

# SSVF Enrollment November 2019

[Link to Adobe Audio](#)



# Do The Right Thing

- Turning away homeless Veteran family poses significant health risks.
- Removing barriers to get to “yes”
  - Satisfying compliance concerns; good faith effort
  - Document, don’t need to investigate



# GOAL

- Enroll same day as screening
- Prioritize Veteran engagement & safety, when possible use process consistent with Coordinated Entry
  - If CE a barrier to care, enroll
  - Negotiate processes that facilitate access (such as SSVF as an entry point)



# ELIGIBILITY (Conclusive)

Establish eligibility

- a. Veteran presents DD214 (unusual)
- b. Run information through SQUARES

If yes, assess AMI and need for services, then ENROLL.



# ELIGIBILITY (Alternative)

SQUARES produces inconclusive result.

- a. Veteran has VA Health Care ID
- b. Able to get VAMC to confirm eligibility (HINQ, VAMC eligibility printout)

If yes, assess AMI and need for services, then ENROLL . If not all HMIS data known (for example exact service dates), OK to estimate.



# ELIGIBILITY (Status Unknown)

Use self-certification and presumptive eligibility

- a. Allows for case management
- b. No TFA until eligibility firmly established



# ONCE ENROLLED - ASSURE SAFETY

If Rapid Resolution not immediately successful

- Emergency Housing (HCHV contract beds, community shelter)
- Transitional Housing (GPD)
- SSVF Emergency Housing



# SSVF Emergency Housing

*Rental housing has been identified generally but is not immediately available. (38 CFR 62.34(f))*

- Believe housing option is available, but not yet secured
- 45 day limit for families
- 72 hour limit for individuals, unless no other EH or TH available



Veterans Health Administration (VHA)  
Homeless Programs Office

# Unannounced Standardized Veterans: Disseminating best practices across Supportive Services for Veteran Families (SSVF) Round 2

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# Overview

## The Unannounced Standardized Veteran (USV)

- Mystery Shoppers are widely employed in retail, service and hospitality industries to provide “ground truth” about the customer experience. Standardized patients are actors who portray patients for the purpose of training health care professionals.
- VHA has pioneered methods for assessing quality of service and care by combining the “mystery shopper” concept with the “standardized patient” concept to create the “unannounced standardized Veteran” (USV). The USV is an actor trained to consistently adhere to a specific script while seeking a pre-identified set of services at multiple sites.
- This is the second year in which USVs have collected data at SSVF sites using standardized measures of access, ICARE values, and process (e.g. number of steps, length of time, and need for assertiveness) while attempting to obtain services as would actual Veterans experiencing homelessness.
- With assistance from the Health Eligibility Center and the Office of Informatics and Analytics, the identities portrayed are entered into VHA information systems at the start of each project to assure authenticity and then moved out of the production environment to prevent corruption of VA data.

# Implementation

- USVs visited a sample of SSVF sites and all CRRC sites from February to July 2018 in round 1 and from March to August 2019 in round 2. In round 1 (2018), SSVF sites were an approximate 20% convenience sample chosen based on their geographic proximity to CRRC sites (which have participated in since 2017); In 2019, additional SSVF sites were added to sample low population density areas not served by CRRCs.
- Upon completion of round 1, the results were consolidated into a report shared with SSVF sites and the Homeless Program Office (HPO) leadership to ensure more consistent implementation of identified best practices. SSVF leadership worked with select individual SSVFs around site specific opportunities for improvements where identified.
- Round 2 (2019) was designed to track progress of SSVF site performance on key measures. CRRC assessments occurred concurrently, and enable comparisons.

# Three Cases

**Case 1:** Male, OEF Veteran with PTSD, Caucasian in 2018 and African American in 2019

**Case 2:** Female, Caucasian, Desert Storm Veteran with High Blood Pressure

**Case 3:** Male, African American, Vietnam Veteran with Alcoholism

# ACCESS Items

## Responses on a Likert Scale

- Were you provided with housing options that meet your needs?
- Were you provided with food?
- Were you provided with appropriate income counseling (employment, education, job-training, VA Benefits, SSI/SSDI)?
- Did you receive Post Traumatic Stress Syndrome referral to a primary care or mental health provider? (USV #1 only)
- Did you receive information about accessing healthcare for high blood pressure/pre-diabetes?
- (USV #2 only)
- Did you receive substance use disorder referral or assistance for your alcoholism? (USV #3 only)

# ACCESS Items

Responses are “Yes” or “No”

- Was the site easy to find? (Signage was appropriate.)
- Did you receive care without having to go somewhere else first? (i.e. local VA Medical Center/CRRC)
- Were you screened for diversion, to see if you could meet any of your own needs? (Encouraging you to identify immediate alternate housing arrangements like reconciling with former roommate.)
- Upon showing your VA ID card, were you able to access services without a DD214?
- If asked for medical tests (TB, STDs, Bed bugs, etc.) were you (a) able to receive those tests at the CRRC that day, or (b) provided same day transportation (shuttle, bus ticket, etc.) to get them elsewhere?

