



# Supportive Services for Veteran Families (SSVF) Webinar Series

## Homelessness Prevention Core Competencies, Approaches and Training

September 17, 2021

[Link to Audio](#)

# SSVF TA Team Presenters

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# Our Agenda

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Welcome

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Recap of HP Webinar #1

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Framework and Essential Elements of HP

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SSVF Core Competencies for HP

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Next Steps and Additional Training

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Questions

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# Homelessness Prevention Screener Logistics

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- Grantees are required to begin using the new screener as of Friday October 1
- Finalized documents (screener and guidance) will be available within the next 10 days
- Training will be ongoing, and support can be provided by regional coordinators and TA

# Summary of 9.10.21 Webinar

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- Rapid Rehousing of literally homeless Veterans remains the top SSVF priority
- When insufficient to meet demand, HP resources must focus on those who will become homeless and, based on the assessment, are most vulnerable or would have most difficult time exiting homelessness
- New screener focuses on screening in instead of screening out to provide necessary support to navigate resources (SSVF or other assistance)
- Stage two factors and scoring is evidence-based and specifically targeted to address structural racism within the housing and homelessness system

# Key Terms

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- **Homelessness Prevention**
  - **Including Targeted Homelessness Prevention and Diversion**
- **Housing Problem-Solving**
- **Rapid Resolution**
- **Eligibility**
- **Prioritization**
- **Screening**
- **Assessment**
- **Equity**
- **Trauma**

# Framework for SSVF & Homelessness Prevention

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- SSVF is most fundamentally a housing-focused crisis response program with responsibility for resolving crises
- Veterans presenting for assistance are experiencing a housing crisis that inherently causes stress and anxiety that may cause and/or contribute to acute, chronic, or complex trauma
- More than ever, your efforts to reduce homelessness among Veterans, coupled with additional resources and flexibility, allow us to further “bend the curve” by engaging and effectively assisting Veterans experiencing a housing crisis
- Continuous learning and improvement are the hallmarks of SSVF – *we value and rely on the expertise of Veterans and SSVF providers to continuously improve*
  - **Revised SSVF Homelessness Prevention Screener** *reflects this*

# Insights from Unannounced Standardized Veterans (USV) Secret Shopper Program

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## *Notable negative experiences related to accessing assistance:*

- “Phone tag” was prevalent at many sites; sometimes no call back or Veterans put on hold without asking if it was okay
- Frequent feelings of discouragement due to number of “hoops”
- Documentation requirements felt like way to screen-out

## *Notable positive experiences:*

- Majority of time staff expressed genuine desire to help
- Huge difference experienced when staff were warm and made personal connection (especially Veteran to Veteran); for example, when a staff person acknowledged that “this must be stressful”
- Having clear, easy to find contact information facilitated access



# SSVF Principles: Sharpening Prevention Practices

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## *CRISIS INTERVENTION*

- Further centering our focus and skills on trauma-informed, responsive, person-centered assistance
  - Slowing down, explaining ‘what and why’ around process and information requests, being mindful of our words and actions, and signs of distress, discomfort, and trauma
  - Immediate, same-day enrollment and support to resolve immediate crisis
- Assuring physical environment, access, and direct interactions (*including via phone*) reflect responsive, authentic concern for Veteran physical/emotional safety and are trauma-informed
- Leading with engagement and problem-solving so ALL Veterans seeking help are assisted with resolving their housing crisis
- Supporting Veterans in identifying next steps and, if needed, accessing additional services like Rapid Resolution, ongoing SSVF case management supports, and SSVF TFA as capacity allows AND/OR other assistance via information/referral/warm handoff

# SSVF Principles: Sharpening Prevention Practices

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## ***HOUSING FIRST***

- Further clarifying and re-enforcing that housing problem-solving is the first and most important form of Housing First assistance (*and the least intrusive and costly*)
- Recognizing that well-developed Housing First programs aren't *housing only*. Veteran safety, stability, and general well-being immediately and ongoing is focus of our engagement (and related screening) and support.

