

SSVF: Community Plan Summary

Date Completed/Revised: 7/1/2015

Continuum of Care Name:	Las Vegas/Clark County CoC	CoC Number:	NV-500
CoC Representative:	Michele Fuller-Hallauer	Title:	Continuum of Care Coordinator
Phone/Email:	(702) 455-5188/mhf@clarkcountynv.gov		
Person Completing this Summary:	John Heintzelman	Title:	SSVF Program Coordinator
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1. Primary Planning and Coordination Group: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:			
Principal Members	Affiliation		
Dr. Cynthia Dodge	CRRC - VA		
Michele Fuller-Hallauer	CoC - Clark County		
John Heintzelman	U.S.VETS - Las Vegas		
Nick Lenderman	The Salvation Army		
Adina Archibold	HELP USA		
Tony Forbes	Nevada Department of Veteran Services		
Jimmi Rolson	Catholic Charities of Southern Nevada		
Maurice Page	New Genesis		
Kelly Robson	HELP of Southern Nevada		
Brian Sagert	Housing and Urban Development		
Alicia Flores	City of Las Vegas		
Annie Wilson	METRO Social Worker Liason		
Maurice Cloutier	Help USA		
Clayton Steinberg	U.S.VETS - Las Vegas		

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

Ongoing review and coordination occurs on, at least, two-three times a month. Information that is reviewed pertains to any updates with intake/assessment/discharge processes and procedures; any significant issues in the community that will impact SSVF and its partners. Upcoming community partner events are shared within the group to ensure this information is disseminated to SSVF program participants. Weekly Coordinated Outreach calls are attended, both in-person and via teleconference. Master list has been tasked to the VA and COC.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the **Ending Homelessness Among Veterans Overview** for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	744
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	410	30	440
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	No
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

A primary strength within the Clark County provider community is the ability to work hand-in-hand with other providers to meet the common goal of housing, not only our homeless veterans, but also their civilian counterparts. There exists a strong partnership between the VA Outreach team and the CoC Outreach team. Coordinated Intake is fully operational for the entire Veteran population. The VA (CRRC) is taking the lead on creating and updating the Master List. The Southern Nevada CoC Board is fully committed to ending Veteran homelessness and oversees bi-weekly data/progress from four working groups to achieve the goal of Functional Zero. One of the challenges that we have been working on overcoming has been finding, employing, and retaining qualified case managers to address the demand. Another challenge is the high demand in veteran housing prevention and limited funding to meet this demand. The prevention demand continues to grow at a fast pace as the SSVF program develops strength and popularity.

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

Until now, our organization has not connected successfully with the Rural CoC on a routine basis. However, we are pleased to report that on 6-10-15 we will be joining the monthly steering committee meetings of the Rural Nevada Continuum of Care (RNCoC). At this meeting we are going to present a detailed breakdown of SSVF and how it can serve veterans in need, laying the foundation for a successful future collaboration. Previously, we have restricted our outreach to individual members of the NRCoC (specifically those few organizations that work with homeless or nearly homeless veteran families); the RNCoC is something of a "service desert" in terms of available shelter, eviction prevention, and veteran services (to name a few select domains). With the exception of Clark County NV, we are unaware of any centralized intake processes (or triage procedures) currently functioning in Rural Nevada. Thus, while we intend to support and assist the development of a centralized intake process in every county we operate in, the best we can do now is to develop a reliable system of referrals (a "no wrong door" approach) in these regions. Certainly, the majority of homeless veteran cases will occur in Washoe and Clark Counties and these areas enjoy excellent SSVF participation in CoC activities. Throughout the more-rural areas, we will work to build referral partners as creatively as possible (with law enforcement, other non-profits and governmental services, libraries, etc.).

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3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	69
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	25	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	0	20	20
Of number above, how many will also be counted as chronically homeless:	0	7	7

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	No
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Under Dev
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Perhaps the strongest tool we have in NV is the current pro-veteran political climate, supported by the Governor's declaration of 2015 as "The Year of the Veteran". There are many challenges, including [1] the vast distances NV-502 encompasses and the highly rural, resource-poor contexts, [2] the associated "service deserts" that result, [3] an overwhelming need for poverty assistance services that greatly exceeds the capacity of local services (this leads to frequent inappropriate referrals to SSVF and to VRC as service providers, out of their own resources, search desperately for alternatives), [4] interestingly enough, a lack of water in this region (which limits growth, population density, etc.). However, these challenges have also created strengths, such as an increasing need for collaboration and cooperation. Most recently, VRC has been able to connect with Housing Authorities in NV-502 and these organizations have significantly stepped-up their referrals to SSVF (for example). Further networking is enhanced by the social media potential of the Nevada Green Zone Network - which links veteran service agencies and advocates throughout the state. **If we assume that a lack of accurate data collection is a challenge - and this is a safe bet - the VRC has noticed a great opportunity to enhance the PIT Count efforts throughout NV-501 and NV-502 by promoting an innovative, week-long survey methodology as a possible replacement for traditional counting methodologies. Not only would this provide a more-accurate count, it would necessarily promote heightened collaboration and would allow us to meet the goals of Section 3 of this report: we could identify each and every veteran experiencing homelessness by name, AND we could ask interesting questions which would define their exact context (rates of self-reported substance abuse, ideas for needed services, why they are experiencing homelessness, etc.). We must believe an end to veteran homelessness is possible! From the VRC's perspective, we will accomplish this through the strategies mentioned here, as well as by developing permanent supportive housing units (small veteran communities dedicated to self-sufficiency).