Las Vegas/Clark County Continuum of Care Community Action Plan

CoC Check-up and Technical Assistance Process Overview

In March 2011, the Las Vegas/Clark County Continuum of Care was selected by the U.S. Department of Housing and Urban Development (HUD) to participate in HUD's newly developed Continuum of Care (CoC) Check-up and technical assistance process. This process was designed to help communities identify their most critical capacity needs relative to preventing and ending homelessness, as well as to prepare for changes occurring as a result of the HEARTH Act amendment to the federal McKinney-Vento Act, which provides support for homeless assistance efforts. At the same time, both HUD and the homeless housing and services community are working to implement "Opening Doors," the Federal strategic plan to prevent and end homelessness. These circumstances present a great opportunity to assess local capacity needs so that we move forward strategically, and with the full knowledge of where to devote resources.

This process has no effect on funding, HUD scoring of annual Homeless Assistance applications, or competitiveness of future opportunities and is meant only as a means to help the community improve in areas where improvement is needed.

The CoC Check-up and technical assistance Process is meant to be a self-directed capacity and performance improvement process, with support from HUD funded TA providers. The purpose is to reveal the overall health of the CoC, where the CoC might want to focus its limited resources, and where HUD may want to focus its resources moving forward.

Assessment Debrief and CoC Community Action Planning

A group of Las Vegas/Clark County CoC stakeholders completed the assessment in April 2011. HomeBase, a HUD-funded TA provider, presented the Check-up results and assessment report to a larger group of Las Vegas/Clark County CoC stakeholders on 1 August 2011. During that meeting, stakeholders created the following CoC Community Action Plan. The Plan is subject to official approval by the community and serves as a tool for HUD as it determines the appropriate level and direction of future TA for the CoC.

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Acronyms Used in This Action Plan			
CoC	Continuum of Care	MOU	Memorandum of Understanding
COH	Committee on Homelessness	PH	Permanent Housing
Con Plan	Consolidated Plan	PHA	Public Housing Authority
FSP	USICH Federal Strategic Plan	PM	Performance Measures
GPD	Grant and Per Diem Program (a VA TH program for homeless veterans)	PSH	Permanent Supportive Housing
HEARTH Act	Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009	SHP	Supportive Housing Program
HMIS	Homeless Management Information System	TA	Technical Assistance
HUD	U.S. Department of Housing and Urban Development	TH	Transitional Housing
ICH	Interagency Council on Homelessness (referring to a state-level agency within Nevada)	USICH	United States Interagency Council on Homelessness
McKinney	McKinney-Vento Act (authorizing HUD's homeless grant programs)	VA	U.S. Department of Veterans Affairs

USICH Federal Strategic Plan Goals (FSP Goals)

A. Finish the job of ending chronic homelessness in 5 years
B. Prevent and end homelessness among Veterans in 5 years
C. Prevent and end homelessness for families, youth, and children in 10 years
D. Set a path to ending all types of homelessness

HEARTH Act CoC Performance Measures (HEARTH PMs)

A. Reduce average length of time persons are homeless
B. Reduce returns to homelessness
C. Improve program coverage
D. Reduce number of families and individuals who are homelessness
E. Improve employment rate and income amount of families and individuals who are homeless
F. Reduce number of families and individuals who become homeless (first time homeless)
G. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

CoC Check-up Domain/Element	TA Action Plan Item

Domain I: CoC Governance and Structure

1.1	Element: The CoC has a clear direction and purpose.	*Mission/Purpose*
1.2	Element: The CoC has a governing structure to oversee the CoC, including CoC planning, infrastructure, and CoC projects.	*Governing Structure*
1.3	Element: The CoC primary decision-making group and related committees/subcommittees/working groups have active and diverse	*Membership*

membership

| 1.4 | Element: The CoC primary decision-making group has a formal, fair, and transparent process for governing the CoC and making decisions. | *Governing & Decision Making Process* |
| 1.5 | Element: The CoC primary decision-making group uses data (PIT, HMIS, other) in a systematic manner to make informed decisions | *Data-Informed Decision Making* |

