Supportive Services for Veteran Families (SSVF) National Grantee Webinar

Community Planning Updates

June 23, 2016
Webinar Format

• Webinar will last approximately 90 minutes
• Participants’ phone connections are “muted” due to the high number of callers
  – **Questions can be submitted during the webinar using the Q&A function**
• Questions can also be submitted anytime to SSVF@va.gov
Questions

Submit questions and comments via the Questions panel
Presenters & Agenda

• Welcome & Introductions
  – John Kuhn, National Director, SSVF

• SSVF Community Planning Updates
  – Lindsay Hill, SSVF Regional Coordinator

• A Community Perspective
  – Texas Homeless Network (Balance of State CoC): Coordinated Entry
  – New York City: Coordinating Services for Homeless Veterans
The Advance of Homeless “Tech”

- We know what works!
Works Within a Community Plan

Coordinated entry & assessment
  – No wrong door
  – Rapid, efficient engagement

• Creation of a Master, or By-Name List
• Regular case conferences to collectively review and plan interventions
• Matching available resources to demand
The Result

• All program elements and resource considerations are incorporated in overall strategy.

• Tools and examples of developing community plans: www.va.gov/homeless/ssvf/index.asp?page=/ssvf(university/community_coordination_and_plans)
Planning and Results Not Static
Plans adapt to changing needs and resources

"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change".

Charles Darwin
Community Planning

Lindsay Hill, SSVF Regional Coordinator
Community Planning Timeline

• **Began February 2015:**
  – Written plans developed by Priority 1 funded communities.
  – Word document
  – Mostly narrative

• **March – November 2015:**
  – All community submissions including Gaps Analysis Tool
  – Excel version; general data points & narrative

• **January & June 2016:**
  – New survey format
  – Standardized response options
  – Deeper dive into specifics of community planning efforts
Community Planning Survey

- June 2016 Process:
  - SurveyMonkey Online Submission
  - One survey response per CoC.
    - Exception: Balance of State CoCs and CA-600
  - The responses submitted in conjunction and coordination with the CoC, VAMC, and team responsible for ending Veteran homelessness in the community.
  - The submission is a community response, not a SSVF response.
Community Planning Survey

• Main Survey Categories:
  – Part 1: Demographics
  – Part 2: Coordination and Data Sharing
  – Part 3: Master List
  – Part 4: Meetings & Strategy
  – Part 5: Federal Benchmarks/Criteria & Support
  – Part 6: Sustainability (new section)
Community Planning Survey: National Data

- **Response Rate:**
  - 433 survey responses
  - 388 unique CoCs (over 99%)

- **Coordination:**

<table>
<thead>
<tr>
<th>Question Text</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your community have a written plan to end Veteran homelessness?</td>
<td>298</td>
<td>69%</td>
</tr>
<tr>
<td>If so, have community stakeholders (e.g. local VA Medical Center, SSVF grantees, etc.) provided input into the plan development and implementation?</td>
<td>289</td>
<td>97%</td>
</tr>
</tbody>
</table>
## Community Planning Survey: National Data

### VA Program Participation:

<table>
<thead>
<tr>
<th></th>
<th>Strategic Meetings</th>
<th>Case Conference Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>HUD-VASH</td>
<td>365</td>
<td>84%</td>
</tr>
<tr>
<td>GPD Liaison</td>
<td>195</td>
<td>45%</td>
</tr>
<tr>
<td>GPD Providers</td>
<td>213</td>
<td>49%</td>
</tr>
</tbody>
</table>

### Data Sharing:

<table>
<thead>
<tr>
<th></th>
<th>What types of data are community providers able to share with their local VA Medical Center(s)?</th>
<th>What types of data can local VA Medical Center staff share with community providers?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Client-level information</td>
<td>352</td>
<td>81%</td>
</tr>
<tr>
<td>Aggregate information</td>
<td>342</td>
<td>79%</td>
</tr>
</tbody>
</table>
## Community Planning Survey: National Data

### Coordinated Entry/Assessment:

<table>
<thead>
<tr>
<th>Question Text</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a community-wide coordinated entry/assessment process for Veterans?</td>
<td>319</td>
<td>74%</td>
</tr>
<tr>
<td>Is the HUD-VASH program integrated into coordinated entry?</td>
<td>226</td>
<td>71%</td>
</tr>
<tr>
<td>Assessment is used for all Veterans, regardless of point of entry to determine need.</td>
<td>61</td>
<td>27%</td>
</tr>
<tr>
<td>HUD-VASH receives all referrals from coordinated entry.</td>
<td>10</td>
<td>4%</td>
</tr>
<tr>
<td>HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means.</td>
<td>153</td>
<td>68%</td>
</tr>
</tbody>
</table>
Community Planning Survey: National Data

