

# Coordinated Assessment & SSVF Integration within your CoC

2015 National Coalition on Veteran Homelessness Conference – 25 Years  
May 27<sup>th</sup> – May 29<sup>th</sup>, Washington, D.C.

Dave Lopez

San Francisco, CA

Deputy Director of Programs & Operations

Swords and Plowshares

[dlopez@stp-sf.org](mailto:dlopez@stp-sf.org)





# Technologically Innovative Approaches to SSVF Service Delivery:

*Increased Efficiencies through Integrated Technology Solutions*

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**HCTS**  
CCoC  
Systems

Cathie L. Hughes, M.A., M.C.J., D.Phil.-c  
Founder & President  
Hughes Collaborative Technologies Solutions  
*Collaborative Continuum of Care Systems*  
[chughes.hct@gmail.com](mailto:chughes.hct@gmail.com)

# Agenda

- Integrating a Coordinated Assessment Tool with SSVF Program
  - Implementing Policies, Procedures & Compliance
  - Increased Efficiencies through Technologies & Design

# Supportive Services for Veteran Families (SSVF)





# How Does SSVF Fit Into the Coordinated Assessment System ?



- Access to the right program, at the right time
- Opportunities to address homelessness for low-income, high risk veteran families
- Efficiencies through coordinated data collection
- Accurate match of veteran family needs to appropriate & accessible resources

# Choosing a Coordinated Assessment Tool

- Scope of Services –
  - Focus on specific need (PTSD, TBI, Sexual Assault) or all veteran families
  - Who are you serving ?
- Level of Funding –
  - Eligibility (Screening) Criteria
  - Vulnerability Score vs. Length-of-Time-Homeless (Chronically Homeless)
- Validated and Reliable
- Generalizable to Target Population

# Choosing a Coordinated Assessment Tool

- Growth & Expansion Capacity
- Web-based
- Seamlessly Integrated with other tools and technologies
- Compliant with Program Requirements



# Building Your Coordinated Assessment & Housing Placement (CAHP) System

- Choose a vendor–
  - Does the system do what you need it to do
  - What is your goal?
- CAHP System Management –
  - Who manages system and data?
  - Who has Access (permissions)?
- Customization and Usefulness
- HMIS Integration – Yes or No?
- Housing Match Function
- Document Storage

# 25 Cities, Mayor's Challenge, SSVF, CAHP System, Resources, Collaboration

- Identify and utilize resources available in the CoC & Community
- Targeting & Prioritizing SSVF Resources
- Successfully matching Veterans to appropriate housing
- Currently using the Vi-SPDAT along with the CAHP system to assess and track Veterans' progress
- Rapid Response System: engage, warm transfer, enroll, house

# All Roads Lead to Housing

- Multiple Access Points
- Single determination of placement
- Prioritization
- Access to multiple housing options
- Functional Zero

DOING MORE WITH LESS  
WHILE ACHIEVING BETTER OUTCOMES  
THROUGH AUTOMATION





MORE > LESS > OUTCOMES

- CASE MANAGEMENT
- DATA
- OUTREACH
- INTEGRATION
- BEST PRACTICES
- REPORTING

# CASE MANAGEMENT

MORE > LESS > OUTCOMES

Interaction

Person-hours

- Reduced Recidivism
- Increased Sustainability
- Greater Independence
- Better Social Network



# DATA

MORE > LESS > OUTCOMES

- Collected
- Utilized

- Man-hours
- Capital expenditures
- Errors

- Data Validation
- Centralized Data Repository
- Improved Accuracy
- Standardization



# COORDINATED ASSESSMENT METHODOLOGY



COMMUNITY RESOURCES,  
PARTNER AGENCIES- MOUs  
COMMUNITY LINKAGES  
SUPPORTIVE SERVICES  
HUD – VA CoC Providers  
VAMC-CBOCs-VSO-VA NETWORK

