

SSVF Rapid Resolution Plan for Out-Wayne CoC

Community Name and CoC Number: 12-MI-044 SSVF

Date Plan Submitted: 3/27/19

1. Partners Involved in Rapid Resolution Planning

Type/Partner	Those who are ALREADY involved (Name & Agency)	Those who we NEED TO REACH OUT TO (Name & Agency)	Involved in On-Going Implementation?
SSVF Grantees (ALL grantees serving CoC geography)	Francesca Vitale, Martha Esquivel-Leon - Wayne Metro CAA / SSVF Grantee		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Courtney Hierlihy, Wayne Metro Metro CAA/ Coordinated Entry Manager		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
CoC Leadership and Partners	Charlotte Carrillo - Wayne Metro Out-Wayne CoC		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Scott Lorentz, Kathy Koths - Safe Step		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Nick Rinehart - CE access point at emergency shelter		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Debbie Petri, ChristNet Emergency Shelter		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
VA Medical Center and Programs	Janet Smith - John D. Dingell VAMC		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Linda Dati - VCRRC		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Velvet Mosley - HCHV/Transitional Housing - Contract Residential		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type/Partner	Those who are ALREADY involved (Name & Agency)	Those who we NEED TO REACH OUT TO (Name & Agency)	Involved in On-Going Implementation?
Political, Business and Philanthropic			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Partner Agencies and Other service providers	American Legion		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Linda - Disability Network	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Anne - Downriver Community Veterans	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does the group responsible for on-going planning and implementation related to Rapid Resolution (maybe an existing Veteran planning group or committee) meet regularly? Indicate frequency:

- Weekly
 Bi-weekly
 Monthly
 Quarterly
 No Group Exists

3. Please list the overall goals of Rapid Resolution for your community. What is important to your local community and what gaps do you want to address? (Minimum of two goals identified)

Goal #1:	To assist veterans in obtaining secure housing outside of the homeless services system when possible.
Goal #2:	To connect veterans to support services to meet their individual needs.
Goal #3:	To reach functional zero for veterans experiencing homelessness in the Out-Wayne Continuum of Care.
Goal #4:	

4. Rapid Resolution Integration into similar efforts.

Will Rapid Resolution be implemented as part of a brand new, current, or previously planned Diversion/Rapid Exit intervention in the community?

- Brand New
 Current
 Previously Planned

5. Veteran System Data (from By-Name/Master List and/or other source)

Average number of Veterans becoming homeless each month: 3

Average number of Veterans who are new to homelessness (if available): n/a

Average number of Veterans who are returning to homelessness (if available): 2 (in last 180 days)

Does the average number of Veterans becoming homeless each month change depending on the seasons of the year or other factors? Yes No

If yes, briefly explain: We've noticed more veterans identify as experiencing homelessness during the month of October, which is when the winter shelters open in Out-Wayne County.

What portion of those Veterans who become homeless monthly do you anticipate will be engaged in the Rapid Resolution conversation during the early implementation stage of this effort? 100%

RAPID RESOLUTION PLAN

6. Identification and Engagement with Rapid Resolution: Describe the process to identify and engage Veterans just before they become homeless or early in their homeless episode. Include discussion of:

- Who will be involved in identifying the Veteran and where most Veterans will be identified?
- Who will engage the Veteran in the Rapid Resolution conversation, how will they engage the Veteran (ex. by phone, in person) and the process to connect the Veteran to the person conducting the Rapid Resolution conversation?
- If there will be other ways Veterans, particularly Veterans in unsheltered locations, will be identified and engaged in Rapid Resolution? How the local VAMC and VAMC staff will participate in Rapid Resolution?

Homeless Veterans are identified through the Coordinated Entry System; referrals come from Wayne Metro (WM) Connect Center; CoC Partners including emergency shelters, VA, and mental health providers; Community partners including American Legion, Disability Network and Downriver Vets; and through street outreach efforts.

Rapid Resolution conversations will begin at Coordinated Entry access points and continue through connection with SSVF program staff. If a Veteran is referred directly to SSVF from a Continuum of Care (CoC) or Community Partner, the SSVF Coordinator will conduct Rapid Resolution conversations.

