

HELP HOPE HOME

2017 PLAN UPDATE



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BETWEEN 2015 AND 2016, NEVADA HAD THE **FOURTH LARGEST ABSOLUTE DECREASE IN THE RATE OF HOMELESSNESS WITH **1,345 FEWER PEOPLE** REPORTED AS EXPERIENCING HOMELESSNESS (**14.4%**).**

Photo Credit : Cecilio Ricardo, Jr

EXECUTIVE SUMMARY

THE SOUTHERN NEVADA HOMELESS CONTINUUM OF CARE BOARD (SNH COC) is responsible for implementation and evaluation of the **HELP HOPE HOME** plan to end homelessness. The plan was developed in 2007 and updated in 2010 and 2013. The purpose of this report is provide a third update on the plan progress, highlight progress for stakeholders and provide some accountability on the plan goals. As the SNH CoC approaches the 10 year anniversary of the creation of the plan, an effort was made to review data from the past nine years to review trends in progress toward meeting plan goals. In addition, information from other sources consistent with metrics identified by the SNH CoC was reviewed when data was available. This included publicly available minutes, regional and state plans, and other pertinent documents. Finally, in-depth interviews were conducted with organizational partners and members of the SNH CoC and working groups to identify progress not reflected in available data.

The report that follows is divided into five major sections. The first section provides background information on the work of the SNH CoC and the creation of the Plan to End Homelessness in 2007. Included in this section is a review of data on the scope of homelessness in the Southern Nevada region.

The next three sections review plan progress around the three key areas of the plan in terms of action steps and objectives. These sections are titled **HELP HOPE HOME** as they were in previous versions of the plan. In each of these three sections, the following elements are included:

- **HIGHLIGHTED KEY ACCOMPLISHMENTS** While not a comprehensive account of plan success, these highlighted accomplishments provide a guide for major successes in achieving plan progress as of 2016.
- **A SUCCESS STORY** highlighting how the realization of plan goals is impacting service delivery and outcomes for persons experiencing homelessness in Southern Nevada.
- **A PLAN AT A GLANCE SUMMARY** of Action Steps and Updates. Included in these tables are 2013 and 2016 update statements to compare progress now and in the previous update. In addition a summary status update of whether the action step is completed/near completed, in progress, ongoing, or in the early stages/need to be developed is provided.
- **A DETAILED REVIEW OF PROGRESS ON EACH ACTION STEP** including a synthesis of available data related to the progress made on that action step.

The final section of the report is a description of the methodology and the limitations of methods and data available. Recommendations for additional data needs are included in this section.



BACKGROUND/HISTORY

The Southern Nevada Regional Planning Coalition (SNRPC) was established in 2000 and comprised officials from Clark County, City of Las Vegas, City of North Las Vegas, City of Henderson, City of Boulder City and the Clark County School District (CCSD). In 2003, the SNRPC created a task force on homelessness which later became the SNRPC Committee on Homelessness (CoH). This committee consisted of eleven members from local jurisdictions, the school district, law enforcement, mental health and homeless services representatives.¹

As part of their requirement for communities to submit a single application, in 1994 the Department of Housing and Urban Development (HUD) created a Continuum of Care (CoC) program to encourage coordinated community planning to address homelessness. In Southern Nevada, the regional collaboration on homelessness serves as a governing body to allow all stakeholders representation and participation in the CoC. In 2015, the CoH and the CoC were reorganized into the Southern Nevada Homeless Continuum of Care Board (SNH CoC). The board consists of two distinct groups: the previous local governments represented on the SNRPC and community stakeholders. The SNH CoC acts as an oversight body in conjunction with Clark County Social Service that serves as the collaborative applicant for the Southern Nevada region.

The SNH CoC is responsible for implementation and evaluation of the HELP HOPE HOME plan to end homelessness. The purpose of this update is to evaluate the progress on the plan over the last 10 years and to identify areas where additional gains can be made in terms of the services, management and accountability of programs to address homelessness.

PREVIOUS PLAN UPDATES

In 2007, the initial HELP HOPE HOME Plan to End Homeless was drafted. This plan used stakeholder feedback and community input to develop a business plan and implementation schedule to guide the work around homelessness. An update to that plan was created in 2010 to evaluate the progress made by the community and update the implementation schedule. A second update to the plan was conducted in 2013, this update also outlined progress made and integrated guidance from Opening Doors: The Federal Plan to End Homelessness as well as the HEARTH Act of 2009. One of the primary goals of the 2013 update was to refocus efforts on the development and implementation of performance measures to help stakeholders evaluate their progress.

KEY INITIATIVES AND WORKING GROUPS

The SNH CoC currently has five working groups with distinct responsibilities for implementation and oversight of different aspects of the HEARTH Act. These working groups include:

- 1) **EVALUATION WORKING GROUP** is charged with leading efforts that relate to funding priorities, the collaborative application processes, Request for Proposals (RFPs) and evaluations of associated with homeless programs the Emergency Solutions Grants (ESG) coordination.
- 2) **PLANNING WORKING GROUP** is charged with leading efforts in terms of system coordination, Point in Time (PIT) count, Gaps Analysis, consolidated plan, discharge planning, governance structure updates, alignment and capacity building, coordinated intake and youth.
- 3) **HMIS WORKING GROUP** is charged with leading efforts relating to the designation of the HMIS Lead and Administrators, oversight of operations and Homeless Management Information System (HMIS) compliance and reporting.
- 4) **MONITORING WORKING GROUP** is charged with leading efforts relating to performance measures to monitor success/performance of various efforts such as coordinated intake, available shelter capacity, or the impact of outreach efforts.
- 5) **COMMUNITY ENGAGEMENT WORKING GROUP** is charged with leading efforts to coordinate messaging to media outlets, outreach, inventorying community partners, public service announcements, educational materials and website content.

KEY INITIATIVES:

There have been several key initiatives which have been important to advancing the mission of HELP HOPE HOME in Southern Nevada. Below are descriptions of these initiatives and their role in the shaping regional efforts to end homelessness.

- 1) **100K HOMES** – The 100K Homes campaign was launched in 2010 with the goal of placing 100,000 individuals experiencing chronic homelessness into permanent supportive housing by July of 2013. It shifted the way cities addressed homelessness with communities across the country participating. Participation in this campaign shifted efforts locally and nationally to a “Housing First” perspective. Traditionally, people experiencing homelessness had to meet certain criteria, such as being drug and alcohol free before they were eligible for housing but Housing First approaches see housing as a method to stabilize individuals before dealing with other issues.

Southern Nevada joined the campaign in May 2010 as one of 186 communities across the country that participated in 100K Homes. In July 2014, the campaign successfully concluded after having housed 105,580 people nationwide. Southern Nevada housed 798 individuals and families, including 128 veterans.

- 2) **25 CITIES** – The 25 Cities effort was a key federal strategy through which 25 communities received technical assistance to mobilize local planning and partnerships around homelessness. This effort was led by the Department of Veterans Affairs (VA) in partnership with the Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH). 25 Cities sought to align housing and service interventions through a coordinated system to end homelessness in these communities. As part of the 25 Cities efforts Southern Nevada launched a planning effort which went from February 2014 to June 2015 to pilot a coordinated intake system. In July of 2014, a pilot coordinated intake system began at the VA Community Resource and Referral Center and Clark County Social Service Pinto. By November of 2015, Southern Nevada was able to declare functional zero for veterans experiencing homelessness. It is only one of four communities in the country to be able to claim functional zero in this area.²

- 3) **BUILT FOR ZERO** – Built for Zero (formerly Zero: 2016) is a national effort working to help communities end veteran and chronic homelessness. This effort aids communities in developing real time data on homelessness, optimizing housing resources, and tracking progress against monthly goals. This effort formally launched in January of 2015 and included the development of by-name lists of individuals experiencing homelessness to help identify and connect them to services.³

THE SCOPE OF HOMELESSNESS IN SOUTHERN NEVADA

This section of the report examines the changes in the homeless population since the plan was launched. While we will focus on the Southern Nevada region, we have included comparisons to state and federal homelessness data to give context to these numbers and to highlight areas where Southern Nevada is facing different trends than the state and the country as a whole. This analysis mainly relies upon the Homeless Census or Point-in-Time (PIT) count data. Since 2011, the PIT count has been conducted annually in Southern Nevada over the course of one night during the last week in January. Prior to 2011, the PIT count was only conducted every other year. Data prior to that time point will not be included in most comparisons.

PIT data also provides detailed counts of individuals experiencing homeless in the following subpopulations: sheltered and unsheltered, individuals and families, veterans, unaccompanied youth, and individuals and families struggling with chronic homelessness. This section of the report examines the longitudinal trends in overall homelessness across all subpopulations in the Southern Nevada region in comparison to the state of Nevada and Federal data available.

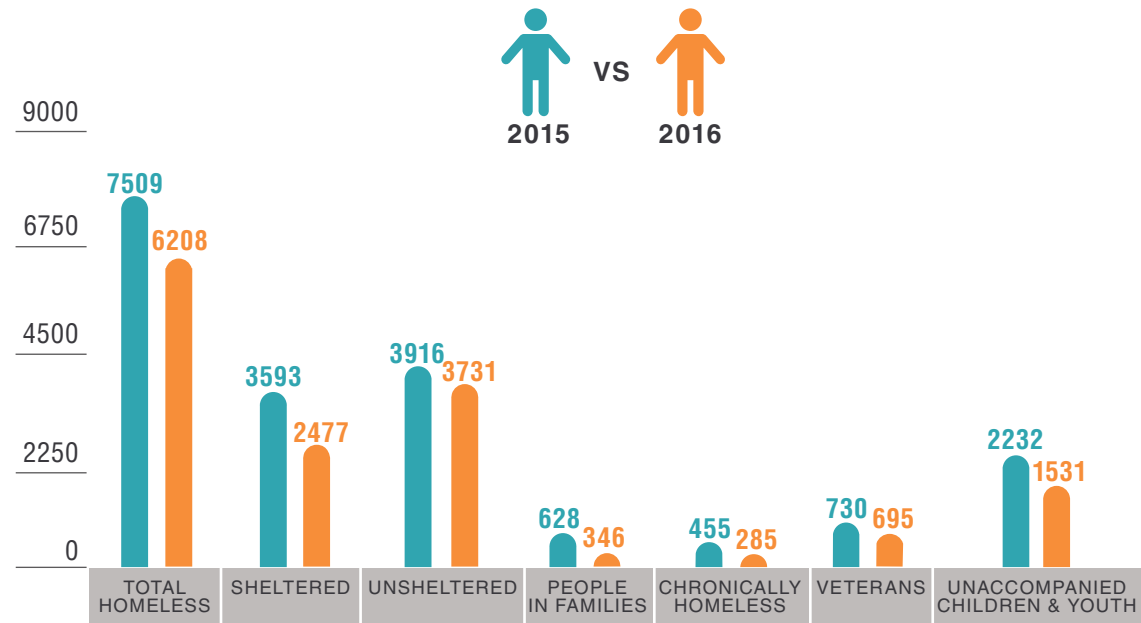
KEY TRENDS IN THE SCOPE OF HOMELESSNESS

- While overall rates of homelessness have declined nationally since 2010, the decline in Nevada has gone down at a greater rate. Nevada has seen a drop of 34.0% in the total homeless population.
- The coordinated efforts of the SNH CoC have shown results as the rates of almost every subpopulation of individuals experiencing homelessness in the region have declined.
- Nevada and Southern Nevada have a much higher rate of youth and unaccompanied minors experiencing homelessness than the national average but a much lower rate of families experiencing homelessness.
- Since 2009, the rate of persons experiencing chronic homelessness has decreased dramatically in the state (73.25%) and the region (73.85%) compared to the decline at the federal level (19.66%).

HOMELESS POPULATION AND SUBPOPULATIONS

In 2016, it was estimated that 30,016 individuals would be homeless at some point in Southern Nevada over the course of the year. While this is a very large number, the Southern Nevada 2016 PIT count, conducted in January 2016, reported a **17.3% decrease in individuals experiencing homelessness from 2015 to 2016**. In Southern Nevada approximately 39.9% of the homeless were considered sheltered because they lived in some form of shelter or transitional housing. Unfortunately, this means the remaining 60.1% of individuals experiencing homelessness live in places not meant for human habitation, such as the street or an abandoned building, and are considered unsheltered. The largest subpopulation experiencing homelessness reported in the state of Nevada was among children and youth, who comprised nearly 27% of the entire homeless population of the state in 2015. According to Southern Nevada 2016 PIT count, data, 24.7% of all individuals experiencing homelessness were unaccompanied youth (1,252 ages 18-24) and children (279 under age 18). **This was a decrease of 31.4% from the number of youth and children experiencing homelessness in 2015.**

2015 -2016 PIT COUNT DATA OF THE TOTAL HOMELESS POPULATION AND SUBPOPULATIONS IN SOUTHERN NEVADA



THIS GRAPH ILLUSTRATES THE CHANGES IN HOMELESS SUBPOPULATIONS FROM 2015 TO 2016 IN SOUTHERN NEVADA. Overall, the numbers are decreasing in all subpopulations except veterans. The number of homeless veterans experiencing homelessness increased by 5.04% (35 persons) in the last year.

From 2015 to 2016, there was a decrease in the number of individuals experiencing homelessness who were sheltered in Southern Nevada from 3,593 to 2,477 (31.1%). The number of individuals experiencing homelessness who were unsheltered also decreased from 3,916 to 3,731 (4.72%) during this time period. There was a decrease of 33.4% (909 persons) in emergency shelter utilization between 2015 and 2016, and a decrease in transitional housing utilization of 25.3% (217 persons). Safe Haven utilization increased by 66.7% (10 persons) between 2015 and 2016.

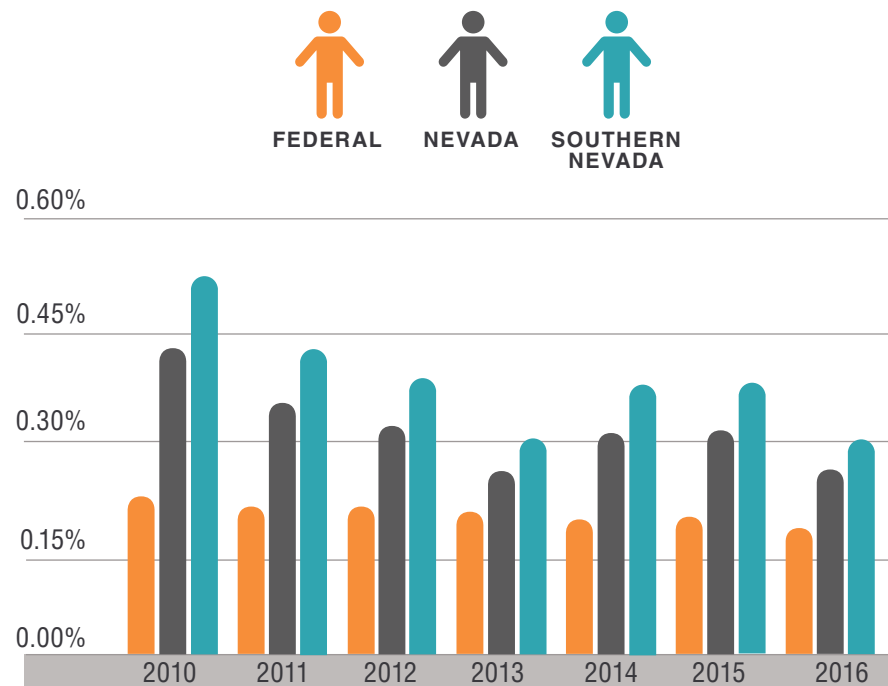
COMPARISON OF HOMELESS RATES IN SOUTHERN NEVADA TO STATE AND NATIONAL AVERAGES

This section of the report examines trends in federal, state, and local PIT data from 2009 to 2016. The comparisons are meant to highlight areas where Southern Nevada is different from state and national trends to understand both the progress made and the issues which need to be addressed.

OVERALL HOMELESSNESS

From 2010 to 2016, the rates of overall homelessness in the United States declined 12.74%. The decrease in homelessness in Nevada and Southern Nevada is much higher over this time period. The state of Nevada saw a 33.29% decrease in homelessness and Southern Nevada was a decrease of 37.60%. From 2015 to 2016, 28 states and the District of Columbia saw declines in the number of homeless individuals. Between 2015 and 2016, the overall rate of homelessness in Southern Nevada is estimated to have **DECLINED BY 17.33%** (1,345 people). Among all of the states, this meant Nevada showed the fifth largest absolute decrease (1,345 people) and the fifth largest percentage decrease (12.8%).

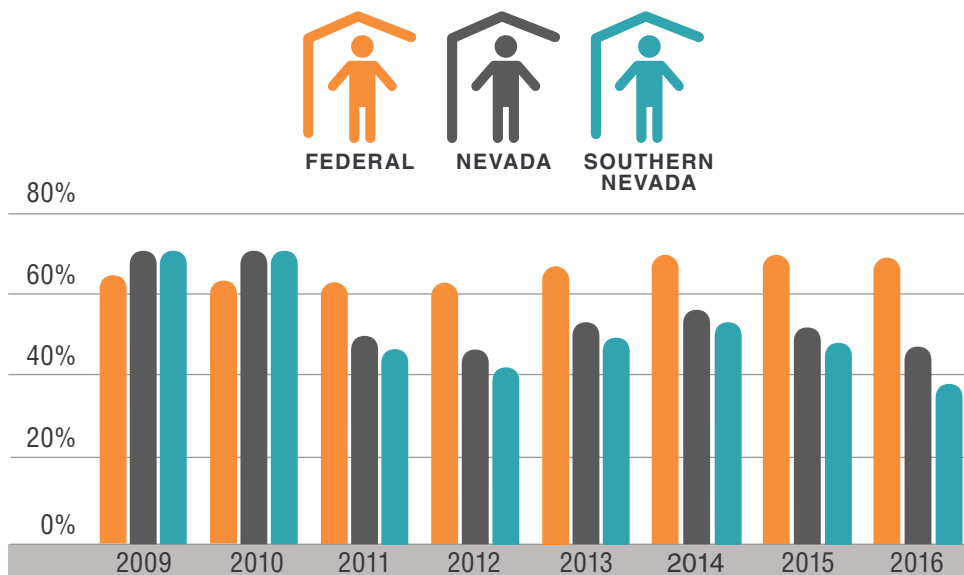
2010-2016 PIT COUNT DATA OF OVERALL HOMELESS RATES



SHELTERED HOMELESSNESS

From 2015 to 2016, the number of people experiencing homelessness who slept in a sheltered location decreased 2% at the federal level, meaning fewer people are accessing shelters and sheltered locations nationally. Both the State of Nevada and Southern Nevada also saw declines in individuals accessing shelter. From 2015 to 2016, 9.41% fewer people accessed shelter across Nevada and 16.61% fewer people were sheltered in Southern Nevada. *According to the 2016 Annual Homeless Assessment Report (AHAR) to Congress, Nevada was only one of four states where more than half of all people experiencing homelessness lived in unsheltered locations.* In 2016, individuals experiencing homelessness who were sheltered comprised 67.93% of the total federal population, 46.92% of the statewide population, and 39.90% of population in Southern Nevada experiencing homelessness. From 2009 to 2016, the overall unsheltered rate dropped by 6.15% nationally, while rising 33.23% across Nevada and 43.32% in Southern Nevada.

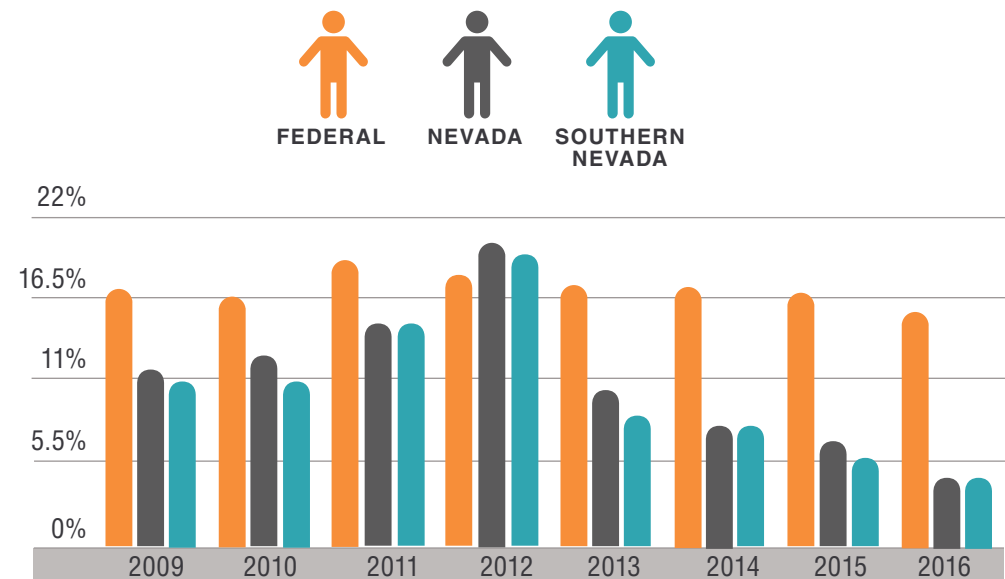
2009-2016 PIT COUNT DATA OF SHELTERED HOMELESS RATES



CHRONIC HOMELESS RATES

The percentage of individuals experiencing chronic homelessness has gone down both nationally and locally since the implementation of the HEARTH Act. Nationally since 2009, the percentage of individuals experiencing chronic homelessness has decreased 19.66%. At the state level, the number of individuals experiencing chronic homelessness has decreased by 73.25%. Southern Nevada saw a 73.85% decrease in individuals that were experiencing chronic homelessness since 2009.

