



**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.

This committee will meet in two halves: North and South. Each half will meet at least monthly to coordinate efforts and plan best utilization of resources to prevent and end veteran homelessness. In particular, we will discuss the flow of SSVF resources and what unmet needs the SSVF outreach workers and case managers are encountering, needs that could be met by HUD-VASH, GPD, the VA Domiciliary, veterans' employment programs, VSO's or other veteran housing and income programs. As appropriate, representatives of non-veteran resources will be invited/consulted, including the Social Security Administration, the Department of Economic Security (administering ESG, TANF, SNAP and Medicaid-AHCCCS), housing authorities, community mental health organizations, community action agencies, and other organizations that provide housing or income. As appropriate, representatives from homeless shelters, homeless day centers, homeless food programs, and homeless outreach programs will be invited/consulted for their input to identify and serve homeless veterans. Committee members are encouraged to bring members of their staff (such as Ed Shier bringing HCHV and HUD-VASH case managers) to this committee. On a monthly basis the committee will allow for time in the agenda for each partner representative to summarize their successes and challenges. In addition, committee members will coordinate regarding a list of known homeless veterans in the area and be able to discuss efforts being made to assist that veteran. Each month, barriers to meeting the goal of Functional Zero will be discussed, and action plan steps developed in an attempt to reduce and/or eliminate those barriers. The committee will also provide updates and ideas on coordination strategies that will help with efforts to recruit veterans and increase landlord participation. Monthly updates on veteran housing status will be provided by each program to gauge the success of housing placements. The committee will continue to research and invite area providers' committee participation in an effort to better provide full, wrap-around services to veteran families to obtain the goal of functional zero. Additionally, on June 3, 2015, all 4 of the Balance of State providers met in Phoenix. Chairing the meeting was Karia Basta, Special Needs Program Administrator, ADOH. During the meeting, various topics were discussed and the decision to move forward with meeting every other month was agreed upon. Topics addressed included addressing needs and coordination of efforts between BOS SSVF providers. All 4 SSVF grantees support and will actively participate in this group in addition to the half-state meetings.

**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)*.

<b>Estimated Annual Total:</b>	1,619
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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>	<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	100	300	400
Of number above, how many will also be counted as chronically homeless:	25	75	100

**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?	Yes

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

Strengths: Good networks of veteran service organizations, such as VFW, American Legion, etc. The Arizona Coalition for Military Families is very helpful. Arizonans generally have a very positive attitude toward veterans. HUD/VASH availability in Cochise County. Ongoing relationships developed in networking with area COC members has enabled providers to fast-track referrals and services based upon individual needs. Partnerships have also been developed with grassroots organizations that have enabled providers to provide a more secure safety net for those veterans with extensive barriers. The overwhelming majority of homeless veterans are permanently housed in under 30 days, and may in less than 14 days. Partners have worked extensively to build relationships with property managers and property owners to relax some of their usual leasing standards in or to allow the Housing First model to successfully operate.

Challenges: The high cost of housing in Flagstaff, coupled with low wages. Lack of a locally managed housing authority in Yavapai County. Our extreme weather -- very cold/snowy winters at higher elevations and very hot summers at lower elevations -- causes some homeless persons to migrate, which makes building relationships with them more difficult. Our CoC is very large, so it can be difficult for providers to meet and for case managers and vets to meet. Our rural areas, especially the Native American reservations, frequently lack rental housing and telecommunications. Some elected officials, grantors and other influential parties think that homelessness is only a problem in Phoenix. In many of our rural areas, there are no shelters, transitional housing or motel assistance, and thus RRH households might remain literally homeless while their permanent housing is arranged. In Pinal County, there are no VASH vouchers at all. Supportive housing opportunities for those requiring those services is nearly non-existent in many of the rural areas. A rental market flooded with potential renters after the housing crisis has meant that rental availability and landlords willing to relax rental requirements is exceptionally difficult to find in many areas. Another challenge is the consistent rise in housing costs. Housing availability and rent reasonableness is difficult in Graham/Greenlee counties. Pinal and Yuma Counties lack affordable housing stock. The Yuma County Housing Authority has a waiting list of over 1,000 individuals. At present, there are only 52 VASH vouchers. In Pinal County, there is anywhere from an 18 month to three year waiting list. Pinal County is having an influx of veterans with large families from California, Wyoming and Virginia.

# SSVF: Community Plan Summary

**Date Completed/Revised:** 7/1/2015

<b>Continuum of Care Name:</b>	Tucson/Pima County CoC	<b>CoC Number:</b>	AZ-501
<b>CoC Representative:</b>	Danna Aurianna	<b>Title:</b>	HUD VASH Supervisor
<b>Phone/Email:</b> 520-792-1450 x 3794 danna.aurianna@va.gov			
<b>Person Completing this Summary:</b>	Linda Kot	<b>Title:</b>	Program Manager, Project Action for Veterans
<b>Phone/Email:</b> 520-308-3071 lkot@primavera.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> 25 Cities/51 Homes Vets	
<b>Principal Members</b>	<b>Affiliation</b>
Danna Aurianna, Jodi Frederick	VA, Danna co-chair this committee Jodi TPCH Board
Karla Avalos	Mayor's office, co-chair this committee
Pam Mosely	Pima County, HMIS, TPCH Board
Bob Graham, Sam Bivens	American Red Cross of Southern AZ
Linda Kot, Polette VonHamm	Primavera Foundation
Jodie Barnes	City of Tucson
Dia Nanaka	COPE Community Services, TPCH Board
Pat Beauchamp	Esperanza En Escalante
Rudy Trinidad	Pasadera Behavioral Health Network
Cliff Wade, Cherie Jacobs	Old Pueblo Community Foundation
Sandra Murray, Melissa Benjamin	Our Family Services
Lyle Ford, Jordan Layton	Community Partnership of So AZ (CPSA)
Karin Uhlich	City Council Ward 3, CPSA
Cindy Masterton	CODAC Behavioral Health
Bill Magnatto	La Frontera Behavioral Health
Pat Crutcher	VA
Akua Hodges	La Frontera Rally Point Arizona Vets Court

