



FY 2020 Annual Report **Supportive Services for Veteran Families (SSVF)**

Acknowledgements

This report was prepared by the partnership of Abt Associates and the Technical Assistance Collaborative (TAC) on behalf of the U.S. Department of Veterans Affairs (VA) under contract #36C24518D0091. Additional support was provided by the VA National Center on Homelessness Among Veterans. The primary authors of this report are Mark Silverbush (Abt Associates), John Kuhn (VA), and Robert Thompson (VA). Additional report preparation assistance was provided by Douglas Tetrault (TAC), Joyce Probst MacAlpine (Abt), Louise Rothschild (Abt), Tara Reed (Abt), and James Yates (TAC).

The authors gratefully acknowledge and appreciate the guidance provided by VA staff of the Supportive Services for Veteran Families (SSVF) program, whose thoughtful feedback and advice immeasurably improved the report. Secondly, to all Veterans, some of whom unfortunately experience a housing crisis after their return to civilian life, the authors would like to acknowledge your service to our country. Finally, we would like to express deep gratitude to the SSVF grantees for their impressive work over the past nine years, and throughout the COVID-19 pandemic, in transforming and protecting the lives of hundreds of thousands of Veterans and their families during their time of need.

Table of Contents

About This Report	iv
Executive Summary	1
1. Introduction	9
1.1 SSVF Overview	10
1.1.1 Eligibility	10
1.1.2 Housing Stabilization.....	11
1.2 Impact on National Trends.....	12
2. COVID-19 Response	17
2.1 The Need for an SSVF COVID-19 Response	18
2.2 Veteran Demographic and Health Data	18
2.2.1 Changes in Veterans Served During COVID-19.....	20
2.3 SSVF Measures to Address the COVID-19 Crisis for Veterans.....	21
2.3.1 Integration of Diversity, Equity, and Inclusion	23
2.3.2 HUD-VASH Coordination	24
2.4 SSVF COVID-19 Response Results	24
2.4.1 SSVF Caseload Changes	24
2.4.2 Emergency Housing Assistance	26
2.5 Next Steps for SSVF’s COVID-19 Response Effort.....	27
3. SSVF Funding Overview	29
3.1 SSVF Grant Funding.....	30
3.2 Financial Expenditures.....	32
3.3 Temporary Financial Assistance	33
4. SSVF Participants and Their Characteristics	35
4.1 Overview of Persons and Household Types Served	36
4.2 Participant Demographics.....	37
4.2.1 Gender	37
4.3 Target Populations.....	44
4.4 Prior Living Situations and System Coordination.....	45
5. SSVF Program Results	49
5.1 Housing Outcomes	50
5.2 Length of Participation	56
5.3 Income and Financial Stability Outcomes	59
5.3.1 Satisfaction of Veterans Targeted by the Program	61

Table of Contents

5.3.2 SSVF and the SOAR Initiative	63
5.4 Returns to Homelessness	64
5.4.1 Equity analysis of returns to homelessness data	69
6. SSVF Program Implementation and Technical Assistance	78
6.1 Community Planning and Coordination	79
6.1.1 Direct Coordination Support	79
6.1.2 Direct TA	81
6.1.3 Grantee Feedback	81
6.2 SSVF Shallow Subsidy Pilot	82
6.3 Supporting Program Implementation and Ongoing Quality Improvement	83
6.3.1 Compliance and Quality Improvement	83
6.3.2 Tools, Products, and Trainings	83
6.3.3 Data-Informed Planning	84
6.4 Practice Standards and Accreditation	85
6.5 Next Steps and Looking Forward to FY 2021	85
7. Conclusion	87
7.1 FY 2020 Overview	88
7.1.1 Early FY 2020 Technical Assistance Efforts	88
7.1.2 COVID-19 Response	89
7.1.3 Program Results	89
7.1.4 SSVF Program Office and TA Supports	90
7.2 Upcoming Service Strategies and Supports	91
7.2.1 Expected Service Outcome Changes	91
7.2.2 Health Care Navigation Services	92
7.2.3 Shallow Subsidy Expansion	92
7.2.4 Federal Partnerships	93
7.2.5 Tracking Progress and Next Steps	94
Appendices	96
Appendix 1. FY 2020 SSVF Grantees	97
Appendix 2. CARF or COA Accredited SSVF Grantees, September 2020	105
Appendix 3. Data Sources	110
Appendix 4. List of Exhibits	112
Appendix 5. Further Information	115

About This Report

This report covers the ninth grant period for the U.S. Department of Veterans Affairs (VA) Supportive Services for Veteran Families (SSVF) program, including awards made in 2019 for the FY 2020 period (October 1, 2019, to September 30, 2020). The report summarizes the results attained by the 257 SSVF grantees funded for FY 2020. It is intended to inform Congress and the public about the grantees' important work helping to prevent and end homelessness among our nation's Veterans. A full list of SSVF grantees operating during FY 2020 appears in Appendix 1.

This report uses data reported by grantees through local Homeless Management Information Systems (HMIS) and subsequently provided to VA via monthly uploads to the SSVF HMIS data repository. Additional information was obtained from grantee quarterly reports and surveys of SSVF program participants.

The rapid growth and evolution of the SSVF program and its data collection methods over the last year have made it impractical or unfeasible to present comparison data across all nine years of the SSVF program in every instance. Where it is possible to do that, we have done so in this report.

Section 1 of this report provides national trends on general population homelessness, and on Veteran homelessness specifically, followed by an overview of the SSVF program.

Section 2 presents information on SSVF's COVID-19 response, including descriptions of SSVF's programmatic changes, coordination efforts, caseload changes, and related participant trends.

Section 3 provides a funding overview of the SSVF program's expenditures, grantee coverage, and households served in FY 2020, based on aggregated data from all 257 SSVF grantees. This section also describes the types and distribution of homelessness prevention and rapid re-housing services delivered through SSVF.

Section 4 presents information about who was served in the ninth year of the program, including participants and their demographic characteristics and prior living situations, when they entered the program.

Section 5 presents the results of the program, including the success rate of participants in securing or retaining permanent housing when they exited the program, as well as participants' gains in income, and their interaction with other key VA programs.

Section 6 summarizes grantees' progress in implementing new SSVF programs nationwide, and how VA supported grantees with early implementation and service delivery issues throughout the grant year, including targeting SSVF to those Veterans and their families who were most in-need and promoting rapid re-housing and prevention best practices.

About This Report

Finally, **Section 7** discusses next steps for the SSVF program in improving outcomes, increasing community integration, and furthering collaboration with local coordinated entry systems, as well as tracking progress toward effectively ending Veteran homelessness according to federally defined criteria and benchmarks.



Executive Summary

The period covered by this report, FY 2020, witnessed the start of most significant public health emergency experienced in the United States in over a century. Co-morbid health conditions, psychological trauma, and inadequate access to safe, hygienic environments placed homeless Veterans at significant risks for contagion. SSVF led pioneering efforts addressing this crisis, offering innovative new services to lessen these risks.

SSVF launched one of the earliest federal responses to the COVID-19 pandemic when it issued national guidelines on March 13, 2020, for VA Medical Centers to work with SSVF grantees in identifying vulnerable homeless Veterans who should be placed in hotels and motels as an alternative to the streets, congregate shelters, and transitional housing. Ultimately, by the time this report is issued, over 40,000 Veterans found temporary refuge in these hotel and motel placements. SSVF also created broad flexibilities through the Stafford Act, funded new health care navigation staff aiding access to essential health and mental health services, and supported a national expansion of Shallow Subsidies and legal services to address the broad, societal consequences of COVID-19 - consequences that were particularly severe for the poor and homeless served by SSVF.

The COVID-19 pandemic worsened existing disparities in homelessness- e.g., from systemic racism and discrimination- and exacerbated the homelessness and housing crisis, which has disproportionately impacted Veterans. National data shows that 51 percent of Veterans experiencing homelessness are Black, Indigenous, People of Color (BIPOC) and 54 percent of Veterans served by SSVF identify as BIPOC. In addition, Veterans experiencing homelessness are significantly older and more disabled than their non-Veteran homeless counterparts. The most recent annualized national data from 2018 showed that more than half of Veterans experiencing homelessness were age 55 or older (52 percent), compared to just one in eight (12 percent) of non-Veterans. Furthermore, the national sheltered data showed that about two in three (66 percent) Veterans experiencing homelessness were disabled, while about half (52

percent) of non-Veteran adults were disabled. These three groups – Veterans who identify as BIPOC, older adult Veterans, and Veterans with a disability-have been at higher risk of death and hospitalization from the pandemic.¹

Even before the pandemic, the rates of Veteran homelessness were disproportionately higher than their civilian counterparts for the past decade. National data from 2018 showed that while Veterans constituted seven (7) percent of the U.S. adult population, they made up nine (9) percent of the U.S. adult sheltered population.^{2,3} However, that represented a significant reduction in homelessness among Veterans, which has been cut in half since 2010 (and is reflected in the proportion of Veterans among the homeless). In 2010, Veterans comprised 16 percent of all homeless adults at a given point-in-time while only 9.5 percent of the adult population (HUD 2010 AHAR).

In 2010, President Barack Obama and the U.S. Department of Veterans Affairs (VA) announced the federal government’s goal to end Veteran homelessness. Published by the United States Interagency Council on Homelessness (USICH), this goal was announced as part of our nation’s first plan to prevent and end homelessness, titled *Opening Doors*.⁴ It was under this important mandate that the SSVF program began providing targeted housing assistance and services on October 1, 2011.⁵ In concert with other key resources for homeless Veterans, such as the jointly administered U.S. Department of Housing and Urban Development (HUD)–VA Supportive Housing (HUD-VASH) program, SSVF has provided communities with the resources necessary to reduce the number of Veterans experiencing homelessness.⁶

One of the critical tools for ending homelessness among Veterans has been SSVF. The SSVF program has grown significantly since its inception, corresponding with year-to-year decreases in Veteran homelessness. In the first year of the program (FY 2012), approximately \$60 million in SSVF funding was awarded to 85 grantees in 40 states and the District of Columbia. By FY

¹ Source: Annual Homeless Assessment Report (AHAR) 2018, Part 1.

² Source: Vespa, Jonathan, “American Community Survey Report: Those Who Served: America’s Veterans From World War II to the War on Terror,” U.S. Census Bureau, June 2020, retrieved May 17, 2022, <https://www.census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf>.

³ Source: Annual Homeless Assessment Report (AHAR) 2018, Part 1.

⁴ The *Opening Doors* federal strategic plan to prevent and end homelessness was released in June 2010 by President Barack Obama. The plan includes the federal goal of ending chronic and Veteran homelessness. More information about this strategic plan can be found at the United States Interagency Council on Homelessness *Opening Doors* webpage: <https://www.hudexchange.info/resource/1237/usich-opening-doors-federal-strategic-plan-end-homelessness/>.

⁵ The SSVF program is authorized by 38 U.S.C. 2044. VA implements the program by regulations in 38 CFR part 62. SSVF funding award periods follow the federal fiscal year, which begins on October 1 and ends on September 30.

⁶ Source: Annual Homeless Assessment Report (AHAR) 2020, Part 1.

2019, approximately \$351 million in SSVF grant funding was awarded to 252 grantees serving all 50 states, the District of Columbia, and three U.S. territories. Grantees funded in FY 2019 provided SSVF services in 392 of the 396 Continuums of Care (CoCs) nationwide. FY 2017 marked the end of VA's supplemental three-year funding awards for 67 high-priority ("Priority 1") communities with high concentrations of homeless Veterans, with most awards concluding in FY 2017 and the remainder ending in FY 2018. This effort represented an unprecedented "surge" in SSVF resources to end Veteran homelessness in those communities.⁷ The total amount available for Priority 1 communities for the three-year period was \$289 million.

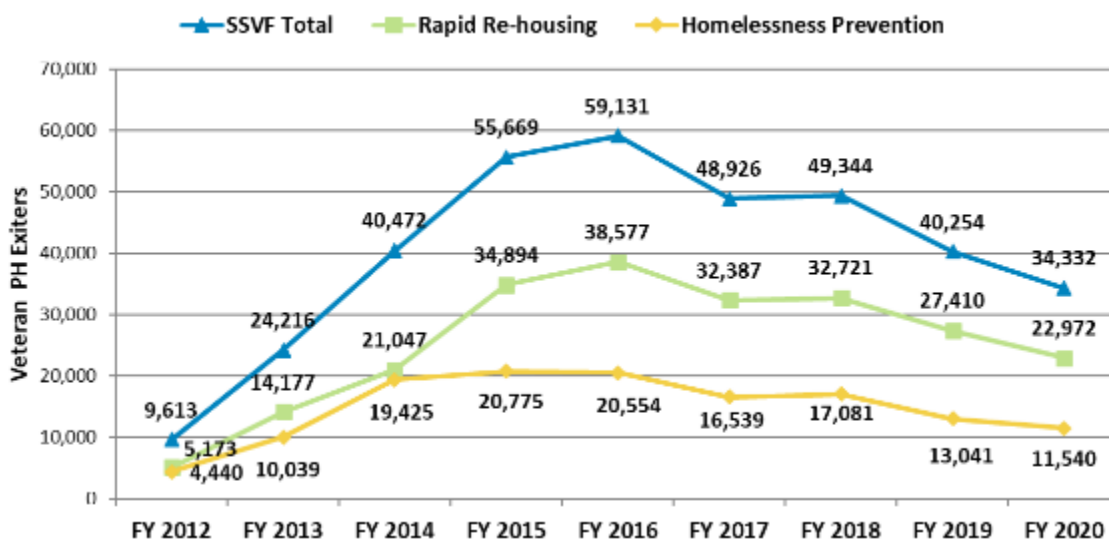
VA focused its FY 2020 program implementation and support efforts on promoting safety, consistency, quality, equity, and effectiveness in the provision of SSVF services for Veterans. The Rapid Resolution service piloted in FY 2018 was expanded throughout the country over the last two years, to help Veterans maintain their current housing or identify immediate and safe alternatives to emergency shelter or the streets. This service helps Veteran households avoid the trauma and cost of literal homelessness and provides a new set of interventions that can help Veterans overcome the realities of the affordable housing crisis and general lack of housing units and opportunities, particularly in high rent markets. In FY 2019, the two-year Shallow Subsidy pilot initiative was launched in 11 high-cost, low-vacancy communities to provide limited rental assistance over a longer period of time to Veterans enrolled in rapid re-housing and homelessness prevention services. In FY 2020, SSVF responded to the COVID-19 pandemic by making programmatic and regulatory changes (including waiver changes) and closely working with grantees, the Centers for Disease Control (CDC), HUD, and technical assistance providers. Coronavirus Aid, Relief, and Economic Security (CARES) Act resources were used to expand the number of Veteran households served, the ways in which they were served, and to extend their temporary stays at safe locations.

Since SSVF's inception in FY 2012, the program has served a cumulative total of 651,118 Veterans and increased the annual number of Veterans served, from 19,854 in FY 2012 to 78,331 in FY 2020.⁸ More than two-thirds (69 percent) of Veterans served received rapid re-housing assistance over the nine years, whereas almost one-third (32) percent received homelessness prevention assistance. One (1) percent of Veterans received both assistance types during the nine years of SSVF operations. SSVF continued to prioritize the delivery of services to currently homeless Veteran households, with the percentage of Veterans receiving rapid re-housing assistance comprising 70 percent of Veterans served in FY 2020.

⁷ In FY 2017 and earlier SSVF annual reports, 71 communities were noted as being part of the Priority 1 initiative. That was a slight overestimate due to local CoC mergers and duplicate counting of new supplemental grantees within Priority 1 communities that already had one or more surge grants awarded in the initiative's first funding round.

⁸ Across SSVF program years, it is not currently possible to un-duplicate service data. The "cumulative total" represents the sum of the Veterans served each program year.

Exhibit ES.1: SSVF Veteran Exits to Permanent Housing (FYs 2012-2020)



SOURCE: SSVF-HMIS Repository data.

Over the first nine years of the SSVF program, 455,693 Veterans exited the program, with 79 percent (361,957) successfully securing permanent housing.⁹ As shown in Exhibit ES.1, over the first three years of the program, the number of Veterans securing permanent housing at exit increased—from 9,613 in FY 2012 to 40,472 by FY 2014. SSVF’s surge to Priority 1 communities helped expand the program’s Veteran permanent housing placements from FY 2015 through FY 2017, with a high of 59,131 in FY 2016. Most recently, in FY 2020, 34,332 Veterans secured permanent housing.

Between FY 2012 and FY 2019, of the Veterans exiting from SSVF homelessness prevention assistance since SSVF’s inception, 88 percent exited to permanent housing after participating in SSVF services for an average of 98 days. Meanwhile, 75 percent of Veterans who were homeless and received rapid re-housing assistance exited to permanent housing, after participating for an average of 119 days.

In FY 2020, in response to the pandemic, the SSVF Program Office and grantees immediately acted to reduce Covid-19 exposure risks to Veteran households in need of their services. This assistance included extending client participation time in safe shelter locations, including hotels, motels, care facilities, and housing units. Those additional efforts on top of grantees “traditional” SSVF work, yielded an 88 percent permanent housing destination rate among Veterans exiting from SSVF homelessness prevention services, mirroring the historical average. However, the length of participation for those exiting Veterans rose to 113 days, about two weeks longer than the historical average, mainly due to increased coordination time and hotel/motel stays needed

⁹ See note 8.

for health and safety. Similarly, the average length of participation for SSVF rapid re-housing Veterans who moved to permanent housing extended about three weeks longer than the historical average to 139 days. Their permanent housing exit rates dipped by three percent to 72 percent.

Since its inception, SSVF's rapid re-housing assistance has become a substantial component of local crisis response systems for literally homeless Veterans. In FY 2020, 51,950 literally homeless Veterans were assisted by an SSVF rapid re-housing program – a group roughly the size of 52 percent of the U.S. sheltered homeless Veteran population. Sheltered Veteran homelessness includes Veterans staying in emergency shelters, safe havens, or transitional housing programs.¹⁰

Key FY 2020 Findings and Results

- SSVF served 78,331 Veterans in FY 2020 and 114,475 persons overall. Seventy (70) percent of SSVF Veterans (55,018) participated in rapid re-housing services, 31 percent of Veterans (24,298) participated in homelessness prevention services, and one (1) percent of Veterans (985) participated in both service types.
 - Coronavirus Aid, Relief, and Economic Security (CARES) Act funding resources enabled SSVF to serve 11 percent more Veterans in FY 2020 than the previous year.
- SSVF Veteran caseloads spiked starting in May 2020, reflecting the responsiveness of grantees as the COVID-19 pandemic unfolded. By September 2020, 13,544 Veterans were actively receiving SSVF homelessness prevention services – a 108 percent higher caseload than September 2019; meanwhile SSVF rapid re-housing caseloads increased by 44 percent from 19,161 rapid re-housing Veterans being actively served in September 2019 to 27,507 rapid re-housing Veterans being actively served in September 2020.
- More than half (54 percent) of the 78,331 Veterans served by SSVF identified as BIPOC compared with 51 percent of Veterans in shelters nationwide. BIPOC have been at higher risk of hospitalization and death throughout the COVID-19 pandemic.
- Half of SSVF Veterans (50 percent) were ages 55 or above, while the other half were ages 18 to 54 (50 percent). The largest single age category of SSVF Veterans was the “55 to 64 years old” group at 35 percent. Older Veterans have been at higher risk of hospitalization and death throughout the COVID-19 pandemic.
- Nearly two in three (66 percent or 51,982) of the 78,331 Veteran participants in the SSVF program reported a disabling condition. Similarly, 66 percent of Veterans in shelters reported being disabled, indicating that SSVF is serving a proportional share of Veterans reporting disabling conditions. Disabling condition rates continued to rise for Veterans entering SSVF. At its inception in FY 2012, 54 percent of entering Veterans had disabling conditions, by FY 2020 that figure rose to 66 percent, a 12 percent increase.

¹⁰ This definition of sheltered homelessness is consistently used throughout the rest of this report.

- Veterans with a disabling condition have been at higher risk of hospitalization and death throughout the COVID-19 pandemic.
- Of the 34,887 SSVF Veterans exiting the program who received health care services from the VA Health Administration, many reported being treated for serious health and mental health conditions, including cardiovascular disease (61 percent), a substance use disorder (59 percent), major depressive disorder (56 percent), and post-traumatic stress disorder (17 percent).
 - Cardiovascular disease increased from 50 percent in FY 2019 to 61 percent in FY 2020. Likely related to the impacts of the COVID-19 pandemic, major depressive disorder among these Veterans increased from 35 percent in FY 2019 to 56 percent in FY 2020; similarly, substance use disorder prevalence rose from 46 percent in FY 2019 to 59 percent in FY 2020.
- Of all VA homeless initiatives, SSVF served the highest proportions of Veterans who are women and Veterans who served in Afghanistan or Iraq in FY 2020.
 - Thirteen percent (10,458) of SSVF Veterans were women.
 - Fifteen percent (11,951) of SSVF Veterans participants served in Afghanistan or Iraq.
- Nearly one in five (19 percent or 21,519) of all SSVF participants served were dependent children. SSVF provided support to help keep Veteran families together.
- Due to SSVF COVID-19 health and prevention efforts, the average participation time for the 44,706 Veterans who exited SSVF in FY 2020 increased to 131 days (about 19 weeks) from 122 days in FY 2019 (about 17 weeks). For Veterans exiting from SSVF rapid re-housing assistance in FY 2020, the average length of participation was 139 days (about 20 weeks), while it was 113 days (about 16 weeks) for those who exited SSVF homelessness prevention. This additional program time allowed grantees to provide more supports for households to assist with stability.
- Seventy-five (75) percent (58,913) of the 78,440 Veteran households served earned less than 30 percent of the median income for their area (AMI) and household size when they entered the SSVF program.¹¹
- Veterans with no income (11,648) and those earning \$1 to \$500 in monthly income at entry (4,226) still achieved a relatively high rate of success in obtaining or remaining in permanent housing at exit: 78 percent and 83 percent for each group, respectively.

¹¹ The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household. New SSVF regulations published on February 24, 2015, expanded the resources available to such non-Veteran households in the event of separation when it is the result of domestic violence.

- Twenty-eight (28) percent of Veterans with zero income (3,332) at entry exited SSVF with some amount of monthly income. For Veterans entering SSVF with monthly incomes of \$1 to \$500 per month, a net 769 exited the program with higher incomes (18 percent of this group). Of particular note were the significantly improved results for those who were served by Shallow Subsidy pilot sites. For Veteran exiters who had monthly incomes at entry between \$0 and \$2,000, and received shallow subsidies between October 2020 and March 2022 (starting just after the period covered in this report), 45 percent increased their income – double “traditional” SSVF services.
- Among the 7,464 Veteran household participants who completed satisfaction surveys, 85 percent rated the quality of services received from their SSVF provider as “Above Average” or “Excellent.”

SSVF Rapid Re-Housing (RRH)

- SSVF assisted a total of 55,018 literally homeless Veterans. Nationwide, roughly 52 percent of all homeless sheltered Veterans received assistance from SSVF focused on ending their homelessness situations.
 - CARES Act funding resources enabled SSVF to serve six (6) percent more literally homelessness Veterans than the previous year-despite increased lengths of stay- thereby improving those highly vulnerable households’ stability and safety.
- Of the literally homeless Veterans who received rapid re-housing services, more than half (52 percent) were living in unsheltered situations (including outdoor and vehicle locations) at program entry.
- More than seven in ten Veterans (72 percent) exiting SSVF rapid re-housing programs successfully ended their homelessness and moved into permanent housing (22,972).
- Among Veterans who received rapid re-housing services and exited to permanent housing in FY 2020, returns to VA homeless programs were low. Of the 22,972 rapid re-housing Veterans who exited permanent housing, the Veterans in the National Center on Homelessness among Veterans’ dataset matched 19,143 of their cases. Of that dataset, 95 percent of FY 2020 Veterans who were rapidly re-housed avoided returns to VA homeless programs in 6 months. Over a 12-month period, 93 percent avoided such returns.

SSVF Homelessness Prevention (HP)

- SSVF assisted a total of 24,298 Veterans who were at risk of literal homelessness.
 - CARES Act funding resources enabled SSVF to serve 26 percent more Veterans at literal risk of homelessness in FY 2020 than the previous year to assist with improving household stability and safety.

- Of the Veterans who received homelessness prevention services and entered the program from housed situations, 65 percent were living in rental units and 19 percent were living with family or friends at time of entry.
- Nearly nine in ten Veterans (88 percent or 13,119 Veterans) exiting SSVF homelessness prevention assistance maintained their housing or found other permanent housing and successfully avoided shelter or the streets.
- Of the 8,831 rapid re-housing Veterans who exited permanent housing, tracked out of the 13,119 in the National Center on Homelessness among Veterans' dataset, 96 percent of them avoided returns to VA homeless programs in six months. Over a 12-month period, 93 percent avoided such returns. Although most Veterans who received homelessness prevention services and exited to permanent housing in FY 2020, had low rates of returns to VA homeless programs there were racial disparities noted.
 - Combined homelessness prevention returners data from FY 2019 and FY 2020 for Black/African American Veteran rapid re-housing exiters showed that for Black/African American Veterans in households without children that exited homelessness prevention services, 7.2 percent entered a VA homeless program within six months of exit, compared to 5.7 percent of their white counterparts – a 1.5 percent difference. Over a twelve-month period, that difference increased to 1.9 percent, with the Black/African American Veterans in households without children return rate increasing to 11.6 percent compared to 9.7 percent for their white counterparts.
 - Similarly, for Black/African American Veterans in households with children that exited homelessness prevention services, 5.3 percent entered a VA homeless program within six months of exit, compared to 4.1 percent of their white counterparts -- a 1.2 percent difference. Over a twelve-month period, that difference increased to 1.7 percent, with the Black/African American Veterans in households without children return rate increasing to 9.4 percent compared to 7.7 percent for their white counterparts.

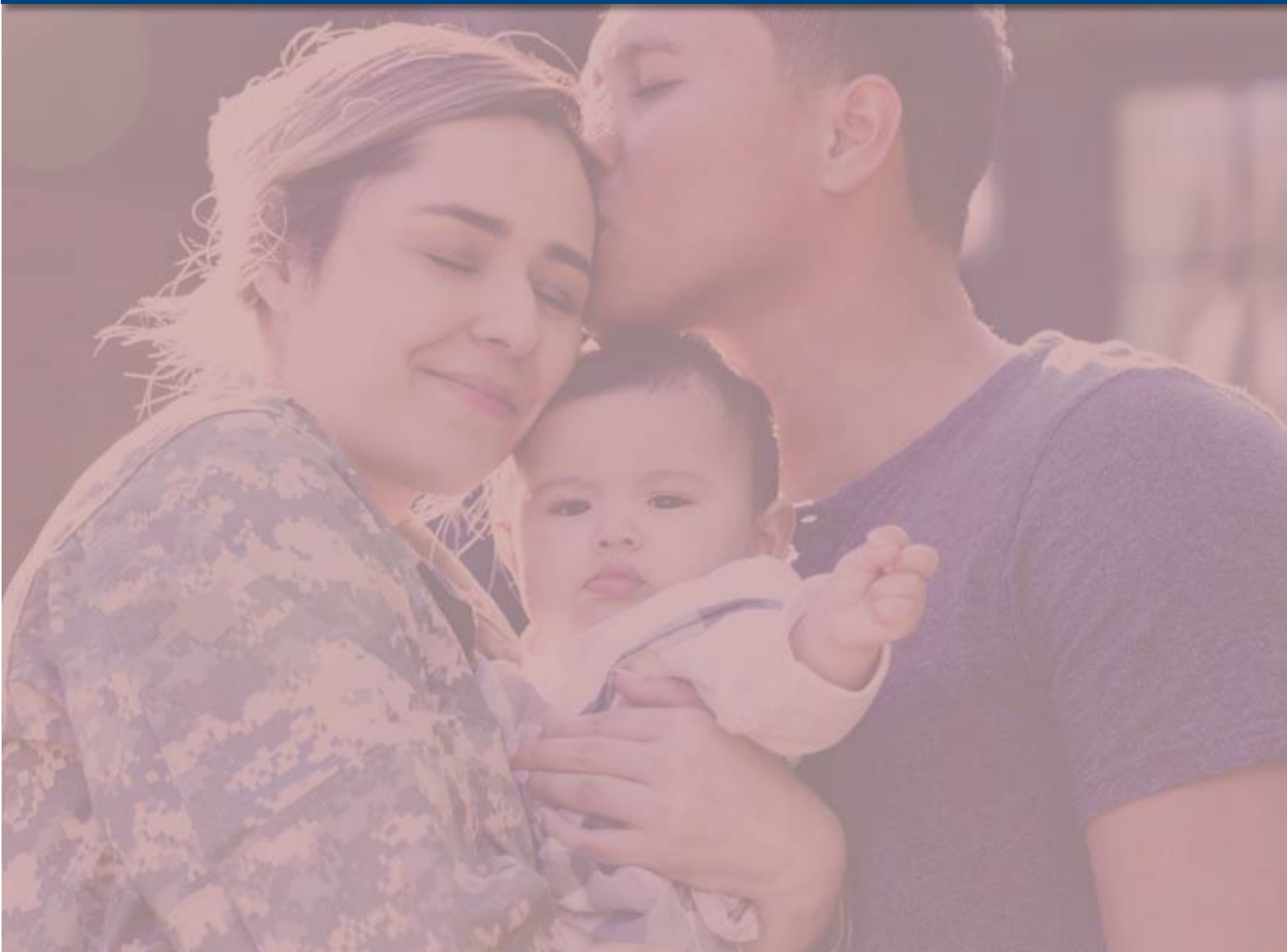
SSVF will continue to closely monitor this data to try to reduce these disparate outcomes. In addition, there will be continued efforts to close existing disparities and make improvements in outcomes. These dedicated efforts will rely on capacity building and coordination across multiple providers and systems. Through SSVF's participation in local Homeless Management Information Systems (HMIS) and a requirement that grantees actively engage in community planning through coordinated entry, VA seeks to ensure that SSVF grantees are working with CoCs to implement equity-led and data-informed plans to eliminate disparities and end homelessness amongst all Veterans.

Section 1:

Introduction

This is the ninth Annual Report of the Supportive Services for Veteran Families (SSVF) program. The report describes the SSVF program and provides an overview of FY 2020 grantees (funds awarded through the FY 2019 Notice of Funding Availability (NOFA)) and their activities. The main focus of the report, however, is on the Veterans, and their families, who were assisted by SSVF programs. The report describes SSVF's pandemic response, the demographics of SSVF program participants, their living situations prior to participation in SSVF, and their housing outcomes and connections to resources and mainstream benefits at exit, in order to support continued stability.

This section provides an overview of the SSVF program model, its participant eligibility, services, role in housing stabilization, and its role and scale in the US Veteran homeless response and prevention system over time.



1.1 SSVF Overview

SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. SSVF helps stabilize Veteran families, once their crisis is resolved, with short-term financial assistance, case management, and linkages to the U.S. Department of Veteran Affairs (VA), employment resources, community-based services, and housing assistance. SSVF success is dependent on the use of a Veteran-centered, equity-led, Housing First approach. This proven model focuses on helping individuals and families access and sustain permanent rental housing as quickly as possible and without precondition, while facilitating access to needed health care, employment, legal services, and other supports to sustain permanent housing and improve their quality of life. This broad range of services are offered both to address barriers to housing placement and to sustain Veteran families in housing once the presenting housing crisis has been addressed.

SSVF is different from some other VA programs in that it provides services to the entire family, not just the Veteran. Eligible program participants may be single Veterans or families in which the head of household, or the spouse of the head of household, is a Veteran. This capability allows SSVF to provide assistance to family members that can aid the Veteran's entire household. For instance, SSVF can help a Veteran's disabled partner gain employment and/or benefits, bringing additional income into the household. Similarly, children can be linked to needed childcare services that allow parents to seek and keep employment. Such assistance to family members can be vital in resolving a Veteran's housing crisis, helping keep families intact, and preventing the traumatization and long-term consequences associated with youth homelessness.

While SSVF was initially designed to address Veteran households' housing crises, the program has adapted to aiding these households in the aftermath of weather disasters, such as Hurricanes Harvey and Irma, and throughout the COVID-19 pandemic. The COVID-19 Response and the SSVF Program Implementation and Technical Assistance sections (Sections 2 and 6) of this report detail SSVF's programmatic adaptations taken. Those adaptations helped SSVF grantees to remain effective service providers while maintaining SSVF's housing focus throughout the pandemic.

1.1.1 Eligibility

To be eligible for SSVF, Veteran families must have low incomes and be either homeless or imminently at-risk of homelessness. Additionally, SSVF prioritizes assistance for certain target populations. For grants awarded in FY 2020, these priorities were the following:

- Veteran families earning less than 30 percent of Area Median Income (AMI)
- Veterans with at least one dependent family member
- Veterans returning from Iraq and Afghanistan

SECTION 1: Introduction

- Veteran families located in a community not currently served by an SSVF grantee¹²
- Veteran families located in a community where the current level of SSVF services is not sufficient to meet demand of currently homeless Veteran families¹³
- Veteran families located in rural areas or on Indian tribal property

SSVF grantees assist participants by providing a range of supportive services designed to resolve the immediate housing crisis and promote housing stability. Grantees are required to provide the following supportive services to Veteran families:

- Outreach services
- Case management services
- Health care navigation
- Assistance in obtaining VA benefits: assistance in obtaining any benefits from the Department of Veterans Affairs that the Veteran may be eligible to receive, including, but not limited to, vocational and rehabilitation counseling, employment and training service, educational assistance, and health care services
- Assistance in obtaining and coordinating the provision of other public benefits available in the grantee's area or community, including
 - Health care services (including obtaining health insurance)
 - Daily living services
 - Personal financial planning
 - Transportation services
 - Income-support services
 - Fiduciary and representative payee services
 - Legal services to assist the Veteran family with issues that interfere with the family's ability to obtain or retain housing or supportive services
 - Childcare
 - Housing counseling
 - Other services necessary for maintaining independent living

1.1.2 Housing Stabilization

In addition to the required supportive services, SSVF emphasizes housing stabilization and helping participants develop a plan for preventing future housing instability. Grantees may also

¹² This priority defines *community* using the Continuum of Care geography, as established by the U.S. Department of Housing and Urban Development (HUD).

¹³ As defined by HUD's Continuum of Care (CoC) Program, at a Category 2 and 3 level.

SECTION 1: Introduction

assist participants by providing temporary financial assistance (TFA), including rental assistance, security or utility deposits, moving costs, or emergency supplies. TFA is paid directly to a third party on behalf of a participant for rental assistance, utility fee payment assistance, security or utility deposits, moving costs, childcare, transportation, emergency supplies, emergency housing, and general housing assistance, as necessary and within program limits. All grantees have incorporated TFA into their available services.

1.2 Impact on National Trends

On a single night in January 2020, U.S. Department of Housing and Urban Development (HUD) counted 37,252 homeless Veterans in the United States, a decrease of nearly half (49 percent) since 2010.¹⁴ Between October 1, 2017, and September 30, 2018, HUD estimated that 1 out of every 200 Veterans nationwide (an estimated 105,820 Veterans) stayed in an emergency shelter or a transitional housing program—a 29 percent (-43,815 Veterans) decrease since 2009.¹⁵

SSVF has been a critical resource for helping to re-tool local homelessness crisis response systems to better meet the needs of Veterans in crisis. Following evidence-based practices, SSVF assistance is focused on needs related to ending a Veteran family's homelessness or preventing it when a Veteran family is at imminent risk of becoming homeless. SSVF grantees employ Housing First approaches to efficiently resolve housing crises, and they are expected to actively participate in local coordinated entry systems established by Continuums of Care (CoCs). The U.S. Interagency Council on Homelessness (USICH) states:

*Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.*¹⁶

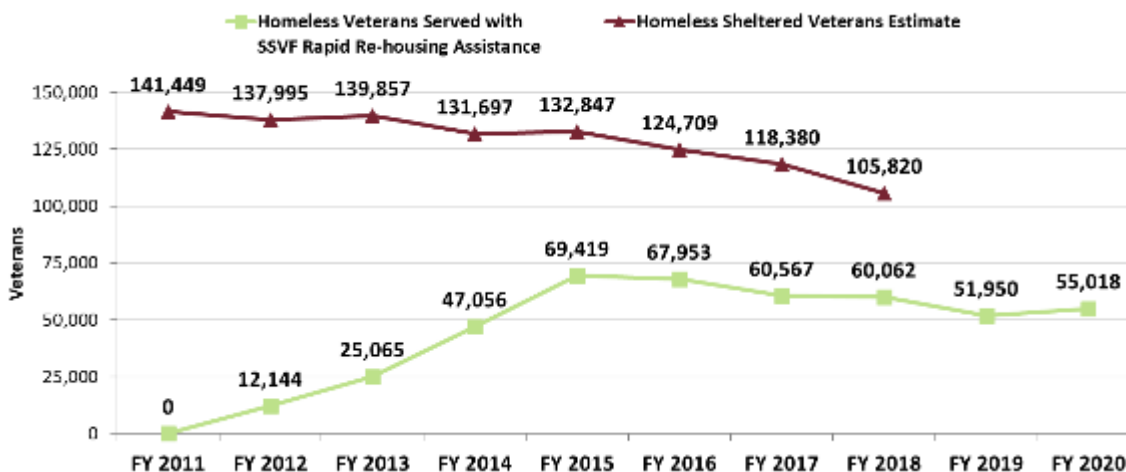
¹⁴ U.S. Department of Housing and Urban Development, *2020 Annual Homeless Assessment Report to Congress*, Part 1.