2009-2016 PIT COUNT DATA OF CHRONIC HOMELESS RATES



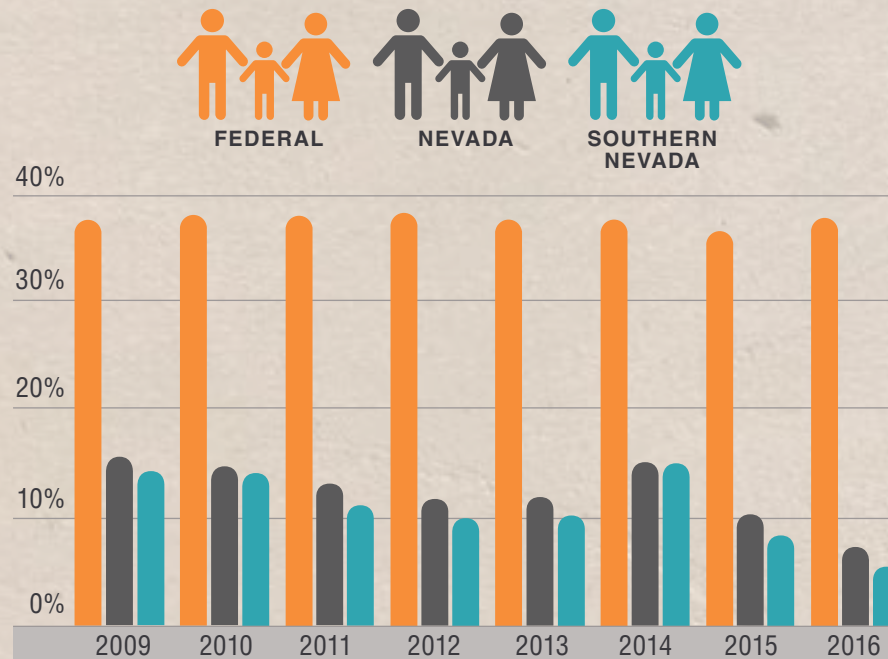
According to the 2016 AHAR, Nevada reported the lowest rate of individuals experiencing chronic homelessness at 4.69% when compared to all other states. From 2015 to 2016, Nevada also reported a 31.58% decrease in the number of individuals experiencing chronic homelessness. Southern Nevada also saw a large decrease of 37.77% from 2015 to 2016. However, Nevada had the third highest rate of individuals experiencing chronic homelessness who were unsheltered with 86% reporting they lived in a location not meant for human habitation.

FAMILIES EXPERIENCING HOMELESSNESS

From 2009 to 2016, the number of families experiencing homelessness has decreased 18.22% at the federal level. During the same period, the state of Nevada saw a 67.85% decrease in the number of families experiencing homelessness. **SOUTHERN NEVADA ALSO SAW A SIGNIFICANT DECREASE OF 74.19% IN FAMILIES EXPERIENCING HOMELESSNESS.** According to the 2016 AHAR, Nevada as a state had the largest percentage decrease in the number of homeless families among all the states.

Nationally in 2016, 37.78% of all individuals experiencing homelessness were in families. In Nevada and Southern Nevada, the percentage of people experiencing homelessness in families is much lower than the national average with only 7.37% in the state and 5.75% in Southern Nevada. Despite already low rates of people in families experiencing homelessness between 2015 and 2016, Nevada had the second largest decrease of 38.42%. Southern Nevada also saw a 43.42% decrease.

2009-2016 PIT COUNT DATA OF
PERCENTAGE OF INDIVIDUALS IN FAMILIES
EXPERIENCING HOMELESSNESS





UNACCOMPANIED CHILDREN AND YOUTH EXPERIENCING HOMELESSNESS

While data collection focused on unaccompanied children and youth is relatively new addition to PIT data there are important differences to note between Nevada and national averages. ***THE RATES OF UNACCOMPANIED CHILDREN AND YOUTH EXPERIENCING HOMELESSNESS IN NEVADA ARE MUCH HIGHER THAN THE NATIONAL AVERAGE IN 2016.*** Nationally in 2016 only 6.54% of the population experiencing homelessness was comprised of unaccompanied children and youth. In 2016, the state of Nevada reported that unaccompanied children and youth make up 22.60% of the population experiencing homelessness. In Southern Nevada, 24.66% of all individuals experiencing homelessness are unaccompanied children or youth. These rates depict a significant disparity in Nevada for unaccompanied children and youth. Even more troubling is that Nevada reported that 82% of all unaccompanied children and youth are unsheltered. This is the highest rate of unsheltered children and youth among states.

2015-2016 PIT COUNT DATA OF UNACCOMPANIED CHILDREN + YOUTH EXPERIENCING HOMELESSNESS

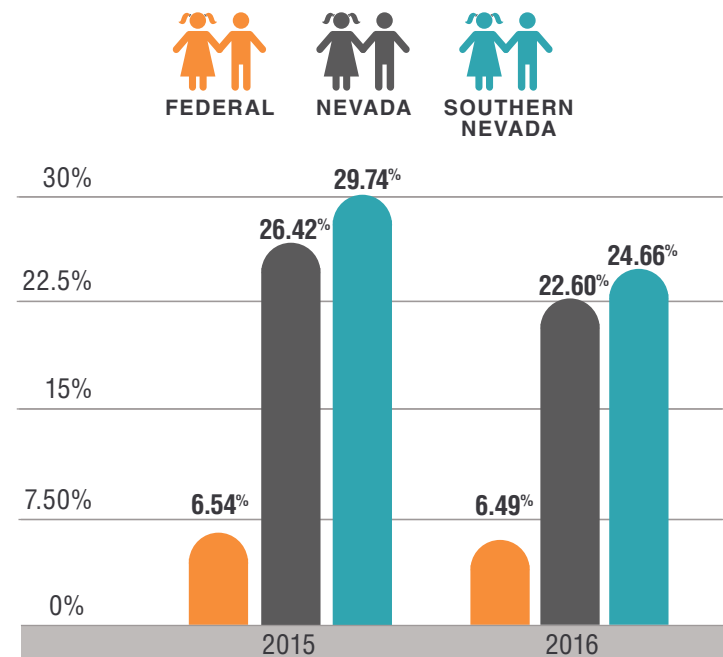




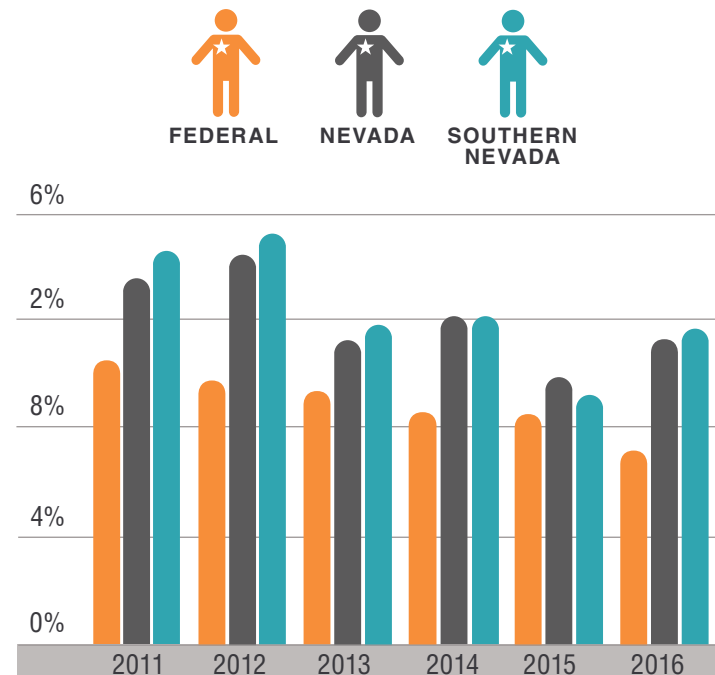
Photo Credit : Cecilio Ricardo, Jr

VETERANS EXPERIENCING HOMELESSNESS

The rate of veterans experiencing homelessness continues to decline around the United States. Data prior to 2011 on veterans experiencing homelessness is not consistently reported. From 2011 to 2016, the rate of veterans experiencing homelessness has declined 39.70% nationally. Similar declines have occurred in the state. ***The rate of veterans experiencing homelessness has declined 31.37% in Nevada and 37.55% in Southern Nevada.***

From 2015-2016, the percentage of veterans who were experiencing homelessness dropped from 8.45% to 7.18%. In Nevada, the rate of veterans experiencing homelessness dropped 1.05% over the past year. However, following Southern Nevada reaching functional zero in 2015, Southern Nevada saw a slight rebound in the percentage of veterans experiencing homelessness from 9.22% to 11.6%.

2011-2016 PIT COUNT DATA OF PERCENTAGE OF VETERANS EXPERIENCING HOMELESSNESS





HELP

THE HELP PORTION OF THE PLAN IS FOCUSED

on helping agencies and service providers work collaboratively to create a roadmap for change. This section of the report examines the progress which has been made in terms of building infrastructure to support progress across the region.

HIGHLIGHTING SUCCESS: COORDINATED INTAKE AND ASSESSMENT MEETS MCIT

KEY ACHIEVEMENTS 2007-2016 MEETING HELP PLAN GOALS



**GROWTH IN PROVIDER PARTICIPATION
IN HMIS TO 93.5%**



**ADOPTION OF COORDINATED AND
CENTRALIZED INTAKE AND ASSESSMENT
FOR HOMELESS INDIVIDUALS**



**DIVERSIFICATION AND GROWTH OF THE
SNH COC BOARD FROM 11 MEMBERS TO
36 MEMBERS**



**ADOPTION OF A STATEWIDE PLAN TO
END HOMELESSNESS BY THE INTERAGENCY
COUNCIL ON HOMELESSNESS**

This story highlights how the combination of the ability to engage in coordinated intake and assessment in the field with Mobile Crisis Intervention Teams (MCIT) allows for streamlining of services to meet client needs.

THE GOALS:

- Centralized/ Coordinated Assessment and Intake
- Fully utilize the Homeless Management Information System (HMIS), including information sharing, and evaluation of service outputs and outcomes
- Establish a coordinated network that specifically addresses homeless issues through consortiums, outreach and engagement team

ENGAGING PROVIDERS TO COORDINATE ASSESSMENT AND INTAKE:

Two goals of the Southern Nevada Regional Plan to End Homelessness have been to establish a coordinated/centralized intake and assessment and to increase the number of outreach teams that exist for individuals experiencing homelessness. Since the plan was originally adopted, Southern Nevada has transformed their intake process with 93.5% of providers participating in reporting data in HMIS and the development of a coordinated/centralized intake and assessment process. For adults experiencing homelessness, centralized intake and assessment is now fully functional. An added feature that streamlines getting individuals experiencing homelessness to services is that MCIT can open a portable intake station and enter data right in the field. This helps get individuals in the queue and complete a housing assessment. Recently a revised housing assessment tool, the Community Housing Assessment Tool (CHAT), designed by the SNH CoC Evaluation Working Group has been put into practice.



INDIVIDUAL SUCCESS:

A recent example of the increased efficiency of connecting clients to services occurred when an MCIT recently worked with an elderly couple experiencing homelessness. The couple was staying in a remote Clark County area for the past nine months. **It had been impossible to secure a place to stay without care for their two dogs and somewhere to keep their belongings.** They did not want to leave the area but the remote area made services hard to obtain. When the MCIT met them they found the husband worried that his wife wouldn't be able to live in their circumstance much longer. On this particular weekend day members of the Bitfocus team who work with HMIS joined the MCIT.

The couple was able to get referred into housing where they could live with their dogs. The team helped them get to their new home

by moving their belongings and dogs with them. When asked what the first thing they might do in their new home the wife replied, **"I'M GOING TO TAKE A SHOWER AND I MIGHT NEVER GET OUT."**

Having portable access to equipment to complete the centralized intake made it possible for them to get this couple connected to resources in real time. An added benefit on this day was that because members of the Bitfocus team accepted the invitation to join the MCIT in the field, they got the chance to see how the assessment works in the field. As a result they learned of some "easy adjustments" to make that will help practitioners conduct assessments in the field but don't require major changes to the use of the software.

HELP PLAN *at a glance*

MANAGING FOR RESULTS

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
1.1	DATA SHARING: Fully utilize the Homeless Management Information System (HMIS), including information sharing, and evaluation of service outputs and outcomes	Increased program effectiveness and accountability for program investments	There has been a substantial increase in provider participation, in fact, only 4 providers (out of 41 total) are not using HMIS. These providers represent anywhere from 22% to 27% of people receiving services.	Provider utilization of HMIS is at 93.5% as of 2016. Full utilization of HMIS is key to the successes achieved in coordinated intake and assessment for homeless adults.	COMPLETE
1.2	EVALUATION: Create an evaluation system to identify effective programs, projects, interventions and outcomes; establish a reporting schedule to report on outcome measurements	Improved ability of community programs to end homelessness, increased accountability for progress made on the plan and dollars invested in programs, and increased effectiveness of programs in ending homelessness	The Homeless Prevention and Rapid Rehousing Program (HPRP) funds were very successful assisting with this goal. Other funding sources such as Emergency Solutions Grants, and the Welfare Set Aside Program can assist with this goal, but no funding sources exist that have the extensive funding of HPRP. Despite its success, there has been no solid replacement for HPRP.	The Evaluation Working Group and the Monitoring Working Group have been very active in working to establish mechanisms to evaluate and report on outcomes. The SNH CoC has conducted several evaluations related to plan goals. In addition, new guidance documents to prepare applications and on monitoring are available as of 2017.	IN PROGRESS
1.3	COST SAVINGS: Recognize cost savings across partners	Improved public and legislative response for the plan as a result of understanding the monetary impacts the plan is having on the community	Phase 2 of the Performance Measurement Plan is currently developing a way to utilize HMIS to capture this data. Anticipated implementation date of January 2014.	The needs for a cost analysis to inform legislative and public response was reiterated in the 2015 Gaps Analysis. In 2015, a study comparing the cost of homelessness to housing was conducted by Master of Public Administration students from the UNLV School of Public Policy and Leadership.	EARLY STAGES / NEEDS TO BE DEVELOPED

HELP PLAN *at a glance*

COORDINATED RESPONSE

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
1.4	COORDINATED NETWORK: Establish a coordinated network that specifically addresses homeless issues through consortiums, outreach and engagement teams, technical working groups and focus groups to discuss best practices, peer evaluation, and inclusion of stakeholders to ensure effective community participation	Increased access to mainstream programs to persons who are homeless, stronger plan to end homelessness based on provider and stakeholder participation, Improved ability to reduce the number of persons on the streets	Several groups are working to address homeless issues including provider groups, outreach teams, and various technical working groups. The Regional Initiatives Office would like partners to be more engaged and include higher levels of leadership at meetings.	growth and diversification of partners coordinating to meet plan goals. The SNH CoC Board membership has grown from 11 to 36 members from 2012-2016. The SNH CoC includes five working groups and there was an average of an 80% attendance rate at full Board meetings during the 2011-2016 period. The SNH CoC has diversified membership to include public, private, nonprofit and advocate members.	IN PROGRESS
1.5	CENTRALIZED/ COORDINATED ASSESSMENT AND INTAKE: Create a universal application within HMIS to achieve a coordinated central intake process engagement teams, technical working groups and focus groups to discuss best practices, peer evaluation, and inclusion of stakeholders to ensure effective community participation	Streamlined data gathering ability and reduction in service duplication	Centralized intake is mandatory under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. A sub-group of the evaluation working group was created to convene providers and move forward with selecting an intake process for Southern Nevada. 17 agencies are participating including 20 agency directors and staff. This process is in the early development stages but has full network support to move forward.	Centralized /coordinated assessment and intake is fully functional for adults experiencing homelessness. A pilot of centralized/coordinated assessment and intake for subgroups including youth and victims of domestic violence will begin in July 2017.	HOMELESS ADULTS: COMPLETE SUBPOPS: IN PROGRESS
1.6	STANDARDIZED ASSESSMENT AND CASE MANAGEMENT: Standardize case management models, tools and data sharing across the entire SNH CoC, ensuring homeless individuals receive the same standard and quality of case management services across providers.	Increased program effectiveness and accountability for program investments	A standardized case management model does not exist. It has been discussed, but has yet to receive any formal attention or resources. A tentative plan to have graduate students from UNLV assist in the development of this model is anticipated for the summer of 2014.	A standardized case management model does not currently exist.	EARLY STAGES / NEEDS TO BE DEVELOPED

HELP PLAN *at a glance*

		PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
COORDINATED DISCHARGE POLICIES	COORDINATED RESPONSE	1.7	ADVOCACY: Develop, and advocate for, legislative bills, social policy, ordinances, funding and other legal options / programs that address homelessness	Improved public policy response to issues that affect the homeless, improved public safety and ability to reduce harm	The Regional Initiatives Office (RIO) sends a representative to Capitol Hill Day, which gives participants a chance to meet with members of Congress to take part in federal advocacy to end homelessness. The RIO representative serves as the Capitol Hill Day state captain. RIO has maintained substantial advocacy efforts at the federal level - efforts to increase statewide work should be increased.	The Nevada Homeless Alliance currently coordinates several advocacy efforts including: <ul style="list-style-type: none"> • Capitol Hill Day • Monthly provider meetings • Invitations to members of Congress to tour during recess • Facilitating a tour for Rep. Reuben Kihuen • Letter writing efforts Advocacy training for nonprofit offered by the Quinn Center.	ON GOING
		1.8	COORDINATE DISCHARGE POLICIES: Coordinate with other agencies to operationalize and improve the discharge policies and procedures, placements plans of the Correctional, Mental Health, Child Welfare and Public Health Systems to include housing resources. Conduct ongoing tasks/ system improvements by utilization of a subcommittee representing all agencies.	Increased number of persons transitioning to permanent housing after discharge from an institution or care facility	Work groups have been formed; the RIO would like to see stronger initiatives coming out of these in the future. In July 2011 the Nevada Legislature passed AB 350, allowing youth in foster care to remain under juvenile court jurisdiction until age 21 in order to ensure a smoother transition to self-sufficiency.	In addition, to increasing the time youth foster care have to transition, the passage of AB 350 made funding available to foster youth to complete GEDs and high school diplomas. Additional funding to support foster youth transition is available from the county Step Up program. Coordinated policies for incarcerated individuals and those leaving health care facilities is still a need.	EARLY STAGES / NEEDS TO BE DEVELOPED
		1.9	STATEWIDE PLAN: Coordinate with State government on the development of a statewide homeless initiative and work to include statewide and regional statements of need in the plan	Improved coordination of government and public efforts and resources to end homelessness across the State of Nevada	HMIS is now operating statewide. There is Federal encouragement to form a statewide Interagency Council on Homelessness, and with that, a statewide plan. The CoC applied for funding from the Cooperative Agreement to Benefit Homeless Individuals. Should Nevada receive this grant, a statewide council will need to be established within two months upon notice of award.	Executive order 2013-20 established Nevada's Interagency Council on Homelessness. This group developed a statewide plan that was adopted in 2015.	COMPLETE

HELP PLAN *at a glance*

COMMUNITY AWARENESS

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
1.10	CONSISTENT SSI AND DISABILITY APPLICATIONS: Trained social workers and case managers will assist clients to complete and submit applications for social security and disability benefits using the SSI/SSDI Outreach, Access, and Recovery(SOAR) process and regularly report outcomes.	Increased access to public benefits, such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for clients who qualify (annually assist at least 500 homeless persons apply for and receive such benefits), increased stability of persons in terms of health, wellness and housing	Many people have been trained on the SOAR program. Providers have been directed to submit SOAR specific program outcomes, but information has been received from only three providers.	Since 2008, 462 professionals have been trained in SOAR. The training is now fully online with 109 persons receiving online certification since 2014. In 2015 a fully dedicated SOAR Coordinator has been in place and HMIS is now capturing application data. No data on the outcome of applications or appeals is currently available.	IN PROGRESS
1.11	COMMUNITY ENGAGEMENT: Create an access awareness campaign designed to educate the community regarding the goals and progress of the HELP HOPE HOME plan, as well as the issues homeless persons face and the resources that are available	Improved public response to issues concerning persons experiencing homelessness, improved community awareness of homeless issues and ability to address them	A new community engagement working group was recently created to guide education and outreach efforts, as well as to increase funding, donations, and volunteers. The group is in the early stages of developing a community engagement plan.	The HELP HOPE HOME website lists ways the community can get involved and volunteer. This includes information and advocacy. In addition, the community engagement and volunteer efforts have expanded at outreach events to allow the community an opportunity to more fully understand the needs of people experiencing homelessness.	IN PROGRESS
1.12	SUSTAINABILITY: Develop a community appeal to solicit financial support for implementation of the plan, and ensure long term sustainability through growth of the Homeless Trust Fund	Improved ability to end homelessness through adequate funding of programs	A minimal amount of funding has been raised through the Homeless Trust Fund managed by the United Way of Southern Nevada. The most successful fundraising initiative has been the Walk of Stars.	In 2016, a SNH CoC ad-hoc subcommittee was formed to establish guidelines for administration of the Homeless Trust Fund. An appeal to donate to the fund can be found on the City of Las Vegas website.	EARLY STAGES / NEEDS TO BE DEVELOPED



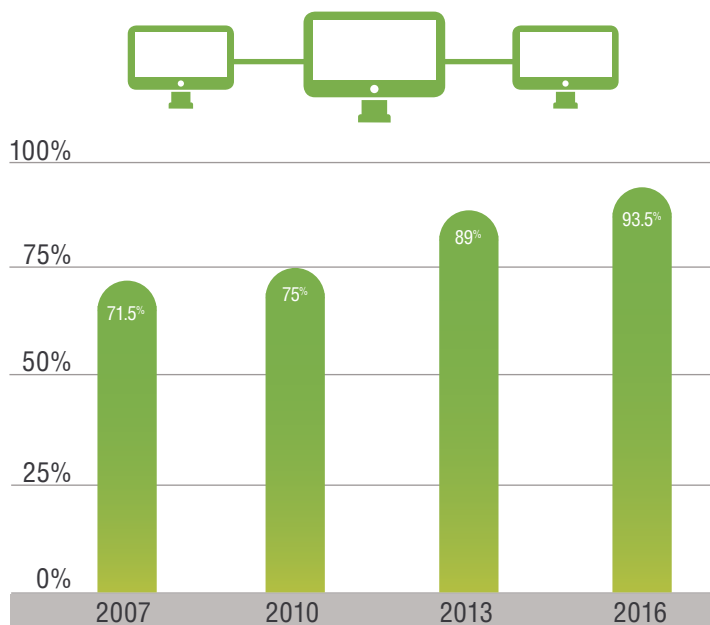
MANAGING FOR RESULTS

ACTION STEP 1.1. DATA SHARING:

Fully utilize the Homeless Management Information System (HMIS), including information sharing, and evaluation of service outputs and outcomes.

