

Gaps Analysis

Southern Nevada Continuum of Care 2015 Gaps Analysis



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GAPS ANALYSIS REPORT

This Gaps Analysis report was prepared by HomeBase, a national technical assistance firm. Please direct any comments or feedback via email to southernnevada@homebaseccc.org.

INTRODUCTION

Clark County Social Service, on behalf of the Southern Nevada Continuum of Care, contracted with HomeBase — a national technical assistance provider on homelessness — to perform a gaps analysis of Southern Nevada’s homeless response system. This analysis strives to evaluate the current system, identify existing gaps, and make recommendations designed to improve the overall system of care to better address the needs of the homeless population in Southern Nevada.

Throughout this analysis, “homeless response system” refers to the full spectrum of the regional response to homelessness, including all components of homeless housing and services, community engagement, and system governance. We have chosen to structure this report into three key areas:

- Accessibility** The first chapter of this report identifies gaps and makes recommendations to improve the system components and systemic qualities that tend to either encourage or inhibit the ability of homeless persons in Southern Nevada to access housing or services appropriate to their needs, including: (1) the accessibility of information regarding existing resources; (2) the geographic and physical location of programs within the region; (3) the quality of outreach in identifying and targeting homeless individuals and families for services; (4) the ability of prevention/diversion services to prevent persons from experiencing homelessness in the first place; (5) the linkages made by the assessment/referral process; and, (6) programmatic entry barriers/requirements. *A detailed analysis of the accessibility of Southern Nevada’s homeless response system can be found in the “Accessibility” section beginning on page 4.*
- Availability** The second chapter of this report identifies gaps and makes recommendations to improve the systemic availability of housing and service options, focusing particularly on: (1) the existing housing stock; (2) vulnerable and potentially underserved homeless subpopulations; (3) program rules; and, (4) the range of services currently provided. *A detailed analysis of the availability of appropriate housing and services within Southern Nevada’s homeless response system can be found in the “Availability” section beginning on page 33.*
- Coordination** The third and final chapter of this report identifies gaps and makes recommendations to improve the overall function and guidance of the system, looking further at: (1) the engagement of the wider community in the fight to end homelessness; (2) funding attainment and maximization; and, (3) governance and guidance of the overall Continuum. *A detailed analysis of the systemic operation of Southern Nevada’s homeless response system can be found in the “Coordination” section beginning on page 58.*

This report is structured into chapters and sections. Each section is structured as a “mini-report,” detailing best practices, analysis, and recommendations regarding its subject matter to facilitate the utility of the overall report in developing community action plans around the issues raised by HomeBase’s analysis. The report concludes with an appendix detailing recommendations by category and working group.

About the Southern Nevada Continuum of Care

Developing and implementing a client-centered, outcome-driven, system-level response to homelessness is a complex endeavor. The Southern Nevada Homelessness Continuum of Care has risen to this challenge, leading the nation in many ways.

Southern Nevada's successes can be attributed to its constant quest for self-improvement, firmly focusing on enhancing the client experience and system-wide performance outcomes. In December 2015, the CoC – one of only a handful of communities so far – was officially recognized by HUD Secretary Julián Castro for functionally ending veteran homelessness according to the United States Interagency Council on Homelessness's criteria and benchmarks.

In the fall of 2014, Southern Nevada was chosen as the kickoff site for HUD's Housing & Healthcare (H2) initiative to better integrate mainstream health services with housing services in order to maximize care coverage and ensure effective coordination of supportive services and housing; since then, the State of Nevada has begun pursuing a Medicaid supportive housing benefit.

The state's highly adaptable, highly functional Homeless Management Information System is paving the way for data sharing and cross-system collaboration with local hospitals, law enforcement, fire and rescue, and the state Health Information Exchange. The HMIS also serves as the main database for the CoC's fully functioning Coordinated Entry system for single adults, which has already undergone two rounds of evaluation and systems improvement implementations.

Due to the nature of this Study, this report identifies and thoroughly examines holes in the system, and does not highlight the many accolades the CoC deserves.

About this Report

To complete this report, HomeBase analyzed relevant Homeless Management Information System (HMIS) and reporting data, conducted consumer focus groups, met with key stakeholders and community leadership, solicited survey responses both from CoC leadership and from homeless housing and service providers, and reviewed applicable and recognized best practices. This report presents HomeBase's findings on systemic strengths and challenges, and makes focused recommendations designed to optimize the system's ability to respond to homelessness in the four areas listed above.

Evaluation Methodology

This report summarizes the results of an intensive evaluation process incorporating an analysis of HMIS and other data, community and stakeholder feedback, and research into applicable requirements and lessons learned from other communities. The following sources inform this evaluation:

Relevant Housing Inventory Count (HIC), Point-in-Time (PIT) Count, and Homeless Management Information System (HMIS) Data

HomeBase reviewed and analyzed the most recent community-wide data from the annual Housing Inventory Count (HIC), annual sheltered Point-in-Time (PIT) count, and semi-annual unsheltered PIT count. Through these materials, HomeBase was able to assess the existing inventory of homeless housing in Southern Nevada and total size of the region's homeless population, as well as draw conclusions based on the demographics of the population. In addition, in partnership with BitFocus, the HMIS software vendor and lead HMIS agency for the Southern Nevada Continuum of Care, HomeBase conducted an analysis of the HMIS consumer records of all individuals for whom the VI-SPDAT was administered during the one-year period from December 25, 2014, through December 25, 2015. This analysis included an evaluation of consumer demographics, assessment scores, housing placements, and length of time in programs.

Consumer Focus Groups

HomeBase facilitated a series of qualitative feedback forums with current consumers of housing and services within the Southern Nevada homeless response system. Consumer focus groups were held for distinct populations: youth, women & families, single adults, and veterans.

Key Stakeholder Interviews/Meetings

HomeBase conducted interviews of key stakeholders and community leadership for qualitative feedback regarding the state of Southern Nevada's homeless response system.

CoC Board and Provider Surveys

HomeBase distributed electronic surveys to members of the CoC Board, its subcommittees, and regional homeless housing and service providers to supplement the qualitative data gathered during consumer focus groups and key stakeholder interviews.

Applicable Federal Requirements/Guidance and Community Examples

HomeBase integrated into this report relevant federal requirements and guidance, national research, and best practices for the operation and functioning of homeless response systems. This information establishes the framework for important system components and potential gaps and solutions. HomeBase also identified community examples on implementation and operation of key system components into other models, practices, and lessons learned. This information is presented at the outset of each section to provide a framework of key elements of a thriving homeless response system against which the Southern Nevada homeless response system can be measured.

ACCESSIBILITY

The first chapter of this report focuses on the accessibility of the Southern Nevada homeless response system, addressing both consumer experiences and system supports designed to connect consumers with homeless assistance resources. Six subjects are addressed in turn:

- ❖ **Accessibility of Information Regarding Existing Resources** focuses on consumer awareness of existing housing, services, and other resources, as well potential gaps and recommendations to better connect consumers with this information. *A detailed analysis of the accessibility of information regarding existing resources can be found beginning on page 5.*
- ❖ **Geographic and Physical Accessibility** identifies systemic gaps and offers recommendations to improve the ability of consumers to physically access existing programs. *A detailed analysis of geographic and physical accessibility can be found beginning on page 8.*
- ❖ **Outreach and Identification** addresses potential considerations to take into account as the community works to improve its outreach system and improve rapid identification of homeless or at-risk persons for housing and services. *A detailed analysis of outreach and identification can be found beginning on page 14.*
- ❖ **Prevention and Diversion** discusses the structure and operation of homelessness prevention and diversion programs and practices in Southern Nevada. *A detailed analysis of prevention and diversion can be found beginning on page 18.*
- ❖ **Assessment and Referral Process** touches on assessment and referral practices in Southern Nevada and makes high-level recommendations to guide future development of coordinated intake as it emerges in the community. Note that a more detailed analysis of the Coordinated Intake system can be found in the associated Coordinated Intake Evaluation produced by HomeBase. *A detailed analysis of the assessment and referral process can be found beginning on page 25.*
- ❖ **Entry Barriers and Requirements** identifies challenges posed by existing program entry requirements, particularly focusing on emergency shelter practices, and makes recommendations to reduce systemic and programmatic entry barriers. *A detailed analysis of entry barriers and requirements can be found beginning on page 29.*

Accessibility of Information Regarding Existing Resources

The most high-functioning homeless response systems allow consumers to quickly and easily access information about existing resources. Without a coordinated system to access such information, consumers can struggle with accessing housing and utilizing services, even where the community has integrated strong outreach practices and robust prevention services. Moreover, providers can be limited by the same lack of coordination regarding information about existing resources when referring participants to other agencies for supplemental services. Communities accomplish information dissemination in a few ways:

- ❖ **Phone systems:** Many communities have 2-1-1 or homeless hotline services that provide free information on available community services including assistance with basic needs, child and elder care, health services, immigration, counseling, and opportunities to volunteer or donate. Telephone systems are typically available 24 hours per day and offer information in multiple languages. Callers can receive information on where to access or obtain assistance and some systems utilize 2-1-1 as a coordinated intake entry point.
- ❖ **Multi-service/drop-in centers:** Multi-service or drop-in centers can provide a single location to coordinate and integrate service provision and treatment.¹ Models can vary from information and service hubs (offering basic services such as food, clothing, storage, etc.) to include emergency shelter or linked on- or off-site permanent housing. Multi-service centers can be utilized as coordinated intake assessment locations. For instance, Los Angeles County (CA) operates regional Family Solutions Centers integrating County and City agency resources to provide a number of services, including coordinated screening, employment services, triage, crisis intervention, diversion and homelessness prevention, rapid rehousing, and housing-focused case management.²
- ❖ **Outreach and discharge planning:** Some systems rely on targeted, effective street outreach and discharge planning (when exiting an institution such as a hospital, jail, or prison) to inform consumers of their options to obtain homeless assistance. Relying solely on outreach disproportionately targets the unsheltered population and struggles more to offer prevention assistance.

