1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): NV-500 - Las Vegas/Clark County CoC

CoC Lead Organization Name: Southern Nevada Regional Planning Coalition

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Southern Nevada Regional Planning Coalition Committee on Homelessness

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Other (specify)

Specify "other" legal status:

Quasi-governmental

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 45%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The 12 elected officials on the Southern Nevada Regional Planning Coalition (SNRPC) appoints and/or assigns members to sit on the Committee on Homelessness.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	X

Specify "other" process(es):

The members of the Committee on Homelessness vote on who will serve as the chair and vice-chair.

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes, Clark County is the responsible fiscal/administrative agent for the Southern Nevada Regional Planning Coalition--Committee on Homelessness (SNRPC-COH). This board has it's own budget that derives from contributions from each jurisdiction represented as well as grant funds from the State of Nevada to incubate pilot projects and ensure state funding is meeting the needs of the continuum. This board and it's staff also oversee the contracts for inclement weather shelter contracts, HMIS administration, Clark County Outside Agency funds for homeless services and various other contracts as deemed appropriate.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
SNRPC-COH COC Evaluation Working Group	Review and prioritize all homeless funding in the Region to ensure compliance with the Southern Nevada Plan to End Homelessness	Monthly or more
SNRPC-COH Technical Working Group	This group is the working group for the SNRPC-COH and approves funding recommendations prior to presentation to the SNRPC-CoH for final approval.	Monthly or more
HMIS Steering Committee	To guide the implementation and expansion of the use of HMIS throughout the continuum. This group determines what agencies have access to the HMIS system to protect the client data and ensure that only those serving homeless clients have access to HMIS.	Quarterly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
AARP Senior Employment	Private Sector	Other	Attend 10-year planning meetings during past 12 months, A...	NONE
Aid for AIDS of Nevada	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	HIV/AIDS
Bridge Couseling Associates	Private Sector	Other	Attend 10-year planning meetings during past 12 months, A...	NONE
Boys and Girls Clubs of Las Vegas	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Catholic Charities of Southern Nevada	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Central Christian Church-Community Care	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, A...	NONE
City of Las Vegas-Neighborhood Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Clark County-Community Resource Management	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Clark County Family Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
Clark County Health Department	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Clark County Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Clark County Legal Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Clark County School District	Public Sector	School ...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth
Clark County Social Service	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Clark County-Las Vegas Urban League	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Classroom on Wheels	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth

Community College of Southern Nevada	Public Sector	School...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Counseling Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Clark County--Community Resource Management	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Outreach Medical	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Community Partners Child Care	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Youth
Consumer Credit Counseling Service of SN	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, A...	NONE
Easter Seals of Nevada	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Emergency Aid of Boulder City	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Enterprise Quick Care	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, A...	NONE
Family Promise	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Family Resource Centers	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Foundation for an Independent Tomorrow	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Gay and Lesbian Center	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Golden Rainbow	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	HIV/AIDS
Goodwill of Southern Nevada	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
HELP of Southern Nevada	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Hopelink/HACA	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Huntridge Teen Clinic	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, A...	Youth

Jewish Family Service Agency	Private Sector	Faith -b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Job Corps	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Youth
Las Vegas Fighting AIDS in our Community Today	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
Las Vegas Indian Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Las Vegas Metro PD--HELP Team	Public Sector	Law enf...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Las Vegas Rescue Mission	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, A...	NONE
Lutheran Social Services of Nevada	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mojave Mental Health	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Nevada Association of Latin Americans	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Nevada Health Centers	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	NONE
Nevada Legal Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Nevada HAND	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Nevada Partners	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Nevada Partnership for Homeless Youth	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Nevada State DETR	Public Sector	Local w...	Attend Consolidated Plan planning meetings during past 12...	NONE
Nevada State Department of Welfare and Supporti...	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
O.U.T.R.E.A.C.H. (7 Agency Team)	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
S.A.F.E. House	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Domestic Vio...
Safe Nest	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Domestic Vio...

