SSVF Regional Meeting

Winter 2016

SSVF Grantee Promising Practices Panel

Supportive Services for Veteran Families:

Homelessness Prevention

Regional Meeting Winter 2016

Objectives

- Provide overview of the two stages of he Homelessness Prevention screening tool.
- Outline criteria for Veteran to be considered **“imminently at risk of homelessness”**.
- Program Resource allocation for Prevention Services
- Consider the value of Prevention Screening and a threshold in overall community planning effort.
- Review factors when developing threshold score

Preventing & Ending *Homelessness*

To achieve an end to homelessness according to Federal criteria and benchmarks…

1st Priority: Rapid Re-Housing

Ensure sufficient amount of SSVF resources allocated ensure all eligible literally homeless Veterans are assisted during the year to quickly end their homelessness

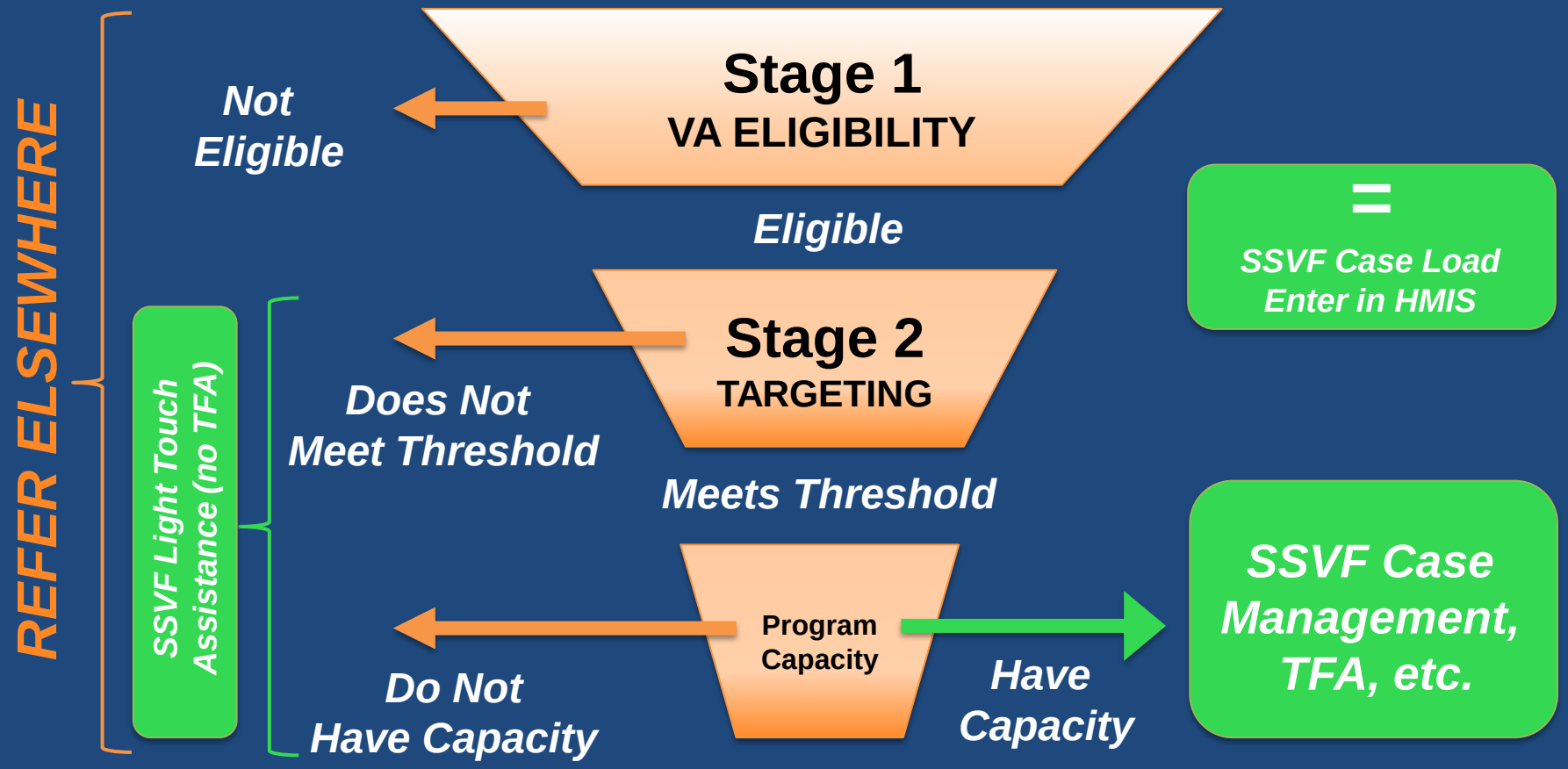
No RRH turn-aways or gaps

2nd Priority: Homelessness Prevention

Use remaining SSVF resources to assist Veterans who will otherwise be literally homeless from becoming literally homeless

