SSVF COVID-19 Response

Update for May 22, 2020
Updated Guidance and FAQ available at
www.va.gov/homeless/ssvf

LINK TO AUDIO
FOCUS ON SAVING LIVES

CDC states, “Social distancing is the best way to reduce the spread of COVID-19.”
ACT WITH URGENCY

• COVID-19 is an imminent threat to the health and safety of Veteran families.

• Congress has charged SSVF with a lead responsibility to protect and serve homeless Veterans.

• Critically important that life saving services during this public health emergency take priority – embrace the flexibility and funding.
• Expand emergency housing capacity
  – Can use for self-quarantines
  – Place unsheltered even if not CDC “vulnerable”

• Support HUD-VASH placements
  – Can assist with housing navigation

• Expand prevention services
  – EHA can support Rapid Resolution
  – Can serve even with eviction moratorium
• In addition to the $201.5M in CARES Act funds, national disaster declarations have invoked the Stafford Act.

• Many regulatory limits have been waived.

• Range of liberalized guidance available in FAQ.
• 45 day limit for emergency housing suspended
• 72 hour limit for individuals suspended
• Limits on number of months for rental and utility assistance suspended.
• Stage 2 screener no longer required
• 40% maximum spending on prevention waived
• 50% maximum budget for TFA removed
• No limit on food assistance
• Alternate forms of consent, including verbal, acceptable
• Self-certifications can be used when necessary
• Eviction moratoriums do not preclude HP assistance
  – “Past Due” notice sufficient
• When Lifeline phones are unavailable, grantees can purchase disposable phones for Veterans
• $1200 stimulus and $600 in unemployment supplements do not count towards AMI limits
• CDC reported COVID-19 testing of 19 shelters in Seattle, Boston, San Francisco and Atlanta found 25% of residents and 11% of staff tested positive

• Age and disability make homeless Veterans vulnerable

• Shelter and transitional housing have reduced capacity as social distancing rules are put in place
• **System Comparison:** Veterans with disabling conditions is higher for SSVF than for sheltered Veterans.

• **SSVF Trend:** Veterans with a disabling condition is rising
  - FY 2014: 55%
  - FY 2015: 56%
  - FY 2016: 58%
  - FY 2017: 62%
  - FY 2018: 63%
COMMON DISABILITIES

- Cardiovascular disease: 26,797 (55%)
- Substance Use Disorder: 25,053 (51%)
- Major depressive disorder: 20,217 (41%)
- Post-Traumatic Stress Disorder: 9,513 (19%)
• Congress closely monitoring impact of CARES – looking to have capacity expanded

• HMIS primary tool for evaluating utilization

• Results could lead to substantial increase in FY 2021 funding
BEYOND JULY 31

• $201.5 million supplement distributed April 24

• Additional funds available for high needs areas

• After CARES funds spent, access FY 2020 budgets
EXPAND ENROLLMENT

• Coordinated Entry

• VAMCs

• Previous SSVF enrollees

• DOL (unemployment offices)
• VAMC vital partner for health care services

• Use existing relationship to case manage and facilitate access to care

• VAMC POC will be designated to assist

• If stuck, contact your Regional Coordinator
BE BOLD!!!!

**Imperative to act now and save lives**

**Easy to get bogged down in administrative and compliance concerns**

**SSVF has introduced significant flexibilities to support your creativity and capacity to serve**
• Check the FAQ at www.va.gov/homeless/ssvf

• Contact your Regional Coordinator

• Email ssvf@va.gov