

**SOUTHERN NEVADA REGIONAL PLANNING COALITION
SOUTHERN NEVADA HOMELESSNESS CONTINUUM OF CARE BOARD
MEETING MINUTES
June 11, 2015**

In attendance: Julie Calloway, Co-Chair, City of Boulder City
Nick Spriggs, Co-Chair, Briggs & Spriggs
Tim Burch, Vice Co-Chair, Clark County
Arash Ghafoori, Vice Co-Chair, Nevada Partnership for Homeless Youth
Barbara Geach, City of Henderson
Kathi Thomas-Gibson, alternate, City of Las Vegas
Lorena Candelario, alternate, City of North Las Vegas
Kelly-Jo Shebeck, Clark County School District
Deacon Thomas Roberts, Catholic Charities of Southern Nevada
Jesse Robinson, HELP of Southern Nevada
Melissa Clary, Huntridge Neighborhood Association
David Slattery, Las Vegas Fire and Rescue
Kena Adams, Moapa Band of Paiutes
Stacy Sutton Pollard, Nevada Homeless Alliance
Deborah Kamprath, alternate, Nevada HAND
Angela Marshall, Second Chance Christian Ministries
Donna Jordan, Southern Nevada Adult Mental Health Services
Vicki Chan-Padgett, Touro University Nevada
Nancy Menzel, UNLV
Joshua Brown, Veterans Administration
Corrine Valencia, U.S. Army Veteran
Shalimar Cabrera, U.S. Vets – Las Vegas
Geoff Spataro, United Way of Southern Nevada
Erin Kinard, WestCare, Inc.

Absent: Henry Sneed, the Church LV
Terry Murphy, Fremont Street Experience
David Schofield, Las Vegas Metro Police Department
John Hill, Southern Nevada Regional Housing Authority
Heather DeSart, Workforce Connections

Agenda Item 1. Call to order, notice of agenda compliance with the Nevada Open Meeting Law.

A meeting of the Southern Nevada Regional Planning Coalition's Southern Nevada Homelessness Continuum of Care Board was called to order at 2:06 p.m., on Thursday, June 11, 2015, at United Way of Southern Nevada, 5830 W. Flamingo Road, Las Vegas, Nevada, 89103. The agenda was duly posted in compliance with the Nevada Open Meeting Law requirements.

Agenda Item 2. Public Comment.

No public comment was given.

Agenda Item 3. Approval of the Agenda for June 11, 2015.

A motion was made to approve the agenda. The motion was approved unanimously.

Agenda Item 4. Approval of the Minutes from the May 14, 2015 meeting.

A motion was made to approve the minutes. The motion was approved.

Agenda Item 5. Receive an update from the Community Engagement Working Group and presentation from UNLV on the economic case; for possible action.

Catherine Huang Hara, Clark County Social Service, introduced Christy Shannon and Tammi Tiger, UNLV graduate students which have completed a cost of homelessness study. The project was originally introduced during the August 2014 meeting. Each is a graduate of the Masters in Public Administration program and completed this study as a capstone project. Ms. Shannon presented first and introduced the process and rationale for the study. This project was conducted to examine the

relative cost of housing versus the current cost of homelessness in Clark County. The research team was tasked with estimating costs from existing data related to program costs and public costs. From this the team analyzed different individuals living outside of shelter to determine which services they use regularly. The team also created case study profiles of individuals who benefitted from housing assistance and used that information to estimate the cost savings over time if there are successful interventions with these individuals. The research team looked at four different subpopulations: chronically homeless, veterans, youth and families. For the purpose of this presentation the research group focused on chronically homeless as they are the most frequent users of services. To gather existing data related to homelessness the team conducted interviews with representatives from thirteen different agencies providing services which were relevant to this project by the work that each does with the homeless populations here in the valley. Stacy Sutton Pollard, Nevada Homeless Alliance, provided the team with point of contact information for each of the agencies and from there the team went through and conducted interviews, collected information about each program and program related costs which the team then used to create the case study profiles. Other sources the research team used included the 2014 Southern Nevada Homeless Census data, existing research on homelessness, SNRPC provided documents such as the SNRPC Plan to End Homelessness, Community Engagement Strategy Gaps Analysis. The team also looked at other Housing First models. Specifically the state of Utah which has been very successful so far and Los Angeles County as well as the University of Nevada, Reno cost analysis done a few years ago similar to this research project. In addition to the thirteen agencies interviewed the team did work with public agencies through a lot of their own contacts. The research team consisted of four people with experience or connections to domestic violence (Christy Shannon), public works (Tammi Tiger), Metro incarceration data (Captain Matt McCarthy) and veteran data provided by (Army Captain James Anderson). The combination of data collected allowed the team to examine cost analysis data from a variety of sources. Rob Herdzik, Bitfocus also worked with the research team to assist them with HMIS reported data. Limitations encountered by the team included differences in data tracking systems from agency to agency. The team took this into consideration, and was very careful to be comparing parallel data when making comparisons. Also, grant funding requires different measurement levels and data measurements from each agency which in some cases creates data collection disparities from one agency to another. Also, homeless data tracking requirement for some Clark County public agencies were not implemented until recently. Two major examples of this are Clark County Detention Center (CCDC) in 2013 started tracking homeless people booked and current information was really hard to find because this information is not very public at this time. Hopefully over time this information will become more readily available to the public and will become easier to access. Public Works data to include cost of street clean up and interventions related to homelessness has only recently been being tracked and analyzed over the last year or so. HMIS data which was very helpful is focused on program data and currently does not provide much program cost data. Another such barrier is that some agencies don't use HMIS to collect data. Agencies such as Office of Veteran Affairs and a few others or are in their pilot phase of collection and will get up and going in the future. The ways the team approached the data limitations in relation to their presentation was to create hypothetical scenarios of an individual and demonstrate how they would use services throughout a year. Again the focus is mostly placed on chronic homelessness because these individuals are the greater users of services. The cost data was actually gathered and then used to demonstrate the hypothetical individual scenarios for different agencies.

