



#PHC2019

Welcome (back)!

2019 Federal Permanent Housing Conference

U.S. Department of Veteran Affairs with support from HUD and USICH

Performance Initiatives and Tools

2019 Federal Permanent Housing Conference

Performance Initiatives and Tools

- Program and system performance matters:
 - To people in a housing crisis who need help
 - To system leaders who need to know where to make improvements
 - To funders who need to know if the program works before they provide more money

- Panelists:
 - VA: Shawn Liu, Program Analyst, Clinical Operations
 - HUD: Brett Esders, Senior Program Specialist, Office of Special Needs Assistance Programs
 - USICH: Robert Pulster, Regional Coordinator



Performance Metrics or Benchmarks



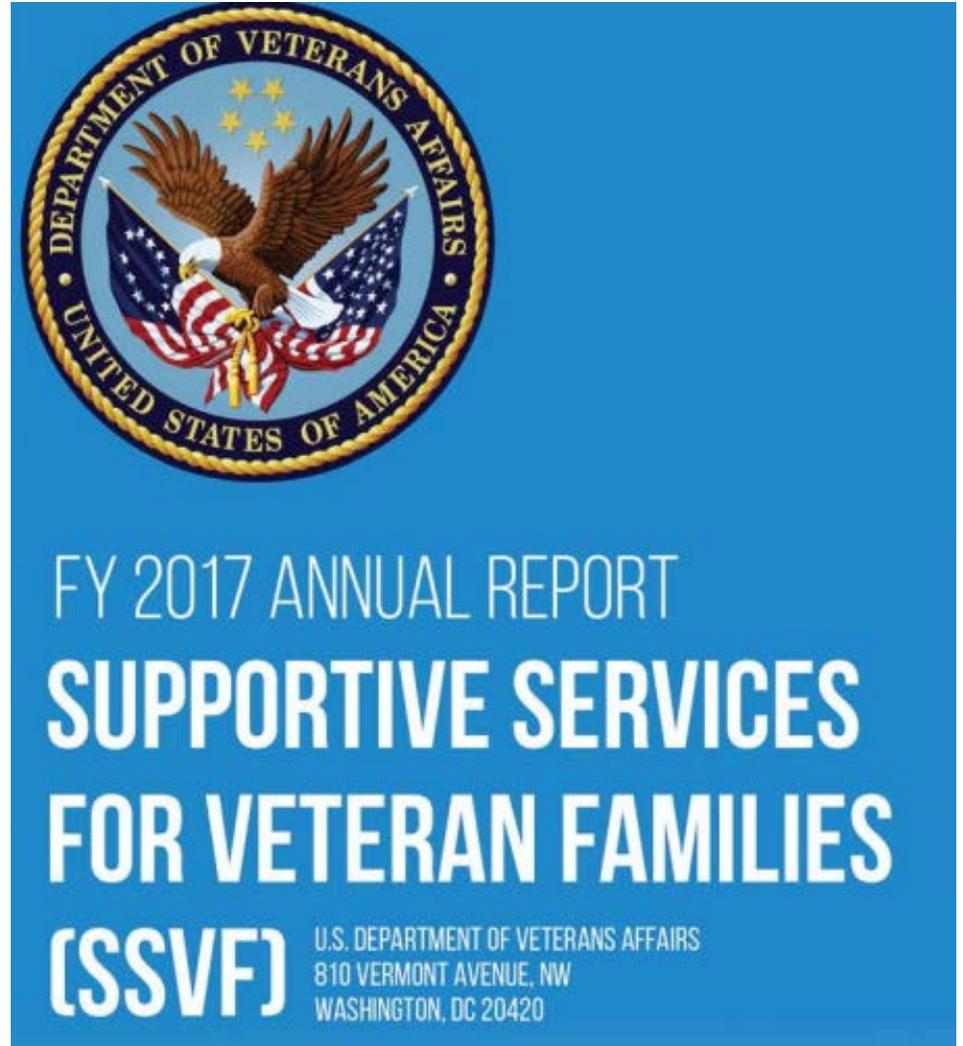
VA Homeless Services Score Card

- **Purpose/Rationale:** The Scorecard displays site, VISN, and national level performance data for VHA Homeless Programs by month, quarter and year.
- **Data Description:** Homeless Services Scorecard is designed to display progress on several key measures and has two actions: the VISN/Facility level summary report and the detailed Facility report that displays each Veteran included in the summary report to include their SSN and name. As this report has SSN identifying data, the report is accessible only to those that have real SSN access in NSSD. Actions are accessible by clicking on the numerator or denominator value in the Summary Report.
- **Target Audience:** The purpose of the report is to assist the VHA Homeless Program Office, VISN, and Facility staff.



VA: SSVF Annual Report

- SSVF Program Office reports annually on the number of Veteran households served, the outcomes of the program and the amount of assistance provided
- SSVF Annual Report and other information is shared with Congress to update them on the program's performance
- SSVF Program Office also looks at grantee performance when making annual funding decisions



HUD: System Performance Measures

- CoCs are required to measure the effectiveness of their coordinated system on seven performance measures
- HUD scores performance on these measures as part of the CoC Program annual competition

System Performance Measures

An introductory guide to understanding system-level performance measurement



USICH: Criteria and Benchmarks

- Criteria and benchmarks are a guide to communities working on ensuring homelessness is a rare, brief and one-time experience
- Benchmarks are indicators of system effectiveness
- Used to confirm whether community has achieved the goal of ending homelessness

Version 4, June 2019



Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness

The United States Interagency Council on Homelessness (USICH) and its member agencies have adopted a vision through the [federal strategic plan](#) of what it means to end all homelessness, ensuring that it is a rare, brief, and one-time experience. USICH, the Department of Housing and Urban Development (HUD), and the Department of



Performance Analysis & Strategy Tools



Analyzing Performance Data

- Analyzing data is hard – not all agencies or systems have the tools
- Federal agencies are developing analysis and strategy tools to help communities understand performance and develop effective improvement strategies
- These tools contain pre-programmed formulas that can analyze data entered or uploaded by the CoC. Once analysis is complete the results can support decision-making about resources, policies or process improvements.