**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.

25 Cities/51 Homes Vets committee also know as the mayor's committee serves as the Veteran Service Providers group for the community and the CoC. Members of this team include representation from Primavera, Red Cross, Homeless Management Information System (HMIS), VA, City of Tucson, Public Housing Authority, and other service providers working to house individuals that are homeless. The specific target population at this time is Veterans and chronically homeless (Veterans and non-veterans). Co-chairs for the committee are the Health and Human Services Advisor to the Mayor and the HUD VASH Supervisor. Meetings are held every other week. Regular contact is maintained with the consultant from 25 Cities assigned to our region. Data regarding number of VI-SPDATS completed and entered into HMIS and number of matches of people to housing using the HMIS system are reviewed at each meeting. Strategies are continually discussed in order to improve the system. Representation on this team includes people serving on the TPCH Board, the Governance Committee, the Continuum of Services (CoS) committee, and the HMIS committee. These individuals share information with their respective TPCH groups regarding the work being done by the Mayor's team. Case conferencing is an option available at the end of every meeting to discuss difficult cases and confirm VASH status of Veterans with VA. The team will be working on refining this case conferencing component. 6/18/15 Information has been requested from New Orleans regarding their case conference model.

**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)*.

<b>Estimated Annual Total:</b>	918
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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>	<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:			0
Of number above, how many will also be counted as chronically homeless:			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?	Under Dev
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?	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?	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-always?	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.

Challenges: continue to include the need to share data using HMIS, to generate direct referrals to agencies from HMIS and to increase the number of community navigators. Attempts have been made to use GPD as Bridge housing but the regional office out of Tampa has not agreed to change the goal standards of GPD. The community needs to solve the issues of releases for case conferencing.

Areas of progress: VA has hired more VASH staff. VASH placed more people this month than in previous months. A list of homeless Veterans has been pulled from HMIS to be screened by VASH and then the community team on a regular basis. PHA will send yearly renewal packets to VASH case managers to ensure the monthly fee waiver request is completed for those with no income. PHA now meets with VASH enrollees at the VA twice a month in addition to their office where there is dedicated space for VASH individuals. The community has defined bridge housing and continues to identify bridge housing options. SSVF offers bridge housing to VASH participants. Through 25 Cities there is a community effort to increase landlord participation including the mayor's willingness to host a meet and greet event for landlords. Landlords will be encouraged to use Pima County's free affordable housing website developed by Socialserve.com to list vacancies.



**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.

This group has met quarterly during calendar year 2014 to discuss updates in our veteran programs, plan Standdown, and other veteran events, and receive updates from the CoC. In the fall of 2014 this group started working with the 25 Cities Initiative in our community to coordinate veteran resources. In March, 2015 this group began meeting on a weekly basis. Using last year's PIT numbers and names from enrollments in HMIS outreach and shelter programs, we began going through, name by name, the list of veterans and assigning them to navigators. This group tracks housing placements via the Homelink tool and provides weekly status updates on veteran client contacts and housing placement as we make progress toward housing all veteran households experiencing homelessness. Updates, onboarding, and coordination with the family and single CAHP systems are discussed at this meeting as well as decisions related veteran-specific resource coordination. Our best data suggests that there are 89 homeless veterans currently. Information from the CRRC suggests an inflow of 30 new homeless veterans a month. If we house 50 veterans for each month of May, June, July, and August we will reach 0 by August 31st, 2015. Our major goals are 1. Get a dynamic master list of names; 2. Streamline the referral process between the VA and the community; 3. Fully optimize resources by prioritization; 4. Coordinate navigation and case conferencing; 5. Consistent, transparent, coordinated communication with all stakeholders on community-wide vision and progress.

**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.

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<b>Estimated Annual Total:</b>	1,048
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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:**  
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<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>	<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	0	0	0
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?	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?	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?	No
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	No
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.

Our community has many strengths that put us in a strong position to end veteran homelessness this year. Our community decided that GPD beds are not counted as shelter homeless but rather as a housing placement, albeit temporary. Our community has a VA CRRC, which can act as a on-the-ground coordinator for most veterans. CRRC staff can be the initial determination of where the veteran is assigned for navigation and what housing intervention should be attempted first. CAHP has been fully implemented in our community for families and partly implemented for single adults. An assessment tool is in place and being used by all involved agencies. Our Veteran Standdown in the county is one of the most successful in the nation. Some challenges we face are: coordinated assessment for singles only partially implemented. Paradigm shifts in homeless services to prioritize the most vulnerable is a slow and difficult process for some providers in our community, even the willing agencies. We have very limited PSH options for non-VHA eligible veterans. Our HMIS system and administration has felt more limiting than helpful and we have had difficulty getting accurate data from HMIS lead agency in the community. We have limited bridge and emergency housing inventory and funding for veterans awaiting a permanent housing placement. JULY 1 UPDATE: Our recent challenges include losing a couple community leaders including USVet's ED as well as our one of our CoC's main organizer and coordinator with 25 Cities/Community Solutions. As a result we have canceled many of our weekly meetings. Another challenge has been with waiting to get connected to Homelink. Getting agencies onboarded has been slow and this has slowed our progress with access to update the shared list of homeless veterans. Our strengths include the fact that we have been able to house 50 veterans each month since setting that as our goal. Also, the CRRC will have a new location with more resources available.