Ms. Tiger presented a snapshot of chronic homeless numbers for 2014. According to homeless census data collected during the 2014 point in time (PIT) count Southern Nevada on any given night has 760 individuals experiencing chronic homelessness. This 760 is a 9.4% increase from the 2013 census data and 95% of these individuals were unsheltered. According to several studies reviewed the chronically homeless population consumes approximately 75% of the public resources expended due to substance abuse, physical and mental health disorders and other such barriers. However, the chronically homeless population only represents about 8% of the total point in time homeless population. Based on the study and how the team structured the hypothetical case scenarios they estimated that the long-term cost of managing homelessness on the streets is three times greater than the cost of permanent supportive housing. Ms. Tiger presented a summary of public costs utilized during their study and the basis for the calculations used to determine to conduct the service cost analysis. The WestCare data used to determine cost of long and short term care was provided by Erin Kinard, Area Director of WestCare indicated that short-term treatment per admission is \$318. This is based on an average 3 day length of stay at \$53 per day. Full inpatient treatment based on the average admission of 65 days is \$8,125 per admission or \$125 per day. Ambulance fees are considered franchise fees according to County Code Title 5 and cost information was pulled from Clark County Business License. Data review determined that ambulance transport to a hospital is \$936 per transport. Emergency room costs per visit to UMC are \$1,998 per visit. This data was collected from a study conducted by UNLV Master of Social Service Program recently on frequent users of emergency room services. This research team utilized those rates and used an average to determine costs. For jail and incarceration costs Captain Mike McCarthy had contact with Clark County Detention Center and City of Las Vegas Jail. They used the data provided by each of these facilities to determine cost. Meals costs were determined by utilizing a contracted rate and information provided to the research team by Catholic Charities and Salvation Army. The emergency shelter and inclement weather shelter costs were provided by to the team as contracted rates by Clark County Social Services. Public Cleanup was determined by using County Public Works data provided by Angelo Santivito, Manager of Road Maintenance/Public Works. Medical Costs were determined by a UMC study previously completed. Rates were determined by the level or service received. A patient at the emergency room may incur a cost of between \$1,327 and

\$3,895 per day. For the case scenario studies the research team used the most frequent user cost average of \$1,998 per ER visit. WestCare short-term detox is based on an average stay of three days at \$53 per day per admission. Long-term rehabilitation services have an average length of stay of 65 days with cost estimated at \$125 per day. The Clark County Business License costs are set by county code which establishes a range of rates each year through the consumer price index. For non-emergency basic life support/ambulance ride is approximately \$800 up to a critical care transport of over \$1,100. The research team used the average transport rate of \$936 per ride. Incarceration rates between county (\$135) and city (\$170). Those arrested are located based on jurisdiction they are in when arrested. Those incarcerated self-identify as homeless during the booking process and at the time of data collection the homeless incarceration rate was determined to be 2,934 individuals per year primarily on misdemeanor charges with an average stay of ten days per stay and an average cost estimated at \$153 per day or \$1,530 per stay. This equals to a yearly incarceration cost for Southern Nevada of \$3.62 million in 2013 and \$4.38 million in 2014. In the area of public clean-up Public Works maintains the flood control facilities, all the public right of way for the county jurisdiction this includes all pedestrian bridges on Las Vegas Boulevard, public right of ways, alley ways but clean-up is primary focused on flood control facilities. Public Works has a contractor dedicated to clean-up of all the regional flood control facilities. However, because of the increase in inquiries and request for clean-up from the community, county commissioners, local businesses, Public Works now has a dedicated work crew tasked with the regular clean-up of right of ways. This crew goes out on a daily basis. The costs provided for this service to the research team are based on the in-house labor and equipment costs. The crew deployed daily works to remove debris, encampments in public right of ways. The crew consists of two hours of supervision time, crew that consists of an equipment operator and three maintenance workers. The equipment used includes two trucks, bobcat loader, trailer, dump truck and refuse compactor truck. The labor and equipment cost estimate is \$3,000 per day and a one-time estimated clean-up rate of \$1,500. The following assumptions are made based on the case studies developed with the above cost analysis information: an unsheltered individual receiving two meals per day, use of inclement weather day shelter for 100 days (50 each season), 10 months on the street incurring monthly clean-up of an encampment, two months in emergency shelter, two ER visits via ambulance, two short-term detox stays and two incarcerations with approximate cost of \$30,000+ per year. A sheltered individual receiving two meals per day, use of inclement weather day shelter for 100 days, nightly use of emergency shelter, one ER visit via ambulance, one instance of detox equals \$18,000+ cost of services annually. An individual in permanent supportive housing may experience a 65 day detox stay before moving into permanent supportive housing with a total system cost of approximately \$18,000 per year with detox services or \$10,000 per year with permanent supportive housing only. In closing Ms. Christy Shannon provided recommendations include continuation of work toward integration of more public agencies in HMIS data reporting to assist in an ongoing and complete cost picture. Also, the suggestion is to conduct actual long-term case studies (1-2 years) on identified homeless individuals who utilized HUD's Continuum of Care programs. Once cost and specific case study data is collected and analyzed, focus on the resources which have proven to be most effective in serving homeless clients. Ms. Angela Marshall, Second Chance Christian Ministries asked the presenters why the county uses a bobcat loader for routine clean-up of areas. Ms. Tammi Tiger answered that often times clean-up involves the removal of all kinds of debris to include mattresses, large boxes, pieces of wood, metal and other various items. Each flood control facility is designed with an access road specifically for equipment so that areas can be maintained. This access allows a bobcat (a loader) to enter the area to pick-up all items once they have been broken down and piled up by maintenance crew members. The debris is then driven by dump truck to the compactor, compacted and then loaded into a dump truck for hauling. Stacy Sutton Pollard, Nevada Homeless Alliance, shared a few closing comments from the Community Engagement standpoint. This research project was an activity that the Community Engagement group was commissioned to do by the initial strategic plan in relation to community engagement with the intention of being able to better engage community members, stakeholders, businesses by demonstrating how there can be a cost savings at the community level by engaging in planning activities. This group of students is amazing. This is a project that has been in process since August of 2014 in partnership with University of Nevada Las Vegas, Public Administration department. The research team not only pulled and included all of the information on chronic homelessness and also included in their full report cost studies on families, youth, and veterans. The team was asked to do different case analysis in an attempt to demonstrate the complex nature of homelessness and attempt to pinpoint a "magic number" of how much it will cost to end homelessness, keeping in mind that those that are homeless for 48 hours accrue much different costs than those experiencing chronic homelessness for ten years. It was believed that the case scenarios' included in this study were a good way to demonstrate these costs and the many different variables that exist. The report will be made available with the community engagement tool kit at the Nevada Homeless Alliance website.