Master List Template & Benchmark Report Tool

- Calculates the community's performance on the Benchmarks and can be part of submission to review whether the community had reached the goal of ending homelessness
- Can be used to track performance over time to evaluate improvement initiatives

Version 2.2 11/1/2018

Master List Template and Benchmark Generation Tool

INTRODUCTION TEMPLATE AND TOOL INSTRUCTIONS TECHNICAL NOTES

Federal Benchmarks Generation Tool Ver. 2.2 11/01/2018

Number of Veterans experiencing homelessness as of end date of report: 0	To Use: Enter an "End Date" and click "Calculate Benchmarks" for results. See <i>Instructions</i> tab for further guidance.	90 day look-back period: Start Date 8/3/2018 End Date 11/1/2018	Calculate Benchmarks
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A. Have you ended chronic and long-term homelessness among Veterans in your community? _____



CoC Rating & Ranking Tool

- Voluntary Tool that rates the performance of CoC-funded projects and ranks projects according to the CoC's priorities to help CoCs prepare the application for CoC funding.
- Can also create project benchmark reports at other times of the year.

Navigation Pane Version 4.0.2 Turn Off Macros Turn On Macros

GENERAL	ABOUT THE TOOL	TOOL RESOURCES	RAW HIC DATA	LIST OF PROJECTS TO BE REVIEWED			
RATING	CUSTOMIZE RATING CRITERIA	RENEW. + EXP. THRESHOLD	RENEW. + EXP. RATING TOOL	NEW PROJECTS THRESHOLD	NEW PROJECTS RATING TOOL	ALTERNATIVE RATING TOOL	RATING RESULTS
RANKING	FUNDING CEILINGS + PRIORITIES	FUNDING ANALYSIS + RANKING					

ABOUT THE CoC PROGRAM RATING & RANKING TOOL

ABOUT THE TOOL

HUD is providing this Rating and Ranking Tool to help CoCs design and implement a comprehensive annual CoC competition application review process. It has several customization features so you can choose the rating factors that are most relevant to your CoC and the priorities your CoC has adopted to inform system (re)design.

Introducing Stella

A strategy and analysis tool that helps CoCs understand how their system is performing and model an optimized system that fully addresses homelessness.

Stella Performance Module

- **Stella P** relies on dynamic visuals of CoCs' data to illustrate how households move through the homeless system, and to highlight outcome disparities.
- Does the analytical heavy lifting, so your CoC can focus on planning and improving your crisis response system.

Stella Modeling Module

- **Stella M** assists CoCs to explore how resource investment decisions amplify system capacity to end homelessness.
- Starts with homeless needs and performance goals, and helps the community transform those needs into a series of resource investment decisions.

Stella Performance Module

Dashboard

Days Homeless

Exits

Returns

Demographics

[Overview](#)[Trend](#)[System Map](#)

System Performance Overview

Total number of households and people served in the homeless system and performance overview for 10/01/2017 - 09/30/2018 for Sample City for Stella 07172019



 4,641
HOUSEHOLDS

 6,085
PEOPLE

86 **Days Homeless**

Average cumulative days homeless

[VIEW DETAILS](#)26% **Exits**

Exits to permanent destinations

[VIEW DETAILS](#)14% **Returns**

Returns after exits to permanent destinations

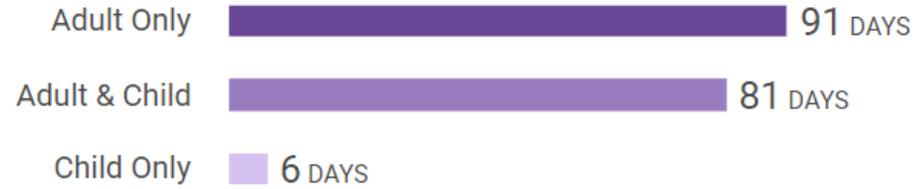
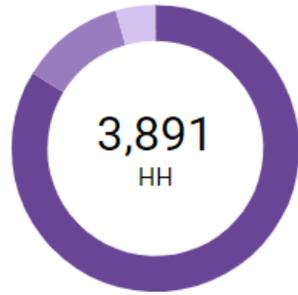
[VIEW DETAILS](#)

System Performance by Household Type



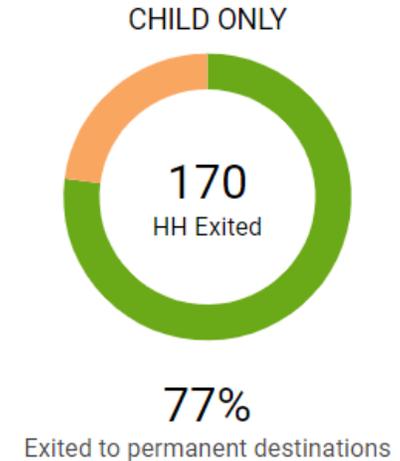
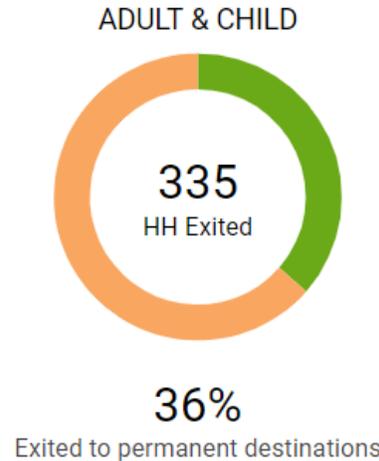
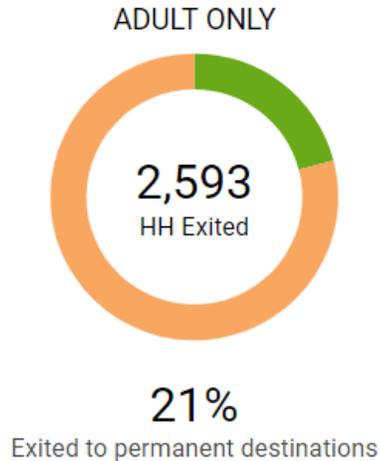
Households Served and Days Homeless by Household Type

Number of households served in ES, SH and TH projects, and in RRH or PSH projects before move-in and average cumulative days homeless by household type.