Southern Nevada Adult Mental Health Services	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Straight from the Streets	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The KEY Foundation	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Veterans
The Salvation Army	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Shade Tree	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of SN	Private Sector	Funder ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
University Medical Center	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	NONE
UNR Cooperation Extension	Public Sector	School ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
US Vets	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Veterans
Veterans Administration	Public Sector	Other	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans
Westcare	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Substance Abuse
Women's Development Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
S.P.	Individual	Homeles...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Larry Williams	Individual	Homeles...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Michelle Zozaya	Individual	Homeles...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Nevada Community Associates	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Community Coalition for Oral Health	Private Sector	Hospita...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Nevada Homeless Alliance	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE

Southern Nevada Children First	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Youth
St. Jude's Ranch for Children	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	Youth
Communities in Schools	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Youth
Giving Life Ministries	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, A...	NONE
Department of Corrections	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Three Square	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Over the past year several emergency shelter programs had to close due to loss of funding. One program in particular had beds that are being used as detox beds and are therefore not eligible to be included in the HIC. Another program developed ES beds for households with children.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Clark County Social Service experienced an unprecedented increase in the number of people who accessed their services for financial assistance in transitional living situations. In addition, the only women and children shelter in our commmunity re-organized and dedicated additional beds and units to transitional housing. These programs helped to soften the detrimental impact caused by funding cuts and programs closing.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

With program closures, teh continuum lost 30 units. Last year, the Horizon Crest Apts project claimed 165 beds targeted homeless households. However this claim was in error becasue the beds are actually for low-income households and not specifically for homeless households. AS a result, an adjustment was made to this years' HIC.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC	11/20/2009

Attachment Details

Document Description: eHIC

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/29/2009

Indicate the type of data or methods used to complete the housing inventory count: (select all that apply) HMIS plus housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply) Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

During a CoC provider meeting the HUD formula was discussed in depth in order for from the providers to ascertain the most accurate formula to use for our community; based on data regarding deomographic make up and constitution of our homeless population. Our community conducts the unsheltered count every other year, however we conduct a shelter inventory every year during the last week in January. The shelter/housing inventory was compared to the HMIS input for each agency to verify HMIS coverage.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	NV-500 - Las Vegas/Clark County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	MetSYS
What is the name of the HMIS software company?	MetSYS
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	11/08/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

-Developing Data Warehousing application to identify data quality issues
-Developing utilzation assessment reports, with staff level identification
-Developing screen customization and process flow to assist data entry
-Developing comprehensive web-site and manuals

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Bitfocus
Street Address 1	9101 W. Sahara Ave # 105-158
Street Address 2	
City	Las Vegas
State	Nevada
Zip Code **Format: xxxxx or xxxxx-xxxx**	89117
Organization Type	For Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Robert
Middle Name/Initial	
Last Name	Herdzik
Suffix	
Telephone Number: (Format: 123-456-7890)	702-614-6690
Extension	
Fax Number: (Format: 123-456-7890)	702-966-2478
E-mail Address:	robh@bitfocus.com
Confirm E-mail Address:	robh@bitfocus.com

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	86%+
*** Transitional Housing (TH) Beds**	0-50%
*** Permanent Housing (PH) Beds**	65-75%

How often does the CoC review or assess its HMIS bed coverage? Monthly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Clark County Social Service, the largest provider of transitional housing is having firewall issues in accessing the HMIS system. This is actively being addressed and they will start using HMIS as soon as this issue can be resolved. Their staff has already been trained on the use of the HMIS system.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	13%	0%
* Race	14%	0%
* Gender	1%	0%
* Veteran Status	12%	0%
* Disabling Condition	12%	0%
* Residence Prior to Program Entry	19%	1%
* Zip Code of Last Permanent Address	18%	0%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Monthly
How frequently does the CoC review the quality of program level data?	Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

The contractor has developed their own proprietary application that processes each client and assesses their data quality. The report is broken down to the staff level entering data and provides the Executive Director and funding agencies with a report of this email once a month. The Executive Director can identify staff entering poor data quality through this report.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Our reports for system utilization and usage are never strictly based on valid program entry and exit dates. If an intake worker does not complete this information, their data will show on the generated reports. We no longer base reports on initial client creation.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Annually

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

*** Unique user name and password**	**Monthly**
*** Secure location for equipment**	Monthly
*** Locking screen savers**	Monthly
*** Virus protection with auto update**	Monthly
*** Individual or network firewalls**	Monthly
*** Restrictions on access to HMIS via public forums**	Monthly
*** Compliance with HMIS Policy and Procedures manual**	Monthly
*** Validation of off-site storage of HMIS data**	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 07/09/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Never
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/29/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	31	307	8	346
Number of Persons (adults and children)	95	1,275	27	1,397