# ACCESS Items (Continued)

Responses are “Yes” or “No”

- Were you able to access services without having to be very assertive?
- Were you provided transportation options to access some or all of the services (other than medical tests)?
- Were you asked for a cell phone number and/or assisted with accessing a no cost Lifeline phone if you did not have one?

# Access Items: Likert Scoring Rubric

Example: Were you provided with housing options that meet your needs?

Response to USV Need	Points
<b>No Info Provided:</b>	0
<b>General Information only.</b> No specific person's name and contact information provided (email, phone, and/or address). You didn't access service.	25
<b>Cold Hand-off.</b> Given information, along with a specific name and their direct email, phone and/or address who represents the service. You didn't access service.	50
<b>Warm Hand-off.</b> Given information, and a direct connection was made with someone on your behalf – on the phone, email, or in-person. You didn't access service.	75
<b>Accessed Service</b> (e.g. Shelter bed confirmed, provided food, and offered immediate primary or mental healthcare)	100

# ICARE

Please rate how the staff at the Community Resource and Referral Center met the following objectives:	Did NOT Meet 0 pts.	Semi-Meets 5 pts.	Meets 7 pts.	Exceeds 10 pts.
<b>Integrity</b> – Did the staff act with high moral principles? Did they treat you in a professional manner? Did they maintain your trust and confidence?				
<b>Commitment</b> – Did the staff work diligently to serve you? Were they organized? Did they appear to do their assigned job based on compliance or centered around your satisfaction as a customer?				
<b>Advocacy</b> – Did the staff identify your stated needs, consider them and advance your interests?				
<b>Respect</b> – Did the staff treat you with dignity and respect by listening to your story and calling you by your name?				
<b>Excellence</b> – Did the staff strive for your satisfaction? Were they willing to admit mistakes and work toward correcting them?				

# Scoring Process and Time

**Process:** The *fewer steps*, the more points

**Time:** The *less time*, the more points

Process Place a "1" if the step occurred*	Unique Step Description	Time Spent in min.	Time Score 1-5 = 7pts 6-15 = 6 pts. 16-35 = 5 pts. 36-59 = 4 pts. 60-89 = 3 pts. 90-120 = 2 pts. >120 = 1
1	Sign in with registrar	5	7
1	Waited in waiting room	120	2
1	Interview with intake counselor	30	5

\*1-5 steps = 15 pts.; 6-10 steps = 10 pts.; 11-15 steps = 4 pts.; 16-29 steps = 3 pts.; 30+ = 1 pts.