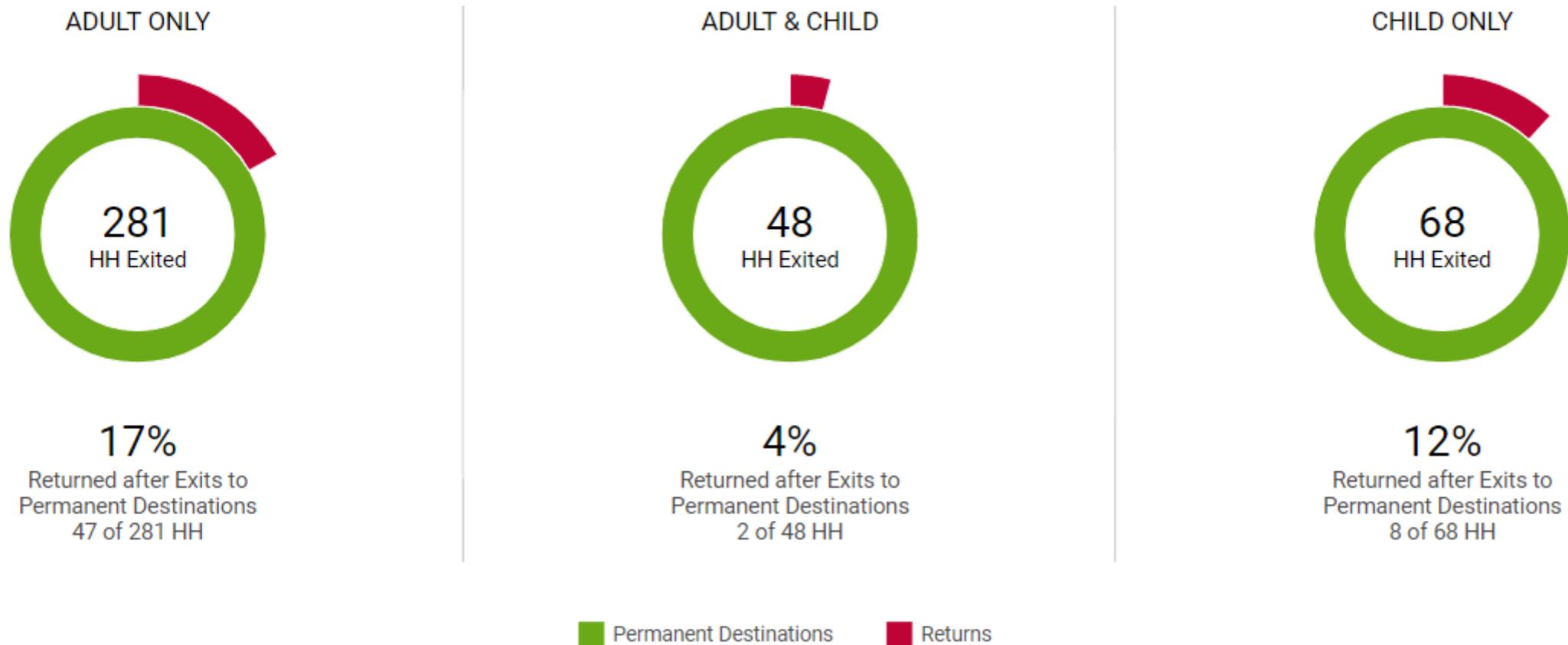
Exits by Household Type

Percent of households that exited to permanent destinations.



Returns by Household Type

Percent of households that returned to the homeless system within six months of exiting to permanent destinations. The universe for the chart is households that exited within the first six months of the report period.



Household Types

All Households



All Households

Adult Only (AO)

AO Veteran

AO Non-Veteran 25+

AO 18-24 year old

Adult & Child (AC)

Child Only (CO)

Days Homeless by Pathway

Percent and number of households that used each pathway and average cumulative days that households in each pathway group were homeless.



AO Non-Veteran 25+ ▼

AO Non-Veteran 25+ In System (2,450)

