

Part 1: Demographics

* 1. Contact Information

Name of person
completing the survey:

Edi Erb

Title of person
completing the survey:

Program Director

Agency of person
completing the survey:

Society of St. Vincent de Paul South Pinellas, Inc

Email Address of
person completing the
survey:

edi@svdpsp.org

* 2. Contact Information for Continuum of Point of Contact

Name:

Barbara Wheeler

Title:

Executive Director

Email Address:

MFHC01@gmail.com

* 3. Contact Information for VAMC Staff Point of Contact

Name:

Jessica Miller

Title:

Coordinated Entry Specialist

Email Address:

jessica.miller12@va.gov

* 4. Continuum of Care Number:

FL-520 Citrus, Hernando, Lake, Sumter

Part 2: Survey Completion

* 5. Does your community have a Veteran Workgroup/Committee or other group charged with community planning and implementation efforts related to ending homelessness among Veterans?

Yes

N/A

No

* 6. Was this survey completed with support from the CoC Governing body or Collaborative Applicant?

Yes

No

* 7. Was this survey completed with support from all of the VA Medical Center(s) (VAMC) who cover this CoC?

Yes

No

8. If the answer to the previous question was "No" please explain.

No Response

Staff Transition

Multiple VAMCs cover area but not all participated

Other

VAMC Capacity Challenges

Part 3: Mayor or Public Official Involvement and Milestones

* 9. Does your community have a commitment from the Mayor's Office or other local public officials in support of your efforts to end homelessness among Veterans? Please rate from 0 to 4 with 0 being no involvement and 4 being actively engaged. Additional detail on levels will be provided in Companion Guide.

0 - No Involvement 4 - Actively Engaged

1

10. How would you describe the Mayor's Office or other local public official's role in ending Veteran homelessness?

- Actively participates in leadership meetings
- Serves as chair or co-chair
- Assists with system barrier busting and/or leveraging of resources
- Awareness of efforts but not an active participant

* 11. Is your community participating in the Mayors Challenge, Built for Zero (Community Solutions), and/or pursuing the Federal Criteria and Benchmarks? Please select all that apply.

- Mayor's Challenge
- Federal Criteria and Benchmarks
- Built for Zero (Community Solutions)
- None related to Veterans
- Other (please specify)

* 12. If applicable, when would your community be able to submit a claim to your USICH Regional Coordinator on achieving the Federal Criteria and Benchmarks?

- Submitted – Approved- Sustaining
- Submitted - Approved- Difficulty Sustaining
- Submitted - Pending
- Next Month
- Next 3 Months
- Next Six Months
- Next Year
- Longer than a year
- Never - pursuing but will not submit
- Never – pursuing but not attainable
- N/A – not pursuing

Part 4: Planning and Implementation Efforts

General Coordinated Entry Questions

* 13. What type of coordinated entry access model or models is your community using? Please select all that apply.

- Single Point of Access Assessment Hotline
- Multi-Site Centralized Access N/A
- No Wrong Door

* 14. What coordinated entry assessment tool(s) has the CoC chosen or developed?

VI- SPDAT, Family SPDAT, Youth - SPDAT, Homeless Prevention

* 15. Are the assessment results recorded in HMIS?

- Yes No

16. If you answered "No" to the previous question, how do you document the results of the assessments?

17. Do you have a working By Name List/Master List/Active List of veterans experiencing homelessness?

- Yes No

* 18. What are the strengths of your Coordinated Entry System? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Provider access to By Name List through HMIS | <input type="checkbox"/> VA resources are integrated into Coordinated Entry |
| <input checked="" type="checkbox"/> VAMC Involved in system planning efforts | <input checked="" type="checkbox"/> Coordinated outreach across Continuum of Care |
| <input type="checkbox"/> Continuum of Care prioritization of resources for Veterans (such as housing for veterans ineligible for VA programs) | <input type="checkbox"/> VAMC enters into HMIS |
| <input checked="" type="checkbox"/> Common assessment tool | <input type="checkbox"/> VAMC has HMIS Read-Only access |
| <input checked="" type="checkbox"/> Real time referrals from By Name List/Master List | <input checked="" type="checkbox"/> Layered assessment process utilizing multiple assessment tools |
| <input type="checkbox"/> Effective case conferencing that prioritizes most vulnerable | |
| <input type="checkbox"/> Other (please specify) | |

* 19. How often does Veteran case conferencing currently take place?

