



Spotlighting Two Communities that are Successfully Coordinating Healthcare and Housing Resources to End Veteran Homelessness – A ‘Hear from Your Peers’ Webinar



Webinar Format

Our Webinar Format:

Speakers will present for 12 minutes. Following all the speakers we will have approximately 25 minutes for Questions and Answers.

How to ask questions:

Question Box: You may enter your question into the question box at any time during the presentation. We will read questions aloud and answer some after each speaker and then during the allotted Q&A session.

Follow up questions:

Contact information will be provided after each presentation and at the close of the webinar.

Materials:

Slides presented during the webinar will be made available after the webinar. For those who registered, copies will be emailed. For those participating at a later date, copies will be made available on the HUD Exchange.



H² Housing and Healthcare Technical Assistance

Roula K. Sweis, M.A., Psy.D, Supervisory Program
Advisor, Office of the Assistant Secretary for CPD

H²: **H**ousing and **H**ealthcare TA - A Federal Partnership
between HUD and HHS focused on *improving
program participant access and effective utilization of
mainstream healthcare services at the systems level.*



Today's Presenters

- Roula K. Sweis, Supervisory Program Advisor, Office of the Assistant Secretary for CPD
- Katy Miller, Regional Coordinator, United States Interagency Council on Homelessness (USICH)
- Dr. Cynthia Dodge, Director of the VA's Community Resource and Referral Center (CRRC) for southern Nevada
- Michele Fuller-Hallauer, Continuum of Care Coordinator, Southern Nevada Homelessness CoC
- Annamaria Gueco, Supportive Housing Department Manager, Sound Mental Health, King County, WA
- Lisa Farsje, Substance Use Disorder Specialist, VA Supported Housing, VA Puget Sound Healthcare System



Poll #1

Does your city/county have a special initiative related to ending veterans' homelessness?

