



Taking Care of the New Home Front: Leveraging Greater Federal Resources to Expand Community Capacity for NYS Veterans and Families

First Year Report Executive Summary October 1, 2012-October 10, 2013

"President Obama and I are personally committed to ending homelessness among Veterans within the next five years. Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope."

- (Secretary of Veterans Affairs Eric K. Shinseki)

Executive Summary:

The Supportive Services for Veteran Families (SSVF) program (SSVF) is a first-of-its-kind initiative for the VA in that it is a community-based, competitive grant program employing the principles of Housing First to assist Veteran families at imminent risk for losing their housing to maintain safe permanent housing. Importantly, it is also a program designed to meet the needs of Veteran families that have become homeless by rapidly re-engaging with permanent housing and other support structures to achieve quick housing outcomes and community integration.

Today, in over 300 communities across America, supported by a VA 2013/2014 allocation of over \$300 million, SSVF grantees are blazing new trails serving Veteran families unlike any other time in our nation's history. There is no more transformative and impactful vehicle serving Veteran families than SSVF. Its strengths lie in its flexibility, Veteran family focus, and community basis.

SSVF's collaborative nature lends itself nicely to improved coordination and communication within supporting Continuums of Care (CoC) by empowering a shared and collective responsibility to serve veteran families. SSVF programming offers CoCs meaningful and impactful Veteran family-specific resources to address a veteran family's immediate housing needs and supportive services to sustain their needs beyond securing housing first. New York State communities where VA SSVF resources have been established are seeing community-based case management, legal resources, financial coaching and counseling services, employment and education counseling and peer-to-peer resources, aligned and funded through SSVF grants themselves, in integrated and potentially best-practice fashion, to put their community capacity to work serving Veteran families.

The New York State Health Foundation and Syracuse University Institute for Veterans and Military Families (IVMF) (<http://www.vets.syr.edu>) recognized the potential of the VA's growing investment in SSVFs as an opportunity to make a demonstrable impact in preventing and ending veteran homelessness in New York State. NYSHealth solicited a proposal from the IVMF to create a NYS SSVF Direct Technical Assistance Center (DTA) to exponentially expand the VA SSVF investment in New York State, and ensure that every veteran household residing in any NYS County would have access to high quality, outcome oriented homelessness prevention services.

NYSHealth was also looking to leverage an earlier investment made to the Veterans Outreach Center (VOC), the first community outreach center in the nation, with the development of a blueprint to replicate the VOC model of service. IVMF collaborated with the Veterans Outreach Center of Rochester, NY <http://www.veteransoutreachcenter.org/>, which is also a multi-year successful SSVF grantee that employed "*Coming Home to Caring Communities-A Blueprint for Serving Veterans and Families*" <http://ssvfdta.vets.syr.edu/wp-content/uploads/2013/04/VOC-Blueprint-2012.pdf> as an organizing document for building and sustaining NYS SSVF program capacity. The contract became effective on October 1, 2012, although planning meetings and preliminary work began in September 2012. This Report is inclusive of those activities and deliverables that occurred between October 1, 2012-October 10, 2013. Selecting the slightly expanded reporting period allows for discussion of the highly important grantee Regional Planning meetings that were implemented by October 10 in both Upstate and downstate Regions.

Although the VA offers training and technical assistance to all SSVF grantees under sub-contract, the IVMF proposal offered an improvement and alternative that is built upon a 'Community of Practice' (COP) model. COPs prioritize hands-on, direct training and technical assistance in the communities where grantees are located together with a comprehensive program of peer-peer networking, knowledge exchange and collaboration development that leads to sustainability. This COP strategy proved tremendously successful as the DTA quickly ramped up its services in October 2012 by meeting with and preparing communities across the state to respond to the VA's 2013/2014 Notice of Funding Availability (NOFA). These connections are being reinforced by regular regional grantee meetings where the DTA team facilitates cross-agency discussions and knowledge exchange.

The DTA quickly identified vast sections of the state that were home to significant numbers of veteran households who were homeless or at risk of homelessness that were not covered by an SSVF. Furthermore, Hurricane Sandy damaged or destroyed thousands of homes in New York City, Nassau and Suffolk Counties with high impact to veteran households in that region. Estimates suggested that 20,000 additional New Yorkers including 1,600 veterans living in these communities were homeless as a result of the storm. New York City and Long Island's plans to raze more than 200 irreparably damaged homes also contributed to the housing shortage. As a result, IVMF recognized that it would be even harder for homeless veterans to obtain homes through the rental market than it was before the storm and that Long Island in particular did not have an SSVF to help alleviate the problem. Consequently, Long Island and Western NY that were not covered by SSVFs received intensive DTA assistance to build collaborations and develop competitive proposals.