## ***VETERAN CHOICE AND AUTONOMY***

- Striving to keep Veterans at the center by honoring Veteran choices and autonomy while providing information, resources and support
- Providing services and support that are desirable and reflect both what Veterans need and want

# SSVF HP Screener Changes

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## *Consistent with SSVF Principles and Ongoing Learning:*

- Changed from detailed exploration to determine whether “but for” SSVF assistance a Veteran will experience literal homelessness within 30 days (“screening out”) to instead focus on engagement, immediate problem-solving, and crisis resolution
- Stage 1 initial screening for imminent risk now focuses on what a Veteran *initially* indicates when seeking assistance NOT their level of risk after detailed assessment and problem-solving
- Housing Problem-Solving and Stage 2 questions changed to be less intrusive, more conversational, and trauma-informed
- Increased emphasis and availability of guidance and training resources for SSVF staff serving on front lines with Veterans experiencing a housing crisis

# Housing Problem Solving

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Strategies and services that assist households to use their strengths, support networks, and community resources to find safe, decent and appropriate housing as soon as possible outside of the homeless crisis response system, even if temporarily. These strategies should be used with everyone interacting with the homelessness services system, often more than once and as conditions change. Housing Problem Solving is a core set of strategies and features that should be employed throughout the homeless crisis response system.

[https://www.va.gov/HOMELESS/ssvf/docs/Rapid\\_Resolution\\_Guided\\_Conversation.pdf](https://www.va.gov/HOMELESS/ssvf/docs/Rapid_Resolution_Guided_Conversation.pdf)

# SSVF Core Competencies for HP

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- Basic understanding of differences between Military and Civilian culture & expectations
- Trauma-Informed Care & Interviewing Strategies
- Crisis Intervention Skills

# Military vs Civilian Culture

<u>Civilian Culture</u>	<u>Military Culture</u>
Program rules dictate “compliance”	Mission/orders dictate “compliance”
Services are to address a problem	Services are to restore to capacity
Serve the individual	Serve the group
Person-focused	Mission focused
Demographics dictate “culture”	Branch of service dictates “culture”

<https://www.samhsa.gov/section-223/cultural-competency/military-veterans>

[https://www.samhsa.gov/sites/default/files/military\\_white\\_paper\\_final.pdf](https://www.samhsa.gov/sites/default/files/military_white_paper_final.pdf)

# Military vs Civilian Culture (cont,)

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Each branch has its own specific values that are taught to new recruits from the beginning of their time in service.

**The Army values** are:

- *Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage*

**Navy and Marine Corps values** are:

- *Honor, Courage, and Commitment*

**Air Force values** are:

- *Integrity First, Service Before Self, and Excellence in All We Do*

**Coast Guard values** are:

- *Honor, Respect, and Devotion to Duty*

# Military vs Civilian Culture (cont,)

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- **Dominant (Military)**

All veterans who successfully complete basic training internalize military culture. Survival depends on standards that reinforce military values over personal beliefs. Military service members walk the same, stand the same, and adopt the same patriotic belief system to become “one mind”.

- **Sub-Culture (racial, ethnic, religious, class, environmental, etc.)**

Individual cultures & beliefs are buried beneath military standards. The uniform covers everything. But once service members leave the military, veterans face the same cultural challenges (racism, poverty-related discrimination, etc.) and are no longer protected by military roles that allow them to rise to their potential.



# Crisis Intervention Skills

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- Signs & symptoms of military-related trauma
- Establishing rapport and demonstrating empathy
- Calming skills
- Active listening and validating feelings
- Transparency, engagement, and closing skills
- Mediation Skills

# Military-Related Trauma

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## Identifying “Signature Wounds”

- Important to know the signs & symptoms of “Signature Wounds” related to military service, and how to incorporate into the discussion.
- Most prevalent for new veterans are PTSD, MST, and TBI. All of which may impact a veteran’s ability to communicate, and put them at risk for suicide.