- Yes
- No
- Not sure



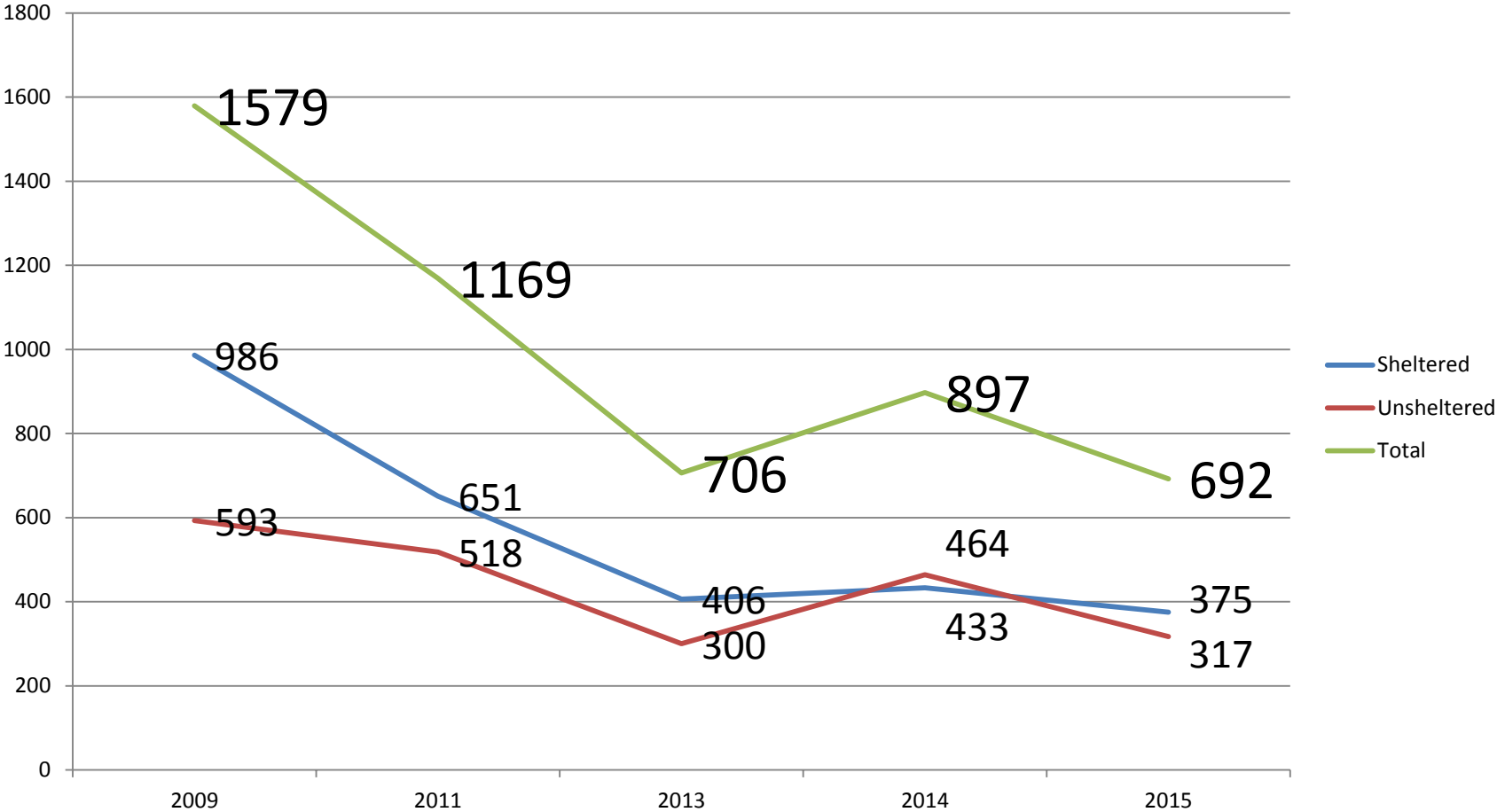


Southern Nevada Housing and Healthcare for Homeless Veterans

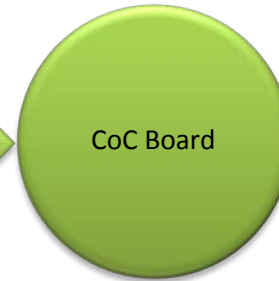
Cynthia Dodge Ph.D., VA Community Resource and
Referral Center (CRRC) Manager

Michele Fuller-Hallauer, Continuum of Care
Coordinator, Southern Nevada Homelessness CoC