- **Coordinated Entry/Assessment:**

<table>
<thead>
<tr>
<th>Question Text</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a community-wide coordinated entry/assessment process for Veterans?</td>
<td>319</td>
<td>74%</td>
</tr>
<tr>
<td>Is GPD integrated into coordinated entry?</td>
<td>144</td>
<td>45%</td>
</tr>
<tr>
<td>Assessment is used for all Veterans, regardless of point of entry to determine need.</td>
<td>38</td>
<td>26%</td>
</tr>
<tr>
<td>GPD receives all referrals from coordinated entry.</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>GPD receives referrals from coordinated entry but also allows for direct entry into their program through other means.</td>
<td>99</td>
<td>69%</td>
</tr>
</tbody>
</table>
Community Planning Survey: National Data

- **Master List:**

<table>
<thead>
<tr>
<th>Question Text</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the community have a master list?</td>
<td>333</td>
<td>77%</td>
</tr>
<tr>
<td>If yes, is the list one complete document?</td>
<td>302</td>
<td>91%</td>
</tr>
<tr>
<td>Does your list have the following elements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes all unsheltered Veterans</td>
<td>306</td>
<td>92%</td>
</tr>
<tr>
<td>Includes all Veterans in emergency shelter (regardless of shelter funding source)</td>
<td>310</td>
<td>93%</td>
</tr>
<tr>
<td>Includes all Veterans in transitional housing (GPD, community TH, regardless of funding source)</td>
<td>255</td>
<td>77%</td>
</tr>
</tbody>
</table>
## Top Priorities for Community Planning:

<table>
<thead>
<tr>
<th>Priority</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing permanent housing options (e.g. landlord engagement)</td>
<td>206</td>
<td>48%</td>
</tr>
<tr>
<td>Master List development</td>
<td>156</td>
<td>36%</td>
</tr>
<tr>
<td>Sustainability: Evaluating data on a regular basis to track any new trends, make modifications, and assess sustainability</td>
<td>123</td>
<td>28%</td>
</tr>
<tr>
<td>Establishing a coordinated intake/entry system.</td>
<td>112</td>
<td>26%</td>
</tr>
<tr>
<td>Data sharing</td>
<td>108</td>
<td>25%</td>
</tr>
<tr>
<td>Sustainability: Ensuring that at least 1 party (most likely the CoC) is responsible for maintaining the goal of ending Veteran homelessness and codifying this into CoC governance structure</td>
<td>97</td>
<td>22%</td>
</tr>
</tbody>
</table>
### Federal Benchmarks/Criteria:

<table>
<thead>
<tr>
<th>Question Text</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your community decided to pursue the federal partners’ process?</td>
<td>242</td>
<td>56%</td>
</tr>
<tr>
<td>If no, why have you decided not to pursue the process?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We do not feel we can meet the criteria/benchmarks.</td>
<td>53</td>
<td>28%</td>
</tr>
<tr>
<td>Our CoC is not interested in pursuing the process.</td>
<td>35</td>
<td>18%</td>
</tr>
<tr>
<td>We are interested in pursuing the federal process but are unsure of the</td>
<td>78</td>
<td>41%</td>
</tr>
<tr>
<td>requirements, and training/TA needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>25</td>
<td>13%</td>
</tr>
</tbody>
</table>
Community Planning Survey: National Data

• **Federal Benchmarks/Criteria:**

<table>
<thead>
<tr>
<th>Question Text</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your community submitted a claim to the federal partners (USICH, VA, HUD)?</td>
<td>67</td>
<td>28%</td>
</tr>
<tr>
<td>What is the status of the claim submitted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved</td>
<td>34</td>
<td>51%</td>
</tr>
<tr>
<td>Denied</td>
<td>11</td>
<td>16%</td>
</tr>
<tr>
<td>Pending</td>
<td>18</td>
<td>27%</td>
</tr>
<tr>
<td>Unavailable</td>
<td>4</td>
<td>6%</td>
</tr>
</tbody>
</table>
### Community Planning Survey: National Data