Given the drawbacks and advantages of each system, many communities utilize more than one path to obtaining information about existing homeless resources. Whichever paths operate in a community, all should be effectively advertised so that both consumers and providers are aware of the resource.

Analysis

Feedback collected during HomeBase's analysis of the homeless response system strongly indicated that: (1) consumers are unable to access, or are unsure of where to go in order to access, up-to-date information regarding the availability of existing resources; and, (2) homeless housing and service providers often rely on outdated personal experience and/or personal contacts in order to refer consumers to other providers for housing or services.

During focus groups, consumers expressed a near universal frustration with the existing system of information dissemination and, particularly, with the 2-1-1 system. Consumers specifically cited poor advertising of the

¹ USICH, Searching out Solutions: Constructive Alternatives to Criminalization (2012), available at: https://www.usich.gov/resources/uploads/asset_library/RPT_SoS_March2012.pdf

² UISCH, Partnerships for Opening Doors: A summit on integrating employment and housing strategies to prevent and end homelessness, Community Profile: Los Angeles, available at: https://www.usich.gov/resources/uploads/asset_library/Los_Angeles_Profile.pdf

system, the dissemination of out-of-date contact information, and incorrect knowledge of current program services as the primary challenges associated with the 2-1-1 system. Moreover, consumers indicated that they were particularly unaware of prevention or diversion resources that may have prevented their homelessness in the first place, and noted that the majority of their knowledge of existing resources spread from word-of-mouth. Of the fifty-plus responses gathered from consumers asked to identify the one action that the homeless response system could take in order to better assist consumers in exiting homelessness, a full 20% identified improvement to the existing system of information dissemination. In the words of one consumer: “The services are out there, but we need to know about them.”

Similarly, though nearly every provider responding to the survey indicated that it takes steps to refer consumers to outside services when necessary, many indicated that they rely on their own personal experience and/or contacts in order to identify particular providers that are able to meet an individual consumer’s service needs. One provider cited the following challenge and desire: “Because the selection of services that each [provider] offers can change from year-to-year and entire agencies have been known to disappear entirely, [I’d like to see] more ‘fairs’ for different providers to come and advertise what it is that they do and what type of resources they offer, [so that I] have a better idea of what the different providers currently offer.” Providers, however, expressed some hope that this situation would be rectified by the emerging Coordinated Intake system.

Recommendations

To ensure that consumers are able to access information regarding the resources that are available to them and that providers are knowledgeable about the entire spectrum of homeless services available in the region, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Develop a homeless resource guide and/or public awareness campaign particularly designed to reach persons at-risk of homelessness and the unsheltered population

Awareness of existing resources would be increased by the development of a comprehensive homeless resource guide, including the physical location of existing programs, up-to-date contact information, a short description of the types of services offered, and basic programmatic eligibility requirements. Such a resource guide should be targeted particularly at consumers of prevention/diversion programs, emergency shelters, food banks, and community health clinics. This resource guide should be updated annually in order to accurately reflect current contact information and services offered. The community could explore updating its resource guide through an updating the information directly with 2-1-1, ensuring that 2-1-1 has access to the updated guide, and/or by conducting a review of 2-1-1 effectiveness and expanding its database to include all homeless providers. The community could ensure that this guide remains updated by including update requirements into local grant contracts.

In addition, the community could combine this resource guide with coordinated advertising of existing programs through print or web-based media, billboards, and/or radio/television. By better advertising the existence of current resources, the Southern Nevada Continuum of Care could potentially reduce first-time homelessness by better engaging at-risk populations prior to loss of housing, shorten the length of time that persons experience homelessness by informing consumers of the availability of resources even before their first contact with outreach teams, and simultaneously raise community-wide awareness of the depth of the issue in the Southern Nevada region.

(2) Improve interagency communication and ensure that programs possess up-to-date information regarding the services currently offered by other agencies

The development of a homeless resource guide would benefit providers, as well as consumers. The funding available to providers to offer homeless housing and services is constantly evolving, necessitating corresponding changes to the service package, requirements, and even physical locations where services may be offered. Disseminating an up-to-date print- or web-based guide of existing resources would benefit providers that currently rely on personal experience to refer consumers for other agencies for services.

Additionally, the Continuum may wish to organize additional professional networking events to strengthen interpersonal ties between agencies in the Southern Nevada region. This could include organized events such as regional mini-conferences or program tours, which would familiarize providers with the culture/ atmosphere of other programs and, ultimately, yield greater regional cultural uniformity in the provision of housing and services (e.g., further wide-spread implementation of Housing First). It would enable providers to build personal connections with their colleagues, decrease the sense of isolation that some expressed, and ultimately provide more efficient assistance to persons experiencing homelessness in the Southern Nevada region.

Geographic and Physical Accessibility

Effective and successful coordinated homeless response systems ensure that there are comprehensive strategies in place to ensure that all clients, regardless of their location or physical abilities, have fair and equal access to housing and services. In continuums comprised of mixed environments, rural, suburban, and urban providers working to end homelessness experience similar challenges such as limited resources, lack of income, poverty and unemployment. However, providers in more rural and suburban areas face additional challenges such as poor housing quality, larger coverage areas, and limited transportation methods. Successful strategies advocates and providers have employed to end and/or prevent homelessness among the “hidden homeless” include prevention services, strategies for improving current housing stock, and increasing or providing alternatives to limited transportation.³

Regardless of geographical environment, all homeless housing or services providers must ensure that once any geographic hurdle to accessing the system is overcome that disabled consumers, in particular, are able to physically access the facility or that reasonable accommodations or alternatives are made available to them. Holistic and accessible homeless response systems assist providers in better addressing the accommodation needs of their disabled consumers and ensuring that they are meeting their obligations under the Americans with Disabilities Act (ADA) and other federal and state laws.⁴

Across geographies, cultures, and time zones, geographically-diverse communities have developed strategies to address the challenges posed by a lack of geographic and physical accessibility to homeless housing and service providers. Communities in Alabama, Massachusetts, Northern California, Ohio, and West Virginia have adopted the following strategies to successfully combat their accessibility challenges:

- ✦ **Technology & Data:** Communities experiencing urban sprawl shrink their vast geographies with the use of technological advances and data gathering and integration. The use of virtual visits through video conferencing to establish and maintain connections with consumers as well as among providers has provided increased accessibility and assisted in prevention efforts. The use of mobile devices such as smartphones and tablets to conduct assessments through mobile outreach have been developed as part of the planning and implementation of coordinated entry systems. Ensuring that all providers are utilizing HMIS and are supported in the collection of reliable, quality data is crucial. Through the comprehensive use of HMIS geographically diverse communities have successfully improved their PIT Count by starting early, building a solid network and engaging partners to assist with the count.
- ✦ **Transportation and Transportation Alternatives:** In addition to continued efforts to secure funding for use of taxis or public transportation vouchers and passes, the use of program funds for transportation costs or the use of agency vans, communities have gone a step further to relocate agencies and programs in closer proximity to benefit offices. Successful providers build relationships with mainstream agencies in order to have staff available at provider locations to conduct intake or deliver services. In geographically spread out communities, providers work to ensure that their existing sites serves as multi-service centers. Hosting frequent “All Day Fairs” in rotating physical locations help bring together not only homeless providers but mainstream benefits agency staff, health care providers, and specific agencies and programs focused on veterans, families, youth, and LGBTQ individuals at-risk of or experiencing homelessness.

³ NAEH: Fact Sheet: Rural Homelessness, available here: <http://www.endhomelessness.org/library/entry/fact-sheet-rural-homelessness>

⁴ Massachusetts Coalition for the Homeless, Breaking Through the Barriers: A Practical Guide for Shelter on Reasonable Accommodations, 2004, available here: <http://www.dlc-ma.org/resources/Housing/HOU36%20Shelter%20Accommodations.pdf>

- ✦ **Intense Agency/Program Resource and Capacity Building:** Most communities experience a lack of resources and capacity to effectively operate. Among solutions successfully deployed are recognizing the need to keep casting the net often and wide in order to obtain resources and to use the resources currently in hand in a more targeted way. In addition, engaging and brokering partnerships among agencies that are new or have chosen not to regularly engage the homeless response system has proven effective. Often times this initially requires providing incentives and identifying tangible benefits to these agencies such as assistance with agency/program assessment and evaluation, constant contact (phone, email, local trainings, visits), HEARTH preparation and support, and a comprehensive strategy to identify and communicate funding opportunities at the federal, state, and local levels.⁵
- ✦ **Coalition and Partnership Building:** Providers can combat their geographic isolation, limited resources and low capacity by forming and promoting solid partnerships with the faith-based community, public housing authority, school districts, law enforcement, department of corrections, health care system, and the media.⁶ Such partnerships result in funding and expanded resource opportunities, integrated service delivery, and an opportunity to engage the greater community. Moreover, effective geographically diverse communities ensure that their efforts in ending homelessness also include having solid relationships with government leaders; support of their elected officials in taking ownership of the challenges created by homelessness and; that engagement at the regional, state, national level with their peers to share best practices.
- ✦ **Ensuring Physical Access to Facilities and/or Providing Alternatives:** Government-owned or operated housing and some privately owned facilities that provide housing are subject to ADA compliance.⁷ These facilities may include public housing, temporary housing provided in emergencies and social service facilities (e.g. homeless shelters). With regard to individually owned or leased housing in the private sector, many types of multi-family housing are subject to the design requirements of the Fair Housing Act.⁸ Providers should ensure that their facilities have been assessed for accessibility compliance by contacting their State Disability Office or Independent Living Center(s) to confirm compliance or begin working towards compliance. Access can be provided in a number of ways such as making structural changes, relocating to an accessible location, or providing assistance to a person with a disability in order to access the program. Key focus areas for accessibility include ability to enter and exit the facility, sleep, eat, use the toilet, bathe, and use of any services or programs. If a provider cannot accommodate a request for access than the provider should provide the person with an alternative (this may include an alternative site and transportation to that site).⁹ Providers should ensure that ADA requirements and compliance are reflected in their policies, procedures, and protocols and that they are monitored on an on-going basis.