Homeless Veterans



Zero: 2016



VA-CRRC and CoC

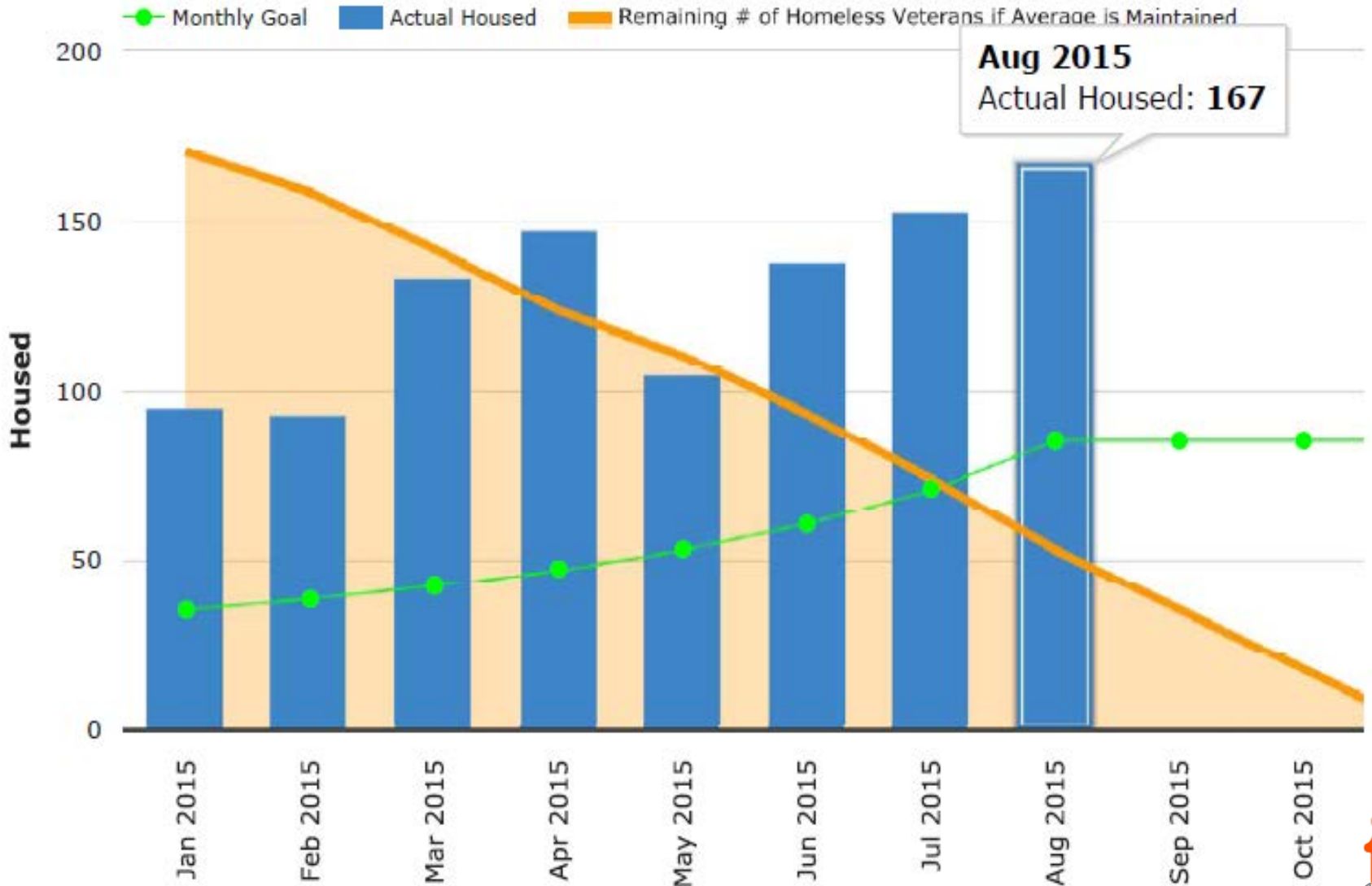
Held Every 2 weeks for coordination and process improvement

- SSVF program managers (1x month case managers) with CRRC Coordinated Intake staff.
 - additional meetings are held specifically for case conferencing.
- Southern NV Regional Housing Authority with VA Managers and HUD-VASH Supervisors.
- Clark County /VA/CoC Providers for Coordinated Assessment Change Advisory Team
 - additional meetings held for case conferencing.
- Municipalities/VA/CoC Providers related to Mayor's Challenge and issues specific to affordable housing and employment

