



**HomeBase**  
*Advancing Solutions to Homelessness*

# GAPS ANALYSIS

5 SOUTHERN NEVADA CONTINUUM OF  
CARE



# BACKGROUND

**ABOUT THIS REPORT AND  
THE SOUTHERN NEVADA CONTINUUM OF CARE**

May 12, 2016

# ABOUT THIS REPORT

## **PURPOSE & GOALS**

- High-level overview of system of care focusing on systemic gaps
- Not intended to highlight Southern Nevada's numerous successes or address particular projects
- Recommend action steps for exploration and pursuit by local leadership and working groups
- Support future planning efforts

# CONTENTS

## **ACCESSIBILITY**

- Accessibility of Information Regarding Existing Resources
- Geographic and Physical Accessibility
- Outreach and Identification
- Prevention and Diversion
- Assessment and Referral Process
- Entry Barriers and Requirements

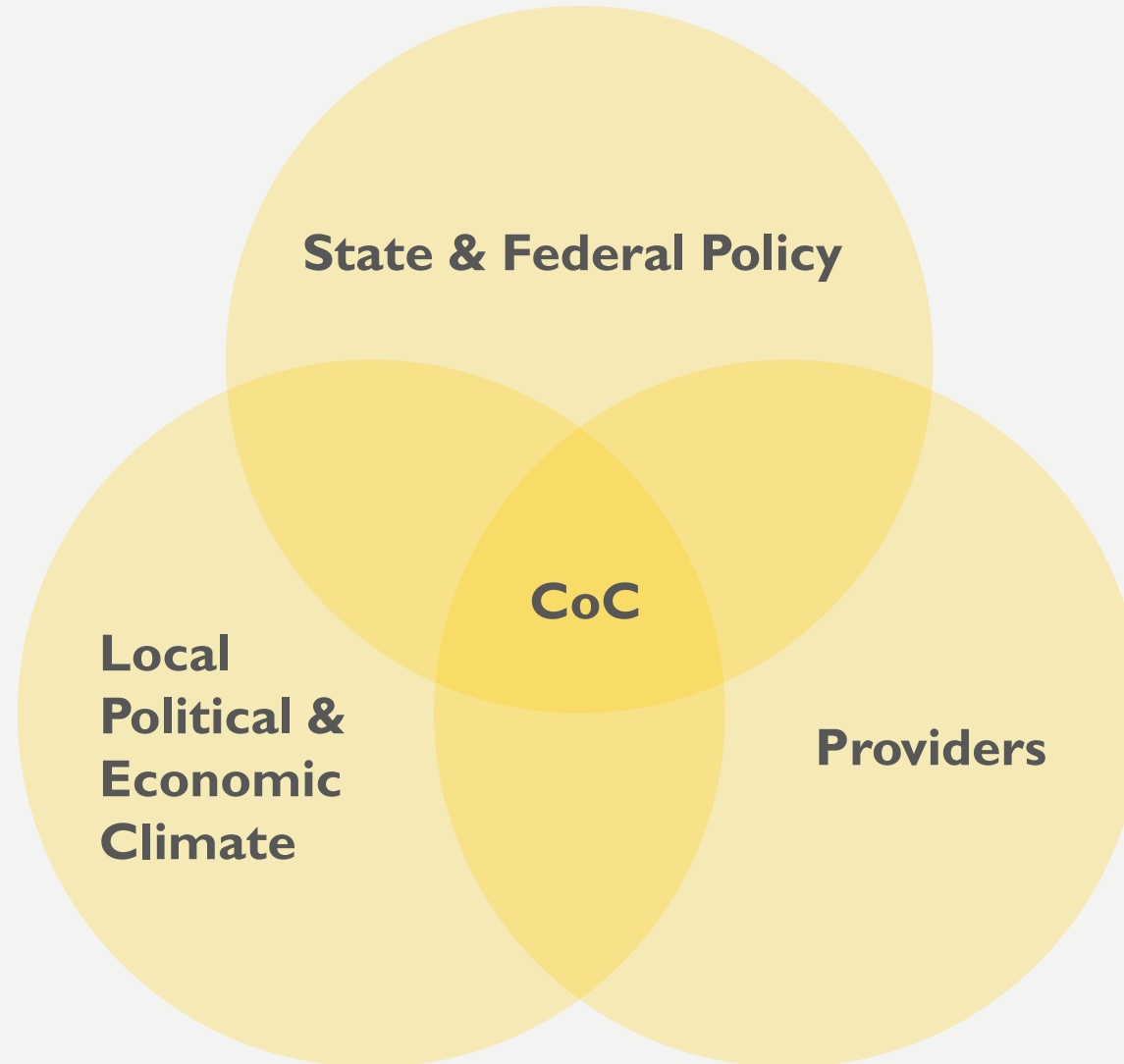
## **AVAILABILITY**

- Housing Stock
- Special Populations
- Program Operations and Rules
- Service Availability

## **COORDINATION**

- Community Engagement
- Funding Attainment and Maximization
- CoC Governance

# A BALANCING ACT



# ABOUT THE CONTINUUM OF CARE

## THE BOTTOM LINE

Southern Nevada has a well-developed, high-functioning homeless response system.

Since the release of the 2013 Gaps Analysis, Southern Nevada has made significant progress in adapting and guiding its system to better meet the needs of the overall homeless population.

## MANY SUCCESSES...

- Ending veteran homelessness
- Highly adaptable, highly functional Homeless Management Information System (HMIS)
- Fully functional Coordinated Intake system for Single Adults
- Kickoff site for HUD's Healthcare & Housing (H<sup>2</sup>) Initiative



# ACCESSIBILITY

## PART ONE

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# ACCESSIBILITY OF INFORMATION REGARDING EXISTING RESOURCES

Homeless persons should be able to quickly and easily access information about existing homeless resources.

Many communities utilize phone systems, multi-service/drop-in centers, and/or outreach and discharge planning to ensure that people are aware of the resources they can access to prevent or end their homelessness.

**Consumers are unable to access, or are unsure of where to go in order to access, up-to-date information regarding the availability of existing resources**

- Universal frustration with the 2-1-1 system
- Perceived poor advertising generally
- Lack of awareness of any prevention resources
- Sometimes referred to programs that no longer exist