External Resources

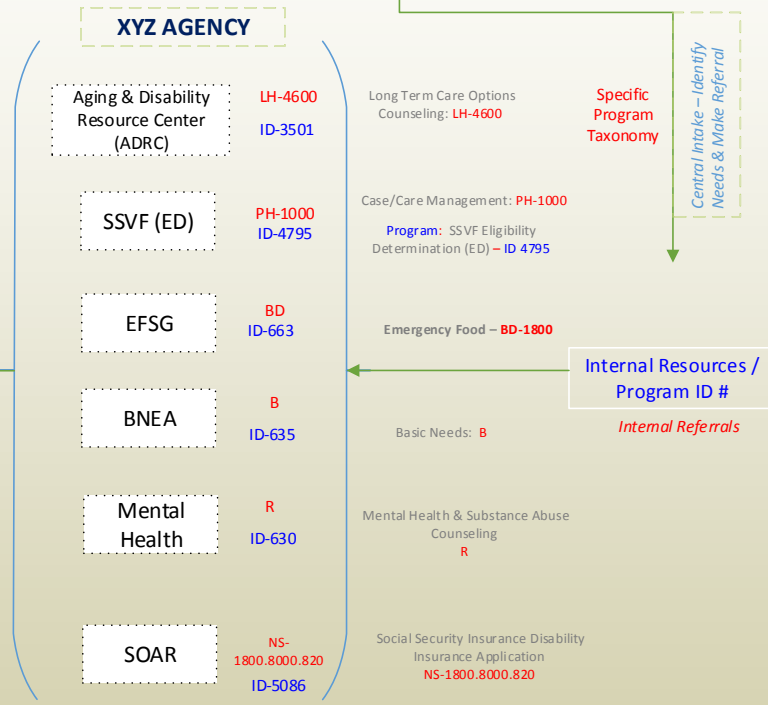
SSVF "But For Requirement"

SSVF Linkages to Required "Supportive Services"



Research, Needs, Services

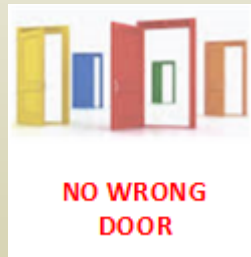
PROGRAM SERVICES LIFE-CYCLE REFERRALS & PROGRAM ENTRY



### Acronyms

- ADRC – Wyoming Aging & Disability Resource Center
- SSVF - Supportive Services for Veteran Families
- ED – Eligibility Determination (a program entry under SSVF)
- EFSG – Emergency Food & Shelter Program
- BNEA – Basic Needs & Emergency Assistance Programs (discretionary, multi-funding sources, similar to TFA)
- Mental Health – Counseling Services
- SOAR – Social Security Outreach Access & Recovery – support to assist participants in apply for Social Security

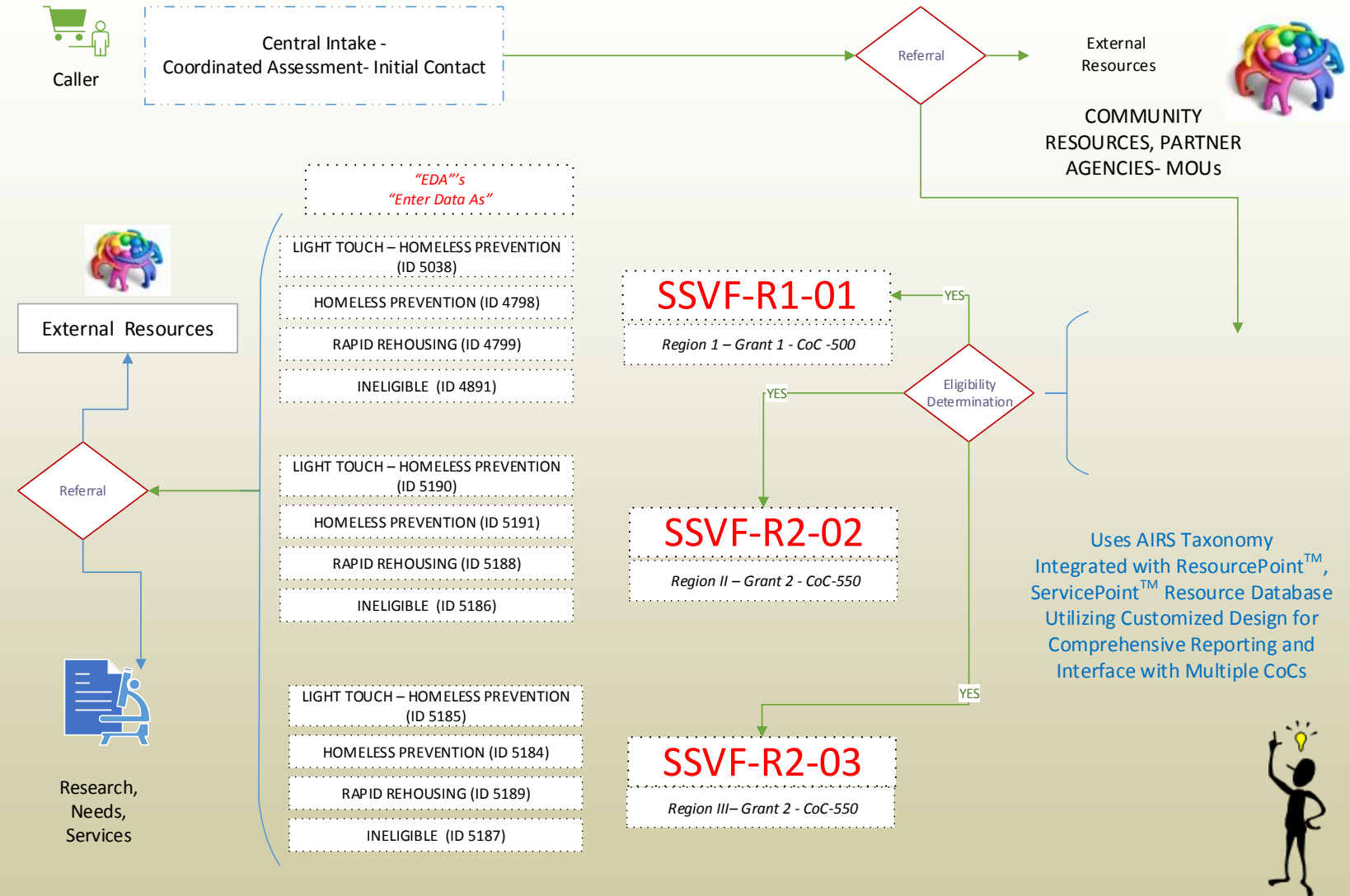
Integrating the CoC-HMIS With Systems of Care