¹⁵ U.S. Department of Housing and Urban Development, *2018 Annual Homeless Assessment Report to Congress*, Part 2.

¹⁶ U.S. Interagency Council on Homelessness, *Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation*, September 2016. Washington, DC.

SECTION 1: Introduction

Exhibit 1.1: SSVF Rapid Re-housing and Annual Homeless Sheltered Veterans (FYs 2011-2020)¹⁷



NOTE: AHAR Part 2 estimates include only sheltered homeless Veterans being served in projects entering data into HMIS.

SOURCES: SSVF-HMIS Repository data; AHAR.

Since its inception in FY 2012, SSVF rapid re-housing assistance has grown to become a central part of the U.S. response to the needs of literally homeless Veterans. In FY 2012, roughly nine (9) percent of all sheltered homeless Veterans (12,144) received help from SSVF rapid re-housing to exit homelessness. This doubled in FY 2013 to 18 percent (25,065) and doubled again in FY 2014 to 36 percent (47,056).

Between FY 2015 and FY 2018, VA provided supplemental three-year funding awards for 67 high-priority (“Priority 1”) communities with high concentrations of homeless Veterans, with most awards concluding in FY 2017 and the remainder ending in FY 2018. This effort represented an unprecedented “surge” in SSVF resources to end Veteran homelessness in those communities. The total amount available for Priority 1 communities for the three-year period was \$289 million, in addition to base awards. Over the course of the Priority 1 community “surge” effort, the rough percentage of SSVF Veterans receiving RRH assistance compared to the sheltered homeless Veterans rate rose. That comparable rate fluctuated between 51 percent and 57 percent over the period. Overall, SSVF’s Priority 1 community “surge” effort period led to SSVF rapid re-housing services becoming an even larger part of the U.S. national response to Veteran homelessness.

In FY 2019, there was a 14 percent decrease in SSVF Veterans receiving rapid re-housing assistance as the first year of the post- Priority 1 community “surge” period. Still, more RRH

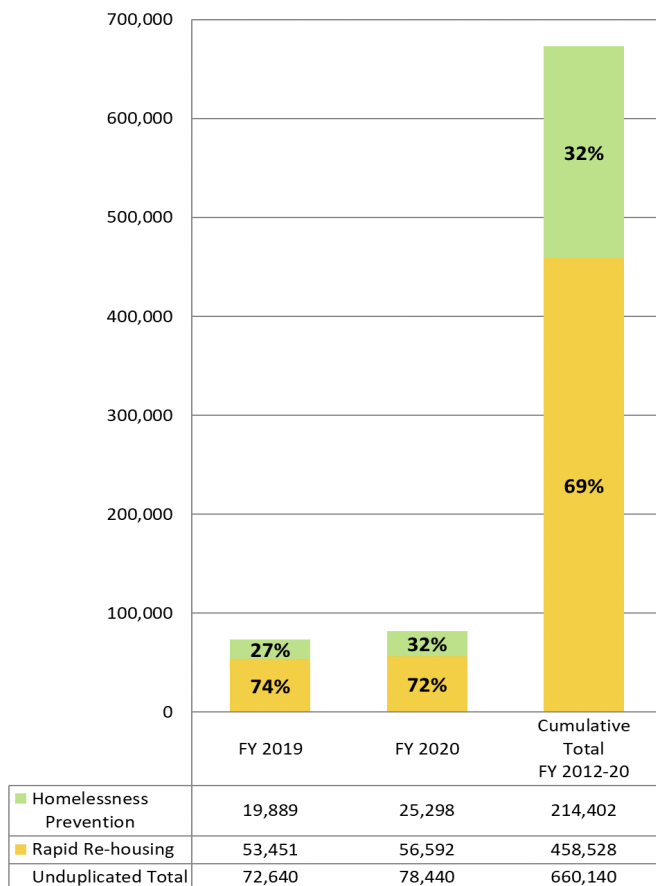
¹⁷ AHAR Part 2 national sheltered annual data was only available through FY 2018 at the time of this report’s publication. That report’s release was delayed due to a switch in data collection systems. The next AHAR Part 2 report will publish both FY 2019 and FY 2020 data. It will be released during calendar year 2022.

SECTION 1: Introduction

Veterans were served in FY 2019 than during any of the pre-surge years; most likely due to the rapid COVID-19 response of SSVF programs for Veterans. Roughly 49 percent of the national sheltered homeless Veterans’ total received rapid re-housing assistance, assuming that the FY 2018 Veterans’ shelter total remained steady in FY 2019.

In FY 2020, the COVID-19 pandemic struck in the second half of the year. SSVF grantees responded by significantly increasing the enrollment of Veterans starting in May 2020 and maintaining higher enrollment rates throughout the rest of the year. By the end of FY 2020, 3,068 more Veterans received SSVF RRH assistance than the prior year. Further, while the number of Veterans served increased, so did grantee caseloads, as the protection of Veterans’ health and safety was prioritized over move-in activities and the time limits on how long Veterans could receive rapid re-housing assistance were lifted. More information on SSVF caseload increases is provided in the COVID-19 Response section of this report (Section 2).

Exhibit 1.2: SSVF Households Served, by Housing Assistance Type (FYs 2012-2020)



NOTE: Across SSVF program years, it is not currently possible to un-duplicate service data. The “cumulative total” represents the sum of the Veterans served each program year.

SOURCE: SSVF-HMIS Repository data.

SECTION 1: Introduction

SSVF assisted 78,440 Veteran households consisting of more than 114,000 people in its ninth year of program operations. In FY 2020, there were increases in the numbers of households (+8 percent), total persons (+8 percent), and Veterans (+11 percent) served by SSVF compared to FY 2019.

The increase in households, total persons, and Veterans served over the last year was primarily due to SSVF's response to the COVID-19 pandemic, as there were significant increases in those served from May through the end of the fiscal year. As there were no COVID-19 vaccines available during this time, it was especially critical for SSVF to 1) enroll vulnerable, unsheltered Veterans and provide first for their safety through Emergency Housing Assistance and then rapid re-housing with a flexible length of stay and 2) to stabilize at-risk Veterans in housing crises.

In FY 2020, grantees provided rapid re-housing services to 56,592 homeless Veteran households comprising 72,873 persons through their partnerships with emergency shelters, transitional housing programs, street outreach, and other homeless assistance providers, as well as VA homeless services such as the Grant and Per Diem (GPD) and Health Care for Homeless Veterans (HCHV) programs. Grantees provided homelessness prevention assistance to 25,298 Veteran households consisting of 43,064 persons. A small number of households (3,450) received both types of assistance.

Over the last nine years, cumulatively, SSVF grantees assisted 660,140 households, consisting of 1,020,730 people. Sixty-nine (69) percent of SSVF households received rapid re-housing assistance over the nine years, whereas 32 percent received homelessness prevention assistance. One (1) percent of households received both assistance types.¹⁸

At the household level, SSVF has seen a modest shift in its resources from homelessness prevention to rapid re-housing over the last two years. FY 2020 saw 72 percent of households receive rapid re-housing assistance, close to the highest level since the program's inception, and a +7 percent change since the program's inception in FY 2012.

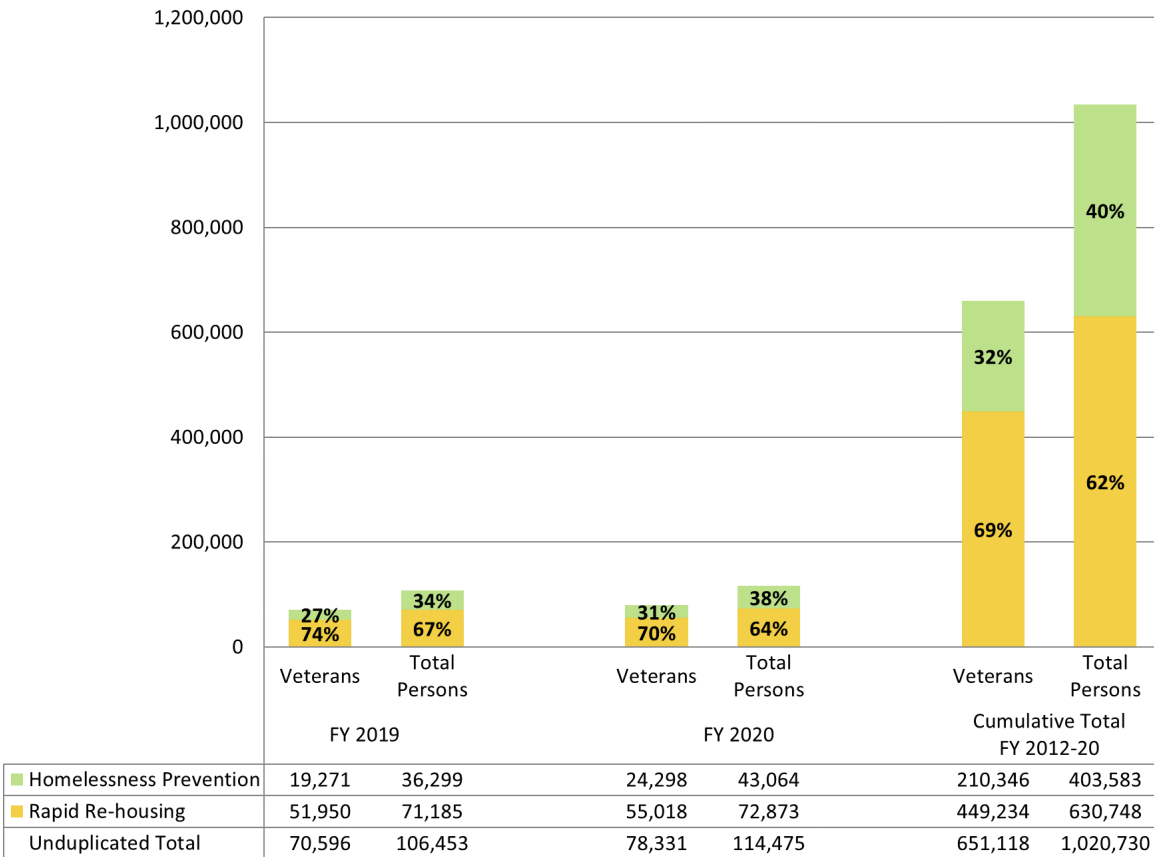
About one in three (32 percent) FY 2020 SSVF households received homelessness prevention assistance, an increase from 27 percent in FY 2019. Four (4) percent of FY 2020 households received both rapid re-housing and homelessness prevention assistance, which was similar to previous SSVF program years.

Households served with homelessness prevention assistance were more likely to have children and a higher proportion of single Veterans were assisted with rapid re-housing; therefore, a lower percentage of persons received rapid re-housing compared with total households. The average Veteran household size has remained consistent across all nine program years, ranging between 1.5 and 1.7 persons per household.

¹⁸ The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household. SSVF regulations published on February 24, 2015, expanded the resources available to such non-Veteran households in the event of separation when it is the result of domestic violence.

SECTION 1: Introduction

Exhibit 1.3: SSVF Veterans and Total Persons Served, by Housing Assistance Type (FYs 2012-2020)



NOTES: Within each program year, rapid re-housing and homelessness prevention data are unduplicated. Only a small percentage of persons, Veterans, and households received both types of housing assistance. Across program years, it is not currently possible to un-duplicate service data.

SOURCE: SSVF-HMIS Repository data.

SSVF has played a growing role in preventing and ending Veteran homelessness. As shown in Exhibit 1.3, more than 1 million persons (1,020,730 persons) in Veteran households, including 651,118 Veterans, were cumulatively served by SSVF since its inception in FY 2012.

Of the Veterans served in FY 2020, 70 percent (or 55,018) were literally homeless at entry into SSVF and received rapid re-housing assistance; the remaining 31 percent of Veterans (or 24,298 Veterans) were imminently at-risk of literal homelessness at program entry and received homelessness prevention assistance. Just one (1) percent of Veterans (or 985 Veterans) received both rapid re-housing and homelessness prevention assistance during FY 2020.

Section 2:

COVID-19 Response

This section provides an overview of SSVF's COVID-19 response after the release of SSVF's first memo addressing the crisis was issued on March 13, 2020. In this memo, SSVF directed grantees to place vulnerable homeless Veterans in hotel and motels to reduce risks of transmission associated with temporary congregate living environments, encampments, and other unsheltered conditions. SSVF's response is the first known federal response to address the increased dangers faced by literally homeless persons. This section includes demographic and health data for Veterans served by SSVF that highlight their vulnerability to serious illness and death from COVID-19; programmatic measures to address Veteran's shelter and housing needs during the pandemic; integration of a diversity, equity, and inclusion focus into pandemic response efforts; and HUD-VASH coordination.



SECTION 2: COVID-19 Response

2.1 The Need for an SSVF COVID-19 Response

For people experiencing homelessness or at literal risk of homelessness, the COVID-19 pandemic exacerbated their health and safety risks, while complicating their path towards housing stability. Communities had to rethink their prioritization and care coordination systems for the unhoused, including decompressing congregate shelter sites, obtaining new non-congregate shelter and housing locations, prioritizing those with the highest COVID-19 health vulnerability for shelter and housing, rolling out new and expanded grants, and adding new flexibilities to homeless program implementation, service types, service modalities, and compliance.

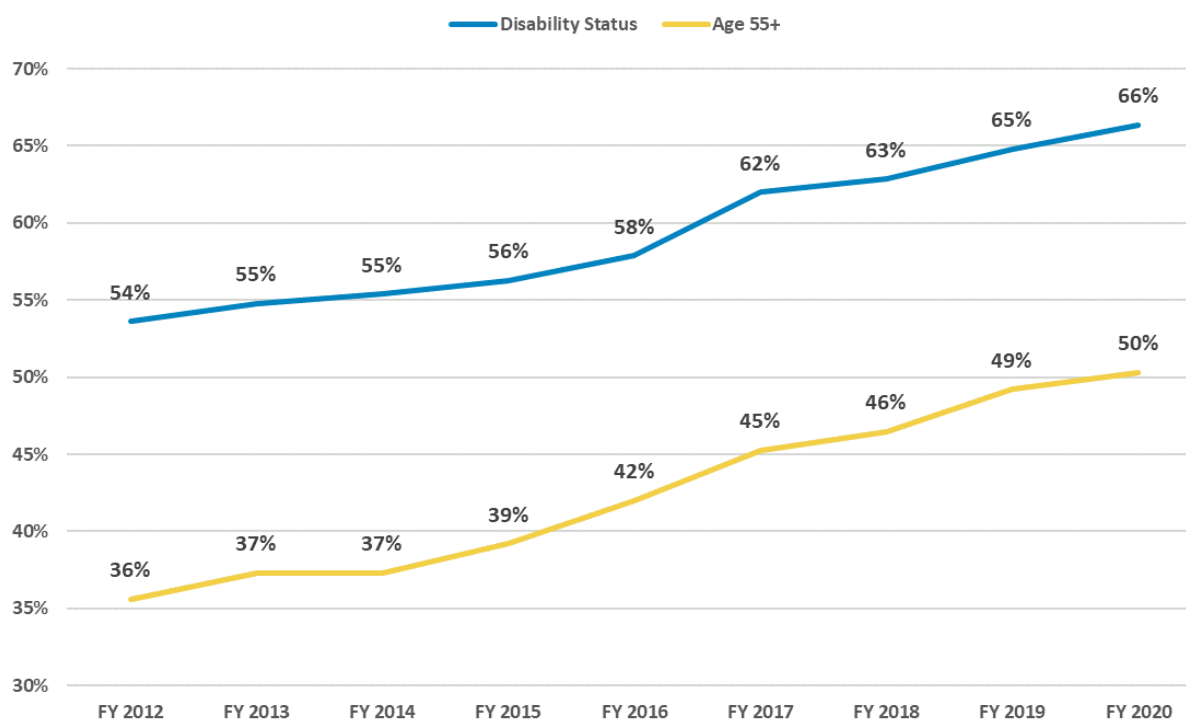
In response to COVID-19, SSVF took swift action to ensure the safety of all Veteran households, e.g., the initiation of health care navigation assistance. For Veteran households experiencing homelessness, SSVF expanded the program to encompass a significant emergency response by providing immediate shelter and assistance with basic needs, while also continuing the program's housing focus with expanded efforts for Veterans connected to HUD-VASH and extended housing assistance for Veterans in rapid re-housing and homeless prevention. All of these activities were supported through more than \$601 million in new FY 2020 funding from the CARES Act and waivers of SSVF regulations under the authority of the Stafford Act Emergency Declaration for COVID-19. As a result of the public health emergency, and the increased funding and policy changes, in the second half of the FY 2020 grant period grantees served more Veterans and family members, in new and expanded ways, and assisted them for longer periods of time.

2.2 Veteran Demographic and Health Data

Veterans experiencing homelessness have been growing proportionately older with more disabilities. Every year since the inception of SSVF, Veterans entering the program are older and have higher prevalence rates of disabling conditions (Exhibit 2.1) than the year before. Of particular note is the spike in reported disabling conditions that appear to be associated with the COVID-19 health emergency in major depressive disorders (35 percent prevalence at exit in FY 2019, increased to 56 percent in FY 2020), substance use disorders (increasing from 46 percent to 59 percent), and cardiovascular disease (increasing from 50 percent to 61 percent). These Veterans were particularly vulnerable to serious illness or death according to the CDC guidance.

SECTION 2: COVID-19 Response

Exhibit 2.1: SSVF Veterans Age and Disability Trends, FY 2012-2020



SOURCE: SSVF-HMIS Repository data.

Between SSVF’s inception in FY 2012 and FY 2020, the percentage of Veterans served above the age of 55 went from 36 percent to 50 percent. The rise in older Veterans served mirrors the growing population of older persons experiencing homelessness.¹⁹

Similarly, the percentage of Veterans with a disability went from 50 percent in FY 2015 to 66 percent in FY 2020. The rise in Veterans with disabilities served by SSVF could be due to a number of factors, including the aging of Veterans served by SSVF. SSVF grantees also continue to improve coordination efforts with HUD-VASH, which requires a disability for eligibility, possibly leading to more Veterans being dually enrolled in SSVF and HUD-VASH and increasing the number of disabled Veterans served in SSVF.²⁰

¹⁹ HUD’s AHAR 2018, Part 2.

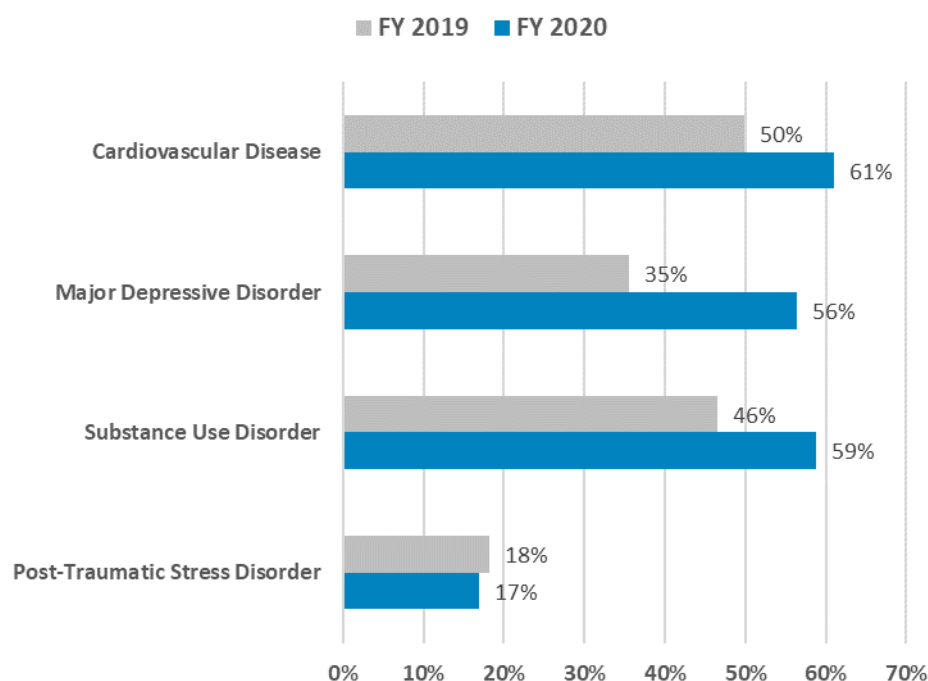
²¹ This EHA hotel/motel placement data was tracked through September 28, 2020 – two days short of the fiscal year’s end.

SECTION 2: COVID-19 Response

2.2.1 Changes in Veterans Served During COVID-19

In addition to the factors noted above leading to increases in Veterans with disabilities being served, part of SSVF's COVID-19 response was for grantees to seek out the enrollment of Veterans with disabilities and high risk of vulnerability to the virus. Those factors resulted in a spike in SSVF Veterans served with three particular health disorders: cardiovascular disease, substance use disorder, and major depressive disorder. Noticeably, there also was a slight decrease in the number of Veterans served with Post-Traumatic Stress Disorder (PTSD), decreasing from 18 percent in FY 2019 to 17 percent in FY 2020.

Exhibit 2.2: SSVF Veterans' Major Health Issues, FY 2019-2020



SOURCE: Veterans Health Administration Support Service Center.

As shown in the above exhibit, SSVF saw significant increases in the numbers of Veterans served with these particular health disorders. SSVF grantees saw a 12 percent jump in the number of Veterans served with cardiovascular disease, from 49 percent to 61 percent, and a 13 percent increase in the number of Veterans served with Substance Use Disorder, from 46 percent in FY 2019 to 59 percent in FY 2020. The most significant rise was found in the number of Veterans served with Major Depressive Disorder, which spiked over 20 percent from 35 percent in FY 2019 to 56 percent in FY 2020. While it is not definitive that the increase was directly due to the COVID-19 pandemic and the mental health challenges it exacerbated amongst all

SECTION 2: COVID-19 Response

populations, future SSVF annual reports will revisit this issue to assess whether these major health changes among SSVF Veterans continue on after FY 2020.

2.3 SSVF Measures to Address the COVID-19 Crisis for Veterans

As the COVID-19 pandemic spread throughout the United States in early 2020, SSVF grantees continued to work with Veterans to obtain and secure permanent housing, despite worsening community health conditions. To aid in this effort, SSVF received \$601 million in FY 2020 through the CARES Act (enacted March 27, 2020). The application of the Stafford Act allowed SSVF to waive many of the program's regulatory limits to better serve Veterans during the public health crisis. The Stafford Act, along with program-specific policy changes, enabled the following adaptations:

- 45-day limit for families in emergency housing suspended
- 72-hour limit for individuals in emergency housing suspended
- Limits on the number of months for rental and utility assistance suspended
- Stage 2 Homeless Prevention Screener no longer required
- 40 percent maximum spending on homelessness prevention waived
- 50 percent maximum budget for Temporary Financial Assistance (TFA) removed
- No limit on food assistance

Other allowed flexibilities included:

- Alternate forms of consent, including verbal, became acceptable
- Self-certifications became allowable when necessary
- Eviction moratoriums did not preclude Homelessness Prevention assistance
- Disposable cell phones for Veterans (when Lifeline phones are unavailable) became allowable
- Stimulus and pandemic unemployment payments did not count towards SSVF Area Median Income (AMI) eligibility limits

One of the most significant flexibilities provided to SSVF grantees under the Stafford Act was the elimination of limits on emergency housing through SSVF. SSVF grantees were encouraged to quickly begin placing Veterans in non-congregate emergency shelter, often in hotels and motels when no other safe options were available, to reduce possible risk of COVID-19 exposure.

The ramp-up of emergency housing assistance (EHA) was necessary to maintain the safety of Veterans experiencing homelessness, especially those residing in unsheltered or temporary communal shelter situations with higher risks of exposure to COVID-19. Unsheltered Veterans

SECTION 2: COVID-19 Response

and asymptomatic Veterans in need of quarantine were initially given priority for EHA assistance if they did not have safe alternative shelter options; high-risk Veterans (Veterans over the age of 60 or Veterans with significant underlying health conditions) who would otherwise be placed in congregate living environments were also given priority for EHA assistance.

SSVF grantees actively engaged with VA Medical Centers and other community-based health care providers to provide appropriate medical supports for those receiving EHA. Protocols were developed to ensure smooth coordination between SSVF grantees and other Veteran serving agencies-VA Medical Centers, Grant Per Diem (GPD) programs, and others.

Most EHA was provided through local hotels and motels. SSVF grantees worked with local and national hotel/motel chains to place Veterans in rooms. Grantees then worked closely with the hotels to coordinate check-in and check-out processes, designate smoking areas, arrange meals, set up on-site space for case managers to provide supports, and establish protocols to ensure the safety of hotel staff, clients, and SSVF program staff. The hotel rooms allowed Veterans to temporarily receive shelter while working with SSVF case managers on resolving their housing crisis and finding permanent housing.

While SSVF grantees have had the ability to place Veterans in hotels on a very limited basis in the past, primarily to ensure that families could be kept together (VA temporary housing programs generally only serve Veterans and many shelters cannot house mixed genders or children), this pivot to significant hotel usage with EHA was a considerable change for most SSVF grantees. Many found creative solutions to novel issues associated with providing emergency housing to large numbers of Veterans. Some of these solutions included partnering with a local museum for art supplies for activities, coordinating with local public health departments and VA medical center staff for care at the hotels, and collaborating with local restaurants, food banks, and food delivery services for motel meal deliveries. This creative problem solving by SSVF grantees helped to limit the need for Veterans to leave the hotel/motel, furthering their risk of exposure to COVID-19 and minimized community spread.

Although a significant percentage of SSVF funds and energies were directed to supporting Veterans in EHA, Veterans were still provided supportive services, Temporary Financial Assistance (TFA), and General Housing Stability funds to either find or maintain housing and to help provide for activities that support housing stability. The Stafford Act and other SSVF policy flexibilities described above allowed grantees to spend a greater portion of their budget on TFA and to spend more TFA on homelessness prevention activities. SSVF grantees also used these flexibilities to continue rental assistance for Veterans in rapid re-housing who might have otherwise been exited from the program because they had received the maximum amount of rental assistance during FY 2020 and to meet the ongoing needs of Veterans who were being sheltered in hotels or housed with more limited means of gaining employment and paying for household needs such as cleaning supplies or diapers.

SECTION 2: COVID-19 Response

As mentioned above, Stafford Act and policy flexibilities also allowed SSVF grantees to directly address homelessness prevention, even during the enactment of local, State, and Federal eviction moratoriums. As the extent of the pandemic became evident, many states and localities implemented eviction moratoriums, culminating in the Federal eviction moratorium issued by the Centers for Disease Control in September 2020. These eviction moratoriums had varying standards, but most paused all evictions for non-payment of rent. SSVF grantees worked diligently with local officials, eviction courts, and local organizations to outreach to Veterans who might meet SSVF eligibility and required help paying rental arrears, even if they had previously met their TFA limits. Many SSVF grantees contacted previous SSVF participants to see if they qualified for SSVF assistance, preempting many from having to seek out SSVF themselves. SSVF also modified its documentation requirements to not require an official eviction notice, but instead require a “rent past due” notice. With the budget limit on homelessness prevention funding lifted, SSVF grantees were given the flexibility to meet the current housing crisis head on and help Veterans stay in their homes.

In addition to the rapid expansion of emergency housing and an increased focus on securing and maintaining housing for Veterans, many communities and grantees increased their focus on diverting people from homelessness through approaches like Rapid Resolution to reduce both the demand for shelter and the number of people experiencing sheltered and unsheltered homelessness. Grantees were able to leverage family and social supports to keep Veterans out of immediate homelessness to mitigate against the threat of COVID-19 for this highly vulnerable population. The skill sets necessary to carry out effective Rapid Resolution interventions have also been critical to engaging Veterans in non-congregate shelter throughout the pandemic. As eviction moratoriums expire, and more households are at risk of losing their housing, Rapid Resolution will become a more essential strategy for preventing homelessness while conserving deeper financial assistance packages for those Veterans who have no alternative pathways out of homelessness to permanent housing.

To ensure that Veterans had the appropriate level of health care coordination assistance needed – while receiving EHA, temporary or more permanent housing arrangements, SSVF also began the implementation of its health care navigation service. This service expanded nationwide in FY 2021. The Health Care Navigator (HCN) role was funded through the CARES Act. It provided Veterans with supports for accessing care, decreasing barriers to health care, and health-related coordination and education. Additionally, the HCN role was positioned to be the critical link with VAMC for care coordination and for COVID-19 testing and vaccines with local public health departments and Continuums of Care.

2.3.1 Integration of Diversity, Equity, and Inclusion

The COVID-19 pandemic impacted all Veterans. For Veterans who identified as Black, Indigenous or People of Color (BIPOC), the pandemic worsened already existing systemic disparities. To ensure that existing disparities were not exacerbated and were in fact actively addressed, SSVF grantees were asked to review program practices and outcomes with the goal to

SECTION 2: COVID-19 Response

identify and address disparities by race/ethnicity, gender, ability, family size, and other intersectional characteristics. To support SSVF grantees in this important work, SSVF presented sessions on equity, providing information on structural and systemic racism and its direct relationship to the disparities seen in housing and homelessness. This year, SSVF has committed to ensuring that equity was a part of every conversation the program had, be it regarding coordination, outcomes, healthcare, or housing options.

2.3.2 HUD-VASH Coordination

In an effort to improve the experience of Veterans seeking assistance and housing outcomes, SSVF spent much of FY 2020 focused on improving coordination between SSVF grantees and the HUD-VASH program. With the pandemic resulting in substantial number of Veterans receiving EHA in hotels or motels, many SSVF grantees increased their outreach to Veterans who were eligible for both SSVF and HUD-VASH. SSVF was able to temporarily shelter these Veterans while they worked with HUD-VASH case management to determine eligibility and wait for an available voucher and unit, especially in cases where a public housing authority suspended operations due to COVID. SSVF TA staff facilitated a four-session Community of Practice (CoP) where SSVF grantees came together with local HUD-VASH staff to discuss how to improve coordination and the experience of Veterans seeking permanent housing while breaking down barriers to quickly and effectively house and provide services to all Veterans equitably.

2.4 SSVF COVID-19 Response Results

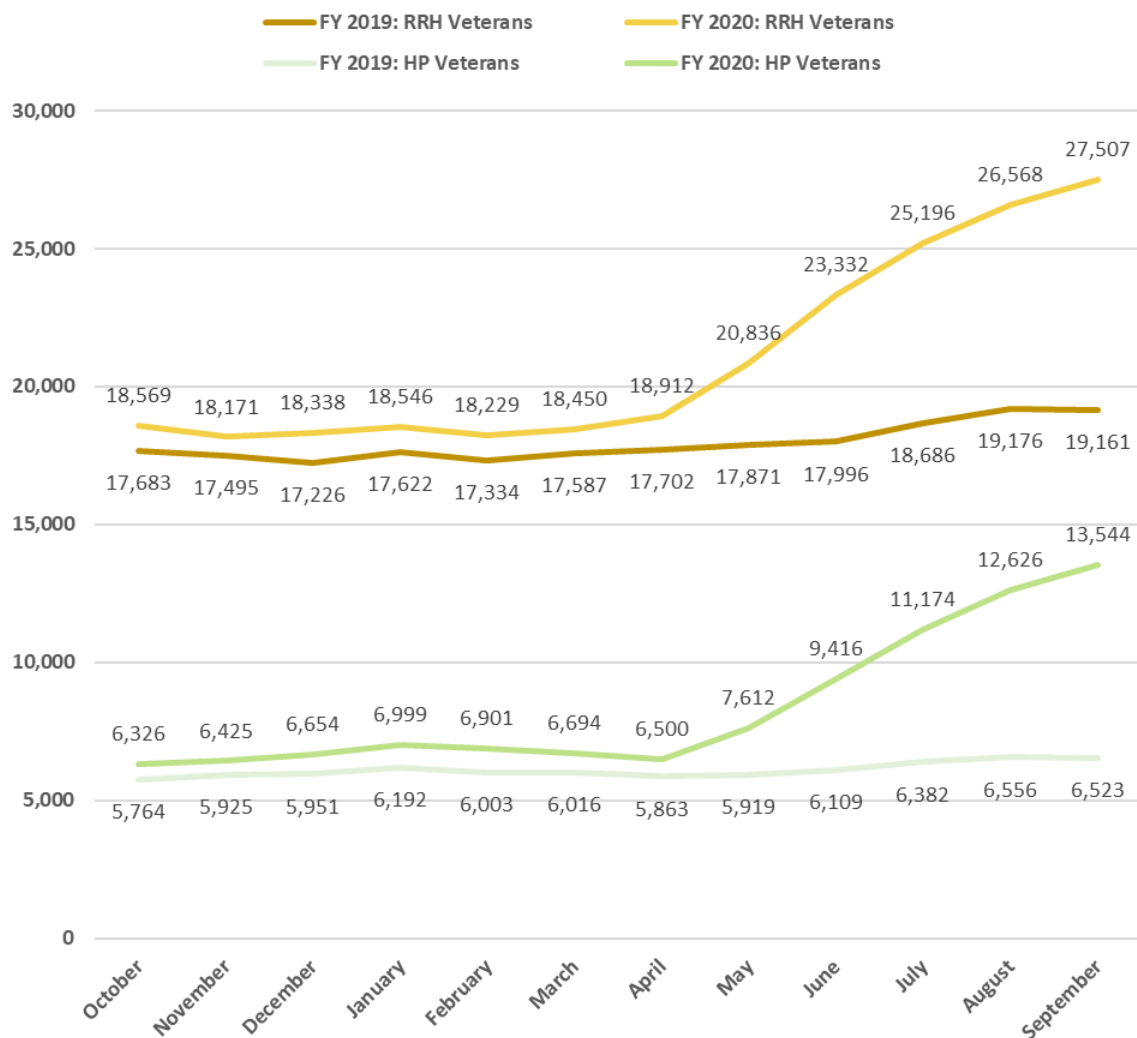
The Stafford Act allowed SSVF grantees to provide homelessness prevention services to more Veterans. The flexibilities around rental assistance allowed SSVF grantees to continue serving Veterans who would have otherwise maxed out of their TFA rental assistance time limit. This led to increased numbers of Veterans being served and Veterans being served for longer amounts of time.

2.4.1 SSVF Caseload Changes

The increase in numbers of Veterans served led to an increase in caseloads for case managers, though many Veterans who continued with rental assistance past the usual program time limits only required generally light-touch case management. Removing the limit on how many months of rental assistance a Veteran could receive helped Veterans housed through SSVF remain stable in their housing despite a difficult employment market and continued health concerns due to the COVID-19 pandemic.

SECTION 2: COVID-19 Response

Exhibit 2.3: SSVF Veteran Monthly Caseload Changes due to COVID-19, FY 2019-2020



As shown in Exhibit 2.2, SSVF Veteran monthly caseloads spiked in FY 2020 starting in May 2020, reflecting the rapid growth of the COVID-19 pandemic. Before the pandemic, from October 2019 through April 2020, national RRH Veteran monthly caseloads ranged between 18,171 and 18,912, averaging nearly 1,000 (938) Veterans more per month than FY 2019. After SSVF’s COVID-19 response began, RRH caseloads increased from May through September 2020 about 6,000 (6,110) Veterans more than FY 2019 levels. By September 2020, 27,507 RRH Veterans were being actively served by SSVF, a 44 percent higher RRH caseload than September 2019.