**Homeless providers rely on (sometimes outdated) personal experience and/or contacts to refer homeless persons to other providers for housing/services**

- Staff rely on personal experience or personal contacts
- Services provided vary from year-to-year
- Anticipation that implementation of Coordinated Intake will alleviate some issues



# RECOMMENDATIONS

- A. Develop a homeless resource guide and/or public awareness campaign particularly designed to reach persons at-risk of homelessness and the unsheltered population**
- B. Improve interagency communication and ensure that programs possess up-to-date information regarding the services currently offered by other agencies**

# PHYSICAL AND GEOGRAPHIC ACCESSIBILITY

Homeless persons should have fair and equal access to the same range of housing and services, regardless of their physical location or abilities.

Communities can leverage technology and data, improve transportation services, undertake intensive resource and capacity building, encourage coalition and partnership building, and aid with physical renovations to ensure fair and equal access.

## **Housing and services are inconsistently available throughout the geographic region of Southern Nevada**

- Emergency services are concentrated in the Downtown area and in North Las Vegas
- Locally-funded programs sometimes have local residency requirements for entry

## **Access to transportation services varies among programs and is limited in nature**

- Lack of transportation is the #1 barrier to employment
- Bus passes are only available in some programs and the number provided is insufficient to meet overall need
- Agencies that provide van services sometimes have insufficient staffing to operate consistently

## **Programs are often inaccessible to persons with disabilities**

- Several emergency shelters are inadequately equipped to properly serve disabled persons

# RECOMMENDATIONS

- A. Improve consumer access to transportation services**
- B. Engage local jurisdictions to ensure that consumers are able to access the full range of homeless housing and services, regardless of the particular jurisdiction in which they are located**
- C. Encourage improvement of existing facilities to increase physical accessibility for disabled consumers and ensure existence of alternative arrangements where necessary**

# OUTREACH AND IDENTIFICATION

Effective outreach is a key component to identify, engage, and connect people at-risk of or currently experiencing homelessness.