# Implementing Policies, Procedures and Compliance

SUPPORTING  
MULTIPLE SSVF  
PROJECTS  
ACROSS  
MULTIPLE CoCs



Provider Tree & ID #'s. SSVF staff are assigned to SSVF-01 or SSVF-02. Staff “Enter Data As” (EDA) based on the (1) SSVF Project Assigned to and (2) for SSVF-02 projects, the region of service

# OUTREACH

MORE > LESS > OUTCOMES

Connections

- Cost
- Duplication

- Expansion of Partner Network
- Greater Access to Target Population
- Increased Referrals
- Improved Relationship with Primary Supportive Services Providers
- Standardized

# Outreach Strategy: 25 Cities

1. Search & Rescue Team
2. Collaborated with existing outreach teams
3. Train community partners on Coordinated Assessment tool
4. Hired Veterans to do Outreach
5. Community Navigator(s)
6. Community Coordinator (CAHP system)
7. Warm transfers and follow-ups
8. Real Estate Professionals – Housing Specialist (Multi-Lingual)

# Outreach Strategy: Rural & Tribal

Print:	Electronic:	Visuals:	Personal Contact:	Communication & Services Coordination through:
<ul style="list-style-type: none"> <li>• Rack cards</li> <li>• Brochures</li> <li>• Fact Sheets</li> <li>• Press Releases</li> <li>• Referral cards</li> <li>• Direct Mailing</li> <li>• Feature Articles</li> <li>• Flyers</li> </ul>	<ul style="list-style-type: none"> <li>• Videos</li> <li>• E-mails</li> <li>• Radio Interviews</li> <li>• Television/News Interviews</li> <li>• Internet:               <ul style="list-style-type: none"> <li>• Websites</li> <li>• Social Media</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Displays</li> <li>• Exhibits</li> <li>• Signs</li> <li>• Marquees</li> </ul>	<ul style="list-style-type: none"> <li>• Presentations</li> <li>• Lectures</li> <li>• Meetings</li> <li>• Interviews</li> <li>• Press Events</li> <li>• Conferences</li> <li>• Face-to-Face</li> <li>• Health Fairs</li> <li>• Stand Downs</li> <li>• Veteran Events</li> <li>• Tribal Leaders</li> <li>• Tribal Program Staff</li> <li>• Formal Partnership Meetings, Ad Hoc Committees &amp; Working Groups</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships</li> <li>• Cooperative Agreements</li> <li>• Chamber of Commerce</li> <li>• Landlords/Property Mgrs.</li> <li>• VA Systems of Care; Veterans Commission</li> <li>• CoC Stakeholders</li> <li>• Shelters</li> <li>• Transitional Facilities</li> <li>• Healthcare Agencies/Programs</li> <li>• Hospitals, Clinics, ER's</li> <li>• Community Based Services</li> <li>• Soup Kitchens, Food Banks, Thrift Stores</li> <li>• Tribal Councils</li> </ul>