Target to most imminently at-risk – those who will be homeless sooner and/or have greatest barriers that will keep them homeless

SSVF Homelessness Prevention: Eligibility Screening & Targeting Flow



SSVF Homelessness Prevention Screening Form

- All grantees expected to use as of 10/1/2015
- Standardized screening questions and documentation
- Includes section for Client Certification, SSVF Staff Certification, and SSVF Supervisor Approval
- An **NEW** *HP Screening Form* is being developed; will include standardized criteria and will no longer include optional targeting criteria and point values.
  - Based on analysis of local criteria being used in the field
  - Standardized to ensure consistency with best practices and support further evaluation
  - Required to be used starting 10/1/2016

Stage 1 HP Screening: VA Eligibility

Purpose: Determine who is eligible or not eligible for SSVF Prevention services.

Eligibility Conditions:

Condition 1: Veteran Status

- *Is the applicant a qualified Veteran;*

Condition 2: Very Low-Income Status

- Is the gross annual household income below 50% of area median income (AMI) for the household size; AND

Condition 3: Imminently At-Risk of Literal Homelessness

- *Will the Veteran soon become literally homeless but for your SSVF program assistance (aka "Category 1")*

Stage 1 HP Screening: VA Eligibility

Eligibility Conditions, continued:

Condition 3: Imminently At-Risk of Literal Homelessness

Requires screening for…

3A: Imminent Housing Loss

- *Determine whether Veteran household has safe/appropriate housing tonight and whether they must immediately leave current housing arrangement*

3B: Other Housing Options & Resources

- *Determine whether Veteran household has other friends, family or close support networks available, safe and appropriate to avoid literal homelessness*

3C: Financial Resources

- *Determine whether Veteran household has financial resources and willing to pay for their immediate housing costs*

3D: Other At-Risk Conditions

- *Determine whether Veteran household meets at least one of 6 at-risk conditions*

Stage 1 Defining Imminent Risk

- How does your community define imminent risk of literal homelessness?
- Does your community have access to other Prevention services (e.g., HOME BASE in NYC)?
- What are your state laws and local regulations regarding notices to vacate current housing?

STAGE 2 HP Screening: TARGETING

Purpose: Determine if *eligible* Veteran household meets targeting threshold – i.e., when number of eligible (Stage 1) applicants exceeds program capacity, assistance should be targeted to Veteran households who will be homeless sooner or those households with more acute barriers to stable housing.

- Each grantee sets "targeting threshold score" that VA must approve
- Veterans who meet or exceed score may receive all SSVF forms of assistance (i.e., including TFA)
  - *There may still be times when you will need to further prioritize those who are eligible and pass threshold (i.e., when low on funds or insufficient caseload capacity)*

HP Program Resource Allocation

- How does your agency determine capacity to serve?
  - What is RRH demand?
  - Is Prevention capacity simply what is “left over” after RRH demand has been met?
- Does your agency have enough resources to serve all who are imminently at risk?
    - If yes, then no score is needed.
    - If no, then need to develop a threshold.

Targeting the Target – using empirical model to deliver efficient services

When developing your threshold score, determine for those who would end up literally homeless *(aka: an eligible prevention household)* which ones would have the most difficulty getting out of homelessness and try to operationalize that.

- Assess the need by thoroughly going though the screening tool
- What are your community resources?
- What is your demand?
- How do you try out the score?
- Should it be flexible throughout the year?
- What is your current carve out for Prevention from your budget?
- How do you manage the funds to last the year?

Determining Targeting Threshold Score

- What do Prevention Services look like in your community ?
  - Has the community met the Federal criteria and has it been confirmed by the Federal partners for ending Veteran Homelessness?
  - Serving rural community that lacks shelter and as a result diverts homeless to unstable conditions characterized by “couch surfing” where frequent moves to avoid unsheltered homelessness are common.
  - Not yet ended Veteran Homelessness, working at maximum 40% TFA.