85 Days Homeless

Average Days Homeless

Pathway

ES/SH Only
87% | 2,120 HH

TH Only
<1% | 11 HH

ES/SH + TH
1% | 26 HH

RRH Only
1% | 14 HH

ES/SH + RRH
3% | 72 HH

TH + RRH

POINT OF HOUSING



53 Days

399 Days

350 Days

47 Days

180 Days

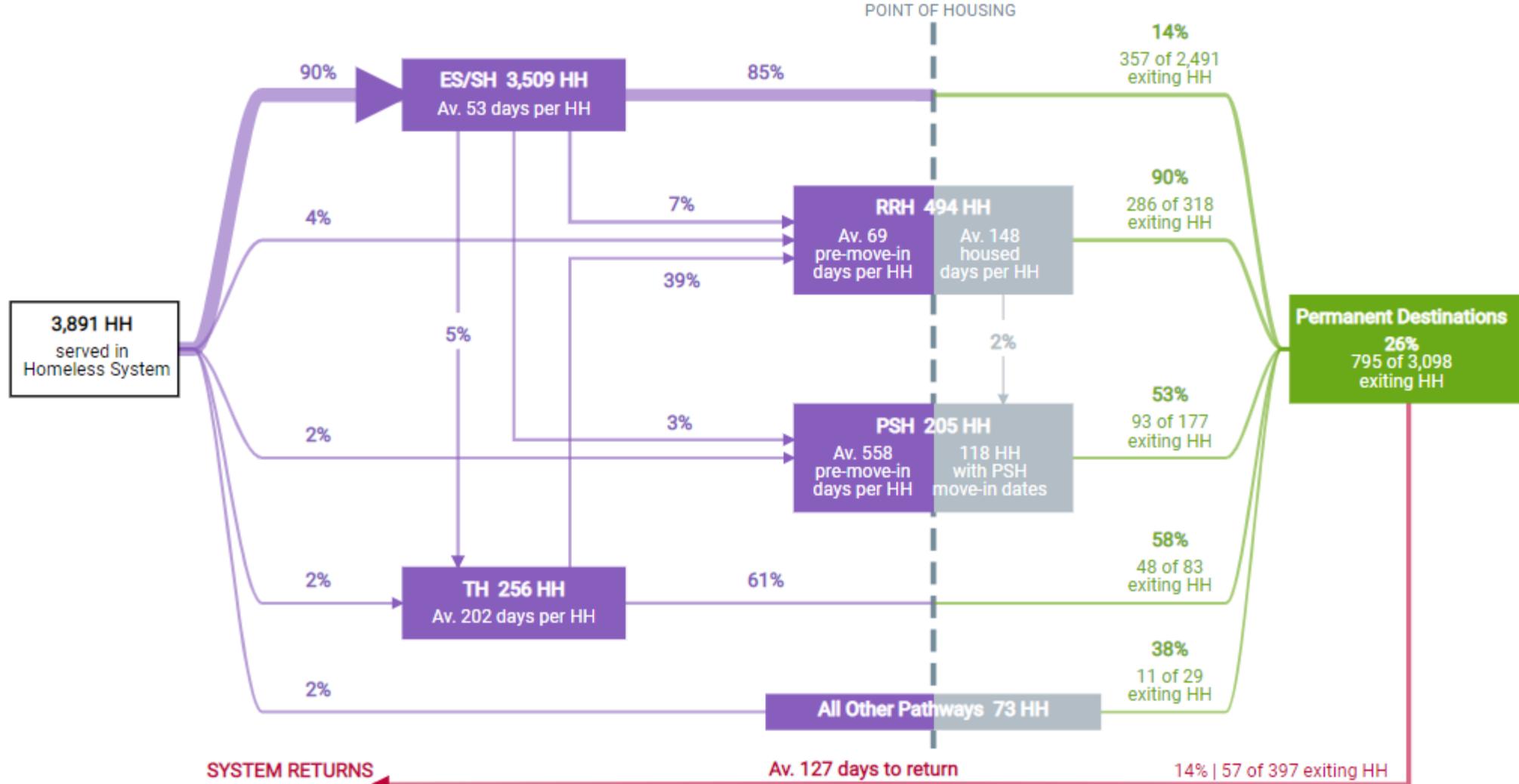
0 Days

All Households

All Pathways

- Emergency Shelter/Safe Haven (ES/SH), Transitional Housing (TH), RRH/PSH Prior to Housing move-in
- Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH)
- Exits to Permanent Destinations
- Returns

86 Days Homeless



Focusing on Performance: Next Steps



Taking this Focus Home

- Talk with your CoC about system performance – ask for reports, learn how your system is performing
- Reach out to your Veteran Leadership Team – ask how they are doing on the Benchmarks
- Explore the System Performance Improvement resources on the HUD Exchange
- Explore the System Assessment & Improvement resources on SSVF University



VA



U.S. Department
of Veterans Affairs



Resources



www.usich.gov

Question & Answer Session with the Panel



Questions?



BREAK

Ending Homelessness in the Affordable Housing Crisis

Closing Plenary

Ending Homelessness in the Affordable Housing Crisis

***Ending Homelessness
in the Affordable Housing Crisis***

John Kuhn, National Director – SSVF

Josh Leopold, Senior Research Associate– Urban Institute

Melanie Martins - LAHSA

November 6, 2019

State of the Research on Shallow Rental Subsidies

Josh Leopold, Senior Research Associate, Urban Institute

Overview

- Literature review on shallow subsidies
- Proposed demonstration
- Preliminary findings from the DC Flexible Rent Subsidy Program

A Proposed Demonstration of a Flat Rental Subsidy for Very-Low Income Households

- Co-authors Mary Cunningham and Pamela Lee
- Funder: What Works Collaborative (consortium of private funders)
- Publication date: January 2014
- Charge: Review literature on shallow subsidies and propose a shallow subsidy demonstration

What is a shallow subsidy?

- A type of rental assistance that falls between a housing choice voucher and emergency assistance
- Longer-term than rapid re-housing or transitional housing, but typically not permanent
- Not as expensive as an average housing choice voucher

What's the need for shallow subsidies?

- More equitably distribute limited resources
- Improve long-term housing stability for people exiting homelessness
- Avoid potential negative effects of deep subsidies

What do we know about shallow subsidies?

- Not a lot
 - Federal programs more supply-driven (e.g., tax credits)
 - State and local programs generally offer one-time assistance, not focused on very-low income renters
- Some promising models
 - Project Independence in Alameda County
 - Moving to Work demonstration sites
 - Chilean national rent subsidy program

Possible models worth testing

- Renters insurance
 - Premiums to landlord to reduce screenings and fees
- Cash transfers
 - Conditional or unconditional
- Shallow subsidies
 - Variations based on subsidy type (flat or percent of income) and payment structure (assistance goes to household or landlord)

Proposed demonstration

- Target population: Very-low income renters with children
- Intervention Groups:
 - Treatment 1: Flat, shallow subsidy payment to landlord
 - Treatment 2: Flat, shallow subsidy payment to household
 - Usual Care
- No case management or other services

Evaluation

- Randomized Controlled Trial from PHA waitlist
- Focus on housing stability, housing affordability, and future homeless episodes
- Other outcomes: material hardship, academic performance, self-reported well-being, savings, earned income, public costs

DC Flexible Rent Subsidy Program

How It Works

- Households receive a \$7,200 annual benefit (average of \$600/month) for up to four years
- The funds can only be used for rent
- Households decide how much to use each month, up to their total rent payment.
- No supportive services component (except referrals & light financial coaching).
- Any remaining funds roll over for use in the next program year cycle, and up to \$500 can be used for other household expenses

Eligibility Criteria

- At risk of homelessness at the time of application
 - Previous application for at least one emergency or temporary DC administered government-funded housing or rental assistance program
 - Are at or below 30% of Area Median Income (AMI)
- Headed by a person age 21 years or older who:
 - Has physical custody of one or more minor children;
 - Is currently employed or has recent history of employment; and
 - Is the leaseholder for a rental unit.

The Evaluation

- The Lab@DC (team of research scientists within DC Gov): Randomized Controlled Trial, using administrative data on homelessness, housing stability, and economic well-being.
- Urban Institute: Process study, a qualitative evaluation through interviews, surveys & focus groups

Qualitative results from Year 1

- Participants like the program (80% very satisfied)
- Most spent the full \$7,200 as quickly as possible
- Program regulations relaxed to assure eligibility at re-certification
- Recommendations: more employment assistance, opportunities for peer-to-peer learning , allow participants to rent outside DC

Three Basic Elements of Housing Instability

Housing Affordability Challenges Compounded

Kevin Martone, Executive Director

October 23, 2019

1. Housing is unaffordable.

The national average fair market rent for a one-bedroom unit is \$970 per month.