Agenda Item 6. Receive an update on the progress of the 25 Cities Initiative; for possible action.

Michele Fuller-Hallauer, Continuum of Care Coordinator, presented an update of phase three activities and an outline of all the hard work being done by subcommittees of the 25 Cities Initiative (Mayor's Challenge Group, Outreach Group, Coordinated Intake Group and Emergency Shelter Group). As we are moving forward in addressing the issues identified for this particular phase particularly addressing Veteran homelessness and chronic homelessness we are seeing very quickly that there is a huge intersection between those four subgroups. In an effort to ensure that members understand the breadth of everything that the working groups are doing during the interplay it has been decided to do one consolidated report as

opposed to breaking it out as has been done in past months. First on June 2nd we had the Mayor's Challenge to end Veteran homelessness hosted by the City of Las Vegas. This was an unprecedented event in that we had three of the secretaries for federal departments: Julian Castro, Secretary of Housing and Urban Development, Thomas Perez, Secretary of the Department of Labor, and Robert McDonald, Secretary for the Veterans Administration. All here together under one roof in one venue to talk about the federal efforts to end Veteran homelessness as well as what we are doing locally. We also had folks from the Interagency Council, the Executive Director and some of his staff from the United States Interagency Council on Homelessness and representation from the National League of Cities Las Vegas Councilman Ricki Barlow. With that we also had five mayoral representatives in the room. Las Vegas Mayor Carolyn Goodman, Henderson Mayor Andy Hafen, Boulder City Mayor Roger Tobler, Mesquite Mayor Allan Litman and North Las Vegas Mayor Pro-Tem Anita Wood. More than 100 people attended the forum and the energy in the room to come together collaboratively and end Veteran homelessness was amazing. Moving forward as we chart the course of getting to functional zero before the end of 2015 we are going to see more community engagement and the community arms being wrapped around this effort. Thank you to our Mayor's Challenge group for making this happen. We also had a Memorial Day coordinated outreach pilot that took place over Memorial Day weekend. We talked to you last month about what that pilot would entail. Over that weekend, in the downtown area of Las Vegas, when a homeless person was encountered by one of our first responders and were willing to go to shelter a hotline number was made available to call to contact outreach teams that were on-call around the clock for the weekend. Outreach teams responded to 40 different contacts during the weekend and connected those folks that were willing to go into the shelter system. Some folks were transported for detox to WestCare and one person was taken to the hospital for a Legal 2000. Following the weekend those folks taken to shelter and maintained in shelter over the weekend were then picked up by outreach team members and taken to the appropriate HUBS for continued connection to services. Our Veterans were connected to VA staff to make sure that they were assessed for appropriate housing placement and given connection to other services. There were folks who were not eligible for VA services were connected to the community HUB's and assessed for services. There were 26 agency transports. Twelve were connected to various HUBS'. A full report was provided to SNH CoC board members in their meeting packets. Part of this report includes recommendations from the Outreach Working Group and the Shelter Working group in response to lessons learned during this pilot exercise.

Ms. Fuller-Hallauer presented an update of Coordinated Intake activities. She reminded the audience that Coordinated Intake is a pilot project designed to address the housing needs of households without children that are non-veteran. On the Veteran side all Veterans have coordinated intake through the Veterans Administration (VA) CRRC. These folks enter the system through Clark County Social Service offices. A spreadsheet representing data details was included in each member's packet. The data represents all individuals who have been assessed using a VISPDAT assessment tool and each chart represents where they fall in the scope of housing appropriateness. To date there have been almost 2,000 folks assessed. The VA has assessed approximately another 1,000 folks. In total nearly 3,000 individuals have been assessed in our community for appropriate housing. The VA is seeing a very similar spread according to housing need and housing type. Zero through four on the rating scale indicates the need for affordable housing resources in order to end their homeless episodes. The individuals who have score between a 5 and 9 fall into the category of Rapid Rehousing or Transitional Housing. Those scoring a 10 through 20 are those individuals that are most appropriate for Permanent Supportive Housing. This is a very broad view. When we begin to look deeper in the details there are a lot of things to consider within each of the persons that the numbers are representative of. More specific details can be available upon request. As of the end of May the folks that have been housed 1,358 individuals have been housed through Transitional Housing. Fifty-one have been housed under Rapid Rehousing and 314 have been housed under Permanent Supportive Housing from (July 1, 2014 to May 31, 2015). The folks which have been assessed if not immediately housed because no housing opportunity was available or they chose not to accept the housing opportunity available are placed into the community queue. The community queue is an electronic holding space and not a place. The folks currently in our community queue are waiting for Transitional/Rapid Rehousing (582) or Permanent Supportive Housing (361). Our current vacancies for households without children as of June 9th included: 75 Permanent Supportive Housing, 0 Rapid Rehousing, 68 Transitional Housing, and 2 Safe Haven units open. We have two Permanent Supportive Housing programs that serve severely mentally ill/chronically homeless individuals that have gone into contract and are now able to serve clients. Our community matches are currently working through those that are on the queue to ensure we can get folks matched as quickly as possible to those vacant units. Last month we had zero Permanent Supportive Housing units available. We are glad to have these units online and we will be filling them as quickly as possible.