#### Sustainability - Gaps

<table>
<thead>
<tr>
<th>Question Text</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your community begun sustainability planning efforts?</td>
<td>274</td>
<td>63%</td>
</tr>
<tr>
<td>What resource gaps (if any) have you identified that may hinder sustainability?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for affordable, permanent housing options</td>
<td>328</td>
<td>76%</td>
</tr>
<tr>
<td>Need for additional permanent supportive housing resources (VA and/or non-VA)</td>
<td>274</td>
<td>63%</td>
</tr>
<tr>
<td>Need for additional HUD-VASH vouchers</td>
<td>229</td>
<td>53%</td>
</tr>
<tr>
<td>Need for additional Section 8 (non-VA) housing vouchers</td>
<td>222</td>
<td>51%</td>
</tr>
<tr>
<td>Funding for other intensive case management services for RRH Veterans currently housed but at-risk of returning to homelessness.</td>
<td>197</td>
<td>45%</td>
</tr>
</tbody>
</table>
## Community Planning Survey: National Data

### Comparison: June vs January Submissions

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th></th>
<th>January</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Written Community Plan</td>
<td>287</td>
<td>69%</td>
<td>324</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Able to Share/Received Client-Level Data</td>
<td>295</td>
<td>71%</td>
<td>253</td>
<td>68%</td>
<td></td>
</tr>
<tr>
<td>Able to Share/Received Aggregate Data</td>
<td>296</td>
<td>71%</td>
<td>275</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>Coordinated Entry System for Veterans</td>
<td>312</td>
<td>75%</td>
<td>229</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>Master List</td>
<td>324</td>
<td>78%</td>
<td>270</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Includes All Unsheltered</td>
<td>297</td>
<td>92%</td>
<td>214</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Includes Emergency Shelter</td>
<td>301</td>
<td>93%</td>
<td>214</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Includes Transitional Housing</td>
<td>247</td>
<td>76%</td>
<td>186</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Review Master List (at least monthly)</td>
<td>304</td>
<td>94%</td>
<td>245</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Case Conference Meetings (at least monthly)</td>
<td>314</td>
<td>75%</td>
<td>243</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Strategic Meetings (at least monthly)</td>
<td>385</td>
<td>93%</td>
<td>269</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Pursuing Federal Process</td>
<td>237</td>
<td>57%</td>
<td>142</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Claim Status Approved</td>
<td>34/66</td>
<td>52%</td>
<td>20/52</td>
<td>38%</td>
<td></td>
</tr>
</tbody>
</table>
Community Planning Survey: National Data

• **Key Accomplishments: Priority 1 Communities**
  – Written Plans (79%)
  – Coordinated Entry Systems (84%)
    • Use of GPD Bridge Housing (44%)
  – Data Sharing (Client-level and Aggregate)
  – Master List (92%)
  – Federal Criteria and Benchmarks (76% pursuing)
  – Top priorities identified include system sustainment in addition to development of permanent housing options.
Community Planning

A Community Perspective

Coordinated Entry in Texas Balance of State CoC
Coordination of Services in New York City
Coordinated Entry in the TX BoS CoC
TX BoS CoC

Texas
Balance of State CoC
Coordinated Entry in the TX BoS CoC

2013
- Developed CE Model
- Grant from the Texas Department of Housing and Community Affairs
- Hired Systems Change Coordinator

2014
- Orientation Trainings
- Cohort of 21 communities was reduced to 7.

2015
- Lite Implementation

2016
- System refining
System Refining

Changes:

• Community based decision making
  ✓ Process Improvement
• Overhauled the HMIS workflow
• Focusing on pilot communities
• Working with CoC Program Funded agencies on Prioritization
Contact Information

Sophia Checa
Systems Change Coordinator

sophia@thn.org
(512) 861-6286
(512) 960-9951
Coordinating Services for Homeless Veterans in NYC

SSVF National Webinar
June 23, 2016

Nicole Branca, NYC Department of Veterans’ Services
Julie Irwin, VA VISN 3 Homeless Network Care Line Manager
Kelly O’Sullivan, Jericho Project
Adam Wawrynek, Services for the UnderServed
Alyson Zikmund, NYC Department of Housing Preservation and Development
Background

- **2006-2008**: “Operation Home” is launched by the VA, improving coordination and access of homeless beds and services.

- **2010**: President Obama releases *Opening Doors*, the federal plan to end homelessness.
  - Introduces goal of ending veteran homelessness by 2015
  - Spurs increase in resources for homeless veterans

- **2013**: NYC Continuum of Care (CoC) creates the Veterans Task Force (VTF), bringing together multiple city agencies with veteran-focused non-profits to develop a plan.