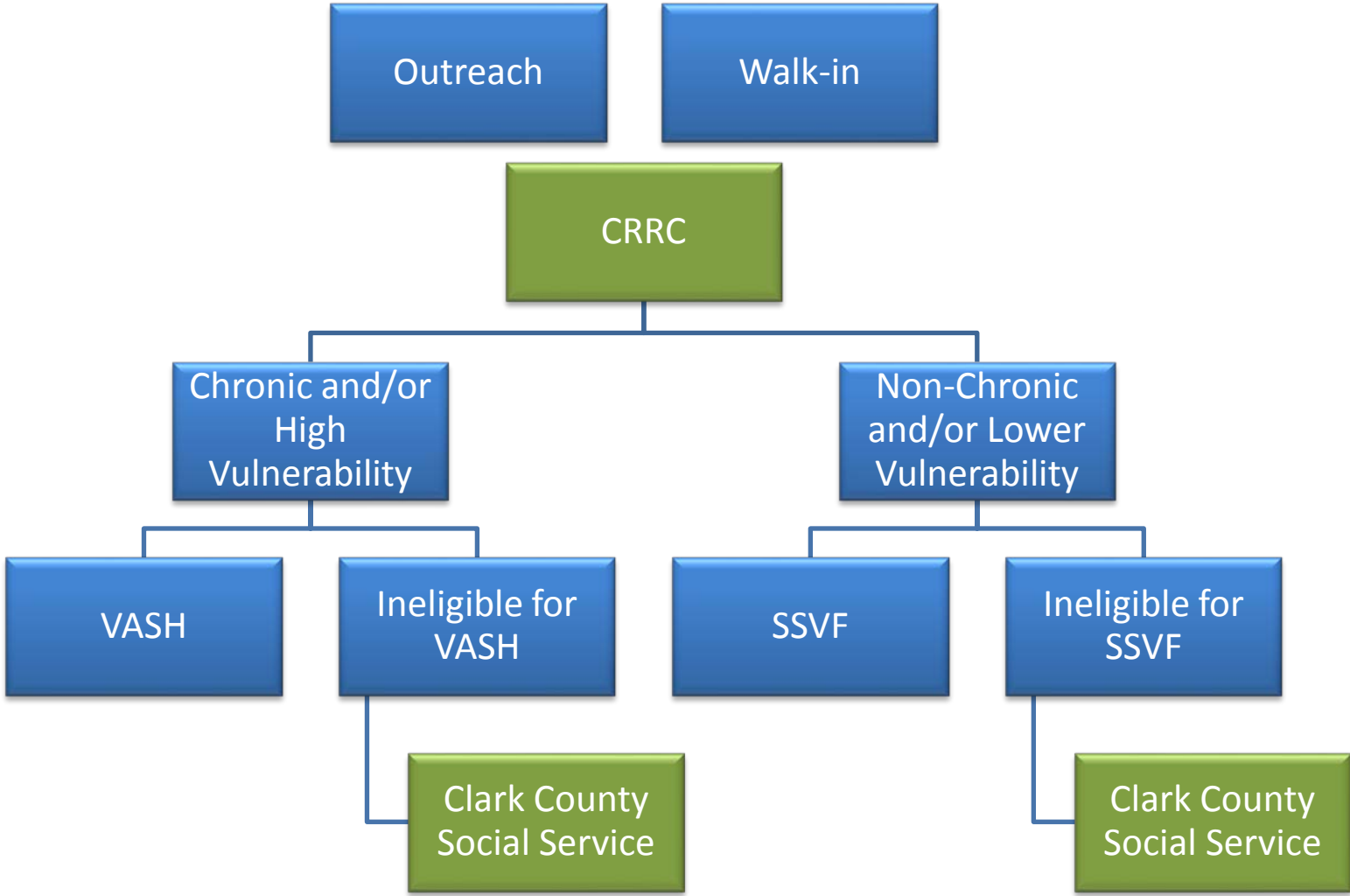
Weekly meetings:

- CRRC manager/VA outreach teams with all CoC community homeless outreach teams.
 - includes first responders, walk in community health centers,
- CoC Coordinator and CRRC Manager to support and collaborate on updates/events/meetings needed to end Veteran Homelessness.

Veterans Dashboard



Coordinated Intake



Coordinated Intake=Housing Assessment/Permanent Housing Plan/
Emergency or Bridge Housing