Analysis

Feedback and data analysis indicates that: (1) housing and services are inconsistently available throughout the geographic region of Southern Nevada; (2) access to transportation services is both varied among programs and limited in nature, exacerbating the relative geographic inaccessibility of housing and services caused by the

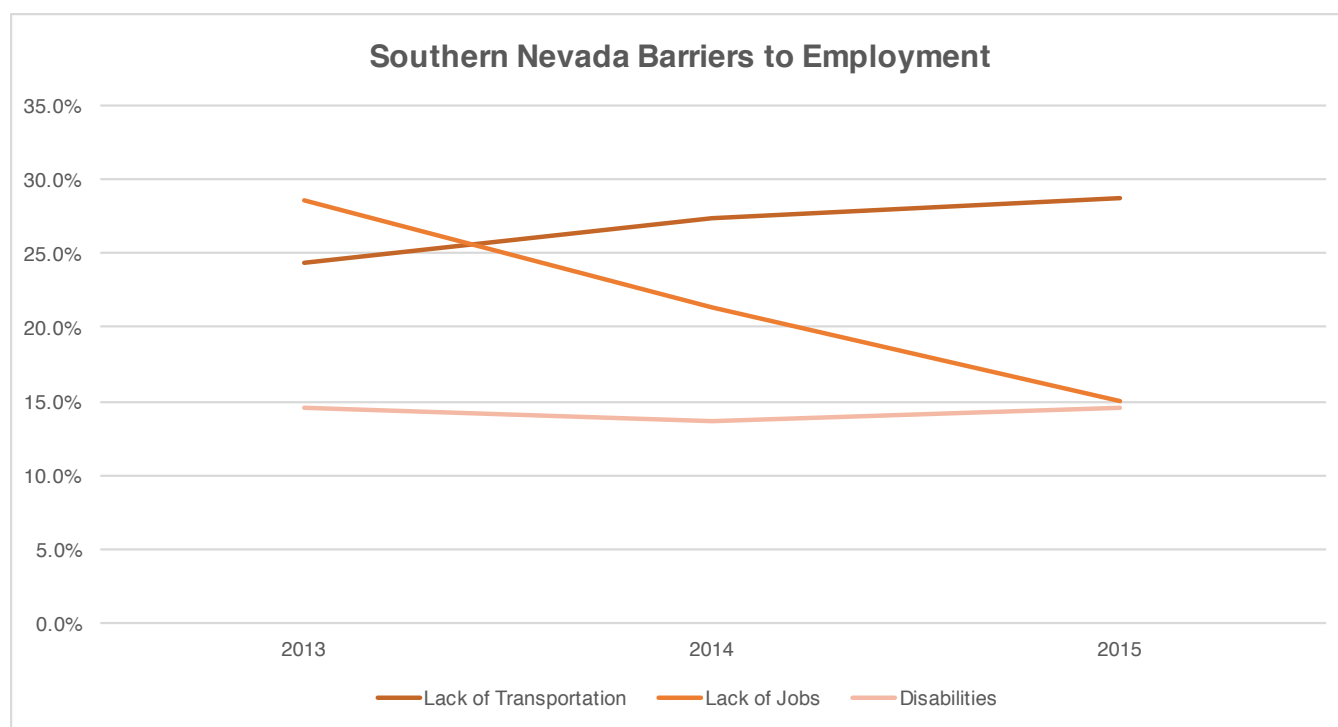
5 Brown, Zachary (2014). Homeless Assistance Systems in Rural Communities, presented at NAEH Conference, Washington, DC, available here: <http://www.endhomelessness.org/library/entry/6.12-homeless-assistance-systems-in-rural-communities>

6 Stempson, Amanda (2015). Ending Homelessness in Rural Areas: Overcoming Barriers to Success, presented at NAEH Conference, Washington, DC, available here: <http://www.endhomelessness.org/library/entry/3.13-ending-homelessness-in-rural-areas>

7 United States Access Board: Chapter 1: Using the ADA Standards, available here: <http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/guide-to-the-ada-standards/chapter-1-using-the-ada-standards>

8 Id.

9 Massachusetts Coalition for the Homeless, Breaking Through the Barriers: A Practical Guide for Shelter on Reasonable Accommodations, 2004, available here: <http://www.dlc-ma.org/resources/Housing/HOU36%20Shelter%20Accommodations.pdf>

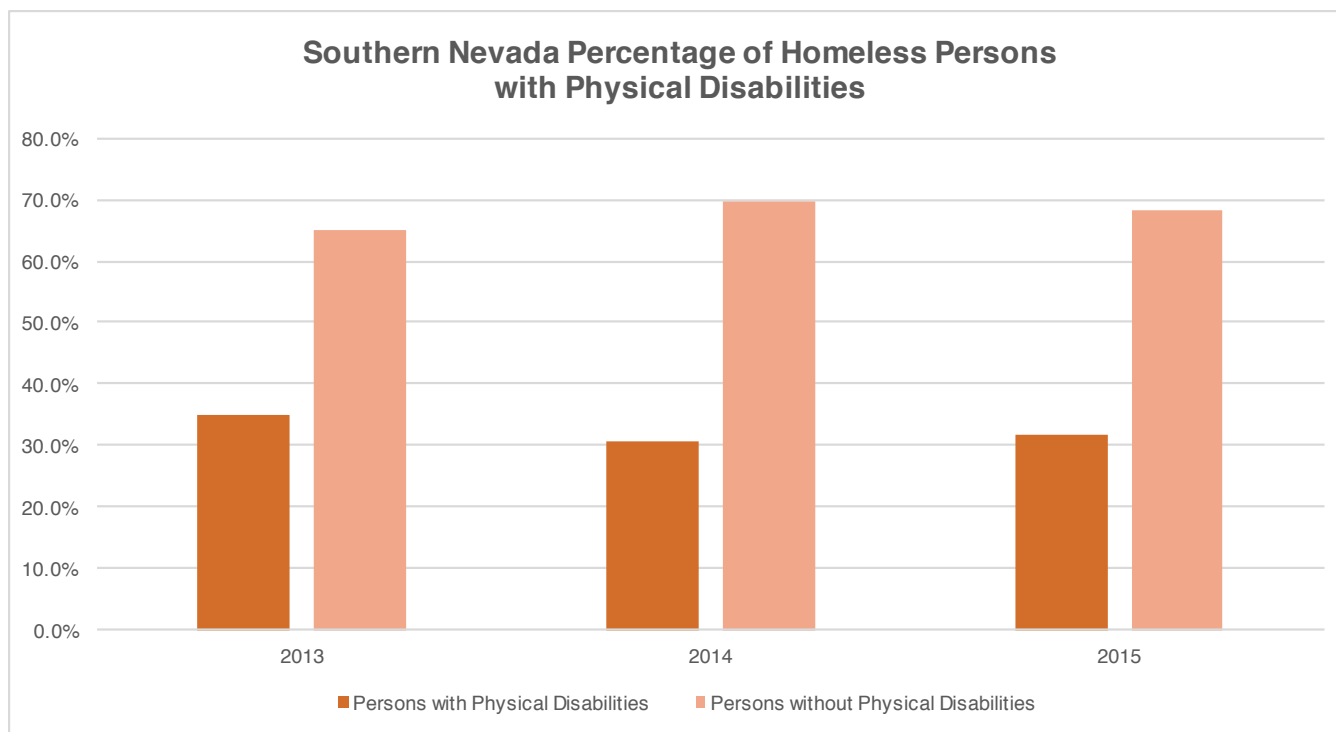


Source: 2015 Homeless Census

While 86.7% of providers responding to the survey indicated that they offer bus passes to help clients access transportation, consumers described the process of obtaining a bus pass as “very difficult” and “nearly impossible, unless the agency has recently received a new batch” of passes to distribute to participants. Providers agreed that “bus passes run out way too soon.” A further 46.7% of providers indicated that their programs operate a van service, though some consumers disputed the utility of these services within certain programs: “my program has a bunch of vans, but they just sit in the parking lot because my program doesn’t have employees to drive them and staff the program at the same time.” Lastly, no provider indicated that it offers assistance with fuel costs or auto repair for clients who have cars, despite one provider indicating that “a lot of clients have cars, but can’t pay for gas or maintenance.”

Moreover, though nearly all providers indicated that they refer clients to other programs for supplemental services, only 33.3% of providers offer transportation (in one form or another) to support those referrals. Providers indicated that this support “completely depends on the agency. Some provide clients with a printout from Google Maps, while others will make the appointment and transport clients to it.” Lack of transportation hinders the ongoing implementation of coordinated intake, as well, since assessment occurs at designated coordinated intake hubs, most of which are concentrated in specific areas, and the system itself does not provide or subsidize transportation to or from the hubs.