- **2014**: VTF launches *Mission Home*, a plan to end Veteran homelessness by 12/31/15.

- **2015**: Mayor de Blasio elevates the issue to an administration priority in his State of the City address, and NYC commits to the federal Mayors' Challenge.
  - Local resources committed
  - City Hall (MOVA and DM HHS) takes leadership roles and dedicate staff
  - HRA goes into shelters and given operational oversight/accountability

- **Dec. 2015**: Federal government certifies NYC as having ended chronic veteran homelessness.

- **Feb. 2016**: NYC launched a Citywide planning effort to Maintain Functional Zero. Efforts continue to effectively end all veteran homelessness in NYC.
Community Planning in NY-600

Highlights and Challenges

• Incorporating more CoC partners in community planning efforts

• Trial and Error with pilot programming, interventions and case conferencing in a complex system

• Reviewing outcomes and recidivism levels

• Planning towards Coordinated Assessment

• Understanding that the service needs of Veterans are not static, therefore neither can be our response.
Key Strategies to Meet Federal Benchmarks and Maintaining Zero

- Increased rental subsidies & created incentives
- Instituted peer-to-peer model for veteran engagement & direct housing assistance
- Developed & implemented a housing supply plan
  - Public housing
  - Supportive housing
  - Subsidized affordable housing (establishing a command center at DVS)
  - Private market – individual & master leasing
  - Transition-in-place housing
- Made policy and systems changes to expedite and improve quality of placements
  - Improved interagency communication, expediting the housing process
  - Developed a user-friendly, web-based data system to track movement across the system, improve placements & bring NYC into compliance with federal guidelines
  - Expanded after care and Point of Contacts for landlords
  - Instituted protocols to increase accountability across agencies
Reduction in Veteran Homelessness (2011-2016)

Homeless Veterans from NYC Point in Time (PIT) Count 2011-2016

* The 2016 number is not the PIT count. NYC now has a comprehensive by-name list driving a daily census.
Notes:

- “Clients viewing apartments today” is a new function and not yet operational (i.e. the # of vets viewing units is not yet captured on this dashboard).
- “Clients without vouchers” is still in development. It is currently based on self-reporting but a process is underway to match reports from the agencies that administer the rental subsidies. The actual number of veterans with subsidies is much higher.
Coordinated Entry in NYC

- In the spring of 2013 there was an initial effort to create a coordinated entry pilot focused on homeless veterans

- In March 2015 NYC created the CAPS Steering Committee to launch efforts to create a coordinated entry system in NYC
  - CAPS = Coordinated Assessment & Placement System
  - It's a committee of the NYC CoC with 6 city government agencies represented, 8 nonprofits and CoC leadership.

- The Steering Committee has made enormous strides, including:
  - Researching best practices
  - Engaging a broad range of stakeholders
  - Obtaining private and public funding to support the effort
  - Finding consensus on short term and long term implementation (with a pending report to be released)
  - Incorporating elements of CAPS into the Vet Tracker with homeless veterans becoming the pilot after all
Getting to the Goal Line &
Maintaining an End to Veteran Homelessness

Planning Ahead for anticipated needs with a RRH Waiver:
• Officially granted waiver on 6/21/16

• We have not yet met our goals, but we have seen a **significant reduction** in the number of veterans experiencing homelessness and have greatly reduced the number of Grant Per Diem beds.

• We remain **committed to focusing on literally homeless families** and improving our systems as a community to work towards the ultimate goal of meeting the **Federal Benchmarks** and ending veteran homelessness in NYC.
Getting to the Goal Line & Maintaining an End to Veteran Homelessness

Planning Ahead for anticipated needs with a RRH Waiver:

• We are still developing an aftercare plan for NYC as a community. Given the rapid permanent housing placement success thus far, there is an anticipated future need for a RRH waiver in the coming months to increase case management and TFA supports for those formerly homeless Veteran families already placed into permanent housing by various CoC providers, whom without the intervention of SSVF will regress back into shelter.

• SSVF grantees will continue to focus our TFA and case management services on veterans who are literally homeless until there is no longer a need in our community.

• We requested this waiver so that we have the ability to be flexible and shift our resources towards homeless prevention services in the future as needed.
Landlord & Broker Incentives

- **15% Broker Bonus** (15% of the annual rent) for brokers who connect homeless veterans with apartments subsidized using LINC, SEPS, HUD VASH or Section 8 vouchers.

