



# How Southern Nevada Achieved an End to Veteran Homelessness

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On November 6, 2015, the United States Interagency Council on Homelessness, Department of Housing and Urban Development, and Department of Veterans Affairs confirmed that Southern Nevada had effectively ended homelessness among Veterans.

You might be curious how a bustling community with an overall population of 603,000 people, who counted 692 Veterans experiencing homelessness (375 sheltered and 317 unsheltered) on a single night in January 2015, was able to proudly announce that they had effectively ended Veteran homelessness.

Community leaders say that it was the tenacity and relationship building of community stakeholders over many years that got them there. The community also took advantage of technical assistance available through HUD Priority Community, 25 Cities, and Zero: 2016, along with a surge in funding through the Supportive Services for Veteran Families program.

Since the beginning of 2015, Southern Nevada placed 1,395 Veterans experiencing homelessness into permanent housing. Below are key strategies they used, organized by the corresponding [federal criteria for achieving the goal of ending Veteran homelessness](#).

## **Criteria 1: Southern Nevada has identified all Veterans experiencing homelessness.**

**Coordinated intake:** A local Community Resource and Referral Center (CRRC) not only provides assessments and coordination with housing partners on site, but is a “one-stop” location for additional Veteran services, like medical access, benefits support/enrollment, employment programs, and legal assistance.

**Coordinated outreach:** In June of 2015, the community held a three-day coordinated outreach event to identify all individuals experiencing homelessness in the community and place them on a by-name list. The community continues to collaborate on outreach events at least once each month.

**By-name list:** The community uses the by-name list to ensure that all Veterans experiencing homelessness are accounted for and being assisted to obtain permanent housing. The multi-agency coordinated outreach team reviews and updates the list weekly, cross-referencing it against the state’s Homeless Management Information System (HMIS) and the VA CRRC database. Outreach teams are in constant contact, supporting each other to make sure every Veteran who wants to come off the streets can do so immediately.

**End Chronic Homelessness among Veterans:** Through coordinated outreach, Southern Nevada identified 26 Veterans who were experiencing chronic homelessness and not yet in permanent housing. Twenty-one of those

Veterans were in bridge housing, on their way to a permanent supportive housing placement within 90 days. The remaining five were offered a permanent housing opportunity, but refused those offers; the community continues to engage and offer permanent housing to those Veterans at least once every two weeks. Because those five were exempt from being calculated in Benchmark A, the community met the requirements for that Benchmark, which measures whether chronic homelessness has been ended.

### **Criteria 2: Southern Nevada provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.**

**24/7 Access:** Veterans can come off the streets and into shelter at any time by calling (or having an advocate call) a Veteran hotline number distributed on bright yellow cards throughout the community.

**Bridge housing:** Well over 50% of admissions to VA Contract and Grant Per Diem beds are being utilized for bridge housing only. Bridge housing is transitional housing that is used as a short-term stay when a Veteran has been offered a permanent housing intervention but the permanent housing opportunity is still being arranged. Bridge housing is generally provided for up to 90 days. In Southern Nevada, all of the above mentioned beds are considered low barrier.

**Shelter working group:** All major shelters in the community are at the table to discuss the need: to reduce barriers to all shelter beds; for shelter staff to provide navigation activities for clients; and for an emergency shelter intake for longer stays when needed.

### **Criteria 3: Southern Nevada only provides service-intensive transitional housing in limited instances.**

**Housing First:** The entire community is committed to Housing First. Every Veteran who is identified as homeless is offered permanent housing, and only 20% enter service-intensive transitional housing from intake. Even when a Veteran chooses services or treatment prior to housing, the ultimate plan for moving into permanent housing is put in place from the beginning.

**Service-intensive transitional housing only in limited instances:** During a 90-day period, 80 Veterans entered service-intensive transitional housing. During the same time frame, the total number of newly identified Veterans experiencing homelessness was 396. Since the number of newly identified Veterans is greater than the number of Veterans entering service-intensive transitional housing, Southern Nevada met benchmark D, which measures a community's commitment to Housing First.

### **Criteria 4: Southern Nevada has capacity to assist Veterans to swiftly move into permanent housing.**

**Same-day referrals:** The Community Resource and Referral Center offers every Veteran a permanent housing plan (permanent supportive housing, mainstream affordable housing, or rapid re-housing) and proceeds with the

appropriate referral. The CRRC staff offer bridge/emergency housing to begin the same day to provide safety and easy access for case managers to quickly move the permanent housing plan forward.

**Co-locating resources at the CRRC:** The community offered space to the local Public Housing Authority to work out of the CRRC to allow for quick processing.

**Quick (less than 90 days) access to permanent housing:** During a 90-day period, HMIS data showed that 510 Veterans moved into permanent housing. The community tracked the total number of days it took for all 510 Veterans to enter permanent housing, which was 38,710 days. To determine if Benchmark B was met, the community divided the total number of days (38,710) by the total number of Veterans (510), which equaled 76. Since 76 is less than 90, Benchmark B, which measures whether Veterans have quick access to permanent housing, was met. Southern Nevada did not need to exempt any Veterans who were in service-intensive transitional housing prior to being housed.

### **Criteria 5: Southern Nevada has resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.**

**Mayor's combined working group:** The group is comprised of local municipalities, HUD, the American City Public Housing Authority, managers from the VA Medical Center, the Continuum of Care Coordinator, and other key community providers of homelessness services. The group meets twice monthly with the goal of increasing affordable housing stock, developing an integrated landlord strategy, and addressing current state/city laws and regulations that are barriers towards housing Veterans.

**Strong working relationship with VA:** Two VA staff persons (one primary and one back-up) with sufficient authority and dedicated time in their schedule were designated by leadership to the working group.

**Data sharing:** VA staff have both read and write access to HMIS. Southern Nevada used this [white paper](#) to help establish data-sharing processes that enhanced their operational planning.

**Sufficient permanent housing capacity:** During a 90-day period, 510 Veterans exited homelessness to permanent housing in Southern Nevada. During the same time period, 396 new Veterans were identified as experiencing homelessness and assessed with the VI-SPDAT. Since there were fewer newly identified Veterans than the number of Veterans exiting to permanent housing, Southern Nevada met Benchmark C, which measures whether the community has sufficient permanent housing capacity.

**On-going monitoring:** The community continues to monitor themselves against the Criteria and Benchmarks at least every 90 days to ensure the outcomes are continuously maintained and improving.