A couple of other updates include the presentation last month of a google doc that is being created to help to track vacancies to make it easier for providers to tell the community matcher how many vacancies they have and for what programs as well as for the community matcher to know what is available in the community when a space becomes available. Then when we have a client in need of placement we can make an appropriate match. It was hoped that the google doc would be online by this point. However, due to unforeseen circumstance it will be up within the next two to three weeks. Hopefully by the next meeting we will be able to talk to you about the google doc being active and utilized in the community. Also, we have Coordinated Intake FAQ's as a response to the community debrief that we had a couple of months ago from the community about how we are doing with Coordinated Intake. One of things that resounded very loudly was that we needed to do a better job of ensuring thorough communication across the community at all levels. In response we are starting a Coordinated Intake

community tool box. The first two pieces of the community tool box are the development and availability of the FAQ's and a Prezi. Both are located at the Help Hope Home website. We encourage you to go out and take a look at them. The FAQ's are printable and can be distributed. The FAQ's are just the first of many tools that will be forthcoming. As a reminder we have a community Coordinated Intake email box (sscoordinatedintake@clarkcountynv.gov) which is checked multiple times per day and routed to the appropriate person that can answer the question. We are in the sprint to not only end Veteran homelessness by the end of 2015 and end chronic homelessness by the end of 2016. A snapshot of Chronic/Veteran Dashboard was presented and included in each packet that indicates details of the 2016 Initiative and the 25 Cities Initiative. What we are looking at on the dash board are the green dots and lines across the page. Based on our 2015 homeless census if we were to maintain steady housing by the end of December 2016 for our chronically homeless then we would be able to get to zero. If we housed 26 homeless people a month we would be able to get to zero by the end of December 2016. Based on our trajectory from January through May our actual housed for our chronically homeless, if we maintain our current housing level (orange line) indicates that we can get to functional zero several months before the end of 2016. The more people that we house each month the closer we are to our functional zero deadline and the shorter our time to hit zero. There is a similar dashboard for our Veterans. As you look you can see our Veteran goal has changed from January through May of this year. This change is because there has been with the VA and the CoC side we have been talking about a lot of numbers, a lot of assumptions and trying to identify what makes the most sense for our community based on what we do know from our data. The most recent information based on our 2015 homeless census numbers and evaluation that has been taking place at the local VA, if we house 110 homeless Veterans every month by the end of the year we will get to functional zero. At this point the blue on the Veteran Dashboard indicates where we are as far as actual housing placements and the orange indicates that if we stay on track as we are we will hit functional zero.

Dr. Cynthia Dodge, CRRC Program Manager, introduced the details of the up and coming Veteran Outreach project and provided a Veteran housing update. Dr. Dodge began by revisiting the numbers presented in the Veteran Dashboard. She reiterated that the VA staff need to continue a housing placement level of 110 placements per month to meet functional zero by the end of December. She reminded the audience that because we are much more competitive than that and we have to do better so the plan is to pick up the pace. In a future slide the audience will see the actual numbers and she referred back to the blue bars on the dashboard and state that the May numbers were disappointing as she is asking for 150 to 200 housing placements per month and May was only at 110. Doctor Dodge described that there are two pieces to the fall in housing numbers during May. First there was a slowdown in HUD VASH placements compared to where they wanted to be. This slowdown was not because they don't have the people. There are currently 150 Veterans in the pipeline between being referred to the housing authority and needing to get into housing. She acknowledged that the VA has to streamline that process. The housing authority is working closely with the VA and they are planning a mini boot camp this coming Monday. The plan is for both agencies to look at every little nook and cranny to see what they have to do to make that process faster. The more vulnerable that Veterans are the harder it is to take that long time frame to get into permanent housing. The second was that the SSVF Rapid Rehousing program for Veterans did not place nearly as many Veterans as we had hoped in May. That had to do with stopping changes and needing to retool a few things at organizations. However, all of this is in place and Dr. Dodge is meeting with the SSVF providers every week now along with all the outreach providers also every week. They are completely back up on board and by next week she is confident that they will be "off to the races". She expects both of the housing numbers to go up dramatically. She hopes the group will see that increase with the June numbers and most certainly by the July numbers. The next slide shown demonstrates what they have decided to do to push the effort forward. There is going to be a BIG Veteran Outreach Project at the end of June. Three mornings in a row ten different teams head out to 30 different hotspot locations where we think Veterans might be. Our goal is to take out with these teams SSVF providers and have an MCIT team provider on every team and two or three VA staff on each team. The Veteran Outreach Project staff will not only be doing housing assessments but will also be doing referrals to HUD VASH in the field as well as SSVF bring all the Veterans who qualify back to the CRRC where they will be assessed for medical needs and given appointments. They will also see someone from the housing authority how is going to be setting up at the CRRC for those three days just like they did at the Stand Down. This means that service delivery is shifted from the VA side to the housing authority side the very same day. The end goal here is that while we have been working on our master list with probably 80 folks on it. This will be our big sweep of our master list of all Veterans still out on the streets and to start moving them quickly into housing. Dr. Dodge expressed her appreciation for all their partners: Meridith Spriggs, Caridad, and Straight from the Streets. They will all be in it with us which, is so fantastic. The next little piece we would like you to know is when the VA goes out there they are in partnership with all of you. The VA will be assisting the community partners in registering all of their folks. This is not just a Veteran's only come to the table event. Anybody in those encampment areas that we head out to (30 encampments) all homeless individuals will come to there to get services. So the VA will assist in helping the community capture more of the chronics, and get them written down because each agency needs their own master list especially as we continue to work toward the 2016 goal of ending chronic homelessness. Next month the group can look forward to a report of goal success. The next slide presented provided the actual placement numbers from January through May. March (134) and April (147) were so awesome that there were very high hopes for May. June is going to be it. The last piece is that yellow cards are being passed around the entire room which provides the "what to do if you see a homeless Veteran" down to two phone numbers. These cards are designed for the community/neighbor trying to help their local