## Staffing – Outreach Delivery Team

Community Development & Outreach Department

Community Development Specialist & Peer Mentor

Public Relations Specialist, Employment Specialist, Housing Specialist, Tribal Liaison Case Manager, Outreach Coordinator, VISTA Volunteers

## • Decision Support & Measurement Tools

### **ViSPDAT** – (Vulnerability Index – Service Prioritization Decision Assistance Tool)

- One Time Assessment conducted at Eligibility Determination Intake with EDA into potential program (HP, HP-Light, RR)
- Assesses immediate vulnerability
- Determines what program would be best for participant prioritizes needed services

### **SPDAT** – (Service Prioritization Decision Assistance Tool)

- Series of domains –measure individuals on scale of 0-04 – conducted at program intake
- Assesses individual's progress on measured domains over time
- Demonstrates outcomes

### **F-SPDAT** – (Family - Service Prioritization Decision Assistance Tool)

- Series of domains –measures households – conducted at program intake
- Assesses family's / household's progress on measured domains over time
- Demonstrates outcomes

### **SSOM** – (Self Sufficiency Outcomes Matrix)

- Series of domains –measures individuals or households – on scale of 0-5 conducted at conducted at Eligibility Determination Intake
- Measures across multiple points in time
- Assesses progress on measured domains over time
- Demonstrates outcomes over time

### **Eligibility Assessment – Integration into the SPDAT Family**

- Customized program and service specific criteria with flexible income and assessment requirement options
- Employs commonly used groups of criteria questions as criteria sets for use on other programs or services
- Generates high-quality referrals, improves quality and consistency of referrals
- Increases referral efficiency – provides ability to send multiple referrals to eligible programs and services