# USVs score their visits: Access+ICARE+Process+Time

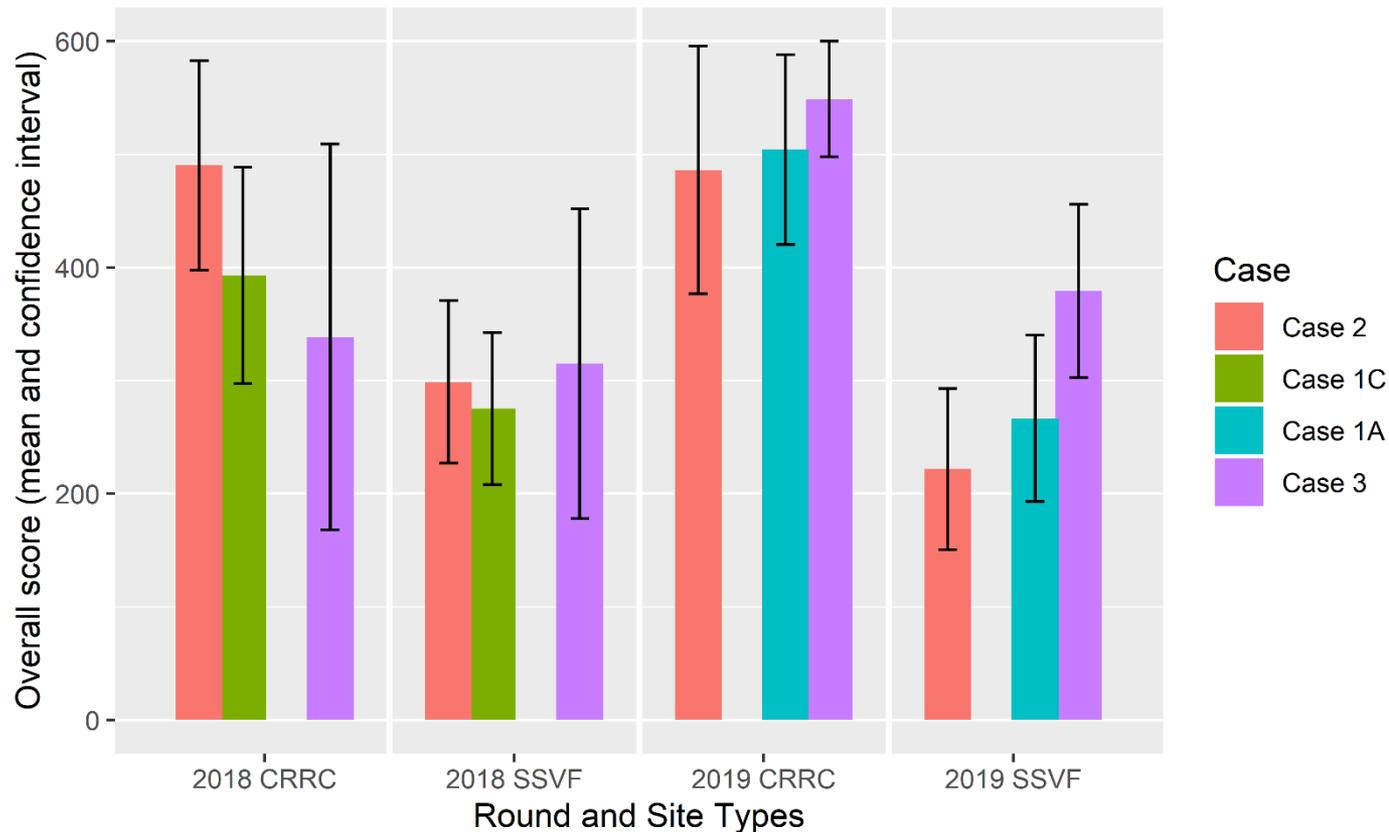
Site	Year	ACCESS score	ICARE score	Process Steps	Time Spent	Total
All SSVF	2018	227	32	14	20	295
All CRRC	2018	334	37	12	31	415
All SSVF	2019	221	32	14	22	289
All CRRC	2019	421	43	12	34	510

# Top 3 & Bottom 3: Performance

Top Scores	2018 CRRC	2019 CRRC	2018 SSVF	2019 SSVF
Top 1	641	691	727	686
Top 2	628	655	635	642
Top 3	617	654	596	629

Bottom Scores	2018 CRRC	2019 CRRC	2018 SSVF	2019 SSVF
Bottom 1	71	210	15	36
Bottom 2	99	245	63	47
Bottom 3	112	327	72	47

# Comparison of cases in 2018 and 2019 for CRRC and SSVF visits



Case 1: Male, Caucasian/African American, OEF Veteran with PTSD  
 Case 2: Female, Caucasian, Desert Storm Veteran with High Blood Pressure  
 Case 3: Male, African American, Vietnam Veteran with Alcoholism

# SSVF and CRRC aligned for comparison



Case 1: Male, Caucasian/African American, OEF Veteran with PTSD  
 Case 2: Female, Caucasian, Desert Storm Veteran with High Blood Pressure  
 Case 3: Male, African American, Vietnam Veteran with Alcoholism

# Intake Process:

## A comparison of 2018 and 2019

Site	Year	Received care without going somewhere else	Accessed care without being assertive	Provided transportation
All (CRRC)	2018	58%	68%	55%
All (CRRC)	2019	83%	90%	67%
All (SSVF)	2018	41%	42%	25%
All (SSVF)	2019	36%	43%	26%

# Unable to Access without a DD 214: Comparison of 2018 and 2019

	2018 CRRC	2019 CRRC	2018 SSVF	2019 SSVF
Case 1	11%	8%	9%	20%
Case 2	8%	22%	24%	22%
Case 3	57%	0%	44%	0%

# Veterans Bill of Rights

As a Veteran, you have the right...