Domain II: CoC Plan and Planning Process

2.1	Element: The CoC has a strategic plan to prevent and end homelessness in the CoC and the plan provides direction for the CoC.	*Strategic Plan*
2.2	Element: The CoC has an inclusive and transparent process for development of and/or periodic updating of the CoC strategic plan	*Plan Development/Update Process*
2.3	Element: The CoC has a formal process in place to support implementation of the strategic plan.	*Plan Implementation Process*

Domain III: CoC Infrastructure and Administrative Capacity

3.1	Element: Administrative Capacity: The CoC has adequate capacity to manage the administrative responsibilities of the CoC.	*Administrative Capacity*
3.2	Element: Fiscal Capacity: The CoC has adequate capacity to manage the fiscal responsibilities of the CoC.	*Fiscal Capacity*
3.3	Element: Information Management Capacity: The CoC has adequate capacity to manage the HMIS responsibilities of the CoC.	*Information Management Capacity*

Domain IV: CoC Housing and Services

4.1	Element: The housing and services available in the community(ies) served by the CoC are accessible by persons who are homeless or at-risk of homelessness and are sufficient and effective at preventing and ending homelessness.	*Housing/Services Accessibility, Sufficiency & Effectiveness*
4.2	Element: The CoC functions as an integrated system of housing and services.	*Housing/Services Integration*
4.3	Element: People who are homeless or at risk of homelessness in the community have access to relevant community-based services and mainstream resources in the community.	*Community-Based Services & Mainstream Resources*
4.4	Element: The CoC as a whole has sufficient knowledge and capacity to provide housing and services.	*Housing/Services Capacity*

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Goal: Establish performance outcomes requirements that compliment the strategic plan implementation and inform funding priorities and policy decisions.							
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*			HUD TA or USICH Assistance (if any)
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)	
Improve HMIS capacity sufficient to track and report outcomes on a quarterly basis.	Apply for dedicated HMIS-SHP grant to support improved reporting, additional licenses, and a data analyst.	CoC Coordinator with assistance from HMIS Administrator	Apply for funding immediately; implement when funding received	1.5 3.1 3.3	D	A, B	None
	Use existing local HMIS funding to upgrade HMIS software (i.e. replace Metsys)						
Improve HMIS coverage	Connect HMIS with other data tracking systems, such as RHYMIS	HMIS Coordinator	Within one year of new software coming online (see above)	3.3	D	A, B, C	None
	Identify and outreach to agencies whose HMIS participation is a priority.	HMIS Workgroup with assistance from the HMIS Coordinator	Within 6 months of new software coming online (see above)				
	Where HMIS is not feasible, create a data warehouse to share aggregated information. For example, hospital data should be cross-compared with HMIS data.						
Standardize performance outcomes and require funding applicants to reach these outcomes in order to receive funding through the Evaluation Working Group	Establish 5-8 standard performance outcomes required for all grantees that relate directly to the strategic plan.	CoC Coordinator with assistance from TA provider (if funded)	Design tools in November 2011 to roll out to grantees by March/April of 2012; contingent on TA Funding	1.5 2.3	D	A, B, C, E	This is the top priority for HUD-TA
	Revise scoring tools and other informational materials to reflect outcome requirements.	Data analyst (if SHP grant is secured) can help with training and reporting.					
	Train grantees and potential grantees on performance outcome requirements.		Tools should be fully				

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				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**	
	Establish standard reporting in HMIS to track outcomes for all grantees.	HMIS Coordinator to establish reporting in HMIS	implemented during 2012 NOFA and other funding cycles				
Develop and implement monitoring tools to ensure grantees meet performance outcomes	Create monitoring tools that complement scoring tools (see above) for performance measurement, including use of standardized reporting.	CoC Coordinator with assistance from TA provider (if funded)	May 2012	1.5 2.3 3.2	D	A-G	Linked to PM TA, this is also a top priority for HUD TA
	Ensure that monitoring tools also meet HUD and other grant requirements, including appropriate accounting.						
	Establish and implement a monitoring schedule.						
Use data to inform policy.	Create standard report for Committee on Homelessness to report outcomes from monitoring/scoring tools. Report should clearly outline how outcomes further strategic plan goals.	CoC Coordinator with assistance from TA provider (if funded)	May 2012	1.5 2.2 2.3	D	A-G	This would be the "next step" for the CoC once PM related HUD TA complete.
	Present report to COH on quarterly basis. Seek guidance from COH about changing programs, including reducing funding from under-performing grantees and re-alignment of program models to mirror best practices.						
	Establish annual schedule for CoC to review strategic plan with outcomes data and realign practices as need.						

