

# Healthcare Navigation and Shallow Subsidy for Grantees

<u>SSVF National Webinar</u> <u>March 14, 2024</u>

Link to Recording

## Housekeeping





Webinar will last For **90** minutes Slides & handouts are in the "handout" section





Submit questions in the question box or any time at ssvf@va.gov



- Welcome and Introductions
- Leadership Update
- Health Care Navigation (HCN)
  - What is HCN, What do HCNs do, and Why are HCNs important?
  - What's happening in the chat Activity
  - Perspective from the field
- Shallow Subsidy (SS)
  - What is SS
  - Broader context for SS
  - What's happening in the chat- Activity
  - Perspective from the field



- Cindy Spencer, SSVF Supervisory Regional Coordinator
- Rico Aiello, SSVF Compliance Project Coordinator
- Scott McKee, SSVF Program Coordinator, Community Action Partnership of Oregon
- Deidre Knight, LCSW, LAC, Associate Director, Rocky Mountain Human Services, CSW, Volunteers of America Mid-States
- Phil Allen MA, SSVF TA Associate, Technical Assistance Collaborative



#### LEADERSHIP UPDATE

### Adrienne Nash Meléndez, MLD National Director, SSVF



### Who is in the room today ?

- Health Care Navigator
- Shallow Subsidy Staff
- Program Manager
- Executive Leadership
- Other



## Health Care Navigation Services





## What best describes the place you are at in your understanding of Health Care Navigation services?

- A. Rookie/Newbie Just getting started
- B. Allstar Been doing this for a while
- C. Veteran Have lots of experience in this work
- D. Coach Not only lots of experience, but you could be running this webinar!



- SSVF health care navigators work with Veterans on a variety of issues to assist them in identifying and overcoming challenges to accessing healthcare systems or adhering to recommended health care plans
- SSVF health care navigators should be trained to assist Veterans with the following:
  - Gaining access to health, mental health, or substance abuse care (VA and Mainstream)
  - Supporting health care plans by identifying barriers to care and supporting Veterans in accessing care
  - Providing education on wellness related topics, including those related to public health



#### Assist Veterans in accessing healthcare systems

- Work with the Veteran to identify a health navigation plan that meets the Veteran's unique needs, choices and goals
- Gaining entry to VA health care (including mental health and substance use disorder) care) or community care when Veterans are not interested in or eligible for VHA
  - Connecting Veterans to VA health care by working with the VAMC to facilitate enrollment
  - Helping with documentation and paperwork required for enrollment in coordination with case manager
  - Following up on enrollment progress to ensure that the Veteran is enrolled in VA or community health care services
- Coordinating with health partners to ensure Veteran has access and can follow through with health care needs and plans and appointments



- Help Veterans get access to appointments when needed
  - Problem-solve barriers to care (transportation, childcare, communication)
- Assist Veterans in utilizing services, including preventative health care
  - Assist Veterans in understanding and communicating with providers to make informed decisions about health care
  - Help Veterans identify barriers to recommended health care plans
- Provide education or create linkages for Veterans to learn about wellness related topics or other pressing health initiatives



- Veterans reported that the VA eligibility process can be overly complicated and difficult to access (Blue-Howells, McGuire, & Nakashima, 2008)
- Veterans may have barriers to accessing care or keeping health care appointments, lack of transportation or childcare, for example
- Homeless Veterans are 4 times more likely to use emergency rooms than non-homeless Veterans (Tsai, Doran & Rosenheck, 2013)



- Reminder SSVF grantees do not provide direct health care services; navigators are not health care providers and do not deliver direct patient care
- Mental health counseling is not an eligible SSVF activity and therefore not within the scope of the SSVF health care navigator's job duties
- SSVF health care navigators do not make treatment recommendations



## What's In the Chat Activity – In the chat please call out responses any one of the following questions:

- What is working well for you and your Healthcare Navigators?
- Where do you need more support regarding Health Care Navigation Services?
- Are there any barriers to effective implementation of Health Care Navigation Services?