Similarly, SSVF HP Veteran monthly caseloads increased substantially starting in May 2020. Between October 2019 and April 2020, HP Veteran monthly caseloads ranged between 6,326

SECTION 2: COVID-19 Response

and 6,999, averaging nearly 700 (684) Veterans more per month than FY 2019. In the subsequent period, average HP Veteran monthly caseloads rose an average of 4,577 above FY 2019 levels for that same period. By September 2020, 13,544 HP Veterans were being actively served by SSVF – a 108 percent higher HP caseload than September 2019.

These caseload increases largely stemmed from the longer lengths of stay consistent with the broader needs SSVF were addressing, such as emergency housing in hotels and motels, and placement barriers caused by COVID. Access to apartments became challenging when landlords would not meet in-person, public transportation was disrupted, and public housing authorities either shut down or curtailed operations.

For HP and RRH Veterans, these caseload increases stemmed from increases in Veterans entering SSVF between May through September 2020, and increased lengths of stay in the program.

2.4.2 Emergency Housing Assistance

Increased lengths of stay and caseloads were connected to the rise of Veteran EHA hotel and motel placements, during COVID-19's first months, which were needed to protect the health and safety of those Veterans and their family members.

SECTION 2: COVID-19 Response

Exhibit 2.4: SSVF Emergency Housing Assistance Household Placements, FY 2020²¹

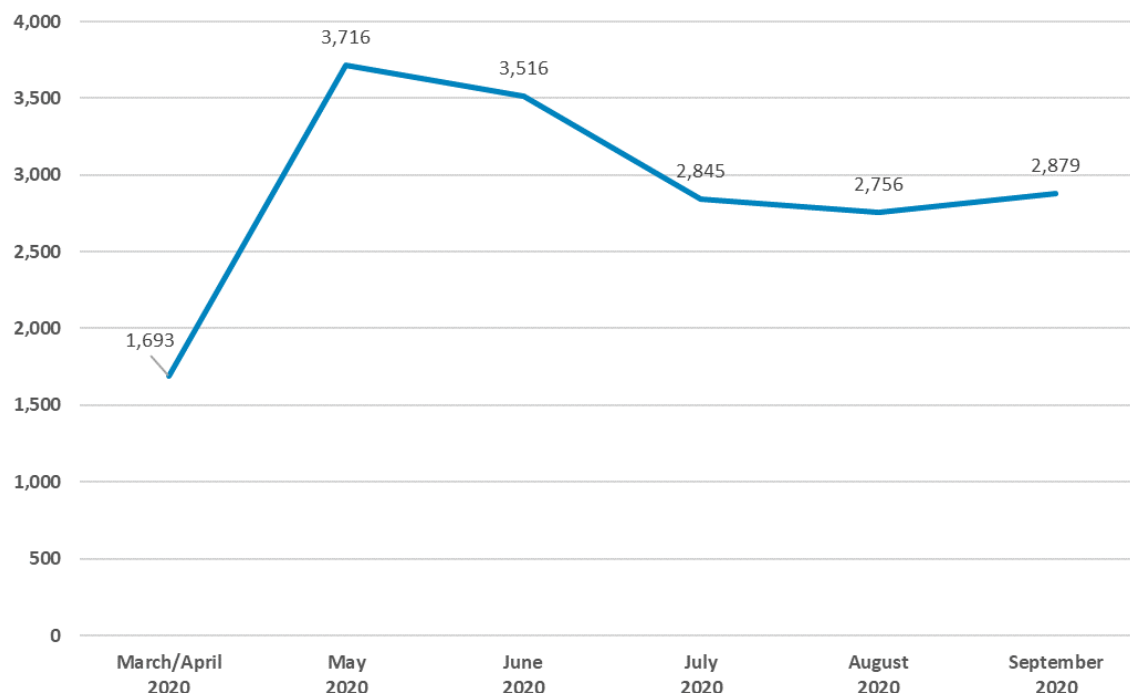


Exhibit 2.4 illustrates SSVF’s quick ramp up in Veteran household hotel and motel placements. By the end of April 2020, 1,693 Veteran households had been protectively placed in hotels or motels. During May and June, more than 3,500 Veteran households were being placed in hotels or motels each month. During each remaining month of the fiscal year, July through September 2020, about 2,800 Veteran households were placed into hotels or motels with EHA.

Overall, between March and September 2020, an estimated 17,405 Veterans had stays in hotels or motels funded by EHA.

That increase in EHA hotel and motel placements during FY 2020 was reflected in major increases in EHA TFA usage. EHA TFA expenditures were 28 times higher in FY 2020 than the prior year. On a percentage basis, EHA went from 3 percent of TFA spending in FY 2019 to 32 percent in FY 2020.

2.5 Next Steps for SSVF’s COVID-19 Response Effort

It is impossible to overstate the impact of COVID-19 on SSVF programs and Veterans. SSVF grantees engaged in extensive efforts in FY 2020 to ensure that Veterans were safely sheltered or

²¹ This EHA hotel/motel placement data was tracked through September 28, 2020 – two days short of the fiscal year’s end.

SECTION 2: COVID-19 Response

housed with the appropriate health care connections during a global pandemic. SSVF grantees went above and beyond to creatively and tirelessly house Veterans and save lives.

With the pandemic continuing, SSVF grantees will continue to be asked to step up and equitably serve all vulnerable Veterans in housing crises. To support grantees, SSVF will continue to provide extensive support through webinars and additional communities of practice, as well as regional calls and one-on-one technical assistance. SSVF Regional Coordinators and technical assistance staff will create and disseminate a Race Equity report to assist grantees with ensuring that the existing systemic and structural disparities, which have already been exacerbated by COVID-19, are appropriately understood, monitored, and addressed so that all Veterans are served equitably. Further, TA providers will work with grantees to ensure that efforts to move Veterans from EHA-funded hotels/motels to permanent housing are done in an equitable manner and that SSVF grantees have technical assistance support as they embark on equity, diversity, and inclusion (EDI) reviews of their programs. Lastly, SSVF staff will be checking in regularly with SSVF grantees to provide the supports needed and to share examples of emerging best practices as the pandemic persists and changes with the introduction of new variants.

Section 3:

SSVF Funding Overview

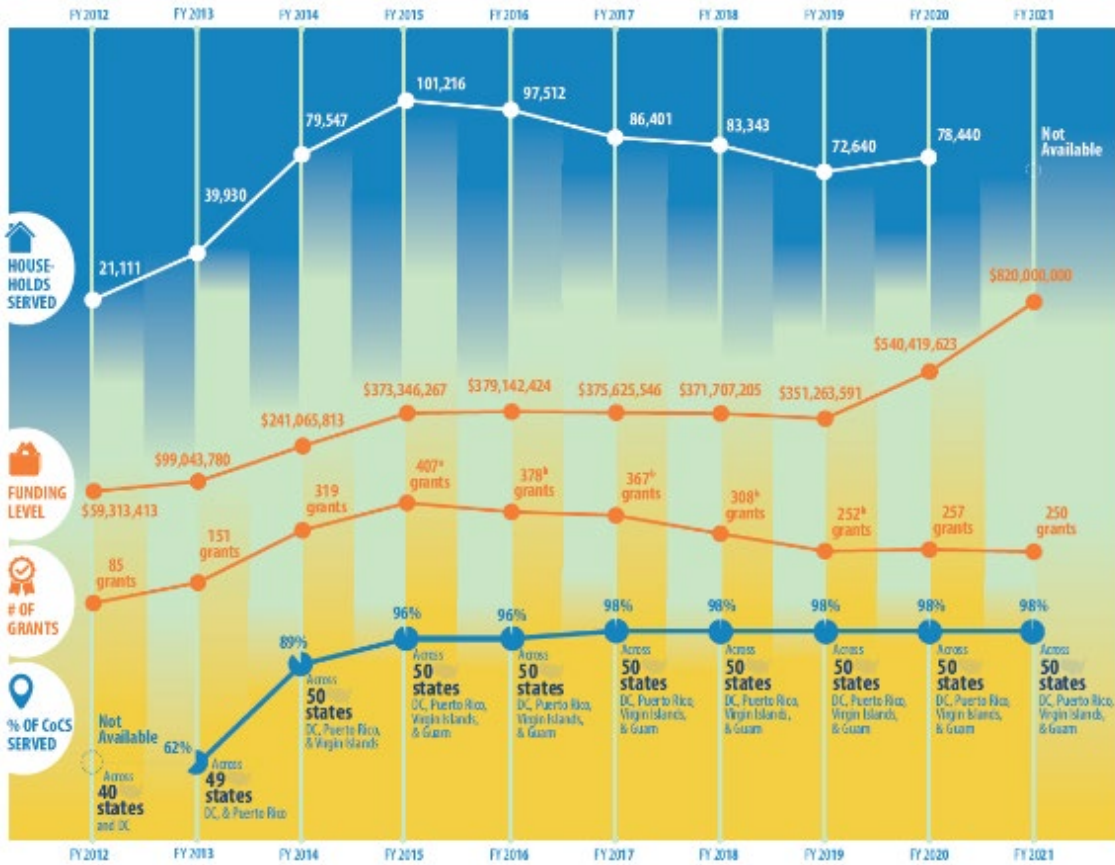
This section provides an overview of SSVF grant awards, expenditures, and assistance provided by grantees to serve Veterans and their families. The data provided in this section are aggregated from the FY 2020 quarterly financial and narrative reports submitted by grantees to VA.



Section 3: SSVF Funding Overview

3.1 SSVF Grant Funding

Exhibit 3.1: Growth in SSVF Geographic Coverage by Continuum of Care (FYs 2012-2021)²²



NOTES:

^a Funding for FY 2015 grantees was released in two phases. The first set of grantees began serving Veteran households on October 1, 2014, and consisted of 378 grantees, including surge funding for 56 of 78 high-priority communities. The second set of FY 2015 grantees started serving clients on April 1, 2015. That set included surge funding for 24 grantees in 15 high-priority communities.

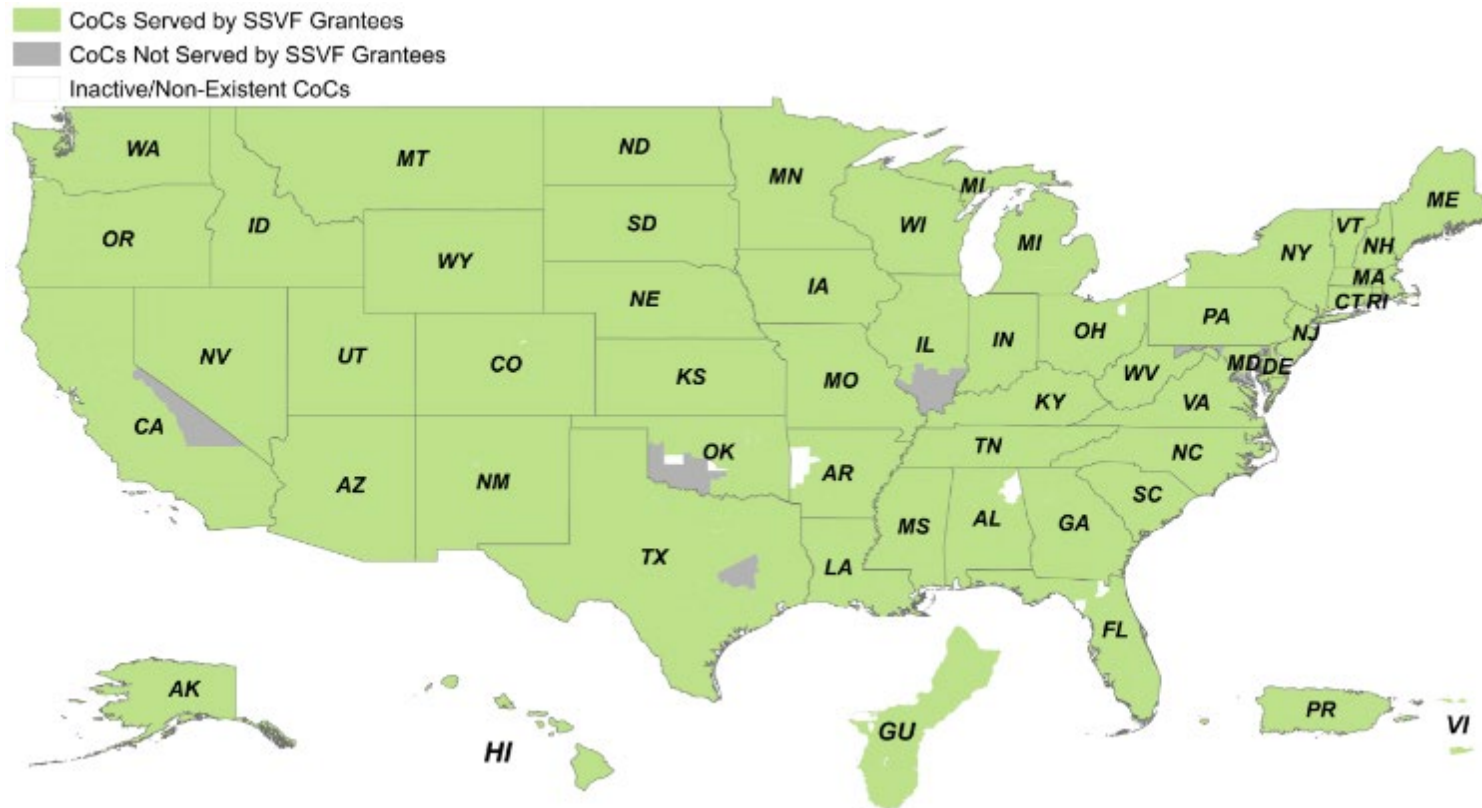
^b The reduction in SSVF grantees from FY 2015 through FY 2019 was primarily a result of contract consolidations. They did not result in scope or scale reductions of SSVF assistance to Veterans.

SOURCE: U.S. Department of Veterans Affairs.

²² Grantees received extensions for some of their grant awards.

Section 3: SSVF Funding Overview

Exhibit 3.2: Geographic Coverage of SSVF Grantees (FY 2020)



SOURCE: U.S. Department of Veterans Affairs.

In FY 2012, there were SSVF programs operating in 40 states and the District of Columbia.

Grantee coverage expanded to include all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam in FY 2015. That year also saw the launch of SSVF’s 67 high-priority (“Priority 1”) communities initiative, which “surged” efforts to end Veteran homelessness in communities with high concentrations of Veteran homelessness.

SECTION 3: SSVF Funding Overview

Since FY 2017, ninety-eight (98) percent of CoCs were served by at least one SSVF grantee. SSVF's sustained commitment to providing Veterans nation-wide access to its services was vital during the COVID-19 pandemic. It enabled SSVF grantees to be first responders to Veterans experiencing housing crises that were caused or exacerbated by the pandemic.

3.2 Financial Expenditures

SSVF financial expenditures rose to \$540 Million in FY 2020, a \$189 Million (or a 54 percent) increase over the prior year. Those grants funded 257 grantees that served 78,440 Veteran households.

The chief driver of SSVF expenditure increases in FY 2020 was the program's response to the COVID-19 pandemic. As detailed in [Section 2 of this report \("COVID-19 Response"\)](#), SSVF received \$601 million in FY 2020 through the CARES Act.

By the end of the fiscal year, SSVF grantees were able to expend \$114 Million (or 27 percent) more than their pre-pandemic budget estimate of \$426 Million. Significant increases in the numbers of Veterans served, extended lengths of participation time among stayers and exiters, and the removal of some of the limits on TFA usage (including EHA) were the main financial components of SSVF grantee COVID-19 response costs this year. Remaining CARES Act funds will continue to be utilized by grantees in FY 2021 to support and house Veterans and their family members impacted by the pandemic.

As a result of the Emergency Declaration under the Stafford Act and other program-specific policy changes, the SSVF Program Office enabled many COVID-19 programmatic adaptations to be made. Of these adaptations, those that bore significant financial costs included: spending limit changes, household and individual time limit suspensions, and emergency use of hotels/motels.

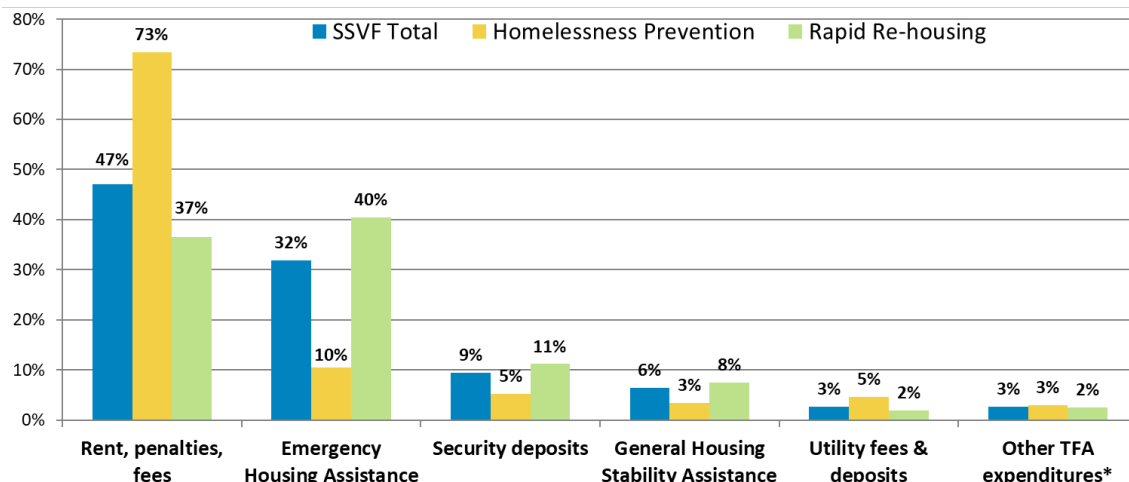
As SSVF spending priorities shifted to respond to COVID-19, so too did the balance of grantee spending. SSVF grantees actually spent the largest share of their award funds on TFA - rising from 34 percent in FY 2019 to 49 percent in FY 2020 - the second largest share was spent (43 percent) on staff and labor costs for case management, outreach, and program management. Just eight (8) percent of grantee expenditures were used for administrative costs.²³

²³ Due to limitations of data on program expenses, the information in this paragraph includes some FY 2021 grantee expenditure extension funds beyond the end of the FY 2020 program year, which ended on September 30, 2020.

SECTION 3: SSVF Funding Overview

3.3 Temporary Financial Assistance

Exhibit 3.3: TFA Expenditures, by Type (FY 2020)



* Other TFA expenditures include transportation, emergency housing assistance, moving costs, childcare, and other costs.

SOURCE: SSVF-financial reports.

SSVF's COVID-19 response had a major impact on the types of TFA utilized by grantees in FY 2020. The percentage of TFA spent on EHA increased the most, from 3 percent in FY 2019 to 32 percent in FY 2020 – a tenfold change. EHA TFA was used on an emergency basis to shelter Veterans safely and temporarily in hotels and motels, with regular time limits suspended, capacity limits raised, and other usage rules made more flexible. Those changes enabled SSVF grantees to protectively place 17,405 Veteran households into hotels or motels in FY 2020. Those placements were primarily for literally homeless Veterans. Forty (40) percent of rapid re-housing TFA funds went to EHA, compared to 10 percent of homelessness prevention TFA.

Nearly half (47 percent) of TFA went to rent-related assistance, consisting of 73 percent of homelessness prevention TFA and 37 percent of rapid re-housing TFA. Homelessness prevention rental assistance overall tends to require more TFA than rapid re-housing, as it covers rental arrearages, as well as current and future payments. Security deposit assistance made up the third largest TFA expenditure at nine (9) percent, making up five (5) percent of homelessness prevention TFA and 11 percent of rapid re-housing TFA. Because Veteran households served with homelessness prevention assistance often maintained their residence at entry, their need for security deposit assistance was lower than that of rapid re-housing-assisted households.

Similarly, rapid re-housing households were more likely to need general housing stability assistance. TFA funding provided for expenses associated with moving into or securing permanent housing, items necessary for life or safety provided on a temporary basis to address an emergency, as well as expenses associated with gaining or keeping employment. Eight (8)

SECTION 3: SSVF Funding Overview

percent of rapid re-housing TFA funds went to general housing stability assistance, compared with only three (3) percent of homelessness prevention TFA.

There was only a small difference in the distribution of utility fee and deposit TFA percentages among homelessness prevention (5 percent) and rapid re-housing assistance (2 percent) types.

Section 4:

SSVF Participants and Their Characteristics

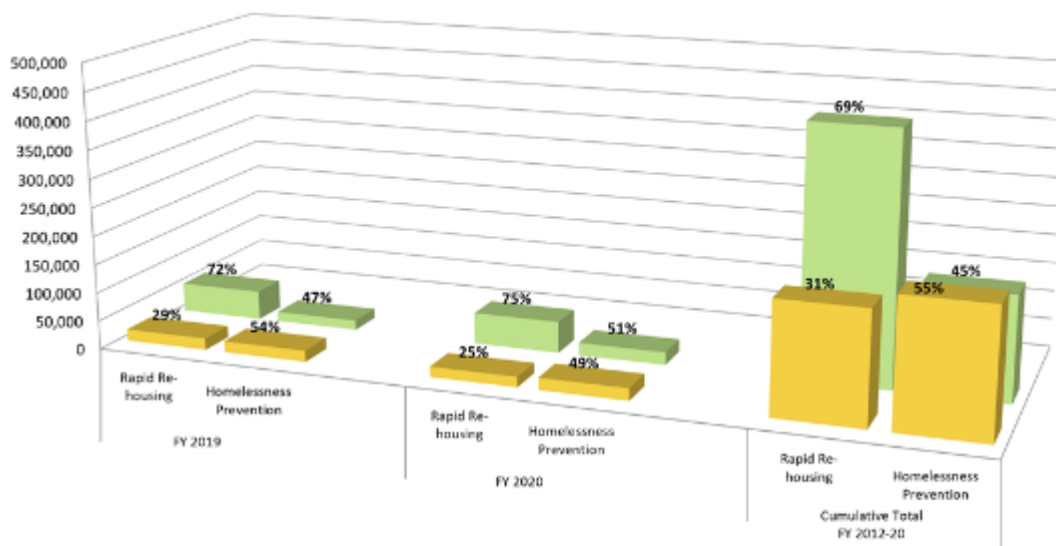
This section describes SSVF participants and their demographic characteristics, including their household type, age, race, disability status, and prior living situations. In addition, enrollment levels for target populations under the FY 2020 grant awards are examined.



SECTION 4: SSVF Participants and Their Characteristics

4.1 Overview of Persons and Household Types Served

Exhibit 4.1: SSVF Veterans and Persons Served, by Household Type (FYs 2012-2020)



	FY 2019		FY 2020		Cumulative Total FY 2012-20	
	Rapid Re-housing	Homelessness Prevention	Rapid Re-housing	Homelessness Prevention	Rapid Re-housing	Homelessness Prevention
Veterans and Persons in HHs with children	20,308	19,591	18,003	21,305	194,747	221,047
Veterans and Persons in HHs without children	51,068	16,910	55,129	22,117	435,159	181,750
Unduplicated Total	71,185	36,299	73,062	43,303	630,512	403,592

NOTE: The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household, e.g., as a result of incarceration. SSVF regulations published on February 24, 2015, expanded the resources available to such non-Veteran households in the event of separation as the result of domestic violence.

SOURCE: SSVF-HMIS Repository data.

Since the program's inception there have been noticeable differences in the SSVF component utilized by individuals in the different household types. For Veterans and persons in households (HHs) without children, rapid re-housing has been the predominant component with 69 percent (or 435,159 Veterans and persons) having been literally homeless and received rapid re-housing assistance. For Veterans and persons in households with children, 55 percent (or 221,047 Veterans and persons) have been at-risk of homelessness and received homelessness prevention assistance.

This changed in FY 2020 when, for the first time since SSVF's inception, the majority of homelessness prevention Veterans and persons were in households without children (51 percent). That change was most likely due to SSVF's effort to protect the health and safety of vulnerable Veterans as part of the COVID-19 response.

SECTION 4: SSVF Participants and Their Characteristics

4.2 Participant Demographics

This section of the report provides information about SSVF Veteran participants' gender, age, race, disability status, and major health conditions. These demographic characteristics are important for understanding the Veteran population that SSVF served, how they compare to other homeless systems of care, and to better identify which Veteran groups were served at the beginning of the COVID-19 pandemic and in the first months of the federal response to the pandemic.

While several of these characteristics' trends were explored in the COVID-19 Response section of this report (Section 2), this section goes into greater detail on FY 2020 specific demographic data.

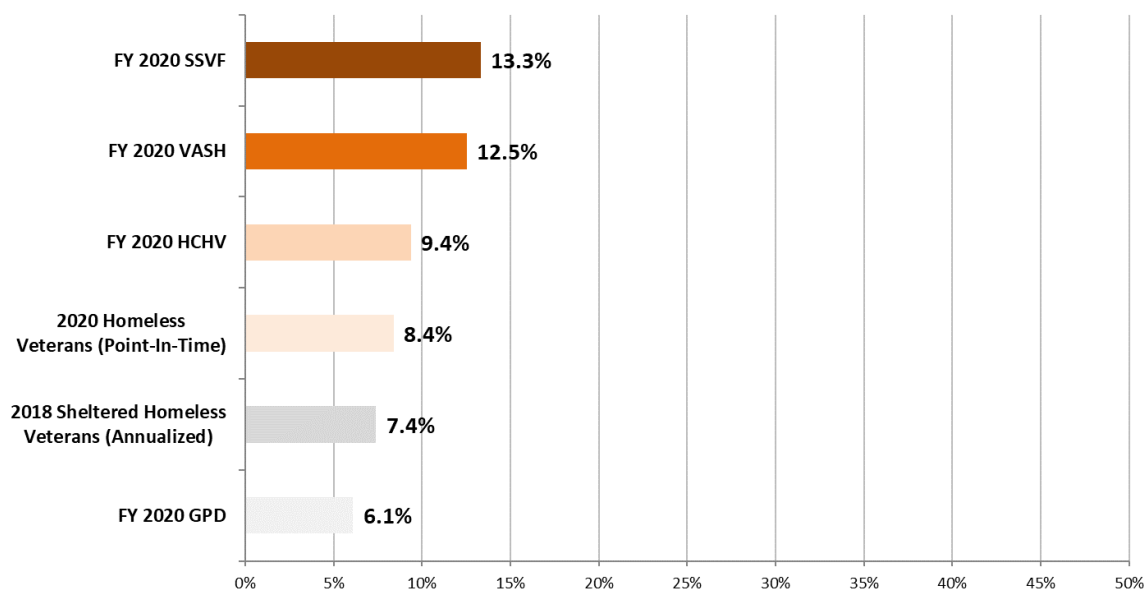
4.2.1 Gender

SSVF aims to provide Veterans of all genders in need of rapid re-housing or homelessness prevention services with assistance that furthers their housing stability and health. To that end, this annual report provides more detailed gender data on Veterans served by SSVF than prior reports. Women, transgender, and gender non-conforming/non-binary Veterans often face more distinct challenges than male Veterans, who comprise the vast majority of Veterans and Veterans experiencing homelessness.

In FY 2020, 87 percent of SSVF served Veterans were male and 13 percent were women. In the women's' category, 0.2 percent were Transgender male to female, while 0.1 percent from the male category were Transgender female to male. Less than 0.1 percent were gender non-conforming/non-binary Veterans.

SECTION 4: SSVF Participants and Their Characteristics

Exhibit 4.2: Percentage of Women Veterans Among Veteran Programs and Populations (FY 2020)²⁴



NOTE: Additional information about these homelessness programs can be found on VA's homelessness web page at: <https://www.va.gov/homeless/>.

SOURCES: SSVF-HMIS Repository data; VA Office of the Actuary; Annual Homeless Assessment Report (AHAR); VA Homeless Management Evaluation System (HOMES).

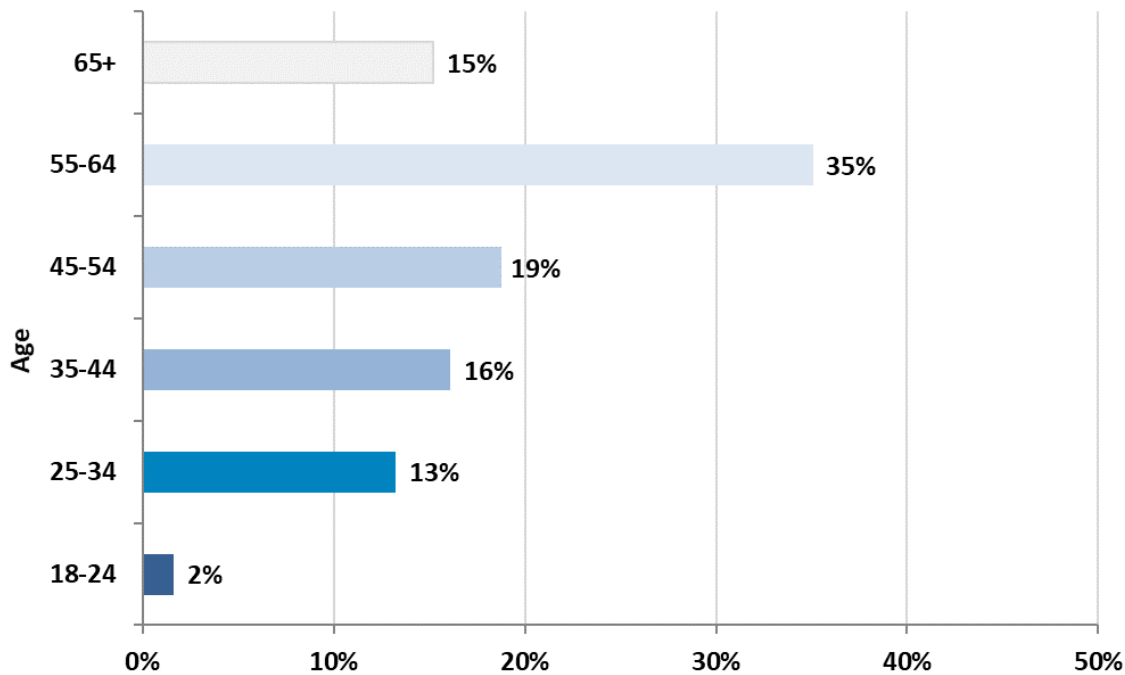
In FY 2020, 13.3 percent of Veterans served by SSVF (Exhibit 4.2) were women (10,452)—significantly higher than the 7.4 percent of women Veterans served nationally in shelter programs (FY 2018 annualized data). SSVF also served a higher percentage of women than the U.S. homeless Veterans population, which is 8.4 percent women. The high rate of women served by SSVF may be due, in part, to the number of households with children served with SSVF homelessness prevention assistance.

SSVF has served the highest proportion of women of any VA homeless initiative for each of the past five years. In other national VA homelessness programs 12.5 percent of Veterans in HUD-Veterans Affairs Supportive Housing (HUD-VASH) permanent supportive housing programs, 10.4 percent of Veterans in Healthcare for Homeless Veterans (HCHV) programs, which include outreach, health care, and treatment and rehabilitative services, along with emergency shelter and safe haven residential assistance, and 6.1 percent of Veterans in Grant and Per Diem (GPD) transitional housing and safe haven residential assistance programs were women.

²⁴ See note 17.

SECTION 4: SSVF Participants and Their Characteristics

Exhibit 4.3: SSVF Veterans Served, by Age Group (FY 2020)



SSVF Veterans= 78,331

SOURCE: SSVF-HMIS Repository data.

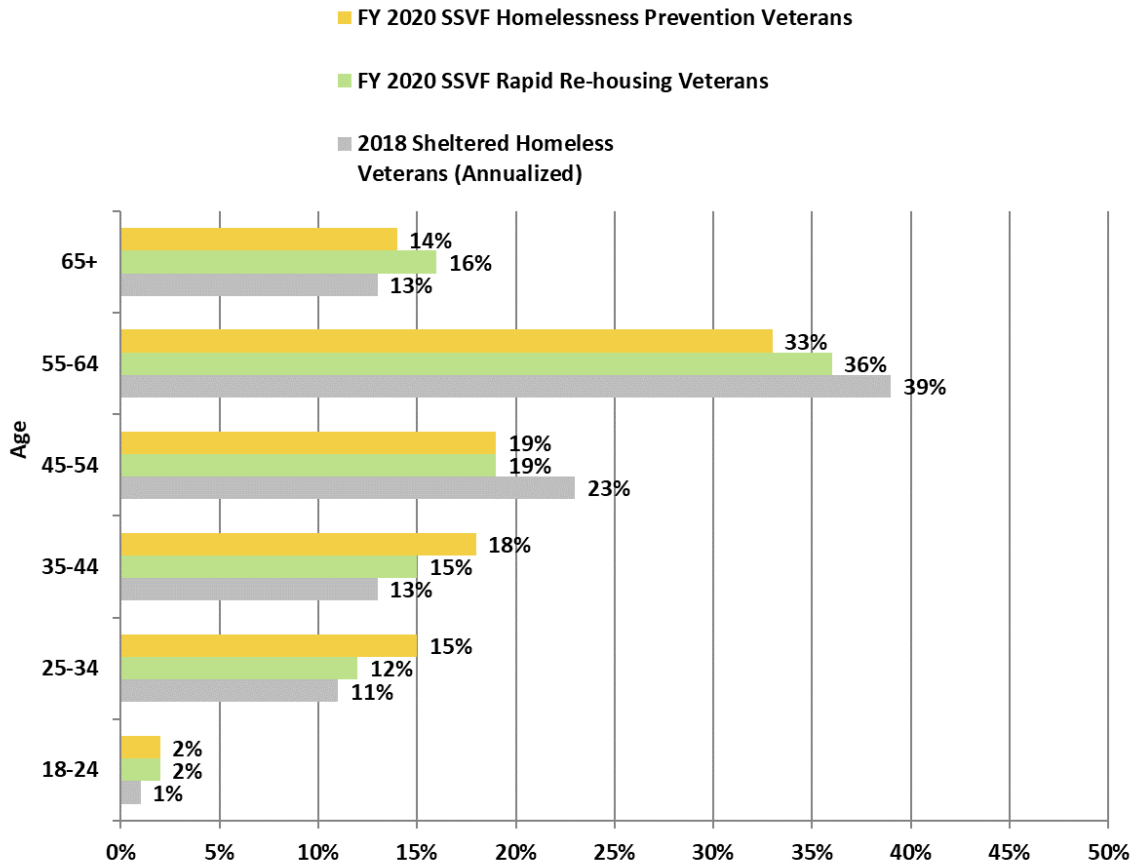
Half of SSVF Veterans (50 percent) were ages 55 or above, with the majority of Veterans over 55 in the 55 to 64 years old category (35 percent) and the remainder in the 65 years and older category (15 percent).

The other half of SSVF Veterans were ages 18 to 54 (50 percent), with the bulk of these Veterans at the upper end of the age range. Nineteen (19) percent of SSVF Veterans were ages 45 to 54, while 16 percent were ages 35 to 44 and 13 percent were ages 25 to 34. Just two (2) percent of SSVF Veterans were in the ages 18 to 24 category.

The largest single age category of SSVF Veterans was the age 55 to 64 group at 35 percent.

SECTION 4: SSVF Participants and Their Characteristics

Exhibit 4.4: Comparison of SSVF and Sheltered Veterans Served, by Age Group^{25,26}



SSVF Veterans= 70,596; Sheltered Veterans= 105,820

SOURCE: AHAR; SSVF-HMIS Repository data.