Effective targeting throughout the entire geographic region typically entails integration of data sources, as well as coordinated data analysis to support informed targeting of outreach efforts.

## **The Mobile Crisis Intervention Teams (MCITs) and Caridad team have had success targeting the most vulnerable populations**

- Higher levels of engagement to more vulnerable populations, as measured by VI-SPDAT scores
- Use of HMIS and iPads have yielded success
- Funding insufficient to cover entire region
- Good relations with Downtown Business Improvement District and private organizations

## **Coordination of outreach is inconsistent across local jurisdictions**

- Inconsistent approaches (e.g., “justice-first”)
- Inconsistent engagement with faith-based community
- Inconsistent cultural competency, particularly for transgender clients and unconventional family units
- Consumers feel that outreach is targeted primarily at high-tourism areas

# RECOMMENDATIONS

- A. Engage existing outreach providers to incorporate lessons learned and improve geographic coverage of outreach efforts by coordinating across the Southern Nevada region**
- B. Incorporate GIS mapping into outreach planning to ensure that outreach providers are serving all areas where the unsheltered population is concentrated**
- C. Engage local businesses – particularly, casinos – to aid with and supplement existing outreach efforts**
- D. Engage school district(s) to identify homeless and at-risk students and finalize data-sharing agreement(s) to strengthen ties between HMIS and education data systems**
- E. Increase access to HMIS for outreach workers in the field by providing additional tools and increasing software utility**

## **Current prevention resources are insufficient to meet overall need**

- Funding sources include: HCP Consortium, CDBG, ESG, private funding
- Prevention services provided by: local jurisdictions, homeless providers, and faith-based community

## **Data shows a high need for prevention services and the utility of those services**

- High levels of first-time homelessness (58.3%)
- Loss of job/income the number one cause of homelessness (53.3%)
- Most lived in rented or owned housing prior to homelessness (45.7% and 8.6%, respectively)
- Many people from outside Nevada or other parts of Nevada (23.9% and 4.7%, respectively)

## **Current emphasis on shelter diversion is expanding, but not supported by uniform policies and procedures**

- Incorporated into Coordinated Intake
- Emergency room diversion program in place
- Applicable written standards not easily accessed

# PREVENTION AND DIVERSION

Robust prevention assistance and diversion strategies can help people at-risk of homelessness to maintain their housing status and avoid homelessness and/or emergency supports.

Close coordination with the healthcare, correctional, and justice systems are particularly useful in preventing homelessness and diverting consumers away from emergency shelters.

# RECOMMENDATIONS

- A. Increase access to and improve operation of diversion and prevention services**
- B. Improve discharge planning by working with jails/prisons and hospitals to reduce the number of persons exited to homelessness**
- C. Increase relocation and reunification services to ensure that homeless persons are able to access personal networks and reduce the overall burden on the homeless response system**
- D. Build off the success of the Frequent Users Systems Engagement (FUSE) projects to divert persons from hospitals, jails, and prisons as appropriate**

# ASSESSMENT AND REFERRAL PROCESS

Design and implementation of an effective coordinated intake process ensures fair access to a community's homeless response system through effective allocation of assistance throughout the extent of the CoC's geographic area.

Coordinated intake should encompass a transparent provider referral process (including protocols), prioritization based on need, regular evaluation, evolution based on local needs and lessons learned, differentiation by subpopulation, and include special considerations for survivors of domestic violence.

