

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF)

User Guide: Planners

Planning for newly-funded and renewal programs is often governed by tight deadlines for submitting a grant application, negotiating a contract and initiating services. It is difficult enough to identify and incorporate all of the requirements in a funder's enabling legislation, regulations, program guides, funding notices, and policy updates. There may be little time for in-depth analysis of core principles and program standards. Yet there is still considerable freedom to take time, between funding cycles, to review program operations and plan for improvements.

This User Guide summarizes planning activities that can be undertaken at any point in a program's development. The Guide is intended to be used with the SSVF Practice Standards and guidance found within each practice area, and is relevant for administrative personnel, board members, and any other staff responsible for planning tasks.

Core Concepts

There are three core concepts that underlie the Standards: Housing First, crisis response, and participant choice. As an agency begins to develop or review the many policies and procedures for direct practice, staff training and supervision, and performance/quality improvement, each should be evaluated for consistency with these core concepts.

Housing First

A philosophy and program strategy that emphasizes immediate housing crisis resolution for households and individuals who are homeless or imminently homeless, without pre-conditions such as treatment, sobriety or an income that meets a certain threshold.

Crisis Response

A program modality focused on short-term intervention and resolution of a high-stress, crisis situation: for SSVF participants, the crisis is homelessness or imminent homelessness.

Participant Choice

The principle that goals, action steps, and referrals should be selected, on a voluntary basis, by the person/household requesting assistance. Choices may be limited by a very low income or by external factors within the local job or housing market, but the participant directs his/her own Housing Plan and service participation, even when options are limited.

Planning New Programs

When designing a new homelessness prevention or rapid re-housing program, it is essential to have the funder's requirements, the core concepts and the SSVF Practice Standards clearly in mind. While funders are likely to have set some specific program parameters for their grants, the majority of decisions about program operations are still determined by the agency designing and operating the program.

Because there are so many details involved in setting up a new program, it is reassuring to know that it is not necessary – or even desirable – to have everything completed on the first day of program operations. Many external issues will emerge over time, such as a tightening or expanding job or housing market, changes in the local homeless system, etc. At the same time, the program is testing their planning by actually delivering services, and they may find flaws in assumptions or expectations that require program modifications. Funders, too, may have to adapt to changes in statute and appropriations, and data on need or outcomes may lead to changes in policy or priorities that will be passed on to their grantees. These experiences are normal in new programs; a certain level of unpredictability is common. Flexibility and adaptability are essential.

Use of the Standards can help planning staff think through the layers of decision-making involved in creating a new program. Standards within each Practice Area have been classified into three types:

- ***Policy, Procedures and Practice (PPP)***. This is the heart of the program's infrastructure. What will the practice look like and how will policies and procedures assure this will be consistently implemented? Comprehensive program policies and procedures serve as a basis for staff training and supervision, and help ensure the program complies with funder and agency requirements. Clear policy implemented by rational procedures is essential to maintaining internal program consistency.
- ***Staff Training and Supervision (STS)***. Staff must have sufficient knowledge, skills and experience to provide effective program services consistent with the core concepts and Standards. Without conscious planning of staff training content and supervision methods, the program risks losing focus on its original intent and staff may end up providing ineffective or counter-productive assistance.
- ***Performance and Quality Improvement (PQI)***. Establishing an intentional, constant feedback loop allows programs to critically examine program services and performance. Use of feedback allows a program to assure it is accomplishing its goals, improving participant satisfaction, and meeting other indicators of a high-quality program.

Planning could effectively focus on these three clusters of decision-making, beginning with PPP and moving on to STS and finally, PQI.

There is also a general sequence to some essential planning decisions. To some degree, the topics of the Practice Areas have been organized to help planners think through decisions about program design and processes in a rational order. Some general tips for program planning are listed below. The Standards are intended to help planning staff think through:

1. **The target population is central to all other program planning decisions (Practice Area 1).** The target population can be defined relatively broadly, such as "eligible households at or below 50% AMI who are literally homeless." Or the definition may be much narrower: "eligible households at 30% or less of AMI, with one or more preschool-aged children." Decisions should be based upon input from the local Continuum of Care and on data that indicates a sufficient—but preferably not overwhelming-- number of potential program participants. If there is little unmet need for a narrowly-defined target population in the program's geographic area, outreach will have to find a high proportion of those who fit the criteria and are un-served/under-served. On the other hand, if the program defines the population very broadly, they may need to devote more resources to

screening the larger number of households who will be eligible for assistance. Prioritizing which eligible households will be assisted will also be necessary.

2. **Outreach and Engagement (Practice Area 1).** Given *this* target population, where are the best locations to find potential program participants and what approach is most likely to successfully engage with them? Some subpopulations are particularly reluctant to engage with program staff. What methods might work with them? How will you use community partnerships to expand your outreach capability, either through informal networking or through the use of more formal systems such as your CoC's Coordinated Assessment or available 211 assistance? Should the program use formerly homeless staff for outreach? Will multiple, low-key encounters be necessary, even before verifying eligibility? Is language an issue? Or literacy? What policies and procedures are needed to effectively implement decisions about Outreach and Engagement? What staff training and supervision? What feedback loops will assure that the program has optimal strategies for outreach and engagement? How will the core concepts be incorporated into the design of outreach and engagement?
3. **Screening and Admission (Practice Area 1).** Eligibility screening is one facet of the process of determining which households a program will assist. In a crisis response program, this process must be swift. In addition, some or all of the literally homeless target population will be unsheltered and facing significant, immediate risks to health or safety. At the same time, persons facing imminent homelessness may be living in unsafe or precarious situations and require immediate intervention to avoid homelessness and remain safe. What policies and procedures will assure that your screening and intake system rapidly responds to households in the most urgent circumstances? Have available resources been clearly identified for staff, particularly for those with emergent needs or those who are not accepted into program services? How will your staff be trained to intervene to protect health and safety—and what supervision will help them perform this role? How will the program evaluate and improve this process through their data, input from key stakeholders, etc.? Adhering to the core concepts in this practice area is critical.
4. **Assessments (Practice Area 2).** After intake, routine assessments should be limited to issues necessary to rapidly assist the participant to retain their current housing or obtain permanent housing. What will be assessed, by whom, and how? Will the program purchase tenant credit reports or conduct those investigations themselves?