As in many communities, a large (and relatively stable) percentage of the homeless population in the Southern Nevada region either currently have or previously had a physical disability. The chart below shows that nearly 15% of the homeless population, according to the most recent Homeless Census, indicated that their physical disability was the primary barrier to them obtaining employment. Despite this, several providers and consumers indicated during interviews that some emergency shelters struggle to ensure easy physical accessibility for persons with disabilities. One provider indicated that “Disabilities hold many of our clients back...we just don’t



Source: 2015 Homeless Census

have certain items here, like wheelchairs, and the physical structure itself isn't designed for easy navigation by the elderly or by people with disabilities."

Recommendations

To improve the current uneven geographic distribution of homeless housing and services and maximize their accessibility to the population experiencing homelessness in the region, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Improve consumer access to transportation services

Inability to access transportation to homeless housing and service providers, to Coordinated Intake hubs, to hospitals and other service centers, to employment opportunities, and to other locations constitutes a major barrier to participation in the overall system of care in Southern Nevada. HomeBase recommends that the Continuum actively seek to expand access to transportation resources by advocating with local transportation authorities to obtain additional bus passes, seeking sources of funding for gas cards and auto repair and maintenance, and by encouraging providers to assist consumers to access services to which they are referred, assist clients to access Coordinated Intake hubs, and ensure sufficient staff are available to operate van services to the maximum extent possible. Additionally, Healthcare for the Homeless programs may use funding on transportation services, while some programs have developed relationships with Managed Care Organizations (such as Logisticare) that offer transportation to healthcare appointments.

(2) Engage local jurisdictions to ensure that consumers are able to access the full range of homeless housing and services, regardless of the particular jurisdiction in which they are located

The Southern Nevada region covers an expansive geographic area, but has a population largely centered around the cities of Las Vegas and North Las Vegas. As a result, many homeless programs naturally tend to concentrate in the urban core of the region. For instance, Coordinated Intake assessment hubs located in the Downtown Las Vegas area see more traffic than others. This does not mean, however, that there is no demand in the more rural parts of the region. HomeBase recommends that the Continuum work with jurisdictions overseeing more rural localities to ensure that they're able to access the same housing and services available to persons living in the Downtown Las Vegas area. This can be accomplished, primarily, by ensuring that consumers have expanded access to transportation services, by working with outreach teams to ensure that the entire geography of the region is covered (to the extent possible) in their efforts, by working together with local jurisdictions to reduce barriers to entry that sometimes prohibit residents of one locality from receiving services funded by another (see recommendation in "Entry Barriers and Requirements" section below), and by ensuring that basic services (such as cooling centers) are available to consumers wherever they are located.

(3) Encourage improvement of existing facilities to increase physical accessibility for disabled consumers and ensure existence of alternative arrangements where necessary

Where existing facilities (particularly, emergency shelters) do not possess physical structures capable of meeting the needs of persons with disabilities, HomeBase recommends that the Continuum work with providers in order to determine the nature and expense of the required improvements, as well as assist in locating the capital funding necessary to make structural improvements to bring these facilities into ADA compliance. One possibility is to use Medicaid funds to pay for additional disability-related devices needed to address disabilities, such as canes or wheelchairs, for disabled clients (see recommendation in "Funding Attainment and Maximization" section below). The Continuum could consider ensuring that any homeless resource guide (see recommendation in "Accessibility of Information Regarding Existing Resources" section above) accurately and easily indicates which emergency shelters are accessible to persons with disabilities. In addition, the Continuum may wish to consider working with local healthcare providers to ensure that persons are not discharged into homelessness and/or are connected with appropriate providers capable of meeting their health needs. These healthcare providers may be willing to recycle ambulatory care devices to supplement on-site medical devices.

Outreach and Identification

Effective outreach is a key component of a system to identify, engage, and connect people at-risk of or currently experiencing homelessness — including chronic homelessness — to the housing and services needed to achieve housing stability. Collaboration and coordination among outreach providers and the Continuum of Care is critical to accomplish the two primary goals of: (1) targeting engagement (particularly towards those requiring special attention); and, (2) ensuring geographic coverage.

To improve targeted engagement, outreach coordination should involve “in-reach” to include organizations outside the traditional homeless response system, including hospitals, correctional institutions, and foster care services. This collaboration is particularly important to identify and target homeless or at-risk youth, as well as families with children experiencing housing instability or homelessness. These individuals and families are often identified and targeted for services by the local school system. As such, at a minimum, the most effective outreach and identification efforts include an educational liaison that works directly with local educational authorities to improve outreach and identification of students at-risk of or experiencing homelessness, provision of appropriate and sufficient educational services to eligible persons in homeless programs, and cross-collaboration including participation in state and local educational agency meetings and planning events (and vice versa).

Many communities are going one step further in deepening the collaboration between the homeless response and education systems to include data integration, sharing, and analysis of children identified as homeless in one or both systems. This gives the community a better understanding of the challenges faced by homeless families and youth, allows for better targeted outreach, and fosters the provision of assistance. The Department of Human Services (DHS) in Allegheny County, Pennsylvania, has experienced great success by utilizing the following model:

- ❖ **Data integration:** The community has developed a Memorandum of Understanding (MOU) between the school district and HMIS Lead that includes: personal identifiers (name, date of birth, Social Security number), school directory data (school building, grade level), demographic data (gender, race, age, free lunch indicator), performance data (grade point averages, state standardized test scores), and attendance data (days of suspension, excused and unexcused absences, tardy arrivals).¹⁰ All student data provided by the school district(s), as well as reports generated from the data containing personally identifiable information, are considered confidential.
- ❖ **Data use:** The MOU authorizes the use of data to conduct an “action research” project (i.e., a problem-solving process in which the DHS and the school district cooperate to improve the manner in which they address issues involving students served by both systems). DHS uses the data to prepare analytical, aggregate reports on students receiving homeless services, including identifying characteristics and indicators related to academic successes and challenges. This allows the community to develop effective, data-based strategies for improving their targeting of assistance to students and their families.¹¹
- ❖ **Integrated data analysis to support informed targeting:** Research staff found a wide gap in the number of students that DHS identified as homeless and the number of students identified within the school system as experiencing a housing crisis. The different definitions of homelessness used by HUD and the Department of

¹⁰ Children’s Bureau/ACYF/ACF/HHS, Site Visit Report: Improving Educational Well-Being Outcomes of Children (March 2013), available at: <https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cbfunding/cbreports/edcollaborations>

¹¹ Id.

Education underlie this gap since school districts are capable of identifying early signs of housing crisis, such as doubling-up. Identifying this gap using the integrated data allowed DHS to identify students in precarious living situations earlier and more effectively and to target prevention and support services to help avoid entry into the homeless response system. They continue to partner with school staff, community organizations, homeless providers, and students and families who have experienced housing crises on further model development to support homeless student identification and intervention design.¹²

In addition to improving identification, effective outreach systems also work to refine comprehensive engagement strategies to more accurately locate the unsheltered homeless population and use limited resources to cover the maximum geographic area. To do so, communities have employed a bifurcated approach: 1) increased engagement with mainstream systems and other groups, including private businesses (discussed above); and, 2) incorporating new technologies.

While some communities, including Southern Nevada, have begun making greater use of iPads and other mobile technologies to track outreach contacts or administer coordinated intake assessments, some have begun adapting geographic information system (GIS) technology to better target outreach to unsheltered persons in difficult-to-find locations. For example, the Anchorage (AK) Continuum of Care coordinated with local developers to create a mobile application that it piloted during its most recent Point-in-Time Count. The app identifies homeless encampments by overlaying Department of Parks and Recreation toilet facility locations with bus routes, homeless resources, and community police contacts with encampments. The community's selected coordinated intake assessment tool (the VI-SPDAT) can be administered remotely as well. Data is stored in the app and uploaded when the user's cell phone service is or becomes available. This provides the community with more timely information than it has had access to before, particularly since many encampments are outside of cell phone coverage areas. The CoC has a weekly outreach meeting, including community police contacts, at which they are discussing further use of the application in outreach efforts.

Analysis

By all accounts, the Mobile Crisis Intervention Teams (MCIT) have experienced success reaching the most vulnerable populations: overall engagement levels rose, while the consumers contacted have higher VI-SPDAT scores indicating high levels of need. The MCITs have the best chance of reaching the most difficult-to-find populations, such as those in tunnels, and have had success doing so. The use of HMIS as a platform for coordinated intake has improved the quality of outreach and the MCITs have begun using iPads. However, funding for the MCITs is insufficient to ensure full geographic coverage of the entire Southern Nevada community. Coordination between the Continuum and the Veterans Administration/Community Resource and Referral Center (CCRC) has also been strong, resulting in the development and implementation of Coordinated Intake for Veterans and in the functional end to veteran homelessness in Southern Nevada. However, given recent leadership changes so soon after achieving an end of veteran homelessness, it is necessary to maintain momentum in order to prevent regression. Meanwhile, Meredith Spriggs' Caridad team has established good relations with Downtown Business Improvement District and with private businesses such as Zappos.

Following the dissolution of the Regional Initiatives Office (RIO), coordination of outreach across jurisdictions has been inconsistent, as has geographic coverage (particularly among smaller communities). Lack of coordination has resulted in inconsistent approaches to outreach, particularly on the Strip and in Downtown Las Vegas, where a "justice-first" approach has been noted. Additionally, the community as a whole has notably inconsistent

¹² Id.

engagement with the faith-based community and their associated crisis intervention services. Cultural competency (particularly as it relates to the transgender community and unconventional family units, such as families with a single adult male head of household) has been an issue in performing outreach. The Continuum needs to focus on generating better outreach practices for the youth homeless population.