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				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)	
	Establish workgroup to explore best practices and policies from other CoCs as gaps are identified.						
Increase CoC staff capacity to carry out performance measurement, monitoring, and reporting (per above).	Per above, apply for SHP grant to hire a data analyst to assist with HMIS reporting and other data-related functions.	Regional Coordinator	Within 3 months, submit CoC Application for funding for Data Analyst; Hire upon award of SHP funds

Other hiring March 2012 | 1.5 2.2 3.1 3.2 4.4 | D | A-G | None. |
	Identify staff functions most in need of additional support.						
	Look at other CoCs for examples of how others structure CoC staffing.						
	Explore use of existing local funding and staffing for opportunities to realign resource allocation to CoC staffing.						

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Goal: Increase stock, emphasis on, and access to permanent supportive housing.							
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*			HUD TA or USICH Assistance (if any)
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)	
Use all possible resources towards the goal of creating more housing stock.	Identify existing resources that could be re-aligned towards ending homelessness, including HOME funds and additional SHP funding. Ensure that grantees of these funds are held to improved performance measures (above). Identify existing SHP funds that are not being spent; reallocate to higher performing projects.	Evaluation Working Group	SHP funding— immediately

Other funding— November 2011 and ongoing as new opportunities arise.

Outreach— immediately to PHA | 4.1 4.2 4.4 | A ,B, C, D | A, D | None. |
| | Explore other grant opportunities that could improve the system of care. For example, SAMHSA funding that could help with case management training, services, and treatment. VA GPD funding for services. | CoC Coordinator (with additional capacity) | | | | | |
| | Outreach to key stakeholders who control funding or other resources needed to end homelessness, especially the PHA. | Regional Coordinator and CoC Coordinator with assistance from COH. | | | | | |
| Outreach to landlords and housing developers | Convene a landlord summit that builds off of the Metro Police current effort. | CoC Coordinator (with additional capacity) | February 2012

Summit to happen in March 2012 | 4.1 4.2 4.3 4.4 | A, B, C, D | A, D | None |
| | As part of system re-design (see below) explore idea of a housing specialist position for multiple or all CoC agencies. | | | | | | |

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Transitional housing re-design	Identify transitional housing programs that under-perform. Determine if programs would benefit from a different program model or a conversion to PSH. Convert TH to PSH where needed.	CoC Coordinator with assistance from TA provider (if funded)	This step would naturally grow out of the performance measure work (above). If performance measure work does not receive TA funding, then Jan 2012 to Jan 2013 would be appropriate.	1.5 4.1 4.2	A-D	A, B, C, D	HUD TA requested to explore best practice models.
	Create a housing specialist position to help all transitional housing providers identify units for transition-in-place or exits to PH. Explore idea of having this position tied to the PHA.						
	Through use of performance measurement tools (above) begin to reduce funding for under-performing programs that fail to improve.						
Create a housing /pipeline workgroup	Develop a strategy for engaging housing developers.	CoC Coordinator (with additional capacity)	March 2012	4.1 4.4	A-D	A, D, G	None
	Develop a strategy for the CoC to engage in more acquisition-rehab projects, especially of foreclosed properties.						
	Explore models for partnership and increased capacity to develop housing, including seeking additional TA resources.						