- **$1,000 Landlord Incentive** for every apartment and commercial SRO with a one-year lease signed by a homeless veteran.

- **Additional $1,000 Landlord Incentive** for every one-year lease signed for landlords renting apartments through the LINC or SEPS programs.

- **Additional $500 Room Rental Incentive** for every one-year lease signed for landlords renting rooms through the LINC program to homeless veterans.

- **Access to a Rental Guarantee Fund**
  - Up to $3,000 per year for landlords that take a veteran with a NYC subsidy
  - Covers potential damage to the apartment, as well as assist with the payment of rental arrears, as needed.
Rental Subsidies

The majority of homeless veterans are receiving the following subsidies, some with SSVF case management services (excluding HUD VASH):

HUD-Veterans Affairs Supportive Housing (HUD-VASH)
• Combines a Housing Choice Voucher with case management & clinical services provided by the VA
• Administered by NYCHA (HPD has a small portfolio, mostly used for project-basing in new construction)

Housing Choice Voucher (Section 8)
• HPD made 200 of their Housing Choice Vouchers (a.k.a. Section 8) for veterans, targeted towards veterans not eligible for VASH vouchers
• Veterans may also receive a NYCHA Section 8 voucher through their Leasing Program

LINC 4 and LINC 5
• NYC housing subsidy for single adults (or adult families) that are 60+ (LINC 4) or employed (LINC 5)
• Eligible if in DHS shelter system and make <200% of the federal poverty level
• Administered through DHS/HRA

SEPS
• NYC housing subsidy for individuals and adult families with active PA cases, making <200% of the federal poverty level and is on PA, SSI/SSD or federal VA benefits
• Administered through DHS/HRA and HRA contracted nonprofits
NYC-specific SSVF supports to HUD VASH

- **Priority 1 HUD VASH Pilot:**
  - In FY 15 the Local VAMC’s developed a plan with the two Priority 1 grantees in NYC to refer a limited number of Veterans with HUD VASH vouchers in hand for SSVF enrollment
    - Services sought: Veteran households were specifically referred for the core supports of housing search assistance and housing counseling to help expedite placements into permanent housing.
    - HUD VASH case managers remained the lead for each case, in coordination with SSVF housing teams and CoC housing resources from Mission: Home.
    - TFA was not a guarantee for those pilot participants, but accessed as a last resort (broker fees, moving costs, GHS).
    - Direct SSVF placement outcomes were mixed.

- **Limited/Budgeted TFA assistance from SSVF Grantees in NYC**
  - All NYC SSVF providers set aside a small proportion of their TFA budgets for coordinated referrals from designated VA HUD VASH leads
    - Standard Procedure and referral form.
    - Stressed to local VAMC contacts that basic SSVF eligibility must be met, priority remained literally homeless Veterans, but several Category 1 households also are served.
NYC SSVF & HUD VASH Coordination

- SSVF providers and local VHA staff acknowledge that Rapid Rehousing is about **taking risks** with Veteran households who want to live independently.

- **Reminders**
  - **SSVF:**
    - works for the majority of RRH households served
    - is shorter term than HUD VASH, and potentially less expensive for the tax payer
    - focuses on income maximization and employment for greater financial independence and stability
  - **HUD VASH**
    - Should be reserved for those Veterans with the greatest barriers to living independently, and who need long-term case management assistance to do so
    - The number of vouchers are limited in the community!

- Important to Embrace Progressive Engagement (in both SSVF and HUD VASH)
Progressive Engagement

• Lightest touch possible to end homelessness and prevent immediate return

• Individualized assistance that can “flex up or down” based on need

• Recognizes that no one size fits all
SSVF Referrals to a Higher Level of Care in HUD VASH

- According to June 2013 Memorandum from HUD, veterans maintain their homeless status for HUD VASH for as long as they are enrolled in rapid rehousing SSVF services.

- Encourages providers and Veteran families to engage in SSVF when Rapid Rehousing is initially identified as a potential intervention.

- Participants receiving rapid rehousing services under SSVF are not forced to return to homelessness in order to become eligible for HUD VASH services, if long-term supports are later deemed necessary.
Q & A

Additional questions can be sent to:

SSVF Program Office
Email: ssvf@va.gov
Website:
www.va.gov/HOMELESS/ssvf.asp

A recording of this presentation will be provided to webinar registrants and posted at SSVF University.

THANK YOU!