## **Consumers express frustration with the prioritization process, the length of the assessment, and with assessment staff**

- Consumers don't understand the prioritization process
- Consumers feel that the assessment is too time intensive
- Consumers don't feel as though the goals of the assessment process and potential outcomes are clearly explained

## **Providers are concerned that the assessment is not always accurate**

- Providers indicated that consumers often try to hide certain characteristics that would increase their chances of receiving housing
- Providers do not use a common assessment outside of Coordinated Intake

## **Providers indicated that referrals from mainstream systems pose a challenge**

- Consumers sometimes have acute health needs that providers are unable to meet
- Some consumers do not meet the applicable definition of homelessness

*For more detailed analysis, please see the separate HomeBase Coordinated Intake Evaluation Report*



# RECOMMENDATIONS

- A. Coordinate with the education and foster care systems to develop Coordinated Intake for Families and Youth and utilize the lessons learned through the development and implementation of Coordinated Intake for Single Adults and for Veterans**
- B. Engage transitional housing providers to adapt housing and service provision models as appropriate to better align with the emerging Coordinated Intake system**
- C. Engage healthcare providers to ensure that persons referred to homeless housing and service providers are homeless and that their needs are manageable**

## **Many providers – particularly, emergency shelters – operate with entry requirements that pose barriers to unsheltered consumers seeking shelter**

- Many shelters require one or more of the following prior to entry: ability to self-administer medication, sobriety from alcohol, medication if client has physical or mental illness, sobriety from drugs, possession of a state-issued identification card, or possession/knowledge of a Social Security number

## **The CoC and its providers have made substantial progress in reducing barriers, but more is needed**

- Many consumers cited entry requirements as primary barriers to accessing housing and services, particularly shelter
- Providers impose entry requirements for philosophical reasons, to reduce exposure to liability, and because they're required by funding sources (particularly, local funding sources)

# ENTRY BARRIERS AND REQUIREMENTS

Housing First is an evidence-based, proven approach to the provision of homeless housing and services.

Systems that have fully adopted Housing First principles quickly and successfully connect homeless individuals and families to permanent housing without preconditions or barriers to entry (e.g., sobriety, treatment or service participation requirements, etc.). Programs maximize housing stability and prevent returns to homelessness, rather than addressing predetermined treatment goals prior to permanent housing entry.

# RECOMMENDATIONS

- A. Reengage providers regarding the implementation of Housing First principles and provide technical assistance as necessary to support the reduction of entry barriers and requirements**
  
- B. Engage community leadership and local funding sources to eliminate entry barriers imposed by local funding requirements**



# AVAILABILITY

## PART TWO

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# HOUSING STOCK

Effective homeless response systems offer a range of emergency services and housing interventions and maintain an adequate housing stock to meet the varying needs of the homeless population.

Homeless interventions have traditionally included: emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing. In recent years, permanent housing (i.e., rapid rehousing and permanent supportive housing) are increasingly emphasized by HUD and by local communities nationwide.

## Existing stock of housing is insufficient to meet the needs of the overall homeless population in Southern Nevada

- 7,509 total homeless persons (3,593 sheltered)
- 5,692 total year-round homeless beds
  - Emergency Shelter: 2,244 beds
  - Safe Havens: 25 beds
  - Transitional Housing: 1,034 beds
  - Rapid Rehousing: 447 beds
  - Permanent Supportive Housing: 1,942 beds

## Southern Nevada has successfully repurposed or reallocated much of its transitional housing to meet shifting priorities

- Rapid development of new rapid rehousing
- Dramatic expansion of permanent supportive housing dedicated to chronically homeless person

# RECOMMENDATIONS

- A. Continue to expand the number of rapid rehousing programs in the community**
- B. Establish a landlord engagement strategy to engage additional landlords in homeless housing programs by making use of lessons learned through SSVF's recent landlord engagement efforts**
- C. Develop additional bridge housing and respite care programs to replace the transitional housing stock converted to permanent housing**
- D. Develop and implement data collection requirements necessary to support the implementation of a Pay for Success funding model**

### **Current resources are insufficient to meet the needs of survivors of domestic violence**

- 19.7% of homeless persons have a history of domestic violence, most of whom are unsheltered
- Two domestic violence-dedicated emergency shelters, operating 123 beds

### **Current resources are insufficient to meet the needs of homeless families**

- Southern Nevada has virtually ended unsheltered family homelessness, though 20.4% of sheltered persons belonged to family households
- Increased stock of family housing units since 2013 (522 units)
- Some program policies cause family separation