Determining Targeting Threshold Score

- If you are routinely running out of prevention funds and have to freeze TFA availability during portions of the grant cycle, your threshold score is ***SET TOO LOW***

- Empirical data
  - Review last six months or prevention screens (or every 3-6 months to adapt accordingly)
  - How many passed stage 1- would you do that differently in hindsight?
  - What were your top scores given your predetermined capacity?
    - How many households met the threshold but you did not have the capacity to serve?
  - How many needed TFA?
  - What was average TFA per prevention household?
    - Of the top scoring households, was more TFA provided per household compared to all households served in prevention?

Additional Guidance

- Ineligible applicants (do not meet Stage 1)
  - Provide other referrals when needed and desired
  - Track/document as "Screened, but not Enrolled"
- Stage 1 Eligible Veteran Households (not Stage 2)
  - May receive "light touch" (i.e., non-TFA) assistance if do not meet targeting threshold (Stage 2)
  - Enter in HMIS as served client
- Eligible and Meets Targeting Threshold (Stages 1 & 2)
  - Use progressive assistance approach – start with "light touch" when possible and effective in avoiding literal homelessness

Case Example: Mike

- OEF Veteran with other than dishonorable discharge
- Out of work last 6 months, evicted 2 months ago and now staying on friend's couch. Friend only allowing to stay 1 more week, no other friends/family to stay with.
- Presently -0- income, not able to find work due to mental health and substance use issues. No savings, no one else able to help him financially.

✓ **Meets Stage 1 VA eligibility.**

✓ **Mike meets Stage 2 Targeting threshold score.**

Mike is eligible (Stage 1), a priority (Stage 2), and is admitted.

Case Example: Robert

- ✓ **Robert meets Stage 1 eligibility**
- X **Robert does not meet Stage 2 Targeting threshold score**

SSVF program admitted Robert and offered "light touch" assistance to help Robert avoid literal homelessness

- Offered list of housing options
- Contacted some landlords sympathetic to Veterans in need
- Connected Robert to local WIA and VA job search assistance via "warm handoff"
- Contacted Robert's host friend and negotiated allowing Robert to stay for 1 more month so long as Robert was getting help (and was serious about) finding his own place
- Helped Robert put together budget to see how much he would need to come up with monthly to afford his own place, assuming he reduced some expenses and prioritized paying rent/utilities
- Connected Robert (via warm handoff) to other financial assistance (e.g., HEAP, local church mission committee emergency fund)

*And entered client information into HMIS as an SSVF client!

Case Example: Jane

- OIF Veteran honorably discharged
- Has 2 children, in-between jobs and behind on rent with a 30 day eviction notice.
- Mom has extra bedroom and willing to let Jane stay indefinitely, but Jane doesn't like idea of staying with Mom.
- Jane is actively looking for work and has some prospects, but presently has no $. Jane may be eligible for emergency TANF assistance.

X **Jane does not meet Stage 1 VA eligibility**

Program does not admit Jane – but the program…

- Refers Jane to county welfare department
- Provides information and referral to other community resources
- Advises about when/how to request SSVF assistance again should situation become worse

Morning Roundtable Discussions

Your active participation is needed! Please listen to peers with an open mind and share key successes you have had locally. Don't be shy! 20-25 Minutes per rotation.

- ***Review discussion probes*** *for your table topic in the Regional Meeting Packet.*
- ***Round robin (brief!):*** *introduce self (name, org, community) and share one key challenge, solution or innovation.*
- ***Discuss*** *challenge, solution or innovation of greatest interest related to your table topic:*
  - *If a* ***common challenge****: How have others addressed? What are effective strategies to solve? What support may be needed to overcome challenge?*
  - *If a* ***solution or innovation****: How did the program/community implement? Who provided key support or leadership? How might others adapt or replicate?*

Morning Roundtable Discussions

Rapid Housing Placement, Stabilization and Prevention

A. Putting the “Rapid” in Rapid Re-housing

B. Employment and Benefits

C. Mental Health, Substance Abuse and other Healthcare

D. Homelessness Prevention Targeting

E. Stabilization in Homelessness Prevention

MASTER LIST TOOL REVIEW AND TEMPLATE DEMONSTRATION

- By Name Master List Overview
- Case Conferencing Overview
- ML Template Benchmark Generation Tool
- Federal Criteria Review Tool

Community Master List Panel

Afternoon Roundtables

Coordinated Veteran Identification, Engagement and Housing Pathways

A. Identifying and Engaging All Veterans

B. Emergency and Transitional Housing

C. The By-Name or Master List

D. Community Planning and Coordination

E. Housing Partner Recruitment and Retention

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