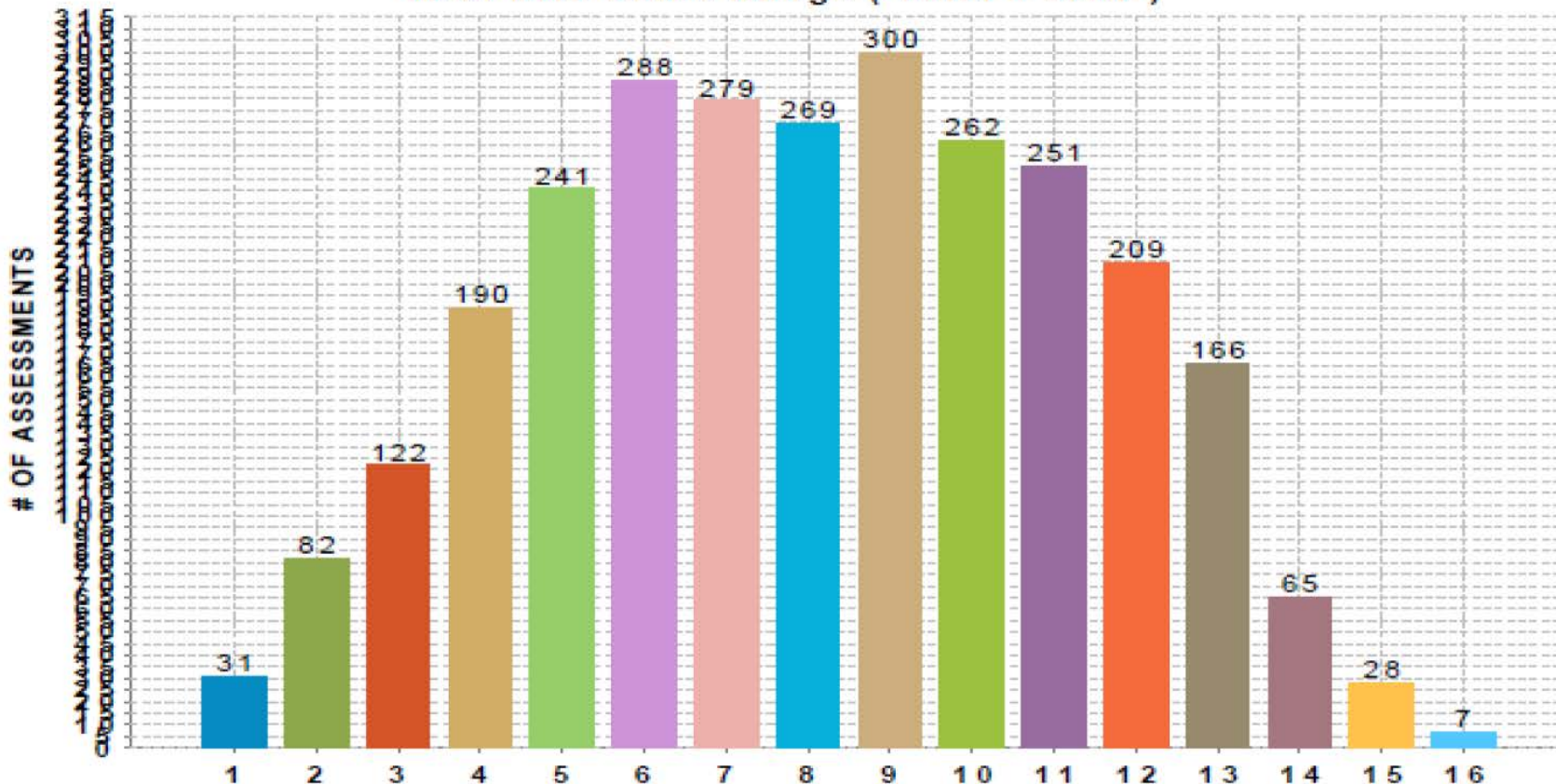
Non-VA eligible Veterans



Coordinated Intake

Clark County Social Service

VI-SPDAT Score Range (Total # 2790)



Score 0 – 4
Affordable Housing or other
Community Resources

Score 5 – 9
Rapid Rehousing / Transitional
Housing

Score 10 – 20
Permanent Supportive Housing



H2 Initiative



December 11-12,
2014 State H2
Planning session

State Leadership
Calls February 5,
2015 March 25, 2015
June 5, 2015

8/14/2015
State Interagency
Council on
Homelessness approves
H2 subcommittees



- H2 Initiative Action Plan integrated into the State Plan to End Homelessness

Poll #2

How much coordination at the systems level is happening in your community between VA and CoC programs?

- Quite a bit
- Some, but not enough
- Just beginning to make progress
- Not much



PERMANENT SUPPORTIVE HOUSING

**Coordinating
Care to Keep
Veterans
Housed**

KING COUNTY

- **10-Year Plan to End Homelessness**
 - East King County Regional Plan
 - South King County Regional Plan
- **5-Year Plan to End Veteran Homelessness**
 - 25 Cities
- **Single Adult Coordinated Entry**
 - Client Care Coordination, Family Housing Connections, Youth Housing Connections, Familiar Faces
- **Service-Enriched Housing**
 - Permanent Supportive Housing vs. Housing with Supportive Services
 - Follows Housing First Principles
 - Leverages County and RSN/Medicaid Dollars to fund supportive services