1. to be treated equally, professionally, and with respect, regardless of your gender, legal history, ability/disability, age, sexuality, race, ethnicity, housing status, or any other protected class
2. to be assessed for available services as a Veteran with your Department of Veterans Affairs (VA) issued photo identification (ID), whether or not you have your DD214.
3. to access or be directly referred to services you need for which you are eligible and that are available within your local community.
4. to have your phone number and general location with a time you can be reached requested so you can receive a text message, phone call, or in-person follow-up within a reasonable time, and to assist you with applying for a subsidized Universal Services Administration Lifeline phone plan, when needed.

Who to contact with concerns: \_\_\_\_\_

# Displaying Veterans Bill of Rights

2019 Only:

- 22/74 SSVFs had the bill of rights posted (30%). 18 of those 22 had contact info on it (81%).
- 18/30 CRRCs had the bill of rights posted (60%). 15 of those 18 had contact info on it (83%).

# Follow up: Phone Call or Text Message

	<b>CRRC 2018</b>	<b>CRRC 2019</b>	<b>SSVF 2018</b>	<b>SSVF 2019</b>
Phone Number Requested or assisted with obtaining a no cost Lifeline mobile phone plan	84%	97%	57%	56%
Follow-up Call or Text Message Received	43%	40%	30%	38%

# Likelihood Services Not Offered

Item	CRRC 2018	CRRC 2019	SSVF 2018	SSVF 2019
<b>NO info provided for housing options</b>	10%	3%	8%	15%
<b>NO food provided</b>	19%	7%	39%	49%
<b>NO income counseling (employment, education, job- training, VA Benefits, SSI/SSDI)</b>	23%	10%	33%	49%
<b>NO PTSD referral</b>	20%	54%	71%	90%
<b>NO hypertension/pre-diabetes information</b>	8%	0%	41%	78%
<b>NO follow-up phone call or text message received</b>	57%	60%	70%	62%
<b>NO Veterans Rights posted</b>	NA	40%	NA	70%
<b>NO contact info on posted Veterans Rights</b>	NA	17%	NA	19%

# Incidents compromising access

- Told they could not be seen same day, and would have to make an appointment.
- Site closed 18 months ago; now a VA post office
- Only spoke to an [intercom] box; never saw a person. The door was locked. Given two phone numbers for case managers, and told me they were a referral only facility.
- USV felt treated rudely. Told couldn't register at site if had already visited different SSVF; promptly escorted out.
- Site only for job assistance; no housing or food. USV reports being laughed at due to homeless appearance.
- Female USV turned away after being told they had come to a men-only site.

# Incidents (Continued)

- African-American male turned away and told they'd need their DD214 paperwork. In prior year the USV, who was a Caucasian female, received services without their DD214.
- USV told they wouldn't be able to begin intake without a notarized letter from friend stating USV could no longer stay with him. Told "proof of homelessness" required.
- USV told they'd have to call a phone number first thing in the morning and couldn't talk to someone on-site that day. Called next morning at 7:30AM and put on hold for 18 minutes before hanging up.
- USV told that site was closed that day for "training." No alternative offered.

# Conclusions: Overall Service

*Overall service has not improved:*

- The mean ACCESS score, a broad aggregate measure of ready accessibility of a wide range of basic services has essentially not changed (227 to 221).
- The mean ICARE score, a broad measure of Veteran experience that reflects VHA core values of service has not changed (32 both rounds).
- The three lowest performing sites went slightly down, with mean composite scores of 50 and 43, respectively, for rounds 2 and 3.
- The three highest performing scores remained unchanged, with mean composites of 653 and 652.

# Conclusions: Access

*Previously identified access barriers are not substantially diminished (except for a reduction in denials):*

- ✓ Denial of care because of not having a DD214, averaged across the 3 cases, went down from 24% to 14%, a 42% reduction in turning Veterans away.
- 36% received care without being first asked to go anywhere else, compared with 41% in round 2, i.e. a 14% reduction in direct access to services.
- 43% received care without having to be assertive compared to 42% in round two, a lack of substantial improvement
- 26% received transportation when referred to another site either to register or obtain a specific service, compared to 25% in round two, a lack of substantial improvement.

✓ = Desirable trend

○ = Undesirable or lack of improvement

# Conclusions: Disparities

*Disparities related to race or age diminished or disappeared.*

- ✓ There was a gain in the composite score for case 3, portrayed by a Vietnam era African American male from 320 to 380, a 19% improvement.
- ✓ Denial of care for case 3, because of not having a DD214 dramatically improved from 44% to 0%.
- ✓ There was an increase in the proportion of visits for case 3 in which services were accessed without having to be assertive, from 40% to 52%, a 30% improvement.