Wayne Metro Outreach Team (scheduled to be implemented within next 60 days) - Will identify any veterans in the community who are literally homeless.

If connected directly to VA Medical Center's VCRRRC, engagement and conversation will begin here.

7. Next Steps After Rapid Resolution Conversation: For Veterans who have a temporary or permanent place to stay as a result of the Rapid Resolution conversation what follow-up support will be provided by SSVF? If someone other than SSVF staff conducted the Rapid Resolution conversation that resulted in a temporary or permanent place to stay, will the Veteran then be referred to SSVF for follow up support if needed? Describe the process and who is responsible for each step.

If client is engaged by someone other than SSVF staff, follow-up from Wayne Metro SSVF Coordinator will happen within 24-48 hours, depending on urgency of referral.

Temporary Placement

1. Connect with SSVF Program / SSVF Coordinator
2. SSVF Coordinator provides case management, link to services, and continue with housing search.

Permanent Placement

1. Offer veteran continued case management / support services.
2. Ensure housing stabilization.

- 8. Immediate Safety:** For Veterans who do not have a temporary or permanent place to stay identified through the Rapid Resolution conversation, how will an immediate safe place to stay (ex. emergency shelter, contract HCHV bed, SSVF EHA) be arranged? Will the Veteran then receive a formal coordinated entry assessment based on the CoC's prescribed timelines and procedures? Describe the process and who is responsible for each step.

Veterans will receive referrals to shelter for emergency housing based on bed availability. Up to a week in a motel can also be provided as "bridge housing" or as a temporary placement until shelter is available. The VCRRC will transport client to their location to complete an assessment for services. Safe Step, veteran emergency shelter, also offers veterans a night of shelter in order to determine eligibility for program services.

Veterans calling into the Coordinated Entry System will speak with the CE Specialist who then creates a referral in HMIS for the SSVF Program.

When a veteran is identified at ChristNet, the rotating shelter in Out-Wayne, the CE Specialist at that location will connect the veteran to the SSVF Program and link the veteran to additional support services, as needed.

- 9. Resources and Services Available Through Rapid Resolution:** What types of services do you currently offer via SSVF that you think will be useful for Rapid Resolution (i.e. case management, connections to VA and mainstream benefits)? What do you see as the role of targeted TFA to support Rapid Resolution interventions in your community? What types of assistance not available through SSVF would you like to be able to offer to help Veteran find alternative housing for that night (ex. food card, transportation passes)? Is this assistance currently available? Will it need to be secured as part of Rapid Resolution planning?

Currently Offer

1. Case Management
2. Registering at the VAMC
3. Applying for VA benefits through connection with American Legion and VA.
4. Links to other support services per client need (E.g. Legal Aid)

TFA

1. Eviction Assistance / Prevention
2. Rapid Re-Housing
3. Relocation
4. Utility assistance

- 10. Rapid Resolution Communication Plan:** How have you communicated about this new effort to local stakeholders? Are there questions that still need to be addressed? Have policies and procedures and other documents been updated to include Rapid Resolution? Is a training for all staff who are part of the process of identifying and engaging Veterans planned?

WM regularly discusses Rapid Resolution at the Out-Wayne CoC Meetings and Monthly Veteran By-Name List Meetings. Once plan is approved, policies and procedures will be updated to include the Rapid Resolution Process for the SSVF Program. In addition Rapid Resolution comes at an opportun time for updates to the Out-Wayne Coordinated Entry System. As we introuduce street outreach efforts to the Continuum of Care, the written CE plan will be revamped to also include Rapid Resolution as system wide approach. A Rapid Resolution training plan will be developed and introcuded to system as a requirement, offered during CoC montly In-Services. Additionally, SSVF/CE Committee will be developed to work toward streamlining the process, ensuring outcomes are met and guidelines are followed.

RAPID RESOLUTION PROGRAMMATIC ELEMENTS

11. Grantee Coordination (if more than one grantee serves the CoC): If more than one grantee serves the CoC, how will Rapid Resolution activities be coordinated across grantees? Describe the role of each grantee in ensuring all Veterans are engaged in the Rapid Resolution conversations (even if one or more grantees do not conduct the conversations directly) and referring Veterans to an immediate safe place to stay if they cannot be rapidly resolved. Describe any other planned coordination for Rapid Resolution.