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	716	4,887	6,070	11,673
Number of Persons (adults and unaccompanied youth)	730	4,904	6,307	11,941

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	747	5,194	6,078	12,019
Total Persons	825	6,179	6,334	13,338

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	117	2,094	2,211
*** Severely Mentally Ill**	1,636	1,738	3,374
*** Chronic Substance Abuse**	1,225	2,427	3,652
*** Veterans**	986	1,276	2,262
*** Persons with HIV/AIDS**	68	82	150
*** Victims of Domestic Violence**	637	500	1,137
*** Unaccompanied Youth (under 18)**	55	154	209

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Biennially

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 99%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The basic approach was to identify and contact as many agencies as possible that temporarily house homeless people and request that those agencies send Applied Survey Research (ASR) a count of the number of homeless persons housed in their programs on the appropriate nights of the count, in conjunction with the street count. The support and participation from a broad range of agencies, both public and private, was needed to complete the shelter and institution count. These agencies include: Shelters (emergency and transitional), Jails/police departments; Drug and alcohol rehabilitation facilities, Hospitals, and Agencies that house homeless people in voucher hotels and other agencies. This was the first comprehensive homeless count for our CoC. Therefore, we now have a true baseline to determine successes and challenges in the future.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The provider response to the housing survey was much greater this year. Clark County Social Service experienced a service increase for transitional housing (FAS--Financial Assistance) resulting in an increase of over 3,600 transitional housing beds.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	X
Sample strategy:	Random Sample
Provider expertise:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The 2007 Southern Nevada Homeless Count was performed by using the U.S. Department of Housing and Urban Development (HUD) Recommended practices for counting homeless persons. This comprehensive study included a field enumeration and field surveys. Using the major data components and the results of the surveys, Applied Survey Research (ASR) generated detailed demographic and lifestyle profiles of the homeless people in Southern Nevada.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

In the past couple of years the CoC has worked diligently to move clients into sheltered situations, especially trasitional or permanent housing. The sheltered population increased by more than 3,000 people. This is greatly attributed to Clark County Social Service increasing their issuances of financial assistance for transitional housing. The community has developed a Continuum for Youth for all youth services that is making a positive impact on stopping the flow of unaccompanied youth into homelessness.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize the potential effect of duplicate counting. In order to avoid potential duplication of respondents, the survey requested respondents initials and date of birth, so that duplication could be avoided without compromising the respondents anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate potential duplicates. This process examined respondents date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other questions on the survey.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize the potential effect of duplicate counting. In order to avoid potential duplication of respondents, the survey requested respondents initials and date of birth, so that duplication could be avoided without compromising the respondents anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate potential duplicates. This process examined respondents date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other questions on the survey.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

We have an O.U.T.R.E.A.C.H. Team that is comprised of a partnership of 7 agencies that actively engage the unsheltered homeless, develop a rapport and help the homeless get connected to the appropriate services for their individual needs. This team actively seeks out the chronically homeless and households with children to engage them in services. Many of the homeless service providers have agreed to receive clients referred by the O.U.T.R.E.A.C.H. Team into their program immediately.

The CoC has a strong relationship with the Clark County School District Title I HOPE program, who identifies homeless children and their families and works directly with the service providers to move these families into services as soon as possible.

The CoC provides a Mainstream Programs Basic Training (MPBT) session every year to all providers staff focusing on homeless families with children to ensure that all staff at all service agencies are familiar with mainstream programs and local programs as well as the eligibility criteria in order to ensure that homeless families will receive appropriate referrals no matter what door they enter into the service network.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

We have an O.U.T.R.E.A.C.H. Team that is comprised of a partnership of 7 agencies that actively engage the unsheltered homeless, develop a rapport and help the homeless get connected to the appropriate services for their individual needs. This team actively seeks out the chronically homeless and households with children to engage them in services. Many of the homeless service providers have agreed to receive clients referred by the O.U.T.R.E.A.C.H. Team into their program immediately. The O.U.T.R.E.A.C.H Team has developed a sperate team called "Shine the Light" who goes into the tunnels beneath Las Vegas to actively engage those folks and encourage them to move into services and into housing. Within the first 6 months of operation, this group has engaged 58 encampments and moved 12 into permanent housing.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The number of unsheltered households with children has drastically decreased by 99% due to the intense efforts of the CoC to target homeless families for programs, getting them off the streets as quickly as possible. Unfortunately, with the increase in unemployment, the number of homeless individuals has risen faster than programs are able to maintain, resulting in an increase in the indivdual unsheltered population. The group of individuals who has been homeless for an extensive period of time or having many episodes of homelessness and are the most service resistant has resulted in an increase in the chronically homeless situation. Another factor in this increase may be the ability to now safely take teams into the tunnels under the Las Vegas strip to account for those who were previously hidden and therefore not counted.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The CoC currently has a 70 unit S+C chronically homeless project that will be in place and accepting clients. 25 of the VA-VASH housing choice vouchers are set aside for the chronically homeless veterans. An apartment complex that is underdevelopment will set asisde 6 units for Chronically homeless permanet housing.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