# Implementing Policies, Procedures and Compliance

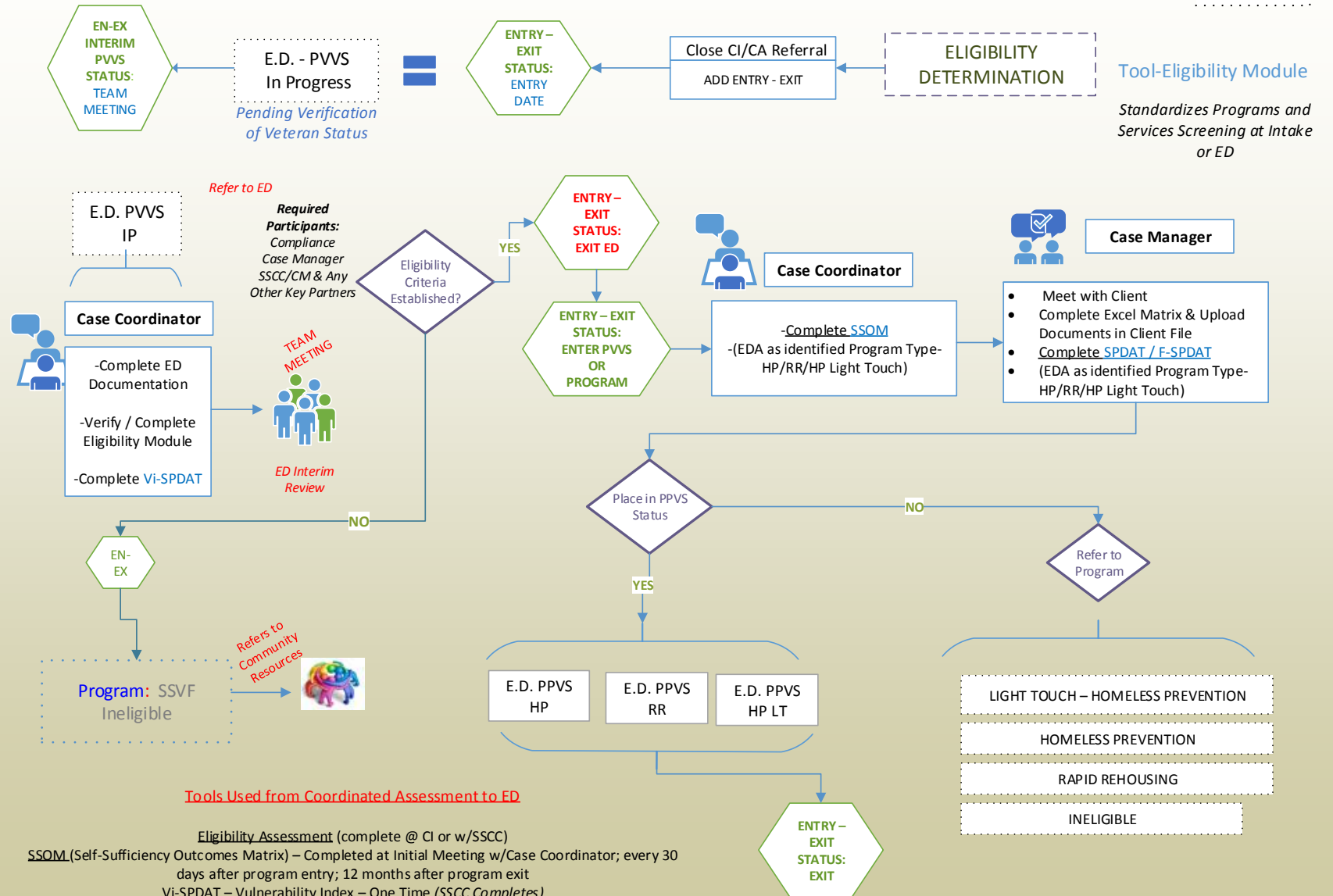
Internal Resources / Programs

## INTEGRATING DECISION SUPPORT MEASUREMENT TOOLS TO SUPPORT CASE MANAGEMENT

XYZ AGENCY

SSVF

# ELIGIBILITY DETERMINATION, PVVS, PROGRAM ENTRY WORKFLOW



More Detailed Reporting Required: Continuous Process Improvement

- Implementing Policies, Procedures and Compliance

## Integrating TFA Compliance from Request to Issuing Check



▼ **Apply Funds for Service**

Distribute as Voucher  Yes  No

**Vendor \*** (3) Electric Company

Code for Accounting Department

**Funding Sources**

Source	Amount
Client Co-Pay	\$ 50.00
 Other Contributing Source: Church	\$ 100.00
▼  <b>SSVF RAPID REHOUSING (submit by 09/23/2015)</b>	\$ 300.00

Save  Submission  Approval  Voucher Generation  Reconciliation  Check Request  Completed

Automatically Submit when Saved

**Total: \$450.00**



# INTEGRATION

MORE > LESS > OUTCOMES

- Collaborative, Coordinated,  
Systems of Care

- Effort
- Duplication

Partner Networks

Data Consistency

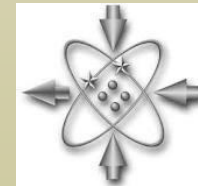
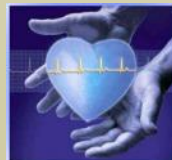
Leveraging Brain Trust

Reducing Fraud, Waste &  
Abuse



# Use of Information Management & Technology Systems for Complete & Comprehensive SSVF Program Implementation

- Case Management
- Program Compliance & QA
- Needs, Services, Referrals
- Temporary Financial Assistance / Funds Management
- Coordinated Assessment
- Publicly Accessible Web based Real-time Resource Database
- Publicly Accessible Landlord / Housing Real-time Database
- Reporting – Mandatory, Program Compliance & for Program Management & Excellent Service Delivery
- 2-way Interactive, mobile phone communications – Case Management, Follow-Up, Compliance, et. al.



# BEST PRACTICES

MORE > LESS > OUTCOMES

- Consistency
- Reliable, accessible resources
- Appropriate type and level of service delivery
- Program Compliance
- Scalable

- Effort
- Duplication
- Risk

- Web-based, publicly accessible
  - Housing Inventory
  - Resource Database
- Web-based, HIPPA Compliant HMIS
- Referral Network
- Integrated Temporary Financial Assistance
- Decision Support Assessments (SSOM, SPDAT family)
- 2-way Interactive mobile phone communications- email, SMS, chat
- Social Media

# Best Practices

- Housing First Model
- Consistent Engagement
- Marketing:
  - Urban Areas - Billboards, Buses, PSAs
  - Rural Areas – Massive outreach, consistent communication with partners and community stakeholders, chamber of commerce memberships in each community
- Setting and managing expectations
- Creation of a specialized positions
  - Community Coordinator / Community Development Position
  - Employment Specialist, Housing Specialist, Compliance Officer, Follow-Up Specialist, Data Quality Specialist
  - Temporary Financial Assistance (TFA) Accounting
- Key point people at VA, Swords, CoC, Housing Authority, Community Partners

# Best Practices

- On-Going Planned Collaboration
- Rewarding Outreach Teams & Case Workers
- Celebrating Success
- Training, training, training !

