Supportive Services for Veteran Families (SSVF)

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1. Designing SSVF
   • Demographics
   • Needs
2. The SSVF Program
3. Year 1 Feedback
• 13 percent of individual Veterans in poverty became homeless at some point during the year, compared to 6 percent of adults in poverty.

• Rates of homelessness among Veterans living in poverty are particularly high for Veterans identifying as Hispanic/Latino (2.8x) or African American (2.2x).

• Impoverished women Veterans are 3.4x as likely to be in the homeless population as they are to be in the U.S. adult female population.

• Younger Veterans, age 18-30, in poverty are 3.7 times more likely to be homeless that other adults of that age.
Distribution of the 1,356,610 Veterans in Poverty

% of All Poor Vets

- Yellow: 0.2% - 1.1%
- Light Orange: 1.2% - 2.8%
- Orange: 2.9% - 4.6%
- Dark Orange: 4.7% - 8.5%

Map showing the distribution of veterans in poverty across the United States.
Almost half of homeless Veterans on a given night were located in four states: California, Florida, Texas, and New York. Only 28 percent of all Veterans were located in those same four states.

The share of homeless Veterans located in the densest urban areas (or principal cities) is more than twice that of all Veterans (72 percent compared to 31 percent).

During the course of the year, 33 percent of Veterans experiencing homelessness stayed in emergency shelter for less than one week, 61 percent stayed less than one month, and more than 84 percent Veterans stayed in emergency shelter for less than 3 months.

• 41 percent of homeless Veterans are 51–61 years compared with 16 percent of homeless non-Veterans.

• 9 percent of homeless Veterans are 62 years and older compared with 3 percent of homeless non-Veterans.

• Veterans are older and are more disabled. About 51 percent of individual homeless Veterans have disabilities, compared with 41 percent of sheltered homeless non-Veteran individuals.
Needs
• Targeting, who is at-risk of becoming homeless?
• Once at-risk are identified, how do we determine who at-risk would become homeless “but for” intervention. Even rapid re-housing can be unnecessary; one-third of Veterans stay in shelters less than 1 week & generally leave without special intervention.
• Determining the appropriate (and efficient) response to support housing stability
  – Mainstream services
  – Intensive case management
  – Financial supports
  – Sustainability
Threshold is 5+ points

1 point: pregnancy, child under 2, no HS/GED, unemployed, not the leaseholder, reintegrating from institution, age 28 or younger, 1-3 moves in past year, moderate discord with landlord, 1-2 disruptive childhood experiences (foster care, shelter, abuse, TANF, 4 or more moves)

2 points: on TANF, involved with children’s protective services, facing eviction, applied for shelter in past 3 months, 4 or more moves past year, severe discord with landlord, 3 or more disruptive family experiences

3 points: was in shelter as an adult

In many social service programs, recommendations for system designs have generally been made with little consumer input.

- We begin with a recognition that every person/family who is homeless or at-risk has different concerns and needs to be addressed. These concerns may not match agency/provider interests.
- Homelessness only describes living conditions, does not identify the individual needs and aspirations.
- To get to Zero, must engage all Veterans - requires the development of a broad continuum of care that can address the needs identified by Veterans.
- By making consumers active partners, clinicians are more likely to successfully engage them in care (Beck, 2010).
### Top Ten Highest Unmet Needs as Ranked by Consumers (FY 2010)

<table>
<thead>
<tr>
<th><strong>Veterans Literally Homeless</strong> <em>(shelter, street, unfit for habitation) (n=3,184)</em></th>
<th><strong>Veterans in Transitional Housing</strong> <em>(VA Grant and Per Diem and Domiciliary) (n=6,111)</em></th>
<th><strong>Veterans in Permanent Housing</strong> <em>(including HUD-VASH) (n=2,672)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Long-term, permanent housing</td>
<td>1. Welfare payments</td>
<td>1. Dental care</td>
</tr>
<tr>
<td>2. Welfare payments</td>
<td>2. Child care</td>
<td>2. Legal assistance for child support issues</td>
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<tr>
<td>3. Dental Care</td>
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<td>3. Welfare payments</td>
</tr>
<tr>
<td>5. Legal assistance for child support issues</td>
<td>5. Guardianship (financial)</td>
<td>5. Legal assistance for outstanding warrants/fines</td>
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<tr>
<td>7. Legal assistance for outstanding warrants/fines</td>
<td>7. Long-term, permanent housing</td>
<td>7. Credit counseling</td>
</tr>
<tr>
<td>8. SSI/SSD process</td>
<td>8. Legal assistance for outstanding warrants/fines</td>
<td>8. Re-entry services for incarcerated Veterans</td>
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</table>
1. Given the severe recession and increases in poverty, homelessness should have increased

2. Homelessness has declined, particularly among Veterans
   - HPRP
   - HUD-VASH
1. Veteran Family: defined by the Veteran, includes children & non-traditional households

2. Eligibility includes any veteran with a day of active serve allowing Guard and Reserves called up for short deployments to qualify – important given the reliance on these troops.

3. Very Low-Income: < 50% area median income. With targets in next funding round to include:
   - AMI < 30%
   - Veterans with dependents
   - OEF/OIF/OND Veterans
   - Rural areas (need smaller, but unmet)
   - Tribal areas
• **Focus on housing stability** with resources and services designed to produce immediate impact.

• Efficient use of resources concentrates efforts on securing and maintaining housing.

• Grant funding weighted towards rapid re-housing.

• Case management will assist Veteran and family with employment and benefit resources that will promote long-term stability.

