

# SSVF: Community Plan Summary

Date Completed/Revised: 9/15/2015

Continuum of Care Name:	Nebraska Balance of State CoC	CoC Number:	NE-500
CoC Representative:	Cheryl Holcomb	Title:	Executive Director
Phone/Email:	308-745-0780 cholcomb@cennecs.org		
Person Completing this Summary:	Cheryl Holcomb	Title:	Executive Director
Phone/Email:	<a href="tel:308-745-0780">308-745-0780</a> / <a href="mailto:cholcomb@cennecs.org">cholcomb@cennecs.org</a>		

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:		Balance of State Consortium	
Principal Members	Affiliation		
Cheryl Holcomb	Central Nebraska Community Services		
Keli Forney	Central Nebraska Community Services		
Ardith Hoins	Blue Valley Community Action Partnership		
Ryan Bailey	Blue Valley Community Action Partnership		
Jeffrey Zajicek	Blue Valley Community Action Partnership		
Peggy Mlady	Northeast Nebraska Community Action Partnership		
Michael Heavin	Northeast Nebraska Community Action Partnership		
Kim Kaup	Northeast Nebraska Community Action Partnership		
Dawn Dozler	Northeast Nebraska Community Action Partnership		
James Roberts	Central Nebraska Community Services		
Shari West	SWWrap (didn't respond for this writing)		
Chad Werner	SWWrap (didn't respond for this writing)		

**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.

The Balance of State Consortium has met two times to share strategies and discuss the information contained in the Community Plan. Some of the strategies shared: a) Blue Valley Community Action Partnership has 2 VISTA Volunteers that support the Veteran Support Project in spreading the word about available Veteran services, increasing capacity of Veteran services by promoting public awareness and developing new and strengthening established relationships. b) Central Nebraska Community Services has implemented a Case Coordination team with SSVF staff, VA Social Workers, VA Treatment Center, TR House staff, and Dept of Labor staff. The outcome of the meetings is to establish protocol when the Veteran is entered so everyone can contribute to a plan for a successful outcome. c). Veteran Community Task Force in Grand Island NE works together to discuss ways to network to help Veterans, d). Introduction to Budgeting class-SSVF Staff from Central Nebraska Community Services will teach budgeting class every 4 weeks on Tuesdays at the VA treatment center. Budget packet will consist of simple budgeting tools to increase financial awareness. d) Active representation at the Continuum of Care meetings, both regional and local, providing information to the network on SSVF. e). Community Task Force (Vet Set) is being established with SSVF staff involvement. f) BVCA is organizing a Veteran Leadership Advisory Council that will meet quarterly. g). Blue Valley Community Action Partnership is working closer with VA Homeless Services in Lincoln to provide additional dollars to assist the Veterans, h). Representatives from all agencies are providing input into the 10 year Plan to end homelessness in Nebraska. i). Central Nebraska Community Services will also be participating in the Project Homeless Connect that provides a one-day event to access services. We have a table with information regarding our Because we haven't had any response or input from SW Wrap that serves western portion of Nebraska, the remaining grantees feel we must start new in the next fiscal year with developing a new Community plan. We will have a face to face meeting in October to develop the plan.

**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:	75
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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>B. Length of Time Homeless Goal (max or average days):</b>	30	days
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<b>C. January 2016 Point-in-Time (PIT) Count Goal</b>	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	7	6	13
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?	Under Dev
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?	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?	Under Dev

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

The team identified the following challenges: 1. With the smaller rural communities, grantees are finding most of the Veterans are assessed into the category of homelessness prevention. There may be a need to request waivers for this area. 2. Relationships with VA providers from various resources are creating a more solid foundation in meeting needs of the Veterans we are serving., 3. Housing stock remains critical throughout the state of Nebraska, which creates additional challenges in housing search and placement. 4. In visits with the VSO's, they are seeing an increased number of Veterans coming back from Afghanistan that are wanting to "stay closer to home"-in the small communities. This means less resources to access and more intense involvement of agency resources. These relationships are critical in meeting the needs of the returning Veterans. When we meet, best practices and resources are shared, so all agencies may be successful in assisting the Veterans. \*\*Although several attempts were made with SW Wrap to acquire input from their agency, they didn't respond.

# SSVF: Community Plan Summary

**Date Completed/Revised:** 9/16/2015

<b>Continuum of Care Name:</b>	Omaha/Council Bluffs CoC	<b>CoC Number:</b>	NE-501
<b>CoC Representative:</b>	<b>Title:</b>		
Charles Coley	Metro Area Continuum of Care for the Homeless (MACCH), Executive Director		
<b>Phone/Email:</b> 402.680.2184/ccoley@unomaha.edu			
<b>Person Completing this Summary:</b>	<b>Title:</b>		
Jessica Jones	Together, Program Director		
<b>Phone/Email:</b>			
402-345-8047 ext 305/jjones@togetheromaha.org			

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.

<b>Primary Group Name:</b>	MACCH Vet Task Force		
Principal Members	Affiliation		
Jessica Jones	SSVF Provider		
Charles Coley	MACCH CoC Executive Director		
Brandy Yant	HMIS System Admin		
Azure Wall	Coordinated Access		
Linda Twomey	VAMC POC		
Lisa Vukov	MACCH Assistant Director		
	Sienna Francis		
	Stephen Center		
	Heartland Family Service		
	Together's SSVF Team		
LeaAnne Peterson	HUD-VASH		
	Community Alliance		
	Street Outreach		
	HUD		
	Douglas Co. General Assistance		

**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.

The Vet task force has meets 2x per month. The 1st hour will be "decision makers" meeting to discuss local and agency level changes that need to be made to achieve our Functional Zero. The 2nd hour will add direct service staff to review the by name list, create plan to engage client with appropriate agency and then house. This task force is also tasked with reviewing our CoC's Zero:2016 progress and planning how to meet the targets. The task force is working from a by name list of veteran's who receive a VI-SPDAT score of 9 or below (those who score 10 or higher remain on the CoC's Homeless Review Team list that focuses on chronic homeless). We have organized a team comprised of VA, SSVF and Street Outreach that go to 1 shelter a week to connect with veteran's on the list who are not assigned a case manager. During this time their veteran status is verified by VA to determine what programs they are eligible for; Street Outreach does the VI-SPDAT if needed and SSVF screens and enrolls those eligible into SSVF.

**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:	396
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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>B. Length of Time Homeless Goal (max or average days):</b>	20	days
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<b>C. January 2016 Point-in-Time (PIT) Count Goal</b>	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	377	19	396
Of number above, how many will also be counted as chronically homeless:	15	5	20

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?	Yes
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?	Under Dev

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

Strengths: High HMIS and MACCH Executive Director involvement/commitment. Supportive local funders. Our local Homeless Review Team (HRT) has agreed to set aside a time during their weekly meeting to focus on veterans on their list. The list is prioritized based on the VI-SPDAT. Both VA funded and non-VA funded agencies attend the Veteran Task Force. CoC involvement in Zero:2016; awesome assistance from our Z:16 facilitator Julie McFarland with CSH. Our CoC has recently formed a Diversified Housing Task Force that has compiled a list of landlords that are willing to work with our clientel and programs. Through this task force I am also starting a conversation with one of our housing authorities to set aside vouchers for veterans on our by name list.

Challenges: The true spirit of Housing First is not embraced by the entire CoC; notably shelters and street outreach. There have been difficulties in coordinating with our POC at the VA. Our local PSH and housing authorities do not, yet, prioritize veterans. Non-VA funded agencies are at Veteran Task Force, however none have committed as of yet to prioritizing veterans over non-veterans.