Exhibit 4.4 compares SSVF Veterans who received SSVF rapid re-housing and homelessness prevention assistance in FY 2020 with the most recently available sheltered Veteran data by age group, which is from FY 2018. In FY 2020, Veterans served by SSVF grantees were slightly younger than FY 2018 sheltered Veterans nationwide. SSVF rapid re-housing Veterans ages 18

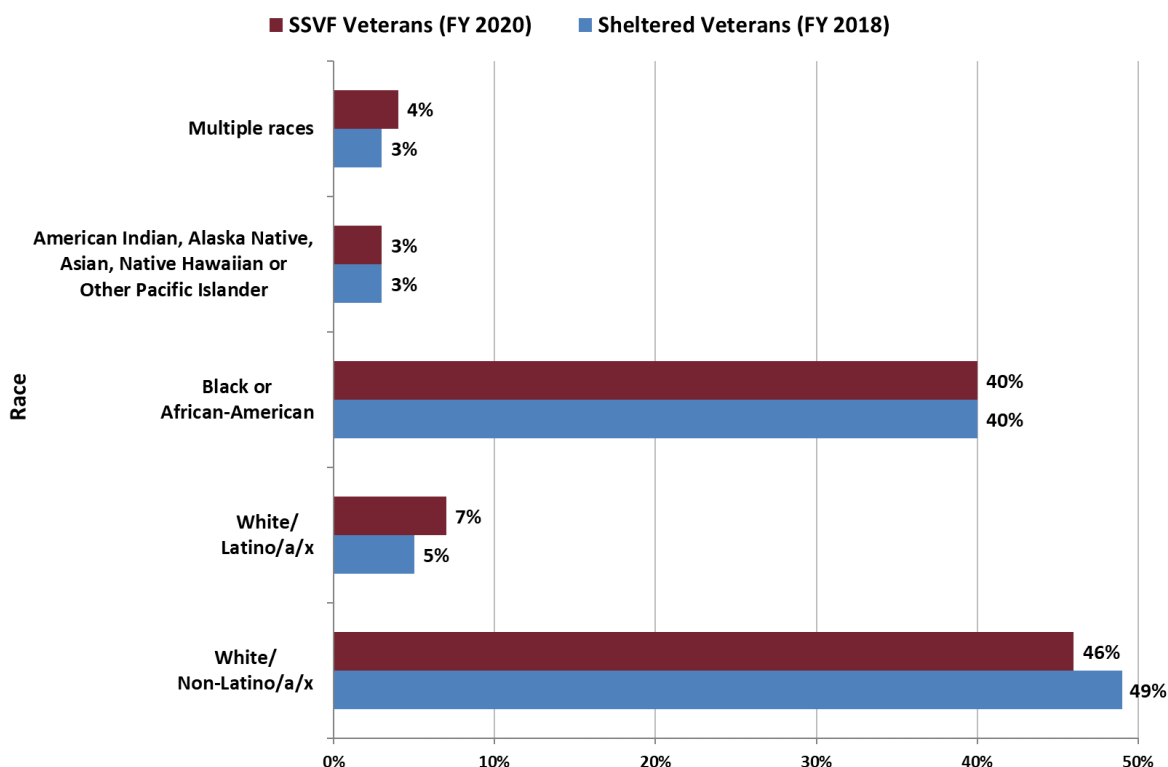
²⁵ See note 17.

²⁶ Were there more recent sheltered Veterans experiencing homelessness data available, after FY 2018, it is likely that the average age would be higher. A study of older adult homelessness in three major cities (New York, Los Angeles and Boston) forecasted that persons experiencing homelessness ages 65 and above would increase by 2.5 to 2.9 times the 2017 level by the year 2030 (Culhane, D., et al., “The Emerging Crisis of Aged Homelessness”, 2019. Retrieved from https://www.researchgate.net/publication/337619683_The_Emerging_Crisis_of_Aged_Homelessness_in_the_US_Could_Cost_Avoidance_in_Health_Care_Fund_Housing_Solutions on March 3, 2021). Similarly, both SSVF and AHAR reports have consistently showed older Veteran cohorts increasing over the last seven years.

SECTION 4: SSVF Participants and Their Characteristics

to 44 were four (4) percent higher than in shelters, while SSVF Veterans who received homelessness prevention assistance were ten (10) percent higher. For SSVF rapid re-housing Veterans ages 45 to 64, they were seven (7) percent lower than the shelter group, while SSVF homelessness prevention Veterans were ten (10) percent lower than the shelter group. The one exception was the 65 and older age group, which was three (3) percent higher for SSVF rapid re-housing than in shelters, and one (1) percent higher for SSVF homelessness assistance Veterans than the shelter group.

Exhibit 4.5: Veterans Served, by Race²⁷



SSVF Veterans= 70,596; Sheltered Veterans= 105,820

SOURCES: SSVF-HMIS Repository data; AHAR data.

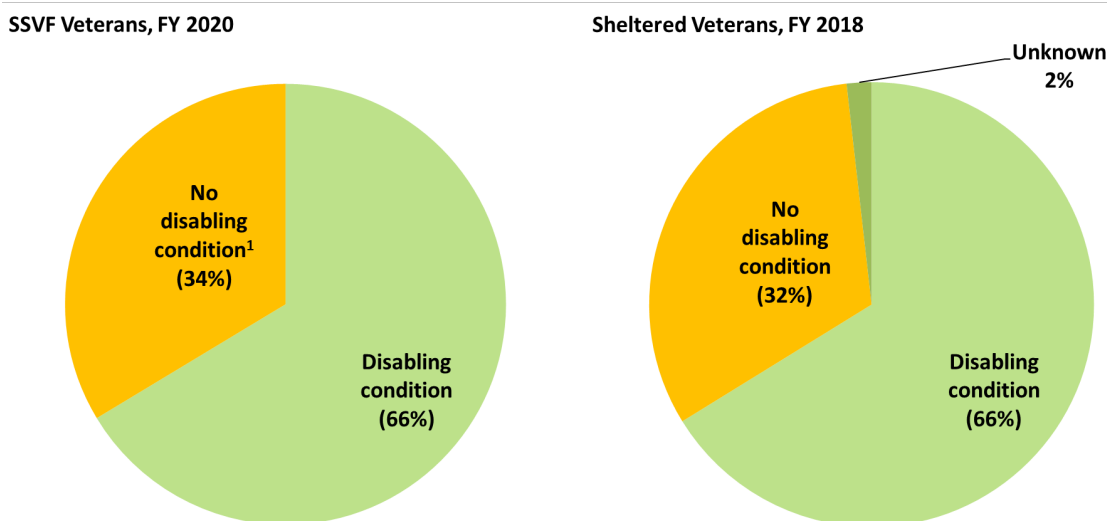
Most SSVF Veterans served were White/non-Latino/a/x at 46 percent or Black/African American at 40 percent. Among all SSVF Veterans, the remaining 14 percent was spread across persons of White/Latino/a/x origin at seven (7) percent, multiple races at four (4) percent, and American Indian, Alaska Native, Asian, Native Hawaiian or Other Pacific Islander at three (3) percent. Overall, 54 percent of SSVF Veterans served identified as BIPOC. SSVF served a greater percentage of Veterans who were BIPOC than were served by shelters nationwide in FY

²⁷ See note 17.

SECTION 4: SSVF Participants and Their Characteristics

2018 (54 percent versus 51 percent). Only Veterans who were White/Non-Latino/a/x and multiple races were served at lower rates by SSVF than shelters nationwide.

Exhibit 4.6: Disability Status for SSVF Veterans²⁸



SSVF Veterans=70,596; Sheltered Veterans= 105,820

SOURCES: (left) SSVF-HMIS Repository data; (right) AHAR.

In FY 2020, about two in three (66 percent or 51,982) Veterans assisted through SSVF had a disabling condition.²⁹ The disability rate for Veterans receiving rapid re-housing assistance was slightly higher at 67 percent.

The disability rate for SSVF and all sheltered homeless Veterans in FY 2018 was the same at 66 percent. Overall, SSVF Veterans have disability rates more than twice that of the total U.S. Veteran population (30 percent) in FY 2020 and 4.3 times higher than the 15 percent disability rate among the U.S. adult homeless population.³⁰

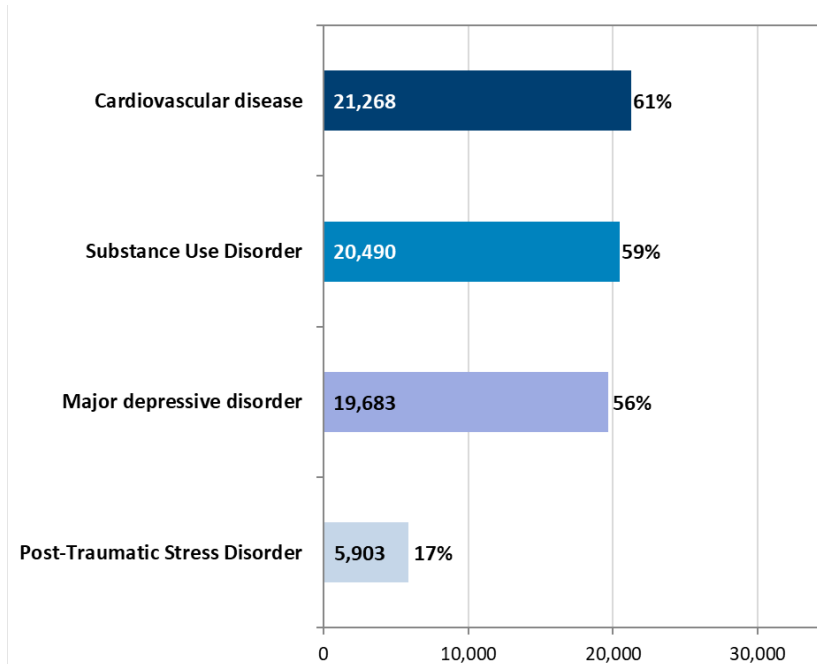
²⁸ See note 17.

²⁹ “People with one or more of the following conditions were identified as having a disabling condition: (1) the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agency for acquired immunodeficiency syndrome (HIV); (2) a physical, mental, or emotional impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is [a] expected to be of long-continued or of indefinite duration, [b] substantially impedes an individual’s ability to live independently, and [c] could be improved by the provision of more suitable housing conditions.; (3) A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002);” This definition comes from the *2017 HMIS Data Standards Manual* (April 2018), which was in effect for FY 2020 grantees entering disability condition data into HMIS.

³⁰ HUD’s AHAR 2018, Part 2.

SECTION 4: SSVF Participants and Their Characteristics

Exhibit 4.7: Major Health Problems Among Veterans Exiting SSVF and Engaged with Veterans Health Administration (FY 2020)



n= 34,887

SOURCE: Veterans Health Administration Support Service Center.

Exhibit 4.7 shows the major health problems found among Veterans who both exited SSVF during FY 2020 and received health care services from the Veterans Health Administration (VHA). In FY 2020, of the 44,891 Veterans who exited SSVF, 34,887 (or 78 percent) were documented to have received VHA services.

Of the 34,887 Veterans documented to have had VHA services, 61 percent had a history of cardiovascular disease, 59 percent had a substance use disorder, 56 percent had a major depressive disorder, and 17 percent had a post-traumatic stress disorder. More information on major health problems trends among SSVF Veterans can be found in [Section 2.2.1 \(Changes in Veterans Served During COVID-19\)](#) of this report.

SECTION 4: SSVF Participants and Their Characteristics

4.3 Target Populations

Grantees reported the number of households served according to VA's target population priorities specified in the FY 2020 SSVF NOFA for grantees. These included:

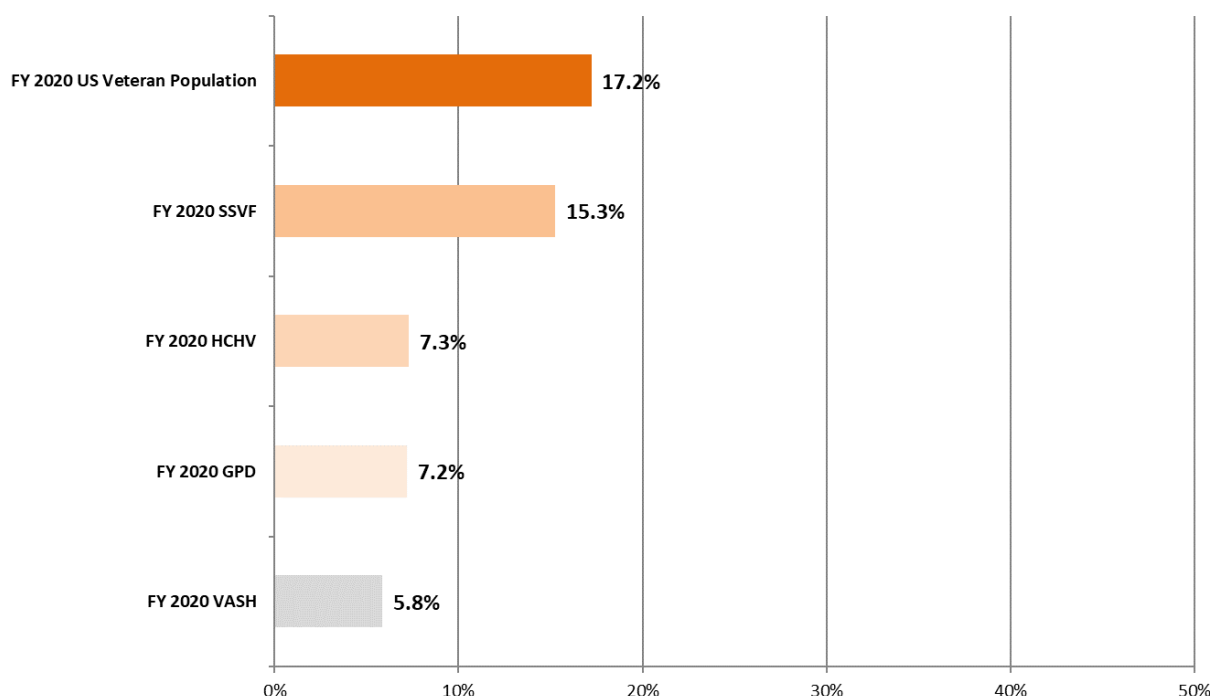
VA Target Population Priorities	FY 2020 SSVF Target Population Outcomes
Veteran households earning less than 30 percent of Area Median Income (AMI)	75 percent of all SSVF households (or 58,913 households) were reported to have incomes less than 30 percent of area median income (AMI) for their household size at program entry
Veterans with at least one dependent family member	14 percent (or 10,722) of all SSVF households had at least one dependent child (under age 18) at program entry, these households had a total of 21,460 children (19 percent of all participants).
Returning Veterans from Afghanistan or Iraq	15 percent of all (11,951) SSVF Veterans were Veterans who served in Iraq or Afghanistan.

These figures indicate that the program was successful in targeting and serving very low-income Veteran families, Veteran families with dependents, and those who served in Afghanistan and Iraq.

In comparison to other VA homeless programs, SSVF served a higher proportion of Veterans returning from Afghanistan or Iraq. As shown in Exhibit 4.3, 17.2 percent of the Veteran population are Veterans returning from combat in Afghanistan or Iraq. Of the national VA homelessness programs, 15.3 percent of the Veterans served by SSVF; 7.3 percent of Veterans served in the Healthcare for Homeless Veterans (HCHV) programs, which includes outreach, health care, and treatment and rehabilitative services, along with emergency shelter and safe haven residential assistance; 7.2 percent of the Veterans served in the Grant and Per Diem (GPD) transitional housing and safe haven residential assistance programs; and 5.8 percent of the Veterans served in the HUD-Veterans Affairs Supportive Housing (HUD-VASH) permanent supportive housing program served in those combat areas.

SECTION 4: SSVF Participants and Their Characteristics

Exhibit 4.8: Percentage of Returning Veterans from Afghanistan or Iraq Among Veteran Programs and Populations (FY 2020)



NOTE: Additional information about these homelessness programs can be found on VA's homelessness web page at: <https://www.va.gov/homeless/>.

SOURCES: SSVF-HMIS Repository data; VA Office of the Actuary; Annual Homeless Assessment Report (AHAR); VA Homeless Management Evaluation System (HOMES).

In FY 2020, the SSVF program served 78,331 Veterans. Among these Veterans, 15.3 percent (11,951) served in Iraq or Afghanistan and were Veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND)—the highest proportion of OEF/OIF/OND Veterans served by any VA homeless initiative. Sixty-six (66) percent of those Veterans received rapid re-housing assistance, 36 percent used homelessness prevention assistance, and two (2) percent used both assistance types. The availability of low-barrier access to services, due to SSVF's emphasis on Housing First, the flexible range of services that can be tailored to the specific needs of the Veteran household, and availability of family-specific services may enhance SSVF's appeal to this group.

4.4 Prior Living Situations and System Coordination

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act amendment to the McKinney-Vento Homeless Assistance Act mandates that Continuums of Care (CoCs) establish coordinated entry systems that feature a standardized access and assessment process for all participants, and a coordinated referral process for participants to receive prevention, emergency shelter, permanent housing, or other related homelessness

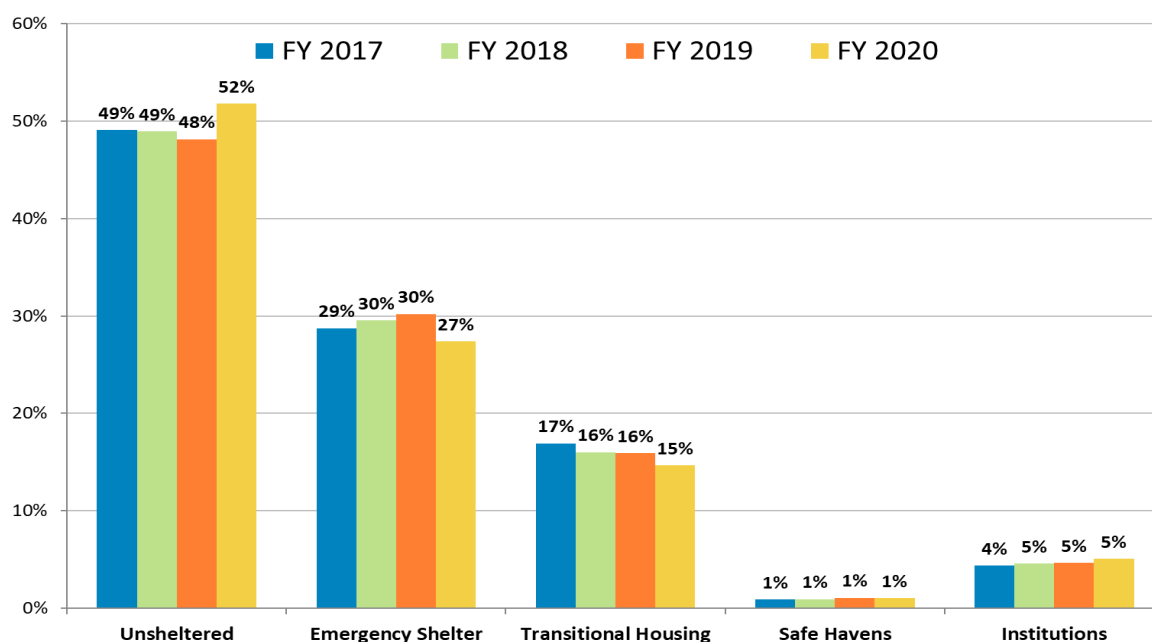
SECTION 4: SSVF Participants and Their Characteristics

assistance. Increasingly, stakeholders are using information about the movement of persons into and out of homelessness assistance programs and homelessness itself to drive coordinated entry system planning efforts by CoCs.

SSVF has placed great emphasis on integrating its services with those of other community providers. By requiring grantees to participate in local HMIS and actively engage with community planning and coordinated entry systems, VA seeks to ensure that SSVF is integrated into local planning and systems to focus on and meet the needs of Veterans at risk of homelessness or experiencing homelessness efficiently, equitably, and effectively.

The following two exhibits provide a window into the living situations of Veterans the night before being admitted into an SSVF program (i.e., “prior living situation”), as well as SSVF’s increasing role relative to the crisis response system for homeless Veterans.

Exhibit 4.9: Prior Living Situations of Veterans Receiving SSVF Rapid Re-housing Assistance (FYs 2017-2020)



NOTES: This exhibit includes only Veterans who entered SSVF and received rapid re-housing from homeless situations. The datasets from FYs 2017, 2018, 2019 and 2020 exclude 9 percent, 8 percent, 5 percent, and 6 percent of Veteran records, respectively, with erroneous or missing data, including Veterans with prior living situations marked as a permanent housing location, “Other” (e.g., missing or blank), “Don’t know,” or “Refused.”

The data in this exhibit is not de-duplicated between years. Some of the Veterans in this exhibit participated in SSVF during a prior year. Thereby their prior living situations may appear in more than one of the datasets, as they were active participants during multiple time periods

SOURCE: SSVF-HMIS Repository data.

Over the last four years, about half of literally homeless Veterans who received rapid re-housing assistance came directly from unsheltered situations, including outdoor and vehicle locations

SECTION 4: SSVF Participants and Their Characteristics

(ranging from 48 to 52 percent). The small percentage increase in unsheltered Veterans served during FY 2020 was likely the result of COVID-19 response efforts to shelter and house Veterans most vulnerable to the pandemic. New EHA funds and usage rules aided grantee efforts to temporarily shelter those Veterans in hotels and motels, while seeking longer term housing solutions for them.

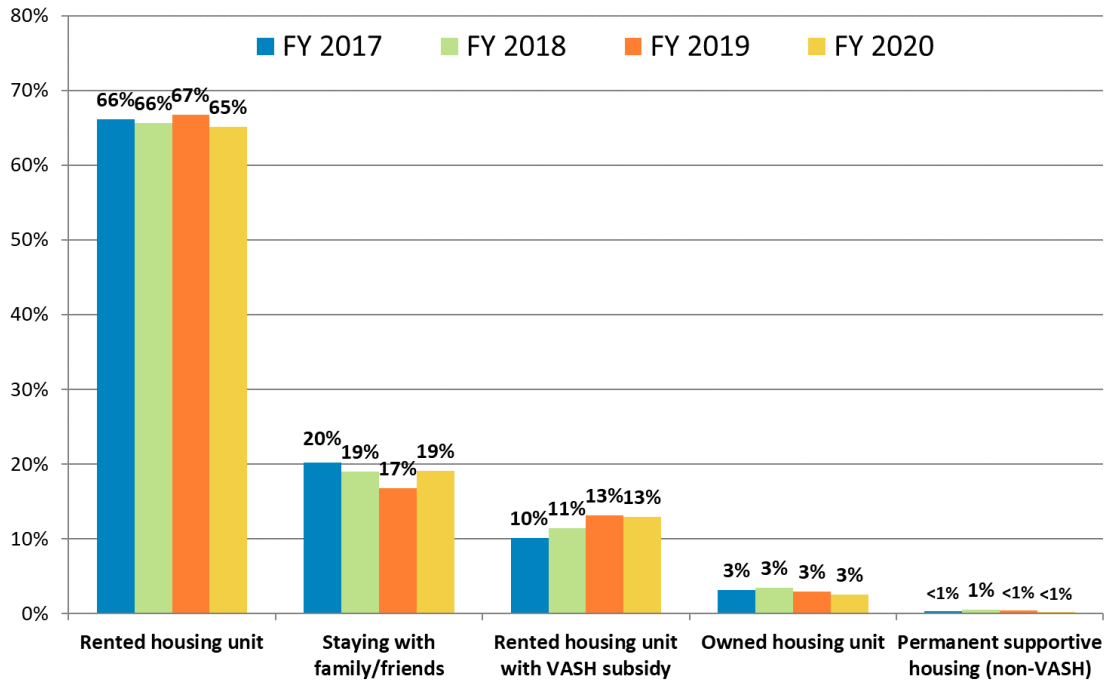
Among Veterans who entered rapid re-housing from sheltered locations, most came from emergency shelters (ranging from 27 to 30 percent of total). Between 15 and 17 percent came from transitional housing, which are projects that usually provide medium-term services to transition residents to permanent housing. Just one (1) percent came from safe havens, which are projects that provide private or semi-private long-term support for people with severe mental illness and are limited to serving no more than 25 people at a time.

The percentage of Veterans who entered rapid re-housing from institutional locations stayed fairly stable, ranging between four (4) percent in FY 2017 to five (5) percent in subsequent years. Entries from substance abuse treatment facility or detox center and hospitals or residential non-psychiatric medical facility were the most common; psychiatric hospital or other psychiatric facility, jail or prison, and long-term care facility or nursing home entries were least common.

Overall, these entry patterns show that SSVF rapid re-housing program entries are coming from Veterans in the most critical locations, unsheltered locations, and emergency shelters. The entries were facilitated by SSVF rapid re-housing staff's direct work in unsheltered and sheltered outreach, and coordination with their local referral networks.

SECTION 4: SSVF Participants and Their Characteristics

Exhibit 4.10: Prior Living Situations of Veterans Receiving SSVF Homelessness Prevention Assistance (FYs 2017-2020)



NOTE: This exhibit includes only Veterans that entered SSVF and received homelessness prevention assistance, who were living in housing units at program entry, including those staying in housing units rented or owned by friends or family. The datasets from FYs 2017, 2018, 2019 and 2020 exclude 9 percent, 8 percent, 25 percent, and 9 percent of Veteran records, respectively, that had erroneous or missing data, including “Other,” “Client doesn’t know,” “Client refused,” participants who were erroneously coded as experiencing homelessness, and those with missing data.

SOURCE: SSVF-HMIS Repository data.

In FY 2020, nearly two-thirds of Veterans (65 percent) assisted by SSVF homelessness prevention programs were residing in a rental housing unit at the time of program entry. Another 19 percent of these Veterans were staying in housing units owned or rented by family or friends. Thirteen (13) percent of Veterans entered the program while staying in a rental unit subsidized with a HUD-VASH voucher, which is a form of permanent supportive housing, whereas less than one (1) percent were in a non-VASH permanent supportive housing unit at entry to SSVF homelessness prevention. The remaining three (3) percent came from a housing unit that the household owned.

Section 5:

SSVF Program Results

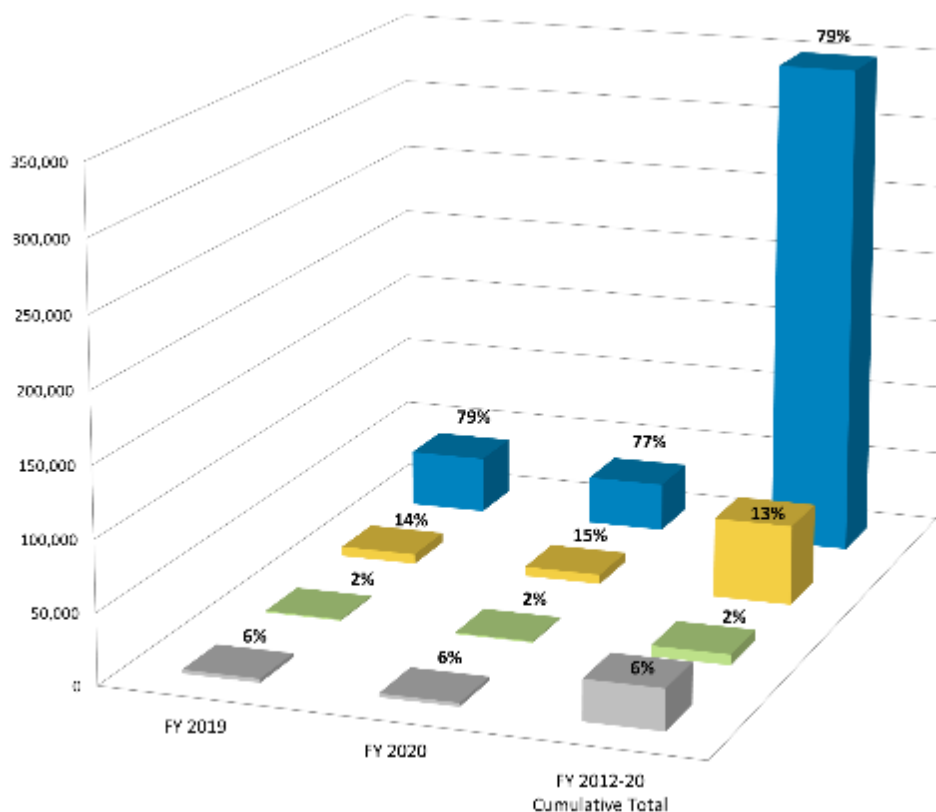
This section describes the outcomes Veteran households achieved as a result of SSVF assistance. Key results tracked include housing outcomes, income changes, participant satisfaction with SSVF assistance, and returns to homelessness data with an included equity analysis.



SECTION 5: SSVF Program Results

5.1 Housing Outcomes

Exhibit 5.1: Veteran Program Exits, by Housing Outcome (FYs 2012-2020)



	FY 2019	FY 2020	FY 2012-20 Cumulative Total
■ Permanent	40,254	34,332	352,345
■ Temporary	6,956	6,731	56,645
■ Institutional	1,022	965	7,604
■ Other/ Don't Know/Refused/Missing	2,840	2,678	28,864
TOTAL	51,072	44,706	445,458

SOURCE: SSVF-HMIS Repository data.

Since SSVF’s inception, 445,458 Veterans have exited SSVF, with 79 percent of them having successfully exited to permanent housing destinations (352,345 Veterans).³¹ Thirteen (13) percent of Veterans exited to temporary destinations (56,645 Veterans), six (6) percent (or 24,942 Veterans) went to sheltered homelessness programs, four (4) percent (or 16,083 Veterans) went to stay with friends or family temporarily, and three (3) percent (or 14,676 Veterans) were reported to have exited to unsheltered locations. Just two (2) percent (or 7,604

³¹ Across SSVF program years, it is not currently possible to un-duplicate service data. The “cumulative total” represents the sum of the Veterans served each program year.

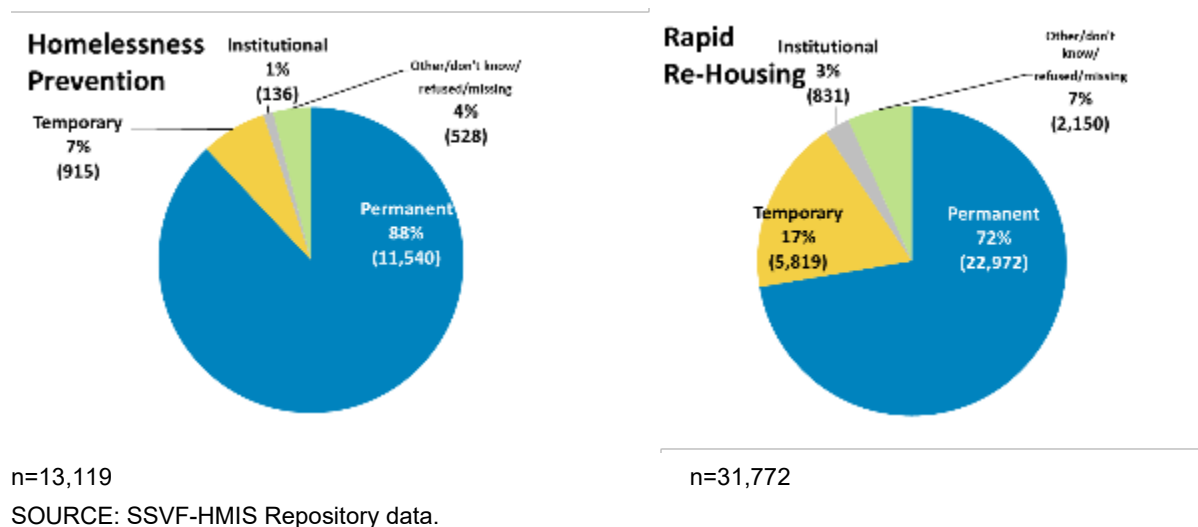
SECTION 5: SSVF Program Results

Veterans) went to institutional destinations, including general hospitals, psychiatric hospitals, substance abuse treatment facilities, jail, or prison. The remaining six (6) percent of Veteran exiters went to unknown or other destinations (28,864 Veterans).

While SSVF served 11 percent more Veterans in FY 2020 than the prior year, Veteran exits declined by 12 percent, from 51,072 in FY 2019 to 44,706 in FY 2020. The decline in exits was due to the COVID-19 pandemic. It caused grantees to work with Veterans to protect their health and safety, extending lengths of stay (of stayers and exiters). This phenomenon is explored in greater detail in [Section 2 \(“COVID-19 Response”\)](#) of this report.

The permanent housing placement rate dipped from 79 percent in FY 2019 to 77 percent in FY 2020. The expected cause of that decrease was the COVID-19 pandemic’s impact on the housing market and SSVF service model, with the rapid expansion of EHA services. In addition, the length of stay rose by 9 days (7 percent) for SSVF Veteran exiters in FY 2020. However, as length of participation is only measured for Veterans who exited the system, pandemic related stays are expected to increase in FY 2021, as Veterans were served for longer periods to protect their health and safety during FY 2020 start to exit the program.

Exhibit 5.2: Veteran Exits, by Housing Outcome and Assistance Type (FY 2020)



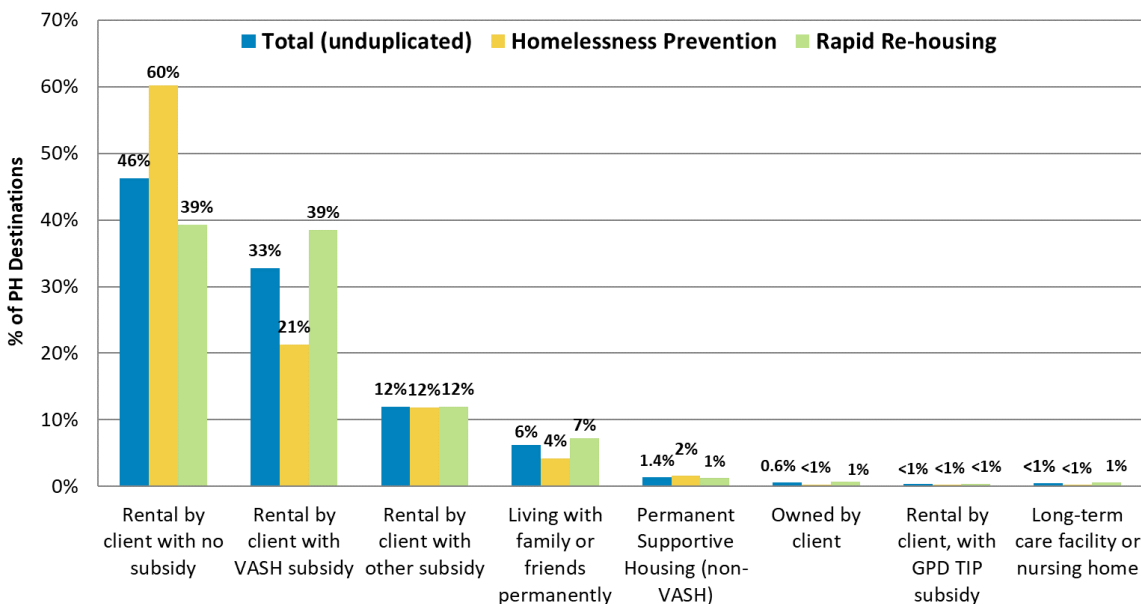
As shown in Exhibit 5.2, in FY 2020 nearly nine in ten Veterans exiting SSVF homelessness prevention assistance maintained their housing unit or found other permanent housing (11,540 or 88 percent). Meanwhile, about five of seven Veterans exiting SSVF rapid re-housing programs successfully ended their homelessness and moved into permanent housing (22,972 or 72 percent).

Of the 17 percent of rapid re-housing Veterans who exited to temporary destinations, six (6) percent (or 1,960 Veterans) are known to have exited into unsheltered homelessness situations. Likewise, of the seven (7) percent of homelessness prevention Veterans who exited to temporary

SECTION 5: SSVF Program Results

destinations, less than 1 percent (or 85 Veterans) exited to unsheltered homelessness situations. Four (4) percent of homelessness prevention and rapid re-housing Veterans went to temporary housing with family or friends. Though eight (8) percent of rapid re-housing Veterans exited to sheltered locations (2,390 Veterans), only two (2) percent of homelessness prevention Veterans exited to shelters (236 Veterans).

Exhibit 5.3: Permanent Housing Destinations of Veteran Permanent Housing Exiters (FY 2020)



n= 34,332

SOURCE: SSVF-HMIS Repository data.

SSVF placements that included use of HUD-VASH vouchers remained high in FY 2020 at 33 percent of all permanent housing exits. Possible factors that contributed to this increase include:

- Increased coordination between SSVF and HUD-VASH to streamline permanent housing enrollment, housing placement, and support services coordination, while addressing COVID-19 health and safety crises for Veterans in need, including the usage of hotels and motels for temporary safe shelter.
- The number of Veterans experiencing homelessness declined and the remaining Veterans tended to have higher support needs. This may be reflected by the increasing rates of disability, rising from 54 percent in FY 2012 to 66 percent in FY 2020. This trend is mirrored among homeless Veterans in shelter programs. Additional information on this trend can be found in Exhibit 5.2 of this report.
- The sharp reduction in homelessness among Veterans has meant that more resources could be used to assist those with relatively greater needs.