Several plan goals rely on the ability to share and access data across organizations. An integral part of engaging in a coordinated response to homelessness has been to build, maintain, and meaningfully utilize a data management system that can facilitate this work. The SNH CoC partners with Bitfocus to use Clarity Human Service Case Management Software for its Homeless Management Information System (HMIS). This system allows for compliance with HUD requirements for data reporting. The growth in the number of providers entering intake and assessment data into HMIS has been steady with current provider HMIS usage topping 93%.

PERCENTAGE OF PROVIDERS USING HMIS



ACTION STEP 1.2. EVALUATION:

Create an evaluation systems to identify effective programs, projects, interventions, and outcomes and to establish a reporting schedule to report on outcome measurements.

Two SNH CoC work groups have been instrumental in working on projects addressing this goal including the Evaluation Working Group and the Monitoring Working Group. The SNH CoC has engaged in several evaluation activities since the last plan update. These activities were designed to improve efforts to address homelessness in the region. Two evaluations have been conducted to review and enhance the coordinated/centralized assessment and intake.

To help nonprofit organizations who wish to apply for HUD funding, the SNH CoC Evaluation Working Group has just completed a revised 2017 guidance tool to aid nonprofits to prepare a successful application. This tool is instrumental in providing guidance on application preparation, scoring and funding.

To assist programs to report on outcomes, the Monitoring Working Group designed the Continuum of Care Project Performance Program Eligibility Monitoring Tool to use for SNH CoC funded projects.

ACTION STEP 1.3. COST SAVINGS:

Recognize cost savings across partners.

In the 2013 plan update, efforts to use HMIS data to measure cost savings across partners was assessed to be in early stages of development. The 2015 Gaps Analysis report included a recommendation to “conduct a cost study to determine the amount of the 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 (p. 66).”

In 2015, the SNH CoC worked with a team of Master of Public Administration (MPA) graduate students from University of Nevada Las Vegas School of Public Policy and Leadership to develop a document examining the cost of homelessness in comparison to the cost of housing. This document was intended to support appeals to potential donors around the cost savings of increasing access to housing for the homeless.

COORDINATED RESPONSE

ACTION STEP 1.4. COORDINATED NETWORK:

Establish a coordinated network that specifically addresses homeless issues through consortiums, outreach and engagement teams, technical working groups and focus groups to discuss best practices, peer evaluation, and inclusion of stakeholders to ensure effective community participation.

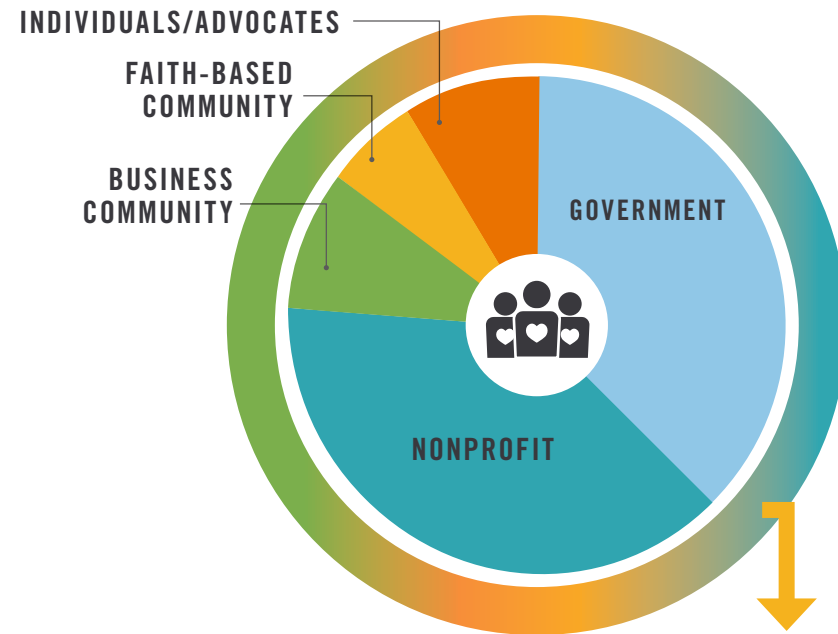
All publicly available minutes from the monthly meetings of the SNH CoC were reviewed which spanned the years 2012 to present. A review of meeting attendance patterns reflected growth in the SNH CoC membership beginning in 2015 when the membership rose from 11 organizations/government representatives/businesses to 32. In 2016, 36 members were participating in the SNH CoC.

NUMBER OF SNH COC MEMBERS 2012-2016



Attendance of SNH CoC meetings in consistently high. Across the years 2012-2016, there was an 80% meeting participation rate of the SNH CoC members or their alternates. SNH CoC membership has also diversified with respect to professional/population affiliation. The chart to the right depicts the types of professional organizations/affiliations based on SNH CoC membership in 2016.

SNH COC MEMBER AFFILIATIONS FROM 2016 ATTENDANCE RECORDS

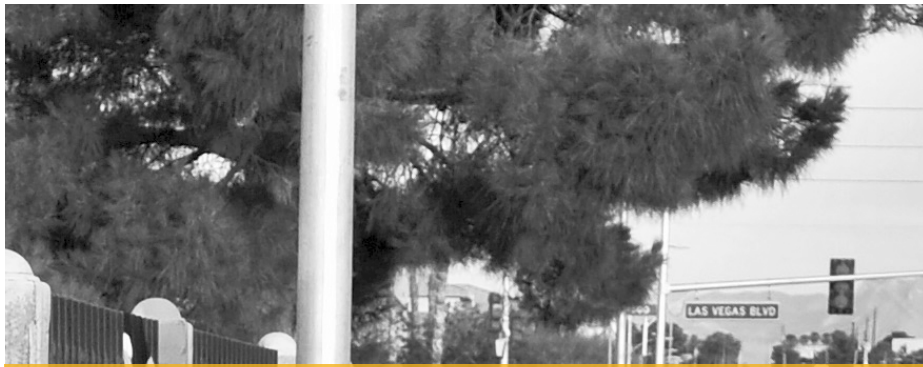


The culmination of efforts to **EXPAND INCLUSIVITY** in SNH CoC Board membership was a **309% INCREASE** in Board members from 2007-2016.

ACTION STEP 1.5.CENTRALIZED/COORDINATED ASSESSMENT AND INTAKE: Create a universal application within HMIS to achieve a coordinated central intake process.

Using the data gathering capabilities of the HMIS system, Southern Nevada has developed a process for coordinated intake and housing assessment for adults experiencing homelessness. The centralized/coordinated intake process includes four components:

- Interview hubs that engage in information gathering related to client needs and vulnerabilities
- Outreach teams that work with persons experiencing homelessness who are unable or unwilling to come to a hub
- A standardized assessment tool that provides a vulnerability score
- A matching process that pairs individuals with the highest vulnerability scores with program openings



Clark County Social Service currently operates centralized/coordinated assessment and intake hubs in five locations including three offices in Las Vegas, one in Henderson, and one in North Las Vegas. The United States Department of Veterans Affairs (VA) has partnered with the SNH CoC to facilitate centralized/coordinated intake for homeless veterans through their hub office called the Community Resource and Referral Center (CRRC).

In 2015, Homebase conducted an evaluation of the coordinated intake process. Based on recommendations from this evaluation, the SNH CoC began a process of creating a new centralized assessment tool that would address challenges related to the use of the initial coordinated intake assessment tool (VI-SPDAT). The new tool is called the Community Housing Assessment Inventory (CHAT) and initial provider experiences using the CHAT have been positive.

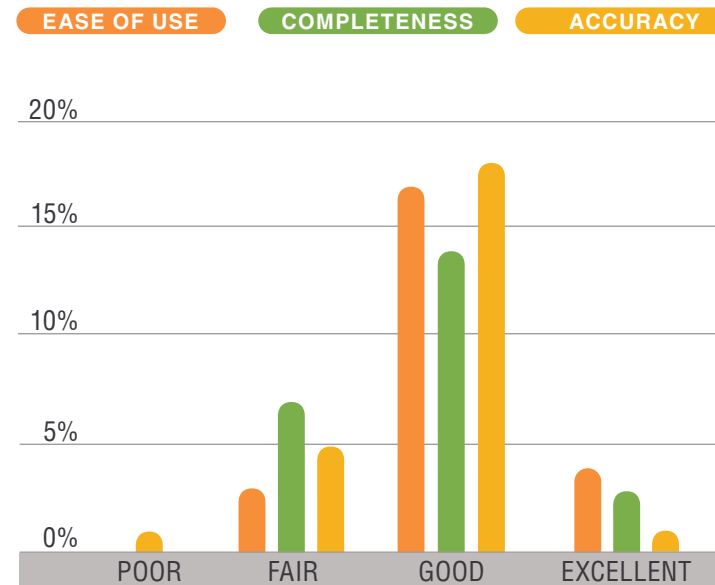


In November of 2016, Southern Nevada agencies began using the new the CHAT. In January of 2017, Homebase conducted a first and early evaluation of the use of CHAT by providers. Key findings of that early evaluation support the CHAT as an effective tool at addressing issues raised in the initial evaluation of centralized/coordinated assessment and intake. It also found that the CHAT meets or exceeds expected performance benchmarks set by the SNH CoC for this tool including:

- **User satisfaction**
- **Good match for local conditions**
- **Accurate measurement**
- **Evidence-based tool**

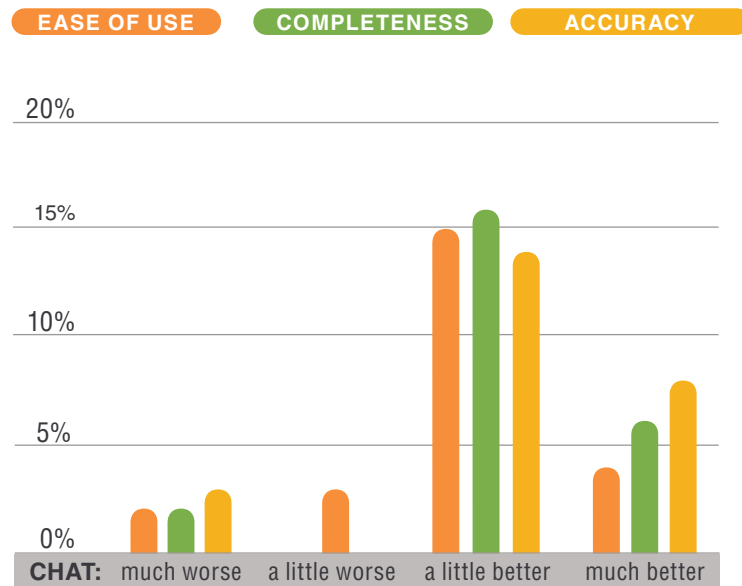
The figures below describe providers' early perceptions of the CHAT with most providers rating it as a good to excellent assessment tool. Most providers also rate it as better than the previous tool.

How would you rate the CHAT on it's own terms?



Source: Homebase (2017). CHAT evaluation: A first report on the success of Southern Nevada's Community Housing Assessment Tool (p.8). San Francisco: Homebase.

How does the CHAT compare to the prior tool?



Source: Homebase (2017). CHAT evaluation: A first report on the success of Southern Nevada's Community Housing Assessment Tool (p.9). San Francisco: Homebase.

Interviews with providers and SNH CoC work group members highlighted the magnitude of the change required to shift to centralized/coordinated assessment and intake. One of the big changes that were noted included changing the way information and referral was approached. While it was noted that shifting from in house information and referral in individual agencies to a process where clients would get matched to housing took time, it was also noted that it paved the way for enhanced collaboration between providers and efficiency in the use of resources across the region. The ability to use the data dashboard to access real time information on resources and information on where clients are in the queue was underscored as a valuable tool.

The next challenge being addressed by the SNH CoC working with Bitfocus is to engage in centralized/coordinated assessment and intake for other populations experiencing homelessness including youth, households, and those experiencing domestic violence. One data management and intake challenge which has been raised is how to approach the assessment procedure when a person falls into more than one of the subgroups. Building on the success of coordinated assessment and intake for adults experiencing homelessness, a pilot of coordinated assessment and intake for these populations is planned to begin in summer 2017.

ACTION STEP 1.6.
STANDARDIZED ASSESSMENT AND CASE MANAGEMENT: Create standardized case management models, tools and data sharing across the entire COC, ensuring individuals experiencing homelessness receive the same standard and quality of case management services across providers.

There is not currently a coordinated case management process. Case managers however can go with clients to coordinated assessment and intake appointments. Interviews with providers suggest that the ability to use the data dashboard and connect to real time information from coordinated assessment and intake is helpful in their work with clients.



ACTION STEP 1.7. ADVOCACY: Develop, and advocate for, legislative bills, social policy changes, ordinances, funding and other legal options/ programs that address homelessness or homeless providers.

The Nevada Homeless Alliance has taken the lead in organizing the Capitol Hill Day in Washington, DC. Members of the SNH CoC and other stakeholders are encouraged to take part in advocacy efforts on the issue of homelessness with members of the Nevada Congressional delegation. **ADDITIONAL ADVOCACY EFFORTS HAVE INCLUDED INVITING ALL MEMBERS OF CONGRESS DURING RECESS TO TOUR AGENCIES THAT PROVIDE HOMELESS SERVICES AND TO LEARN MORE ABOUT THE NEEDS AND ISSUES SURROUNDING HOMELESSNESS. THIS RECENTLY RESULTED IN CONGRESSMAN RUBEN KIHUEN TOURING HELP OF SOUTHERN NEVADA AND LEARNING MORE ABOUT HOMELESS ISSUES. AS A RESULT OF THE VISIT, HE SIGNED ONTO A DEAR COLLEAGUE LETTER CONCERNING COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING AND THE NEED TO PRESERVE IT TO SUPPORT FUNDING WHICH WILL RESULT IN HOUSING FOR THE HOMELESS AND THOSE AT RISK FOR HOMELESSNESS.**

The Homeless Alliance also circulated a letter among providers and community members concerning the need to have a viable alternative to the Affordable Care Act before any move to repeal. This letter was signed by most of the service providers and then sent to the Nevada Congressional Delegation.

The Nevada Homeless Alliance also conducts monthly meetings in which organizations discuss issues around homelessness. These meetings are **consistently attended by approximately 40 stakeholders** and during the meeting they often discuss which issues to focus advocacy efforts on and legal/regulatory requirements of advocacy for groups. Additionally, **a training for nonprofits on advocacy was provided by the Kenny Guinn Center for Policy Priorities in July of 2016.**

ACTION STEP 1.8. COORDINATE DISCHARGE POLICIES: Coordinate with other agencies to operationalize and improve discharge policies and procedures including creation of placement plans for correction, mental health, child welfare and public health systems to include housing services. Create respite beds in the community for people discharged from hospitals that require additional bed rest and follow up care.

According to the 2016 PIT data, 7.6% of all persons experiencing homelessness indicated they were either in jail, a hospital, a mental health facility, substance abuse treatment or foster care prior to becoming homeless. This suggests enhanced discharge planning policies could help prevent a significant amount of homelessness for those exiting facilities.

DISCHARGE OF FOSTER YOUTH

In July of 2011, the Nevada Legislature passed AB 350, allowing youth in foster care to remain under juvenile court jurisdiction **UNTIL AGE 21 IN ORDER TO ENSURE A SMOOTHER TRANSITION TO INDEPENDENCE.**⁴ This allows those aging out of the foster care system to choose to participate in Nevada's Independent Living Program. **AB 350 assigns all children at age 17, who are unlikely to be reunified with their family or adopted, to an attorney.** Under the AB 350 program, foster children can elect to stay in the foster care system until they are 21 years of age and the court will work with the child to create a plan for transition to independent living. AB 350 also provides up to \$1000 for former foster youth who get their high school diploma or \$250 for those receiving their GED.

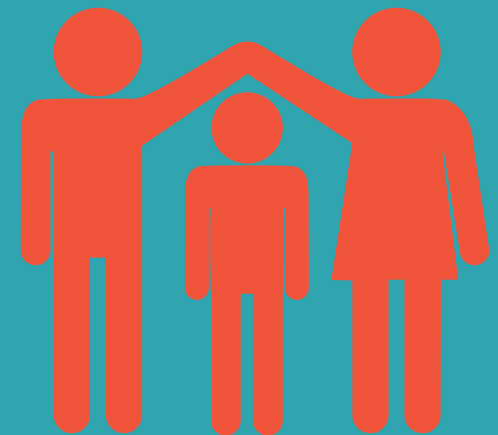
In addition, Clark County Social Service offers the Step Up program for those aging out of the foster system. Step Up helps with rent payments and emergency needs. Those in Step Up receive either \$773 in rental support or their rent plus the difference up to \$773 dollars while they are in school or working at least 20 hours per week.⁵

Both programs also pay up to \$1000 in support of move in fees and deposits with any remaining funds available to support needed furniture or housewares. These programs support foster youth being discharged and are meant to insure housing for those youth up to the age of 21 to give them time to stabilize post discharge.

DISCHARGE FROM HEALTHCARE

The 2015 Gaps Analysis suggests working with healthcare providers to ensure individuals are not discharged into homelessness and/or are connected with appropriate providers capable of meeting their health needs. The report also identified the need for better data integration with healthcare providers to track links to homelessness.

Another area discussed in the 2013 plan update, was the need to identify and provide respite care beds for those leaving medical facilities. 2016 PIT data indicates 1.9% of all homeless are leaving some type of health care or substance abuse facility and might be in need of respite care. However, data tracked in HMIS by the county does not report on the number of respite beds available.





DISCHARGE FROM CORRECTIONAL AND JUSTICE SYSTEMS

THE 2015 GAPS ANALYSIS ALSO HIGHLIGHTS THE NEED TO CREATE STRONGER LINKS BETWEEN CORRECTIONAL AND JUSTICE SYSTEMS AND HOMELESS SERVICE PROVIDERS TO ENSURE INDIVIDUALS LEAVING THE CRIMINAL JUSTICE SYSTEM HAVE HOUSING.

According to the 2016 PIT data, 5.4% people experiencing homelessness reported they were incarcerated prior to becoming homeless and an additional 10.2% cited incarceration as one of the top three reasons they were homeless. Prior Incarceration was also cited as a significant barrier for employment and housing. 7.1% of respondents indicated their criminal record was preventing them from securing permanent housing and 7.7% indicated their criminal record prevented them from obtaining employment. This suggests better discharge planning for those exiting the correctional and justice system could reduce homelessness.

The 2015 Gaps Analysis also highlights the need to create stronger links between correctional and justice systems and homeless service providers to ensure individuals leaving the criminal justice system have housing. The report emphasized the need for the creation of supportive housing for persons who have frequently been in jail and use services offered by homeless providers. The report also suggested the SNH CoC should prioritize: increased data integration between HMIS and correctional systems to track correctional links to homelessness, assessment of current discharge planning efforts, and identification of new intervention opportunities through probation or other touch points.

ACTION STEP 1.9. STATEWIDE PLAN:

Coordinate with state government on the development of a statewide homeless initiative and work to include statewide and regional statements of need in the plan.

Executive Order 2013-20 established the Nevada Interagency Council on Homelessness. This council adopted the mission to lead Nevada's efforts to end homelessness. Their initial meeting was in September 2014 and in June 2015 they adopted their strategic plan. Comparison of plan goals for the statewide plan and the plan for the Southern Nevada region suggests there is significant agreement between the two plans. In areas where the plans are unique, the Southern Nevada Regional Plan to End Homelessness tends to favor goals related to access and service delivery while the state plan tends to favor goals related to integration, workforce and funding issues. Collaboration between the two planning groups would be a powerful model for building state infrastructure that will support the ability to enhance services in the region. The table to the right shows a comparison of goals in the regional and state plans.

COMPARISONS OF GOALS IN THE REGIONAL AND STATE PLANS TO END HOMELESSNESS

GOAL	SOUTHERN NV REGIONAL PLAN TO END HOMELESSNESS	NV INTERAGENCY COUNCIL PLAN TO END HOMELESSNESS
Inter-Agency Coordination		★
Increase Low-Income Housing	★	★
Homelessness Prevention	★	★
Homelessness Management Information System	★	★
Education & Job Training	★	★
Case Management	★	★
Medical, Visual, Dental	★	★
Transitional Housing		★
Mental Health	★	★
Substance Abuse Treatment	★	
Evaluation of Services	★	
Standardized Intake	★	★
Advocacy	★	★
Discharge Policies	★	
Community Awareness	★	★
Employment	★	★
24/7 Services	★	
Housing Stability	★	★
Respite Beds (After Hospitalization)	★	
Reconfigure Transitional Housing to Other Purposes	★	
Permanent Housing for Specific Niche Populations	★	
Faith-Based Support	★	
Zoning Changes for Affordable Housing	★	
Affordable Housing Education and Advocacy	★	
Preserve Existing Affordable Housing		★
Secure New Funding for Services		★
Integrate Healthcare with Other Homeless Services		★
Review Of Policies for Public And Private Service Providers		★
Recruit More Health Professionals		★
Re-Assess and Update Plan for Ending Homelessness Regularly		★
Rent/Housing Mediation	★	★

ACTION STEP 1.10. CONSISTENT SSI AND DISABILITY BENEFITS: Train social workers and case managers to assist clients with the eligibility process for Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI).

PIT data for 2016 indicates that while many people who experience homelessness are likely to be eligible for public benefits, **33.3% of persons who were surveyed reported receiving no money from government benefits.** 18.3% of those surveyed reported receiving more than \$500 per month in income benefits. Of the respondents receiving government assistance the most common types were: 76.2% received food stamps, 9.6% received SSI/SSDI assistance and 4.6% Social Security.

