• Webinar will last approximately 1 hour
• Participants’ phone connections are “muted” due to the high number of callers
• Questions can also be submitted anytime to SSVF@va.gov
Submit questions and comments via the Questions panel
• Welcome!
• National SSVF Program Office update
• SSVF Homeless Prevention Approaches
• Coordinating Local HP Strategies
• Grantee presentation
• Questions
1. Resolve homelessness through Rapid Re-housing
   – As homeless Veterans face greatest vulnerability, SSVF prioritizes RRH

2. Prevent homelessness with prevention assistance
   – Even with Stage 2 screener we have limited ability to predict homelessness
1. COVID placed many more at-risk
   – Risk of contagion (use of EHA)
   – Economic distress (risk of evictions)

2. CARES greatly expanded available resources
   – Supporting 2500-3000 hotel/motel placements monthly
     • These households remain homeless
   – Need to target HP, resume Stage 2 screener January 1
SSVF goal is to prevent *literal homelessness*

**Meaning**: helping Veterans to avoid entry to emergency shelter (incl. HCHV), Safe Haven, hotel with voucher, or transitional housing (incl. GPD), or avoid staying overnight in unsafe or other place not meant for human habitation.
SSVF Homelessness Prevention includes both:

• **Rapid Resolution/Housing Problem Solving/Diversion**
  – Brief crisis intervention for eligible Veterans who appear to need shelter or transitional housing, or who will otherwise be unsheltered tonight, focused on avoiding imminent shelter or GPD entry or unsheltered homelessness.

• **Targeted Homelessness Prevention**
  – Short to medium-term intervention and stabilization supports for eligible Veterans who have less than 30 days left in *any* safe, available housing – *including doubled up options* – and have no other resources “but for” SSVF to avoid imminent literal homelessness.
RAPID RESOLUTION

**Housing Loss**
Time remaining until literal homelessness

- **60 Days** - Traditional Prevention
- **30 Days** - Targeted Homelessness Prevention
- **14 Days** - Diversion

**Entry into Homelessness**

**Rapid Resolution Intervention**

**PH Offer**

**Rapid Exit**
**Rapid Re-Housing**

**SSVF Homelessness Prevention**

**SSVF Rapid Re-Housing**

**Own Place or Doubled Up**
WHY “TARGET” HOMELESSNESS PREVENTION?

“Poor targeting leads to an inefficient strategy and inefficient strategies are rarely effective.”

**Efficiency**: prevention activities that are well targeted, delivering effective activities to people who are very likely to become homeless unless they receive help.

**Effectiveness**: prevention activities capable of stopping someone from becoming homeless.

WHY “TARGET” HOMELESSNESS PREVENTION?

- Vast majority who face housing instability and even eviction have other safe options (even temporary ones) and do not become literally homeless.

- Stage 1 Eligibility **targets** Veterans with **less than 30 days** before all alternative housing options/resources are exhausted (i.e., Veterans who will soon be literally homeless “**but for**” SSVF assistance).

- Remember: SSVF goal is to prevent **literal homelessness**.
Well targeted homelessness prevention...

✓ Often serves Veterans who are doubled up after losing their own housing
  • Programs must be capable of providing effective intervention and stabilization supports for doubled-up Veterans

✓ Reduces potential for community transmission of coronavirus and negative health consequences of literal homelessness

✓ Reduces the overall number of Veterans experiencing homelessness (“inflow”)

✓ Increases community’s ability to shelter those with no alternatives by reducing unnecessary shelter entry/use
• Homelessness Prevention is NOT the same as eviction prevention.

• *Diversion* is the most targeted form of prevention

• When limited, HP resources must focus on those who will become homeless and are most vulnerable – use Stage 2 to prioritize when needed
REMINDERS ABOUT HOMELESSNESS PREVENTION

• **Use data** to inform local Stage 2 targeting criteria

• **Start with light touch** – offer problem-solving first
  – **HP services are not limited to TFA** – Grantees should initially offer some level of problem-solving and as-needed services, with TFA when needed and available to help stabilize the household

• **Use EHA and Healthcare Navigator assistance when needed** to support health, safety and risks to housing stability

• **SSVF is committed to serving literally homeless Veterans first** – Rapid Resolution and Rapid Rehousing remain the priority
CREATING A COORDINATED LOCAL HOMELESSNESS PREVENTION STRATEGY

Why increase coordination with community prevention resources?

– Expand access and advance equity
– Foster cross-partner information sharing, learning and strategy
– Effectively and efficiently coordinate with community prevention resources to avoid duplication and maximize impact
  • Shared understanding of risk relative to housing loss and literal homelessness
  • Consistent, community-wide strategy, resource alignment and allocation
  • Identify and engage imminently at-risk Veterans before seeking shelter or experiencing unsheltered homelessness (i.e., via coordinated access with community partners)
Considerations & Opportunities

– Target neighborhoods/areas most impacted using available data. For example:

• Living situations and locations *immediately* prior to shelter entry
• Disparity indexes (e.g., Urban Institute [Emergency Rental Assistance Priority Index](#))
• Public assistance data (e.g., SNAP program)
• Eviction data
• Poverty rates
Considerations & Opportunities

– ID SSVF staff responsible for ongoing outreach and partnerships
– Partner with community-based organizations serving those areas
– Develop shared understanding of risk/urgency and coordinated screening and referral approaches
• SSVF and ESG are working together to:
  – Align approaches to targeted prevention
  – Meld Stage 2 Screener with geographic index approach
  – Continue communication around best practices
Adjusting SSVF HP Assistance Relative to Demand

– To the extent all Veterans needs for RRH are addressed, increase staff capacity for homelessness prevention to further reduce inflow

– Identify decision points and program adjustments that may be needed if and when prevention demand increases
Adjusting SSVF HP Assistance Relative to Demand

– Determine when/under what conditions Stage 2 screening will be used

• Stage 2 is used to prioritize when resources are limited
• Consider periodic (e.g., quarterly or semi-annual) review and rebalance process to examine demand vs resources and whether Stage 2 prioritization needed
Targeted Prevention

Erin Segaloff, SSVF Program Manager
Mandy Reagan NH DHHS ESG Grant Administrator
Systemwide Targeted Prevention

• Coordinating expectations at several levels
  • Community
  • Policy
  • Program Management
  • Direct Service Staff
Community

• RRH Institute/work
• Systemwide education on:
  • Homelessness prevention
  • Diversion
  • Eviction Prevention
• Planning and Training events
• System of Care Education
  • Partner prevention (re)education in response to COVID 19
Policy

- Centralized Coordinated Entry (CE)
  - Regional Access Points
- Common HP assessment tool
- State Eviction Prevention funds and Governors Housing Relief Fund
- COC Written standards for Prevention
Prevention Coordination

• Utilizing HP screener
• Warm Hand offs to Emergency Solutions Grantees (ESG)
Prevention planning

• Utilizing additional funding to increase staffing
  • Community Data Specialist
  • Housing Navigator
  • Outreach
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QUESTIONS?
Questions?
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