SECTION 5: SSVF Program Results

- Limited available affordable housing stock has made it more difficult to recruit landlords willing to accept the short-term subsidies provided by SSVF when longer-term subsidies are available through HUD-VASH for Veterans.

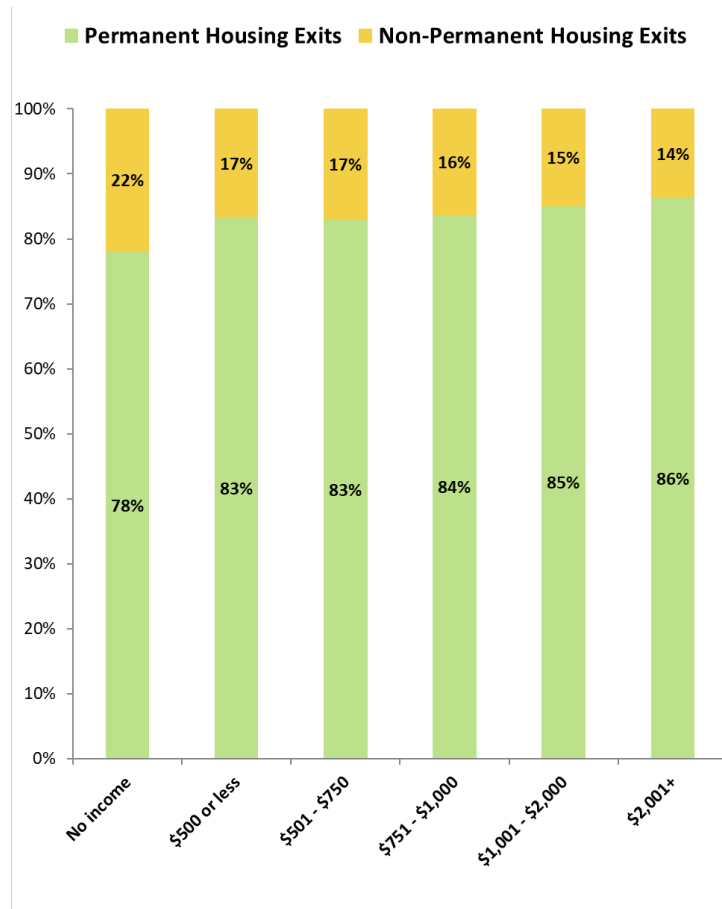
The lack of availability of affordable housing has become a crisis for many of America's poor who face growing rent burdens, particularly in high-cost urban centers. SSVF recognizes that many impoverished Veteran households could maintain stable housing without the intensive case management services associated with HUD-VASH, but still require longer-term rental assistance than SSVF has offered. In response, SSVF launched the Shallow Subsidy initiative (see Section 6.2).

Among all Veterans who successfully exited SSVF to permanent housing in FY 2020, nearly half (46 percent) were in unsubsidized rental housing at program exit. A third (33 percent) successfully moved into or remained in HUD-VASH subsidized rental units. Housing units with other housing subsidy programs accounted for 12 percent of permanent housing exits. Just 6 percent exited SSVF to live permanently with family or friends, while all four other permanent housing destinations accounted for three (3) percent of these exits, including non-VASH permanent supportive housing (1 percent), owned by client (0.6 percent), rental by client with VA Grant and Per Diem Transition in Place subsidy (0.4 percent), and long-term care facility or nursing home (0.4 percent).

There were key housing destination differences between rapid re-housing and homelessness prevention, but these were consistent with the expectation that Veterans who become homeless often have greater long-term service needs than Veterans able to avoid homelessness. As shown in Exhibit 5.3, 60 percent of Veterans who received homelessness prevention assistance successfully moved to or retained unsubsidized rental housing, compared with just 39 percent of Veterans exiting rapid re-housing to permanent housing. On the other hand, 39 percent of Veterans who successfully exited from rapid re-housing went to a rental unit with a HUD-VASH subsidy, compared with just 21 percent of those Veterans who received homelessness prevention support.

SECTION 5: SSVF Program Results

Exhibit 5.4: Permanent Housing Success Rates by Monthly Income at Program Entry Among Veterans Served, Including VASH Exits (FY 2020)



n= 44,706

NOTE: Data are for Veterans who exited SSVF programs and do not include income changes experienced by other non-Veteran household members.

SOURCE: SSVF-HMIS Repository data.

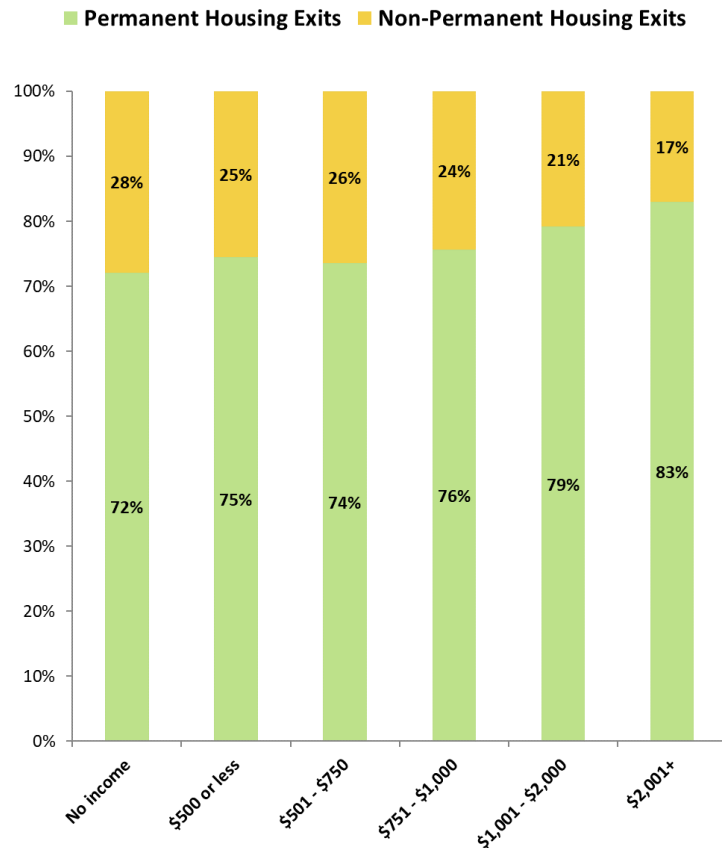
In alignment with the Housing First approach, VA expects grantees to serve Veterans at the highest risk of becoming or remaining literally homeless without SSVF assistance.³² Often, this means accepting Veterans who may have little or no income and have multiple barriers to housing stability. As shown in Exhibit 5.4, Veterans with higher incomes had somewhat higher successful housing outcome rates. However, Veterans with no income, as well as those earning \$500 or less monthly, still achieved a relatively high rate of success, at 78 percent and 83

³² The Opening Doors federal strategic plan to prevent and end homelessness was released in June 2010 by President Barack Obama. The plan includes the federal goal of ending chronic and Veteran homelessness. More information about this strategic plan can be found at the United States Interagency Council on Homelessness Opening Doors webpage: <https://www.hudexchange.info/resource/1237/usich-opening-doors-federal-strategic-plan-end-homelessness/>.

SECTION 5: SSVF Program Results

percent, respectively. In fact, the difference in permanent housing placement success between Veterans who entered SSVF with earnings of \$500 or less in monthly income and those who entered with more than \$2,000 in monthly income was only three (3) percent.

Exhibit 5.5: Permanent Housing Success Rates by Monthly Income at Program Entry Among Veterans Served, Excluding HUD-VASH Exits (FY 2020)



n= 32,491

NOTE: Data are for Veterans who exited SSVF programs and do not include income changes experienced by other non-Veteran household members.

SOURCE: SSVF-HMIS Repository data.

Exhibit 5.5 differs from the previous exhibit in that it shows permanent housing success rates for Veterans excluding those exiting with a HUD-VASH voucher. Comparing the results from these two exhibits, permanent housing success rates are most reduced for income groups with \$2,000 or less in monthly income (-7 percent) compared with the \$2,001 or more group (-3 percent). That difference indicates SSVF grantees are assisting very low- and low-income Veterans with disabilities, by appropriately partnering with VA to support placements with long-term VASH vouchers primarily for these Veterans households and by providing security deposits to Veterans as they move into VASH subsidized housing.

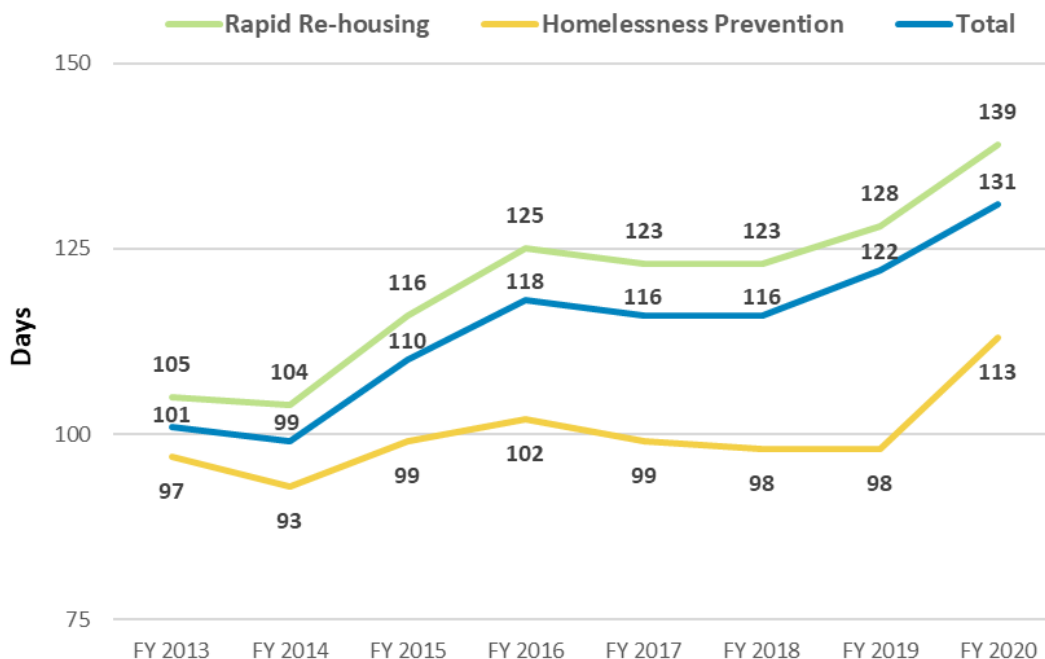
SECTION 5: SSVF Program Results

These results show a sizable improvement since FY 2016, when permanent housing success rates excluding HUD-VASH for exiting Veterans with no income was 56 percent and 47 percent for exiting Veterans with \$500 or less income. This improvement may in part be a result of increased technical assistance and regional coordinator supports to SSVF grantees on strategies for working within challenging rental markets and deepening grantee participation with coordinated entry systems, which are increasingly the gateway to housing resources.

Overall, these results are consistent with findings from previous years and support progressive engagement and assistance approaches expected from SSVF grantees. This approach allows SSVF grantees to enroll Veterans with little or no income and other housing barriers and then progressively assist them with increasing or decreasing amounts of assistance as needed and desired to remain in housing. Where assistance across programs is well-integrated, grantees are able to enroll and assist participants knowing that a rapid re-housing intervention may succeed and result in no further need for housing or service supports, however, if needed, access to a permanent supportive housing intervention, such as HUD-VASH, can be facilitated to ensure housing stability.

5.2 Length of Participation

Exhibit 5.6: Average Length of Participation of Veteran Exiters, by Assistance Type (FYs 2013-2020)



SOURCE: SSVF-HMIS Repository data.

SECTION 5: SSVF Program Results

Throughout the COVID-19 pandemic, the SSVF Program Office and grantees acted to protect Veterans households in their care. The Stafford Act Emergency Declaration allowed the extension of client participation time in safe shelter locations, including hotels/motels and apartments through lifting the time limits on rental assistance. As a result, average length of program participation rose by 7 percent since FY 2019.

Veteran exiters who received SSVF rapid re-housing services stayed an average of 26 days longer than those exiting from homelessness prevention services. On average, Veteran rapid re-housing exiters were enrolled for 139 days (about 4 and a half months), while those who received SSVF homelessness prevention services were enrolled for an average of 113 days (nearly 4 months). As rapid re-housing Veterans were literally homeless at the time of their enrollment, they typically necessitated additional time for housing search and move-in activities.

Pandemic-related differences in length of participation data were limited in FY 2020, as fewer persons exited SSVF during late FY 2020 (May 2020 through September 2020) than usual. Meanwhile, preliminary FY 2021 data shows significant increases in length of stay for FY 2020 stayers that exited during FY 2021. The COVID-19 response section of this report (Exhibit 2.4) illustrates some of these impacts, as average monthly caseloads showed large increases during that period.

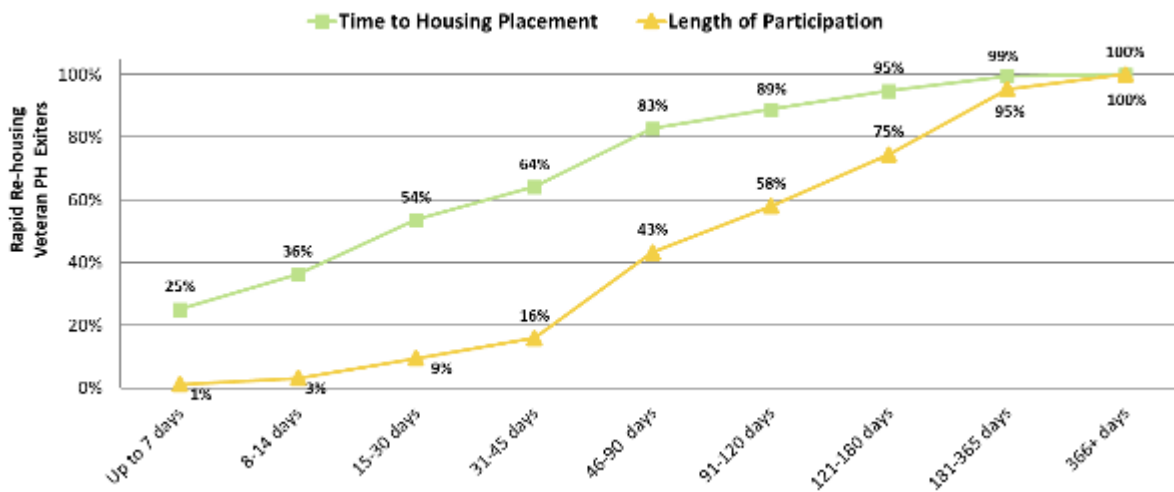
Before COVID-19, the average length of participation for SSVF ranged between 101 (about 3 months) and 122 days (about 4 months). Between FY 2013 and FY 2019 there was an increase of 21 days, which stabilized between FY 2016 and FY 2019 (ranging between 116 and 122 days). The overall rise in length of participation since SSVF's first years was largely driven by rises in the rapid re-housing average length of participation (+23 days from FY 2013 to FY 2019), whereas homelessness prevention length of assistance was flat (+1 day from FY 2013 to FY 2019). Such increases were likely attributable to a combination of factors, including better targeting to higher-barrier households, the ongoing challenge of helping Veterans find and sustain suitable permanent housing in high-cost, low-vacancy housing markets, and the increased proportion of unsheltered Veterans served with SSVF rapid re-housing services (+8 percent between FY 2014 and FY 2019).

Even before the pandemic, the shrinking availability of affordable housing had been a growing challenge for SSVF grantees' working to quickly re-house Veterans experiencing homelessness. Additionally, the increasingly complex needs of SSVF participants (as reflected in the rise in disability rates from 55 percent in FY 2013 to 66 percent in FY 2020 for Veteran participants) added additional barriers to housing placement. To mitigate these issues, the SSVF Program Office has directed technical assistance resources toward helping grantees improve their landlord engagement, recruitment, and local coordinated entry system efforts.³³

³³ Additional information on SSVF's efforts to improve coordinated entry system participation and landlord engagement can be found in Sections 6 and 7 of this report.

SECTION 5: SSVF Program Results

Exhibit 5.7: Time to Housing Placement and Length of Participation Among Rapid Re-housing Veteran Exiters (FY 2020)



n= 22,972

SOURCE: SSVF-HMIS Repository data.

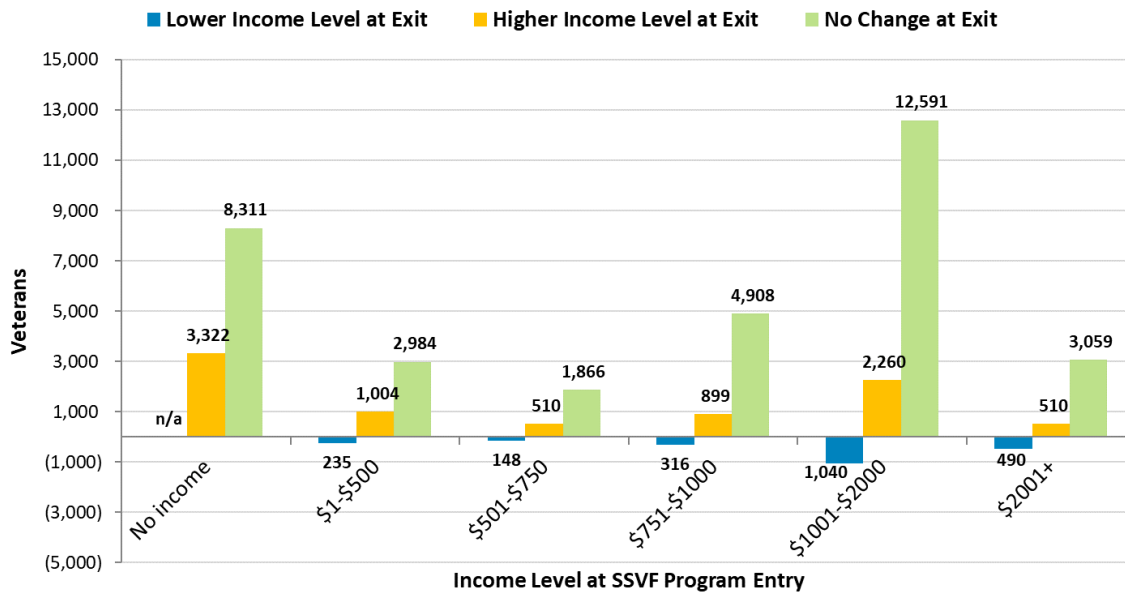
Starting in FY 2015, SSVF grantees began tracking the date of residential (permanent housing) move-in for literally homeless Veterans receiving rapid re-housing assistance. In conjunction with measuring length of participation, this allows a deeper examination of program efficiency related to the time between program enrollment and permanent housing placement. This measure assists VA and researchers to understand the timing dynamics of successful rapid re-housing placements. Additionally, this measure helps program managers better understand and strategize improvements for their program’s performance.

As shown in Exhibit 5.7, the permanent housing placement date for Veterans usually occurs months ahead of exit from SSVF. For those Veterans who successfully exited SSVF rapid re-housing to permanent housing in FY 2020, it took an average of 51 days (about 7 weeks) to exit homelessness to permanent housing and, on average, another 91 days (about 13 weeks) to exit the program. Put another way, the average Veterans successfully assisted with SSVF rapid re-housing spent 142 days enrolled in SSVF, with about one-third of their program time spent working with SSVF to find and secure permanent housing (36 percent), and the other two-thirds of their program time spent receiving case management, rental assistance, and other tenancy supports from SSVF while stabilizing in permanent housing (64 percent).

SECTION 5: SSVF Program Results

5.3 Income and Financial Stability Outcomes

Exhibit 5.8: Changes in Veteran Monthly Income from Entry to Exit, by Assistance Type (FY 2020)



n=44,706

NOTE: This exhibit includes cash income sources only. Non-cash benefits, such as the Supplemental Food Assistance Program (i.e., food stamps), are excluded from the figures in this exhibit.

SOURCE: SSVF- HMIS Repository data.

SSVF, by design, is a short-term, targeted intervention focused on maximizing the ability of a Veteran household to obtain and retain permanent housing. For that reason, the SSVF Program Office does not expect that most SSVF participants will experience significant changes in their financial situation during program participation. However, SSVF case management efforts begun during program participation may result in income gains after program exit which are not included in this analysis. Grantees are required to assess participant income, identify VA and non-VA benefits for which participants may be eligible, assist them in obtaining those benefits, and help Veterans and other adult family members identify opportunities to obtain or increase income from employment.

Most of the improvement in Veteran income at exit occurred with entrants at the lowest income levels. Nearly three in ten (28 percent) of Veterans with no income at entry exited SSVF with some amount of monthly income (3,322). Among Veterans entering SSVF with monthly incomes of \$1 to \$500, a net 769 Veterans exited the program with higher incomes (+18 percent). For Veterans entering the program with monthly incomes between \$501 and \$750, a net 1,866 Veterans exited SSVF with higher incomes (+14 percent). Among those with monthly incomes at entry of \$751 to \$2,000, a net 1,803 Veterans exited SSVF with higher incomes (+9 percent).

SECTION 5: SSVF Program Results

Shallow Subsidy Initiative Impacts: Preliminary Data from FY 2021 and FY 2022 (first 6 months)

Preliminary SSVF Shallow Subsidy Veteran exiter data from FY 2021 and the first six months of FY 2022 shows promising results. The preliminary data indicates that Veteran exiters who received shallow subsidy service were able to increase their income more than the average Veteran exiter. For that time period, the three tables below compare exiting Veterans who received shallow subsidies to all exiting Veterans. The last table shows the difference between the first two tables.

As shown below, half (50 percent) of Veterans who entered SSVF with no income and received shallow subsidy services exited with increased income, compared to 29 percent of all exiting Veterans – a 21 percent difference. Meanwhile, two-thirds (67 percent) of Veterans who entered SSVF with \$1 to \$500 and received shallow subsidy services exited with increased income, compared to a net 23 percent (increase minus same income groups) among all Veteran exiters. The \$751 to \$1000 and \$1001 to \$2000 groups of shallow subsidy services exiting Veterans also saw income improvements over all exiting Veterans group, albeit to a lesser extent. Overall, this preliminary data shows promising income increases for Veterans who receive SSVF Shallow Subsidy service. These income increases should help improve exiting Veterans' financial housing stability after exit.

Exiting Veterans Receiving Shallow Subsidies (FY 2021 and first 6 months of FY 2022)

Monthly Income at Entry	Income Change at Exit		
	Decrease	Same	Increase
No Income	n/a	50%	50%
\$1-\$500	0%	33%	67%
\$501-\$750	18%	35%	47%
\$751-\$1000	13%	43%	44%
\$1001-\$2000	11%	51%	38%

n= 319

Exiting Veterans (FY 2021 and first 6 months of FY 2022)

Monthly Income at Entry	Income Change at Exit		
	Decrease	Same	Increase
No Income	n/a	71%	29%
\$1-\$500	6%	65%	29%
\$501-\$750	7%	70%	24%
\$751-\$1000	6%	76%	18%
\$1001-\$2000	8%	74%	18%

n= 60,493

Difference: Exiting Veterans Receiving Shallow Subsidies MINUS Exiting Veterans

Monthly Income at Entry	Income Change at Exit		
	Decrease	Same	Increase
No Income	n/a	-21%	+21%
\$1-\$500	-6%	-32%	+38%
\$501-\$750	+11%	-34%	+23%
\$751-\$1000	+7%	-33%	+26%
\$1001-\$2000	+2%	-23%	+20%

n= 60,493

SECTION 5: SSVF Program Results

5.3.1 Satisfaction of Veterans Targeted by the Program

SSVF grantees must provide each adult participant with a VA-designated satisfaction survey within 45 to 60 days of the participant’s entry into the grantee’s program, and again within 30 days of the participant’s pending exit from the grantee’s program. In FY 2020, 7,464 participants completed satisfaction surveys.

Exhibit 5.9: Participant Self-Identified Service Needs (FY 2020)

More than 75%...	Between 50-75%...
Reported needing this service:	Reported needing this service:
Rental assistance 77%	Case management 74%
	Security and utility deposits 53%
	Housing counseling 50%
Between 25-49%...	Fewer than 25%...
Reported needing this service:	Reported needing this service:
Income support 47%	Moving costs 22%
Utility fee payment assistance 40%	Child care 4%
Daily living 35%	
Personal financial planning 34%	
Health care 34%	
Transportation 30%	
Purchase of emergency supplies 28%	

n= 7,464

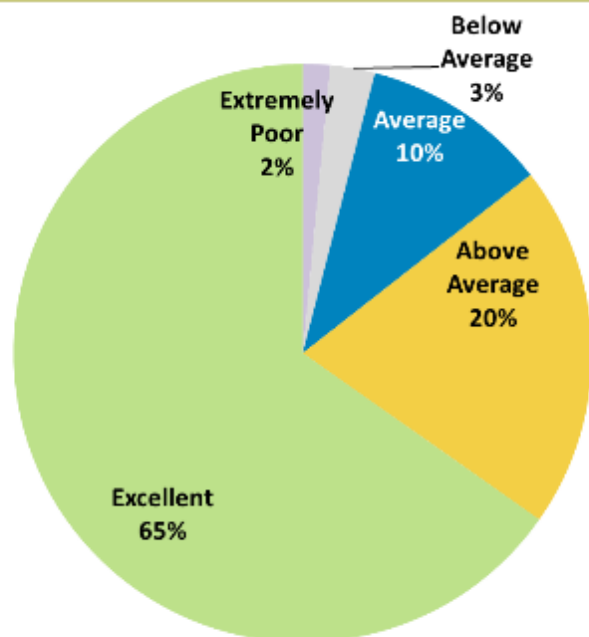
SOURCE: SSVF-Participant satisfaction surveys.

In FY 2020, SSVF participants’ top reported needs were rental assistance services at 77 percent and case management at 74 percent. As only 14 percent of SSVF households had children, the lowest reported need among all SSVF participants was childcare at eight (8) percent.

Since entry into SSVF, about one in three respondents (34 percent) reported having difficulties in paying housing costs due to decreased income. This was usually connected to significant changes in employment status, such as loss of work, in the year before they requested help from an SSVF provider.

SECTION 5: SSVF Program Results

Exhibit 5.10: Participant Overall Quality Ratings for Their SSVF Provider (FY 2020)



n= 7,464

SOURCE: SSVF-Participant satisfaction surveys.

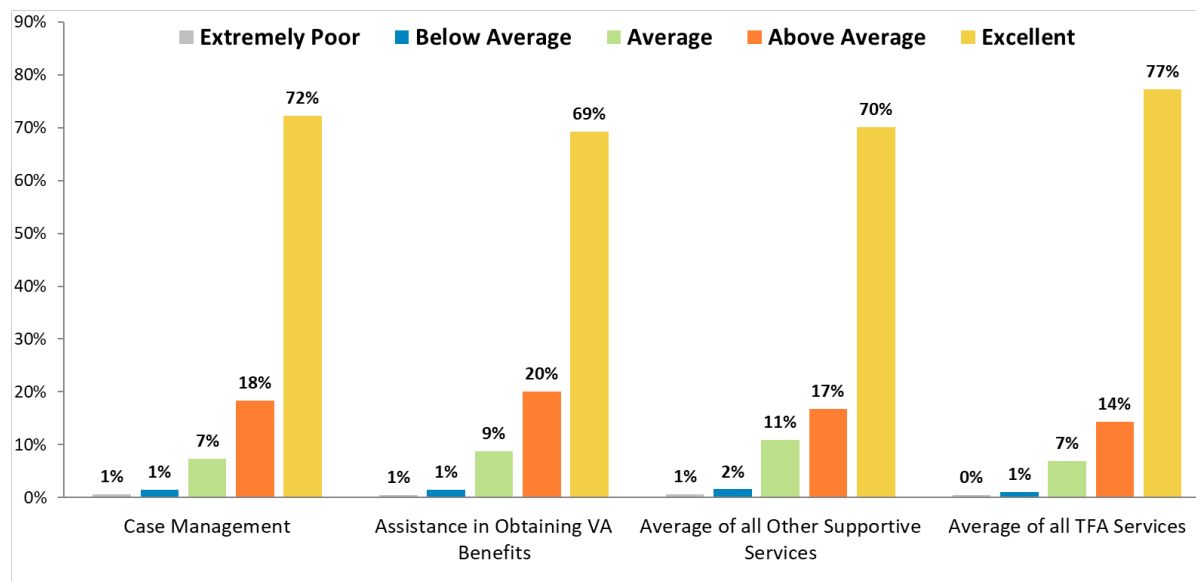
Eighty-five (85) percent of adult respondents rated the overall quality of services as “Excellent” or “Above Average” in FY 2020; 10 percent rated them as “Average”; another 5 percent rated them as “Below Average” or “Extremely Poor.”

Overall, a considerable proportion of participants indicated satisfaction with SSVF’s ability to meet their housing needs. However, due to COVID-19, the percentage of respondents that reported being involved in the creation of their individualized housing stabilization plan dipped from 75 percent in FY 2019 to 61 percent in FY 2020. COVID-19 driven increases in EHA usage, higher caseloads, and a shift from in-person to virtual case management, likely led to that decrease. The increase in program length of stay reflects the difficulty in developing permanent housing plans during this period.

Of adults who were able to participate in the creation of their individualized housing stabilization plans, 86 percent reported that their housing plan fit their needs.

SECTION 5: SSVF Program Results

Exhibit 5.11: Participant Rating of Service Quality (FY 2020)



n= 7,464

SOURCE: SSVF- Participant satisfaction surveys.

Overall, respondents' ratings of specific services were higher than their overall quality rating of their SSVF provider (as shown in Exhibit 5.11). TFA assistance received the highest rating, with 91 percent of respondents rating the service as "Excellent" or "Above Average." Case management services (90 percent), assistance in obtaining VA benefits (89 percent), and the average of all other supportive services (87 percent) each had more than 85 percent of respondents rating the service as "Excellent" or "Above Average."

5.3.2 SSVF and the SOAR Initiative

The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) Initiative is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to help enroll eligible adults who are either homeless or at risk of homelessness into SSI and SSDI. To qualify, enrollees must have a mental illness or a co-occurring substance use disorder. A reliable and sizable income source, such as SSI or SSDI benefits, often makes the difference in obtaining or retaining housing, rather than becoming or staying homeless.

The SOAR Initiative has shown impressive results in overcoming the barriers that have traditionally made it difficult for persons experiencing homelessness to obtain SSI/SSDI, including a lack of medical, employment, and educational history. Since the SOAR Initiative's nationwide rollout began in 2006, persons experiencing homelessness, who did not receive SOAR assistance, had their disability determination approved on initial application at an average rate of 10 to 15 percent. In 2020 persons experiencing homelessness, who did receive SOAR

SECTION 5: SSVF Program Results

assistance, had their disability determination approved on initial application at a rate of 65 percent.³⁴

Recognizing the value of the SOAR Initiative, VA introduced an effort to encourage SSVF grantee staff to complete SOAR training classes. In August 2018, 250 CoCs had SOAR programs in place that included SSVF grantees and 66 CoCs were in the process of implementing the SOAR model. An additional 31 CoCs indicated to VA that they are interested in implementing the SOAR model in cooperation with SSVF.

Over the next year, VA will continue to work with CoCs and SSVF grantees, particularly the new SSVF Health Care Navigators, to continue implementation of the SOAR Initiative.

5.4 Returns to Homelessness

A key measure of effectiveness for programs serving persons experiencing homelessness and those at high risk of homelessness is whether participants can avoid falling into homelessness after their participation in that program has been completed. It appears that those exiting SSVF to permanent housing have fared better in avoiding returns to VA homeless programs up to one-year post-exit when compared with a cohort of other Veterans living in poverty.

At a national level, accurately and consistently tracking both entries and returns to homelessness is a challenging task. Researchers, funders, and government are working on developing standardized methodologies to track returns to homelessness. In the interim, and for Section 5.4 of this report, a “homeless episode” was counted only if one of the following circumstances was met: (1) a record of completion of a HOMES assessment form; (2) a record of entry into a VA-specialized homelessness program; or (3) a record of SSVF rapid re-housing services. Veterans who exited SSVF to permanent housing destinations were followed from their date of exit until the occurrence of their first episode of homelessness (if any) using both a 6-month and a 12-month lookback period to identify whether and when they experienced a homeless episode, as defined above.

To examine changes over time in returns to VA homeless programs from SSVF, this sub-section provides data on six different time periods for the comparison of SSVF Veterans returns versus VA homeless programs:

- FY 2012: 32,033 Veterans exited SSVF to permanent housing during this period³⁵
- FY 2014: 53,388 Veterans exited SSVF to permanent housing during this period

³⁴ Substance Abuse and Mental Health Services Administration, “SOAR Outcomes and Impact,” retrieved May 17, 2022, <https://soarworks.praire.com/sites/soarworks.praire.com/files/SOAR2020Outcomes.pdf>.

³⁵ This first cohort did not consolidate SSVF reenrollments within a 30-day period to account for Veteran transfers between SSVF programs and geographical areas. All subsequent cohorts are consolidated in that manner. At the time of this report’s publication, it was not possible to consolidate this cohort to match the other cohorts’ adjustment.

SECTION 5: SSVF Program Results

- FY 2017: 38,370 Veterans exited SSVF to permanent housing during this period³⁶
- FY 2018: 30,428 Veterans exited SSVF to permanent housing during this period³⁷
- FY 2019: 36,679 Veterans exited SSVF to permanent housing during this period³⁸
- FY 2020: 27,974 Veterans exited SSVF to permanent housing during this period

The analysis presented in this part of the report used data collected by the SSVF program and by HOMES (an administrative database that tracks use of VA specialized homelessness programs) to assess the sustainability of housing outcomes for Veterans who exited SSVF to permanent housing destinations. The dataset used for this analysis was developed and provided by the National Center on Homelessness among Veterans (“the Center”).

Veterans were excluded from all cohorts if they had missing or invalid Social Security numbers or if their housing status at entry into the SSVF program was unknown. The resulting cohorts of Veterans were stratified into four sub-groups based on household type (Veterans in household without children versus Veterans in households with children) and SSVF service category (homelessness prevention versus rapid re-housing).

A set of statistical methods known as survival analysis was used to prospectively track these four groups to examine the timing and occurrence of episodes of homelessness following their exit from SSVF.

Given the developing nature of the appropriate metrics used to track returns to homelessness, both a 6-month and a 12-month lookback period are included in this section. As larger economic, housing market, societal, or other major factors may exert greater influence over time, some researchers prefer a shorter time window following program exit. Other researchers prefer a longer window to measure the longer-term sustainability of permanent housing placements.

Exhibit 5.12Exhibit 5.12 examines returns to VA homelessness programs at 6 months following Veterans exits to permanent housing, while in Exhibit 5.13 returns at 12-months are reviewed.

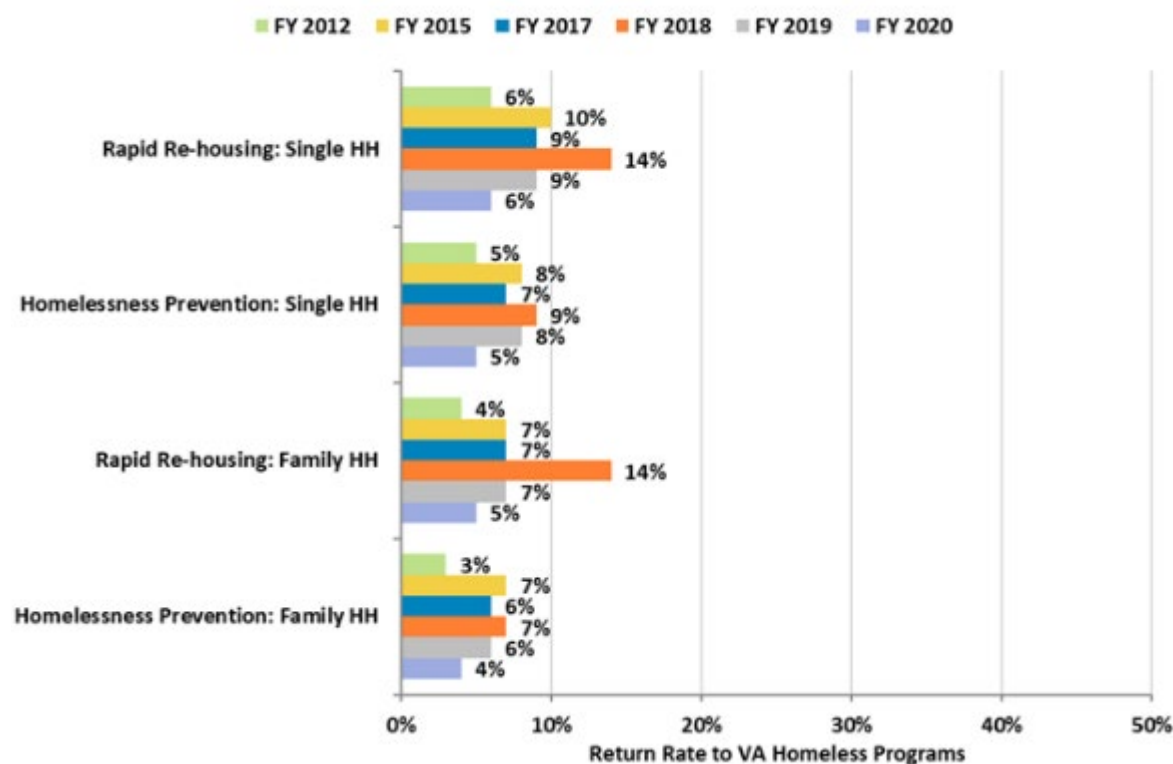
³⁶ This time period began one month earlier than the regular fiscal year and ended one month earlier than the regular fiscal year. Like all other returners datasets in this report, there were twelve months of permanent housing exiters included in this dataset.