ONE OF THE KEY INITIATIVES INTENDED TO INCREASE ACCESS TO PUBLIC BENEFITS IS THE SSI/SSDI OUTREACH, ACCESS, AND RECOVERY (SOAR) PROGRAM. The SOAR program in Nevada was started in 2005. It is designed to increase access to SSI/SSDI for eligible adults who are homeless, at risk of becoming homeless and have a mental or physical impairment and/or a co-occurring substance use disorder.

The SOAR program provides training and collaboration amongst the three state Continue of Care (CoC) and their service providers to improve the quality of service delivery. The SOAR program is a statewide initiative housed within Clark County Social Service under the SNH CoC. The program is funded by the Cooperative Agreement to Benefit Homeless Individuals (CABHI) state grant to support coordination.

Data collection concerning SOAR was only recently added to the HMIS system and not all providers input data concerning SOAR activities and outcomes into the HMIS system. Prior to 2015, data concerning SOAR was not consistently reported through a regular process due to a lack of coordinated collection.

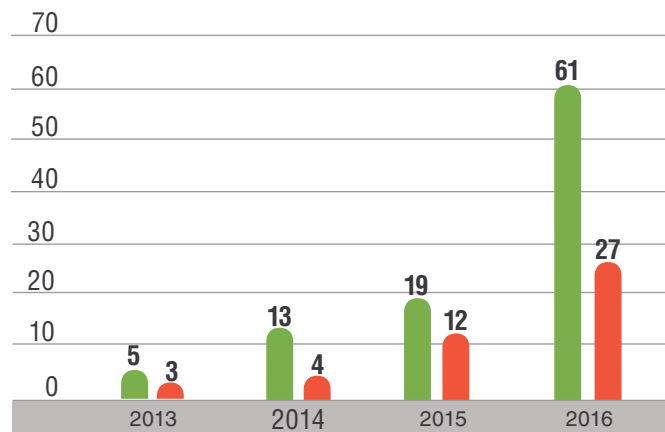
From 2008-2013, the state SOAR coordinator reported 353 people were trained in two day in person workshops in Southern Nevada and an additional 55 in Northern Nevada. From 2014 to present, the SOAR training has been shifted to include both online (Part I) and in person components (Part II). Part I is an online course and allows for self-paced delivery and Part II is delivered in person through a 6 hour workshop. Since the shift to this delivery method, 150 providers have passed Part I online. Of those, 109 total participants have passed both the online course and attended the Part II workshop. Those 109 are fully SOAR Certified. Additionally, many others have enrolled but not completed the online course or participated in the workshop without completing all of the requirements for certification.

SINCE THE SHIFT TO THIS DELIVERY METHOD, 150 PROVIDERS HAVE PASSED PART I ONLINE. OF THOSE, 109 TOTAL PARTICIPANTS HAVE PASSED BOTH THE ONLINE COURSE AND ATTENDED THE PART II WORKSHOP. THOSE 109 ARE FULLY SOAR CERTIFIED.

NEVADA SOAR DATA ON SSI/SSDI CLAIMS THROUGH SOAR

INITIAL APPLICATIONS

APPEALS



The chart to the left displays the number of SOAR assisted SSI/SSDI claims to date, as reported by the data collected by the SOAR Coordinator. **MIDWAY THROUGH 2015, THE SOAR PROGRAM RECEIVED ITS FIRST DEDICATED STATEWIDE COORDINATOR WHICH HAS DRAMATICALLY INCREASED THE NUMBER OF SSI/SSDI CLAIMS MADE THROUGH THE PROGRAM TO 61 NEW CLAIMS AND 27 APPEALS.** 2016 is the first year data on SSI/SSDI claims was collected through the HMIS system. Data on prior years was obtained from the State Soar Coordinator. Data on the outcome of applications and appeals is not yet available.



Photo Credit : Cecilio Ricardo, Jr



ACTION STEP 1.11. COMMUNITY AWARENESS:

Create an awareness campaign to educate the community regarding the goals and progress of the HELP HOPE HOME Plan as well as the issues homeless persons face and the resources available.

The HELP HOPE HOME website provides a variety of resources to educate individuals about homelessness in Southern Nevada and opportunities to help individuals can get involved. This includes information about how to advocate, volunteer, attend SNH CoC board meetings, or help provide meals to persons experiencing homelessness.

The website also contains fact sheets about homelessness and various subpopulations that are experiencing homelessness. This helps to educate the public about the scope of homelessness and the issues faced by different populations.

Service providers also emphasize the role of large outreach events such as Family Connect and Project Homeless Connect as key moments to increase the awareness of homeless issues and engage the public in addressing the problem. These events are important to connect people who are experiencing homelessness to services, but also to help change the public perception of homelessness and allow volunteers to connect to the issue.

ACTION STEP 1.12. FINANCIAL

SUSTAINABILITY: Develop a community appeal to solicit financial support for implementation of the plan and long term sustainability.

In 2005, the SNRPC requested the establishment of the Homeless Trust Fund through the United Way of Southern Nevada. In the October 2016 meeting the SNH CoC Board entertained and approved a motion from the Steering Committee to create an ad-hoc subcommittee to create criteria for the expenditure and administration of the Homeless Trust Fund. While the need for a comprehensive financial sustainability plan including a well-developed community appeal still exists, an appeal for donations to the Homeless Trust Fund currently exists on the City of Las Vegas website in the resources section.⁶



HOPE

SUPPORTIVE SERVICES PEOPLE EXPERIENCING HOMELESSNESS AND THOSE AT RISK FOR HOMELESSNESS. In this section, we will examine the original plan and the progress on the plan goals related to prevention and supportive services.

HIGHLIGHTING SUCCESS: MEETING THE NEED OF HOMELESS YOUTH

KEY ACHIEVEMENTS 2007-2016 MEETING HOPE PLAN GOALS



**INCREASED INCOME FOR PERSONS
RECEIVING HOMELESS SERVICES AT
PROGRAM EXIT**



**A GROWTH IN THE PERCENTAGE
OF YOUTH WHO ARE EXPERIENCING
HOMELESSNESS IN OBTAINING GED'S, HIGH
SCHOOL DIPLOMAS OR ENTERING POST-
SECONDARY EDUCATION FROM 30% TO 89%**



**AN INCREASED NUMBER OF OUTREACH
TEAMS REPORTED IN HMIS**



**ENHANCED SERVICE DATA THROUGH
THE ABILITY TO TRACK SERVICE ACCESS
USING CLARITY PASSPORTS**

This story highlights the role of access to services and housing can have on aiding youth at achieving stability and educational goals.

THE GOALS:

Each of the following goals outlined in the HELP HOPE HOME plan played a role in helping Victoria, a young women who was experiencing homelessness, to get off the streets and access services and move toward independence.⁷

- **Increase educational attainment of youth**
- **Increase access to shelter for youth**
- **Increase access to IDs and birth certificates**

THE PROGRAM:

The Center for Independent Living was initially started in 1994. In 2008, it became a program of Help of Southern Nevada. The Center is named after Shannon West-Redwine former Clark County Homeless Services Coordinator. The Shannon West Homeless Youth Center is a residential facility for youth ages 16-24. The Center is able to house up to 65 youth at a time who are experiencing homeless or at risk of becoming homeless. The staff at the center support youth to become self-sufficient by providing the training and skills to support education, employment, social and life skills for residents. The Center offers both residential and day programming to enable youth to learn skills they need to succeed independently. The youth in the residential program live in dorm style housing. The campus provide 24 hour staffing for supervision and transportation of the residents.



The Center through direct service provision and collaboration with other agencies offers: intensive case management, substance abuse counseling, mental health referrals, educational assessment, vocation training and life skills groups focusing on issues such as anger management, independent living, money management, peer socialization, consumer and problem solving skills and health education.

Youth that work while at the Center **SAVE 80% OF THEIR PAYCHECK SO THEY CAN BUILD A SAVINGS ACCOUNT** for when they transition to their own apartments with the goal of having three months of cash reserves in addition to deposits and the first month of rent when they exit the program. These types of goals help youth in the program learn to manage their money and set financial goals.

IN JULY OF 2017, THE SHANNON WEST HOMELESS YOUTH CENTER IS SLATED TO MOVE INTO TO A NEW PROPERTY WHICH WILL ALLOW IT TO EXPAND THE NUMBER OF YOUTH SERVED FROM 65 TO 166. This will mean more than double the current number of youth that can be served by the Center. The funds for the new center were raised from a variety of public, philanthropic and private sources including: the Department of Housing and Urban Development, Clark County, the Engelstad Foundation, Bank of America, City of Henderson, City of Las Vegas, Nevada Women's Philanthropy, City of North Las Vegas, Nevada HAND, and Bank of Nevada.

INDIVIDUAL SUCCESS:

When Victoria was 16 her mother passed away from a heart attack after being hospitalized for other health related issues. Her grandparents then sent her to live with her biological father in Las Vegas who was addicted to drugs and alcohol. Her father became violent and she left to live with a friend and her friend's boyfriend.

She became homeless after her friend's boyfriend became abusive to her. She slept in motels with "street friends" and began working as a prostitute. After becoming pregnant and later losing the baby, she began living on the streets or in parks. She survived off of handouts of food and using friends' places to charge her phone when she had one. She used drugs and alcohol to get through at times.

*Some of her friends on the street were living at the **SHANNON WEST CENTER** and talked to her about getting help. She first came to the program in December of 2016. She got housing and food. She was able to celebrate Christmas. **As she received additional services staff helped her to verify that she had graduated from high school. They also helped her obtain a birth certificate, ID and Social Security Card.** She is now working toward becoming a licensed cosmetologist so she can become fully independent. She looks forward to not only living on her own but also giving back to others facing homelessness.*

HOPE PLAN *at a glance*

MANAGING FOR RESULTS

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
2.1	TRAINING: Utilize Workforce Development partners and other organizations to work closely with homeless, increasing access to and connecting them to vocational rehab services and training opportunities	Increased employment opportunities for homeless persons, increased number of homeless persons re-entering the workforce	There has been a substantial increase in provider participation, in fact, only 4 providers (out of 41 total) are not using HMIS. These providers represent anywhere from 22% to 27% of people receiving services.	Data from the Workforce Connections Annual Report Program Year 2015 shows an increase in the percentage of youth and adult participants for whom homelessness is a barrier to employment from 2013-2015. In 2016, HELP of Southern Nevada was awarded both the Organization and Individual Champion Award by Workforce Connection for outstanding skill, abilities, and leadership to the workforce community.	EARLY STAGES / NEEDS TO BE DEVELOPED
2.2	EMPLOYMENT: Increase percentage of homeless persons employed at exit to at least 18% after one year and to 30% by 2022	Improved stability and self-sufficiency of person who is homeless	Year one goal is complete. In 2012, 24% of participants were employed at exit.	HMIS data shows a consistent positive trend in both improved employment at program exit and increased income at program exit from 2007-2016.	IN PROGRESS
2.3	EDUCATION: Establish a continuum of services in the community that provide educational opportunities for homeless youth and young adults including GED, Diploma, ESL, college prep, vocational education and financial literacy	Improved access to educational programs for homeless youth	These services are available but not always accessible, especially if costs are associated with services. Because services are provided by different organizations across the valley, reliable and affordable transportation is also a significant barrier.	HMIS data shows an increase of youth pursuing educational opportunities including GED's, high school diplomas, and post-secondary education opportunities from 2007 (30.7%) to 2016 (89.4%).	IN PROGRESS
2.4	LIFE SKILLS: Create a standardized Life Skills curriculum which will be used system-wide by all providers to help homeless individuals to obtain self-sufficiency and improve basic life skills	Improved life skills functioning for program participants	Some organizations provide this service but a standardized program does not exist system wide.	A system wide program has not been created.	EARLY STAGES / NEEDS TO BE DEVELOPED

HOPE PLAN *at a glance*

SERVICES	PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
	2.5	24/7 SERVICES: Expand community service provider availability to serve clients 24 hours per day / 7 days per week (including evenings and weekends)	Decreased hospitalization and institutionalization of homeless persons due to improved access to services during non-business hours	Some outreach teams are working expanded hours, however, they do not have the capacity to address the full extent of the problem. Additional provider availability is needed, as well as increased cooperation from hospitals.	Twenty-four crisis lines are available for victims of domestic violence. Selected shelter programs operate day centers providing day and evening spaces for families experiencing homelessness. 24/7 crisis services are still in need of development.	EARLY STAGES / NEEDS TO BE DEVELOPED
	2.6	SUPPORTIVE SERVICES: Develop niche programs that address individual needs of homeless individuals such as: affordable child care, pet care, and other supportive services	Increased access to supportive services for homeless persons	Several programs have been developed, however the community does not have enough information about additional services that may be needed. It is recommended that an assessment be performed to identify the extent and types of niche programs that may still be needed.	An assessment of needed niche services remains a need. The number of programs for pregnant and parenting teens reported in HMIS is down. Multiple programs for pet care are now available. While child care assistance for low income families exists no data on child care for families experiencing homelessness is available.	ON GOING
	2.7	ACCESS TO CREDIT: Develop programs to assist people who have poor credit histories repair their credit	Increased stability of program participants	DETR assists those with poor work history and Consumer Credit Counseling offers credit counseling, however, significant client demand remains. Expanded availability is necessary.	Consumer Credit Counseling of Southern Nevada is available to assist with services. No data is available through HMIS on the impact of services on access to credit for persons experiencing homelessness.	IN PROGRESS
	2.8	FOOD DISTRIBUTION: Coordinate food distribution to the homeless using community resources	Improved access to nutritious meals for homeless persons	Providers are working with Three Square food bank and the Open Air Free Market. Plenty of options exist for individuals to obtain food, the challenge is obtaining affordable transportation to get there and being able to carry food back home.	Providers continue to work with Three Square and the Open Air Free Market.	IN PROGRESS

HOPE PLAN *at a glance*

SERVICES	PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
	2.9	MEDICATION: Engage HMO's, Pharmacies, and Companies regarding access to both prescription and non-prescription drugs	Increased access to both prescription and non-prescription drugs and assistance to homeless persons	It is expected that national health reform will positively impact this goal.	Nevada's participation in Medicaid expansion in 2014 increased enrollment but it is not known the impact on coverage for homeless persons and it is not known how proposed changes to national healthcare policy will impact this coverage.	EARLY STAGES / NEEDS TO BE DEVELOPED
	2.10	MEDICAL & DENTAL CARE: Work with municipalities, non-profits, businesses, physicians and dentists to address medical and dental care services	Improved, coordinated method for delivering medical/dental services to homeless who are not eligible for mainstream programs	It is expected that national health reform will positively impact this initiative.	Nevada's participation in Medicaid expansion in 2014 increased enrollment but it is not known the impact on coverage for homeless persons and it is not known how proposed changes to national healthcare policy will impact this coverage.	EARLY STAGES / NEEDS TO BE DEVELOPED
	2.11	SUBSTANCE ABUSE / MENTAL HEALTH SERVICES: Annually, make available substance abuse and mental health assistance for homeless individuals ineligible for traditional programs opportunities	Increased access to low or no cost substance abuse/ mental health assistance	It is expected that national health reform will positively impact this initiative.	According to PIT data, almost half of individuals experiencing homelessness report a mental health issue and over one quarter report a substance abuse disorder. However, access to services is still limited due to low numbers of providers. A 20 bed wet shelter is operated by WestCare.	EARLY STAGES / NEEDS TO BE DEVELOPED
	2.12	HIV/AIDS SERVICES: Improve delivery of services to HIV/AIDS homeless population	Improved stability and wellness of homeless persons with HIV/AIDS	Ryan White and HOPWA funding sources exist, however, partnerships need to be developed with funders and service providers to improve service delivery.	Ryan White and HOPWA funding exists but stronger partnerships are needed. There was an estimated 14.1% increase from 2015-2016 in persons diagnosed with HfV/AIDS who were also experiencing homelessness reported in PIT data.	IN PROGRESS

HOPE PLAN *at a glance*

	PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
SERVICES	2.13	COMMUNITY OUTREACH: Annually increase awareness of, and service offerings at Project Homeless Connect for homeless youth/young adults, families, and individuals	Increased awareness of individuals and community of programs and services that address homeless issues	The Nevada Homeless Alliance hosts this event each fall, assisting as many as 3,500 individuals to services in just one day. Other events include the Corridor of Hope Housing Connect, Veterans Stand Down, and the Family Connect Summer Resource Fair.	Community awareness and service delivery continues to be provided through community outreach events. 2016 outreach event service numbers include: Project Connect: 3608 Family Connect: 140 Veterans Stand Down: 739	ON GOING
	2.14	IDENTIFICATION: Coordinate with other organizations to fund identification cards and birth certificates for homeless individuals	Improved access to government and mainstream social service programs	Individual programs may fund this service activity but it is not widely available.	Not all individual programs report this data in HMIS although there has been a recent improvement in data collection. In 2016, HMIS captured 1289 instances of support in obtaining ID's.	IN PROGRESS
	2.15	FAMILY RE-UNIFICATION: Identify funding to support the reunification of homeless individuals, families, youth/young adults with relatives when desired, with a focus on children in the welfare system	Increased stability of persons at risk for, or dealing with homelessness	CCSS provides transportation for homeless individuals to the homes of friends or family after verifying for stability. In the last two years more than 2,500 people have received this service. There is more to be done to assist youth and young adults in particular.	Nevada Partnership for Homeless Youth (NPHY) explores family reunification alternatives and can pay transportation costs when reunification is appropriate through their Operation Go Home program.	ON GOING
PUBLIC SAFETY & OUTREACH	2.16	HOMELESS SCHOOL CHILDREN: Collaborate with homeless liaisons in public school system to provide resources to homeless children/families in transition	Increased access to support services for homeless children	A strong partnership with Clark County School District (CCSD) helps to ensure homeless children stay in school.	The partnership with CCSD has continued and they provide services under Title I Hope. In 2016 CCSD reported 14, 598 enrolled students were identified as homeless.	ON GOING

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
2.17	NON-VIOLENT OFFENSES: Develop partnerships with government, non-profits, court, law enforcement to target homeless for referrals to immediately address any warrants, non-violent offenses, etc.	Increased ability of homeless persons to address and resolve minor legal issues	A Veterans Court was just started to resolve non-violent offenses for Veterans. A Homeless Court has been identified as a significant need for the community.	Greater than 50% of persons experiencing homelessness were arrested one or more times according to the 2016 PIT data. A number of opportunities to obtain legal help at out outreach events have occurred since 2013.	EARLY STAGES / NEEDS TO BE DEVELOPED
2.18	REDUCED INCARCERATION: Advocate for use of pre-arrest diversion programs to reduce incarcerations	Reduced arrests and incarceration of homeless persons	A Homeless Court has been recommended to resolve common issues for homeless individuals. Law enforcement is receiving regular training to deal with chronically homeless individuals.	A Homeless Court has not been established. The Veterans Court has been expanded.	IN PROGRESS
2.19	24/7 OUTREACH TEAM: Coordinate with organizations, non-profits, government, law enforcement to establish a 24 hour outreach/mobile team to address problems within an hour of the incidents	Reduction of incarceration of homeless persons for minor infractions or citations	Las Vegas Metropolitan Police Department (LVMPD) has one homeless outreach officer on call 24/7, but an around the clock team has yet to be created or funded.	There has been an increase in the number of outreach teams that report data in HMIS from 2007-2016. 24/7 Outreach Teams are not currently created.	IN PROGRESS
2.20	OUTREACH FOR HOMELESS YOUTH: Increase the number of Homeless outreach teams /case managers assisting homeless youth/young adults gain access to mainstream benefit acquisition of food stamps and other services to improve stability and self sufficiency	Improved stability and self-sufficiency of program participants, increased number of homeless youth accessing services and permanent housing	NPHY has 2 outreach programs: one rotates through local high schools and recreational centers, the other is a street outreach effort every Friday.	NPHY continues to provide outreach programs for youth experiencing homelessness. Youth can also go to three types of SafePlace locations to reach out for crisis response within 30 minutes.	ON GOING

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
2.21	LAW ENFORCEMENT TRAINING: Implement an expanded training program for police officers in the Downtown Area Command and Bolden areas in particular	Increased ability of officers to address issues of homeless persons	LVMPD Homeless Liaison provides training opportunities for law enforcement officers on the resources available for the homeless population.	The first year of HMIS data collected on officer trainings was 2016. HMIS reports 7 officers were trained in 2016.	IN PROGRESS
2.22	BASIC HYGIENE: Increase access to 24 hour Restrooms-Multi-location/units with shower, sink and toilet (supplies) by using both mobile and fixed facilities throughout the Valley	Improved hygiene, sanitation and public health of homeless persons	Catholic Charities has two “fixed” restrooms. They are open to the public 24-hours day, 365 days each year. Nearly 300 clients utilize the restroom facilities daily, but the need is significantly higher. Several additional restrooms are necessary in high need areas.	The restrooms operated by Catholic charities are still in operation. The Las Vegas “Corridor of Hope” plan includes additional portable facilities by 2018 with the planned completion of a permanent facility by 2020.	IN PROGRESS





EDUCATION, TRAINING AND EMPLOYMENT

One of the most important bridges out of homelessness is the ability to join and stay in the workforce. This is largely done through focused efforts to help individuals who experience homelessness to gain additional education, training and employment. In this section we examine goals related to both increasing educational opportunities for school age children and preparation for and connection of the adult workforce to employment.

ACTION STEP 2.1. Training: Utilize Workforce Development partners and other organizations to work closely with homeless, increasing access to and connecting them to vocational rehab services and training opportunities.

The Nevada Department of Employment, Training, and Rehabilitation (DETR) provides statewide oversight of workforce programming. In the Southern Nevada region, Workforce Connections acts as a major provider of workforce programming for five counties and provides annual reports regarding programming to DETR. In their past two annual reports, Workforce Connections has tracked an increase in the number of both youth and adult program participants who report homelessness as a barrier to employment as shown in the table below.