homeless person and anyone who is a Veteran who might be eligible for housing assistance. These two numbers are available to be called 24/7. The first number listed is the VA Outreach number. This number will always be the same number from 7:30 to 4:00 pm Monday through Friday. No matter which number on the card gets called the VA will pick-up the phone. Off hours including nights and weekends the second number is the google hotline number that Meridith has helped the VA setup for the Memorial Day weekend. That number will be answered by someone 24/7. Right at this moment for Veterans only at any point 24/7 if a Veteran is wanting to get into shelter the Salvation Army is going to bring them in and then transport them to the CRRC the next working day. This is about the most robust situation that we have ever had in our community and Dr. Dodge is anxious to see how it works. Cards are available for pickup today. Several thousand more will be being made and Meridith Spriggs, Caridad, has posted the outreach information on her Facebook page. Melissa Clary, Huntridge Neighborhood, asked for examples of the 30 outreach locations that will be visited by the outreach teams and how are those locations determined? Dr. Dodge explained that the team is working on locations right now. HELP of Southern Nevada and Clark County Social Service is providing them with the locations. Metro is providing locations and their own VA Outreach is also providing locations. The Outreach Working Group is coming together on Monday to consolidate their lists and pick what they all believe to be the most critical tracks. Dr. Dodge invited anyone with information about a particular location that should be included to please let anyone from the Outreach Working Group know. Shalimar Cabrera, U.S.Vets, asked if photos would be taken of individuals as they are served. Dr. Dodge agreed that pictures would be a great idea. Ms. Cabrera offered to provide the resources to photograph. Tim Burch, Clark County Social Service, directed a question to Ms. Fuller-Hallauer in regards to number of new beds and lingering contracts. We have had 75 new beds go into contract since the last reporting period. Mr. Burch asked how many beds are available now and asked for clarification on how many contracts are still lingering for Permanent Supportive placements. Ms. Fuller-Hallauer replied that we have 166 units for Permanent Supportive Housing and 40 units for Rapid Rehousing that once their contracts are executed will come online. This number of placements will take the waiting list down significantly. Nick Spriggs, Briggs & Spriggs, asked for clarification on the average length of time a person stays on the community queue. Ms. Fuller-Hallauer reported that the time on the queue varies based on program availability and the particular needs of each person are because the eligibility for each program varies making it a matter of making a correct match. We do have folks that have been on the queue since the beginning of our pilot. However, we have other folks that aren't even going to the queue. All is based on availability and need. Mr. Spriggs asked based on the example of someone scoring a 10 or higher how long they might stay on the queue. Ms. Fuller-Hallauer shared that until there is additional funding for more housing and case management that it's hard to say. In order to meet the need we need to dramatically increase the amount of rental assistance that can be provided ongoing because Permanent Supportive Housing is longer than a year. It can be as long as they need the assistance plus the case management to go with it. Stacy Sutton Pollard, Nevada Homeless Alliance, asked how often people on the queue waiting list are reassessed do to the assumption that individual vulnerability changes the longer folks are on the list. Ms. Fuller-Hallauer reports that anytime there is a major change in the individual's situation they have the ability to ask for a reassessment. Initially the guidance had been no more than a year from assessment to reassessment. There are currently some studies taking place at this time that haven't yet released results. We are looking for national guidance on how often to do a reassessment in the future. Ms. Sutton Pollard asked if clients are notified when they do their initial assessment that they can request a reassessment. Ms. Fuller-Hallauer reported that clients are told that if anything changes for them that they need to let their worker know. While folks are on the queue they are also informed that they should be checking in at least every 30 days so that staff can be sure that they have current and updated contact information. The worker can ask about any changes so that they can make a decision and can update any particular component of the assessment or determine if a full reassessment needs to be done. Angela Marshall, Second Chance Christian Ministry, asked if when individuals go through the assessment and are deemed eligible for Rapid Rehousing, especially if they go through Clark County Social Services. What type of oversight is there over what the worker actually does with the client and what the worker says to the client in regards to service access? Bobby Gordon, Clark County Social Service, asked for clarification of what Ms. Marshall was asking in regards to oversight of workers. Ms. Marshall answered with an example of a referral which she had made to a local church after a worker told the individual that they had received services from Rapid Rehousing and were no longer eligible. Ms. Gordon responded that she would have to have more specifics on the case scenario in order to answer the question beyond general process. Ms. Gordon offered to talk with Ms. Marshall after the meeting to discuss details and do follow-up. Ms. Gordon went on to explain that each worker has a supervisor and over each supervisor is a manager and ultimate responsibility is on Ms. Gordon and Mr. Tim Burch. There is a higher archy of workers at Clark County Social Service. If there is a decision that is ultimately rendered and the client is not happy with that decision there is a case review process. At that time then the case is reviewed by a supervisor at which time an even higher case review can be requested. Donna Jordan, Southern Nevada Adult Mental Health, asked about Veteran eligibility and do they go to the regular Coordinated Intake? Ms. Jordan reports that she has a Veteran that just came to the clinic and they are in the process of trying to house this individual. Ms. Fuller-Hallauer stated that if a provider has a Veteran not eligible for VA services and your positive they are not eligible for VA services then they go through the community HUB for Coordinated Intake. Dr. Dodge added that when passing out yellow cards for the Veteran Outreach process if an individual says they are a Veteran they are deemed a Veteran until proved otherwise. She requested that the VA be called. They will come get the person and they will work to sort out their eligibility status.

Agenda Item 7. Receive an update from the Nevada Homeless Alliance and presentation from the US Veterans Initiative on the 2015 Stand Down; for possible action.

Stacy Sutton Pollard, Nevada Homeless Alliance, announced that the next provider meeting is scheduled for June 17th from 8:30 a.m. to 9:30 a.m. The meeting will be held at the VA CRRC at 916 West Owens. This meeting is open to anyone working with homeless individuals and anyone interested in getting involved in homeless efforts in Southern Nevada. A save the date for project homeless connect which is scheduled for November 17th. Nevada Homeless Alliance will be contacting agencies to participate and come together to work on this project.