Consumers of the Southern Nevada homeless response system were particularly negative about the impact outreach has in the community. Several described outreach as “poor,” targeted only superficially at tourism areas in order to make the homeless population less visible, and a few shared suspicions that the quality of outreach is such due to a lack of availability of housing and an attempt to keep the number of participants in those programs under a certain level. Others expressed a desire to see outreach workers have additional knowledge or materials on-hand describing existing resources. Youth consumers indicated that outreach to that population would best be conducted through the education system.

Recommendations

To improve the current uneven geographic distribution of outreach efforts, effectively target outreach and identification efforts at the places where the unsheltered population is concentrated, and fully integrate outreach efforts into HMIS, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Engage existing outreach providers to incorporate lessons learned and improve geographic coverage of outreach efforts by coordinating across the Southern Nevada region

Lack of regional coordination of outreach efforts, partially due to the dissolution of the Regional Initiatives Office, has led to inconsistent practices and geographic coverage among outreach providers and local jurisdictions. HomeBase recommends that the Continuum engage outreach providers to coordinate best practices and lessons learned by teams that have had the greatest success, such as the Mobile Crisis Intervention Teams. In addition, the Continuum may wish to bring together local jurisdictions in Southern Nevada in order to coordinate efforts across jurisdictional boundaries and ensure complete geographic coverage across the region.

(2) Incorporate GIS mapping into outreach planning to ensure that outreach providers are serving all areas where the unsheltered population is concentrated

Outreach in Southern Nevada is not necessarily targeted at areas of particular concentration, but is often based on the personal experience of outreach workers or on anecdotal examples. HomeBase recommends that the Continuum consider incorporating GIS mapping technology, either through HMIS or other application systems, in order to collect real-time information regarding the status and location of the unsheltered homeless population in the region. This technology would allow for more accurate unsheltered Point-in-Time numbers, increase the effectiveness of targeted outreach, and allow the Continuum to break out the unsheltered population (in real-time) by jurisdictional location.

(3) Engage local businesses — particularly, casinos — to aid with and supplement existing outreach efforts

Some outreach groups, such as Meredith Spriggs' Caridad team, have had success enlisting the support of some casinos and the Downtown Business Improvement District. Through this collaboration, casinos have helped connect homeless individuals to outreach efforts and other homeless resources, rather than simply turn to law enforcement for assistance. HomeBase recommends that, as part of the coordination of outreach efforts generally, the Continuum examine the lessons learned by the Caridad team in enlisting business collaboration, and expand engagement efforts with businesses and casinos across the Southern Nevada region.

(4) Engage school districts to identify homeless and at-risk students and finalize data-sharing agreement(s) to strengthen ties between HMIS and education data systems

The Southern Nevada Continuum of Care maintains strong ties with the local education system. While the relationship between homeless and educational systems is stronger than in the past, HomeBase recommends that the Continuum explore strengthening that relationship to include closer ties between HMIS and the school district data system, and cooperating through the State educational liaisons to ensure better outreach and access to information to current students of the Clark County School District. Strengthening these ties is particularly important and of immediate consequence, as the unified school district will be breaking up into several smaller precincts in the coming years. Establishing strong-as-possible linkages at this time is thus important to prevent regional fragmentation of the type that occurred upon the dissolution of the Regional Initiatives Office.

(5) Increase access to HMIS for outreach workers in the field by providing additional tools and increasing software utility

The Mobile Crisis Intervention Teams have successfully demonstrated the utility of mobile access to HMIS using tools like iPads. Where possible, HomeBase recommends that the Continuum pursue additional mobile technology so that outreach targets can be directly entered into HMIS at the point of contact. Upgrades to software utility, or more consistent data entry practices, may enable more accurate data on contact location that can be used to improve and refine outreach practices.

Prevention and Diversion

Robust prevention and diversion assistance can help people at-risk of homelessness to maintain their permanent housing status and avoid both entry into emergency shelters and the resultant stress associated with shelter stays. Consistently implementing both prevention and diversion as part of the overall homeless response system can improve outcomes by reducing entries into homelessness, conserving and targeting limited resources like shelter beds, and reducing the length of waiting lists.

Successful processes explore a household's current housing crisis and apply creative approaches to determine safe, available housing options. This could include asking the at-risk individual or family about every available opportunity they may have to remain housed or move into alternative housing, identifying potentially inhibiting issues and determining whether assistance could remove them, and having candid discussions about the conditions and availability of shelter and other homeless resources. Diversion can be explored with those not literally homeless (e.g., temporarily staying with family or friends, in their own housing, or in motels for which they are paying), as well as with those that are literally homeless in order to avoid shelter entry.

Prevention and diversion programs can include a host of services, including a combination of the following: limited rental, utility, or other financial assistance; conflict resolution and mediation with landlords, friends, or family members; housing search support; housing stabilization planning; legal assistance; connection to mainstream benefits and services; or other supports. These services may also be provided by mainstream systems or other community providers, in addition to targeted homeless prevention or diversion providers.¹³ By incorporating other systems into the fight to prevent homelessness and divert homeless persons to non-dedicated resources, communities can extend and maximize the impact of their dedicated homeless funding.

Of the various mainstream partners who can contribute to prevention and diversion from homelessness, two are particularly important:

- ❖ **Healthcare system:** The healthcare system can play a strong role in providing prevention and diversion services to persons whose homelessness or residential instability has a significant impact on health-related vulnerabilities and service use. By providing access to housing navigators, housing search assistance, and housing transition services, the healthcare system can actively prevent and end homelessness while simultaneously reducing overall healthcare systems costs and improving health outcomes. For instance, in Louisiana, this partnership provides assistance with: conducting a housing assessment to identify the participant's needs and preferences, providing assistance developing a budget and accessing resources, and educating the consumer with the obligations inherent to tenancy; assisting the participant in viewing and securing housing (including by providing transportation and completing application processes); developing an individualized housing support plan including short- and long-term measurable goals; communicating with landlords or property managers regarding the participant's needs; and, intervening if the participant's housing is placed at-risk (e.g., eviction, loss of roommate or income).
- ❖ **Correctional and justice systems:** Federal priorities to reduce criminal justice system involvement with people experiencing homelessness focuses on reducing both criminalization of homelessness and the return of people from correctional settings to homelessness (specifically, continuing efforts to combat the criminalization of homelessness, increasing law enforcement training around encounters with people

¹³ USICH, Retooling the Homeless Crisis Response System – In Depth (Aug. 21, 2014), available at: <https://www.usich.gov/news/retooling-the-homeless-crisis-response-system-in-depth>

exhibiting psychiatric symptoms, increasing access to jail diversion and incarceration alternatives, expanding evidence-based housing and services solutions for people cycling between homelessness and incarceration, and reducing barriers to housing, employment, and services for people with criminal histories).¹⁴ Communities are successfully exploring new models and data analysis opportunities to drive results by:

- ❖ Integrating correctional system diversion opportunities into coordinated intake design, with correctional system involvement in coordinated intake planning and operation;
- ❖ Utilizing Pay for Success models and applying for related federal funding opportunities to scale permanent supportive housing for frequent jail and homeless services users;¹⁵
- ❖ Increasing data integration between the homeless response system and correctional systems to track correctional links to homelessness, assess current discharge planning efforts, and identify new intervention opportunities (e.g., probation linkages following discharge from correctional facilities); and,
- ❖ Identifying additional data sources and types — other than those obtained at standard data collection points — for information regarding prior correctional system residence, exists into correction institutions, and reasons for homelessness that include incarceration.

Communities frequently integrate diversion processes as an initial step in phone-based systems (such as 2-1-1 or other homeless helplines), coordinated intake assessment locations, emergency shelters, or a combination of these. Some communities are more intensively targeting prevention resources at actual homeless system entry (e.g., family shelter entry) to try to capture those at risk of homelessness or more likely to enter homelessness since many people experience housing crises, but fewer actually become homeless. As always, communities should regularly evaluate the effectiveness of their prevention and diversion processes by assessing data such as the length of shelter waiting lists, number of shelter entries, and new entries into homelessness. The community may also wish to look at other relevant criteria, including the number of repeat contacts with the homeless response system after receiving prevention or diversion assistance and evaluation of the needs of diverted households vis-a-vis sheltered households.

Analysis

Current homelessness prevention resources are listed in the *Clark County 2015-2019 HUD Consolidated Plan and 2015 Action Plan*. The HCP Consortium targets additional funds for homelessness prevention to keep families in their housing so they can stabilize and deal with the crisis that caused their homelessness in the first place (e.g., job loss, medical, divorce, etc.).¹⁶ The Consortium targets 367 for assistance with homelessness prevention funding.¹⁷ Prevention funds totaling \$120,770 will go to Clark County Social Service, Emergency Aid of Boulder City, Nevada Partners, and HELP of Southern Nevada.¹⁸ An additional \$22,298 in CDBG funding is targeted for Emergency Aid of Boulder City Homeless Prevention to provide rental and utility assistance to 75 individuals and families facing homelessness in Boulder City.¹⁹

¹⁴ USICH, available at: <https://www.usich.gov/news/we-can-break-the-cycle-of-homelessness-and-criminal-justice-system-involvement>

¹⁵ HUD, Pay for Success Demonstration Program news and competition information, available at: <https://www.hudexchange.info/news/pay-for-success-pfs-demonstration-competition-is-now-open/>

¹⁶ Clark County 2015-2019 Consolidated Plan, p. 150, 159.