WORKFORCE CONNECTION PARTICIPANTS CITING HOMELESSNESS AS A BARRIER TO EMPLOYMENT⁸

	Annual Report FY 2013-2014	Annual Report 2015
Youth Participants	7%	10%
Adult Participants	3%	5%

This data suggests a need to reduce barriers that inhibit workforce participation for people who experience homelessness in the Southern Nevada region. Included in the 2013-2014 and 2015 Workforce Connection annual reports also include profiles and success stories of agencies that partner with Workforce Connections to deliver workforce development programming to different populations in the Southern Nevada region who are experiencing homelessness. *In 2016, HELP of Southern Nevada received both the Organizational and Individual Champion Award from Workforce Connections “for their contributions of skills, abilities, and leadership to the workforce community.”⁹*

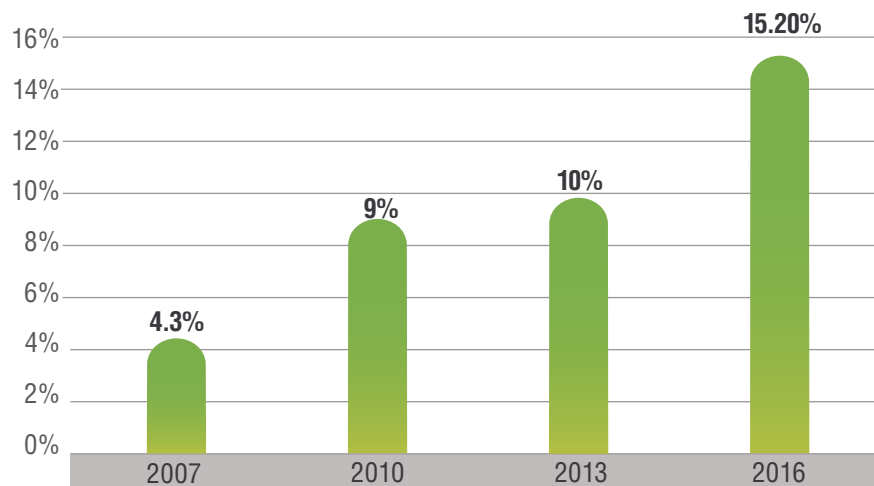
ACTION STEP 2.2. Employment: Increase the percentage of homeless persons employed at exit to at least 18% after year 1 and 30% by 2022.

As part of the annual PIT count, individuals who are experiencing homelessness are asked to report obstacles that they face in obtaining housing. Since 2013 PIT report, the majority of respondents cite **No Job/No Income** as the biggest obstacle to housing. In 2016, 69.7% cited **No Job/No Income** as their biggest obstacle to obtain housing. This is a slight decrease since 2015 (69.9%).

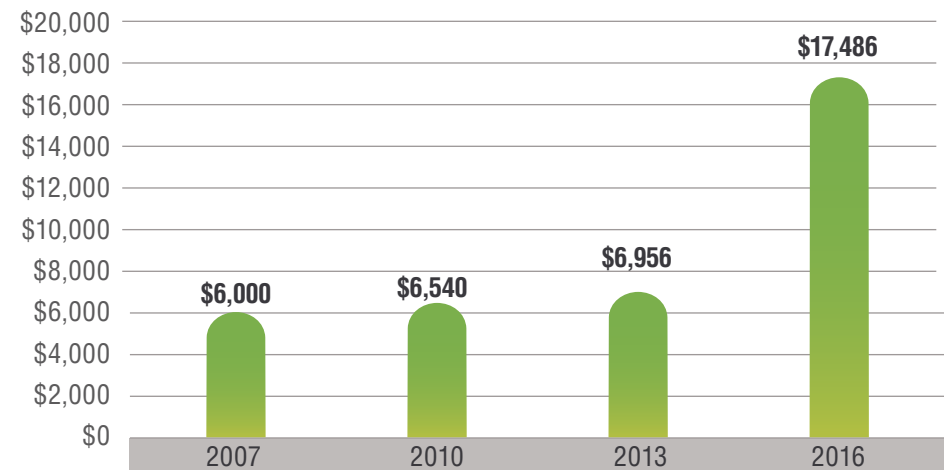
HMIS currently captures changes in employment at exit by comparing both increased employment and earned income at program entry and exit. Using that definition, HMIS data suggest the percentage of individuals experiencing homelessness with increased employment at exit has gone up over the period of 2007-2016 as shown in the to the left.

In addition, HMIS data on average annual earned income at program exit captures a trend in increased wages at program exit since the plan inception.

**INCREASED EMPLOYMENT
AT EXIT REPORTED IN HMIS**



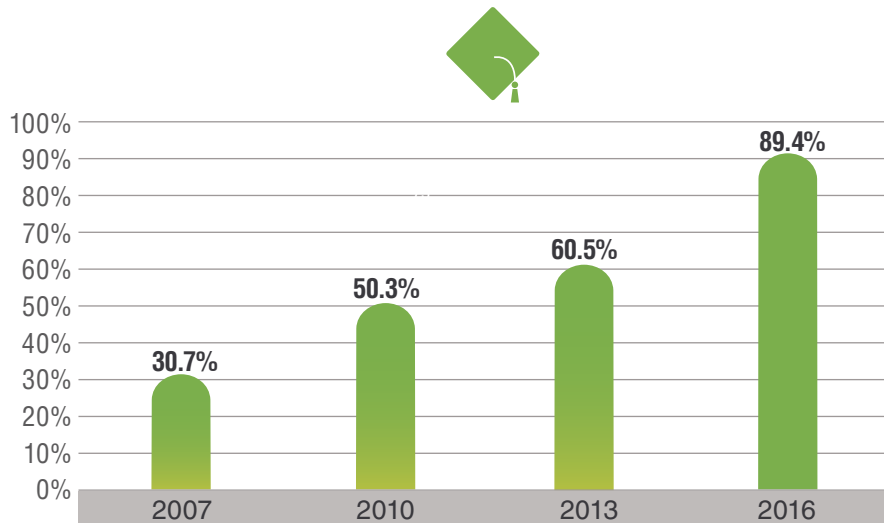
**AVERAGE EARNED EMPLOYMENT
INCOME REPORTED IN HMIS**



ACTION STEP 2.3. EDUCATION: Establish a continuum of services in the community that provide educational opportunities for homeless youth and young adults including GED, diploma, ESL, college prep, vocational education and financial literacy.

HMIS data shows a marked increase in the percent of youth experiencing homelessness obtaining a GED, a diploma, or entering post-secondary educational programs over the period of 2008-2016 as shown in the graph below.

PERCENT OF YOUTH OBTAINING GED, HIGH SCHOOL DIPLOMA, OR ENTRY INTO POST-SECONDARY PROGRAM REPORTED IN HMIS



SERVICES

ACTION STEP 2.4. Life Skills: Create a standardized Life Skills curriculum which will be used system-wide by all providers to help homeless individuals to obtain self-sufficiency and improve basic life skills.

There is currently no standardized life skills curriculum. These services are provided by individual providers and vary by the program and the population served.

ACTION STEP 2.5. 24/7 SERVICES: Expand community service provider availability to serve clients 24 hours per day / 7 days per week (including evenings and weekends).

While some services are available 24/7 such as crisis lines for victims of domestic violence, more development of programming is needed to address 24 hour needs. Some shelter programs for families who are experiencing homelessness do operate day centers allowing for services around the clock. As discussed in more detail in Action Step 2.22 of the report, a “Corridor of Hope” was recently proposed to expand 24/7 access to some services for the people experiencing homelessness.

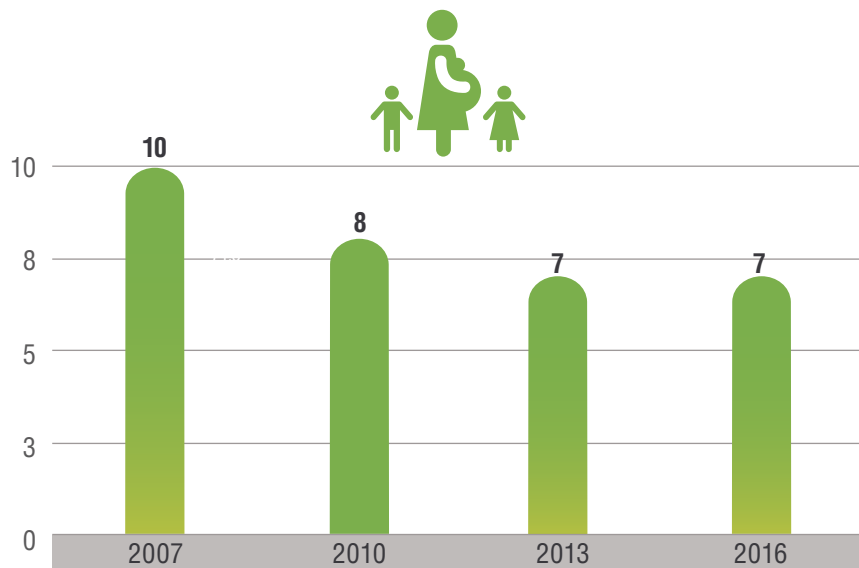
ACTION STEP 2.6. SUPPORTIVE SERVICES: Develop niche programs that address individual needs of homeless individuals such as: affordable child care, pet care and other supportive services.

The 2013 plan update reported that performance measures were established for three niche services: increase transitional programs for pregnant and parenting teens, affordable child care programs, and programs that provide in pet care. A number of niche supportive services are available to meet specialized needs. In the discussion that follows, we report on transitional programs for pregnant mothers/parents with children and programs that support pet care. Data on access to affordable child care for parents experiencing homelessness was not available.

PROGRAMS FOR PREGNANT MOTHERS AND PARENTS WITH CHILDREN

Between 2007 and 2016 there has been a decrease in the number of HMIS reporting programs for pregnant mothers and families with children as shown in the chart below.

TRANSITIONAL HOUSING PROGRAMS IN HMIS FOR PREGNANT MOTHER AND FAMILIES



PET CARE

A number of services for pet care have been established. A pet shelter for victims of domestic violence, Noah's Animal House, opened the same year as the plan was adopted. After nine years in operation, they have cared for and protected over 1,000 pets for 90,000 boarding nights for the women and children at housed at The Shade Tree, an agency that serves women and families experiencing homelessness. More recently, in 2016 Project Homeless Connect provided the following services for pets at their outreach event

- **148 pets served: 141 dogs, 7 cats**
- **60 Spays and Neuters**
- **148 Veterinarian Wellness checks**

In addition, a multi-city initiative called the The Street Dog Coalition held its inaugural Street Clinic in Las Vegas in March 2017 as part of the Western Veterinary Conference. While this was a freestanding event providing veterinary care, the plan is to begin a hub for services in Las Vegas soon.

ACTION STEP 2.7. ACCESS TO CREDIT:

Develop programs to assist people who have poor credit histories repair their credit.

Consumer Credit Counseling of Southern Nevada (dba The Financial Guidance Center) is available to assist with services including financial counseling, financial education, and housing counseling. However, no data currently captures services that increase access to credit for people experiencing homelessness in the Southern Nevada region.

ACTION STEP. 2.8. FOOD DISTRIBUTION: **Coordinate food distribution to the homeless using community resources.**

As of the 2013 update, the SNH CoC was working with Three Square Food Bank and the Open Air Free Market offered by Lutheran Social Services. The Open Air Free Market is held at various locations to distribute food and bottled water. The events also offers some outreach and connection to social services. These services have largely continued unchanged but data concerning food distribution data is not currently collected by the SNH CoC.

MEDICAL, DENTAL + SUBSTANCE ABUSE/ MENTAL HEALTH CARE

The 2013 plan update identified increasing medical coverage under the Affordable Care Act (ACA) and Medicaid expansion as a key strategy to increase access to health/dental care and access to prescription and non-prescription drugs for people experiencing homelessness.

As of June of 2016, in terms of coverage for substance abuse/mental health assistance, Medicaid is the single largest payer for mental health services in the US and increasingly also plays a large role in substance abuse services. However, even with expanded insurance coverage for people experiencing homelessness through Medicaid the issue may not be paying for help but accessing it since Nevada has very few beds for people with substance abuse and mental health treatment needs.¹⁰

As of 2016, 608,960 individuals are estimated to be covered by Medicaid in the State of Nevada.

From 2013 to June of 2016, this represented an increase of 276,400 additional Nevadans covered by Medicaid/CHIP programs. Since Medicaid offers coverage for individuals with a household income of up to 138% of poverty, the expansion of Medicaid coverage offered a significant opportunity to improve coverage and access to health care, dental care and mental health services for people experiencing or at risk of homelessness.¹¹

In terms of coverage, during the 2016 PIT count, access to health care was still one of the most pressing needs for those populations experiencing homelessness. with 31.7% of PIT count respondents reporting having a chronic health condition. Despite increased access to Medicaid under the ACA, 16.1% of respondents indicated that since becoming homeless they were in need of medical care but were unable to receive it.

There are three specific action steps in the plan related to access to health care services. The current HMIS system does not capture data related to Medicaid enrollment for people experiencing homelessness. Efforts are underway, however, to link the State Medicaid/CHIP data to HMIS to allow service providers to track medical coverage of clients and help link eligible clients to Medicaid. Homeless service providers indicated in general they felt as though access to medical care had improved under the ACA but could not offer specifics. In Washington DC, efforts are underway to repeal and replace the ACA and it is not clear if those efforts would preserve expanded access to Medicaid or how proposed changes to coverage requirements would impact people experiencing homelessness.



ACTION STEP 2.9. MEDICATION:

Engage HMO's,, pharmacies, and companies regarding access to both prescription and non-prescription drugs.

Medicaid covers prescription drugs and over the counter drugs that are deemed medically necessary.¹²

ACTION STEP 2.10. MEDICAL AND DENTAL

CARE: Expand medical and dental coverage by working with municipalities, non-profits, businesses, physicians and dentists to address medical and dental care services.

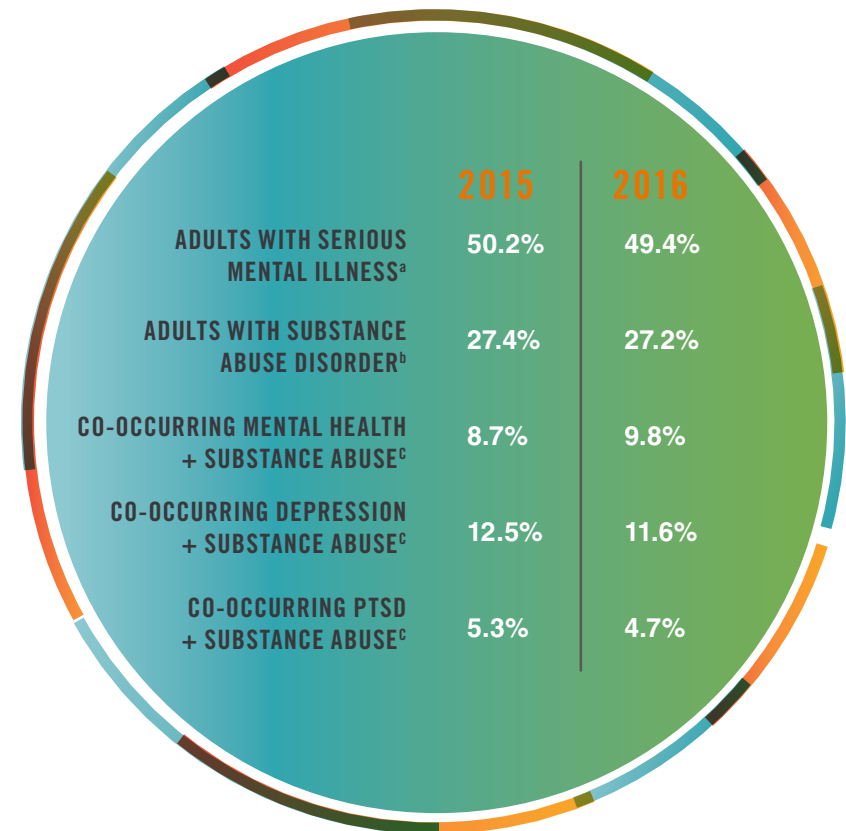
Medicaid expansion only increases access to dental care for those under the age of 21. In Nevada, Medicaid only covers access to emergency dental exams and extractions. In some cases false teeth or dentures are covered to replace missing teeth for adults.¹³

ACTION STEP 2.11. SUBSTANCE ABUSE/

MENTAL HEALTH: Make available substance abuse and mental health assistance for homeless individuals ineligible for traditional programs.

PIT data confirms that mental health issues and substance abuse disorders are prevalent for adults in Southern Nevada region experiencing homelessness. From 2015-2016 there has been a slight decrease in reported mental health and substance abuse disorders; however, almost half of all persons experiencing homelessness report a serious mental health issue and over 27% report a substance abuse problem. The table to the right provides details of PIT count respondents reporting mental health and substance abuse issues from 2015-2016.

PIT COUNT REPORTS OF MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES



^a Includes persons reporting experiencing mental illness, depression, PTSD, or a variation of those

^b Includes persons reporting experiencing alcohol or drug abuse

^c Includes persons reporting co-occurring disorders that prevent them from obtaining work or housing

TOP BARRIERS TO RECEIVING NEEDED MENTAL HEALTH AND /OR SUBSTANCE ABUSE SERVICES

Source: Nevada Department of Health and Human Services Division of Public and Behavioral Health, Nevada Substance Abuse, Mental Health and Substance Abuse Needs Assessment Report 2015, p.11.

CLIENT & CONSUMER SURVEY RESPONDENTS		FOCUS GROUP PARTICIPANTS	
BARRIER	RANK	BARRIER	RANK
COST	1	LACK OF KNOWLEDGE OF RESOURCES	1
LACK OF KNOWLEDGE OF RESOURCES	2	LACK OF KNOWLEDGE INSURANCE COVERAGE	2
LACK OF TRANSPORTATION	3	STIGMA	3
LACK OF INSURANCE COVERAGE	3	FEAR	4
LACK OF AVAILABLE PROVIDERS	4	COST	5
LONG WAIT LISTS	4	PERCEPTION THAT TREATMENT WOULDN'T HELP	6
FEAR	5	TOOK TOO MUCH TIME TO GET SERVICES	6

In 2015, the Nevada Department of Health and Human Services conducted the Nevada Substance Abuse, Mental Health and Substance Abuse Needs Assessment Report 2015 in which providers, clients and community members were surveyed and participated in focus groups to identify needs and gaps in services. 32% of providers surveyed serve people experiencing homelessness. Barriers to receiving substance abuse and mental health treatment were ranked as shown in the table above.

Many of the top barriers such as cost and transportation are likely to be differently experienced by people experiencing homelessness. It was noted that transportation was named as a barrier to services more often by respondents from Clark County where services are spread out and cost of transportation and use of public transportation is a problem. Among the proposed strategies for both responding to mental health issues and for suicide prevention was the need for 24/7 mobile crisis teams which is also a goal of this plan.

ACTION STEP 2.12. HIV/AIDS SERVICES:

Improve delivery of services to HIV/AIDS homeless population.

PIT data for 2016 suggests that while there was a slight decrease in the estimates of combined sheltered and unsheltered homeless from 2013-2014, there was a 14.1% increase in the estimated number of combined sheltered and unsheltered persons experiencing homelessness who were diagnosed with HIV/AIDS. As was reported in the 2013 plan update, while there is HOPWA and Ryan White funding available but strengthened partnerships are needed to serve this population.

ACTION STEP 2.13. COMMUNITY OUTREACH:

Annually increase awareness of, and service offerings at Project Homeless Connect for homeless, youth/young adults, families and individuals.

Community Outreach events have been one of the key tools in reaching the homeless over the past 9 years. These are largely carried out through three large events, Project Homeless Connect, Family Connect, and the Veterans Stand Down. These events have grown steadily over the years growing in terms of number of individuals reached and the type and number of services provided. These three events serve to connect individuals and families experiencing homelessness to services and increase awareness of homeless issues. While data concerning attendance at these events was not available, the Nevada Homeless Alliance indicated these outreach events had continued to grow both in terms of the number people reached who were either homeless or at risk of homelessness and the number and types of services provided.

All of the events also provide for immediate needs on the day of the event including: meals, haircuts, clothing and shoes, hygiene kits, and religious counseling

PROJECT HOMELESS CONNECT

The 2016 Project Homeless Connect served 3,608 persons either experiencing or are at-risk of homelessness, involved 600 volunteers and 169 agencies or programs.¹⁴ This resulted in 99 permanent housing or rental assistance placements, 64 transitional placement, 86 emergency shelter placements and provision of 513 housing referrals or information.

Individuals were also able to connect to employment support. This included 331 participants receiving business attire, 397 were provided job leads, 105 received job coaching, resume assistance or other training, and 110 individuals were enrolled into vocational rehabilitation or job training programs.

To address health concerns individuals were provided access to medical, dental and vision support services. This included 224 exams, 42 same day dental procedures, 105 referrals for off-site dental services, 325 vision, hearing and foot screenings, 100 advanced optometry screenings, 70 vaccinations and 79 flu shots, 100 HIV tests, 28 pharmacy/medication referrals for HIV/AIDS treatment, and 71 follow up appointments for ongoing medical needs.

The event also provides support for individuals to gain access to benefits. In 2016, 40 on the spot SNAP cards were provided, 118 applications for SNAP benefits were completed, 165 people were assisted with Medicaid enrollment, and 60 people were provided with utility assistance. Individuals at the event also got help gaining access to or replacements for important documents. This included 52 Social Security and 85 ID cards.

The event is also a key place for people who are either experiencing or at-risk of homelessness to connect to legal support. The outcomes of the legal support provided at the 2016 Project Homeless Connect are discussed in Action Step 2.17.

FAMILY CONNECT

Family Connect is also hosted by the Nevada Homeless Alliance. The 2016 Family Connect served approximately 140 families who are either experiencing or are at-risk of homelessness with the help of 130 volunteers and 112 agencies or programs. Of the families participating, 64% reported having experienced homelessness. This resulted in 307 housing referrals (157 through non-coordinated intake and 154 through coordinated assessment) and 8 same day housing placements.

Families at this event were also able to access medical, dental and vision services. This included 187 on site medical and vision services, 13 immunizations, 93 vision screenings, 70 pairs of free eye glasses, and 228 referrals for medical care. In addition, 150 referrals were made for behavioral health services.