Shalimar Cabrera, U.S. Vets, presented on this year's Stand Down event. The Stand Down is a community intervention done once a year to reach out to Veterans with the hope of getting them connected to services that they need. U.S. Vets is proud to be the hosts for the Stand Down although they realize that they could not make it possible without the support of many community providers. In the spirit of this being a new board Ms. Cabrera took the audience back to what a Stand Down is. Stand Down is a term used in times of war when frontline troops were brought in to a place of safety and security off the battlefield to be fed, clothed, warmed and comforted. We translate that now to bringing homeless Veterans off the battlefield, which is the streets, to a place of safety and security and connect them to all the things they might need. The first Stand Down actually took place in 1988. A successful Stand Down will be an effective mix of programming and logistics. That's what U.S. Vets tries to take on with our local Stand Down. The purpose of the Stand Down is to bring everything under one roof to make all services easily accessible to all Veterans in one location. To provide support, build rapport; change an output to an outcome. Meaning that we not only want our Stand Down to be a count of how many people came in and also what happened to those people as a result of coming to the Stand Down. Were they housed, were they employed, what services were they connected to? Also engage the community as a rallying activity to serve our Veterans and meet community goals in various different areas. There are key elements to every Stand Down: good location, resources offered to meet Veterans basic needs, volunteers, and service providers. The first Stand Down in 2004 held as a one day event included 200 Veterans, twenty service providers, 100 volunteers all hosted at the Eagles Lodge. Since then the Stand Down has grown to 825 Veterans and 229 family members, 150 service providers, 521 volunteers over two days. Over the years the Stand Down process has become much more innovative in collecting data and has become focused on long term outcomes. The following are highlights of the Las Vegas Stand Down. First is the process of identifying specialized staff to perform key positions. This organized structure has helped to identify the following key positions: chair, co-chair, section leaders, floor managers, logistics manager and operations manager. This process does not just include U.S. Vets staff but many other agencies and community volunteers. This event has now taken over Cashman Field. U.S. Vets is really proud of the individualized client services provided during the event. We use the concept of hosting a resource fair that includes setting up booths with different providers and services. The hope is that participants will stop at every booth, ask you what you do and take your brochure. Implemented over the years is a process of issuing each Veteran a badge with their name and an unduplicated number and they each get assigned to a Veteran Assistant. The Veteran Assistant goes through a checklist with them to find out what they specifically came to the Stand Down for. This information is reported on their checklist and then each Veteran is escorted to locations to address the needs identified on their checklist. Veterans are also assigned to a team according to a pre-assessment of their current housing situation. Each Veteran then receives a corresponding color based on current housing and need. Veterans don't know what the color means. The color assignment allows staff and volunteers the ability to throughout the day identify those still needing housing placement or assistance and allows providers and staff the ability to direct Veterans to affectively meet their service needs. Coordinated Intake has also been integrated into the Stand Down. The philosophy is that if our community has moved to Coordinated Intake to end Veteran homelessness than the Stand Down had better be following the same process. It is believed that a great deal was learned by having onsite Coordinated Intake. U.S. Vets has created a "VIP Lounge" which is a special section just for Veterans waiting to move through the process. Theoretically the lounge was a holding place for all the Veterans on the Red Team and still homeless. Each Veteran is being catered to while sitting in the lounge waiting. The Stand Down also provides real time data gathering. There is an electronic check-in process so when Veterans come in they just have to type in their name and email. At the end they check out and receive a certificate. This quick punch system allows for a tally of how many hours each volunteer served. Providers and Veterans all check in electronically so that many different kinds of real time data are able to be captured. The largest change has been to switch the intake system to all computers. This is the second year that check in has been done this way and it worked better than before. The data being collected includes: Veteran demographics, and current needs. Google Doc is the process being used and it's a much more collection friendly system than was used before. Previous systems required many months of analysis after the fact to figure out what was being looked at in the way of data. With Google Docs one person can log in and see on the spot the data that is coming into the system. Each service provider is also asked to track how many Veterans are coming to their booths. This information provides demographic samples with just a click of a button. Some of the demographics collected this year is 91% of the population attending this year's Stand Down were male and 9% female. Age range for Veterans was 23-89 years old and 88% of Veterans attending had an honorable discharge status. 472 participants reported having serious medical problems and 315 reported mental health problems. The most staggering statistic was that 90% of Veterans participating in the this year's Stand Down reported having income of \$24,000 per year or less and 62% of them were determined to be living in poverty. During the event a live ticker is used to

count off the accomplishment of milestones such as a Veteran successfully being placed into housing and at that time than a celebration is announced on stage. The end total for the 2015 Stand Down is 825 Veterans entered Stand Down. Of this 825 Veterans 22 received housing placements during the two day events. 51 Veterans left the event with a housing plan. While 6 Veterans were prevented from entering homelessness and 193 Veterans left with an employment plan. Having each provider at each booth track how many Veterans visited their booth helps to indicate which providers are the most popular and assist in planning of service availability for the following year and helps in the planning for floor layout. Each booth is equally important. The Veteran Stand Down store provides the whole shopping experience for Veterans or family members. Each Veteran receives a voucher in their bag and they are able to shop for things at the store which are raised from the community. Some of the donation drive hosts include: Circus Circus, Cosmopolitan LV, Compassion Care Hospice, Nathan Adelson Hospice and Humana. This year during the store operation thanks to staff who located a register app it was possible to track purchases made at the store and an itemized list of how many of each item was purchased at the store. This year 5,385 items left the store. Each year every Veteran, provider and volunteer is surveyed to see what their personal experience was at the Stand Down. Each year something new is learned and planning for the following year is influenced by this feedback. One comment received by a Veteran was that next year at the store the experience could be improved if a chair is provided to try on shoes. At the end of the presentation Ms. Cabrera took a moment to recognize Salvation Army as the housing provider of the year and Humana as the Partner of the year. Each agency received an award plaque.

Agenda Item 8. Receive an introduction to SSI/SSDI Outreach, Access, and Recovery (SOAR); for possible action.