SOUND MENTAL HEALTH

Mission - *To strengthen our community and improve the lives of our clients by delivering excellent health and human services tailored to meet their needs*

Housing as a **Strategic Goal**

- **Outcome:** Moving to self- sufficiency and independence
- **Goal:** Secure affordable, stable housing for persons in recovery (assist the person, the community and the system)
- **Strategy:** Blend supportive services with housing through partnerships, acquisition and housing development

VETERANS SERVED BY SMH & VASH

- **McDermott Place was first project in the nation to utilize project-based HUD-VASH vouchers.**
 - Currently provide services jointly to 46 project-based VASH residents in 4 intensive supportive permanent housing building in King County
 - Gossett Place serves 20 high needs VASH veterans
 - Collaborative relationship with Low-Income Housing Institute
- **Evidence-Based Best Practices**
 - Motivational Interviewing, Harm Reduction, Trauma-Informed Care
- **Wraparound Support for Veterans**
 - LIHI: collaborative support from on-site landlord and property management
 - SMH: on-site housing stability services, including case management, individual & group counseling, employment services, and crisis intervention
 - VASH: community-based housing stability and case management services; coordination and connection to mental health, chemical dependency, and medical service through larger VA medical system.

MCDERMOTT PLACE

**Coordinating
Care to Keep
Veterans
Housed**

CASE EXAMPLE: “GEORGE”

- 70 Year Old Single Male Veteran
- Income Approximately \$500/Month
- Housed at McDermott X 3 years
- Occasionally Failing Apartment Inspections
- Cataracts Getting Worse
- Hearing Impairment
- History of Heavy Drinking (Doesn't Feel it's a Problem)
- Previously Denied DSHS “Home and Community Services”

*Strengths: Likes his Housing, Enjoys Walking Around Neighborhood, Engaged With Case Management and On-Site Group Activities, No Other MH Symptoms, Multiple Interests (Reading, Music, Public Radio)

*****GEORGE'S HOUSING CRISIS*****

- **Apartment Becoming Much Worse: Risk for Eviction Increasing Quickly**
- **Angry About Warnings**
- **Becoming Suspicious Towards VA and McDermott Staff, Starting to Decline Case Management Appointments**
- **Becoming Legally Blind Due to Cataracts, Restricting His Ability to Get Around, Grocery Shop, Pay Bills, Read Mail and Exaggerates His Hearing Impairment**
- **Stops Going to Medical Appointments (Pre-Surgery for Cataracts, Primary Care, etc.)**
- **Drinking Increases**

WHAT ARE THE PRIORITIES AND WHO DOES WHAT?

- Enforce Apartment Standards (Health and Safety of the McDermott Community, Relationship with Housing Authority, etc.)?
- Help Vet Clean His Apartment? Who Will Do This?
- Help Vet Read His Mail, Pay Bills, Etc.?
- Help Vet Access Meal Delivery Program?
- Help Vet Get Assistive Devices for Blindness?
- Help Vet Get Cataract Surgery so He Can Regain Independence and Quality of Life?
- Repair Therapeutic Alliance?

COORDINATION OF CARE

- **EVERYONE:** *Repair Therapeutic Alliance* Through Expressions of Compassion/Concern, Offering Hands-On Assistance and Resource Referral, Exploring Pros/Cons of Change (Eye Surgery, Drinking). Interventions Later in the Day, etc.
- **LOW INCOME HOUSING INSTITUTE:**
 - Choosing Which LIHI Staff Member Vet Responds Best to
 - Reinforcing Options to Resolve the Crisis (Via Case Managers)
 - Expressing Hope that Vet Can Remain at McDermott
 - Gentle Reminders of Why Standards are Being Enforced
 - Providing “Starter Kit” of Cleaning Supplies, for Interim Choreworker
 - Coordinating with VA and SMH Staff Regarding Time-Frames, and Housing Authority Expectations