Families also received access to public benefits. The event resulted in 40 WIC benefit referrals or applications, 25 SNAP applications, 79 referrals for subsidized/ low-cost childcare and youth programming, and 353 other community resource referrals. The Nevada Homeless Alliance is expecting the planned Family Connect event in 2017 will draw an even larger number of participants, agencies and volunteers than last year's event.

VETERANS STAND DOWN

Veterans Stand Down is led by US Vets of Las Vegas and is an outreach event for veterans that are either experiencing or are at risk of homelessness.¹⁵ This event has been held for 14 years and in 2016 included 160 service provider agencies and 500 volunteers. It served a total of 739 veterans on the day of the event.

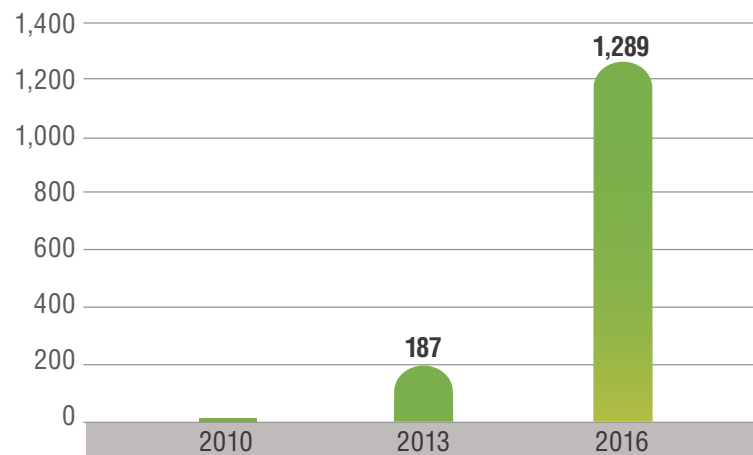
As a result of the event, a total of 41 veterans were able to receive housing and 15 were able to receive assistance to help prevent homelessness. The event also seeks to prevent homelessness by aiding veterans in finding a job. At this year's event, 15 veterans were able to find work.

Veterans are able to connect to benefits from the Veterans Administration and receive onsite medical and dental care.

ACTION STEP 2.14. IDENTIFICATION: Coordinate with other organizations to fund identification cards and birth certificates for individuals who are experiencing homelessness.

Data concerning the number of clients obtaining IDs and birth certificates is a fairly recent addition to the HMIS system. As displayed in the table below, 2016 saw a dramatic increase in the number of individuals reported to have gotten new or replacement documents as a result of enhanced data collection in HMIS.

INDIVIDUALS OBTAINING ID'S AND BIRTH CERTIFICATES IN HMIS 2010-2016



ACTION STEP 2.15. FAMILY REUNIFICATION: Identify funding to support the reunification of homeless individuals, families, youth/young adults with relatives when desired with a focus on children in the welfare system.

HMIS does not currently track data concerning the reunification of youth with families. Nevada Partnership for Homeless Youth's (NPHY) case managers do work with youth to explore family reunification either with parents or alternative family placements through a program called Operation Go Home¹⁶. The program works to ensure placements with family are stable, safe and appropriate for all involved. Once this is determined NPHY pays for bus or plane fare to facilitate reunification.

ACTION STEP 2.16. HOMELESS SCHOOL CHILDREN: Collaborate with homeless liaisons in the public school system to provide resources to homeless children/families in transition.

As reported in the 2013 plan update, a partnership with the Clark County School District (CCSD) had been in existence for several years to ensure homeless children stay in school. According to the National Center for Education statistics, 17,138 children experiencing homelessness were enrolled in the State of Nevada in 2016.¹⁷ In CCSD 4.6% (14,598) of enrolled students were identified as homeless including 3,347 high school students, 2,436 middle school students, and 8,315 elementary students. To serve the needs of these children and families, CCSD through its Title 1 program offers students experiencing homelessness a range of support services including: transportation to school of origin, free school supplies, waivers for fees associated with school clothing and connections to shelters.¹⁸

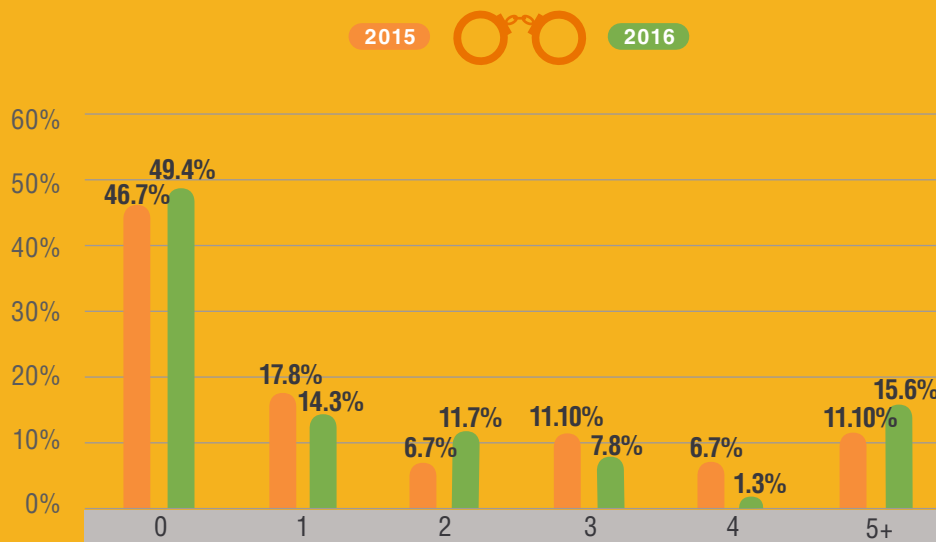


PUBLIC SAFETY + OUTREACH

ACTION STEP 2.17. NON-VIOLENT OFFENSES: Develop partnerships with government, non-profits, courts, and law enforcement to target homeless for referrals to immediately address any warrants, nonviolent offenses.

PIT data for 2015 and 2016 indicated arrests are still a significant issue for people experiencing homelessness with over half of all persons being arrested at least once in the past 12 months. From 2015 to 2016, there was a slight decline in the percentage of persons arrested one or more times in the past 12 months. However, this data does not allow us to understand nature of the incarceration to determine if the offense was a minor offense or a major one.

PIT COUNT PERCENT ARRESTED IN PAST 12 MONTHS



Since the 2013 plan update, there has been expansion in the partnerships with government, nonprofits and law enforcement to address legal issues. During the 2016 Project Homeless Connect, a partnership with the local courts and legal providers resulted in the availability of onsite legal services including having a judge present to hear cases and help deal with warrants. As a result of that event, 63 bench warrants were quashed, \$33,695 in warrants/fees were quashed, 134 cases were closed, 169 cases were deferred to community service in lieu of fines, and 81 people received legal advice from Nevada Legal Services and Legal Aid of Southern Nevada.

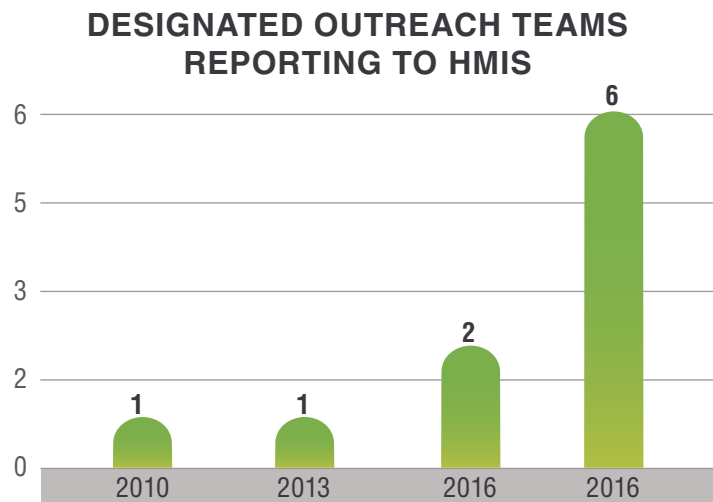
ACTION STEP 2.18. REDUCED INCARCERATION: Advocate for use of pre-arrest diversion programs to reduce incarcerations.

While the 2013 plan update discussed the need for the establishment of a Homeless Court no such specialty court has been created. Since the 2013 update, the Veteran's Court system has been expanded.¹⁹ It now includes courts in Clark County, Henderson Municipal Court, Las Vegas Justice Court, Las Vegas Municipal Court and North Las Vegas Justice Court. The Veteran's specialty court often serves people experiencing homelessness and at risk veterans although data on the extent of services is not available.

ACTION STEP 2.19. 24/7 OUTREACH TEAMS:

Coordinate with nonprofits, government, and law enforcement to establish a 24 hour mobile outreach team to address problems within an hour of the incident.

The number of outreach teams reported in HMIS has increased over time. HELP of Southern Nevada operates Mobile Crisis Intervention Teams (MCIT) to conduct outreach in the Southern Nevada region. These outreach teams go out daily and use portable coordinated assessment and intake tables to upload an intake in the field. In addition, HELP operates a second outreach program, PATH, for people experiencing homelessness that have a serious mental illness.



ACTION STEP 2.20. OUTREACH FOR HOMELESS YOUTH: Increase the number of homeless outreach teams for youth and young adults.

NPHY takes the lead on conducting outreach for youth/young adults. In addition to street outreach, they also work in schools and community centers to conduct both outreach and education for youth. In addition youth in crisis can go to a Safe Place including Terrible Herbst convenience stores, the City of Las Vegas Fire Department or any RTC bus to be met by a crisis responder within 30 minutes.

ACTION STEP 2.21. LAW ENFORCEMENT TRAINING:

Implement an expanded training program for police officers in the Downtown and Boulder Area Commands in particular for how to best deal with the homeless population.

As of the 2013 update, the Las Vegas Metropolitan Police Department (LVMPD) liaison began to conduct trainings. HMIS now captures data on trainings and in 2016 seven trainings were conducted for officers. In addition, officers go out with mobile outreach teams providing opportunities for social service providers and officers to work together to respond to the needs of persons experiencing homelessness.

ACTION STEP 2.22: ACCESS TO BASIC HYGIENE: Increase access to 24 hour restroom facilities and multi-location units with a shower, sink and toilet by using both mobile and fixed facilities.

As mentioned in the 2013 update, Catholic Charities has two “fixed” restrooms open to the public 24-hours a day, 365 days a year. Large numbers of people use these restroom facilities daily. However, it was recently announced that the City of Las Vegas is working to create a new “Corridor of Hope” near Catholic Charities with the Nevada Homeless Alliance.²⁰ The proposal, which was voted on and approved by the Las Vegas City Council in May of 2017, will be rolled out in stages:

- In 2017-18: Site preparation will begin in July with a target opening date of March of 2018. The operations include security, porta potties, temporary offices and shade structures, and a homeless outreach team to assist people in the downtown areas.
- In 2018-2019: Design of a permanent facility begins with offices, bathrooms, showers, laundry facilities and expanded services. A second homeless outreach team will be added.
- In 2019-2020: Construction of a permanent facility is proposed to add additional capacity.



HOME

THE HOME PORTION OF THE PLAN IS FOCUSED ON STRATEGIES TO CLOSE THE DOOR TO HOMELESSNESS. To understand progress toward these goals we will examine prevention strategies, shelters, rapid rehousing and availability of affordable housing.

HIGHLIGHTING SUCCESS: FROM CRISIS TO PREVENTION— ACHIEVING FUNCTIONAL ZERO VETERAN HOMELESSNESS

KEY ACHIEVEMENTS 2007-2016 MEETING HOME PLAN GOALS



ACHIEVEMENT OF FUNCTIONAL ZERO
STATUS FOR VETERAN HOMELESSNESS



TRANSITION FROM FOCUS ON DEVELOPMENT
OF TRANSITIONAL HOUSING TO RAPID
REHOUSING



A STEADY GROWTH IN PERSONS EXITING
HOMELESS SERVICE PROGRAMS TO STABLE
HOUSING



AN INCREASE IN PERCENTAGE OF PERSONS
WHO STAY IN STABLE HOUSING FOR GREATER
THAN 6 MONTHS AFTER PROGRAM EXIT (89% IN
2016).

*This story highlights the successful
effort to reduce veteran homelessness
to functional zero.*

THE GOALS:

- Increased numbers of clients maintaining permanent housing
- Improved stability of homeless individuals and increased access to permanent housing

CREATING PARTNERSHIPS TO RESPOND TO VETERANS EXPERIENCING HOMELESSNESS²¹

Since the Southern Nevada Regional Plan to End Homelessness was created, several key changes in the ability of the service delivery system to respond to the needs of veterans have occurred. First coordinated assessment and intake, a goal of the Plan to

End Homelessness, has been established and implemented for homeless adults. As part of this work, Clark County Social Service built a partnership with the Veterans Administration (VA) for the VA to conduct coordinated intake for veterans in the Southern Nevada region. Efforts at outreach for individuals living on the streets also played a key role in achieving this goal. At the same time, in response to the federal challenge to end veteran homelessness, the SNH CoC worked to ensure that upon identification of a veteran that was experiencing homelessness, the service delivery system would be able to respond with services and housing. As a result 3,745 homeless veteran like the Colonel (featured in this story) have been housed since 2013.

The achievement of functional zero status for veteran homelessness has given providers the opportunity to shift the focus from trying to get veterans experiencing homelessness stable and off the street, to ensuring that they can help them stay in housing to prevent future homelessness. One provider noted that although the number of persons they see at the Veterans Stand Down continues to increase there has been a shift in the assistance veterans are seeking toward prevention funds to help them stay in their homes.



INDIVIDUAL SUCCESS:

A 61 year old male Vietnam veteran AKA Colonel was connected by Dev Massey of the City of Las Vegas Stupack Center to Caridad outreach. Colonel had been living on the streets for 5 years. He utilized the bathroom and other services at the Stupak Center. Colonel was a frequent user of services and up to 5 times a month he would go to the hospital via ambulance. He was wheelchair bound because he had re-injured his broken leg on the streets.

Caridad performed a housing assessment for Colonel and his caregiver and friend who was also homelessness. Both were referred to the community queue. When Colonel indicated he was a veteran, he was connected to VA outreach. Colonel was then referred to US Vets for housing. When the US Vets team couldn't find Colonel, CARIDAD WENT TO HIS CAMP AND RE-CONNECTED HIM WITH THE VA. HE AND HIS CAREGIVER WERE THEN ABLE TO GET HOUSING WITH US VETS. Colonel got connected to the VA hospital, has not called 911 for medical attention in over a year and has a surgery scheduled for his leg.

HOME PLAN

update at a glance

	PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
PREVENTION	3.1	EMERGENCY ASSISTANCE: Coordinate with organizations to fund and prevent one-time evictions, foreclosures and loss of utilities	Increased numbers of clients maintain permanent housing without loss of utilities	Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds were very successful assisting with this goal, however, federal funding for this initiative was in the form of stimulus dollars and has now expired.	While direct data on prevention of foreclosures and evictions was not available, HMIS data indicates that the percentage of persons still in housing > 6 months after program exit has increased across the period 2007-2016 and was 89% in 2016.	IN PROGRESS
	3.2	RAPID RE-HOUSING: Coordinate with organizations, government, landlords and legislature to create funding opportunities to support payment of application fees, deposits, move-in cost and relocation fees	Increased numbers of clients maintain permanent housing	HPRP funds were very successful assisting with this goal. Other funding sources such as Emergency Solutions Grants, and the Welfare Set Aside Program can assist with this goal, but no funding sources exist that have the extensive funding of HPRP. Despite its success, there has been no solid replacement for HPRP.	While direct data on funding to support move in costs was not available, 2016 PIT data showed an increase in first time homelessness and a decrease in multiple occurrences of homelessness in 2016. Rates of first time homelessness have only been available in HMIS since 2016 with 4272 instances reported that year.	IN PROGRESS
EMERGENCY SHELTER SYSTEMS	3.3	EXTREME WEATHER: In extreme weather conditions when shelters and housing are at capacity, provide inclement weather shelter by opening recreation centers, churches, non-profit facilities or public buildings for homeless persons in both urban areas and outlying areas of the region	Decreased harm and death in homeless population due to improved access to shelter	RIO has continued to expand compassion stations but the demand outweighs supply. Typically this service is provided by government agencies, however, more support is needed from faith-based organizations and civic groups.	3 locations operate extreme weather shelters from July-September and eleven locations for daytime cooling are operating in Clark County. 2 locations operate in Laughlin. 2016 Housing Inventory Count (HIC) data indicates that there were 349 beds are seasonally available; the number has remained virtually unchanged since 2013.	IN PROGRESS
	3.4	GEOGRAPHIC DIVERSITY: Maintain Shelter programs geographically distributed throughout the region	Improved access to social services for homeless persons across the valley	Inclement weather shelter programs provide emergency motel vouchers for those in Henderson and Boulder City. These geographic regions are outside of traditional shelter locations.	The presence of geographically diverse shelters remains a barrier identified in the 2015 Gaps Analysis. One shelter is located in Henderson but the remainder are located in either downtown or North Las Vegas.	IN PROGRESS

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EMERGENCY SHELTER SYSTEMS

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
3.5	NICHE SHELTER: Increase the supply of emergency, niche shelter housing and reserved shelter beds for youth/young adults within the current sheltering system and in traditional and nontraditional settings	Increased access to safe shelter for homeless youth and young adults	Southern Nevada Children's First and Nevada Partnership for Homeless Youth added 8 total additional beds in 2012, 4 each. According to the gaps analysis, there are 70 emergency housing beds for youth (1% of all emergency housing beds) while youth make up 7.3% of the homeless population.	Shelter beds for youth have decreased since 2014 according to the HIC data reported in the 2015 Gaps Analysis.	EARLY STAGES / NEEDS TO BE DEVELOPED
3.6	Refine existing inclement weather shelter system for youth/young adults, families and individuals with substance abuse or mental health issues	Improved access to shelter for homeless persons	Many individuals with substance abuse or mental health problems cannot access emergency housing. There is a huge need to address this issue and not much is being done.	While there still remains a significant gap, a 20 bed wet shelter operated by WestCare has been opened.	EARLY STAGES / NEEDS TO BE DEVELOPED
3.7	HOUSING STABILITY: Reduce frequency of shelter moves for families, individuals, youths	Improved stability of homeless individuals and increased access to permanent housing	BitFocus is currently developing a way to track in HMIS. Centralized intake will also assist in meeting this goal.	HMIS data shows an increase in the percentage of persons experiencing homelessness that have stable housing for 6 months or more after program exit. Data on number of shelter moves was not available.	EARLY STAGES / NEEDS TO BE DEVELOPED
3.8	RESPIRE CARE: Create respite beds in the community for people discharged from hospital facilities that require additional bed rest and follow- up care	Decreased incidence of persons being discharged from institutions into homelessness	This should be elevated to a higher priority as hospitals have started to discharge homeless individuals to emergency shelters in their hospital dressing gowns still hooked up to IV's. The CoC applied for a HUD grant that, if awarded, will start to meet this need, but additional resources will still be required.	According to 2016 PIT data, 1.9% of individuals experiencing homelessness are leaving some type of health care or substance abuse facility and might be in need of respite care. However, HMIS data does not report on the number of respite beds available.	EARLY STAGES / NEEDS TO BE DEVELOPED

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
3.9	RAPID RE-HOUSING: Create permanent affordable housing for families, youth/young adults, and individuals using rapid re-housing, reducing the length of homelessness. Opportunities should include new construction, expansion of rental subsidies or acquisition, rehabilitation of existing units and acquisition of permanent homes for purchase	Increased affordable housing opportunities for the homeless population, increased successful attainment of permanent housing for homeless families, individuals, youth/young adults	Homeless Prevention and Rapid Re-Housing Program (HPRP) assisted with this goal but the program has now expired and has not been replaced.	There were 500 rapid rehousing (RRH) beds were available as of 2016. RRH beds for families are available but beds for youth are a need according to the 2015 Gaps Analysis. St. Jude's has just opened a new RRH program with supportive services for youth. Expanded capacity for youth beds will also become available when the new Shannon West Center opens In 2017.	IN PROGRESS
3.10	RECONFIGURE TRANSITIONAL HOUSING: Create a system to reconfigure transitional housing opportunities to either permanent supportive housing or to assist with Rapid Re-Housing	Decreased system costs in providing supports to homeless individuals, increased self-sufficiency for homeless individuals, reduced length of stay in the system	This is already happening with some projects, last year more than 1,200 transitional housing units were transitioned to emergency housing units. There needs to be a greater focus on converting transitional housing into permanent supportive housing stock.	HIC data on available beds reflects a decrease in transitional housing beds coupled with an increase in PSH beds and the development of RRH beds.	IN PROGRESS
3.11	YOUTH HOUSING: Increase the number of permanent supportive housing units w/supportive services for homeless youth/young adults	Increase self-sufficiency of homeless youth and young adults	The most recent CoC application included a new rapid re-housing project for 18-24 year olds. The RIO has also been redistributing money from underperforming transitional housing projects to create 44 new rapid re-housing units for young adults, and/or young adults with children.	The 2015 Gaps Analysis highlights youth shelter as an ongoing issue. St. Jude's has just opened a new RRH program with supportive services for youth. In addition, expanded capacity for youth beds will become available with the opening of the new Shannon West Center In 2017.	IN PROGRESS
3.12	DOMESTIC VIOLENCE VICTIMS: Increase Rapid Rehousing opportunities that offer supportive services for victims of domestic violence	Increased number of transitional housing opportunities available to victims of domestic violence	According to the recently completed gaps analysis, there is a significant unmet need for victims of domestic violence (a gap of nearly 650 individuals not including children).	The rate of unsheltered domestic violence victims has increased since the 2013 plan update and RRH for this populations is still a need.	EARLY STAGES/ NEEDS TO BE DEVELOPED