# “Do What You Do Best and Partner for the Rest”

Dr. Westley Clark, SAMSHA

## PARTNERSHIPS



CONTINUUMS &  
SYSTEMS OF CARE



HOMELESS MANAGEMENT  
INFORMATION SYSTEMS



### *Formal Partnerships*

- *MOUs*
- *LOAs*
- *Contracts*
- *Grants*
- *Critical Pathway Providers*

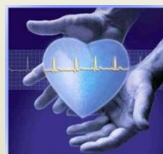
### *Informal Partnerships*

- *Community Based –*
  - *Neighborhood Services*
  - *Stores*
  - *Faith Based Organizations*
  - *Volunteers*

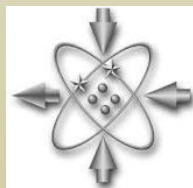
PARTNERSHIPS



## CONTINUUMS & SYSTEMS OF CARE



HOMELESS MANAGEMENT  
INFORMATION SYSTEMS



### *Continuums of Care*

- *Connecting People to Resources*
  - *Appropriate, valid and accessible*
- *Aligning Resources*
  - *Across service areas (Housing, Employment, etc.)*
  - *Specific to Target Populations*
    - *Veterans, Domestic Violence, Teens Aging Out, Prison Re-entry...*
    - *Homeless, Prevention*
    - *Aging, Seniors & Elderly*
      - *Dementia, Alzheimer's*
      - *Elder Abuse*
    - *Disabilities*
      - *Physical, Mental, Co-Occurring*
      - *Transportation*
      - *Assistive Technologies*
    - *Full Life Cycle Service Delivery*

# The Role of Your CoC

## IT IS FEDERALLY MANDATED

- WHAT IS A CoC?
- WHAT IS IT'S FUNCTION?
- WHAT IS IT'S BENEFIT?
- HOW DOES IT EFFECT ME?

PARTNERSHIPS



CONTINUUMS &  
**SYSTEMS OF CARE**

Systems



Of

Care

HOMELESS MANAGEMENT  
INFORMATION SYSTEMS



*Guide & tracks consumers over time through a comprehensive array of human, social & healthcare services spanning all levels of intensity of care*

A **framework** that involves collaboration across agencies, target populations, and support systems for the purpose of improving access and expanding the array of, coordinated community-based, culturally and linguistically competent services and supports- that are effective, that build on the strengths of individuals, and that address each person's immediate and long(er) term needs.

*Systems of care* are organized into coordinated networks. And, which are....

*synchronous (happen at the same time) & asynchronous (services & activities occur at different times)*

*Examples:*

*Housing / Homeless – Continuums of Care*

*Health Care – Care Transitions*

*Children & Families – Wrap-Around*



# REPORTING

MORE > LESS > OUTCOMES

- Accuracy
- Data
- Decision Making based on results and analytics
- Program Compliance
- Thinking out of the Box – based on needs in YOUR community

- Effort
- Duplication
- Risk

- Outreach
- Finding and serving veteran families
- Eligibility Determination
- Homeless Registry
- Follow up
- Creative Design – Continuous Process & Quality Improvement !!!

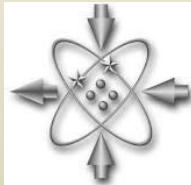
PARTNERSHIPS



CONTINUUMS &  
SYSTEMS OF CARE



**Homeless Management  
Information Systems**



*Guide & tracks consumers over time through a comprehensive array of human, social & health services spanning all levels of intensity of care*

Data Systems, IT, HMIS, Interactive Dialogue  
Communications (Email, SMS, Voice) Processes

- Facilitates collaborative partnerships, services coordination, & continuums & systems of care
- Web-enabled database for services and providers
- Configurable Assessments support the implementation of workflow and processes design
- Reporting

# What We've Learned

- Communication is essential
- Setting and managing expectations
- Creation of key positions including Community Coordinator position, Navigator, Housing Specialist, Resource Specialist, Employment Specialist, et. al.
- Key point people at VA, Swords, (grantee agency), CoC, Housing Authority, Community Partners, Landlords/Property Managers, Employers, et. Al.
- Training, training, training !
- \_\_\_\_\_ (Discussion)



**CONGRATULATIONS NEW**

**ORLEANS!!!!!!**