COORDINATION OF CARE, CONTINUED

- VA: (Includes Transportation)
 - Assisting with LIHI Communication
 - Referral: DSHS Re-assessment for “Home and Community Services,” Including Lengthy Detailed Advocacy Letter
 - Referral: King County Veterans for Interim Choreworker and Vet’s Own Cleaning Supplies
 - Hands-On Assistance With Reading Mail, Paying Bills, etc.
 - Re-engage in VA Medical Care (Vet Receives Objective Feedback Regarding Drinking)
 - Vet Eventually Becomes Willing to Attend Pre-Surgery Eye Appointments but Needs Frequent Reminders/Prompting

COORDINATION OF CARE, CONTINUED

■ SOUND MENTAL HEALTH

- Assisting with LIHI Communication
- Referral: Meals on Wheels (Healthy Meals Delivered Weekly)
- Referral: SightConnection (White Cane for Walking in the Community)
- Advocacy During DSHS “Home and Community Services” Reassessment Appointment
- Ongoing On-Site Prompting: Hygiene, Appointment Reminders, Pre/Post Surgery Directions, etc.

GEORGE'S STATUS NOW

- Positive Therapeutic Alliance with LIHI, VA and SMH Staff, and is Re-engaged in McDermott Group Activities
- Has DSHS “Home and Community Services” Choreworker, Passing McDermott Apartment Inspections
- Cataract Surgery Successful on Both Eyes, Full Vision is Restored
- Able to Read His Own Mail, Pay Bills, etc.
- Improved Quality of Life: Enjoys Walking in the Community, Attends Movie Group at the Library, Able to Read Again, etc.
- Drinking Reduced (No Longer Impairing Communication or Ability to Attend Appointments)
- Still Using Meals on Wheels, but Able to Grocery Shop

Poll #3

How effectively are front-line workers able to link individual Veterans and their families to housing and needed supports?

- Most Veterans are able to connect with what they need.
- They can access some programs, but not everything they need.
- It's still difficult to connect them to the supports needed.
- Not sure





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Successfully Coordinating Healthcare and
Housing Resources to End Veteran
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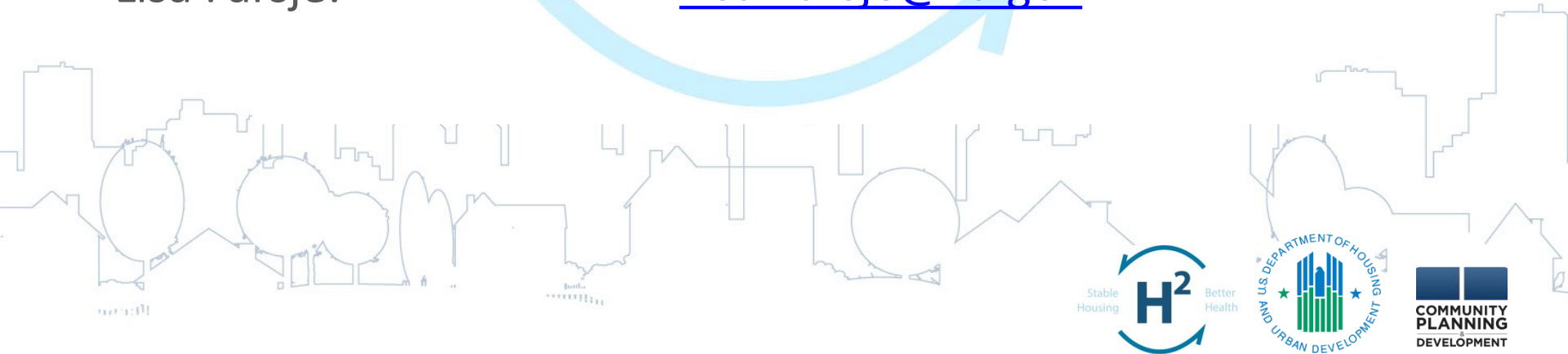
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Resources

- HUD ACA Website:
<https://www.hudexchange.info/aca/>
- HUD ACA Webinar Series and Materials:
<https://www.hudexchange.info/news/aca-webinar-series/>
- Join the HUD ACA Mailing List:
<https://www.hudexchange.info/maillinglist/>



For Additional H² Information

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