With property prices decreasing and the number of foreclosed properties, the CoC plans to encourage and assist housing providers in finding funds to purchase these properties to serve as permanent housing for our chronically homeless. The CoC continues to work with providers to develop permanent housing units for chronically homeless. The CoC will continue to work closly with the jurisdictions receiving NSP funds in order to provide opportunities for providers and clients to purchase properties in foreclosure, therefore providing more permanent housing opportunities.

How many permanent housing beds do you currently have in place for chronically homeless persons? 279

How many permanent housing beds do you plan to create in the next 12-months? 101

How many permanent housing beds do you plan to create in the next 5-years? 200

How many permanent housing beds do you plan to create in the next 10-years? 350

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC providers have done a good job modifying their program models with the results of an increase in the number of people remaining in permanent housing once placed. Other community providers are seeing the benefits of thes program modifications and are working with those agencies who have had success in order to implement these processes into their programs, therefore, we expect a continued increase inteh number of people remaining in permanent housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC will continue to work with the providers to identify and improve their programs, where applicable, to meet the needs of the clients while encouraging the clients to remain in a stable premanent housing placement.

What percentage of homeless persons in permanent housing have remained for at least six months? 79

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 81

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 85

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 89

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC is working with the providers to find creative ways to keep the transient homeless that are exiting early from transitional housing in programs and move into permanent housing situations. This is a challenge unique to our community due to the inherent transient nature of our community. The homeless who are more abt to remain in housing are those who are moved directly into permant housing from the streets, thus our success in maintaining participants in permanent housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC and the providers will continue to diligently work towrd programmatic changes that will enable them them to maintain their clients and successfully move them into permanent housing, thus increasing our percentage to at least 65%.

What percentage of homeless persons in transitional housing have moved to permanent housing? 52

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 80

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Our CoC has a 27 % rate of employment for those exiting programs. The providers will continue to provide their job readiness and placement programs in order to maintain the current threshold.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC anticipates a reversal of the current recession. When that occurs, due the nature of the employment opportunities in Las Vegas and Clark County, it is expected that the number of people being employed will increase. With the continuance of our current strong job readiness programs provided by our providers, there will be a wealth of homeless and formerly homeless people that will be trained and ready to fill open positions.

What percentage of persons are employed at program exit? 27

In 12-months, what percentage of persons will be employed at program exit? 28

In 5-years, what percentage of persons will be employed at program exit? 32

In 10-years, what percentage of persons will be employed at program exit? 45

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC has identified homeless households with children as a programmatic priority. ESG funds, have been targeted to this population as well.
HPRP funds as well as other non-restricted funds are targeted to assist our newly homeless households with children to return to permanent housing as quickly as possible thereby reducing the homeless numbers for this population; these funds will also assist those households with children at risk of becoming homeless, by preventing homelessness, hence reducing the number of families entering into homelessness.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC is actively working with agencies that assist with credit counseling and home loan modifications. When a household with children enters a non-profit agency for assistance, part of their case plan is to work with credit counseling agencies. The goal being that whatever the financial situation of the family, the credit counseling programs will assist the families in securing a permanent housing situation that they can maintain.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	346
In 12-months, what will be the total number of homeless households with children?	320
In 5-years, what will be the total number of homeless households with children?	200
In 10-years, what will be the total number of homeless households with children?	100

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The Division of Child and Family Services is responsible for the oversight of all independent living programs in Nevada. The goal of Nevadas Independent Living Program is to provide children making the transition from placement to independence with the skills and resources necessary to make them independent and productive members of society. Nevadas Independent Living Program is a set of services available to all foster youth between the ages of 15.5 until the age of 21. Nevadas Independent Living Program does not refer foster youth to HUD McKinney-Vento funded programs. The Division considers all eligible foster youth to include those youth who are in the care and custody of the Division, Washoe County Department of Social Services, or Clark County Department of Family Services. The Division considers foster care to be the legal status of the child. The physical placement of the child does not determine the eligibility for independent living services. Independent living services may continue with the child after permanency has been achieved, depending on the needs of the child. There are instances where the youth turns 18 and refuses further services from the Foster Care system or they may runaway and not able to be located. In these cases, the Wardship is terminated.