HOME PLAN

update at a glance

PERMANENT HOUSING

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
3.13	HIV/AIDS INDIVIDUALS: Build partnerships with organizations serving persons living with HIV/AIDS to increase permanent supportive housing units available to homeless persons living with HIV/AIDS	Increased number of permanent supportive housing units for individuals living with HIV/AIDS	Eight permanent supportive housing beds exist in the community for individual living with HIV/AIDS while 71 homeless individuals are in need of housing.	The rate of individuals experiencing homelessness who are unsheltered that have been diagnosed with HIV/AIDS has increased since the 2013 plan update and increased PHS is still a need.	EARLY STAGES/ NEEDS TO BE DEVELOPED
3.14	CHRONICALLY HOMELESS: Increase permanent supportive housing opportunities for the chronically homeless	Increased permanent affordable housing opportunities for the homeless population	Rapid Results Acceleration Boot Camps have been successful in connecting chronically homeless individuals to permanent supportive housing.	PIT data reflects a steady decline in the number of persons who are experiencing chronic homelessness. An increase in PSH beds was tracked from 2010-2013 when reporting PSH beds for individuals who are experiencing chronic homelessness in the annual HIC ended.	IN PROGRESS
3.15	FAITH-BASED SUPPORT: Support the expansion of the Family Promise of Las Vegas' Interfaith Hospitality Network for congregations to assist homeless families so there are more opportunities for people to access this program	Increase support for homeless families by faith based organizations	Family Promise of Las Vegas consists of twenty-three congregations that engage the interfaith community in solutions for assisting homeless children and parents return to stable lives with living wage employment and affordable housing. Community solutions such as these should be expanded.	Family Promise of Las Vegas currently works with 26 congregations. Planned expansion of their day center will allow for increased capacity.	IN PROGRESS
3.16	AFFORDABLE HOUSING: Develop and collaborate with housing navigators who will work with affordable housing property managers to offer management and operations support to staff to accommodate an increasing number of formerly homeless tenants	Improved access to shelter for homeless persons	Unable to fund.	The development of housing navigators who will work with property managers still has not been funded.	EARLY STAGES / NEEDS TO BE DEVELOPED

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
3.17	AFFORDABLE HOUSING: Identify sites for permanent affordable housing affordable to those at 0-30 percent AMI	Increased affordable housing options available to homeless population	Nevada HAND has completed several projects in the last three years but more are necessary to meet demand.	Nevada HAND continues to develop projects and recently opened 10 units for families who are experiencing homelessness families and 2 units for victims of sex	IN PROGRESS
3.18	AFFORDABLE HOUSING: Develop and collaborate with housing navigators who will work with affordable housing property managers to offer management and operations support to staff to accommodate an increasing number of formerly homeless tenants	Increased affordable housing stock in the community	Will continue to pre-zone affordable housing projects as they are designed.	There is no change in this objective; data related to zoning changes is not available.	EARLY STAGES / NEEDS TO BE DEVELOPED
3.19	AFFORDABLE HOUSING: Create and fund capital improvement projects for housing related programs	Increased affordable housing stock in the community	The Southern Nevada Regional Housing Authority has purchased 66 houses through the Neighborhood Stabilization Program. These units can be rented only to people at 50% of AMI or less.	The Southern Nevada Regional Housing Authority's (SNHRA) Housing Plan reflects a continued commitment to develop projects to increase affordable housing.	EARLY STAGES / NEEDS TO BE DEVELOPED
3.20	AFFORDABLE HOUSING: Increase advocacy to local jurisdictions, ensuring new housing projects set aside units for homeless and low-income populations	Improved access to community-based housing for homeless population	Partner with homeless service providers to engage counties and cities to mandate increased units for new builds or rehabs for low-income populations.	The 2018-2022 draft housing plan of the SNHRA included a goal to enter into a MOU offering public housing units and/or turnover vouchers with recognized homeless shelter providers who provide supportive services.	EARLY STAGES / NEEDS TO BE DEVELOPED

PHASE	ACTION STEP	OUTCOME / MOTIVATION / ANTICIPATED BENEFITS	2013 UPDATE	2016 UPDATE	STATUS
3.21	AFFORDABLE HOUSING: Increase training opportunities for town board and planning commissions around homeless issues	Improved ability of local planning commissions to implement effective urban planning and plans to end homelessness	Not started.	Not yet started.	EARLY STAGES / NEEDS TO BE DEVELOPED
3.22	AFFORDABLE HOUSING: Develop and implement a comprehensive Southern Nevada Housing Plan	Improved ability of region to meet affordable housing needs of residents	Not started	The SNHRA has a 5 year housing plan. An additional plan to enhance the built environment to improve community conditions has been developed by Southern Nevada Strong. This plan includes goals related to affordable housing and homelessness.	IN PROGRESS





EMERGENCY HOUSING AND SHELTER

Available shelter and housing beds remains an issue for the Southern Nevada region. According to the 2015 Gaps Analysis, the existing stock of housing is “insufficient to meet the needs of the homeless population”. In this section we begin by examining data submitted to HUD on available shelter and housing from 2010-2016 before addressing plan progress. This data is from the Housing Inventory Count (HIC) reports which are an accounting of available beds for homeless populations provided annually to HUD by the SNH CoC. The period between 2010-2016 was marked by an intentional transition from transitional housing (TH) to rapid rehousing (RRH).

This shift is reflected in the decrease in TH beds coupled with an addition of available RRH beds that occurred since the last plan update in 2013. Data from the plan inception in 2007 is not presented as there were significant changes in what bed types were reported to HUD for this data year making it difficult to compare 2007 beds to subsequent years. The tables on this page and the next provide a summary of available bed data by population across the years 2010-2016. This includes reported bed data from both shelter and housing programs.



HIC REPORTED AVAILABLE BEDS BY TYPE	2010	2013	2016
TOTAL YEAR ROUND EMERGENCY SHELTER BEDS	867	1800	1602
TOTAL SEASONAL EMERGENCY SHELTER BEDS	209	347	349
TOTAL OVERFLOW EMERGENCY SHELTER BEDS	21	60	216
TOTAL YEAR ROUND TRANSITIONAL HOUSING BEDS	2172	1074	864
TOTAL YEAR ROUND SAFE HAVEN BEDS	25	25	25
TOTAL YEAR ROUND PERMANENT SUPPORTIVE	1399	2032	2066
HOUSING (PSH) BEDS			
TOTAL YEAR ROUND RAPID REHOUSING (RRH) BEDS	0	0	500

Source: HIC Annual Reports 2010, 2013, and 2016

Since the last plan update in 2013 there are 198 fewer year round emergency shelter beds reported as available in Southern Nevada. Available seasonal emergency shelter beds remains virtually unchanged since the last report, however there has been a large increase in the number of overflow emergency shelter beds. Consistent with the plan goals to reconfigure TH and prioritize RRH, there has been a decrease in available TH beds since 2010 while 500 RRH beds are now available in the region.



SHELTER AND HOUSING FOR HOUSEHOLDS WITH CHILDREN

A review of the data in from 2013-2016 reflects a decrease in each type of beds available for households with children with the exception of RRH beds which began to be available during this period. A review of the HIC bed data is summarized in the table to the right.

AVAILABLE BEDS: HOUSEHOLDS WITH CHILDREN	2010	2013	2016
YEAR ROUND EMERGENCY SHELTER BEDS	253	383	264
YEAR ROUND TRANSITIONAL HOUSING BEDS	730	278	153
YEAR ROUND SAFE HAVEN BEDS	0	0	0
YEAR ROUND PERMANENT SUPPORTIVE HOUSING BEDS	269	557	405
YEAR ROUND RAPID REHOUSING	0	0	303

Source: HIC Annual Reports 2010, 2013, and 2016



SHELTER AND HOUSING FOR HOUSEHOLDS WITHOUT CHILDREN

HIC data also shows a decrease in both emergency shelter and transitional shelter beds from 2013-2016 as there was a shift to RRH for this population. An increase in PSH beds was also reported for this population from 2013 to 2016. Details on available beds for households without children is shown in the table to the right.

AVAILABLE BEDS: HOUSEHOLDS WITHOUT CHILDREN	2010	2013	2016
YEAR ROUND EMERGENCY SHELTER BEDS	614	1393	1319
YEAR ROUND TRANSITIONAL HOUSING BEDS	1442	750	659
YEAR ROUND SAFE HAVEN BEDS	25	25	25
YEAR ROUND PERMANENT SUPPORTIVE HOUSING BEDS	1130	1475	1659
YEAR ROUND RAPID REHOUSING	0	0	197

Source: HIC Annual Reports 2010, 2013, and 2016



SHELTER AND HOUSING FOR HOUSEHOLDS WITH ONLY CHILDREN

Beginning in 2013 HIC data included a designation to count beds for households with only children. Details on available beds for households with only children is shown in the table to the right.

AVAILABLE BEDS: HOUSEHOLDS WITH ONLY CHILDREN	2013	2016
YEAR ROUND EMERGENCY SHELTER BED	24	19
YEAR ROUND TRANSITIONAL HOUSING BEDS	46	12
YEAR ROUND SAFE HAVEN BEDS	0	0
YEAR ROUND PERMANENT SUPPORTIVE HOUSING BEDS	0	2
YEAR ROUND RAPID REHOUSING	0	0

Source: HIC Annual Reports 2013, and 2016



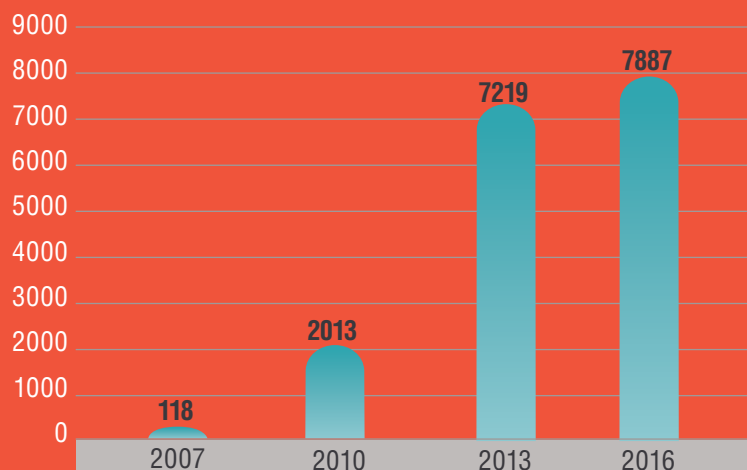
In the following sections we will report on progress related to goals to improve the amount of and access to shelter and housing programs.

PREVENTION

ACTION STEP 3.1: EMERGENCY ASSISTANCE: **Coordinate across organizations to fund and prevent one-time evictions, foreclosures and loss of utilities.**

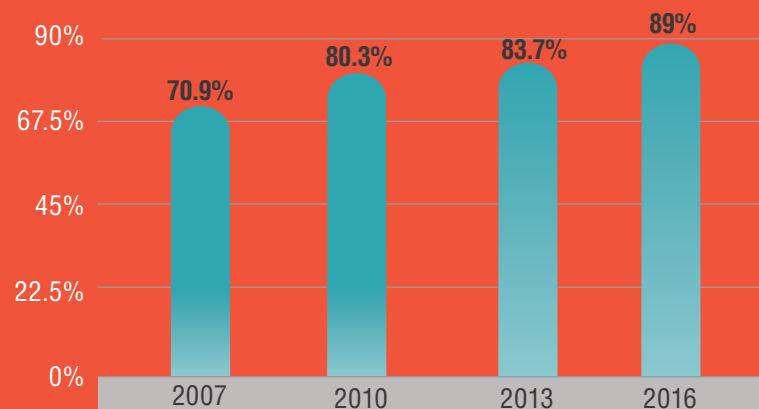
In the 2013 plan update much of the funding available to prevent homelessness and support RRH efforts was supported the American Recovery and Reinvestment Act (ARRA) of 2009. Nationally, this provided \$1.5 billion dollars for the Homeless Prevention and Rapid Re-Housing Program (HPRP). Southern Nevada was one of the hardest hit areas in the recession and received significant support for these goals under the HPRP. The program ended in September of 2012. The target metric identified in 2013 for tracking emergency assistance was the number of persons receiving assistance who were stably housed at exit. From 2007-2016, the number of persons in stable housing at program exit has increased according to HMIS data. The chart below displays the number of people in stable housing at program exit and shows the growth in stable housing.

NO. OF PEOPLE IN STABLE HOUSING AT EXIT REPORTED IN HMIS 2007-2016



In addition, according to HMIS data across the period of 2007 to 2016, there has been an increase in the percentage of individuals who are still in housing over 6 months after program exit as shown in the graph below.

PERCENTAGE OF PERSONS WHO RETAIN HOUSING > 6 MONTHS REPORTED IN HMIS 2007-2016



A variety of activities are also underway to prevent homelessness in the Southern Nevada region. According to the 2015 Gap Analysis, seven agencies (Catholic Charities, Clark County Social Service, Emergency Aid of Boulder City, Henderson Allied Community Advocates, HELP of Southern Nevada, Lutheran Social Services and the Salvation Army in Mesquite) offer rental and utility assistance to prevent unnecessary homelessness of households experiencing a temporary crisis. Many local churches and synagogues assist members of their faith community with rental assistance. Several faith based nonprofits (Lutheran Social Services, Jewish Family Service Agency, Family Promise of Las Vegas and the Church of Jesus Christ of Latter-day Saints) offer both formal and informal support services to community members including case management and rental, utility or food assistance.

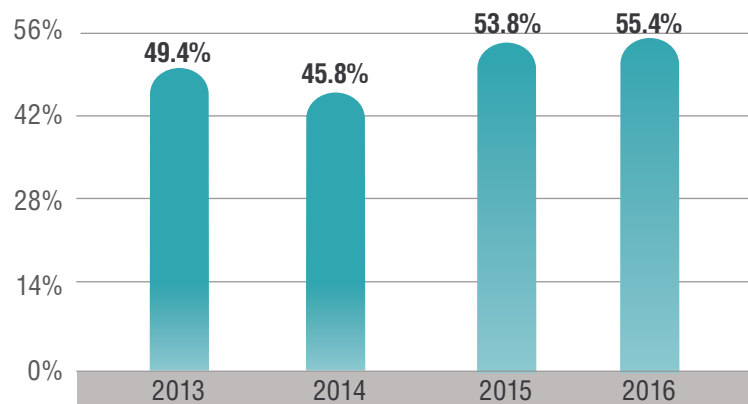
In addition, Clark County and North Las Vegas ESG funds may be used for homelessness prevention activities. These agencies provide utility assistance to prevent unnecessary termination of essential utilities while households await approval for energy assistance or conservation modifications funded through a Universal Energy Charge enacted by the 2001 Nevada Legislature.

Recently, Nevada HAND, a provider of affordable housing, has begun offering programming to prevent evictions on their properties.

ACTION STEP 3.2. RAPID RE-HOUSING: Coordinate with organizations, government, landlords and legislature to create funding opportunities to support payment of application fees, deposits, move-in cost and relocation fees.

While there is no direct measure of funds used for move in and relocation costs, the metric identified in the 2013 plan update associated with this action step is tracking the number of people who are experiencing homelessness for the first time. **ACCORDING TO 2016 PIT DATA, 55.4% OF INDIVIDUALS SURVEYED WERE EXPERIENCING HOMELESSNESS FOR THE FIRST TIME.** PIT statistics from 2013-2016 showed an increase in 2015 and 2016 of the percentage of persons experiencing homelessness for the first time.

**PERCENT OF FIRST TIME HOMELESS
REPORTED IN THE PIT CENSUS COUNT**



2016 HMIS data tracked 4272 cases of individuals who were experiencing homelessness for the first time. However, this data point was only recently added to HMIS collection so trend analysis is not currently available to determine the impact of the available programming.





EMERGENCY SHELTER

ACTION STEP 3.3. INCLEMENT EMERGENCY SHELTER SYSTEMS: In extreme weather conditions when shelters and housing are at capacity, provide inclement weather shelter by opening recreation centers, churches, non-profit facilities or public buildings for homeless persons in both urban areas and outlying areas of the region.

During 2016, three locations operated by Catholic Charities, Salvation Army and Shade Tree were open as daytime heat shelters from July until September.²² Additionally, during extreme heat warnings nine recreation centers, the Islamic Center and Veterans Village were available as daytime cooling locations in urban Clark County. In Laughlin, two locations, the American Legion Post and the Colorado River Food Bank, were available as cooling locations.

Additionally, the 2016 HIC report indicated that 349 seasonal shelter beds were available to homeless during high demand periods such as inclement weather. This number has remained stable since 2013 increased by only 2 beds.

ACTION STEP 3.4. GEOGRAPHIC DIVERSITY OF SHELTERS AND SERVICES: Maintain shelter programs geographically distributed throughout the region.

The 2015 Gap Analysis identified several issues with regard to providing services to individuals experiencing homelessness across the Southern Nevada region. These included:

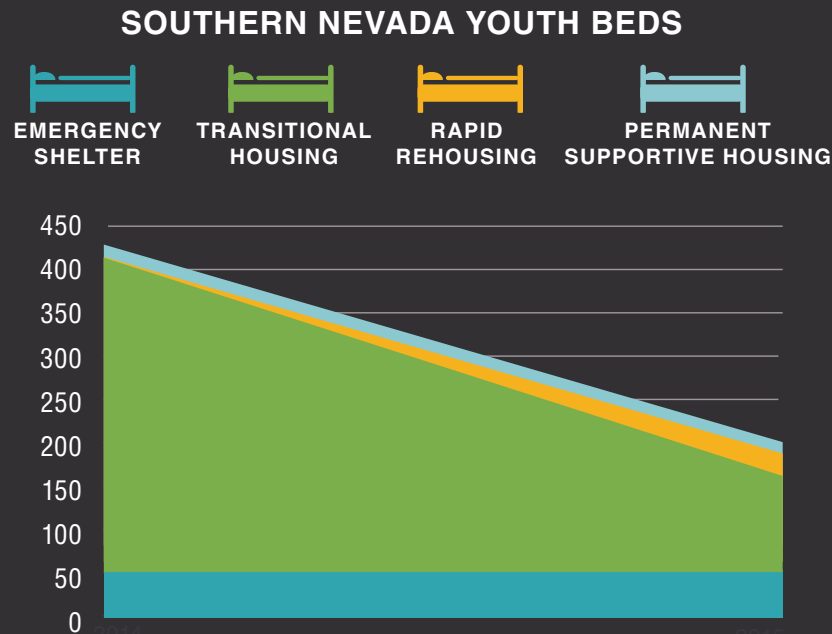
- **A concentration of housing and services in Downtown Las Vegas and North Las Vegas**
- **Residency barriers for locally funded services**
- **Inadequate access to transportation**
- **Additional service barriers for the disabled because not all shelters are accessible**

Six of the seven emergency shelters are located in either Downtown Las Vegas or North Las Vegas with a seventh shelter in Henderson. This does not include domestic violence shelters since their locations are not publicized.



ACTION STEP 3.5. NICHE SHELTER: Increase the supply of emergency, niche shelter housing and reserved shelter beds for youth/young adults within the current sheltering system and in traditional and nontraditional settings.

The 2015 Gaps Analysis highlighted the recent downward trend in shelter and housing for youth. The figure below show the trend from 2014-2015 for the various types of youth housing.



Source: Graph taken from the 2015 Gaps Analysis

The need to provide niche shelter services for youth remains high given the high numbers of youth experiencing homelessness in the Southern Nevada region.

ACTION STEP 3.6. REFINE EXISTING INCLEMENT WEATHER SHELTER SYSTEM FOR YOUTH/ YOUNG ADULTS, FAMILIES AND INDIVIDUALS WITH SUBSTANCE ABUSE OR MENTAL HEALTH ISSUES.

Westcare has opened a wet shelter with 20 beds. Available shelter for people experiencing homelessness who also have substance abuse or mental health issues remains an unmet need.

ACTION STEP 3.7. HOUSING STABILITY: REDUCE FREQUENCY OF SHELTER MOVES FOR FAMILIES, INDIVIDUALS, AND YOUTH.

While data on frequency of shelter moves was not available, HMIS data presented earlier in the report reflects a low rate of chronic homelessness and a steady increase from 2007-2016 in the percentage of persons who experienced homelessness that retain stable housing for greater than 6 months after obtaining housing. This data is not yet comparable across subgroups including families, individuals and youth.

ACTION STEP 3.8. RESPITE CARE: Create respite beds in the community for people discharged from hospital facilities that require additional bed rest and follow- up care.

According to 2016 PIT data, 1.9% of all persons experiencing homelessness in the Southern Nevada region are leaving some type of health care or substance abuse facility. It is likely that a portion of this population are in need of respite care. However, data tracked by the county does not report on the number of respite beds available.



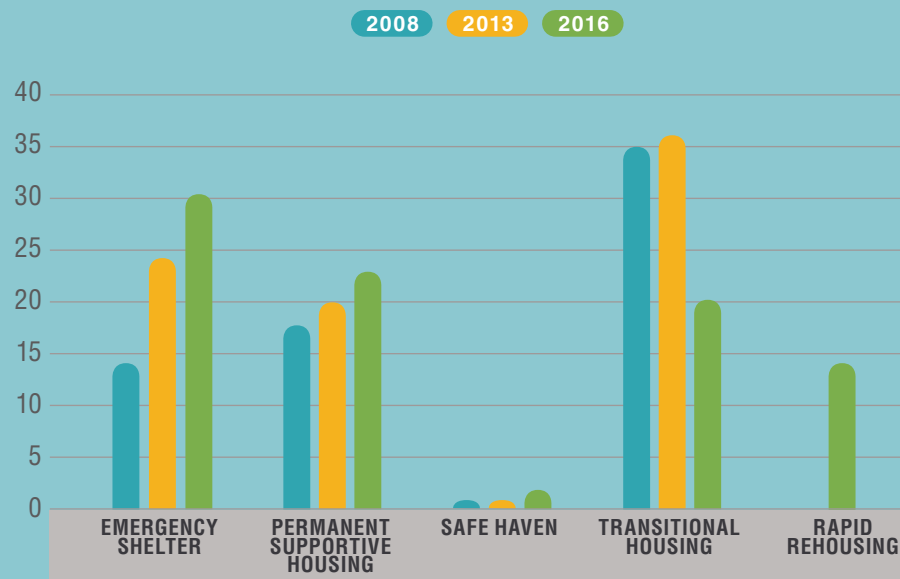
PERMANENT HOUSING

Several plan goals were developed to address the need for housing. We will first present data and on goals related to affordable housing in general followed by reviewing housing goals identified in the plan related to specific populations.