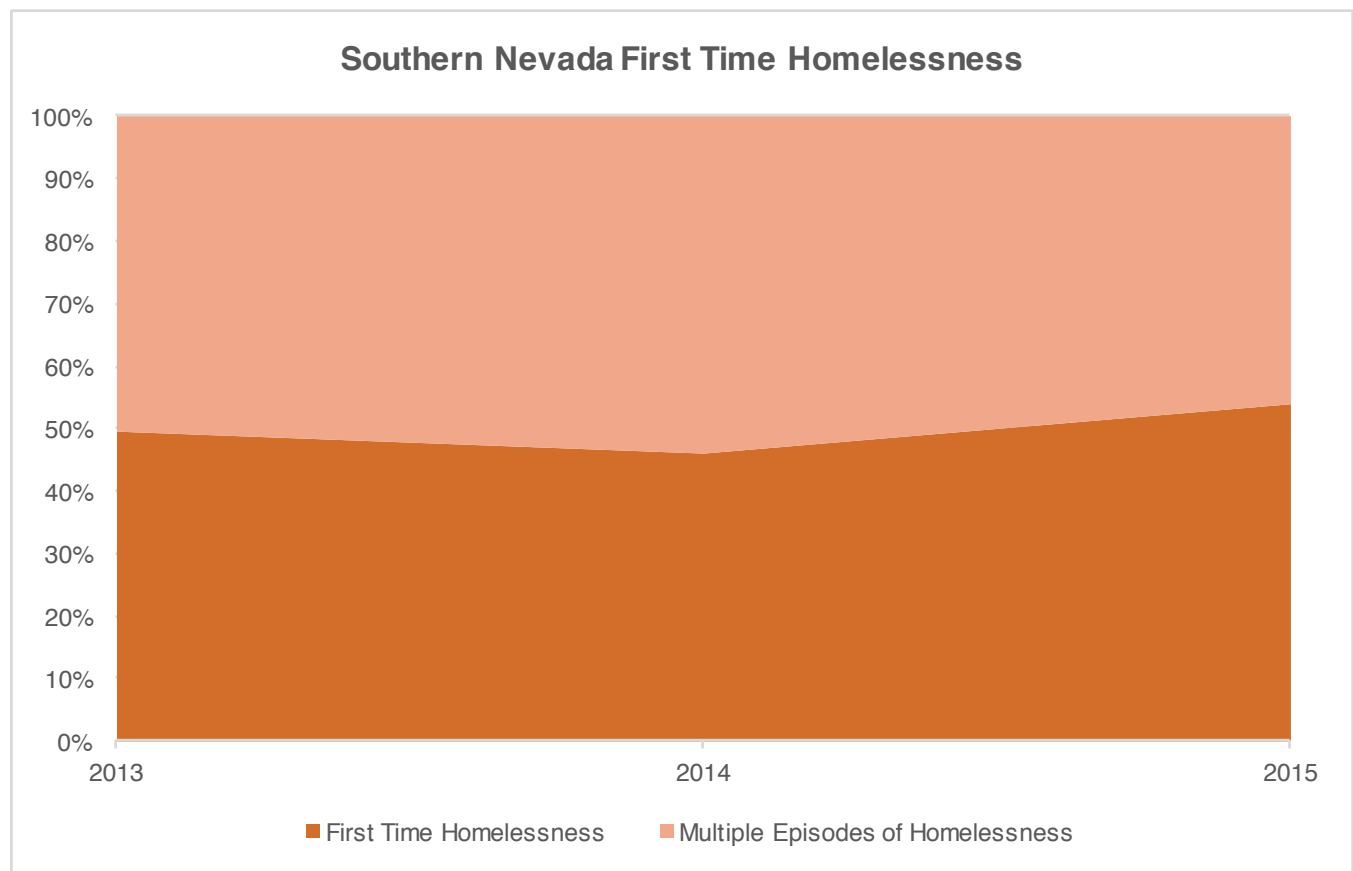
¹⁷ Id. at 150, 159, 169.

¹⁸ Id. at 169.

¹⁹ Id. at 170-171.

Seven agencies — Catholic Charities of Southern Nevada, Clark County Social Service, Emergency Aid of Boulder City, Henderson Allied Community Advocates, HELP of Southern Nevada, Lutheran Social Services, and the Salvation Army (Mesquite) — offer rental and utility assistance to prevent the unnecessary homelessness of households experiencing a temporary crisis. Additionally, many local churches and synagogues assist their congregants and members of their faith community with rental assistance to prevent homelessness. Lutheran Social Services, Jewish Family Service Agency, and the Church of Jesus Christ of Latter-Day Saints (LDS) offer a variety of formal support services to community members, including rental, utility, or food assistance, as well as case management. Clark County and North Las Vegas ESG funds may be used for these homelessness prevention activities. These agencies also provide utility assistance to prevent unnecessary termination of essential utilities while these households await approval for energy assistance or conservation modifications funded through a Universal Energy Charge enacted by the 2001 Nevada Legislature.²⁰

The majority of the homeless population in Southern Nevada is experiencing homelessness for the first time. According to the 2015 Homeless Census, 53.8% of the homeless population had never been homeless prior to their current episode of homelessness. This figure has held relatively steady over the past three years (45.8% in 2014 and 49.4% in 2013).

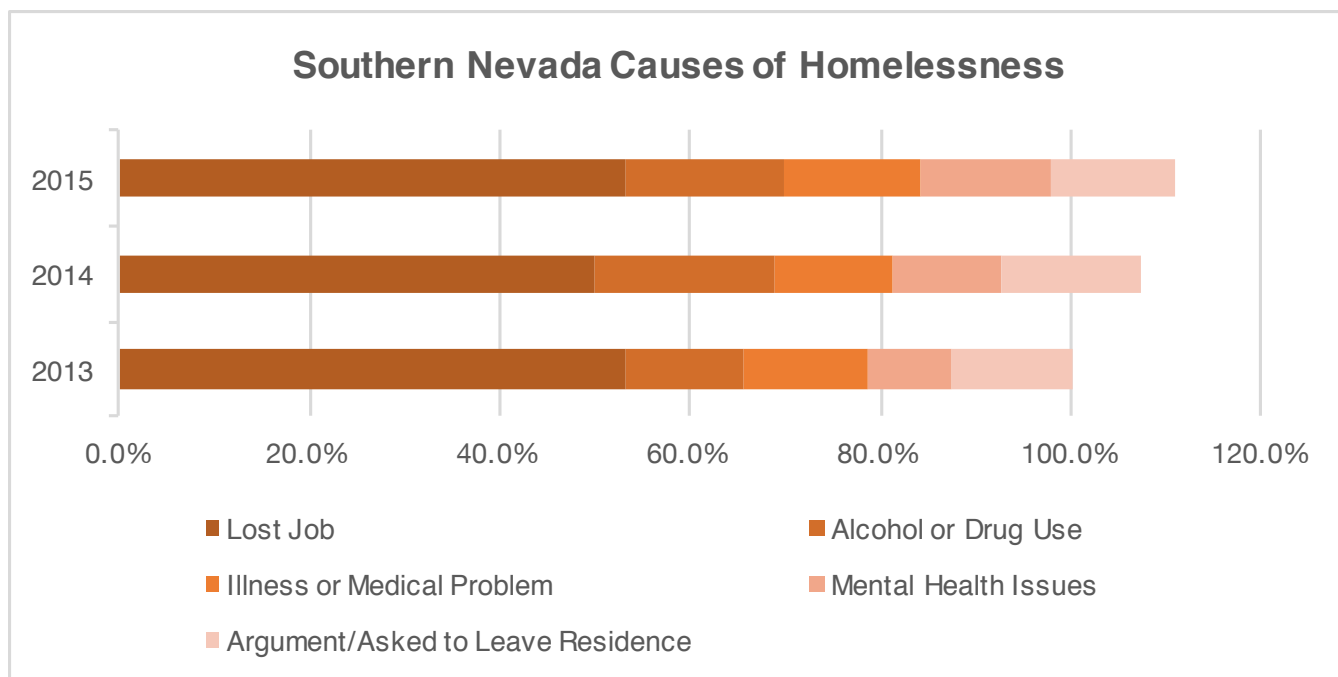


Source: 2015 Homeless Census

Similarly, the majority of persons experiencing homelessness are in the position due to a loss of job or income, indicating that the primary cause of homelessness for many, if not most, is financial. According to the 2015 Homeless Census, 53.3% of survey respondents indicated that their homelessness was caused by loss of job/