• Program able to address critical barriers to housing: legal issues, transportation, child care, family issues.
1. Active outreach both in community and with local VA.
2. Case management services
   • Careful assessment of needs in developing plans
   • Providing identified services directly or through referrals
   • Deciding how resources are allocated to participants
3. Assist participants to obtain VA benefits
   • Service connected benefits and NSC pension
   • Educational benefits and vocational services
   • Health care
4. Obtaining mainstream entitlements and services
   • Legal assistance
   • Credit counseling & financial planning
   • Income assistance & health insurance
   • Housing counseling
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<tr>
<th>Type of Temporary Financial Assistance</th>
<th>Time/Amount Limitation</th>
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<tbody>
<tr>
<td>Rental Assistance*</td>
<td>Max. of 8 months in a 3-year period; no more than 5 months in any 12-month period</td>
</tr>
<tr>
<td>Utility-Fee Payment* Assistance</td>
<td>Max. of 4 months in a 3-year period; no more than 2 months in any 12-month period</td>
</tr>
<tr>
<td>Security Deposits or Utility Deposits*</td>
<td>Max. of 1 time in a 3-year period for security deposit; Max. of 1 time in a 3-year period for utility deposit</td>
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<tr>
<td>Moving Costs*</td>
<td>Max. of 1 time in a 3-year period</td>
</tr>
<tr>
<td>Emergency Supplies*</td>
<td>Max. $500 during a 3-year period</td>
</tr>
<tr>
<td>Child Care**</td>
<td>Max. of 4 months in a 12-month period</td>
</tr>
<tr>
<td>Transportation**</td>
<td>Tokens, vouchers, etc. – no time limit Car repairs/maintenance – max. of $1,000 during 3-year period</td>
</tr>
</tbody>
</table>

*See § 62.34 of Final Rule for additional requirements and restrictions.
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Requirements for the Use of SSVF Grant Funds

- **Supportive Services to Very Low-Income Veteran Families in Occ. Permanent Housing Category 1 (20-35%)**
- **Supportive Services to Very Low-Income Veteran Families in Occ. Permanent Housing Categories 2 and 3 (60-75%)**
- **Administrative Costs (All direct and indirect costs associated with the management of the program) (Maximum of 10%)**

*Note: Maximum of 30% of supportive services costs may be used for temporary financial assistance paid directly to a third party on behalf of a participant for child care, transportation, rental assistance, utility-fee payment assistance, security deposits, utility deposits, moving costs, and emergency supplies in accordance with §§ 62.33 and 62.34 of Final Rule.*
How SSVF Differs from Other VA Programs

• Remember the goal is Housing Stability and is not contingent on treatment. A Housing First philosophy is focus of both the homelessness prevention and rapid re-housing interventions.
• Grantees will be community-based organizations
• Grantees will serve Veterans and their families. Families can continue to receive services for up to a full year if the Veteran leaves due to institutionalization, death, or other causes.
• Temporary financial assistance payments may be provided to third parties on behalf of participants
How SSVF Complements Other Programs

• A services “bridge”/enhancement to permanent supportive housing (e.g. in conjunction with the HUD-VASH or GPD Program).
• A stand-alone, short-term, case management model. Could be used to support Critical Time Intervention (CTI) initiative.
• A homelessness, eviction, or housing crisis prevention program (such as HUD’s HPRP or ESG initiatives).
Overview of SSVF Program

How SSVF Complements Other Programs

In addition to VA supports, SSVF grantees access universal prevention services, entitlements, and other available community resources.

- National Foundation for Credit Counseling, [www.nfcc.org](http://www.nfcc.org), a counselor can be reached at (800)388-2227
- Available income, health, educational and other supportive services benefits: [www.govbenefits.gov](http://www.govbenefits.gov)
Who Is Served

• Assessment must address if SSVF is appropriate in the context of the range of available options in both VA (such as GPD & HUD-VASH) and the community.
• Assessment based on Veteran’s needs, not program convenience.
• Resources need to be well targeted so they are available for those in need.
• SSVF has unique capacities to serve families and provide financial support.
Year 1 Feedback
1. Full year projection was to serve 22,000. By April 30, already over 18,500 served.
3. 14.6% of Veterans served are women.
4. 13.8% of Veterans served are OIF/OEF/OND.
5. Of those who have exited SSVF almost 6300 in permanent housing
   • 82% of those who were homeless, now in permanent housing.
     On average served for 80 days.
   • 90% of those at imminent risk of homelessness, stayed housed.
     On average served 84 days.
1. Increase allowable funding available for optional temporary financial assistance (TFA). Currently, grantees have TFA budget cap max of 30% with 5 month time limits for rental assistance, 2 months for utilities, and 4 months for child care in first year.

2. Allow for emergency housing when local resources are not available, especially for families.

3. Permit TFA for other housing related costs: brokers, application fees, basic furniture, bedding, kitchen utensils.

4. Permit TFA support for employment: certifications, licenses, tools, uniforms.

5. Opportunity for established, successful grantees to get awards with longer terms. Currently all awards are 1-year.
1. Expand access. Currently SSVF resources available in portions of 40 states and District of Columbia.

2. Shift resources to prevention when communities have made significant reductions in homelessness.

3. Coordinate care for Veterans served by HUD-VASH and GPD, insuring that coordination helps meet the overall goal of ending Veteran homelessness while operating programs in an efficient and effective manner.
1. Prepare for a FY 13 NOFA. Proposed budget calls for $300 million.
2. If new funding becomes available, begin a new round of education and outreach with the NOFA announcement. Training would be offered regionally and through a recorded webinar.
3. Continue to expand and strengthen the program, making adjustments based on current needs and identification of best practices.
4. Develop a more refined targeting tool for prevention. This will become particularly important as SSVF shifts focus with a continued decline in the number of homeless Veterans.
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