ACTION STEP 3.9. RAPID RE-HOUSING: Create permanent affordable housing for families, youth/young adults, and individuals using rapid re-housing, reducing the length of homelessness. Opportunities should include new construction, expansion of rental subsidies or acquisition, rehabilitation of existing units and acquisition of permanent homes for purchase.

Data on the number of programs by type of shelter/housing shows both an increase in programs providing services and responsiveness to HUD priorities to shift toward RRH in recent years. HIC data for the number of programs by type of bed between 2008-2016 reflects a steady increase in shelter programs and PSH. The decrease in programs providing transitional housing reflects the shift in funding from transitional housing to RRH programs. Data on RRH was first available in 2016.

**HIC REPORTED SHELTER AND HOUSING PROGRAMS
BY TYPE 2008-2016**



ACTION STEP 3.10. RECONFIGURE TRANSITIONAL HOUSING:

Create a system to reconfigure transitional housing opportunities to either permanent supportive housing or to assist with Rapid Re-Housing.

The data presented in the section above reflects a successful reconfiguration of TH to other housing opportunities. While TH options decreased between the period of 2013-2016, both PSH and RRH increased during this same period.

ACTION STEP 3.11. YOUTH HOUSING:

Increase the number of permanent supportive housing units w/supportive services for homeless youth/young adults.

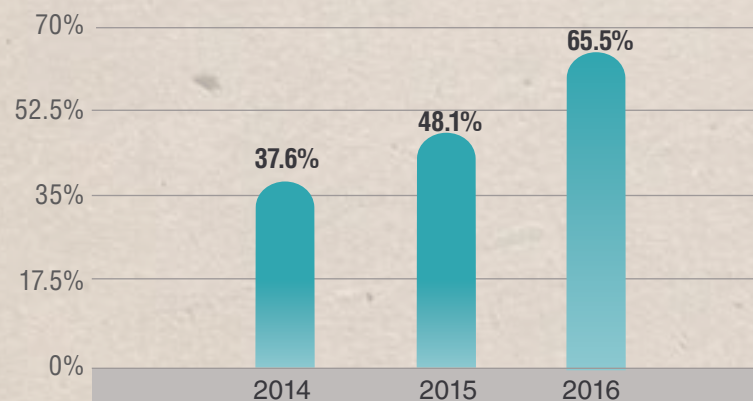
There have been some recent efforts focused on RRH programs for youth. Since the 2015 Gaps Analysis was completed St. Jude's Ranch has opened a scattered site RRH program with supportive programming for youth 18-25.²³ For youth experiencing homelessness, additional beds are slated to be available in July of 2017 with the opening of a new facility to house the Shannon West Center for Homeless Youth. The opening of the new facility will increase current youth beds available at that facility from 64 to 166.

ACTION STEP 3.12. DOMESTIC VIOLENCE VICTIMS:

Increase Rapid Rehousing opportunities that offer supportive services for victims of domestic violence.

PIT data between 2014-2016 reflected a growing percentage of unsheltered domestic violence victims. Data definitions were changed by HUD in 2014 so earlier data is not presented in the graph below.

PERCENTAGE OF UNSHELTERED VICTIMS OF DOMESTIC VIOLENCE REPORTED IN PIT DATA 2014-2016



According to 2016 HIC data, all rapid rehousing beds are designated for non-DV households. The development of rapid rehousing for individuals and families who experience homelessness due to domestic violence remains a need at the same time that the percentage of unsheltered domestic violence victims is on the rise.

ACTION STEP 3.13. HIV/AIDS INDIVIDUALS:

Build partnerships with organizations serving persons living with HIV/AIDS to increase permanent supportive housing units available to homeless persons living with HIV/AIDS.

The number of individuals experiencing homelessness who are also living with HIV or AIDS is increasing and heightens the need to expand supportive housing for this population. According to 2016 PIT data, 1.3% of the persons experiencing homelessness have been diagnosed with HIV or AIDS related illnesses. This percentage is higher than the amount reported in 2015 (0.95%). Although the number of PSH units available for persons diagnosed with HIV/AIDS is not reported in the annual HIC report, availability of PSH units overall has increased.

ACTION STEP 3.14. CHRONICALLY HOMELESS: Increase permanent supportive housing opportunities for the chronically homeless.

According to HIC data reports, PSH beds for individuals who are experiencing chronic homelessness rose from 234 beds in 2010 to 740 in 2013. This data point was not reported after 2013 in HIC data. As of 2016, however, the total number of PSH beds increased from 2032 beds in 2013 to 2066 beds in 2016.

ACTION STEP 3.15. FAITH-BASED SUPPORT:

Support the expansion of Family Promise of Las Vegas' Interfaith Hospitality Network for congregations to assist homeless families so there are more opportunities for people to access this program.

In the 2013 plan update Family Promise programs were operating with the support of twenty-three congregations. They currently work with 26 congregations. In addition, they are engaging in efforts to increase the square footage of their day center for families which will pave the way for expansion of services. In addition, they offer case management services 3 days a week at the Rescue Mission.

ACTION STEP 3.16. AFFORDABLE HOUSING:

Develop and collaborate with housing navigators who will work with affordable housing property managers to offer management and operation support to staff to accommodate an increasing number of formerly homeless tenants.

The goal of developing affordable housing strategies to respond to the needs of individuals and families experiencing homelessness in the Southern Nevada region is one of the most challenging goals of the Plan to End Homelessness. There is currently no system of housing navigators in place to engage affordable housing property managers and provide them with support in working tenants who formerly experienced homelessness. The National Low Income Housing Coalition (NLIHC) recently released a housing study, *The Gap: The Affordable Housing Gap Analysis 2017*. In this study, the Las Vegas-Paradise region is reported to have the lowest ratio of affordable housing per extremely low income renters (ELI) in the country at 12 units/100 ELI renters as shown in the table from the NLIHC ranking ELI units in metropolitan areas.

METROPOLITAN AREAS WITH THE LOWEST AND HIGHEST AVAILABILITY OF RENTAL HOMES AFFORDABLE TO HOUSEHOLDS AT OR BELOW EXTREMELY LOW INCOME, 2015

METROPOLITAN AREA	UNITS AFFORDABLE & AVAILABLE PER 100 RENTER HOUSEHOLDS	METROPOLITAN AREA	UNITS AFFORDABLE & AVAILABLE PER 100 RENTER HOUSEHOLDS
LOWEST		HIGHEST	
LAS VEGAS-HENDERSON-PARADISE, NV	12	BOSTON-CAMBRIDGE-NEWTON, MA-NH	46
LOS ANGELES-LONG BEACH-ANAHEIM, CA	16	PITTSBURGH, PA	45
HOUSTON-THE WOODLANDS-SUGAR LAND, TX	18	PROVIDENCE-WARWICH, RI-MA	44
ORLANDO-KISSIMMEE-SANFORD, FL	18	BUFFALO-CHEEKTOWAGA-NIAGRA FALLS, NY	44
SAN DIEGO-CARLSBAD, CA	19	CLEVELAND-ELYNIA, OH	44
DALLAS-FORT WORTH-ARLINGTON, TX	19	LOUISVILLE/JEFFERSON COUNTY, KY-IN	42
RIVERSIDE-SAN BERNADINO-ONTARIO, CA	19	NASHVILLE-DAVIDESON-MURFREESBORO-FRANKLIN, TN	42
SACRAMENTO-ROSEVILLE-ARDEN-ARCADE, CA	20	CINCINNATI, OH-KY-IN	41
AUSTIN-ROUND ROCK, TX	20	HARTFORD-WEST HARTFORD-EAST HARTFORD, CT	40
MIAMI-FORT LAUDERDALE-WEST PALM BEACH, FL	21	OKLAHOMA CITY, OK	38
PHOENIX-MESA-SCOTTSDALE, AZ	21	KANSAS CITY, MO-KS	38

Reprinted with permission: NLIHC (2017). *The Gap: The Affordable Housing Gap Analysis 2017* (p.9).

Interviews with providers highlighted the increased challenge faced by larger families to obtain affordable housing. Their experience is that these families have even fewer options to obtain housing in a challenging market.

REPORTED CHARACTERISTICS OF RESIDENTS IN PUBLIC HOUSING UNITS

	PROGRAM TYPE							
	CERTIFICATE	MOD-REHAB	PUBLIC HOUSING	VOUCHERS				
				TOTAL	PROJECT BASED	TENANT BASED	SPECIAL PURPOSE VOUCHER	
							VETERANS AFFAIRS SUPPORTIVE HOUSING	FAMILY UNIFICATION PROGRAM
AVERAGE ANNUAL INCOME	0	0	\$10,508	\$13,120	\$9,913	\$13,677	\$9,409	\$10,183
AVERAGE LENGTH OF STAY	0	0	7	9	3	10	2	6
AVERAGE HOUSEHOLD SIZE	0	0	2	3	3	3	1	4
NO. OF HOMELESS AT ADMISSION	0	0	266	952	11	119	761	40
NO. OF ELDERLY PROGRAM PARTICIPANTS (>64)	0	0	988	1,876	25	1,378	165	14
NO. OF DISABLED FAMILIES	0	0	566	2,546	13	1,136	319	46
NO. OF FAMILIES REQUESTING ACCESSIBILITY FEATURES	0	0	24	9,995	64	9,271	31	230
NO. OF HIV/AIDS PROGRAM PARTICIPANTS	0	0	0	0	0	0	0	0
NO. OF DV VICTIMS	0	0	0	0	0	0	0	0

Source: Southern Nevada HUD Consolidated Plan 2015-2017, p. 48.

Data from the 2015-2019 Southern Nevada HUD Consolidated Plan on the characteristics of residents reported a total of 1,218 residents of public housing tenants that were experiencing homelessness at admission. This included 266 public housing residents and 952 total voucher recipients.

In the HUD consolidated plan, efforts to increase affordable housing and collaborate with SNH CoC are described. Given the lack of affordable housing and the challenges presented to increasing affordable housing described in the plan, the development and maintenance of strong collaborative relationships is going to continue to be important.



ZONING, URBAN DESIGN, AND LAND USE

ACTION STEP 3.17. AFFORDABLE HOUSING: Identify sites for permanent affordable housing for those at 0-30 percent AMI.

As discussed earlier affordable housing is under supplied in the Southern Nevada region. As was reported in the 2013 plan update, Nevada HAND continues adding additional projects but these do not meet demand. Due to restrictions on funding many of these projects do not allow rentals from those with 0-30 percent of area media income (AMI). However, Nevada HAND has increased the number of properties they own outright and they are beginning to explore additional options to support extremely low income populations and those exiting homelessness. They recently opened 10 units to families who formerly experienced homelessness and two units for former victims of sex trafficking.

ACTION STEP 3.18. AFFORDABLE HOUSING: Request zoning changes for mixed-use development of new project sites along public transit routes.

The 2013 update reflected a commitment to pre-zoning housing projects as they are designed. Data related to zoning changes was not available for review.

ACTION STEP 3.19. AFFORDABLE HOUSING: Create and fund capital improvement projects for housing related programs.

The Southern Nevada Regional Housing Authority (SNRHA) Housing Plan reflects a continued commitment to develop projects to increase affordable housing

ACTION STEP 3.20. AFFORDABLE HOUSING: Increased advocacy to local jurisdictions to set aside units for homeless and low-income populations.

According to the 2018-2022 draft plan, SNRHA developed a goal to enter into a Memorandum of Understanding to offer public housing units and/or turnover vouchers with recognized homeless shelter providers. This goal is aimed at aiding the effort to eliminate homelessness in the Southern Nevada region.

ACTION STEP 3.21. AFFORDABLE HOUSING: Increased training opportunities for boards and planning commissions around homeless issues.

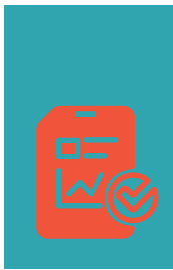
This action step has yet to be developed.

ACTION STEP 3.22. AFFORDABLE HOUSING: Development and implementation of a comprehensive Southern Nevada Housing Plan.

Two plans that address the housing needs of Southern Nevada are currently in place. The SNRHA has a Comprehensive Southern Nevada Housing Plan that is a five year plan. The most recent update was made available for public comment in April 2017 and covers the period between 2018-2022.

In addition a collaborative regional planning group called Southern Nevada Strong was formed in 2013 funded by a HUD Sustainable Communities grant with the mission of developing “regional support for long-term economic success and stronger communities by integrating reliable transportation, quality housing for all income levels, and job opportunities throughout Southern Nevada.”²⁴ The regional plan was designed to address these priority areas and has a working group that meets quarterly. Among the collaborative partners that participated in the plan development were the SNRPC and the SNRHA. In 2016, Southern Nevada Strong was awarded a National Planning Excellence Award for Public Outreach by the American Planning Association.²⁵ Among the affordable housing goals included in the plan is to “ensure an adequate supply of homeless housing distributed throughout the region in ways that meet the needs of vulnerable populations.”²⁶

***TWO PLANS THAT
ADDRESS THE HOUSING
NEEDS OF SOUTHERN
NEVADA ARE IN PLACE:
The Southern Nevada
Regional Housing
Authority Comprehensive
Housing 5 Year Plan
and the Southern Nevada
Strong Regional Plan.***



METHODS AND LIMITATIONS

The plan evaluation was conducted during March and April of 2017. A mixed methods approach to data gathering was used including reviewing secondary HMIS and publicly available data sources, thematic analysis of relevant documents, and in-depth semi-structured interviews.

SECONDARY DATA SOURCES USED IN THIS REPORT INCLUDED:

- HMIS data for the years 2007, 2010, 2013, and 2016 managed by BitFocus
- Housing Inventory Count (HIC) data for the years 2007-2016
- Point in Time (PIT) Homeless Census Data Reports for 2014, 2015, and 2016
- Publicly available SNH CoC Board Minutes from 2012-2016

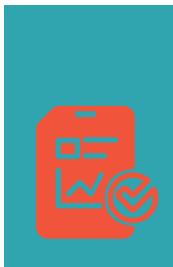
REPORTS/PLANS REVIEWED INCLUDED:

- The 2010 and 2013 Help Hope Home Plan Updates
- The 2013 and 2015 Gaps Analysis
- The Nevada Interagency Council on Homelessness Statewide Plan
- The 2015 Coordinated Intake Assessment evaluation conducted by Homebase
- The Nevada Substance Abuse, Mental Health and Suicide Prevention Needs Assessment Report 2015
- Workforce Connections Annual Reports for FY 2013-2014 and for Program Year 2015
- The Southern Nevada Regional Housing Authority Comprehensive Housing Plan 2016-2022 Plan Update
- The Southern Nevada Strong Regional Plan
- The 2015 Annual Homeless Assessment Report to Congress (AHAR)

In addition interviews with key stakeholders and service providers were conducted. Individual client success stories developed by service providers were collected and reviewed. These were supplemented by the evaluation team with interview data from providers to highlight their role in the success responding to the needs of client populations. Sources of information when it was not provided directly by Clark County Social Service or Bitfocus (for HMIS data) are referenced in the text or endnotes.

Data and information gathered was then used to evaluate progress of the SNH CoC in achieving goals outlined in the Help Hope Home Plan. Every effort was made to identify existing data sources tracking metrics that had been identified by the SNH CoC working groups as important for tracking plan progress. Observations of progress based upon individual stakeholder perceptions were used when data was not directly available from Clark County Social Service, through the HMIS data system or through a publicly available data source or report. Over the past nine years changes in data collected through HMIS and Clark County Social Service has shifted due to changes in federal reporting requirements. When known, the evaluation team made adjustments or noted these issues in the report.

The most common issue when dealing with PIT and HIC data is inconsistencies due to definition changes year to year. While trying to capture more of the population, the comparability of the data is lost as definitions change. This makes comparisons of data across years problematic in some cases and can make it difficult to accurately gauge progress across categories. When data was not comparable due to definitional shifts, the evaluation team truncated the range of the comparisons to ensure greater accuracy.



DATA RECOMMENDATIONS FOR CONTINUED EVALUATION OF PLAN PROGRESS

Over the course of the past nine years the sophistication of data collection and capture has improved greatly the ability to track outcomes. Moving forward the combination of greater specificity in identified desired metrics to track plan goals established by the SNH CoC and its working groups with the enhanced collaborative data capture capabilities of HMIS will continue to positively impact by the amount and quality of available data to evaluate progress on plan goals. For some plan goals however, available data allows the SNH CoC to report activities but not to track the outcomes that are associated with successfully addressing plan goals. The ability to capture additional data to build on the success of the development of a robust data collection system that includes the annual homeless census (PIT), shelter and housing inventory (HIC), and service delivery data (HMIS) would allow for the SNH CoC to more closely track plan progress in several areas. The following recommendations are offered to strengthen the ability to evaluate plan progress,

Capture of Additional Service Delivery Data: Several plan goals are still difficult to track due to the lack of access of data that directly measures desired metrics.

Examples of needed data include:

- Discharge data
- Data that tracks outcomes of SSI and Disability applications and appeals
- Access to data on workforce development program usage by persons experiencing homelessness
- Data on utilization of DETR and consumer credit services for individuals and families that experience homelessness
- Data on affordable child care services provided to homeless families.

- Usage of medical, dental, prescription, substance abuse and mental health treatment
- Data on public benefits access and eligibility, including: Medicaid, SSI/SSDI, VA and other benefits
- Tracking of incarceration rates of homeless persons
- Coordinated tracking of advocacy, community awareness and training activities

Capture of Additional Data To Track Affordable Housing Development: Very little data is currently available related to efforts to increase affordable housing for populations experiencing homelessness or those at risk for homelessness. In order to adequately make the legislative case for addressing affordable housing needs the following data would be helpful. Examples of need data to make this case are:

- Collection of data on funds dispersed for homeless prevention
- Coordinated tracking of planned projects to enhance affordable housing units available to youth, individuals, and families experiencing homelessness
- Coordinated tracking of data on zoning requests for affordable housing
- Tracking individual outcomes after receipt of homeless prevention funds or placement in housing

Development of New Needed Information: Two types of information were identified as important to generate to assist in making the case for the service needs in the Southern Nevada region.

Finally, the plan recognizes the need for niche services and shelter programs that respond to the complex needs of homeless subpopulations. An assessment with the goal of gaining greater specificity on needed niche services and shelter would be helpful to clarify goals for future planning purposes. In addition it would help in the identification of metrics to measure what impact the development of niche services has on outcomes for individuals and families.

- ¹ See SNH COC, 2015 - <http://helphopehome.org/wp-content/uploads/2016/04/SNHCoC-Governance-Charter-Amended-12-2015.pdf>
- ² See <https://www.va.gov/HOMELESS/images/25Cities-Poster-Southern-Nevada.jpg>
- ³ See <https://www.community.solutions/blog/communities-announced-zero-2016>
- ⁴ See <https://www.community.solutions/blog/communities-announced-zero-2016>
- ⁵ See <https://www.clarkcountynv.gov/social-service/Documents/Step%20Up%20Program%20Guidelines%20120815.pdf>
- ⁶ See https://lasvegasnevada.gov/portal/faces/wcnav_externalId/hs-resources?_af.ctrl-state=14qzvhsnf_4&_af.Loop=33060860094754949&_af.WindowMode=0&_af.WindowId=null#%40%3F_af.WindowId%3Dnull%26_af.Loop%3D33060860094754949%26_af.WindowMode%3D0%26_af.ctrl-state%3Dx2xck2cw8_4
- ⁷ See Story adapted from Help of Southern Nevada available at <http://files.constantcontact.com/d64980fa001/571c1e06-552b-44ec-b94b-c17f09e3c738.pdf?ver=1486594957000>
- ⁸ See 2013-2014 data retrieved from: http://nvworkforceconnections.org/wp-content/uploads/2016/12/lo-res_WorkForce-Annual-Report-pages-2015-Final.pdf
2015 data retrieved from: <http://nvworkforceconnections.org/wp-content/uploads/2014/12/Annual-Report-FY-2013-08-11-14-Book.pdf>
- ⁹ See lasvegas.informermg.com/2017/02/15/help-of-southern-nevada-awarded-2016-workforce-development-champion-awards-by-workforce-connections/
- ¹⁰ See <http://www.mentalhealthamerica.net/issues/ranking-states>
- ¹¹ See <https://www.healthinsurance.org/nevada-medicaid/>
- ¹² See <https://www.medicaid.gov/medicaid/prescription-drugs/index.html>
- ¹³ See <https://www.medicaid.gov/medicaid/benefits/dental/index.html>
- ¹⁴ See <http://nevadahomelessalliance.org/project-homeless-connect/>
- ¹⁵ See <https://www.usvetsinc.org/information-center/locations/las-vegas/2017-las-vegas-stand-down-outcomes/>
- ¹⁶ See <http://www.nphy.org/what-we-do/operation-go-home/>
- ¹⁷ See <https://nche.ed.gov/downloads/data-comp-1213-1415.pdf>
- ¹⁸ See <http://ccsd.net/departments/title-i-hope>
- ¹⁹ See https://www.nvbar.org/wp-content/uploads/NevadaLawyer_Nov2016_VeteransCourts.pdf
- ²⁰ See <https://www.reviewjournal.com/news/politics-and-government/las-vegas/las-vegas-officials-plan-corridor-of-hope-for-homeless/>
- ²¹ See Adapted from the 25 Cities Information Poster available at : <https://www.va.gov/HOMELESS/images/25Cities-Poster-Southern-Nevada.jpg>
- ²² See <https://southernnevadahealthdistrict.org/download/2016-day-shelter-flyers--july-26-28-activation.pdf>
- ²³ See <http://www.stjudesranch.org/2016/09/19/new-crossings-rapid-rehousing/>
- ²⁴ See <http://sns.rtcsnv.com/about/>
- ²⁵ See <https://www.planning.org/awards/2016/sns.htm>
- ²⁶ See Southern Nevada Strong Regional Plan Goal 2.4.7. Plan goals are available at: <http://sns.rtcsnv.com/implementation-matrix/>



Help Hope Home

Ending Homelessness in Southern Nevada

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