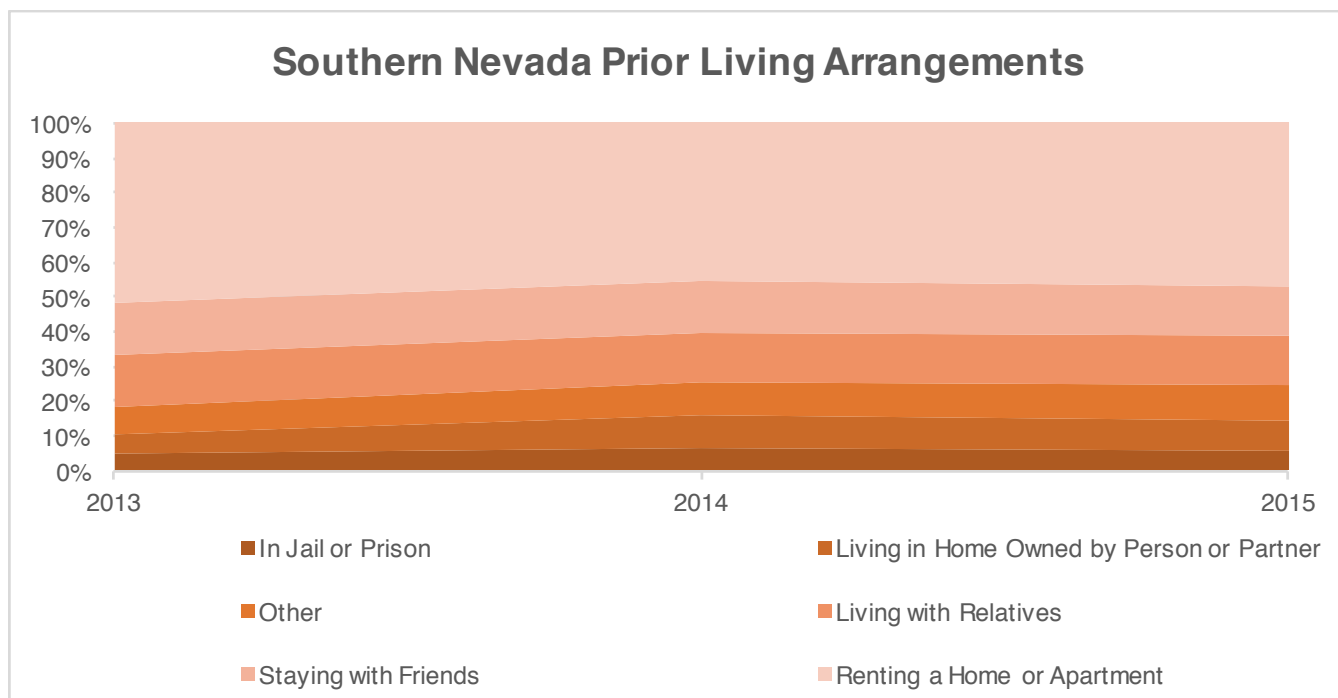
²⁰ Id. at 195.

income, compared to 50.1% in 2014 and 53.3% in 2013. (Note, on the chart below, that respondents were able to give multiple responses as to the primary cause of their homelessness.)



Source: 2015 Homeless Census

According to the 2015 Homeless Census, the majority of homeless persons were renting a home or apartment (45.7%) or living in a home owned by either themselves or a partner (8.6%) prior to experiencing homelessness. These figures have also held steady over the three-year period between 2013 and 2015 (compare 43.9% renting

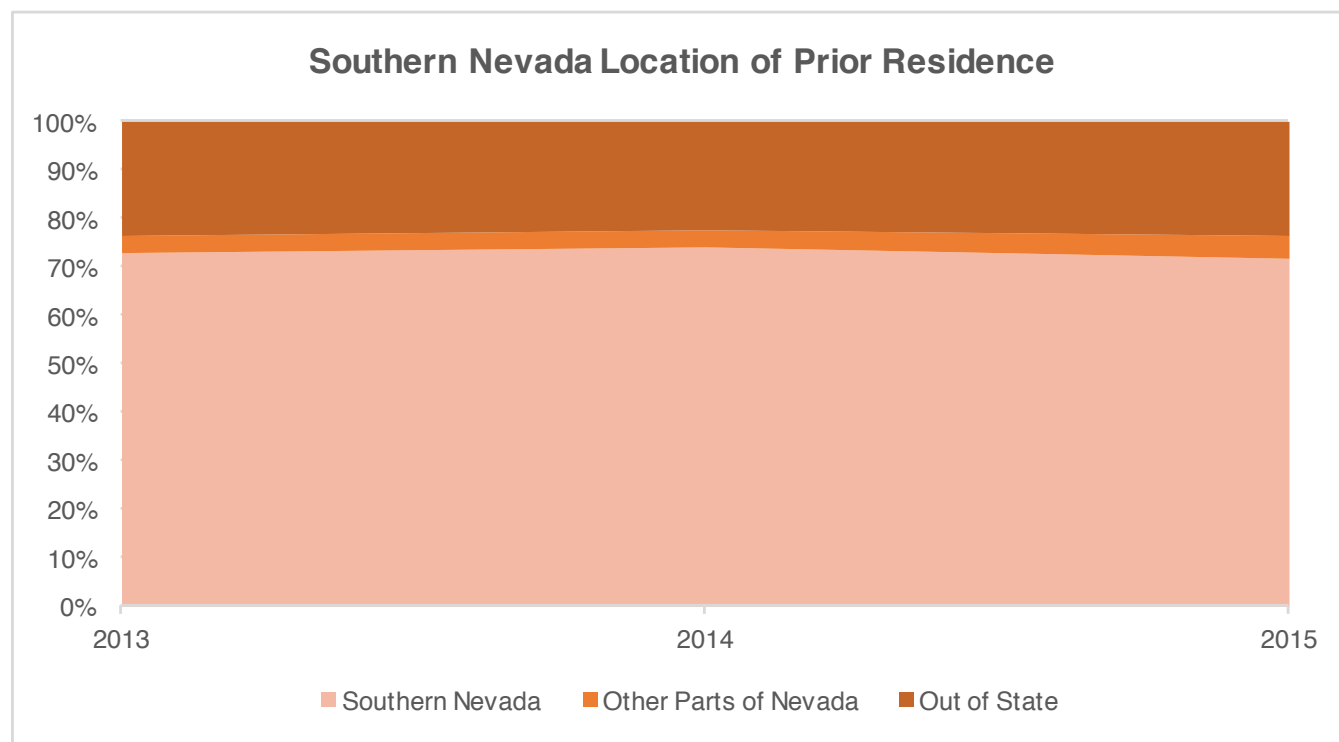


Source: 2015 Homeless Census

a home or apartment in 2014 and 50.8% in 2013; 8.7% living in a home owned by themselves or a partner in 2014, and 4.9% in 2013). Additionally, a further 5.5% indicated that they were previously residing in jail or prison, while a small (0.4%) portion said they entered homelessness after exiting from stays in hospitals, indicating the possibility that additional discharge planning could further cut the rate of homelessness in Southern Nevada.

Collectively, the three preceding charts indicate that: (1) the majority of people are experiencing homelessness for the first time due to (2) a temporary crisis caused by loss of a job or income and (3) that the majority of these people were either renting an apartment or home on their own prior to this episode of homelessness. As such, it appears that increased homelessness prevention resources may be able to prevent many homeless individuals and families from experiencing homelessness in the first place. Despite the need and utility of these services, however, both key stakeholders (“There is a lack of prevention funding and programming in this community”) and consumers (“It’s difficult to maintain the housing you already have given high rent and utility costs”) agree that existing services are inadequate to meet demand.

Finally, consumers indicated a desire for additional relocation and reunion services. One consumer stated during a focus group that “I have family in remote parts of the County but don’t have the money to pay to go stay with them.” Data from the 2015 Homeless Census bears out that many people experiencing homelessness in Southern Nevada were residing in other parts of the State or country prior to their current episode of homelessness.



Source: 2015 Homeless Census

In 2015, 23.9% of survey respondents indicated that they were residing out of state prior to entering homelessness, while a further 4.7% were residing in other parts of Nevada. These numbers have been relatively stable since 2013. This indicates that, with access to additional relocation or reunion services, many homeless persons could be relocated to their place of origin or reunited with family in other parts of the state or country, thus further freeing local resources for long-time residents of Southern Nevada.

Currently, there are some aspects of diversion from the homeless response system incorporated into the Coordinated Intake process. Consumers scoring between 0 and 4 on the VI-SPDAT are not placed in the Community Queue for housing. Consumers coming into the Clark County Social Service Department's (CCSS) hub office locations complete a Client Information Form and are screened for applicable mainstream benefits and CCSS prevention resources.

There is also an emergency room diversion program in place to divert people without a medical issue, but who are in need of substance abuse or mental health treatment. WestCare Nevada and local hospitals, Clark County, and the Cities of Las Vegas, North Las Vegas, and Henderson, have a Memorandum of Understanding to provide funds to WestCare to operate its Community Triage Center (CTC). The CTC provides safe, medically-supervised detoxification services to those seeking treatment for substance abuse and crisis stabilization for mental health issues. WestCare provides triage services and early intervention for both populations. Note on the "Causes of Homelessness" chart that 16.6% of survey respondents in 2015 indicated that the primary cause of their episode of homelessness was substance abuse, while a further 14.3% indicated mental health issues as the primary cause.

Applicable written standards for prevention and diversion are not easily accessed (e.g., easily found on the Help Hope Home or Southern Nevada Strong websites). The standards are included in the Grantee Unique Appendices to the *Clark County 2015-2019 HUD Consolidated Plan and 2015 Action Plan*. There do not appear to be any policies and procedures specifically addressing shelter diversion.

Recommendations

To increase access to prevention and diversion services and prevent discharge into homelessness from institutions such as jails/prisons and hospitals, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Increase access to and improve operation of diversion and prevention services

Prevention services can have a tremendous impact on keeping persons who are experiencing a temporary housing crisis in permanent housing and ultimately saves the community money. As such, HomeBase recommends that the community take measures to increase the total amount of prevention services available to residents of Southern Nevada. It can do so by exploring some of the recommendations in the "Community Engagement" and "Funding Attainment and Maximization" sections below. By approaching potential funders (including local jurisdictions and new partners, such as private foundations and businesses) with concrete proposals and data to support the efficacy of such programs, the Continuum may be able to obtain additional revenue needed to fund these programs. Any expansion should be complimented by improving standards of service for diversion and prevention programs, tracking and evaluating performance data, and an analysis of consumer, provider, and community feedback.