### **Current resources are insufficient to meet the needs of homeless youth**

- 31.1% of all homeless persons are under the age of 24
- 198 dedicated youth beds in the CoC, a decrease of 52.9% since 2014

### **Many providers are not culturally competent in serving LGBTQ persons**

- Very few LGBTQ-oriented providers
- Little capacity or knowledge to serve transgender persons

### **Current resources are insufficient to meet the needs of an aging population**

- 11.1% of homeless persons are over the age of 61; 30.6% are between the ages of 51 and 60
- Client disabilities can hamper shelter efforts to serve this population

# SPECIAL POPULATIONS

In many communities, local and federal priorities and incentives are aligned to focus on discrete subpopulations, particularly: survivors of domestic violence, families, youth, LGBTQ persons, and the elderly.

These specific subpopulations often respond best to tailored programs and interventions, oriented to the unique challenges faced by these groups in ending their homelessness.

# RECOMMENDATIONS

- A. Review 2016 Homeless Census information to confirm findings**
- B. Focus efforts on increasing the availability of specialized housing and services for survivors of domestic violence, unconventional families, LGBTQ persons, youth, and elderly/seniors**
- C. Improve system-wide cultural competency in addressing the unique needs of the LGBTQ community in Southern Nevada**
- D. Engage funders and identify alternative solutions for non-residents and non-citizens**



# PROGRAM OPERATIONS AND RULES

Housing First-oriented programs emphasize rapid permanent housing placement and decreased exits to homelessness.

Program behavioral rules should be necessary to program operation, incorporate client feedback, and undergo regular evaluation and revision. Program rules resulting in termination should be limited to physical and sexual violence, excessive property damage, and theft

**Housing First trainings and Monitoring Working Group efforts have successfully reduced entry barriers and requirements and expanded populations served by emergency shelters**

- Long waiting lists
- Introduction of Clarity identification cards has simplified data entry, leading to streamlined program entry
- Lack of uniformity in provision of housing and services from provider-to-provider and jurisdiction-to-jurisdiction
- Especially difficult to document eligibility vis-à-vis local residency requirements
- No uniform community standards for rapid rehousing

**Consumers expressed dissatisfaction with emergency shelter entry process**

- Streamlined through Clarity card
- Cycle of waiting, obtaining a bed, being kicked out, and repeating prevents consumers from obtaining employment and/or accessing other services

# RECOMMENDATIONS

- A. Engage local jurisdictions to improve uniformity in the provision of housing and services and/or improve location-related data collection in HMIS to document eligibility**
- B. Develop community standards for the provision of rapid rehousing**
- C. Engage providers to increase longer-term availability of emergency shelter beds and free consumers from the repetitive cycle of re-obtaining an emergency shelter bed each night**
- D. Establish 24-hour access to emergency shelter**

## **Many, if not most, programs require participants to possess identification documents**

- Both consumers and providers described this as a primary barrier to accessing programs
- Existing programs to assist in obtaining identification are overwhelmed and/or the process is too long

## **Consumers have difficulty accessing basic services, such as restrooms or showers**

- Not offered by enough programs
- At least one program that does offer these services requires identification to access

## **More housing search assistance needed**

- Only one or two Coordinated Intake staffers perform matching, none perform housing navigation

# SERVICE AVAILABILITY

Homeless services should be oriented to make rapid connection with permanent housing. This includes housing search assistance, multiple system entry points, and provision of basic services as an outreach opportunity.

# RECOMMENDATIONS

- A. Increase access to services designed to obtain identification documentation**
- B. Increase access to basic services, such as bathroom and shower facilities**
- C. Incorporate additional housing search and navigation assistance to aid persons in identifying and acquiring housing**
- D. Better utilize Coordinated Intake hubs to support the provision of basic services and/or implement multi-service centers to improve the efficiency of service delivery**



# COORDINATION

## PART THREE

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# COMMUNITY ENGAGEMENT

The most effective systems of care engage with and are supported by the broader community in which they function.

As such, well-coordinated public education campaigns can provide a critical component to the fight to end homelessness. Such campaigns build community support by raising awareness, encourage the community to invest in targeted solutions, prompt changes to policing and outreach strategies, and influence community leadership.