- Daily
- Weekly
- Bi-weekly
- Monthly
- Quarterly
- Never

* 20. Does your community have Homeless Prevention resources available to Veterans through Coordinated Entry?

- Yes
- In Progress
- No

If yes, please explain and include information on how those resources are targeted and prioritized.

* 21. Is Diversion a component of your Coordinated Entry System or is your system currently implementing SSVF's Rapid Resolution?

- Yes - Diversion activities
- Yes- implementing Rapid Resolution
- Both Diversion and implementing Rapid Resolution
- No
- In Progress

22. If the answer to the previous question is yes, is Diversion/Rapid Resolution happening prior to entry to your homeless system?

- Yes - Diversion
- Yes- Rapid Resolution
- Both Diversion and Rapid Resolution are prior to entry
- No

Part 4: Planning and Implementation Efforts

VA Integration into Coordinated Entry Systems

* 23. Do your Coordinated Entry Policies and Procedures include clear protocol for identifying and connecting Veterans to permanent housing?

Yes

In Progress

No

* 24. Does your Coordinated Entry System have a process for connecting Veterans with employment services? Please note that employment is never a prerequisite for obtaining permanent housing.

Yes

In progress

No

* 25. Does the Coordinated Entry System have a process for connecting Veterans to benefits, both mainstream and VA? Example of mainstream benefits are TANF, SNAP, Medicaid, Child Care Subsidy Programs, etc.

Yes

In Progress

No

* 26. Does the Coordinated Entry System use the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to help Veterans with disabling conditions access SSI/SSDI?

Yes

In Progress

No

* 27. Does the Coordinated Entry System have a process for connecting Veterans with legal services or access to a Veteran's Court?

Yes

In Progress

No

Part 5: Partnerships

* 28. Is there a designated individual from the VAMC(s) assigned to the CoC Board or Veteran Work Group/Leadership Team to participate in developing local strategies to effectively end Veteran homelessness?

Yes

No

If no, please explain.

The Work-group is on the way, a representative from the VAMC is assigned.

* 29. Is there a designated individual from the VAMC(s) assigned to case conferencing for review of the Master List/By-Name List/Active List of homeless Veterans?

Yes

No

If no, please explain.

The Work-group is on the way, a representative from the VAMC is assigned.

For the following questions please use the number that most closely represents the coordination level. For example, if you have one GPD provider where your coordination level is a 4 but six others at a 2, please use 2 for your response.

* 30. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System with VA Health Care for Homeless Veterans (HCHV) outreach and contract residential services?

0 - Resource Does not
Exist in Community

1 - Awareness

2 - Basic Communication

3 - Coordination

4 - Enhanced
Coordination/Collaboration



* 31. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System with HUD and VA Supportive Housing (HUD-VASH)?

0 - Resource Does not
Exist in Community

1 - Awareness

2 - Basic Communication

3 - Coordination

4 - Enhanced
Coordination/Collaboration



* 32. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System with the Grant and Per Diem Providers (GPD) that serve your community?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 33. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System with the Supportive Services for Veteran Families (SSVF) grantees that serve your community?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

* 34. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System with Veterans Justice Outreach (VJO)?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 35. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System with the Community Resource and Referral Center (CRRC)?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 36. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System with VA Homeless Veterans Community Employment Services (HVCES)?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 37. How would you describe the level of coordination between the Continuum of Care Governing Board and the Veteran Work Group/Committee?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

* 38. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System between HUD funded homeless service providers and Medicaid funded care and case management programs? Examples: Shelter Plus Care & Case Management, Hospital Diversion Programs, etc.

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

* 39. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System and the Department of Labor's Homeless Veterans Reintegration Program?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 40. How would you describe the level of coordination between the Continuum of Care Coordinated Entry System and Low-Income Housing Tax Credit properties or other affordable housing providers?

0 - Resource Does not Exist in Community	1 - Awareness	2 - Basic Communication	3 - Coordination	4 - Enhanced Coordination/Collaboration
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 6: Data and Data Sharing

Part 6 Should be completed with HMIS Lead Agency and VA Medical Center representative.

* 41. Are your HMIS administrator/HMIS Lead Agency and a VAMC point of contact helping to fill this section of the survey out? (Required)

- Yes No
- If no, why not?