Ambrosia Crump, Clark County Social Service SOAR Coordinator presented an overview of the SSI/SSDI Outreach, Access and Recovery process. This program is a best practice model sponsored by SAMSHA and received technical assistance through Policy Research Associates. This particular model is practiced in all 50 states. The SOAR program is targeted for those experiencing homelessness, those at risk of homelessness, and those that are either dealing with mental illness, medical impairments or a co-occurring substance disorder. One thing I noticed after receiving the 2015 Homeless Census report was 59.8% of survey respondents reported that they are living today with one or more disabling conditions. When looking at the income side what is being reported is that only 4.8% of respondents are receiving SSI or SSDI benefits. These numbers demonstrate that there is a great need for SSI and SSDI benefits for homeless individuals. Nationally if someone has a capacity to pursue benefits, is engaged in treatment, and has access to good medical documentation the outcomes for completing the process and receiving benefits is identified at 30%. For those experiencing homelessness and who don't have anyone to help the application process and the many other barriers that exist cuts the homeless persons benefit access success rate to less than half of 30%. Only 15% of people who pursue benefits actually receive them on initial application. When a denial happens an appeal process is required that has four levels and requires about a year to complete, and with a hearing involved the process can actually take up to two years. Many times our homeless clients have other priorities and ultimately end up giving up on the process while working on taking care of their primary basic needs. SOAR has the ability to change these outcomes by assisting individuals in capturing social security benefits that allow them to move toward self-sufficiency by making it possible for them to afford their own housing. Income leads to independence and independency means choice. Benefits and stability through housing make it possible for individuals to participate in a higher level of treatment with medical benefits being upgrade to MAVID or Medicare. This increases the availability to additional supportive services which they may become engaged in that help to support stability and success in their lives. It important to remember that social security or disability are not a terminal outcome. People have the ability to move to a place of recovery and stabilize. Their medical conditions can get better making it possible for them to reengage with the economy. Therefore, SSI and SSDI eligibility is not necessarily a final destination. SOAR is different in that at the heart of service delivery is a case manager that is actively engage. Who has rapport and relationship with their client? Making it possible for them to get information that might not be obvious in medical documentation or the medical documentation may not report things like functional impairment which is one of the key components need to get approval for social security benefits. What a case manager is tasked with doing is writing a report (medical summary report). They collect all the medical evidence, review it and they include with this information a story about the client that paints a picture of the client. This process is designed to justify the reasons why this client is unable to work based on what they perceive as social functioning issues that again may not be in present in medical documentation. This approach has been found to be very successful around the nation. With implementation of the SOAR best practice process the success rate for capture of SSI/SSDI benefits jumps to 65% and the turn-around time for receiving benefits drops to approximately 120 days versus the typical 1-2 years. The top ten states practice SOAR critical components which include the case manager actively involving themselves through all the steps of the social security process. They have relationships with medical providers who can potentially co-sign the reports that are written. They also have dedicated staff which means the process is not an additional task but instead their sole responsibility to help guide clients through the social security process. Seven of the ten states that are currently high performers also have high volume. On average they are submitting 100 cases a year, demonstrating not only quality but also quantity. On average these high performers the approval rate is 82%. Nevada is currently at a 72% approval rating and has the capacity to compete for a slot as a top ten performer. The only difference between Nevada and the other top performing states is that Nevada does not have dedicated staff. Last year Nevada only counted 13 SOAR claims throughout the entire state. Eleven of the 13 were approved so Nevada's percentages look good but volume could improve. Since 2005 over 500 people have been trained in

Nevada to practice SOAR. Our trained staff numbers have reduced by way of staff transitioning to other positions or transferring out to other positions reducing our staff numbers down to around 220 trained staff. We have approximately 56-60 trained staff in Northern Nevada and 160 in Southern Nevada. So why invest in training. For states that don't have expanded Medicaid they track the Medicaid reimbursements reported last year that states received 1.65 million in reimbursement which is about \$10,000 per person. For states that track general assistance which can mean different formats similar to how Clark County has financial assistance (emergency housing dollars) that are reimbursable through social security average \$1,200 back each month. It is possible to potentially sustain a program dependent upon the function. The implementation of SOAR is also a community reinvestment. It is federal dollars brought to our community. In total Nevada has received \$220 million dollars into the local community. These are federal dollars that don't have to be spent by our CoC and are returned back to our community to sustain housing and other needs. SOAR has the potential to end homelessness especially chronically homeless that according to definition are required to have a disabling condition along with duration and frequency. It also helps to promote recovery because once individuals become stable, have housing and income they can better address their medical and mental health needs and potentially transition off benefits. Ms. Crump asked the audience to make their calendars with a save the date. Through Policy Research Associates as part of Nevada's technical assistance to allow the community to come together and talk about how to engage all of the stakeholders who touch this population and improve the way in which Nevada delivers SOAR. The date to keep is August 26 at the Grant Sawyer Building there will be a video conference to include Northern Nevada to participate in a SOAR statewide forum. Leaders with decision making capabilities are asked to attend to develop an action plan to move forward with implementation of SOAR training and statewide service development.

Agenda Item 9. Receive an update from each board member regarding relevant activities within their respective organizations relating to homelessness.

Kathi Thomas-Gibson, alternate, City of Las Vegas, announced that the City of Las Vegas has a combined working group that is addressing Veteran homelessness issues. The combined groups are combined just to streamline extra meetings. There was a U.S. Conference of Mayors group working on that particular initiative and there is the 25 Cities Initiative and some of the same people attended both of those meetings. Rather than have separate meetings with separate agendas we have combined those meetings. In our competitive push to get a lot done by the end of this calendar year we are having a face to face meeting and a conference call per month so we can sustain the momentum we have development around this issue and actually knock out some of those numbers to bring down our homeless Veteran numbers. The combined group meets in person on the first Thursday of each month and has a conference call on the 3rd Thursday of each month. Ms. Thomas-Gibson will send that information out again via Ms. Huang Hara and Ms. Sutton Pollard so that the larger community knows when those meetings are happening. Meetings are not publically noticed as such. However, each meeting is open to the public and the conference call can take as many participants as want to call in on that. Second the Planning Working Group, a HEARTH required groups to the CoC. The next meeting is scheduled for June 23rd at 1:00 p.m. at the City of Las Vegas 5th floor. All interested in participating are invited to attend. The group will be working on laying the foundation for the 2015 strategic plan and vetting process that is completed every two years. The group will also begin to think about the process for ending youth/family homelessness. Third is to begin to take a look at the actual CoC Governance Structure which is a living breathing document. Members are encouraged to read at least the first 35 pages of the structure to help in preparing for any additions or changes which might be necessary. The Planning Working Group is responsible to bring back to the larger CoC group comments or recommendations related to the governance structure and voted on at the January meeting.