**Consumers, providers, and Board members expressed a sense of isolation from the broader community**

- Need better buy-in from local jurisdictions private organizations, and citizens
- No strong public engagement strategy in place
- Need for a public relations professional or firm to own the issue

**Public engagement could include:**

- Explaining causes of homelessness
- Promoting the success of existing housing and services
- Identifying humanitarian and financial benefits to public
- Expanding volunteer opportunities

# RECOMMENDATIONS

- A. Organize a public relations campaign to mobilize the broader community (including both private citizens and businesses) to support the fight to end homelessness in Southern Nevada**
  
- B. Utilize cost studies to determine and better educate the public on the system-wide cost savings of providing unsheltered persons with housing**

## **Minimal participation from local businesses, particularly from casinos**

- Gaming industry in Southern Nevada generates \$9.6 billion in annual revenues
- No casino representatives currently serve on the CoC Board

## **Improved regional funding coordination needed**

- Inter-jurisdictional coordination is sporadic
- Local political leadership set different priorities

## **Progress made on obtaining alternative government funding**

- Early participant in HUD Housing & Healthcare (H<sup>2</sup>) Initiative
- Local leadership in the pursuit of Medicaid funding to supplement homeless funding

# FUNDING ATTAINMENT AND MAXIMIZATION

All communities struggle to obtain enough funding to prevent and end all forms of homelessness.

In addition to ensuring that existing, dedicated homeless funds are utilized in the most efficient possible manner, communities should explore alternative sources of funding, such as from private organizations/foundations or non-homeless specific government resources.



# RECOMMENDATIONS

- A. Diversify funding sources by engaging private foundations and businesses in the goal of ending homelessness in Southern Nevada**
- B. Increase the efficiency of funding allocation in Southern Nevada by reestablishing a regional funding collaborative or individually engaging policymakers in all local jurisdictions**
- C. Maximize use of alternative government funding sources – such as Medicaid – to free additional homeless resources for housing**
- D. Conduct a cost study to determine the amount of savings incurred by providing unsheltered persons with housing and engage policymakers and the public to leverage additional resources and reinvest savings into the housing stock**

# CONTINUUM OF CARE GOVERNANCE

CoCs are established by representatives of relevant organizations within a geographic area to carry out the responsibilities set forth in the CoC Program Interim Rule.

CoCs are expected to address homelessness through a coordinated community-based process of identifying needs and building a system of housing and services to meet those needs. The CoC is the planning body responsible for meeting the goals of preventing and ending homelessness.

## CoC Board membership has dramatically expanded

- Including alternates, there are 60+ members of the CoC Board (including alternates)
- Growing pains from incorporating new members
- Need to bring new members up to speed on all activities

## Working group and committee structure has been rationalized

- Six primary working groups and committees: Steering Committee, Evaluation Working Group, Planning Working Group, HMIS Working Group, Monitoring Working Group, Community Engagement Working Group; other subcommittees and special task forces
- Board members indicated:
  - Lack of accountability from membership
  - Lack of subject-matter expertise
  - Lack of overall participation and direction (alleviated somewhat by implementation of Steering Committee)
  - Concentration of tasks under the Planning Work Group

# RECOMMENDATIONS

- A. Develop an introductory training to rapidly engage new CoC stakeholders in the goals and practices of the Southern Nevada Continuum of Care**
  
- B. Improve CoC governance to better reflect the changing size and membership of the CoC Board, including by streamlining existing working groups to improve functionality and increase outputs**
  
- C. Reconsider staffing arrangements for the Continuum of Care**



# CONCLUSION

**USING THIS REPORT**

May 12, 2016

# NEXT STEPS

- This report highlights existing real or perceived gaps in the Southern Nevada Continuum of Care, and does not currently highlight the great successes of the overall system of care
- CoC leadership should identify appropriate individuals or groups to take ownership of exploring each recommendation in this Gaps Analysis, including:
  - Following up on existing activities underway
  - Determining applicability and utility of each recommendation
  - Identifying other next steps