# Conclusions: Follow up

*Efforts at follow up post-visits showed some small gains:*

○ Requests for phone numbers to enable follow up did not substantially change (57% to 56%).

✓ There was a small improvement in follow up calls and texts from 30% to 38%.

✓ Sites that made follow up calls or texts were also more likely to have higher overall access scores.

# Conclusions

*Basic clinical and service needs more often overlooked:*

- More likely to leave without receiving food, information about housing, and income counseling.
- More likely to leave without receiving information about hypertension and diabetes or a PTSD referral when indicated.

# Conclusions

*Veterans not frequently informed of their rights (posted at < half of sites)*

- 30% of sites posted the Veterans Rights and, of these, 81% included contact information.

# Recommendations

- Always accept a VA photo ID as sufficient evidence of Veteran status to provide initial services.
- Always follow up with Veterans via phone or text within two weeks of the visit.
- Always post the Veteran Bill of Rights, with contact information included.
- Avoid barriers to prompt service, including: telling Veterans they need proof of homelessness, that they have to make an appointment first, that the office is closed for “training,” that they should call back another day, that it’s a “men only” site, that they can’t register them because they’ve already visited another site.
- Veterans should receive information, access or referral for: shelter, food, income counseling.
- Veterans should be offered transportation to sites to which they are referred for basic services.
- Veterans should be screened and receive services for PTSD, Substance abuse, stated medical needs.

# SSVF

## Unannounced Standardized Veterans

### FY 20 Action Plan

November 2019



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# Conclusions and Recommendations

- Continued barriers to service: Veterans are leaving SSVF sites without a clear plan to address their immediate needs or to follow up with SSVF staff
  - Veterans should receive care from SSVF without having to go to the medical center first
  - Upon leaving the SSVF site, Veterans will have a plan to access food, shelter, and other immediate needs, whether or not an intake is completed
  - Grantees will ensure that they have contact information for the Veteran and follow up with them
  - During first meeting, the grantee will assist the Veteran to complete an application for a Lifeline phone, if needed
  - Grantees will provide services in line with the VA's ICARE model



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# Conclusions and Recommendations

- Confusion about where to access SSVF services
  - Grantee will ensure that their correct site location and contact information is clearly listed on their website, in any promotional materials in GIFTS, and on the list of providers on the SSVF website
  - In cases where the SSVF site is difficult to find, grantees will create additional signage in/around the building to give Veterans instructions on where to go
- Grantees continue to request DD-214 to determine eligibility
  - DD-214 is NOT a requirement if another acceptable form of ID is presented
  - Program management will educate staff on various ways to determine eligibility, including the SQUARES database or a VA healthcare ID



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# Conclusions and Recommendations

- Veterans Rights Posters are displayed in only 30% of SSVF sites. Of those, 81% had contact information listed
  - Grantees will display the Veterans Rights Poster in a conspicuous location and ensure that it includes accurate contact information
  - Consider giving all Veterans a copy at intake.
  - Outreach may also carry copies



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# USV Example Report

## Visit report

**Date of visit:** 2019-08-29

**Time in:** 09:50:00 **Time out:** 10:10:00

**USV:** JJM

**Role:** James (Case 3)

**Site:** 36.4



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# ACCESS

- **Housing options:** Accessed Service (ie: Shelter bed confirmed, provided food, and offered immediate primary or mental healthcare)  
Barriers: No  
Comments:
- **Food:** Warm Hand-off. Given information, and a direct connection was made with someone on your behalf - on the phone, email, or in-person. You didn't access service.  
Barriers: No  
Comments:
- **Income counseling:** Warm Hand-off. Given information, and a direct connection was made with someone on your behalf - on the phone, email, or in-person. You didn't access service.  
Barriers: No  
Comments:
- **Substance counseling (Case 3 only):** Accessed Service (ie: Shelter bed confirmed, provided food, and offered immediate primary or mental healthcare)  
Barriers: No  
Comments:



# Access (continued)

**Was the site easy to find (signage was appropriate)? Yes**

**Did you receive care without having to go somewhere else first (i.e. local VA medical center/CRRC)? No**

**Were you screened for diversion? Yes**

**Upon showing your VA ID card, were you able to access services without a DD214? Yes**

**If asked for medical tests, were you (a) able to receive those tests at the site that day or (b) provided same day transportation to get them elsewhere?  
Yes**