Health Care:

A Health Care workgroup was formed and will continue to meet on a regular basis in order to develop formal discharge protocols for all hospitals throughout the state, with the focus being on safe, stable housing upon discharge into non-HUD McKinney-Vento funded programs. Those represented in the planning group are the Clark County Hospital and Medical Centers, Saint Marys Regional Medical Center/CHW in Reno, private for profit and non-profit hospitals throughout the state, various health centers throughout the state, non-profit homeless providers throughout the state and CoC representatives from each continuum within the State of Nevada.

Mental Health:

A Mental Health workgroup was formed from the Statewide Discharge Planning Summit held in 2007. This group has met on a regular basis and is developing formal discharge protocols for all mental health and substance abuse facilities throughout the state, with the focus being on safe, stable housing upon discharge into non-HUD McKinney-Vento funded programs.

Clients admitted to the mental health in-patient system are assigned a Social Worker to facilitate discharge to a safe environment. The Social Worker begins their discharge process at the time of admission. The client is assisted in securing identification and any other documentation necessary upon discharge. The Social Worker assesses the clients discharge needs, refers the client to outpatient services, identifies and mobilized community resources and ensures client has the necessary appointments and aftercare needs met. Reconciliation with family members is encouraged whenever possible and transportation is provided to reunite clients with family and friends who may be in a different geographic area.

The Mental Health and Substance Abuse Discharge workgroup is meeting on a regular basis to develop formal protocols that will be consistent throughout the State of Nevada.

Corrections:

A Corrections workgroup was formed from the Statewide Discharge Planning summit held in 2007. The CoC applied to HUD and was granted TA around corrections discharge. The Corrections workgroup has plans to aggressively address issues around discharge planning in order to develop formal discharge protocols for all correctional facilities throughout the state, with the focus being on safe, stable housing upon discharge into non-HUD McKinney-Vento funded programs. The CoC coordinator is a member of the newly formed Statewide Prisoner Re-entry Coalition that is the working group for the Governer appointed Statewide Re-entry Task Force.

Clark County and the City of Las Vegas Detention and Enforcement have been working jointly to implement a discharge plan for the homeless inmates. This plan and its implementation are in the "pilot phase" prior to formalization of the policy.

The Department of Corrections (DOC) for the State of Nevada has policies and procedures in place to ensure that persons leaving publicly funded institutions or systems of care do not end up homeless when discharged from the facility. Nevada Revised Statutes, states that the Director of the Department of Corrections (DOC) may enter into contracts with one or more public or private entities to provide services, as necessary and appropriate, to offenders or parolees participating in a program.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Foster self-sufficiency through access to education, training and employment opportunities.
Increase the availability of stable and sustainable housing.
Facilitate the transition from homelessness through intensive case management.
Support coordination of discharge planning and follow-up between hospitals and homeless services.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