- 1-bedroom “Housing wage”: \$18.65/hr, full time (NLIHC)
- Federal minimum wage: \$7.25/hr
- Supplemental Security Income (SSI): \$771/mo
- In no U.S. housing market is SSI enough to afford a modest 1-bedroom unit. (TAC)
- Since 1990, the number of units renting for under \$600/mo (inflation-adjusted) has dropped by nearly four million. (JCHS)

2. Income is too low to pay for housing.

- Department of Labor has announced record low Veteran unemployment, *but* DOL doesn't count the millions of Veterans not actively looking for work. (Marketplace)
- Underemployment is high: In 2017, one in five working Veterans (1.8M) earned less than \$15/hr. (Economic Policy Institute)
- Over 40,000 Veterans are homeless. 1.4 million more are at risk of homelessness. (NCHV)
- Research shows a solid ROI when Veterans transition from homelessness to supportive housing, with savings to inpatient, psychiatric, and emergency care systems. (NCHV)

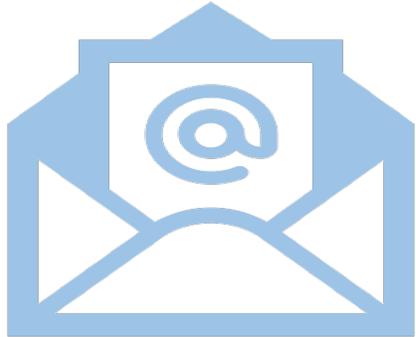
3. Psychosocial stressors affect housing stability.

- **Lack of access to infrastructure** — When families move away from transportation systems and child care providers to afford housing, financial stability suffers. (ASPE)
- **Physical and Behavioral Health Conditions** — 50% of unsheltered homeless people report having a physical health condition, a mental health issue, *and* a substance abuse condition. (California Policy Lab)
- **Domestic Violence** — More than 90% of homeless mothers report having been physically and/or sexually abused over their lifetimes. (Bassuk Center)
- **Traumatic Brain Injury** — Over half of homeless people have sustained a TBI. In 70% of these cases, *before* becoming homeless. (APA)
- Add Vets specific stats.....

Takeaways

- The housing affordability crisis requires long-term, systemic solutions.
- Long-term and temporary housing assistance will be needed if structural reform does not occur.
- Income and poverty disparities must be addressed.
- Psychosocial factors can threaten people's ability to maintain housing.
- To mitigate these risk factors and maintain housing stability, a range of program-based and financial supports are needed.

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Housing and services strategies *that work for people.*

Supportive Services for Veteran Families (SSVF)

Shallow Subsidies

Expanding the Supply of Affordable Housing

Rationale

- Expand affordable housing in targeted communities with high rates of homelessness and lack sufficient affordable housing.
- Longer, consistent subsidy reduces the real cost of rent to household, expanding housing options.

Amended Rule – Key Features

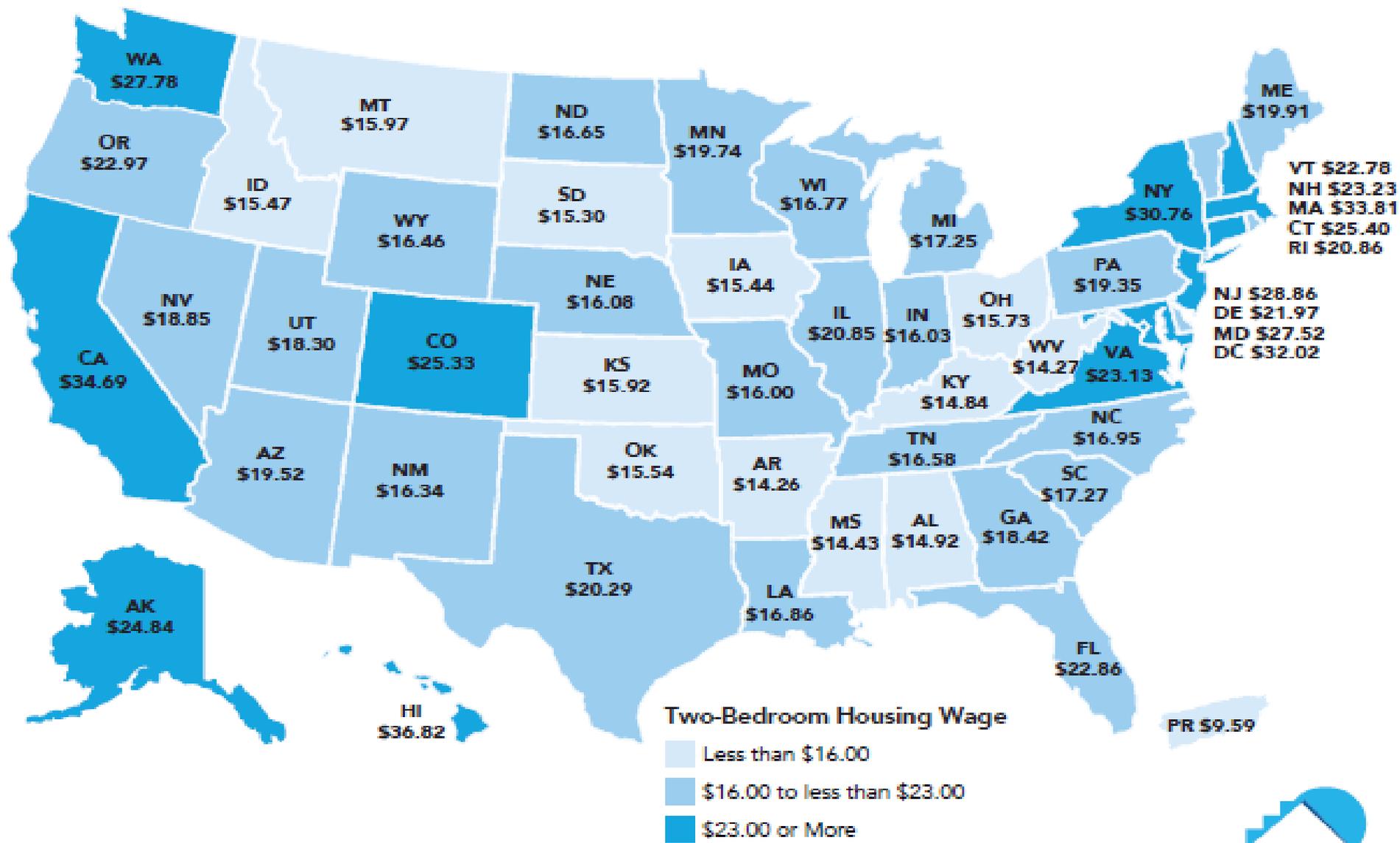
- Max rate is 35% of FMR, set by CoC and SSVF grantee agreement.
- 2 years for HH < 30% of AMI; 2 years (- length of RRH/HP support) for HH < 50% of AMI.
- No recertification, rental subsidy fixed – **Keep all income increases!**
- Could potentially be recertified after shallow subsidy period ends.