Joshua Brown, Veterans Administration, announced that on October 7th there will be a Veterans Jobs Fair, known in the past as the Fall Stand Down. Flyers will be available for circulation at the next meeting. Pick-up for this event will be coordinated through U.S. Vets and they will be picking up from various locations throughout the community. This career fair is specifically for Veterans with the primary focus of jobs. Second announcement is that as Dr. Dodge is preparing to leave the area the VA has extended her service agreement with the VA CRRC until the end of the year so she can help Southern Nevada accomplish the mission of ending Veteran homelessness. She will be continuing her involvement by remote but will continue to participate by conference call.

Vicki Chan-Padgett, Touro University Nevada, announced that the mobile nursing team is continuing to provide services at Catholic Charities and began providing the same service today at U.S. Vets. The services are available beginning at 8:00 a.m. until about noon. They are seeing quite a few patients. Some referred from emergency rooms for follow-up care. Others being seen have chronic illnesses and others that can't get into see a providers. If agencies have folks needing medical care members are being asked to refer them to one of these locations.

Nick Spriggs, Briggs & Spriggs, announced that the Monitoring Working Group meets this next Monday from 2-4 p.m. at Clark County Social Service the Pinto location and all are invited to attend.

Barbara Geach, City of Henderson, announce that Tuesday June 16th from 9 to 10 a.m. is the first HMIS Working Group orientation meeting and it will be held at the Women's Development Center.

Melissa Clary, Huntridge Neighborhood Association, invited everyone to attend Friday June 12th at sunset to a movie showing of the "Great Outdoors" with Dan Ackroid and John Candy.

Tim Burch, Clark County Social Service, announced that as the collaborative applicant of the CoC Clark County Social Service put in for a FUSE Initiative Grant (Frequent Utilizer System Engagers) otherwise our VIP frequent flyers, to the Corporation for Supportive Housing (CSH) the technical assistance firm that help use through our charrette process. We had an interview this past Monday and have been notified that Clark County is in the finalist for that process. If our community is lucky enough to win this it means 6 months of technical assistance and a small \$15,000 cash award to help us do some data mapping. Along those lines the focus of that would be to sit down with all community members and discuss what data can be exchanged and to work through the assumptions of why certain data cannot be and looking for systematic opportunities to share data when our frequent flyers are in someone else care. We plan to move forward with this process as a community whether we get this grant or not. We should know by Wednesday if we are selected or not. Representatives from the State of Nevada have given to our community an executive on loan Dr. Devon Verse who is a clinical program manager. Dr. Verse will be stationed at Clark County Social Service as the program quarterback to lead this initiative. We will be pushing forward come July one way or another. However, we hope to get the funding to go along with it. Also, Social Service as a direct service provider has changed its assistance guidelines from 6 months of financial assistance to a full rolling 12 months of assistance for individuals that meet the SOAR criteria you saw earlier who have no ongoing income. Clark County Social Service does not initiate a bunch of new SOAR claims but often get them mid process and can speak to the SOAR process being successful and has made it possible to recapture more than \$200, 000 back into our organization alone with reimbursement agreements for individuals who successfully got their claims met.

Julie Calloway, City of Boulder City, announce the presence of two new members to the board: Kelly-Jo Shebeck, Clark County School District and Lorena Candelario, City of North Las Vegas.

Agenda Item 10. Public Comment.

Phillip Hollon, The Salvation Army, announced that on May 26 and 27th Salvation Army welcomed UNLV School of Nursing to their Day Shelter. Approximately 15 nursing students were on site daily for blood pressure checks, answering general medical questions and building relationships with healthcare professionals. Salvation Army clients loved the experience and Mr. Hollon did a shout out to Nancy Menzel for making the recommendation several meetings ago. Salvation Army was able to reach out to UNLV and get a relationship going. Salvation Army is looking forward to next fall and going on into the spring to have students come out to the Salvation Army campus on a weekly basis and having UNLV actually put this into their curriculum. Last Friday June 5th was National Donut Day. The Salvation Army took their canteen out to the Veteran Affairs CRRC and served coffee and donuts in the morning and lunch to visitors around the building. July 6th through the 31st is the bottled water campaign. Seventeen Dunkin Donut stores will be partnering with the Salvation Army to help raise and collect cases of bottled water for our summer day and night shelter. Finally, Salvation Army is excited to announce that the demolition and remodeling of our central service building is finally underway. Earlier this week on Monday construction crews arrived to begin working on the \$1.5 million renovation project provided by the affordable housing program and Federal Home Loan Bank. Throughout the next six months we will be adding approximately 8 restrooms and our dining area as well as doubling our dining room space for community meals. We will be remodeling client rooms on the second and third floor adding laundry facilities to each of the resident floors creating a surveillance operation center to monitor approximately 70 cameras throughout the building and moving the current day center to a brand new resource center where more than 100 men and women can be day and night with access to showers, get assistance with basic needs and meet with case management staff.

Catherine Huang Hara, Clark County Social Service, provided two reminders. On Monday at 11:59:59 p.m. is the due time for all Continuum of Care applications. If you are submitting an application for a new project or renewal all are due at this time. There are approximately 44 applications in right now but none of them have been submitted. Also, as temperatures are getting warmer, we have a couple of really hot days next week, summer day shelter is open. We have three locations: Catholic Charities, Salvation Army, and the Shade Tree. We also have Hope Link available for motel vouchering for other populations that may not be suitable for shelter. A flyer will be sent out with details on all locations and contact information.

Merideth Spriggs, Caridad, expressed thanks to all the outreach teams and shelters that participated in the Memorial Day weekend pilot and thank you for thinking outside the box. Also, to share with the committee something that has been working within collaboration of the outreach teams that agencies while in the field are talking, sharing and collaborating as they discover clients in the field that have relationships with other agencies.

The meeting adjourned at 3:50 p.m.