* 42. Do your HMIS policies and procedures include data sharing with VAMC(s) for the purposes of coordinating care for Veterans experiencing homelessness?

- Yes In Progress
- No

43. If yes, indicate how the data sharing primarily occurs between VAMC(s) and CoC. Select all that apply.

- Email
- Encrypted email
- VA staff direct entry into HMIS
- VA data imports into HMIS
- List is manually updated outside of HMIS and VA Databases
- Fax
- Other (please specify)

Bi-weekly calls

* 44. Is your community aware of VA Form Routine Use #30? Of note:

Routine Use #30 states that VA may disclose relevant healthcare and demographic information to health and welfare agencies, housing resources, and community providers, consistent with good medical-ethical practices, for Veterans assessed by or engaged in VA Homeless Programs for purposes of: Coordinating care, expediting access to housing, providing medical and related services, participating in coordinated entry processes, reducing Veteran homelessness, identifying homeless individuals in need of immediate assistance, and ensuring program accountability by assigning and tracking responsibility for urgently-required care.

- Yes No

* 45. Are there any programs in your community that are not contributing data into HMIS? Select all that apply:

SSVF

GPD

HCHV

HUD-VASH

Faith-Based organizations serving persons experiencing homelessness

Domestic Violence

Shelter(s)

Other

N/A

* 46. How many Veterans are currently experiencing homelessness in your community? Please make sure that the number of literally homeless Veterans match the total number of Sheltered and Unsheltered Veterans.

Number of
Veterans

Total

39

Number of
Veterans

who are

Unsheltered

29

Sheltered -
Emergency
Shelter

10

Sheltered -
Non-VA
Transitional
Housing

0

Sheltered -
VA Grant and
Per Diem
Service
Intensive
Transitional
Housing

0

Sheltered -
VA Grant and
Per Diem
Bridge
Housing

0

Sheltered -
VA Grant and
Per Diem
Hospital to
Housing

0

Sheltered -
VA Grant and
Per Diem
Clinical
Treatment

0

Sheltered -
VA Grant and
Per Diem
Low Demand

0

Sheltered -
Safe Haven

0

* 47. How many Veterans are chronically homeless?

7

* 48. What percentage of all Veterans who are sheltered and unsheltered are eligible for VA Medical care?

35

* 49. What is the average monthly inflow of Veterans experiencing homelessness into your system? To calculate the average, please use the last 90 days.

4

* 50. What is the average monthly outflow of Veterans experiencing homelessness into your system? Outflow is how many veterans exit your system each month. To calculate the average, please use last 90 days.

5

* 51. What percentage of your HUD-VASH vouchers are in a "lease-up status?" Example: A Veteran has a HUD-VASH voucher and has signed a lease to move into a unit or has already moved in.

79

* 52. What is the average length of time in days from identification of a Veteran experiencing homelessness to housing placement in each of the VA Homeless Programs listed below? If you do not have a resource listed below, please leave the box blank.

HUDVASH:

93

GPD:

0

SSVF Rapid Rehousing:

8

Part 7: Permanent Housing

* 53. Do you have enough permanent housing available to place every identified Veteran experiencing homelessness in 90 days or less?

Yes

No

54. If yes, is the existing permanent housing affordable? The Department of Housing and Urban Development defines "affordable housing" as one that a household can obtain for 30% or less of their income.

Yes

No

* 55. If you answered no, what is the average rent burden for extremely low income households in your state? Please use data from the National Low Income Housing Coalition (link in Companion Guide)?

Between 31% and 39%

Above 50%

Between 40% and 49%

N/A

* 56. Do you have a municipal or regional housing strategy to sustain and increase affordable housing options? Of note: A municipal/regional housing strategy is not the Consolidated Plan or the Comprehensive Plan; A housing strategy describes the approach a jurisdiction plans to take to meet its housing needs using all available data and resources.

Yes

Not Sure

No

57. If yes, please provide a link to your housing strategy:

Paula Holtsclaw provided links for Citrus, Hernando, Lake and Sumter

* 58. Are you working with your apartment association(s)?

Yes

In Progress

No

N/A

* 59. Do you have a community landlord incentive fund/contingency/risk mitigation fund?