The stated goals of the NYSHealth proposal were: 1) Ensure that all SSVF grantees retain 100 % of their funds year-to-year; 2) Increase capacity of current SSVF grantees to serve additional veteran families and consequently increase the amount of grant dollars they are eligible to apply for, and; 3) Provide technical assistance to twelve additional New York State communities with the goal of replicating the COP model and expanding the number of new VA SSVF grantees by at least four over two-years. Prior to the creation of the DTA, New York State received approximately \$8 million to support 11 SSVF grantees serving approximately 2800 veteran households who were homeless or at risk of homelessness. For the federal Fiscal Year that began on October 1, we are pleased to report that as a result of the NYSHealth investment, all proposal goals were exceeded and the VA increased its NYS SSVF allocation to \$26 million to support 23 SSVFs that serve almost than 7,000 veteran households. Senior VA leadership admits that the high quality of the applications it received from NYS is due in no small measure to the direct support provided by the NYS SSVF DTA.

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What NYS has Accomplished (contd.)

Heat Map of counties served by SSVF **before** IVMF Direct TA

Heat Map of counties served by SSVF **after** IVMF Direct TA
 ...Only 3 counties untouched by SSVF

While SSVF really drives a community's Housing First approach for Veteran families, we're also observing New York State CoCs building value around SSVF capacity by creating coordinating instruments to share their value. On Long Island, the CoC established a Veterans' Advisory Board to create more knowledgeable CoC members on issues impacting veteran families, thus building out their community of practice itself. These successes create the foundation for even stronger local collaborations to address

veteran family homelessness in the future. In Western New York, SSVF grantees actively lead ongoing Housing First practice discussions helping their CoCs better coordinate their limited resources. Elsewhere, Memorandums of Understanding (MOUs) are springing up in CoCs around Veteran family referrals to ensure the right interventions are occurring regardless of where the family first entered the COC. All three of these examples illustrate the additional value VA SSVF grantees can play within their CoCs. Across New York, VA SSVF grantees are leading efforts within their CoCs to better share data and information to track outcomes associated with veteran families served. In major metropolitan centers where multiple SSVF grantees are operating alongside one another, coordinating SSVF capacity has taken on greater importance and is proving invaluable to the community's ability to better understand rates of Veteran homelessness, its underlying issues, and the resources being applied to help solve Veterans' housing needs.

The NYS DTA has also added project features not originally included in its proposal to improve and document outcomes and help sustain the initiative. IVMF developed a robust evaluation methodology and received Syracuse University IRB approval to implement a comprehensive NYS SSVF DTA evaluation that is now being implemented. Data received from grantees and summarized in the evaluation report will help us improve our services and provide increased value to grantees. It will also help the VA by identifying criteria essential to success in replicating SSVF DTAs in other states.

Early in calendar year 2013, the VA began to stress the importance of accreditation either through the Commission on Accreditation (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF). Staff from IVMF and its partner the Veterans Outreach Center of Rochester, NY attended accreditation training and now the SSVF DTA is in a strong position to provide training and TA to NYS SSVF grantees to help them achieve either CARF or COA accreditation. The primary benefit of accreditation is that it improves programs and services but the VA will also make multi-year rather than single year SSVF funding allocations if providers are accredited. Over the past year the DTA advised the VA on replication of the model in other states and improving the provision of employment services as a core SSVF service in the future.

Also, at the VA's suggestion, we have developed a preliminary plan that will fund the DTA after the end of the grant period through individual SSVF grantee TA sub-contracts using their SSVF training budget.

In summary, today and as a direct result of the investment by the NYS Health Foundation, New York State has almost 100% SSVF coverage, SSVFs and their community partners are coming together and collaborating at an unprecedented level to identify and address the root causes of veteran household homelessness, and the DTA is well positioned with the VA to replicate its effective methods on a national scale. Over the course of the second year of NYS Health Foundation funding we expect to embed and strengthen the provision of employment services within NYS SSVFs, setting a goal of 100% NYS SSVF CARF and/or COA accreditation, and developing the next generation of SSVF peer trainers working together in a Community of Practice model to improve their quality of services and sustain their programs in future years. Progress towards meeting these goals will be documented through our evaluation methodology and materials dissemination through our DTA website:

<http://ssvfdta.vets.syr.edu/> and white papers and issues briefs.