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Goal: Improve and formalize system of care to better target resources and create a seamless system for consumers							
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*			HUD TA or USICH Assistance (if any)
				CoC Check-up Element(s)	FSP Goal(s)	HEART H PM(s)	
Use data to identify system gaps.	Convene a workgroup to explore models to track "qualitative" outcomes, such as improvement in mental health. (For example, explore the potential use of the self-sufficiency matrix)	Evaluation Working Group	February 2012	1.5 4.1 4.2 4.3 4.4	A-D	A-G	HUD TA requested to explore best practice models.
	Implement qualitative outcome tool into HMIS, including having standard report that compliments performance outcomes requirements (per above)	HMIS Coordinator	April 2012				
	Convene a workgroup to identify strengths and weaknesses in the system	CoC Coordinator	Dependent on performance measurement work more generally				
Implement centralized intake or other standardized system for intake into larger system of care.	Map the current system; analyze gaps in how clients move through the current system. The analysis must identify areas that need better targeting. The analysis should also use current HMIS data to identify high usage of housing and services relative to need.	CoC Coordinator with assistance from TA provider (if funded)	July 2012 to start process	1.5 4.1 4.2 4.3 4.4	A-D	A-G	HUD TA requested to explore best practice models.
	Identify points of contact at each agency, including mainstream benefits offices.						
	Explore best practices to help						

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				CoC Check-up Element(s)	FSP Goal(s)	HEART H PM(s)	
	identify and map out an improved system, including exploring concept of centralized intake and a "hub model"						
	Design and implement a new system based on above analysis. Request additional TA as needed.						
Increase partnership and collaboration between agencies, including mainstream agencies	Create template MOUs that agencies can use to partner for grant opportunities, referral processes, and other key activities.	Regional Senior Management Analyst	January 2012	4.1 4.2 4.3 4.4	A-D	A-G	None.
	Identify relationships that are already strong (i.e. collaboration with the VA). Solidify these relationships by drafting formal MOUs.						
	Identify key stakeholders with whom the CoC needs an improved relationship. Task a workgroup to outreach, define roles, and implement an MOU.						
	As part of centralized intake re-design, identify improved referral processes and formalize these processes via MOUs.						
Standardize case management	Convene a workgroup to identify best practices and common templates for case management agencies.	CoC Coordinator	June 2012	1.5 4.1 4.2	A-D	A, B, G	HUD TA requested to

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				CoC Check-up Element(s)	FSP Goal(s)	HEART H PM(s)	
models, tools, and data sharing across the entire CoC	Identify funding for case management training to implement common approach and techniques (i.e. similar case plans as well as use of Motivational Interviewing and other Evidence-Based Practices)	(with additional capacity)		4.3 4.4			explore best practice models.
	Implement all common case management tools via HMIS. Ensure that case plans can be shared across agencies.						
	Outreach to non-McKinney programs to implement common case management approach.						

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Goal: Increase overall effectiveness, capacity, transparency, and participation of the Continuum of Care							
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*			HUD TA or USICH Assistance (if any)
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)	
Improve and publish policies and procedures	Consolidate all existing documents into one manual that can be posted online.	CoC Coordinator with assistance from TA provider (if funded)	November 2012	1.1 1.2 1.4 2.1 2.2 2.3	D	C	HUD TA requested to assist with this task.
	Identify gaps in existing policies, protocols, and tools. Develop a working group to articulate CoC policy.						
	Create a member page on the CoC website to house evaluation reports, CoC trainings, and other key CoC documents and resources.	HMIS Administrator					
Increase participation by key stakeholders	Outreach to PHA with goal of creating better linkages between strategic plan, Con Plan, and Housing Plan	Regional Coordinator and CoC Coordinator with assistance from COH and USICH	PHA work already underway. December 2011 for Public Awareness work.	1.3	D	C	USICH and HUD Assistance with encouraging PHA participation
	Develop a welcoming committee/orientation protocol for new CoC members Develop a strategy for improved consumer involvement.	Technical Working Group					

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				CoC Check-up Element(s)	FSP Goal(s)	HEART H PM(s)	
	Outreach to faith-based organizations. Create talking points about exactly what the CoC needs from them, and how CoC can assist them in their work through the use of HMIS	Regional Coordinator and CoC Coordinator					
Increase capacity of Committee on Homelessness	Advocate that COH assigns "right" staff and commits a specific number of hours to various CoC functions.	Regional Coordinator	December 2012	1.2 1.3 1.4 2.1 2.2 2.3	D	C	None
Advocate for Nevada Inter-Agency Council on Homelessness	Work with USICH	Regional Coordinator and CoC Coordinator	Ongoing	13.2 1.3	D	C	USICH Assistance with garnering political support for State ICH
	Work with COH						