<https://www.maketheconnection.net/>

[https://www.mentalhealth.va.gov/suicide\\_prevention/prevention/index.asp](https://www.mentalhealth.va.gov/suicide_prevention/prevention/index.asp)

# Post-Traumatic Stress Disorder (PTSD)

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- Feeling like a traumatic event is happening again, often through nightmares or flashbacks.
- Avoiding situations that remind you of the event, including not talking or thinking about the event.
- Having more negative beliefs and feelings, including not being interested in activities you once enjoyed.
- Feeling keyed up (also called hyperarousal), including feeling jittery and having trouble sleeping or concentrating.

[https://www.ptsd.va.gov/professional/treat/docs/tx\\_works\\_takethestep.pdf](https://www.ptsd.va.gov/professional/treat/docs/tx_works_takethestep.pdf)

# Military Sexual Trauma (MST)

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VA's definition of MST comes from federal law but in general is sexual assault or repeated, threatening sexual harassment that occurred during a Veteran's military service

- Can occur on or off base, while a Veteran was on or off duty
- Perpetrator identity does not matter
- MST is an experience, not a diagnosis

<https://www.mentalhealth.va.gov/docs/mst/MST-Overview-for-Civilian-Providers.pdf>

# Military Sexual Trauma (cont.)

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Any sort of sexual activity against his or her will:

- Being physically forced into participation, unable to consent to sexual activities (e.g., intoxicated), pressured into sexual activities (e.g., with threats of consequences or promises of rewards) •
- Can involve things such as threatening, offensive remarks about a person's body or sexual activities; threatening and unwelcome sexual advances; unwanted touching or grabbing; oral sex, anal sex, sexual penetration with an object and/or sexual intercourse
- Compliance does not mean consent

# Traumatic Brain Injury (TBI)

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A traumatic brain injury can result from:

- A blow to your head by an object, such as a fist during a fight
- Your head striking an object, such as the inside of a vehicle during a crash
- The impact to your head of a nearby blast or explosion

<https://www.mentalhealth.va.gov/tbi/index.asp>

# Military Values: Barrier to receiving services?

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Active duty service members are often ostracized or for complaining about physical or mental health needs. Verbalizing suicidal ideation can result in removal from duty, and loss of military career.

Internalized values can remain a barrier to willingness to accept help, but can be converted to a strength. Although some veterans reject any association with their military experiences, culture, and values, they remain below the surface.

By understanding military culture, providers can help veterans use their military values as a strength, and be motivated to seek the care they need without feeling like a “failure”.

# Preventing Suicide - VA S.A.V.E. Training

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- **S**-Signs of suicidal thinking should be recognized
- **A** Ask the most important question of all — “Are you thinking of killing yourself?”
- **V** Validate the Veteran’s experience
- **E** Encourage treatment and Expedite getting help

[https://www.mentalhealth.va.gov/mentalhealth/suicide\\_prevention/docs/VA\\_SAVE\\_Training.pdf](https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/docs/VA_SAVE_Training.pdf)



# Putting It All Together

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- Insure the veteran feels safe to talk (critical if on the phone)
- Confirm that the veteran understands your role & options available through your role/agency/network
- Only ask questions related to your professional role, and not out of personal curiosity
- Recognize signs & symptoms that require connection to other resources – it may save a life!

# Did you get it right?

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## *How do you know?*

- Ask the veteran you are serving
- Conduct surveys with other veterans
- Look for other ways to get feedback from veterans with “lived experience” to insure continuous improvement

# What's Next

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- Final versions of documents will be available by 9/24/21
- LMS Training Curriculum Will be available to support all staff to better understand the core concepts of the screening process and administer the HP tool in a trauma-informed way
- Upcoming support on equity, including a webinar focused on LGBTQ+

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# Questions?

# Supportive Services for Veteran Families

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Thank you

PowerPoint Presentation will be posted on  
<http://www.va.gov/homeless/ssvfuniversity.asp>

Questions?

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

Email: [SSVF@va.gov](mailto:SSVF@va.gov)