Some specific subpopulations will be more likely to require additional crisis assessments to assure health and safety, such as persons experiencing domestic violence or persons whose significant health, mental health or drug and alcohol issues are threatening their welfare or directly causing and prolonging their homelessness. It will be critical to have connections with specialized health, substance abuse, and domestic violence providers who can assess and intervene quickly. Staff must also be made aware of any responsibilities they have for reporting critical incidents or imminent risks to an individual's safety. However, assessment of other conditions or disabilities—those that are not emergencies-- should be undertaken only on a case-by-case basis, only when the participant's history or current situation demonstrates a need and when the person is willing to undergo such specialized screenings. The relevance and need for an assessment of disability may not emerge immediately, but may be necessary later--to obtain disability income, to qualify for housing that requires a disability diagnosis, or if and when the participant wants assistance to address an issue.

More assessment is not necessarily better; how will the program's policies and procedures guide practice away from assessing too much, too soon? How will staff be trained and how will supervision help staff determine when more assessment is needed? How will the program know whether their assessments are providing relevant and timely information? Do all program decisions about assessment reinforce crisis response, Housing First and participant choice?

5. **Housing Plans (Practice Area 2).** Housing Plans follow from assessment information. Plans should focus on removing barriers and assuring participants have the financial means or other longer-term assistance to stay housed, including steps to increase income through employment and/or benefits, apply for other longer-term housing assistance, and reduce expenses. Program policies, procedures, and training should strike a balance between assisting participants improve their financial situation while also recognizing that most households will continue to struggle financially and experience high housing costs relative to income ("rent burden") after program exit.

Plans generally should not include a goal and actions steps for every assessed barrier—only for those that are most immediate and highest priority. By limiting the number of goals and action steps that can be included in the plan, staff can avoid overwhelming households whose ability to set and achieve goals is often limited by their levels of stress. When program participants fail to follow through on Housing Plan tasks, the problem is more likely to be with the Housing Plan than participant motivation. Failure caused by an overly-ambitious Housing Plan increases the risks of failure on future tasks. Policies and procedures, staff training and supervision, and performance/quality improvement should reinforce this.

6. **Non-Financial Assistance (Practice Area 3).** Case management, tenancy supports, and referrals to other public and private resources are focused on rapidly resolving the kinds of housing crises being experienced by the selected target population. Health and safety concerns are paramount, followed by direct efforts to obtain, maintain or relocate to permanent housing. Programs should also use referrals to specialized public and private agencies to increase income through employment, public benefits, and free or reduced-cost services/commodities. Community referrals can also help the household address issues that are a concern to the participant, such as substance abuse or mental health. All referrals, however, must honor the participant's choice regarding if, when and how to obtain such assistance. When designing a rapid re-housing and homelessness prevention program, how will policies and procedures assist staff to provide direct services and make appropriate referrals? Staff training and supervision should focus on the core concepts, local housing, and other community resources. Program quality/performance evaluations should be utilized to improve satisfaction and effectiveness.
7. **Financial Assistance (Practice Area 4).** The vast majority of program participants will require one-time or short-to-medium term financial assistance. Designing financial assistance to offer the least amount of assistance for the shortest period necessary (while allowing for a certain amount of flexibility for individual circumstances) is a significant challenge. Planning should start with understanding both the universal and the diverse circumstances of the target population. Policies and procedures should reflect the types and amount of financial assistance participants may receive, and the process for making and approving assistance decisions. Staff will benefit from training on how to use financial assistance as a tool to support participants who may need minimal vs. maximum financial assistance to obtain and maintain housing while addressing other

housing barriers. The program should also assure that staff understand how the overall project budget is affected by the range of assistance provided to individual households.

8. **Landlord Supports (Practice Area 5).** Designing landlord supports and establishing a broad base of landlord partnerships are some of the most critical aspects of program planning. Staff of rapid re-housing and homeless prevention programs are expert at local housing options and understand how to meet both participant and landlord needs. Most landlords will screen out tenants who have very low incomes and/or problems with their tenant screening reports (credit, late rent payments, eviction and/or criminal record) unless a program offers incentives to do otherwise. When the program offers landlord and tenant supports, a landlord will also be less likely to evict a tenant with late rent payments or lease violations. While a standard "package" of incentives (such as rapid response to landlord calls) should be provided to all partnering landlords, other monetary (e.g., last month's rent) and non-monetary (e.g., follow-up after program exit) incentives may be added due to special tenant barriers (such as recent history of drug offenses).

As part of planning, the perspectives of landlords should be actively solicited and utilized. A Landlord Advisory Committee or focus group can help with planning and may result in recruiting landlords who participate as program partners. Policies and procedures should spell out exactly when and how landlord supports and incentives will be offered. Staff responsible for supporting landlords should have appropriate training and supervision to assure responsiveness to landlord partners. Performance and quality improvement activities should include assessing landlord satisfaction with the program, staff, and tenants, to assure success in recruiting and retaining landlords.