**Were you able to access services without having to be very assertive? Yes**

**Were you provided transportation options to access some or all of the services (other than medical tests)? Yes**

**Were you asked for a phone number? Yes**

**Please provide background with context about any situation in which you answered “No.”:**

**The site had transportation one in the morning and another in the afternoon to VA facility.**



# ICARE and STEPS

## ICARE

**Integrity:** Meets

**Commitment:** Meets

**Advocacy:** Meets

**Respect:** Meets

**Excellence:** Meets

**Examples:** The interview was conductive in a very comfortable environment. It was a room with two short couches.

## STEPS

Step one: Entered

Time spent in minutes: 35

Comments: I gave my line as usual and was given an application form to fill out

Step two: Wait

Time spent in minutes: 10

Comments: Waited for counselor

Step three: Interview

Time spent in minutes: 105

Comments: Interview with counselor

Step four: Exit

Time spent in minutes: 20

Comments: Received a bus card on my exit

**ACCESS score (out of 600):** 525

**ICARE score (out of 50):** 35

**OVERALL score (out of 650):** 560



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# Non-scored items

Was the ID requested and validated? Yes

Did the site share services with another organization? No

If yes, give the name of that organization:

Was any proof of homelessness required? No

Were services unavailable the day you were there? If yes, what were those services:  
Yes

Shelter

Please describe if the DD214 was discussed and if it was a barrier to receiving services (please include if you were offered help in getting your DD214): That I would need to have it at some point.

SSVF: Were you told no one could perform intake when you arrived (staff not present)? No

SSVF: Were you told you needed to first schedule an appointment before an intake interview? No

SSVF: Were you referred to the CRRC? No

Did the site have the “Veterans’ Rights” sign visibly posted?: Yes

If so, did the “Veterans’ Rights” sign contain a contact name and phone number?: Yes

General Comments from USP:

The service I got was really on point. I was treated with respect and I felt like the site cared.



# USV Corrective Action Plan (CAP)

## USV Corrective Action Plan (CAP)

SSVF Grantee: \_\_\_\_\_

**Instructions:** Review USV data and assessment and provide actions to address each identified barrier. Focus on actions that address timely access and effective strategies for resolving barriers. Provide an **action step for each barrier**, **responsible party** and a **timeline for implementation**. Submit the USV CAP 14 days after receiving the GIFTS requirement. SSVF PO and RC will follow-up with a conference call to discuss the USV CAP.

### ACCESS

Barrier/Finding  
Action steps  
Responsible Party  
Planned Completion Date

### ICARE

Barrier/Finding  
Action steps  
Responsible Party  
Planned Completion Date

### STEPS

Barrier/Finding  
Action steps  
Responsible Party  
Planned Completion Date

### NON-SCORED ITEMS:

Barrier/Finding  
Action steps  
Responsible Party  
Planned Completion Date



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# USV Response Process

- Requirement in GIFTS for each USV site
- Review the USV results with staff
- Remove USV from HMIS
- Respond with a Corrective Action Plan (CAP) addressing each USV finding
- Submit the CAP within 14 days of receiving the requirement
- Following the CAP submission attend a USV debrief call to review the results with your Regional Coordinator and SSVF PO staff



# I CARE

- **Integrity:** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
- **Commitment:** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.
- **Advocacy:** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
- **Respect:** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
- **Excellence:** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.



# I CARE Resources

- I CARE VA Website

<https://www.va.gov/ICARE/index.asp>

- I CARE Overview Presentation – share with all staff

[https://www.va.gov/ICARE/docs/icare\\_overview.pdf](https://www.va.gov/ICARE/docs/icare_overview.pdf)

- I CARE Quick Reference Core Values

[https://www.va.gov/ICARE/docs/core\\_values\\_quick\\_reference.pdf](https://www.va.gov/ICARE/docs/core_values_quick_reference.pdf)

- VA Core Values and Characteristics

[https://www.va.gov/ICARE/docs/icare\\_faq\\_flyer.pdf](https://www.va.gov/ICARE/docs/icare_faq_flyer.pdf)



# SSVF Program Office FY20 USV Goals

- Ensure that all SSVF sites are easy to find
- Veterans Rights Poster displayed in a prominent location at all SSVF sites
- Reinforce eligibility requirements
- Remove barriers
- SSVF ICARE training for all staff
- Collect accurate SSVF grantee contact information
- Review USV data with each site visited
- Follow-up on USV CAP prior to closeout



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