FY 2020 Shallow Subsidy Locations (by County)

- **California:** Los Angeles, San Francisco, Alameda, San Diego, Santa Clara, Contra Costa
- **Washington:** King
- **Hawaii:** Honolulu
- **Illinois:** Cook
- **New York:** New York, Bronx, Queens, Kings, Richmond
- **District of Columbia**

2019 TWO-BEDROOM RENTAL HOUSING WAGES

Represents the hourly wage that a full-time worker must earn (working 40 hours a week, 52 weeks a year) in order to afford the Fair Market Rent for a **TWO-BEDROOM RENTAL HOME**, without paying more than 30% of income.



Severely Rent Burdened (50% or more of income on Rent)

	New York	Los Angeles	San Diego	San Francisco	San Jose	Hawaii	Chicago	Seattle	D.C.
AMI < 30%	71%	80%	77%	68%	73%	63%	73%	72%	74%
AMI < 50%	42%	58%	57%	39%	41%	48%	36%	36%	31%

Targeting

Educate Landlords and Expand the Housing Supply

VETERANS HEALTH ADMINISTRATION

#6 Coordinated Entry System

LANDLORD BREAKFAST MEETING

Bring a Colleague Every Month

Thursday | May 24 | 10am to 12pm
AC Bilbrew Library
150 E El Segundo Blvd, Los Angeles, CA
RSVP: mbowman@wlcac.org
(323)527-3738

Join us for breakfast and learn about the many benefits of working with our program which include: Security Deposits, Problem Prevention, Guaranteed Subsidy Payments, "Smart Renters", and the Sanctification of helping others and much more!

Targeting

- Generally expected to part of progressive engagement approach, employed after Rapid Re-housing or Homeless Prevention assistance.
- Household requires minimal clinical services and only needs moderate financial support differentiating it from HUD-VASH.

Targeting

- Long runway for support and no reduction in subsidy as income increases is strong incentive for employment gains (HVRP).
- May be effective prevention tool for those on fixed incomes such as retired seniors or disabled Veterans.

The Plan

Time = Money

- Increase Income and Stabilize the Housing Placement



Considerations for Utilization

- Set standards for eligibility and rates for all grantees in community.
- Co-enroll with HVRP.
- Can be part of a shared housing strategy.
- Capture data in HMIS.

Other Considerations

- Though cheaper on a monthly basis, length of subsidy makes Shallow subsidies relatively expensive.
- Fiscal Plan: Rental subsidy is a 2-year commitment.
- With the longer subsidy is master leasing an option? Can local funds be found to augment SSVF Shallow Subsidy?

Lunch and Farewell

SSVF/VA Return 1:00pm

2019 Federal Permanent Housing Conference

VA Afternoon Sessions

2019 Federal Permanent Housing Conference

#BeT. #BeThere

R FAMILIES

S.A.V.E. on E



U.S. Department of Veterans Affairs U.S. Department of Veterans Affairs

VA Edition

December 2017

A little housekeeping before we start:

- Suicide is an intense topic for some people.
 - If you need to take a break, or step out, please do so, with one condition...
 - Let me know if you are okay, by giving me a “thumbs up.”
 - If you aren’t okay, give me a discreet “thumbs down” so I can follow up with you.
 - Resources (other than VCL listed below):
 - National Suicide Prevention Lifeline: (800) 273 - 8255
 - Employee Assistance Program:

Overview

- Objectives
- Facts about suicide
- Myths/realities about suicide
- The steps of S.A.V.E.
- Resources and References

Objectives

By participating in this training you will:

- Have a general understanding of the scope of suicide within the United States
- Know how to identify a Veteran who may be at risk for suicide
- Know what to do when you identify a Veteran at risk



Suicide in the United States

- **More than 42,000** deaths from suicide per year among the general U.S. population.^{1,2}
- Suicide is the **10th** leading cause of death in the U.S.³
- Every **12.3 minutes** someone dies by suicide.

Suicide in the United States

- It is estimated that close to **one million people** make a suicide attempt each year,
 - One attempt every **35 seconds**
- Gender disparities:



Women **attempt suicide 3 times** more often than men.¹



Men **die by suicide 4 times** more often than women.¹

Facts about Veteran suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans.⁴
- Veterans are more likely than the general population to use **firearms** as a means for suicide.⁴
- On average, there are **764 suicide attempts** per month among Veterans receiving recent VA health care services.⁵
- **25%** of Veterans who died by suicide had a history of previous suicide attempts.⁵

Common myths vs. realities

Myth	Reality
<p data-bbox="677 701 1867 839">If somebody really wants to die by suicide, there is nothing you can do about it.</p>	

Common myths vs. realities

Myth	Reality
<p>Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.</p>	

Death by Suicide is Preventable

Lethal Means Safety

- Safe storage of lethal means reduces suicide
 - e.g., Firearms, abundance of analgesic doses per bottle, etc.
- How did we figure this out?
 - e.g., Coal gas in the UK, placement of lethal items behind counters, fencing off bridges
- 85-90% of people who survive a suicide attempt do not go on to die by suicide later.