### Perspective From the Field



#### **Scott McKee**

- SSVF Program Coordinator/Former HCN
  - A little over 7.5 years w/ SSVF
- Community Action Partnership of Oregon
- 13 Rural Oregon Counties/6 Subgrantees



### Prioritizing HCN Services:

- Why have an HCN?
- Value of Separating Duties
- HCN's Building Strong Relationships
- Successes and Let Downs





### Shallow Subsidy Services





## What best describes the place you are at in your understanding of Shallow Subsidy services?

A. Rookie/Newbie - Just getting startedB. Allstar - Been doing this for a whileC. Veteran - Have lots of experience in this work

D. Coach - Not only lots of experience, but you could be running this webinar!



- The SSVF Shallow Subsidy service provides rental assistance to very lowincome and extremely low-income Veteran households who are enrolled in SSVF's Rapid Rehousing or Homeless Prevention projects
- Under the SSVF Shallow Subsidy Service, SSVF grantees provide rental assistance payments up to 50% of the unit rent (based on the community standard) directly to landlords on behalf of the Veteran household at 30% AMI or less for two years, and those above 30% but not exceeding 80% two years less the number of months of traditional SSVF Rental Assistance that was provided, without the need for program recertification
- The rental assistance is at a fixed rate every month, regardless of changes in the Veteran household's income or monthly rent amount.



#### The average U.S. rent has risen 18% over the last five years

225 200. +18% eb. '22 175 150 - U.S. average Northeast 125..... Midwest - West -- Inflation - South 100. 1 1 1 1 1 Feb Feb Feb Feb Feb Feb '21 '17 '18 '19 '20 '22

Consumer price index for rent of primary residence in ...

Source: Federal Reserve Bank of St. Louis.

#### PEW RESEARCH CENTER

## THE PROBLEM:

The U.S. has a shortage of more than **7.2 MILLION** rental homes affordable and available to extremely low income renter households.





## What's In the Chat Activity – In the chat please call out responses any one of the following questions:

- What is working well for you in Shallow Subsidy?
- Where do you need more support regarding Shallow Subsidy Services?
- Are there any barriers to effective implementation of Shallow Subsidy Services?



### Perspective From the Field





## Shallow Subsidy Best Practices and Tips

Presenter: Deidre Knight (they/them), LCSW, LAC dknight@rmhumanservices.org

Rocky Mountain Human Services, Colorado

### **Best Practices**



Shallow Subsidy referral should be their very first option, not their very last

Plan for Shallow Subsidy graduation starting on Day One of enrollment

Shallow Subsidy requirements should be agreed upon by all SSVF grantees in the region

Housing First: no sobriety requirements, no income discrimination, Veteran can have medical and mental health needs

Holistic support: referrals to Healthcare Navigation, Legal Services referrals, etc



### Tips

**Choose Prioritization Populations** 

Have Dedicated Shallow Subsidy staff members, including Manager if possible

Shallow Subsidy is NOT for everyone: only those that have income but not quite enough

Should be enrolling new Veterans at the same rate as graduating current Veterans

Documentation, referrals, requirements should all be kept SIMPLE

Have a "Practice Month" before officially starting Shallow Subsidy

Veterans might need to return to HP/RR



## **Success Stories**

36-year-old female Veteran who had part-time employment. Within a few months she obtained higher-paying full-time employment and she saved up for a down payment on a house. Voluntarily opted out of the program when she started meeting with a realtor; purchased her first home 3 months after graduating from Shallow Subsidy.

65-year-old male Veteran who only had disability income and several medical concerns. Was immediately connected to the Health Care Navigator, who connected him to a Primary Doctor, medications, and in-home health nursing care. Case Manager got him approved for Medicaid Long Term Care. Within 16 months, he moved into an Assisted Living Facility paid for by Medicaid: no longer needed SSVF services.



#### Any questions not answered today?

Email <u>SSVF@va.gov</u> or contact your Regional Coordinator