WM is SSVF Grantee for Out-Wayne CoC. However, WM has two SSVF sub-recipients, Monroe County and Washtenaw County. As such, the sub-recipients will also be included in the SSVF RR implmentation and will be trained alongside WM staff.

12. Data Capture: Beyond the required workflow change to add a Rapid Resolution service in HMIS, what changes if any are needed to your current data and HMIS collection processes? What data does the Rapid Resolution implementation group need to evaluate implementation of Rapid Resolution?

Length of time from call/referral to time of resolution/placement.

Assessment questions for project Entry and Exit.

Tracking clients that are enrolled/participated in Rapid Resolution to track program implementation and outcomes.

Tracking option for clients that are screened but ineligible for SSVF. If the client is ineligible or refuse services from project, then why?

Length of stay at Rapid Resolution placement. Did veterans return to their previous situation, or move on to more permanent housing?

13. Staffing Plan [May vary by grantee in CoCs with more than one grantee]: What is the staffing plan for Rapid Resolution? Will all SSVF staff be trained to conduct the Rapid Resolution conversation or will there be designated staff for Rapid Resolution? Have these staff been hired? Will you be submitting a Program Change Request to add additional staff? Are there any technology or other supports these staff will need to be effective at the Rapid Resolution conversation? What is the supervision plan for Rapid Resolution to ensure the intervention is being provided as planned? Is there a plan to provide coaching and other support to staff conducting the Rapid Resolution conversation?

Current Staff

1 FTE SSVF Coordinator

1.5 FTE CE Specialist

Program Change Request likely to be submitted for additional SSVF staff, specifically a Rapid Resolution Specialist who can assist with data tracking as well as screenings.

14. Training Plan

NOTE: Grantees can only use SSVF funds to pay for training for non-SSVF staff in communities with an approved Rapid Resolution plan

What is the training plan for Rapid Resolution? What types of training are needed to prepare staff to conduct the Rapid Resolution conversation? Have you identified training providers? Has training been scheduled? If training has been scheduled please include detailed description of the training with this plan submission. Will some staff be trained as trainers? Will other community providers be invited to the training? Will VAMC staff be invited to the training? Will costs be shared? If training is planned, please specify how the cost of training will be covered.

Specific training to include:

- 1) Specifics around what Rapid Resolution is and how it differs from diversion.
- 2) How to conduct a RR conversation with a veteran.
- 3) What a successful RR case looks like.

Training will include grantee staff, sub-recipients, community partners, and VAMC staff. All staff will be trained in Rapid Resolution and Motivational Interviewing.

Grantee will use a "train-the-trainer" approach. After receiving the above training, SSVF and CE staff will offer RR training to the entire CoC and aforementioned staff at In-Service Trainings. Trainings will be offered monthly in the beginning and then quarterly on-going.

15. Financial and Compliance Plan: Have you reviewed Rapid Resolution TFA guidance with your fiscal staff? Are there internal fiscal policies that need to be changed to provide TFA for Rapid Resolution?

The SSVF TFA Guide is yet to be released. At this moment, grantee does not anticipate changing internal fiscal policies as we've been using RR tactics already and providing TFA on an as needed, last resort basis. Policies will be again reviewed once TFA guide is released.

16. Planning and Implementation Status: What areas still need to be planned? Are there plans for Rapid Resolution implementation including communications, forms and other supports and training? What activities need to be done before the anticipated launch date? What is the anticipated launch date?

Fortunately, SSVF staff have been using the "but for assistance" method without understanding it as Rapid Resolutions. This method ensures we're providing TFA as a resource only if all other avenues have been explored, putting us at an opportune position in the implementation process for Rapid Resolution. However, planning is needed around the expansion of this effort to a system wide process.

Therefore, additional communication, new and/or updated forms and additional trainings are needed prior to launch.

Anticipated, System-Wide launch is October 1, 2019 in accordance with the new grant year.