Common myths vs. realities

Myth	Reality
<p data-bbox="665 694 1880 829">Asking about suicide may lead to someone taking his or her life.</p>	

Common myths vs. realities

Myth	Reality
<p>Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.</p>	

Common myths vs. realities

Myth	Reality
<p data-bbox="726 735 1821 792">There are talkers, and there are doers.</p>	

Common myths vs. realities

Myth	Reality
	<p>Many individuals who die by suicide or attempt suicide have given some clue or warning. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.</p>
	<p>Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.</p>

Common myths vs. realities

Myth	Reality
<p>If somebody really wants to die by suicide, there is nothing you can do about it.</p>	

Common myths vs. realities

Myth	Reality
<p>Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.</p>	

Common myths vs. realities

Myth	Reality
<p data-bbox="749 572 1658 622">He/she won't die by suicide because...</p> <ul data-bbox="749 668 1837 1003" style="list-style-type: none"><li data-bbox="749 668 1620 718">■ He just made plans for a vacation.<li data-bbox="749 763 1595 813">■ She has young children at home.<li data-bbox="749 859 1689 909">■ He made a verbal or written promise.<li data-bbox="749 955 1837 1005">■ She knows how dearly her family loves her.	

Common myths vs. realities

Myth	Reality
	<p>The intent to die can override rational thinking.</p> <p>Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate his or her condition and provide treatment as appropriate.</p>

S.A.V.E.

- S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.
- The acronym “**S.A.V.E.**” helps one remember the important steps involved in suicide prevention:

S

Signs of suicidal thinking should be recognized.

A

Ask the most important question of all.

V

Validate the Veteran’s experience.

E

Encourage treatment, and Expedite getting help.

Importance of identifying warning signs



- There are behaviors that may indicate/reveal that a Veteran needs help.
- Veterans in crisis may show behaviors that indicate a risk of harming or killing themselves.

S | Signs of suicidal thinking

Learn to recognize these warning signs:

- Hopelessness, feeling like there's no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug use
- Withdrawing from family and friends

S | Signs of suicidal thinking

The presence of any of the following signs requires immediate attention:

- Thinking about hurting or killing themselves
- Looking for ways to die
- Talking about death, dying, or suicide
- Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs, or weapons

A | Asking the question

Know how to ask the most important question of all...

A | Asking the question

“Are you thinking about killing yourself?”

A | Asking the question

- Are you thinking of suicide?
- Have you had thoughts about taking your own life?
- Are you thinking about killing yourself?

A | Asking the question

Do's

- DO ask the question if you've identified warning signs or symptoms.
- DO ask the question in a natural way that flows with the conversation.

Don'ts

- DON'T ask the question as though you are looking for a "no" answer.
 - "You aren't thinking of killing yourself. Are you?"
- DON'T wait to ask the question when someone is halfway out the door.

Things to consider when talking with a Veteran at risk for suicide:

- Remain calm.
- Listen more than you speak.
- Maintain eye contact.
- Act with confidence.
- Do not argue.
- Use open body language.
- Limit questions — let the Veteran do the talking.
- Use supportive, encouraging comments.
- Be honest — there are no quick solutions, but help is available.

V | Validate the Veteran's experience.

- Talk openly about suicide. Be willing to listen, and allow the Veteran to express his or her feelings.
- Recognize that the situation is serious.
- Do not pass judgment.
- Reassure that help is available.



E | Encourage treatment, and expedite getting help.

- What should I do if I think someone is suicidal?
 - Don't keep the Veteran's suicidal behavior a secret.
 - Do not leave him or her alone.
 - Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room.
 - Call 911.
- Reassure the Veteran that help is available.
- Call the Veterans Crisis Line at **1-800-273-8255 and Press 1**.

E | Encourage treatment, and expedite getting help.

Safety Issues:

- Never negotiate with someone who has a gun.
 - Get to safety, and call VA police, security, or 911.
- If the Veteran has taken pills, cut himself or herself, or harmed himself or herself in some way, call VA police, security, or 911.
- Call the Veterans Crisis Line at 1-800-273-8255, Press 1

E | Encourage treatment, and expedite getting help.

- Remember: When a Veteran at risk for suicide leaves your facility, provide suicide prevention information to the Veteran and his or her family.
 - Veterans Crisis Line number **1-800-273-8255 and Press 1**
 - Veterans Crisis Line brochures and wallet cards



SUICIDE PREVENTION PROGRAM

- Tiffany Chandler, LCSW 213-253-2677 x24769
- Jennifer Smock, LCSW 818-891-7711 x36226
- Channing Credeur, LCSW 310-478-3711 x49279
- Nicole Bekman, PhD x47679
- Jared Roush, PhD x48966
- VHAGLASuicidePrevention@VA.GOV

Resources

Mental Health

- VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.
- For more information on VA Mental Health Services, visit www.mentalhealth.va.gov

Vet Centers

- Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
- For more information about Vet Centers and to find the Vet Center closest to you, visit www.vetcenter.va.gov

Resources (cont.)



Make The Connection

- ***MakeTheConnection.net*** is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit [MakeTheConnection.net](https://www.maketheconnection.net) to learn more.

Resources (cont.)



Post-Traumatic Stress Disorder (PTSD)

- Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you, visit www.ptsd.va.gov
- PTSD Coach App: The PTSD Coach application allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit <http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp>

Resources (cont.)



Veterans Crisis Line/Chat/Text

- **1-800-273-8255 and Press 1**
- [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net)
- Text to **838255**

VA Suicide Prevention Coordinators

- Each VA Medical Center has a Suicide Prevention Coordinator (SPC) to make sure Veterans receive needed counseling and services.
- Find your local SPC at [VeteransCrisisLine.net/ResourceLocator](https://www.VeteransCrisisLine.net/ResourceLocator)

Role play

- **Goal:** To develop a level of comfort and confidence in asking about suicide and helping a Veteran who is thinking about suicide.



Remember:

S.A.V.E.

- S** Signs of suicidal thinking should be recognized.
- A** Ask the most important question of all.
- V** Validate the Veteran's experience.
- E** Encourage treatment, and Expedite getting help.