Yes

In Progress

No

N/A

60. If you answered "Yes" to the previous question, does the fund cover the following? Check all that apply.

Damages

Support for Landlords to Meet Code Requirements

Utility arrears

Application Fees

Vacancy Payments

Other

61. If you answered "Yes" to the previous question, how is the landlord incentive fund funded? Check all that apply.

Municipal General Revenue

Corporate Funded

Dedicated Funding Source

Faith Community Funded

Philanthropic Resources

Part 8: Adoption of Promising Practices

* 62. Has the Continuum of Care implemented a CoC-wide dynamic prioritization strategy for ensuring the most intensive resources (HUD-VASH, PSH) are targeted to the Veterans that need it most?

Yes

In Progress

No

* 63. Has the Continuum of Care paired Housing Choice vouchers and Medicaid services for Veterans and household members who are not eligible for VA Medical Care? Note: By law, Medicaid cannot cover rent. Under certain waiver authorities, states can choose to cover housing-related services using Medicaid.

Yes

Resource Does Not Exist

No

* 64. If your community has GPD, are the models that are currently in place aligning with community needs? Example: do you have enough Bridge Beds to provide temporary shelter for Veterans searching for housing?

Yes

In Progress

No

Resource Does Not Exist

* 65. Has the Continuum of Care worked to integrate GPD programs and the new models into Coordinated Entry System with the support of the VA Medical Center?

Yes

In Progress

No

Resource Does Not Exist

* 66. Has the Continuum of Care developed standards regarding the Progressive Engagement of housing resources? For example, if a household needs more on-going support than Rapid Rehousing can provide, is there a protocol to transfer them to a Permanent Supportive Housing subsidy?

Yes

In Progress

No

Part 9: Federal Criteria and Benchmarks

Please indicate to what extent the Continuum of Care or the community for which you are responding has reached the following federal criteria.

* 67. Criteria 1: Has your community identified all Veterans experiencing homelessness?

Yes

In Progress

No

Not Pursuing

* 68. Criteria 2: Does your community provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it?

Yes

In Progress

No

Not Pursuing

* 69. Criteria 3: Does your community only provide service-intensive transitional housing in limited instances?

Yes

Not Pursuing

No

Resource Does Not Exist

In Progress

* 70. Criteria 4: Does your community have the capacity to assist Veterans to swiftly move into permanent housing?

Yes

In Progress

No

Not Pursuing

* 71. Criteria 5: Does your community have the resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future?

Yes

In Progress

No

Not Pursuing

* 72. Does your CoC assess community level data at least every 90 days against the federal benchmarks or other community performance goals and continue to make that performance data publicly available?

- Yes, we assess data at least every 90 days and it is publicly available
- No
- Yes, we assess data at least every 90 days but it is not publicly available
- Not Pursuing
- Other (please specify)

Part 10: Technical Assistance

Please note that this is an exploratory list. It may not be all-inclusive. Additionally, technical assistance is meant in the broadest sense which could include connection to existing tools or hands-on support based on availability.

73. If interested in receiving technical assistance to end Veteran homelessness, what areas would be the most helpful to your community? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> By Name/Master List | <input type="checkbox"/> Quality improvement/sustainability |
| <input type="checkbox"/> Coordinated Entry | <input type="checkbox"/> Diversion/Rapid Resolution |
| <input type="checkbox"/> Case Conferencing Strategies | <input type="checkbox"/> Targeting RRH to high-need veteran households |
| <input checked="" type="checkbox"/> Prioritization Strategies (such as Dynamic Prioritization) | <input checked="" type="checkbox"/> Rural/Balance of State challenges |
| <input checked="" type="checkbox"/> System wide Progressive Engagement & assistance strategies | <input type="checkbox"/> Data sharing and/or data best practices |
| <input type="checkbox"/> Housing First and Trauma-Informed Care | <input type="checkbox"/> Data analysis/analytics |
| <input type="checkbox"/> Rapid Re-housing | <input type="checkbox"/> Motivational Interviewing |
| <input checked="" type="checkbox"/> Engaging leadership/convening partners | <input type="checkbox"/> Critical Time Intervention |
| <input checked="" type="checkbox"/> Developing emerging leaders | <input type="checkbox"/> Shared housing strategies |
| <input checked="" type="checkbox"/> System mapping | <input checked="" type="checkbox"/> Shallow subsidies and alleviating rent burden |
| <input type="checkbox"/> Grant and Per Diem Models and coordination | |

74. Any additional feedback regarding community planning?

Lake County VASH Vouchers