³⁷ See note 36.

³⁸ This FY 2019 dataset was published for the first time in this report. That dataset was not ready for publication in time for the SSVF Annual Report, FY 2019.

SECTION 5: SSVF Program Results

Exhibit 5.12: SSVF Veterans with Permanent Housing Destination Return Rates to VA Homeless Programs, 6-month view



SOURCES: SSVF-HMIS Repository data; HOMES.

Exhibit 5.12 shows low levels of returns to VA homelessness programs by SSVF Veterans who exited to permanent housing destinations across most cohorts, household (HH) types, and housing assistance types at the six-month mark.

Return rates for Veterans in households with children were generally one (1) to three (3) percent lower than their Veteran counterparts in households without children in the six-month timeframe. Six months after exit from SSVF, three (3) to seven (7) percent of Veterans in households with children, who received homelessness prevention assistance, entered a VA-funded homelessness program, whereas those Veterans in households with children receiving rapid re-housing assistance returned homeless at a four (4) to 14 percent rate. For Veterans in households without children, five (5) to nine (9) percent returned from homelessness prevention, whereas six (6) to 14 percent returned after receiving rapid re-housing assistance.

For the latest cohort of SSVF Veterans who exited to permanent housing destinations, September 2019 through October 2020, the percentage of rapid re-housing returners to VA homeless

SECTION 5: SSVF Program Results

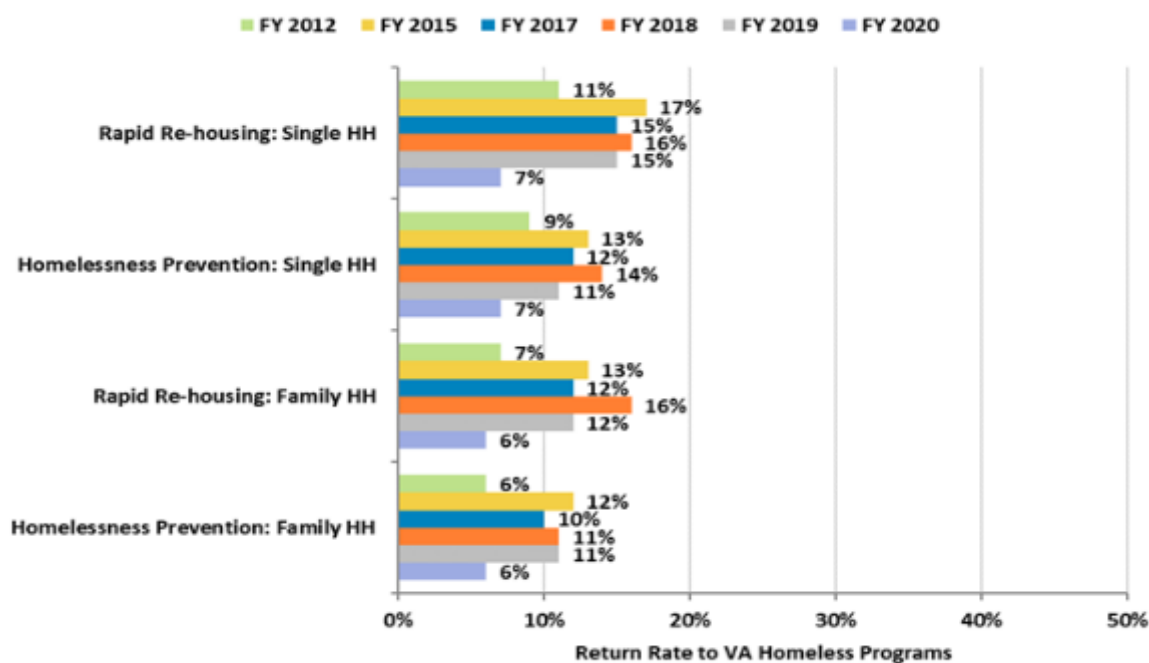
programs decreased significantly within the first six months of exit. Among family households who exited SSVF rapid re-housing services to permanent housing during that period six (6) percent returned to VA homeless programs, tied for the lowest level recorded. Meanwhile, among single Veteran households who exited SSVF rapid re-housing services to permanent housing in the latest cohort, the return rate fell to five (5) percent, down from two (2) percent in the previous cohort, and nine (9) percent since FY 2018.

The COVID-19 pandemic, resulting eviction moratoriums, and other public policy responses, likely had some effect on the FY 2020 dataset, as Veteran exiters were tracked up to six months after their permanent housing exit, well into the pandemic period. For SSVF, that included extending Veteran participation time in hotels and motels with EHA and lifting the time limits on rental assistance to protect Veterans households in their care. Those protective actions likely decreased the number of Veterans in unstable housing situations exiting during the year. For FY 2020, there was a dip of either two (2) or three (3) percent in return to VA homeless program rates since FY 2019 across all household and assistance types.

Upcoming FY 2021 returners' data will be reviewed by the Center and SSVF Program Office to get a fuller understanding of pandemic response policies and their relationship to SSVF Veteran returns to homelessness rates.

SECTION 5: SSVF Program Results

Exhibit 5.13: SSVF Veterans with Permanent Housing Destination Return Rates to VA Homeless Programs, 12-month view³⁹



SOURCES: SSVF-HMIS Repository data; HOMES.

Across all categories, post-SSVF return rates rose an average of four (4) percent with an additional six months added to the view. Consistent with the 6-month view, households with children and homelessness prevention assisted households showed lower rates of return to VA homeless programs than households without children and rapid re-housing assisted households, although the differences were smallest in FY 2020.

The cohorts between FY 2015 and FY 2019 showed two (2) to six (6) percent higher 12-month return rates than the FY 2012 cohort. For the most recent cohort, FY 2020, 12-month rates were at their lowest level across all categories.

Overall, these rates of return across all six cohorts, household types, and assistance types in the 12-month view are modest for households that have experienced homelessness or were literally at risk of homelessness in extreme poverty situations at program entry.

As a point of comparison, these return rates were similar to the seven (7) to 10 percent of Veterans in poverty who are estimated to experience homelessness on an annual basis according

³⁹ Return rates to VA homeless programs over the 12-month period in this exhibit (4.14) are cumulative over the entire period. For that reason, returns over the first 6 months that were shown in Exhibit 4.13, are included in this exhibit's return rates.

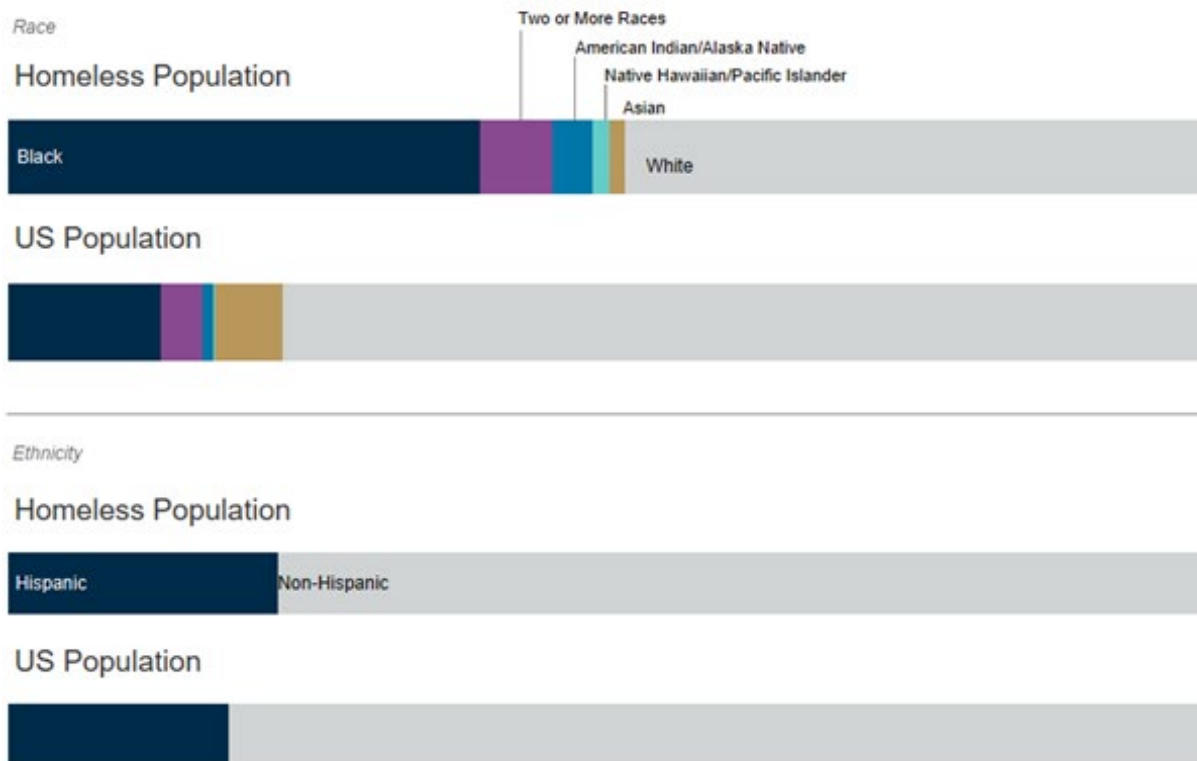
SECTION 5: SSVF Program Results

to the best available data from 2012 through 2019.⁴⁰ This is a particularly important finding as it is well-established that those who have previously been homeless are at higher risk of future homelessness. Based on these findings, SSVF appears to reduce this elevated risk.

5.4.1 Equity analysis of returns to homelessness data

Much of the modern homelessness crisis in the United States stemmed from systems and policies that incentivized discrimination on the basis of race and ethnicity. Those systems and policies include slavery, segregation, redlining, discriminatory policing and child welfare enforcement, public disinvestments in public housing, and colorblind strategies that ignored disproportionate impacts on communities of color. For those reasons, BIPOC and ethnic Latino/a/x disproportionately experience poverty and homelessness in this country.

Exhibit 5.14: Shares of the U.S. Population and Homeless Population by Race and Ethnicity, 2020



⁴⁰ “American Community Survey, 2012-2019, 1-year estimates: Age by Veteran Status by Poverty Status in the Past 12 Months by Disability Status for the Civilian Population 18 Years and Over (B21007),” *U.S. Census Bureau*. Retrieved on January 31, 2022 at <https://data.census.gov/cedsci/table?q=ACSST1Y2019.S2101&tid=ACSST1Y2019.S2101>

SECTION 5: SSVF Program Results

CREDIT: National Alliance to End Homelessness⁴¹

SOURCES: 1) AHAR; 2) US Population Data: US Census Bureau

As a result of discrimination, bias, and structural racism we continue to see disproportionate racial and ethnic differences between the U.S. population and its homeless population. As shown in the exhibit above, in January 2020 Black/African Americans were 13 percent of the U.S. population, but accounted for 39 percent of people experiencing homelessness, a threefold disproportionality. At the same time, 53 percent of homeless households with children were Black/African Americans.

During the same time period, as a combined group, American Indian, Alaska Native, Pacific Islander and Native Hawaiians represent one (1) percent of the U.S. population but consisted of five (5) percent of the homeless population. Latino/a/x are also disproportionately represented in the U.S. homeless population. Twenty-three (23) percent of the U.S. homeless population was Latino/a/x, while just 16 percent of the U.S. population was.

In June 2020, SSVF National Director John Kuhn cited the legacy of systemic racism and its impact on communities of color in a call to action with grantees. He said, “it is no coincidence that 54 percent of Veterans served by SSVF were people of color. These men and women have long experienced historic inequalities that have made it more likely that they are poor, have fewer opportunities, and face housing discrimination. As SSVF providers, your work has a direct bearing on some of the most visible effects of discrimination. By lifting families out of the degradation of homelessness and preventing homelessness for those at-risk, you are working to help end one of the worst consequences of economic and social injustice.”

SSVF’s ongoing work to lead with equity will include looking at other intersectional characteristics and disparities, such as addressing the disproportionate challenges that women Veterans face when returning to civilian life, including raising children on their own or dealing with the aftereffects of military sexual trauma. Efforts to address gender inequities will also be an area of ongoing work for SSVF.

Given the centrality of racial and ethnic identities to homelessness, and VA’s commitment to end homelessness among women Veterans, the Center worked with the SSVF Program Office and technical assistance staff to generate returns to VA homelessness program data by race, ethnicity, and gender for the first time to the aid SSVF’s emphasis on equity.

This data, and future datasets, will help SSVF to better understand its Veteran clients’ experiences and outcomes as members of different identity groups. SSVF will track and use this information to inform its equity initiative.

⁴¹ “Homelessness and Racial Disparities,” *National Alliance to End Homelessness*, Retrieved on February 6, 2022 at <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>.

SECTION 5: SSVF Program Results

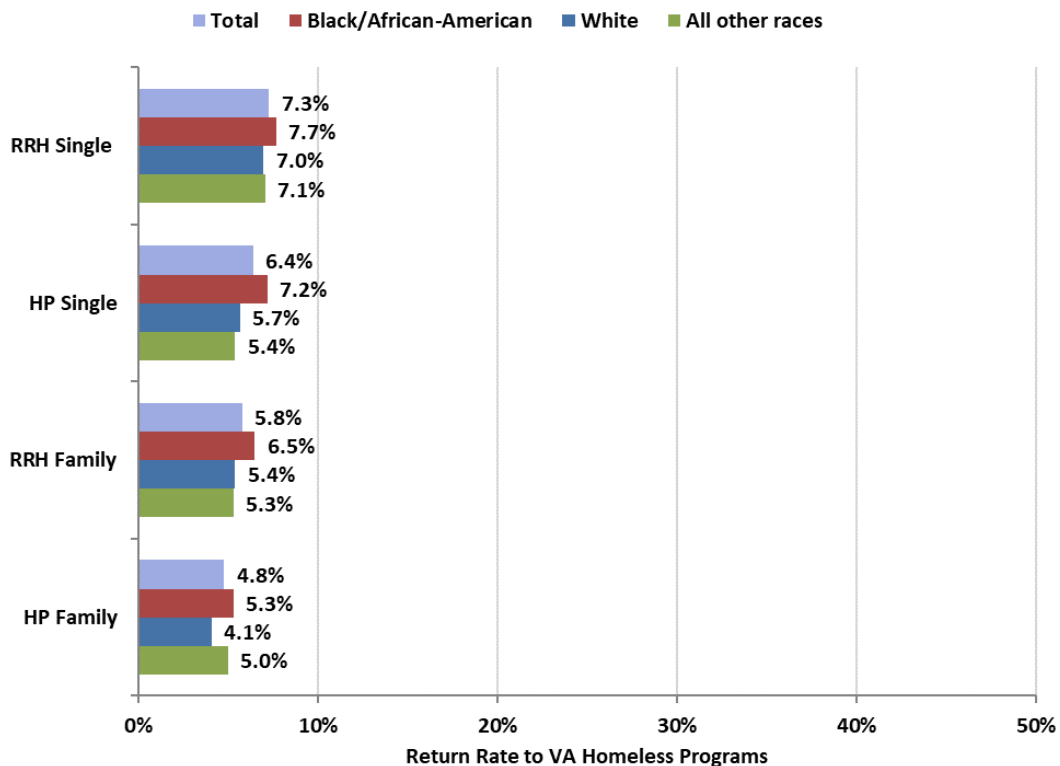
The Center included two years of SSVF Veteran exit information in the equity analysis dataset to increase the likelihood of accuracy and usability of each identity group's information. The most recent two years available were used by the Center (FY 2019 and FY 2020).

Due to time and sample size constraints, there were several significant limitations with this dataset:

- Race data:
 - The dataset was divided into only three categories, White, Black/African American, and "all other races." The "all other races" category combined American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander Veterans data into just one category. That was done to improve the sample size of the category. Without being able to view that separately by group (with sufficient samples sizes), possible disparities with one or more groups were not possible to identify.
 - When Veterans responded as members of more than one racial group, they were included in each group. As such, one Veteran may appear in more than one racial group. That group characterization reduced comparability of outcomes between racial groups.
 - The dataset was not set-up to provide a BIPOC category. That reduced comparability of outcomes between Whites and all other non-White and non-Latino/a/x groups.
 - The dataset did not include a multiple races category. That exclusion did not allow for the analysis of possible outcome differences for multi-race Veterans.
- Gender data:
 - Transgender (Trans Female or Trans Male) and gender non-conforming responses were excluded from the dataset. The center did not provide that data due to sample size concerns. Without being able to view that data, disparities with those groups' outcomes were not possible to identify or quantify.

SECTION 5: SSVF Program Results

Exhibit 5.15: SSVF Veterans, by Race with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view



n=67,080

At six months after exit, across all service and household type combinations, Black/African American Veteran permanent housing exiters had higher rates of return to VA homeless programs than the total group and the white group. Compared to the white group, Black/African American Veteran rates of return were between 0.7 percent and 1.5 percent higher. Put differently, the average Black/African American Veteran who exited SSVF to permanent housing was between 10 and 29 percent more likely to return to VA homeless program within six months, compared to their white counterparts.

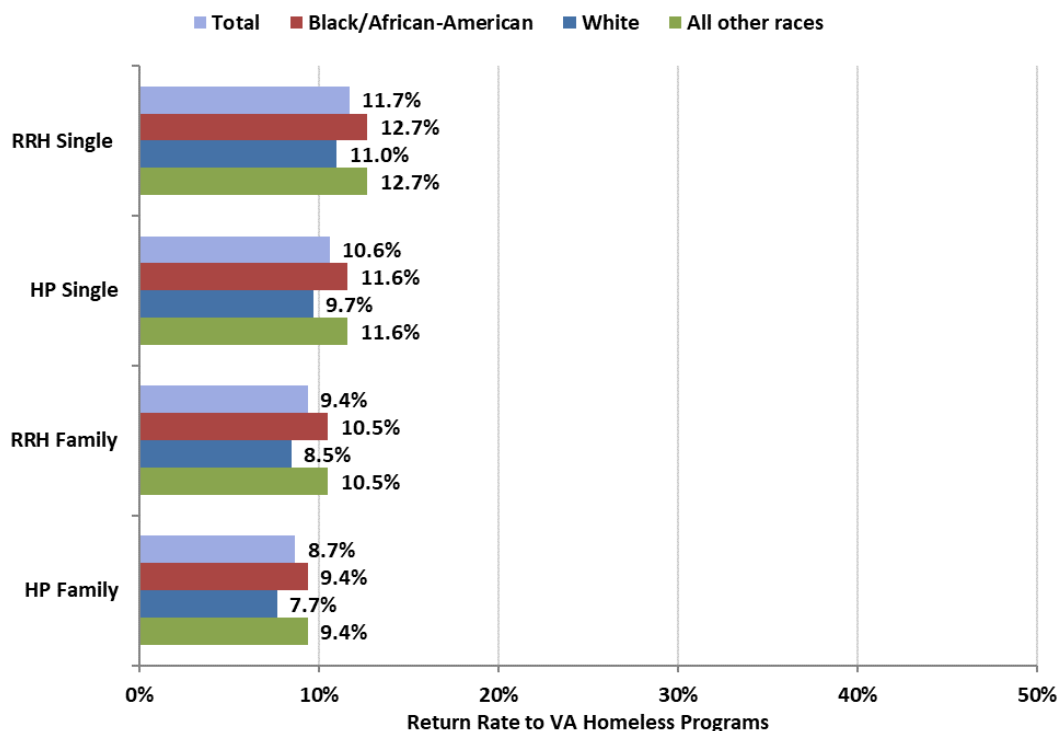
The biggest disparities were in homelessness prevention outcomes. Of Black/African American Veterans in households without children that exited homelessness prevention services, 7.2 percent entered a VA homeless program within six months of exit, compared to 5.7 percent of their white counterparts. Similarly, for Black/African American Veterans in households with children that exited homelessness prevention services, 5.3 percent entered a VA homeless program within six months of exit, compared to 4.1 percent of their white counterparts.

The white group had consistently lower rates of return than the total group, over the six-month time period, ranging from 0.3 percent (RRH single) to 0.7 percent lower (HP single and HP family).

SECTION 5: SSVF Program Results

The all other races group fared the same (within 0.2 percent) or better than the total group over the six-month period.

Exhibit 5.16: SSVF Veterans, by Race with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 12-month view



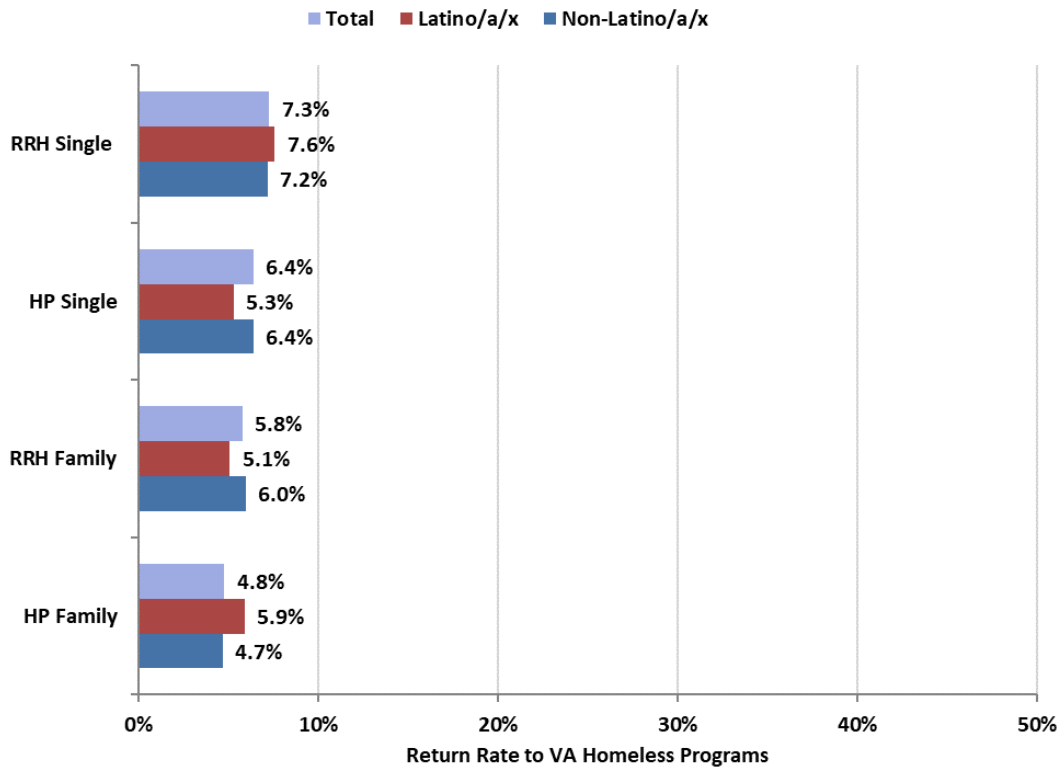
n=67,080

Consistent with the six-month view, Black/African American Veteran exiters to permanent housing had higher return rates than the total and white groups in all categories. However, the disparity between Black/African American Veteran return rates increased over the 12-month view. Black/African American group return rates ranged from 1.7 percent to 2.0 percent higher than the white group over the four categories. Put differently, the average Black/African American Veteran who exited SSVF to permanent housing was between 15 and 24 percent more likely to return to a VA homeless program within twelve months, compared to their white counterparts.

Unlike in the six-month view, the all other races group had a higher return rate than the total group over the 12-month view in every category.

SECTION 5: SSVF Program Results

Exhibit 5.17: SSVF Veterans, by Ethnicity with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view

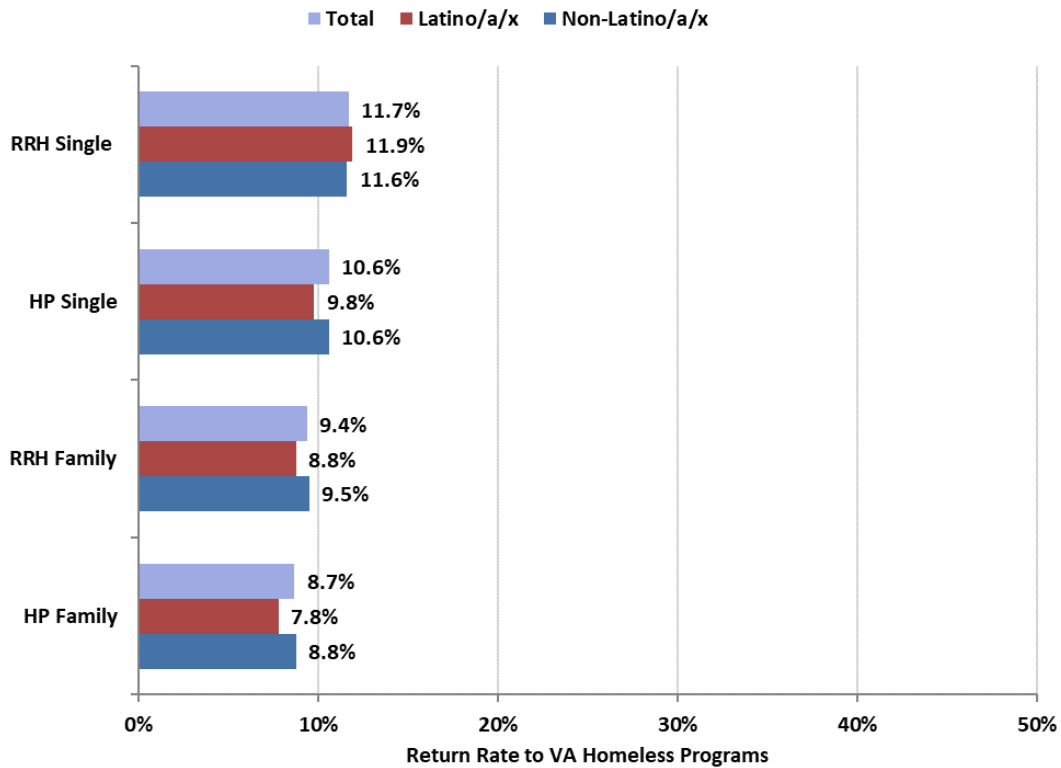


n=67,080

Six months after permanent housing exits, Latino/a/x Veterans had varying comparative rates of return to VA homeless programs compared to Non-Latino/a/x Veterans. Latino/a/x Veteran permanent housing exiters from SSVF have lower rates of returns than non-Latino/a/xs coming from homelessness prevention households without children (-1.1 percent) and rapid re-housing households with children (-0.9 percent). Meanwhile, Latino/a/x Veteran permanent housing exiters from SSVF have higher rates of returns than non-Latino/a/xs coming from homelessness prevention households with children (+1.2 percent) and rapid re-housing households without children (+0.4 percent).

SECTION 5: SSVF Program Results

Exhibit 5.18: SSVF Veterans, by Ethnicity with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 12-month view

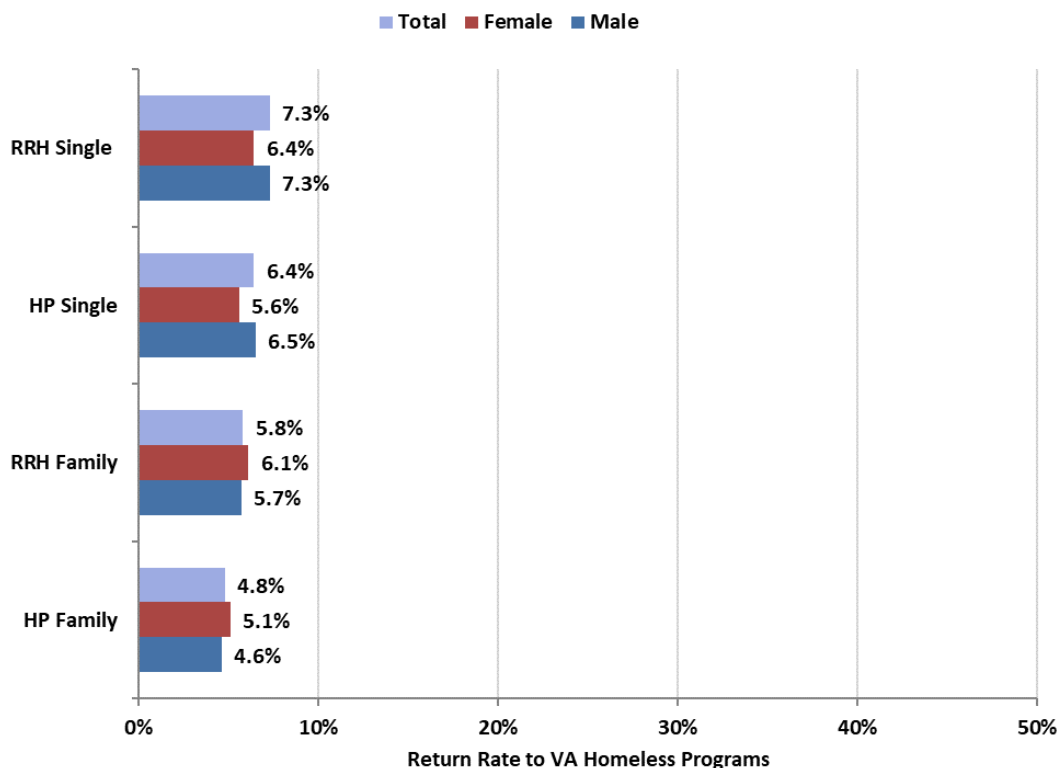


n=67,080

Over the 12-month view, Latino/a/x return rates rise slightly slower than their non-Latino/a/x counterparts. As a result, only the rapid re-housing households without children group shows a higher return rate for Latino/a/x, and there the difference was only 0.3 percent. Meanwhile, Latino/a/x show a lower rate of return in all other categories than non-Latino/a/x.

SECTION 5: SSVF Program Results

Exhibit 5.19: SSVF Veterans, by Gender with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view



n=67,080

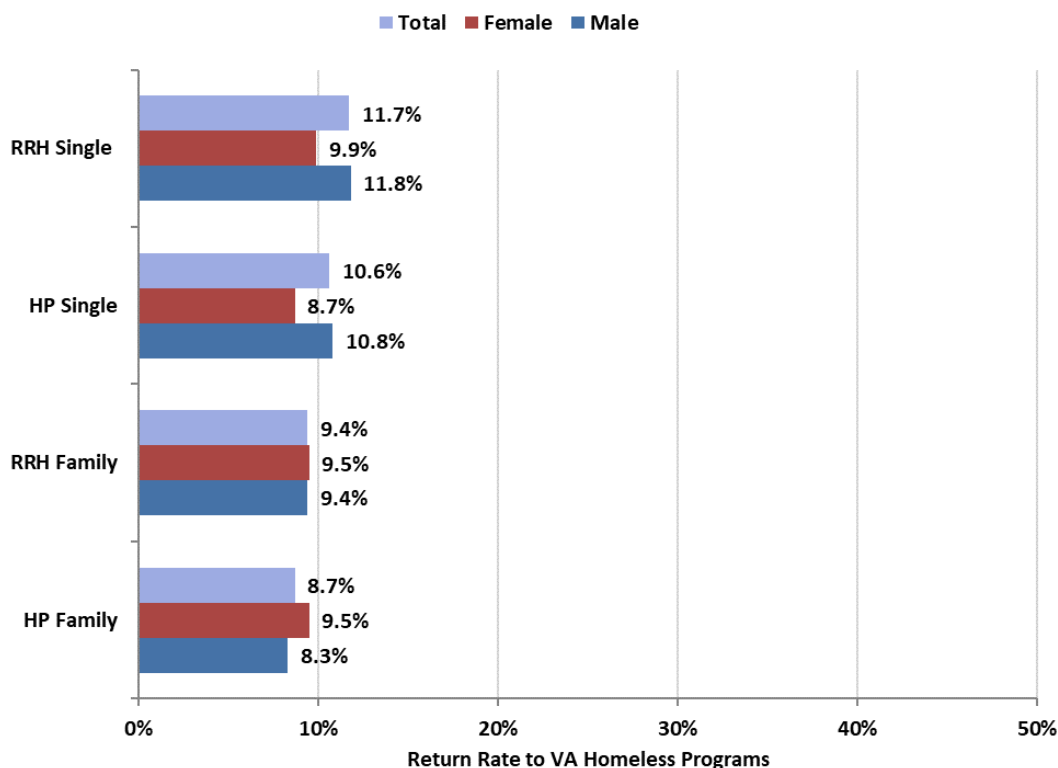
Six months after an exit to permanent housing, female Veterans in households with children had higher rates of return to VA homeless programs than male Veterans in those same household types. Among female Veterans in households with children from homelessness prevention, the return rate was 0.5 percent higher than male Veterans from the same situation; similarly, the return rate was 0.4 percent higher for female Veterans who exited to permanent housing from rapid re-housing services compared to their male counterparts.

It is common for women Veterans in households with children to not have any spousal or partner support while raising children. It is likely that such situations may account for some of the differences in return rates. National and state family childcare and income support programs limitations have not filled the practical support gaps that these women and their households face.

For households without children, male Veterans had 0.9 percent higher return rates than female Veterans from both rapid re-housing and homelessness prevention services.

SECTION 5: SSVF Program Results

Exhibit 5.20: SSVF Veterans, by Gender with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 12-month view



n=67,080

Twelve (12) months after exit, differences in rapid re-housing return rates between female and male Veterans in households with children evened out, shrinking to just a 0.1 percent difference. Homelessness prevention return rates, however, increased more for women Veterans for months seven (7) through 12 after exit. That return rate difference went from 0.5 percent at six months to 1.2 percent at 12 months.

Among households without children, return rates for male Veterans rose more than for female Veterans by twelve months after exit. The difference between the two groups reached 2.1 percent for homelessness prevention exiters and 1.9 percent for rapid re-housing exiters.

Next steps on the equity analysis of returns to homelessness data

The equity analysis on returns to homelessness data will be reviewed and refined in 2022 by the SSVF Program Office and its partners. There may be service refinements, trainings, disaggregation of data, or additional research needed to understand the dynamics of group differences from this first analysis.

In future analyses, racial and gender data variables will need to be refined in order to provide data on additional races and multiracial groups, and on transgender and non-binary groups.

Section 6:

SSVF Program Implementation and Technical Assistance

In FY 2020, the SSVF program continued its operation with a total of 252 grantees, covering nearly every community in the country. Typical program implementation and technical assistance (TA) activities were upended by the COVID-19 pandemic in March 2020 and the second half of the year was focused on ensuring the immediate safety of Veterans experiencing homelessness and supporting housing stability for Veterans housed through rapid re-housing or homelessness prevention. This chapter will focus on both halves of FY 2020, and additional information about the response to COVID-19 can also be found in Section 2.

In the first half of FY 2020, the SSVF Program Office supported on-going program implementation and community coordination to end Veteran homelessness as well as introducing new and innovative services to meet the evolving needs of Veterans, who were at risk of or were experiencing literal homelessness. SSVF grantees, VA personnel, and TA partners continued to enhance SSVF's programmatic role in implementing innovative practices and in convening local stakeholders around a shared vision and community plan for ending homelessness among Veterans.