By participating in this training, you have learned:

- Suicide prevention is everyone's business.
- General facts about suicide in the U.S.
- Facts about Veteran suicide.
- How to identify a Veteran who may be at risk for suicide.
- How to help a Veteran at risk for suicide.
- How to address a crisis situation.
- What resources are available and how to access them.
- <http://spreadtheword.veteranscrisisline.net/materials/>

References

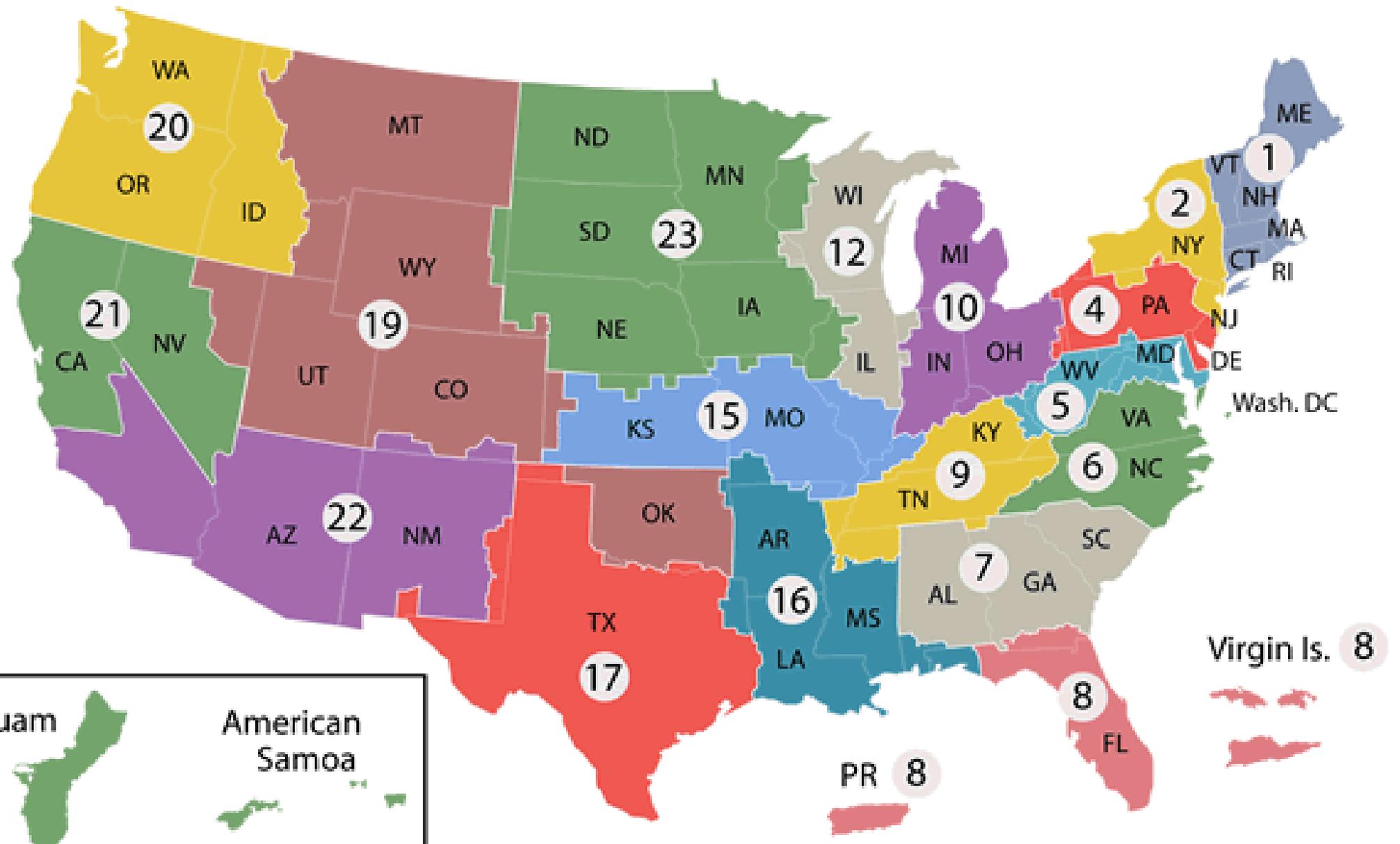
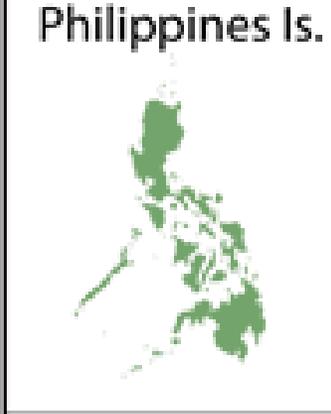
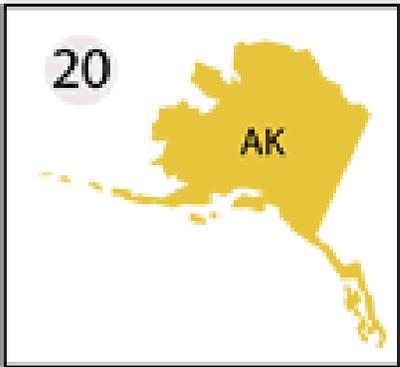
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- ⁵ Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.

VA Video Premier

- Created by Office of Public and Intergovernmental Affairs
 - Features stories of female Veterans who have participated in SSVF and HUD-VASH in California
 - Video was created with cooperation from SSVF program office and SSVF providers in collaboration with local VAMC and Community Stakeholders
 - Video is available on YouTube at <https://www.youtube.com/watch?v=krWicxtszdY&feature=youtu.be&t=253>

VA Coordination Breakouts

- Breakouts by VISN
 - Discussion of how SSVF, HUD-VASH, and CES coordinate
 - Identify myths, truths, and best practices
 - Debunk myths
 - Create myth busting document
 - Examples of Coordination Success
 - SSVF Coordination
 - CES Coordination
 - Prioritization
 - Challenges that exist across coordination and problem solving
 - Three things that each facility/grantee group/CES lead can commit to for improving permanent housing options/outcomes for Veterans



Transition to VISN Rooms

2019 Federal Permanent Housing Conference