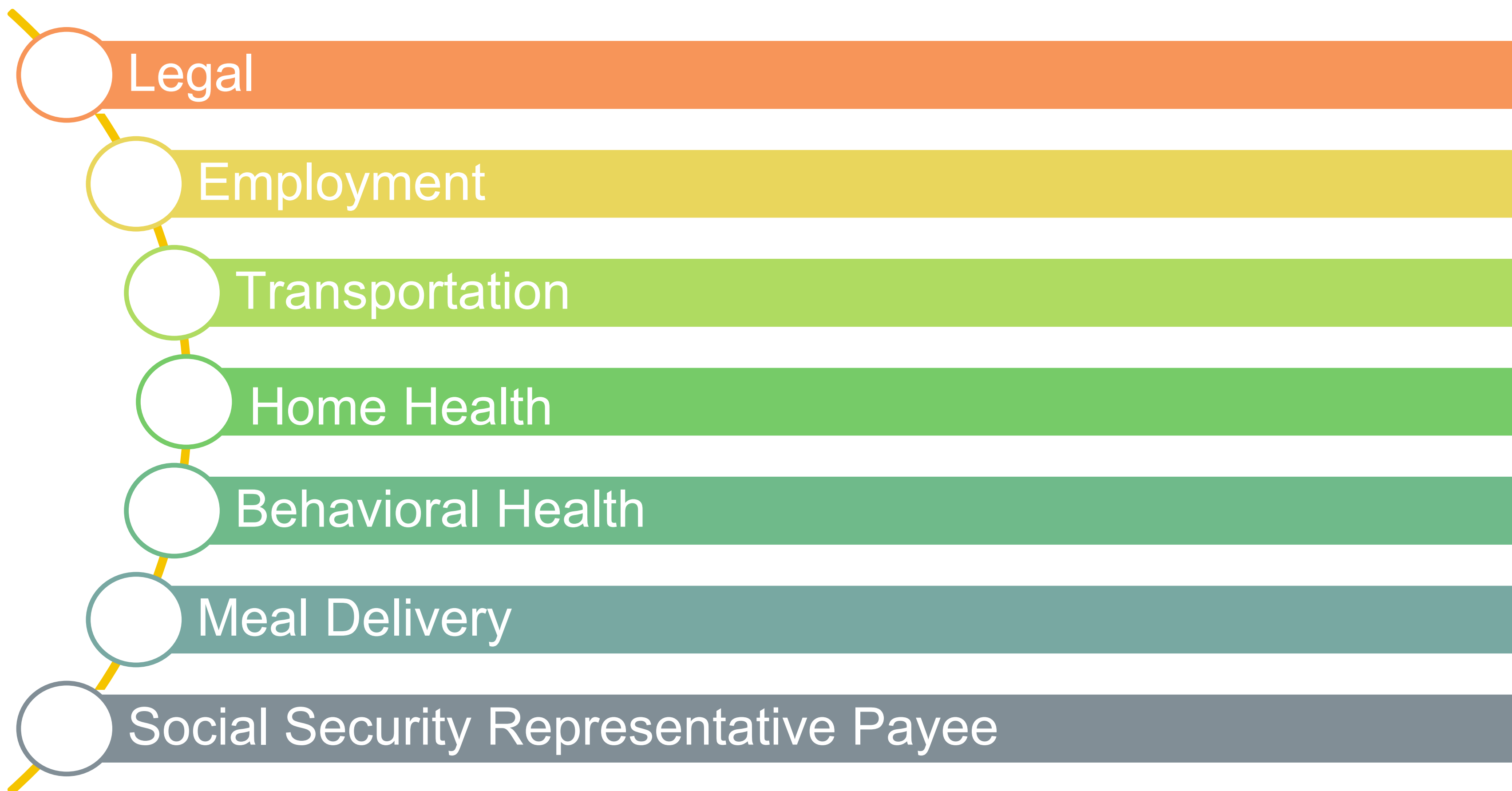
- Offering and linking Veterans to supports can be crucial to the housing process and can often help with reducing barriers to housing.

- **Today we will explore three types of supports:**
    - Internal VA Medical Center supports and services
    - Community based supports and services
    - Natural supports

A Comprehensive Approach: VA Clinical Supports



A Comprehensive Approach: Community-Based Supports



Community Based Supports

- Community partnerships are key to ensuring a comprehensive service package to support Veterans in securing and maintaining housing.

- Having access to community resources supports Veteran choice if they have a preference to use a community provider versus VA care and it can be necessary to access culturally sensitive services.

- It is recommended that providers research and familiarize themselves with what, if any, funding sources are required to qualify for specific community services.
  - Examples of potential funding sources are local medical assistance programs (city, county, state), Medicaid, Medicare, or VA Community Care.

Natural Supports

- Natural supports are the relationships and personal associations that we develop in the course of daily living.
- Natural supports enhance the quality and security of life for people.
- Levels of support provided by family or friends may vary, i.e. some may be able to provide temporary or permanent housing to a Veteran while others are unable to do so but are able to help in other ways, i.e. medication management, grocery shopping, or general emotional support.
- Levels of support may shift dependent on many factors, i.e. some family may be willing to re-engage with the Veteran after they move into housing or after a progressive re-engagement process has taken place.

Natural Supports

Success Stories: Discussion

All stories of success should be celebrated – did today's discussion make you reflect on a particular story of a Veteran moving from an unsheltered situation to permanent housing?

How did housing-focused practices support this success?

How did linkage with supports help with this?

Questions and Discussion