SSVF TA continued to focus on supporting local and national efforts to end homelessness among Veterans, the coordination efforts required to meet those goals, and, starting in March 2020, specialized supports to grantees on how to help Veterans during the COVID-19 pandemic. While some on-site TA was provided during the first half of the year, all SSVF TA activities quickly pivoted to online in the early part of March 2020. Despite this quick change, and the incredible pivot in service provision and program activities since March 2020, TA continued to yield considerable positive results and movement towards meeting program goals and supporting SSVF grantees as they worked to shelter and house Veterans during a global pandemic. Throughout FY 2020, SSVF published a series of tools and resources to support grantee and local efforts. This included the introduction of Healthcare Navigation, Rapid Resolution, Shared Housing, the Shallow Subsidy pilot, and the tracking of Emergency Housing Assistance (EHA) expenditures, and SSVF/HUD-VASH coordination activities.

SECTION 6: SSVF Program Implementation and Technical Assistance

6.1 Community Planning and Coordination

The Department of Veterans Affairs (VA) continued to devote significant TA resources to helping grantees better coordinate assistance with local VA, CoC, and community partners; establish meaningful plans to prevent and end homelessness among Veterans; and develop and implement community-wide strategies to accomplish their plans. After the pandemic started, many of these efforts focused on coordination around moving Veterans to safe shelter and housing where they could isolate or quarantine during the COVID-19 pandemic. Direct TA efforts with large cities were critical to coordinating the complex programmatic changes needed during the pandemic for SSVF grantees and their local partners. Towards the end of FY 2020, TA providers brought together SSVF grantees and HUD-VASH staff to discuss better coordination between the two programs to support Veterans in non-congregate shelter and in the move to housing.

6.1.1 Direct Coordination Support

The SSVF Program Office and TA partners strive to provide SSVF grantees and their partners the tools, support, and training to be leaders in local planning efforts and to leverage promising practices toward this end. SSVF TA partners, and other national partners, continued to support SSVF in working with local coordinated entry systems, managing and directing master lists and case conferencing activities, chairing local Veteran planning committees, and working to bring more Rapid Resolution and problem-solving activities to the larger community. In addition to these activities, SSVF TA partners worked with grantees to pivot their operations to shelter Veterans in hotels, stand-up robust emergency housing services, and coordinate the housing process with multiple partners, all while addressing the immediate public health needs of the pandemic.

Beginning in October 2014 (FY 2015) and continuing through each year including FY 2020, VA released or revised a series of tools and products to support SSVF grantees in their local community planning efforts. A number of these resources are publicly available and can be found at www.va.gov/homeless/ssvf/ssvf-education. In FY 2020 these included:

- Revised and updated Rapid Resolution Training materials, including those related to compliance, community planning, and direct service delivery
- Tools to support planning of SSVF's Shallow Subsidy pilot initiative
- Revised Master List Template and Benchmark Report Generation Tool (revisions for FY 2020)
- Revised 2019 SSVF-SOAR Integration Toolkit and Income/Benefit Calculator which incorporated more resource guidance and streamlined calculations for Veteran families with children

SECTION 6: SSVF Program Implementation and Technical Assistance

- Support for the development of the Housing Skills Practice Center to promote online learning and professional development of the SSVF grantee workforce nationally
- A 10-part Rapid Re-housing Practice Standards Series made available to SSVF grantees in the Housing Skills Practice Center
- Webinar broadcasts discussing Homelessness Prevention, Returning Home initiative and Community Rehousing Coordination
- Office Hour visitation opportunities for SSVF grantees to ask questions in an online forum, supporting new initiatives or providing detailed guidance
- Training materials delivered at onsite Regional Meetings and the 2019 Permanent Housing Conference

Many more tools and products were developed and released to support grantees as they responded to the COVID-19 pandemic with new programmatic strategies and as they implemented new funding. Some of these tools and guidance can be found at www.va.gov/homeless/ssvf/covid19-resources. These include:

- A dozen webinar broadcasts discussing Emergency Housing Assistance implementation in non-congregate shelters, CARES Act funding, new Healthcare Navigation expectations, Racial Equity and Inclusion in SSVF, and SSVF/HUD-VASH collaboration
- A suite of products to help implement expanded EHA services, develop rehousing processes during the pandemic, approach challenges such as staffing issues and public health requirements, and introduce healthcare navigation to SSVF grantees
- A SSVF/HUD-VASH virtual Community of Practice presentation

VA made planning tools widely available by posting them on SSVF University, distributing them via listserv, and applying the tools during direct TA and grantee engagements.

In October and November 2019, the SSVF Program Office and TA staff worked with federal partners to put on the 2019 Permanent Housing Conference. The conference included more than 20 sessions on such topics as Rapid Resolution, Shared Housing, Income Maximization, Legal Services, and VA Integration into Coordinated Entry. Sessions were conducted with a mixture of SSVF Program and TA staff, with SSVF grantees providing additional “on-the-ground” examples in many sessions. The conference also included plenary sessions with federal partners, including HUD and USICH.

In February 2020, the SSVF Program Office supported the third annual SSVF Program Manager Academy, an intensive one and a half-day training for new SSVF Program Managers. Eighty-two new program managers attended the training, which covered a wide range of topics including grant management, fiscal control, fraud prevention, SSVF reporting requirements,

SECTION 6: SSVF Program Implementation and Technical Assistance

SSVF's role in community planning efforts, effective strategies to manage and support Rapid Re-housing best practices and Veteran-centric program design. SSVF grantees indicated that the training was very valuable and, as such, the Program Office plans to continue the event on an annual basis.

Throughout FY 2020, SSVF TA providers worked directly with a range of communities both remotely and onsite, though onsite activities were limited after February 2020. These engagements allowed for a wide range of TA and training, relevant both to SSVF specifically and to larger community planning and implementation processes. Direct TA engagements provided an opportunity for VA to leverage the tools, promising practices, and approaches learned over the years and apply those lessons to locally driven planning processes. TA providers, in partnership with SSVF VA staff, provided both demand-response and ongoing TA specifically designed to help local grantees and their partners establish thoughtful, action-oriented, tailored community plans and implement those plans using the innovative practices SSVF has catalyzed in recent years.

6.1.2 Direct TA

Before the pandemic, VA provided direct TA to over 15 communities in need of more intensive, one-to-one support. These tailored, direct TA engagements allowed for more focused community-level discussion and assistance, through the lens of SSVF. These TA opportunities also helped to promote the Federal Criteria and Benchmarks for Ending Veteran Homelessness and SSVF's new initiatives focused on specific high-cost, low availability of affordable housing communities.

Once the pandemic started, SSVF VA and TA staff began providing virtual direct TA to 27 large cities with high levels of Veterans in hotels and motels supported by EHA. This TA, which was sometimes delivered regionally and often varied by location, included CoC, HUD-VASH, and VA Medical Center staff. This intensive assistance was provided through remote calls, initially weekly, focused on reducing unsheltered homelessness, supporting grantees providing EHA non-congregate shelter, making connections for SSVF with other response efforts, e.g., CoC and local public health departments, and rapidly rehousing Veterans including supporting HUD-VASH placements into housing. As grantees increased their capacity, the frequency of intensive calls was tapered down.

6.1.3 Grantee Feedback

Evaluations collected at the conclusion of each event described above provided consistently positive feedback about the event's success in increasing participants' understanding of the topics discussed. SSVF TA providers delivered reports on each event summarizing grantee evaluation feedback and comments. The SSVF TA providers then shared these reports with VA SSVF Program Office staff and leadership, and they were used to help guide TA planning efforts throughout the year.

SECTION 6: SSVF Program Implementation and Technical Assistance

6.2 SSVF Shallow Subsidy Pilot

As a response to the affordable housing crisis, VA published a new rule allowing SSVF to offer a shallow subsidy on August 28, 2019. This shallow subsidy was structured to offer more modest rental support over a longer time-period than traditional rapid re-housing. SSVF began offering this new type of rental assistance in areas characterized by low availability of affordable housing with high costs and rates of homelessness.

Shallow subsidies provide rental assistance to low-income Veteran households who are enrolled in SSVF's rapid re-housing or homelessness prevention services. This type of assistance is expected to be used as part of grantees' progressive engagement approach towards prospective and new SSVF participants. It is likely that most participants will have already received rental assistance via traditional SSVF services (though this is not a requirement) but remain rent-burdened and require the longer-term assistance to maintain permanent housing. Under the SSVF Shallow Subsidy initiative, SSVF grantees provide rental assistance payments directly to landlords on behalf of the Veteran household for up to two years. SSVF staff also offer limited case management services, which may be increased if a crisis or unanticipated need arises, to assist Veteran households in maintaining their housing stability.

For SSVF's Shallow Subsidy initiative, the maximum amount of rental subsidy that can be provided on behalf of the Veteran household is limited to up to 35 percent of the local HUD Fair Market Rent (FMR) with the standard rate set by local grantee agreement in coordination with the CoC. This amount of subsidy is intended to provide a significant level of support, but distinct from other rental subsidies provided by HUD-VASH or the Section 8 Housing Choice Voucher programs, which pay higher portions of assistance toward rent. This subsidy does not decrease for the entire two-year period regardless of changes in household income to incentivize income growth. SSVF is partnering with DOL's Homeless Veterans' Reintegration Program (HVRP), a Veteran-specific employment and training program, co-enrolling and coordinating care to participants so that they may reach economic self-sufficiency by the end of the two-year rental subsidy. SSVF has committed over \$65 million in non-recurring awards to support shallow subsidies through FY 2022.

A national kick-off meeting with the pilot grantees awarded Shallow Subsidy funding was held in September 2019. Pilot grantees were chosen from select high cost, low vacancy communities with high numbers of Veterans experiencing homelessness. The VA's SSVF Program Office provided some intensive TA and planning support to grantees awarded Shallow Subsidy funds in FY 2020. Guidance and tools for the Shallow Subsidy initiative can be found at www.va.gov/homeless/ssvf/ssvf-initiatives.

Once the pandemic began, the Shallow Subsidy pilot became more challenging for existing and prospective participants because Veterans lost income -as businesses and schools/childcares closed during stay-at-home orders- and thereby needed higher levels of supports. Under Shallow

SECTION 6: SSVF Program Implementation and Technical Assistance

Subsidy program rules Veterans who need a higher level of support than Shallow Subsidy can provide can be transitioned back to rapid re-housing services with higher levels of rental assistance. With the lifting of rental assistance time limits under the Stafford Act Emergency Declaration grantees were able to ensure Veterans remained housed through returns to and continuation of the rapid re-housing service.

6.3 Supporting Program Implementation and Ongoing Quality Improvement

FY 2020 was the ninth year of operations for the SSVF program. VA recognizes the reality of staff turnover, particularly among direct care practitioners, and especially during a pandemic. Consequently, TA and training efforts continued to account for a wide range of grantee needs.

6.3.1 Compliance and Quality Improvement

The SSVF program continued to provide program-level TA to VA-identified grantees experiencing significant compliance or program practice deficiencies. VA SSVF Regional Coordinators, in consultation with TA staff, also sought to identify critical training needs for one-on-one and regionally based TA. VA SSVF Regional Coordinators and TA staff focused on internal coordination to ensure that trends were identified and addressed as part of the larger TA and training framework. SSVF staff developed several webinars to address compliance changes after the introduction of Stafford Act flexibilities and additional CARES Act funding.

The collaborative nature of this work allowed VA to prioritize compliance and practice areas that needed the most attention and support across grantees, and that supported ongoing compliance, quality improvement, and performance. To make its compliance process transparent and collaborative, VA made its review process publicly available at www.va.gov/homeless/ssvf/compliance.

As of FY 2020, grantees were visited biannually for programmatic and financial reviews to ensure that all aspects of grant compliance were continuously in place for each grantee. These reviews consisted of in-person or virtual site Financial Operational Fitness Assessment (FOFA) visits that assess whether the grantee's operations meet SSVF program requirements. Each FOFA visit generated a report identifying areas for potential performance improvement. In response, grantees developed an action plan to strengthen any identified areas of need. It should be noted, however, that due to the COVID-19 pandemic, some of these visits were postponed until FY 2021.

6.3.2 Tools, Products, and Trainings

The coordinated approach to TA delivery directly informed training efforts and activities related to creating tools and products, such as revisions to the *SSVF Program Guide* (reissued December 2019 for FY 2020) and other documents on the SSVF University site. For example, VA again revised and enhanced its SSVF Program Guide, Rapid Resolution planning and implementation resources, released a Shared Housing Toolkit, and produced other tools related to Shallow

SECTION 6: SSVF Program Implementation and Technical Assistance

Subsidy, Returning Home and other key topics. Once the pandemic began, SSVF and TA released numerous documents to support grantees' swift action to ensure the safety of homeless Veterans through non-congregate sheltering and housing, more detailed information is available in chapter 2.

VA also offered TA opportunities to meet grantees' unique needs based on their program implementation progress, status in meeting contractual obligations to date, and involvement in local planning efforts. SSVF Regional Coordinators communicated with SSVF grantees directly through grantee/community level calls and through monthly TA supported regional conference calls and national webinars covering relevant topics and program policy updates. During much of FY 2020, SSVF did weekly or bi-weekly Office Hours, supported by TA staff, to address the ever-changing COVID-19 pandemic and response efforts. Most webinars included 400 to 700 attendees and featured presentations from SSVF Program Staff, Regional Coordinators, TA providers, and SSVF grantees. Between regularly scheduled National Webinars and other ad-hoc webinars, the VA SSVF Program Office supported a total of 28 webinar sessions during the fiscal year, including numerous webinars to address the significant programmatic changes with regards to the COVID-19 pandemic, Stafford Act flexibilities, and CARES Act funding.

6.3.3 Data-Informed Planning

The SSVF Program Office has consistently used data to drive regulatory and policy adjustments to service delivery. SSVF's emphasis on coordinated entry and community planning is driven by a collaborative approach undertaken by the Federal partners, including HUD and USICH, to pursue evidence-based approaches proven to reduce homelessness. The emphasis on being integrated with the CoC's coordinated entry system supports better targeting of housing interventions and improves access to care for homeless and at-risk Veterans. SSVF's Notice of Funding Availability (NOFA) specifically requests letters of support from the CoC that describe the grantee's involvement in coordinated entry and the SSVF application considers the applicant's involvement in community planning as a part of the applicant's score.

The VA SSVF Program Office continues to use outcome data—both local and national—to inform training and TA. The SSVF Program continues to produce one of the most comprehensive and timely datasets related to rapid re-housing and homelessness prevention in the country. This puts VA and the SSVF program in a unique position to use SSVF data to better understand these interventions, the Veterans and families they serve, and cost-effective strategies for preventing and ending Veteran homelessness. This data-informed approach continues to guide TA and implementation support activities and it will become more valuable as the program sustains its operations in the coming years. Data collection during the first year of the COVID-19 pandemic was helpful in driving SSVF program planning, policy changes, and was instrumental in securing additional CARES Act funding for SSVF grantees. This Annual Report and previous SSVF Annual Reports are publicly available at www.va.gov/homeless/ssvf/research-library.

SECTION 6: SSVF Program Implementation and Technical Assistance

6.4 Practice Standards and Accreditation

VA continued to emphasize the importance of using the SSVF practice standards to guide program design and fidelity to the SSVF core practices. The SSVF standards describe core program features and evidence-based practices around rapid re-housing and homelessness prevention across a range of program elements. Once they were published in FY 2013, VA was able to share the SSVF standards with three primary accreditation bodies—Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), and the Joint Commission. These relationships began in the FY 2013 SSVF Program Notices of Funding Availability (NOFAs), which allowed for multi-year funding awards for grantees accredited through CARF or COA, starting in FY 2014. Grantees could become accredited through the Joint Commission starting in FY 2016.

Further, in FY 2014, VA and other key stakeholders participated on an International Standards Advisory Committee (ISAC) with CARF to draft a new set of homelessness prevention and rapid re-housing standards that have since been incorporated into CARF’s Employment and Community Standards accreditation process. The SSVF standards were a basis for ISAC’s discussions and CARF formally incorporated them into its accreditation process on January 1, 2015. During this same period, COA also developed and adopted updated standards pertaining to rapid re-housing and homelessness prevention with input from the SSVF Program Office, VA TA providers, and other subject matter experts.

By the end of FY 2020, 111 grantees received accreditation from CARF and/or COA. VA considers accreditation a clear demonstration that these grantees operate their organizations and programs with a distinct level of professionalism and with fidelity to SSVF’s program model. See Appendix 3 for a complete list of accredited SSVF grantees.

6.5 Next Steps and Looking Forward to FY 2021

In the coming fiscal year, VA will continue to leverage its resources to provide program-based TA while supporting the program’s unique role in leading and driving local efforts to end homelessness among Veterans. VA will continue to work closely with other VA homelessness programs and federal partners, namely HUD, U.S. Department of Labor/Veterans’ Employment and Training Service (DOL/VETS) and USICH, to support SSVF grantees as they provide a growing suite of services during the COVID-19 pandemic and ensure a coherent, coordinated approach to supporting direct community-level efforts to end homelessness among Veterans.

SSVF TA closely coordinated with national efforts to address the risk of serious illness and death from COVID-19 and this coordination will continue to allow for a consistent approach to TA and other support relevant to safe shelter and housing during the pandemic and ending homelessness among Veterans across federal programs and initiatives. As the pandemic continues into FY 2021, SSVF will focus on supporting grantees to incorporate additional public health measures

SECTION 6: SSVF Program Implementation and Technical Assistance

including vaccine implementation once they are available and ensuring that SSVF services are delivered through an equity lens to reduce disparities in Veteran homelessness. These efforts will also include preparing for and delivering intensive training and direct support for the national rollout of SSVF healthcare navigation services funded through additional CARES Act funding to SSVF.

Finally, SSVF will continue to issue guidance and offer trainings to meet the growing need for targeted, effective rapid re-housing and homelessness prevention services. As part of this work, VA's primary TA partner, the Technical Assistance Collaborative, continues to refine an online learning management system named the [Housing Skills Practice Center](#) which allows for interactive, dynamic online training opportunities targeted to both management and direct service staff. The learning management system updates are being implemented in a phased approach, and all SSVF grantees will have access to the learning modules.

Section 7: Conclusion

This section provides a concluding review of the FY 2020 SSVF program year, including COVID-19 changes, key program results and program supports, and upcoming service strategies for FY 2021.



7.1 FY 2020 Overview

Before COVID-19 became a global pandemic, SSVF continued its community planning and coordination support work which initially began in FY 2015 and has grown, developing and refining coordinated efforts to end Veteran homelessness among community stakeholders.

In FY 2020, SSVF's 257 grantees assisted 78,440 Veteran households consisting of more than 114,000 people. The year saw increases in the numbers of households (+8 percent), total persons (+8 percent), and Veterans (+11 percent) served by SSVF compared to FY 2019.

Grantees provided rapid re-housing services to 56,592 homeless Veteran households comprising 72,873 persons through their partnerships with emergency shelters, transitional housing programs, street outreach, and other homeless assistance providers, as well as VA homeless services such as the Grant and Per Diem (GPD) and Health Care for Homeless Veterans (HCHV) programs. Grantees provided homelessness prevention assistance to 25,298 Veteran households consisting of 43,064 persons. A small number of households (3,450) received both types of assistance.

Over the last nine years, cumulatively, SSVF grantees assisted 660,140 households, consisting of 1,020,730 people. Sixty-nine (69) percent of SSVF households received rapid re-housing assistance over the nine years, whereas 32 percent received homelessness prevention assistance. One (1) percent of households received both assistance types.⁴²

7.1.1 Early FY 2020 Technical Assistance Efforts

In October and November 2019, the SSVF Program Office and TA staff worked with federal partners to develop and hold the 2019 Permanent Housing Conference, including sessions on such topics as Rapid Resolution, Shared Housing, Income Maximization, Legal Services, and VA Integration into Coordinated Entry.

In February 2020, the SSVF Program Office supported the third annual SSVF Program Manager Academy. The conference provided trainings to new program managers on critical topics such as grant management, SSVF's role in community planning efforts, management strategies, rapid re-housing best practices, and Veteran-centric program design. Through February 2020, SSVF TA providers often worked onsite directly with a range of communities needing TA and training, relevant both to SSVF specifically and to larger community Veteran planning and implementation processes. Beginning in March 2020, this work continued to be provided, but in a virtual format, as described in [Section 7.1.4](#) below.

⁴² The total number of households served can exceed the number of Veterans served, as SSVF grantees are allowed to continue services to non-Veteran households (typically including dependent children and a caregiver) that are created when the Veteran is separated from the household. SSVF regulations published on February 24, 2015, expanded the resources available to such non-Veteran households in the event of separation as the result of domestic violence.

7.1.2 COVID-19 Response

The COVID-19 pandemic exacerbated the health and safety risks of people experiencing homelessness or at literal risk of homelessness, while complicating their path towards housing stability. SSVF took swift action to ensure the safety of Veteran households experiencing homelessness from COVID-19 risks. The program provided a significant emergency response by expanding the use of the emergency shelter options, waiving some time limits, and providing assistance with basic needs. Additionally, the program expanded its efforts to assist HUD-VASH connected Veterans and extended housing assistance for Veterans in rapid re-housing and homeless prevention.

Stafford Act Usage

On March 13, 2021, the Stafford Act Emergency Declaration for COVID-19 was federally invoked. SSVF was able to use Stafford Act flexibilities to make needed program adaptations that addressed the heightened risks faced by Veteran households experiencing homelessness or at-risk of homelessness. The adaptations made included time limit waivers for EHA, a funding and time limit waiver for rental and utility assistance, a lifting of food assistance limits, a waiving of the budget percentage cap on homelessness prevention spending, and a waiving of the TFA budget limit.

The elimination of limits on EHA TFA was one of the most significant adaptations, enabling speedier placements of Veteran households into non-congregate emergency shelter, often in hotels and motels. SSVF grantees worked with these hotels and motels to set up spaces for case managers to work with their clients and to establish other safety protocols that helped protect Veterans from COVID-19 exposure risks. Between March and September 2020, SSVF estimates that 17,405 Veterans had stays in EHA-funded hotels or motels.

Funding Usage

In support of SSVF's COVID-19 efforts, the program received \$601 million through the CARES Act (enacted March 27, 2020). That funding was eligible for spending in FY 2020 and FY 2021.

Overall, SSVF FY 2020 financial expenditures rose to \$540 million, 54 percent higher than the prior year. CARES Act funds used to support SSVF's pandemic response were responsible for the scale of that increase. By the end of the fiscal year, SSVF grantees spent 27 percent more than their pre-pandemic budget estimate of \$426 million.

EHA TFA expenditures were 28 times higher in FY 2020 than the prior year.

7.1.3 Program Results

Overall, SSVF maintained positive program results in FY 2020. Seventy-seven (77) percent of exiting Veterans left to permanent housing destinations, with an average length of stay of 131 days (about 19 weeks).

SECTION 7: Conclusion

Veterans who exited to permanent housing, and were served with SSVF rapid re-housing, took an average of 51 days (about 7 weeks) to exit homelessness to permanent housing and, on average, another 91 days (about 13 weeks) to exit the program.

Return rates to VA homeless programs in FY 2020 were low six months after exit, ranging from four (4) to six (6) percent depending on assistance and household type ([see Section 5.4 for more information](#)).

However, there were notable COVID-19-related effects on SSVF program results in FY 2020. Compared to FY 2019, the numbers of Veterans served increased by 11 percent, while length of participation time among Veteran exiters increased by seven (7) percent.

The extent to which SSVF served more Veterans in FY 2020 than the prior year was the result of increased rates of Veterans entering services between May and September 2020. The increase in length of participation resulted from the expansion of EHA services and longer participation times in rapid re-housing, allowed by Stafford Act waivers. The EHA expansion enabled Veterans and their household members to remain in safe hotels and motel locations, but lengthened exiters' stays.⁴³

7.1.4 SSVF Program Office and TA Supports

SSVF Program Office and TA staff provided extensive virtual support to grantees throughout FY 2020. National webinars held by SSVF and TA staff were critical for the safe sharing of critical information. During much of FY 2020, SSVF did weekly or bi-weekly Office Hours, supported by TA staff, to address the constantly changing COVID-19 pandemic. Between regularly scheduled and ad-hoc webinars, the VA SSVF Program Office and TA staff supported 28 national webinars. These webinars had 400 to 700 attendees, featuring presentations from SSVF Program Staff, Regional Coordinators, TA providers, and SSVF grantees. Often, FY 2020 webinars addressed the significant COVID-related programmatic changes, Stafford Act flexibilities, and CARES Act funding. Additional virtual support was provided to SSVF grantees through SSVF Program Office and TA staff's development of the Housing Skills Practice Center. This online resource promoted learning and professional development of the SSVF grantee workforce nationally, including a 10-part Rapid Re-housing Practice Standards Series.

In response to the pandemic, SSVF VA and TA staff virtually provided direct technical assistance to 27 large cities with high levels of Veterans in hotels and motels supported by EHA. Remote calls, initially weekly, focused on reducing unsheltered homelessness; supporting grantees providing EHA non-congregate shelter; making connections for SSVF with other response efforts, including CoC and local public health departments; and rapidly re-housing Veterans including supporting HUD-VASH placements into housing. The frequency of intensive

⁴³ As length of participation is only measured for Veterans who exited the system, pandemic related stays are expected to increase in FY 2021, as Veterans were served for longer periods to protect their health and safety during FY 2020 start to exit the program.

regional calls was then reduced as grantee capacity grew. Additionally, SSVF Regional Coordinators communicated with SSVF grantees directly through grantee/community level calls and through monthly TA supported regional conference calls and national webinars covering relevant topics and program policy updates.

SSVF Program Office and TA staff delivered trainings, facilitated discussions, and developed guidance, on a wide range of topic areas during FY 2020. These topics included immediate COVID-19 response measures; EHA (e.g., safe practices, overcoming barriers, effective usage, hotel/motel partner collaboration, grantee promising practices, guidance, etc.); Veteran hiring, training, and retention strategies; permanent housing strategies; and the support, sharing and growth of efforts to imbue equity into SSVF and grantees' regular programmatic design and their pandemic response measures.

For Veterans who identified as BIPOC, the COVID-19 pandemic worsened already existing systemic disparities. To prevent existing disparities from being exacerbated, SSVF grantees were asked to conduct equity, diversity, and inclusion reviews. These reviews included examinations of program practices and outcomes with the goal of identifying and addressing disparities by race/ethnicity, gender, ability, family size, and other intersectional characteristics. To support this work, SSVF TA, program staff and grantee staff developed content and facilitated webinars and regional discussions on equity, providing information on structural and systemic racism and its direct relationship to the disparities seen in housing and homelessness.

7.2 Upcoming Service Strategies and Supports

Looking ahead to FY 2021, SSVF will continue to adapt its program to better serve Veterans and their families in-need during the ongoing COVID-19 pandemic and the housing affordability crisis.

7.2.1 Expected Service Outcome Changes

SSVF remains committed to frequently analyzing its data to shape its grantee support, TA efforts, initiatives, and partnerships. The COVID-19 pandemic's serious health and safety risks to Veteran households in need underscore the importance of that commitment.

To that end, SSVF has been analyzing preliminary FY 2021 data to better understand program and service changes, and COVID-19 related changes. Thus far, SSVF's preliminary FY 2021 data indicates that exiting Veterans' length of participation has increased significantly. Usage of temporary hotels/motels via EHA as a COVID-19 protective measure and less availability of affordable housing appear to be the major drivers of this change.

SSVF caseloads rose greatly during the latter half of FY 2020 to meet the elevated health and safety needs of Veterans and their households during the pandemic's start. Relatedly, the Stafford Act declaration's waiver of limits on TFA also contributed to the rise in caseloads, as Veterans were allowed to receive services for longer periods of time as they navigated the pandemic (see [Section 2](#) of this report for more information). Increased SSVF participation time

SECTION 7: Conclusion

among Veteran stayers during FY 2020 and increased Veteran entries combined to cause that rise. Preliminary FY 2021 data shows caseloads began declining at the start of the fiscal year as new household entries declined. Overall, it appears that more Veterans were served in FY 2021.

The proportion of Veterans served with either rapid re-housing or homelessness prevention assistance appears to have changed significantly in FY 2021. The early data suggests that Veterans served with homelessness prevention rose by more than 15 percent, while Veterans served with rapid re-housing decreased by nearly five (5) percent. This programmatic shift was likely due to grantee efforts to protect Veterans and their family members from falling into homelessness as eviction moratoria expired.

The permanent housing exit rate appears to have declined slightly for Veterans served with homelessness prevention assistance, by about two (2) percent, while the permanent housing exit rate for Veterans served with rapid rehousing appears to have decreased by 5 percent.

7.2.2 Health Care Navigation Services

SSVF has continued to serve Veterans with high levels of need. In FY 2020, 66 percent of Veterans served by SSVF had disabling conditions at entry. Cardiovascular disease, substance use disorder, major depressive disorder, and post-traumatic stress disorder are the common major health issues of Veterans served by SSVF.

To meet Veterans' needs for appropriate health care coordination while receiving EHA, temporary, or more permanent housing supports, SSVF began implementation of a new health care navigation service in FY 2020. Health Care Navigators work with Veterans on gaining access to health care, supporting health care plans by identifying barriers to care, assisting in accessing care, and providing education on wellness related topics.

Health care navigation services will complete their nationwide expansion in FY 2021. That will include the staffing of Health Care Navigator (HCN) positions funded by the CARES Act and intensive training and direct support TA. By the end of FY 2021, HCNs will be SSVF's critical link to health care with VAMCs and local health care services for care coordination and COVID-19 testing and vaccines.

7.2.3 Shallow Subsidy Expansion

Part of SSVF's response to the continuing affordable housing crisis was the creation of the Shallow Subsidy program. This subsidy is structured to offer more modest rental support over a longer time period than traditional rapid re-housing or homelessness prevention. These subsidies are targeted to serve low-income Veteran households and are offered as part of grantees' progressive engagement approach to case management.

SSVF grantees provide shallow subsidy rental assistance payments directly to landlords on behalf of participating Veteran households for up to two years at the same level, capped at 35 percent of HUD Fair Market Rent (FMR). As the rental subsidy does not change for two years,

SECTION 7: Conclusion

and Veterans are not subject to income recertification, Veteran household participants are incentivized to increase their income without fear of losing housing subsidies and other benefits. SSVF staff offer limited case management services, which may be increased if a crisis or unanticipated need arises, to assist Veteran households in maintaining their housing stability.

This new type of rental assistance was first offered in September 2019 as a pilot program in areas characterized by high costs, low availability of affordable housing, and high rates of homelessness. At that time, pilot grantees from the selected communities participated in a kick-off training event and began to administer the service in their areas.

The VA's SSVF Program Office provided some intensive TA and planning support to grantees awarded to operate SSVF Shallow Subsidy services in FY 2020. However, once the pandemic began, the Shallow Subsidy pilot became more challenging for existing and prospective participants because Veterans lost income- as businesses suspended operations and schools/childcares closed during stay at home orders- thereby requiring higher levels of assistance. Under Shallow Subsidy program rules, Veterans who need a higher level of support than Shallow Subsidy can provide can be transitioned back to rapid re-housing services with higher levels of rental assistance. With the lifting of rental assistance time limits under the Stafford Act Emergency Declaration grantees were able to ensure Veterans remained housed through returns to and continuation of the rapid re-housing service.

In FY 2021, as communities reopen businesses, schools, and childcare, intensive Shallow Subsidy TA and planning support will resume with a national launch. New guidance materials, community planning tools, office hours, and webinars will be offered to SSVF grantees throughout the year.

7.2.4 Federal Partnerships

This year, SSVF partnered with the U.S. Department of Labor's Homeless Veterans' Reintegration Program (HVRP), a Veteran-specific employment and training program, co-enrolling and coordinating care to participants so that they may reach economic self-sufficiency by the end of the shallow rental subsidy.

In FY 2021, VA will continue to work closely with other VA homelessness programs and federal partners, namely HUD, U.S. Department of Labor/Veterans' Employment and Training Service (DOL/VETS) and USICH, to support SSVF grantees as they provide a growing suite of services during the COVID-19 pandemic and ensure a coherent, coordinated approach to supporting direct community-level efforts to end homelessness among Veterans.

As part of the national COVID-19 pandemic response, SSVF TA closely coordinated with federal agencies and other VA programs to address the risk of serious illness and death from COVID-19.

7.2.5 Tracking Progress and Next Steps

As the COVID-19 pandemic persists in FY 2021, SSVF will continue to respond to Veterans and their family's evolving needs. With COVID-19 vaccines available in FY 2021, SSVF will assist grantees with vaccine guidance, tracking, and other client vaccination coordination efforts critical for Veteran safety and health.

The VA's SSVF Program Office will continue to leverage its resources to provide comprehensive program-based TA, while also emphasizing SSVF's unique role in local efforts to end homelessness among Veterans. In October 2015, VA, HUD, and USICH took the important step of publicly defining criteria and related performance benchmarks for achieving the goal of ending homelessness among Veterans. These criteria and benchmarks were updated in 2019.⁴⁴ This information is crucial in helping prioritize federal and local efforts to end and prevent Veteran homelessness.

The partnerships forged and homelessness resources provided over the last nine years by VA, SSVF providers, and CoCs have yielded some noteworthy achievements. As of March 2021, three states and 82 communities had successfully ended Veteran homelessness by meeting the federal criteria and related benchmarks. SSVF played a significant role in most of these communities' achievements.

In FY 2021, SSVF will continue its equity leadership with the creation and dissemination of its first Equity Report. This report will use race/ethnicity disparity checks on Veteran enrollments, living situation at entry, provision of TFA resources, and permanent housing success rates to help grantees identify possible service disparities with their program, local referral network, or coordinated entry system. This report will help grantees and SSVF as a program to identify disparities and track improvement efforts towards equity. That report's introduction will be a part of a national webinar, which will root grantees in the importance of leading with racial equity and social justice, integrating Veterans with lived experiences and expertise into planning efforts, and engaging in continuous quality improvement efforts.

Over the next year, SSVF will continue to collaborate and innovate with local community providers, Veterans, and other key stakeholders to end Veteran homelessness. SSVF will use a blend of national, regional, and one-on-one TA in virtual and in-person formats to best serve grantees and Veterans. Ultimately, SSVF's efforts will be measured by its contribution to reducing systemic disparities experienced by Veterans in need, promoting equity, and meaningfully reducing the number of Veterans and their family members experiencing homelessness each year. That entails SSVF continuing to drive a transformation of the Veterans homeless services and prevention system, connecting Veterans in need to permanent housing,

⁴⁴ United State Interagency Council on Homelessness, Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness, retrieved April 13, 2022, www.usich.gov/tools-for-action/criteria-for-ending-veteran-homelessness.

SECTION 7: Conclusion

and ensuring that homelessness in the future is prevented whenever possible or is otherwise a rare, brief, and one-time experience.