In the summer of 2008, the CoC decided to focus on assessing and redesigning the prevention activities in Southern Nevada. They appointed a Prevention Work Group to carry out this effort, comprised of the CoC Evaluation Working Group plus subject matter experts. This group designed a "no wrong door" process using the HMIS system as the single point of entry. Thus, we have created a service delivery system that is increasingly client centered. We have accomplished this via collaborative partnerships among social service provides, government and faith and ethnic communities. This has occurred by removing competition for funds, standardization of intake and eligibility functions, and expanding the number of "front doors" to include our extensive faith-based community and expanding the hours of operations for service delivery agencies.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Interlocal cooperation has been essential in Southern Nevada¿s work on implementing the NSP. The NSP Interjurisdictional Committee (NSP IC) was created to provide a forum for the four local jurisdictions to discuss issues related to NSP and to coordinate RFP/RFQs. The NSP IC includes Clark County and the cities of Las Vegas, North Las Vegas and Henderson. The Regional Homelessness Coordinator met with the NSP IC to discuss the possibility of undertaking a project to assist a special needs population of homeless. The NSP IC briefed the SNRPC Committee on Homelessness on 11/13/2008 about NSP and the opportunity for a possible project. The CoH approved moving forward. Two additional meetings were held on 1/5/2009 and 1/14/2009 to discuss the homeless project with Shannon. The project agreed upon involved permanent supportive housing for homeless youth age 16-24. The NSP IC felt that an Acquisition/Rehab/Rental project would make the most sense. NSP funds would be used to provide affordable rental housing to the very low income special needs population
The Veterans Administration (VA)has become a strong partner in the CoC. From the time they were notified to this date, the VA has worked extensively with the CoC on the best use way to utilize and implement the VASH vouchers. All 105 vouchers from the first round are targeted to homeless veterans and from the 175 voucher they received in the second round, they have committed to set aside at least 25 vouchers for the chronically homeless veterans.
Members of the CoC Evaluation Working Group sit on the review and allocations committee for EFS funds awarded to Clark County (adminstered through United Way). The CoC was not involved in the decisions made for the CDBG ARRA funds awarded to Clark County since they are targeted for use to develop the community infrastructure.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	330	**Beds**	279	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	**%**	79	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	52	**%**
Increase percentage of homeless persons employed at exit to at least 19%	24	**%**	27	**%**
Decrease the number of homeless households with children.	886	**Households**	346	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

Create new PH beds for CH: A new S+C project into the CoC had major delays in getting their project on-line and accepting clients. They had some internal capacity building issues and internal legal and purchasing issues. The designated housing location was shut down by the City of Las Vegas due to zoning issues, which necessitated a revision of the plan for implementation, which included a upgrade in scope for the sponsor of the project. The S+C project began accepting clients 9/09.

With the downturn in the economy, non-profits and their boards are hesitant to commit to new projects with sustainability being questionable.

Increase % of homeless moving from TH to PH: Las Vegas/Clark County is a transient community by nature, this phenomenon does not end because someone enters into transitional housing. This leads to a higher than usual discharge prematurely from transitional housing situations. The Intensive Case Management within the CoC has done a remarkable job of identifying those who will be successful in permanent housing, moving the homeless from the streets directly into a permanent housing situation. Unfortunately, those who are not accessed as being appropriate for permanent housing are placed in transitional housing, these seem to be the more transient clients, who are exiting from programs prematurely.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	1,483	220
2008	1,483	242
2009	2,211	279

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 37

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$0	$0	$0	$0	$0
Total	$0	$0	$0	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

There were a number of service resistent homeless that moved into the "Chronic" category in the past year. With the economic crisis and the local priority on homeless households with children, all available resources were targeted to the homeless families. The CoC is not able to quantify the cost for the 37 new permanent housing beds that were added to the O.U.T.R.E.A.C.H. program, this program found that they were able to stretch their dollars with community collaborations to expand their CH beds.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	89
b. Number of participants who did not leave the project(s)	333
c. Number of participants who exited after staying 6 months or longer	58
d. Number of participants who did not exit after staying 6 months or longer	274
e. Number of participants who did not exit and were enrolled for less than 6 months	63
TOTAL PH (%)	79

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	801
b. Number of participants who moved to PH	416
TOTAL TH (%)	52

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 913

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	93	10	**%**
SSDI	77	8	**%**
Social Security	57	6	**%**
General Public Assistance	1	0	**%**
TANF	4	0	**%**
SCHIP	0	0	**%**
Veterans Benefits	53	6	**%**
Employment Income	242	27	**%**
Unemployment Benefits	5	1	**%**
Veterans Health Care	11	1	**%**
Medicaid	72	8	**%**
Food Stamps	110	12	**%**
Other (Please specify below)	47	5	**%**
child support, pension, disability insurance, 401K, Medicare			
No Financial Resources	324	35	**%**

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? No

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting $200,000 or more?: Yes

If Yes to above question, click save to provide activities

Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

All CoC providers submit a copy of their APR to the Continuum of Care Coordinator who reviews and presents them to the CoC Evaluation Working Group. If an agency appears to need TA, the CoC coordinator is instructed to meet with that agency.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

The providers meet monthly to discuss the barriers to accessing mainstream programs and identify the training needs of case managers.(10/7/08, 11/11/08, 12/9/08, 1/13/09, 2/10/09, 3/10/09, 4/14/09, 5/12/09, 6/9/09, 7/14/09, 8/11/09, 9/8/09 & 10/7/09) Mainstream Programs Basic Training is held every month for 4 hours to insure that all providers have access to how to enroll clients in mainstream programs as well as what constitutes an appropriate referral to other services in the community. Each month, the Mainstream Programs Basic Training (MPBT) focuses on a different aspect of clients and their needs. Each 4 hour meeting of MPBT focuses on one of the following topics; income supports (9/23/09), employment services(3/25/09), chronically homeless (11/18/09), legal services (11/18/09), senior services(5/27/09), families with children (7/22/09), health care (1110/28/09), housing resources(2/25/09), disabled (4/22/09), homeless youth(6/24/09), addictions and mental health (8/26/09).

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

3/16/07; 3/22/07; 8/7/07; 8/20/07; 8/27/07; 9/12/07; 9/27-28/07; 10/29-30/07; 11/26-27/07; 12/13-14/07; 1/10&16/08; 2/19-20/08; 3/18-19/08; 8/19-20/08; the SOAR trainer was on an extended leave of absence from 10/08-6/09, therefore trainings were not held. However, two individuals from community providers were identified and sent to the National SOAR training in 9/09. We anticipate SOAR trainings to reconvene in November 2009.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	75%
Case managers from each non-profit assist clients in filling out and submitting applications for mainstream programs	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	50%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	65%
4a. Describe the follow-up process:	
The clients who have applied for mainstream services continue to receive services from the homeless assistance providers until they are approved for mainstream services and in many cases they provide case management services even after mainstream services have been approved and are being received by the client.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

Question	Answer
***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	No
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

Question	Response
***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	Yes
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
CHAMPs - Chronica...	2009-11-24 18:01:...	2 Years	United States Vet...	329,018	Renewal Project	SHP	TH	F
HopeLink Transiti...	2009-11-23 13:02:...	1 Year	Henderson Allied ...	105,328	Renewal Project	SHP	TH	F
Acacia Gardens	2009-11-20 16:53:...	1 Year	Caminar	101,703	Renewal Project	SHP	PH	X
CHAMPs #2 - Chron...	2009-11-24 18:51:...	3 Years	United States Vet...	639,047	New Project	SHP	PH	P1
Permanent Housing...	2009-11-23 16:39:...	1 Year	United States Vet...	121,816	Renewal Project	SHP	PH	F
SJR-ILC	2009-11-24 15:13:...	2 Years	St. Jude's Ranch ...	1,299,015	New Project	SHP	TH	F4
Independent Livin...	2009-10-14 19:52:...	1 Year	Nevada Partnershi...	221,854	Renewal Project	SHP	TH	F
HUD 1	2009-10-15 18:38:...	1 Year	Southern Nevada A...	856,188	Renewal Project	S+C	TRA	U
HUD 2	2009-10-15 18:41:...	1 Year	Southern Nevada A...	176,112	Renewal Project	S+C	TRA	U
HELP Las Vegas Ve...	2009-11-24 11:55:...	1 Year	HELP Las Vegas Ho...	195,230	Renewal Project	SHP	TH	F
Moving Forward	2009-11-23 18:08:...	2 Years	Southern Nevada C...	740,022	New Project	SHP	TH	F2
Supportive Housin...	2009-11-24 13:26:...	1 Year	Lutheran Social S...	104,556	Renewal Project	SHP	TH	F
BREAK the Cycle o...	2009-11-24 12:55:...	2 Years	Lutheran Social S...	144,108	New Project	SHP	TH	F3

HUD 3	2009-10-15 18:45:...	1 Year	Southern Nevada A...	279,168	Renewal Project	S+C	TRA	U
WDC TH	2009-11-23 13:00:...	1 Year	Womens Developmen...	83,307	Renewal Project	SHP	TH	F
HELP them HOME	2009-11-24 11:51:...	2 Years	HELP of Southern ...	677,486	Renewal Project	SHP	PH	F
SAFAH "LINK"	2009-11-23 13:45:...	2 Years	Womens Developmen...	238,571	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	$4,260,311
Permanent Housing Bonus	$639,047
SPC Renewal	$1,311,468
Rejected	$101,703

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Consistency with ...	11/23/2009

Attachment Details

Document Description: Consistency with Consolidated Plan