Appendices

Appendix 1. FY 2020 SSVF Grantees

Appendix 2. CARF or COA Accredited SSVF Grantees, September 2020

Appendix 3. Data Sources

Appendix 4. List of Exhibits

Appendix 5. Further Information



Appendix 1. FY 2020 SSVF Grantees

Grantee	Grant Number	State
Housing First, Inc.	12-AL-002	Alabama
Volunteers of America Southeast, Inc.	20-AL-439	Alabama
	2	Alabama Grantees
Catholic Social Services	12-AK-001	Alaska
Fairbanks Rescue Mission, Inc.	20-AK-152	Alaska
	2	Alaska Grantees
Catholic Charities Community Services, Inc.	14-AZ-160	Arizona
Community Bridges, Inc.	19-AZ-436	Arizona
National Community Health Partners	14-AZ-157	Arizona
Primavera Foundation	19-AZ-004	Arizona
United States Veterans Initiative	20-AZ-159	Arizona
	5	Arizona Grantees
St. Francis House, Inc.	20-AR-086	Arkansas
	1	Arkansas Grantee
1736 Family Crisis Center	20-CA-441	California
Berkeley Food and Housing Project	20-CA-437	California
California Veterans Assistance Foundation, Inc.	13-CA-090	California
Catholic Charities of the Diocese of Stockton	14-CA-177	California
Community Action Partnership of San Luis Obispo County, Inc.	18-CA-358	California
Community Catalysts of California	18-CA-019	California
East Oakland Community Project	14-CA-167	California
Good Samaritan Shelter	20-CA-359	California
Goodwill of Silicon Valley (dba Goodwill Industries of Santa Clara County)	12-CA-013	California
Homefirst Services of Santa Clara County	19-CA-010	California
Homeless Services Center.	14-CA-169	California
Knowledge, Education for Your Success, Inc.	14-CA-170	California
Lighthouse Social Service Centers	18-CA-171	California
Mental Health America of Los Angeles	19-CA-005	California
NBCC (DBA New Beginnings)	14-CA-163	California
People Assisting the Homeless	19-CA-014	California
People Assisting the Homeless	20-CA-440	California
Shelter, Inc.	12-CA-016	California
Swords To Plowshares Veterans Rights Organization	18-CA-091	California
The Salvation Army	20-CA-017	California
United States Veterans Initiative	18-CA-008	California
United States Veterans Initiative	18-CA-354	California
Vietnam Veterans of California, Inc.	19-CA-009	California
Vietnam Veterans of San Diego	19-CA-173	California
Volunteers of America Los Angeles	18-CA-006	California

Appendices

Grantee	Grant Number	State
Volunteers of America Los Angeles	18-CA-176	California
Volunteers of America of Greater Sacramento and Northern Nevada, Inc.	12-CA-018	California
Volunteers of America Southwest California, Inc.	18-CA-420	California
WestCare California, Inc.	18-CA-011	California
	29	California Grantees
Rocky Mountain Human Services	20-CO-020	Colorado
	1	Colorado Grantee
Columbus House, Inc.	14-CT-178	Connecticut
Community Renewal Team, Inc.	12-CT-021	Connecticut
The Workplace, Inc.	13-CT-093	Connecticut
	3	Connecticut Grantees
Connections Community Support Programs, Inc.	13-DE-095	Delaware
	1	Delaware Grantee
Advocate Program, Inc.	12-FL-024	Florida
Big Bend Homeless Coalition, Inc.	14-FL-179	Florida
Community Coalition on Homelessness Corporation	14-FL-182	Florida
Faith, Hope, Love, Charity, Inc.	13-FL-096	Florida
Homeless Services Network of Central Florida, Inc.	18-FL-023	Florida
Jewish Family & Childrens Service of The Suncoast Inc	12-FL-028	Florida
Meridian Behavioral Healthcare, Inc.	14-FL-184	Florida
Purpose Built Families Foundation	19-FL-025	Florida
Society of St. Vincent de Paul South Pinellas, Inc.	20-FL-099	Florida
Tampa Crossroads, Inc.	18-FL-362	Florida
Treasure Coast Homeless Services Council, Inc.	14-FL-322	Florida
United Way of Broward County, Inc.	14-FL-181	Florida
Volunteers of America of Florida, Inc.	18-FL-187	Florida
	13	Florida Grantees
Central Savannah River Area Economic Opportunity Authority, Inc. (CSRA EOA)	12-GA-029	Georgia
Project Community Connections, Inc.	20-GA-369	Georgia
Travelers Aid of Metro Atlanta, Inc.	20-GA-188	Georgia
United Way of Greater Atlanta, Inc.	14-GA-189	Georgia
Volunteers of America Southeast, Inc.	15-GA-325	Georgia
	5	Georgia Grantees
WestCare Pacific Islands, Inc.	15-GU-326	Guam
	1	Guam Grantee
Catholic Charities Hawaii	18-HI-374	Hawaii
United States Veterans Initiative	18-HI-190	Hawaii
	2	Hawaii Grantees
El-Ada, Inc.	12-ID-032	Idaho
	1	Idaho Grantee
Catholic Charities of The Archdiocese Of Chicago	14-IL-198	Illinois

Grantee	Grant Number	State
Chestnut Health Systems, Inc.	14-IL-197	Illinois
Featherfist	14-IL-194	Illinois
Heartland Human Care Services, Inc.	13-IL-105	Illinois
Midwest Shelter for Homeless Veterans, Inc.	14-IL-196	Illinois
The Salvation Army	13-IL-104	Illinois
Thresholds	12-IL-033	Illinois
	7	Illinois Grantees
Community Action of Northeast Indiana, Inc. (dba Brightpoint)	13-IN-106	Indiana
HVAF of Indiana, Inc.	20-IN-451	Indiana
InteCare, Inc.	14-IN-200	Indiana
Lafayette Transitional Housing Center, Inc.	14-IN-199	Indiana
Northwest Indiana Community Action Corp.	20-IN-442	Indiana
Volunteers of America of Indiana, Inc.	15-IN-201	Indiana
	6	Indiana Grantees
Family Alliance for Veterans of America, Inc.	14-IA-191	Iowa
Hawkeye Area Community Action Program, Inc.	15-IA-192	Iowa
Primary Health Care, Inc.	13-IA-103	Iowa
	3	Iowa Grantees
Catholic Charities, Inc. (Diocese of Wichita)	14-KS-322	Kansas
Salvation Army	20-KS-443	Kansas
	2	Kansas Grantees
Kentucky River Foothills Development Council, Inc.	20-KY-204	Kentucky
Volunteers of America Mid-States, Inc.	18-KY-379	Kentucky
	2	Kentucky Grantees
Elle Foundation	20-LA-207	Louisiana
Hope Center, Inc.	14-LA-205	Louisiana
Start Corporation	20-LA-208	Louisiana
Volunteers of America of Greater New Orleans	12-LA-038	Louisiana
Wellspring Alliance for Families, Inc.	12-LA-039	Louisiana
	5	Louisiana Grantees
Preble Street	12-ME-043	Maine
	1	Maine Grantee
Alliance, Inc.	12-MD-042	Maryland
Diakonia, Inc.	14-MD-216	Maryland
New Vision House of Hope, Inc.	14-MD-215	Maryland
Project PLASE, Inc.	14-MD-214	Maryland
St. James A.M.E. Zion Church-Zion House	14-MD-217	Maryland
Three Oaks Homeless Shelter, Inc.	13-MD-107	Maryland
	6	Maryland Grantees
Veterans Northeast Outreach Center, Inc.	14-MA-209	Massachusetts
Vietnam Veterans Workshop, Inc.	20-MA-211	Massachusetts

Appendices

Grantee	Grant Number	State
Volunteers of America of Massachusetts, Inc.	12-MA-040	Massachusetts
	3	Massachusetts Grantees
Alger Marquette Community Action Board	15-MI-328	Michigan
Blue Water Center for Independent Living, Inc.	14-MI-218	Michigan
Community Action Agency	14-MI-220	Michigan
Community Rebuilders	14-MI-223	Michigan
Mid Michigan Community Action Agency Inc	20-MI-222	Michigan
Northwest Michigan Community Action Agency, Inc.	13-MI-108	Michigan
Oakland Livingston Human Service Agency	20-MI-221	Michigan
Southwest Counseling Solutions	12-MI-045	Michigan
Volunteers of America of Michigan, Inc.	20-MI-226	Michigan
Wayne Metropolitan Community Action Agency	12-MI-044	Michigan
	10	Michigan Grantees
Minnesota Assistance Council for Veterans	19-MN-046	Minnesota
	1	Minnesota Grantee
Catholic Charities Inc	14-MS-234	Mississippi
Hancock Resource Center	14-MS-232	Mississippi
Mississippi United to End Homelessness	14-MS-231	Mississippi
Region XII Commission on Mental Health & Retardation	19-MS-111	Mississippi
	4	Mississippi Grantees
Catholic Charities of Kansas City - St Joseph, Inc.	13-MO-110	Missouri
Catholic Charities of Southern Missouri, Inc.	15-MO-330	Missouri
Kitchen Inc	14-MO-228	Missouri
Phoenix Programs, Inc.	19-MO-229	Missouri
St. Patrick Center	16-MO-048	Missouri
	5	Missouri Grantees
Central Nebraska Community Action Partnership, Inc	17-NE-052	Nebraska
Northeast Nebraska Community Action Partnership Inc	14-NE-238	Nebraska
	2	Nebraska Grantees
The Salvation Army	20-NV-118	Nevada
United States Veterans Initiative	20-NV-056	Nevada
Vietnam Veterans of California, Inc.	13-NV-117	Nevada
	3	Nevada Grantees
Harbor Homes, Inc.	13-NH-115	New Hampshire
	1	New Hampshire Grantee
Catholic Charities Dioceses of Camden, Inc.	12-NJ-053	New Jersey

Grantee	Grant Number	State
Catholic Family & Community Services	14-NJ-242	New Jersey
Community Hope, Inc.	16-NJ-054	New Jersey
	3	New Jersey Grantees
Goodwill Industries of New Mexico	12-NM-055	New Mexico
Mesilla Valley Community of Hope	14-NM-247	New Mexico
New Mexico Veterans Integration Centers	14-NM-246	New Mexico
	3	New Mexico Grantees
Albany Housing Coalition, Inc.	14-NY-256	New York
Catholic Charities of the Roman Catholic Diocese of Syracuse NY	13-NY-119	New York
Economic Opportunity Council of Suffolk Inc	14-NY-254	New York
HELP Social Service Corporation	12-NY-060	New York
Pathstone Corporation	14-NY-253	New York
Services for the UnderServed, Inc.	20-NY-062	New York
Soldier On of Delaware, Inc.	13-NY-121	New York
The Jericho Project	20-NY-250	New York
Utica Center for Development, Inc.	14-NY-249	New York
Veterans & Community Housing Coalition Inc	14-NY-251	New York
Veterans One-stop Center of WNY, Inc.	20-NY-446	New York
Volunteers of America-Greater New York, Inc.	14-NY-259	New York
Westchester Community Opportunity Program, Inc. (WestCOP)	12-NY-063	New York
	13	New York Grantees
Asheville Buncombe Community Christian Ministry, Inc.	19-NC-114	North Carolina
Catholic Charities Diocese of Charlotte	20-NC-444	North Carolina
Homeward Bound of Western North Carolina, Inc.	18-NC-387	North Carolina
Passage Home, Inc.	12-NC-050	North Carolina
United Way of Forsyth County, Inc.	12-NC-049	North Carolina
Volunteers of America of the Carolinas, Inc.	19-NC-237	North Carolina
Volunteers of America of the Carolinas, Inc.	20-NC-445	North Carolina
	7	North Carolina Grantees
Community Action Partnership of North Dakota	12-ND-051	North Dakota
	1	North Dakota Grantee
Community Action Agency of Columbiana County, Inc.	14-OH-264	Ohio
Community Action Program Corporation of Washington-Morgan Counties, Ohio	14-OH-265	Ohio
Community Support Services, Inc.	14-OH-267	Ohio
Faith Mission, Inc.	14-OH-266	Ohio
Family & Community Services, Inc.	14-OH-262	Ohio
Licking County Coalition for Housing	14-OH-261	Ohio
Lutheran Social Services of Central Ohio Inc	15-OH-333	Ohio
Maumee Valley Guidance Center, Inc.	13-OH-124	Ohio

Appendices

Grantee	Grant Number	State
Mental Health Services for Homeless Persons, Inc. d.b.a FrontLine Service	12-OH-064	Ohio
The Salvation Army, Inc.	14-OH-268	Ohio
Volunteers of America of Greater Ohio, Inc.	19-OH-269	Ohio
	11	Ohio Grantees
Community Service Council of Greater Tulsa, Inc.	20-OK-065	Oklahoma
Goodwill Industries of Central Oklahoma, Inc.	14-OK-271	Oklahoma
KI BOIS Community Action Foundation, Inc.	14-OK-270	Oklahoma
	3	Oklahoma Grantees
Access	19-OR-128	Oregon
Central Oregon Veteran & Community Outreach, Inc	13-OR-126	Oregon
Columbiacare Services, Inc.	20-OR-447	Oregon
Community Action Partnership of Oregon	20-OR-430	Oregon
Community Action Team, Inc.	13-OR-125	Oregon
Easter Seals Oregon	20-OR-272	Oregon
St. Vincent de Paul Society of Lane County, Inc.	18-OR-066	Oregon
	7	Oregon Grantees
Catholic Charities of the Diocese of Allentown	14-PA-281	Pennsylvania
Commission on Economic Opportunity of Luzerne County	15-PA-068	Pennsylvania
Community Action Agency of Delaware County, Inc.	14-PA-276	Pennsylvania
Lawrence County Social Services, Inc.	14-PA-277	Pennsylvania
Opportunity House	20-PA-130	Pennsylvania
Soldier On of Delaware, Inc.	14-PA-280	Pennsylvania
Utility Emergency Services Fund	14-PA-274	Pennsylvania
Veterans Leadership Program of Western Pennsylvania, Inc.	13-PA-129	Pennsylvania
Veterans Multi-Service Center, Inc.	15-PA-334	Pennsylvania
Volunteers of America of Pennsylvania, Inc.	14-PA-282	Pennsylvania
YWCA of Greater Harrisburg	14-PA-273	Pennsylvania
	11	Pennsylvania Grantees
Casa del Peregrino Aguadilla, Inc.	18-PR-132	Puerto Rico
	1	Puerto Rico Grantee
Eastern Carolina Homelessness Organization, Inc.	20-SC-402	South Carolina
One-Eighty Place	18-SC-069	South Carolina
	2	South Carolina Grantees
Cornerstone Rescue Mission	20-SD-136	South Dakota
	1	South Dakota Grantee
Catholic Charities of The Diocese Of Memphis Inc	14-TN-287	Tennessee
Operation Stand Down Tennessee	14-TN-285	Tennessee

Appendices

Grantee	Grant Number	State
Volunteer Behavioral Health Care System	14-TN-284	Tennessee
West Tennessee Legal Services, Inc.	13-TN-139	Tennessee
	4	Tennessee Grantees
American GI Forum National Veterans Outreach Program, Inc.	18-TX-292	Texas
American GI Forum National Veterans Outreach Program, Inc.	20-TX-449	Texas
Baker Ripley	19-TX-290	Texas
Career And Recovery Resources Inc	20-TX-448	Texas
Caritas of Austin	20-TX-072	Texas
Catholic Charities Diocese of Fort Worth, Inc.	12-TX-075	Texas
Families in Crisis, Inc.	12-TX-071	Texas
Family Endeavors, Inc.	18-TX-074	Texas
Family Endeavors, Inc.	20-TX-450	Texas
Front Steps, Inc.	18-TX-404	Texas
Lubbock Mental Health and Retardation Center (dba Starcare)	18-TX-433	Texas
Sabine Valley Regional Mental Health Mental Retardation Center	14-TX-293	Texas
The Salvation Army	19-TX-140	Texas
United States Veterans Initiative	19-TX-288	Texas
West Central Texas Regional Foundation	20-TX-141	Texas
	15	Texas Grantees
The Methodist Training and Outreach Center, Inc.	14-VI-299	U.S. Virgin Islands
	1	U.S. Virgin Islands Grantee
The Road Home	15-UT-336	Utah
	1	Utah Grantee
Hampton Roads Community Action Program, Inc.	14-VA-296	Virginia
STOP Incorporated	14-VA-298	Virginia
Total Action Against Poverty in Roanoke Valley	14-VA-294	Virginia
Virginia Beach Community Development Corporation	14-VA-297	Virginia
Virginia Supportive Housing	12-VA-077	Virginia
Volunteers of America Chesapeake	20-VA-144	Virginia
	6	Virginia Grantees
Catholic Community Services of Western Washington	20-WA-146	Washington
Hopesource	20-WA-338	Washington
Opportunity Council	19-WA-079	Washington
Sound	19-WA-078	Washington
YWCA of Seattle - King County - Snohomish County	13-WA-148	Washington
	5	Washington Grantees
Helping Heroes, Inc.	14-WV-304	West Virginia
The Greater Wheeling Coalition for the Homeless, Inc.	14-WV-303	West Virginia
West Virginia Community Action Partnerships Inc	14-WV-305	West Virginia

Grantee	Grant Number	State
	3	West Virginia Grantees
Center for Veterans Issues, Ltd.	18-WI-080	Wisconsin
Community Action Coalition for South Central Wisconsin, Inc.	13-WI-151	Wisconsin
Indianhead Community Action Agency	14-WI-302	Wisconsin
	3	Wisconsin Grantees
Alston Wilkes Society	13-ZZ-134	Multiple States
Blue Mountain Action Council	20-ZZ-147	Multiple States
Blue Valley Community Action, Inc.	18-ZZ-239	Multiple States
Centerstone of Tennessee, Inc.	19-ZZ-070	Multiple States
Changing Homelessness, Inc.	19-ZZ-324	Multiple States
Friendship Place	19-ZZ-094	Multiple States
Goodwill Industries of The Inland Northwest	20-ZZ-301	Multiple States
Homeless Veterans Fellowship	19-ZZ-317	Multiple States
Housing Counseling Services, Inc.	14-ZZ-313	Multiple States
Humility Homes and Services, Inc.	12-ZZ-031	Multiple States
Northwest Florida Comprehensive Services for Children Inc	20-ZZ-026	Multiple States
Operation Renewed Hope	14-ZZ-318	Multiple States
Operation Stand Down Rhode Island	13-ZZ-133	Multiple States
Restart Inc	18-ZZ-386	Multiple States
Salvation Army	18-ZZ-036	Multiple States
Soldier On, Inc.	16-ZZ-058	Multiple States
St. Vincent de Paul Social Services, Inc.	14-ZZ-260	Multiple States
Talbert House	19-ZZ-263	Multiple States
Transition Projects, Inc.	19-ZZ-127	Multiple States
Transitional Living Services	14-ZZ-308	Multiple States
United Way of Central Alabama	14-ZZ-153	Multiple States
University of Vermont and State Agricultural College	13-ZZ-145	Multiple States
Veterans Multi-Service Center, Inc.	19-ZZ-278	Multiple States
Veterans, Inc.	12-ZZ-041	Multiple States
Vietnam Veterans of California, Inc.	20-ZZ-158	Multiple States
Volunteers of America Colorado Branch	20-ZZ-092	Multiple States
Volunteers of America Mid-States, Inc.	16-ZZ-037	Multiple States
Volunteers of America of Illinois	18-ZZ-034	Multiple States
Volunteers of America, Northern Rockies	20-ZZ-113	Multiple States
	29	Multiple States Grantees
	257	Total U.S. Grantees

SOURCE: SSVF–Program Office.

Appendix 2. CARF or COA Accredited SSVF Grantees, September 2020

Grantee	Grant Number	State
Housing First, Inc.	12-AL-002	Alabama
Volunteers of America Southeast, Inc.	20-AL-439	Alabama
	2	Alabama Grantees
Catholic Social Services	12-AK-001	Alaska
	1	Alaska Grantee
Catholic Charities Community Services, Inc.	14-AZ-160	Arizona
National Community Health Partners	14-AZ-157	Arizona
Primavera Foundation	19-AZ-004	Arizona
United States Veterans Initiative	20-AZ-159	Arizona
	4	Arizona Grantees
Community Action Partnership of San Luis Obispo County, Inc.	18-CA-358	California
Community Catalysts of California	18-CA-019	California
Goodwill of Silicon Valley (dba Goodwill Industries of Santa Clara County)	12-CA-013	California
Homefirst Services of Santa Clara County	19-CA-010	California
Mental Health America of Los Angeles	19-CA-005	California
NBCC (DBA New Beginnings)	14-CA-163	California
People Assisting the Homeless	19-CA-014	California
People Assisting the Homeless	20-CA-440	California
The Salvation Army	20-CA-017	California
United States Veterans Initiative	18-CA-008	California
United States Veterans Initiative	18-CA-354	California
Vietnam Veterans of California, Inc.	19-CA-009	California
Vietnam Veterans of San Diego	19-CA-173	California
Volunteers of America of Greater Sacramento and Northern Nevada, Inc.	12-CA-018	California
	14	California Grantees
Columbus House, Inc.	14-CT-178	Connecticut
	1	Connecticut Grantee
Connections Community Support Programs, Inc.	13-DE-095	Delaware
	1	Delaware Grantee
Advocate Program, Inc.	12-FL-024	Florida
Faith, Hope, Love, Charity, Inc.	13-FL-096	Florida
Jewish Family & Childrens Service of The Suncoast Inc	12-FL-028	Florida
Meridian Behavioral Healthcare, Inc.	14-FL-184	Florida
Purpose Built Families Foundation	19-FL-025	Florida
Society of St. Vincent de Paul South Pinellas, Inc.	20-FL-099	Florida

Grantee	Grant Number	State
Tampa Crossroads, Inc.	18-FL-362	Florida
United Way of Broward County, Inc.	14-FL-181	Florida
Volunteers of America of Florida, Inc.	18-FL-187	Florida
	9	Florida Grantees
Travelers Aid of Metro Atlanta, Inc.	20-GA-188	Georgia
Volunteers of America Southeast, Inc.	15-GA-325	Georgia
	2	Georgia Grantees
WestCare Pacific Islands, Inc.	15-GU-326	Guam
	1	Guam Grantee
Catholic Charities Hawaii	18-HI-374	Hawaii
United States Veterans Initiative	18-HI-190	Hawaii
	2	Hawaii Grantees
Catholic Charities of The Archdiocese Of Chicago	14-IL-198	Illinois
Chestnut Health Systems, Inc.	14-IL-197	Illinois
Featherfist	14-IL-194	Illinois
Heartland Human Care Services, Inc.	13-IL-105	Illinois
The Salvation Army	13-IL-104	Illinois
Thresholds	12-IL-033	Illinois
	6	Illinois Grantees
InteCare, Inc.	14-IN-200	Indiana
Volunteers of America of Indiana, Inc.	15-IN-201	Indiana
	2	Indiana Grantees
Family Alliance for Veterans of America, Inc.	14-IA-191	Iowa
	1	Iowa Grantee
Salvation Army	20-KS-443	Kansas
	1	Kansas Grantee
Kentucky River Foothills Development Council, Inc.	20-KY-204	Kentucky
Volunteers of America Mid-States, Inc.	18-KY-379	Kentucky
	2	Kentucky Grantees
Elle Foundation	20-LA-207	Louisiana
Start Corporation	20-LA-208	Louisiana
Volunteers of America of Greater New Orleans	12-LA-038	Louisiana
	3	Louisiana Grantees
Alliance, Inc.	12-MD-042	Maryland
New Vision House of Hope, Inc.	14-MD-215	Maryland
Project PLASE, Inc.	14-MD-214	Maryland
St. James A.M.E. Zion Church-Zion House	14-MD-217	Maryland
	4	Maryland Grantees
Vietnam Veterans Workshop, Inc.	20-MA-211	Massachusetts

Appendices

Grantee	Grant Number	State
Volunteers of America of Massachusetts, Inc.	12-MA-040	Massachusetts
	2	Massachusetts Grantees
Southwest Counseling Solutions	12-MI-045	Michigan
Volunteers of America of Michigan, Inc.	20-MI-226	Michigan
	2	Michigan Grantees
Catholic Charities Inc	14-MS-234	Mississippi
Region XII Commission on Mental Health & Retardation	19-MS-111	Mississippi
	2	Mississippi Grantees
Catholic Charities of Kansas City - St Joseph, Inc.	13-MO-110	Missouri
Kitchen Inc	14-MO-228	Missouri
Phoenix Programs, Inc.	19-MO-229	Missouri
St. Patrick Center	16-MO-048	Missouri
	4	Missouri Grantees
United States Veterans Initiative	20-NV-056	Nevada
Vietnam Veterans of California, Inc.	13-NV-117	Nevada
	2	Nevada Grantees
Harbor Homes, Inc.	13-NH-115	New Hampshire
	1	New Hampshire Grantee
Catholic Family & Community Services	14-NJ-242	New Jersey
Community Hope, Inc.	16-NJ-054	New Jersey
	2	New Jersey Grantees
Goodwill Industries of New Mexico	12-NM-055	New Mexico
Mesilla Valley Community of Hope	14-NM-247	New Mexico
New Mexico Veterans Integration Centers	14-NM-246	New Mexico
	3	New Mexico Grantees
Services for the UnderServed, Inc.	20-NY-062	New York
The Jericho Project	20-NY-250	New York
Utica Center for Development, Inc.	14-NY-249	New York
Veterans & Community Housing Coalition Inc	14-NY-251	New York
Volunteers of America-Greater New York, Inc.	14-NY-259	New York
	5	New York Grantees
Asheville Buncombe Community Christian Ministry, Inc.	19-NC-114	North Carolina
Catholic Charities Diocese of Charlotte	20-NC-444	North Carolina
	2	North Carolina Grantees
Community Support Services, Inc.	14-OH-267	Ohio
Faith Mission, Inc.	14-OH-266	Ohio
Family & Community Services, Inc.	14-OH-262	Ohio

Appendices

Grantee	Grant Number	State
Lutheran Social Services of Central Ohio Inc	15-OH-333	Ohio
Mental Health Services for Homeless Persons, Inc. d.b.a FrontLine Service	12-OH-064	Ohio
Volunteers of America of Greater Ohio, Inc.	19-OH-269	Ohio
	6	Ohio Grantees
Community Service Council of Greater Tulsa, Inc.	20-OK-065	Oklahoma
KI BOIS Community Action Foundation, Inc.	14-OK-270	Oklahoma
	2	Oklahoma Grantees
Central Oregon Veteran & Community Outreach, Inc	13-OR-126	Oregon
	1	Oregon Grantee
Commission on Economic Opportunity of Luzerne County	15-PA-068	Pennsylvania
Veterans Multi-Service Center, Inc.	15-PA-334	Pennsylvania
	2	Pennsylvania Grantees
One-Eighty Place	18-SC-069	South Carolina
	1	South Carolina Grantee
Operation Stand Down Tennessee	14-TN-285	Tennessee
Volunteer Behavioral Health Care System	14-TN-284	Tennessee
	2	Tennessee Grantees
American GI Forum National Veterans Outreach Program, Inc.	18-TX-292	Texas
American GI Forum National Veterans Outreach Program, Inc.	20-TX-449	Texas
Families in Crisis, Inc.	12-TX-071	Texas
Family Endeavors, Inc.	18-TX-074	Texas
Family Endeavors, Inc.	20-TX-450	Texas
Lubbock Mental Health and Retardation Center (dba Starcare)	18-TX-433	Texas
Sabine Valley Regional Mental Health Mental Retardation Center	14-TX-293	Texas
United States Veterans Initiative	19-TX-288	Texas
West Central Texas Regional Foundation	20-TX-141	Texas
	9	Texas Grantees
STOP Incorporated	14-VA-298	Virginia
Volunteers of America Chesapeake	20-VA-144	Virginia
	2	Virginia Grantees
Hopesource	20-WA-338	Washington
Sound	19-WA-078	Washington
	2	Washington Grantees
Helping Heroes, Inc.	14-WV-304	West Virginia
The Greater Wheeling Coalition for the Homeless, Inc.	14-WV-303	West Virginia

Grantee	Grant Number	State
	2	West Virginia Grantees
Center for Veterans Issues, Ltd.	18-WI-080	Wisconsin
	1	Wisconsin Grantee
Alston Wilkes Society	13-ZZ-134	Multiple States
Blue Mountain Action Council	20-ZZ-147	Multiple States
Centerstone of Tennessee, Inc.	19-ZZ-070	Multiple States
Changing Homelessness, Inc.	19-ZZ-324	Multiple States
Friendship Place	19-ZZ-094	Multiple States
Goodwill Industries of The Inland Northwest	20-ZZ-301	Multiple States
Homeless Veterans Fellowship	19-ZZ-317	Multiple States
Housing Counseling Services, Inc.	14-ZZ-313	Multiple States
Northwest Florida Comprehensive Services for Children Inc	20-ZZ-026	Multiple States
Salvation Army	18-ZZ-036	Multiple States
Talbert House	19-ZZ-263	Multiple States
Transition Projects, Inc.	19-ZZ-127	Multiple States
Transitional Living Services	14-ZZ-308	Multiple States
United Way of Central Alabama	14-ZZ-153	Multiple States
University of Vermont and State Agricultural College	13-ZZ-145	Multiple States
Veterans Multi-Service Center, Inc.	19-ZZ-278	Multiple States
Veterans, Inc.	12-ZZ-041	Multiple States
Vietnam Veterans of California, Inc.	20-ZZ-158	Multiple States
Volunteers of America Colorado Branch	20-ZZ-092	Multiple States
Volunteers of America Mid-States, Inc.	16-ZZ-037	Multiple States
Volunteers of America of Illinois	18-ZZ-034	Multiple States
Volunteers of America, Northern Rockies	20-ZZ-113	Multiple States
	22	Multiple States Grantees
	133	Total U.S. Grantees

SOURCE: SSVF–Program Office.

Appendix 3. Data Sources

SSVF Program Data Sources

1. HMIS Repository data
2. Grantee financial reports
3. Participant satisfaction surveys
4. HOMES
5. Veterans Health Administration Support Service Center, Office of Information and Analytics

Information for this report was obtained through the SSVF data repository hosted by VA. The repository stores data on program participants collected and entered by grantees into local HMIS. Data are then uploaded from local HMIS to the data repository. This report also includes aggregated data from grantee quarterly reports submitted to VA, and aggregated responses to program participant satisfaction surveys completed by SSVF participants nationwide and submitted to VA.

HOMES is an administrative database that tracks use of VA specialized homelessness programs, to assess the housing outcomes of Veterans served by SSVF following their exit from the program.

Other Data Sources

1. Annual Homeless Assessment Report (AHAR)
 - a. 2020 AHAR: Part 1 – PIT Estimates of Homelessness:
<https://www.hudexchange.info/resource/6291/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>
 - b. 2018 AHAR: Part 2 – Estimates of Homelessness in the U.S.:
<https://www.hudexchange.info/resource/6161/2018-ahar-part-2-estimates-of-homelessness-in-the-us/>
2. VA Office of the Actuary
 - a. FY 2020 Datasets: Age/Gender (Living) and Period Served (Living):
https://www.va.gov/vetdata/Veteran_Population.asp
3. United States Census Bureau
 - a. American Community Survey, 2019, 1-year estimates: Veteran Status (S2101).
<https://data.census.gov/cedsci/table?q=ACSST1Y2019.S2101&tid=ACSST1Y2019.S2101&hidePreview=true>
 - b. Annual Estimates of the Resident Population for the United States, Regions, States, the District of Columbia, and Puerto Rico: April 1, 2010 to July 1, 2019; April 1, 2020; and July 1, 2020 (NST-EST2020), 2020.

- c. <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-total.html>

Appendix 4. List of Exhibits

Exhibit ES.1: SSVF Veteran Exits to Permanent Housing (FYs 2012-2020).....4

Exhibit 1.1: SSVF Rapid Re-housing and Annual Homeless Sheltered Veterans (FYs 2011-2020) 13

Exhibit 1.2: SSVF Households Served, by Housing Assistance Type (FYs 2012-2020)..... 14

Exhibit 1.3: SSVF Veterans and Total Persons Served, by Housing Assistance Type (FYs 2012-2020) 16

Exhibit 2.1: SSVF Veterans Age and Disability Trends, FY 2012-2020 19

Exhibit 2.2: SSVF Veterans’ Major Health Issues, FY 2019-2020 20

Exhibit 2.3: SSVF Veteran Monthly Caseload Changes due to COVID-19, FY 2019-2020 25

Exhibit 2.4: SSVF Emergency Housing Assistance Household Placements, FY 2020 27

Exhibit 3.1: Growth in SSVF Geographic Coverage by Continuum of Care (FYs 2012-2021)..... 30

Exhibit 3.2: Geographic Coverage of SSVF Grantees (FY 2020)..... 31

Exhibit 3.3: TFA Expenditures, by Type (FY 2020) 33

Exhibit 4.1: SSVF Veterans and Persons Served, by Household Type (FYs 2012-2020)..... 36

Exhibit 4.2: Percentage of Women Veterans Among Veteran Programs and Populations (FY 2020)..... 38

Exhibit 4.3: SSVF Veterans Served, by Age Group (FY 2020)..... 39

Exhibit 4.4: Comparison of SSVF and Sheltered Veterans Served, by Age Group, . 40

Exhibit 4.5: Veterans Served, by Race..... 41

Exhibit 4.6: Disability Status for SSVF Veterans 42

Exhibit 4.7: Major Health Problems Among Veterans Exiting SSVF and Engaged with Veterans Health Administration (FY 2020)..... 43

Exhibit 4.8: Percentage of Returning Veterans from Afghanistan or Iraq Among Veteran Programs and Populations (FY 2020)..... 45

Exhibit 4.9: Prior Living Situations of Veterans Receiving SSVF Rapid Re-housing Assistance (FYs 2017-2020)..... 46

Exhibit 4.10: Prior Living Situations of Veterans Receiving SSVF Homelessness Prevention Assistance (FYs 2017-2020).....	48
Exhibit 5.1: Veteran Program Exits, by Housing Outcome (FYs 2012-2020)	50
Exhibit 5.2: Veteran Exits, by Housing Outcome and Assistance Type (FY 2020)...	51
Exhibit 5.3: Permanent Housing Destinations of Veteran Permanent Housing Exiters (FY 2020)	52
Exhibit 5.4: Permanent Housing Success Rates by Monthly Income at Program Entry Among Veterans Served, Including VASH Exits (FY 2020)	54
Exhibit 5.5: Permanent Housing Success Rates by Monthly Income at Program Entry Among Veterans Served, Excluding HUD-VASH Exits (FY 2020)	55
Exhibit 5.6: Average Length of Participation of Veteran Exiters, by Assistance Type (FYs 2013-2020)	56
Exhibit 5.7: Time to Housing Placement and Length of Participation Among Rapid Re-housing Veteran Exiters (FY 2020)	58
Exhibit 5.8: Changes in Veteran Monthly Income from Entry to Exit, by Assistance Type (FY 2020)	59
Exhibit 5.9: Participant Self-Identified Service Needs (FY 2020).....	61
Exhibit 5.10: Participant Overall Quality Ratings for Their SSVF Provider (FY 2020)	62
Exhibit 5.11: Participant Rating of Service Quality (FY 2020)	63
Exhibit 5.12: SSVF Veterans with Permanent Housing Destination Return Rates to VA Homeless Programs, 6-month view	66
Exhibit 5.13: SSVF Veterans with Permanent Housing Destination Return Rates to VA Homeless Programs, 12-month view	68
Exhibit 5.14: Shares of the U.S. Population and Homeless Population by Race and Ethnicity, 2020.....	69
Exhibit 5.15: SSVF Veterans, by Race with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view.....	72
Exhibit 5.16: SSVF Veterans, by Race with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 12-month view....	73
Exhibit 5.17: SSVF Veterans, by Ethnicity with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view.....	74
Exhibit 5.18: SSVF Veterans, by Ethnicity with Permanent Housing Destination Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 12-month view....	75

Exhibit 5.19: SSVF Veterans, by Gender with Permanent Housing Destination
Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 6-month view..... 76

Exhibit 5.20: SSVF Veterans, by Gender with Permanent Housing Destination
Return Rates to VA Homeless Programs, FY 2019-2020 exiters, 12-month view.... 77

Appendix 5. Further Information

For general information about the SSVF program, such as federal program rules, Notice of Funding Opportunity (NOFO) materials, grantee lists, and reports, see the SSVF landing page at [Supportive Services for Veteran Families \(va.gov\)](https://www.va.gov/ssvf).

For SSVF grantees seeking to develop, implement, and improve their program, VA has established the [SSVF University](https://www.va.gov/ssvf-university) as an online resource. The site offers:

- ***COVID-19 response guidance and implementation tools***, including SSVF CARES Act funding guidance, federal programs coordination guidance (including a new SSVF-HUD-VASH referral packet, coordination memo and webinar), emergency housing assistance guidance, staffing guidance, and vaccine planning and tracking tools.
- ***Community coordination and planning tools***, such as federal guidance and tools on documenting and planning to end Veteran homelessness, a gaps analysis tool, resource trackers, and tools for updating community plans to end Veteran homelessness and align SSVF resources.
- ***User guides and staff development materials***, including, guides that outline key decisions and effective practices for four key staffing types, and staff orientation and development resources.
- ***Practice areas and resources information*** about the practice of delivering effective and efficient homelessness prevention and rapid re-housing assistance for Veterans and their families. There are five Practice Areas, for each of which the site offers:
 - SSVF best practice standards
 - Guidance on effective practices and on integrating the core SSVF model principles of client choice, housing first, and crisis response.
 - Training resources, including links to relevant training produced by VA, HUD, and other entities
 - Toolkits with links to forms, templates, checklists, etc., that can be adapted or adopted by rapid re-housing and homelessness prevention programs
- ***Dynamic libraries***, including, Veterans and homelessness research, SSVF webinars and program updates, and SSVF Launch and Regional meeting materials.