(2) Improve discharge planning by working with jails/prisons and hospitals to reduce the number of persons exited to homelessness

Southern Nevada has experienced success working with jails, prisons, and hospitals to improve discharge planning throughout the community and reduce exits to homelessness. HomeBase recommends that Southern Nevada evaluate the successes and lessons learned from existing discharge

planning efforts. Effective discharge planning entails not just preventing exits to homelessness, but ensuring that participants discharged from these systems are connected with appropriate resources that meet the needs of the population. For instance, hospital discharge planning should ensure that consumers are connected with resources sufficient to meet their health needs, and that clients are not sent to programs, such as emergency shelters, if they have severe needs that that program is ill-equipped to handle.

(3) Increase relocation and reunification services to ensure that homeless persons are able to access personal networks and reduce the overall burden on the homeless response system

Many persons experiencing homelessness in Southern Nevada originally resided in other communities. A certain percentage of these people have support networks located in other parts of Nevada or out of state which would be able to alleviate many of the challenges posed by their homelessness. Of these, there are people who want to access these networks, but lack the resources needed to make the journey.

HomeBase recommends that the Continuum improve advertising of existing relocation and reunification services (see recommendations in the “Accessibility of Information Regarding Existing Resources” section above) and expand relocation and reunification services to ensure that every person wishing to access existing support networks outside of Southern Nevada (or in more rural parts of the region) are able to do so in a timely manner.

(4) Build off the success of the FUSE projects to divert persons from hospitals, jails, and prisons as appropriate

Evidence-based Frequent User Systems Engagement (FUSE) models have experienced success in reducing costs and diverting participants from jail by targeting frequent users of the criminal justice system with targeted services to break the cycle of recidivism. Such targeted diversion programs rely on cross-sector data integration in order to identify the appropriate target population. HomeBase recommends that the Continuum review the practices of and lessons learned by FUSE projects in Southern Nevada in order to determine how best to move forward on integrating data systems in order to support successful diversion from hospitals, jails, and prisons as appropriate. Coupled with a robust public engagement strategy (see the “Community Engagement” and “Funding Attainment and Maximization” sections below), savings incurred from these diversion programs could then be reinvested into homeless housing and services.

Assessment and Referral Process

Design and implementation of an effective coordinated intake process ensures fair access to a community's homeless response system and is essential to the community's efforts to prevent and end homelessness. The primary goal for a coordinated intake process is two-fold: (1) assistance should be allocated as effectively as possible; and, (2) the process should be easily accessible across the CoC's geographic area.²¹ The process should provide individuals and families with streamlined access, standardized yet relevant assessment of both the person's strengths and needs, prioritization for those with the greatest needs, and rapid connection to the most appropriate housing option(s) to meet their needs. The community's process should incorporate prevention and diversion services (see below) to ensure that limited homeless resources are targeted to those most in need and should not impede access to emergency services (e.g., access to shelter outside coordinated intake assessment hours).

As communities move towards system-wide implementation of coordinated intake, they should be mindful of a few key features of coordinated intake, generally:

- ❖ **Transparent provider referral process (including protocols):** The CoC should document provider and project participation in coordinated intake, including processes for keeping project eligibility current, and accepting and rejecting referrals. Projects dedicated to serving people experiencing homelessness, including all those receiving ESG and CoC funding, should fill all vacancies through this referral process. Other housing and services projects (e.g., affordable housing under the local Housing Authority) are free to determine the extent to which they rely on referrals from the coordinated intake process. Participating projects should accept all eligible referrals, unless the CoC has a documented protocol for rejecting referrals. Rejections should be justifiable and rare, and the protocol should identify and provide access to another suitable project for participants. The CoC should evaluate rejection data periodically to ensure the actual process meets local and HUD expectations.²²
- ❖ **Prioritization based on need:** The community should orient both its coordinated intake process and available resources to prioritize access for those with the highest barriers (including chronic homelessness, longest length of time homeless, and those with severe service needs). HUD strongly recommends that CoCs adopt the prioritization outlined in the *Prioritization Notice*.²³ Some communities have incorporated this order of prioritization into their assessment scoring, while others have layered on chronic homelessness inquiry as an additional step following consumer assessment.
- ❖ **Regular evaluation in light of systems change:** Communities should evaluate their coordinated intake data to ensure their current process is functioning as low-barrier, providing individuals and families most in need with timely assistance and access to appropriate resources, and make changes as needed. Evaluation data can help communities identify gaps between available and needed housing and services, strategically allocate assistance, and seek additional resources.
- ❖ **Evolution based on local needs and lessons learned:** Many communities are adapting their coordinated intake processes to take into account lessons learned from their efforts to end veterans' homelessness. This

²¹ HUD, Coordinated Entry Brief (Feb. 2015)

²² Id.

²³ HUD Notice CPD-14-012, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status, available at: <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>

includes creating “by-name lists” of those prioritized for resources, engaging in coordinated outreach, and integrating relevant technology to improve efficiency and outcomes in ending homelessness.

- ❖ **Differentiation based on subpopulation:** Many CoCs provide different processes, access points, and assessment tools for different subpopulations, including single adults, families with children, unaccompanied youth, and households fleeing domestic violence.
- ❖ **Special considerations for survivors of domestic violence:** Many system processes incorporate training, the capacity to engage in a trauma-informed manner, and identify survivors of domestic violence. Coordinated intake assessment staff may cross-train with domestic violence-focused programs to ensure cultural competency. Many systems also offer safety planning, advocacy, and access to specialized services that address the safety concerns of individuals fleeing domestic violence and their children.²⁴ Domestic violence survivors may be offered a choice of available options for which they are eligible from both the domestic violence-specific and general homeless system.

Analysis

To read a full evaluation of the CoC’s assessment and referral process, please see the Southern Nevada Continuum of Care Coordinated Intake Evaluation Report (HomeBase, January 2016). The report provides a detailed analysis of the current system, and a series of recommendations for improving various aspects of Coordinated Intake for single adults. Key areas of focus include: communications and marketing; system entry points; assessment; diversion; prioritization; matching; and referral. The Report also includes national best practices, policy background, and community examples.

Since the publication of the Coordinated Intake Evaluation Report, the CoC’s Coordinated Intake Change Advisory Team has spearheaded an effort to develop a local assessment tool to supplement the VI-SPDAT, one of the major recommendations to come out of the Report. The Team plans on implementing this new supplemental tool in early Spring of 2016.

The CoC is also in the early stages of planning its youth Coordinated Intake pilot, leveraging lessons learned from the Evaluation Report as well as national best practices, and building off of the momentum gained from the Youth at Risk of Homelessness (YARH) project. Eventually, the Continuum plans to expand its Coordinated Intake system to include all subpopulations. The expansion of Coordinated Intake may require remaining transitional housing programs to adapt their housing and service provision models as appropriate to better align with the emerging Coordinated Intake system.

Asked about the assessment practices of providers in Southern Nevada, consumers expressed frustration with the prioritization process generally (“Why are people with ‘greater needs’ prioritized? All homeless people have lots of needs.”), with the length of assessment (“I once had to take a 36-page assessment; at the end, they told me to come back tomorrow, which is discouraging when you’re sleeping on the street.”), and with assessment staff (who “talk up the program before denying you”). Other consumers indicated that they do not trust the results of any assessment process, stating that “people just want to make sure they get into the program, before worrying about what type of services it offers or whether it’s the right fit.”

Providers echoed this theme, saying that assessments are difficult to administer accurately, given the intrusiveness of the process, without prior knowledge of the consumer and that, in their experience, “many clients

²⁴ USICH & HUD, Webinar: Retooling the Homeless Crisis Response System (Mar. 6, 2012), slide 20

are too proud to divulge the most personal details and have no understanding of how the failure to do so may affect their prioritization; clients need an advocate to shepherd them through the system.” In addition, at the time of this report, only 25% of the provider survey respondents indicated that their programs use a common assessment tool shared with other agencies or programs operated by other agencies.

Some providers indicated that patients discharged from medical facilities are often referred to homeless programs for assistance. However, such consumers sometimes have acute health needs that many providers are unable to meet. Additionally, due to the varying definitions of homelessness, some consumers are referred to programs for which they are ineligible.

Recommendations

To improve the assessment and referral process in order to prepare for the expansion of Coordinated Intake and better coordinate with mainstream systems of care, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Coordinate with the education and foster care systems to develop Coordinated Intake for Families and Youth and utilize the lessons learned through the development and implementation of Coordinated Intake for Single Adults and for Veterans

As Southern Nevada begins the process of developing a Coordinated Intake system for homeless families and youth, HomeBase recommends that the Continuum examine national best practices and build off the momentum gained through the Youth at Risk of Homelessness (YAHR) project. The Continuum should consult with the education system and foster care systems as part of this development, may consider utilizing the Triage Tool developed by Dr. Eric Rice as a basis for their assessment tool, and should review the Washington State YAHR Report²⁵ for insights into youth vulnerability (major elements of this report are included and discussed in the HomeBase Coordinated Intake Evaluation).

(2) Engage transitional housing providers to adapt housing and service provision models as appropriate to better align with the emerging Coordinated Intake system

As Coordinated Intake grows to include all homeless subpopulations in Southern Nevada, the system may be best served by utilizing its remaining supply of transitional housing as bridge housing for persons that require permanent supportive housing, but for whom a unit has not yet been identified. In some cases, this may require adoption of transitional housing program models to better reflect the types of entry and eligibility requirements that support a bridge housing model. HomeBase recommends that the Continuum evaluate the existing stock of transitional housing to determine its utility as bridge housing and engage transitional housing providers to adapt their housing and service models as appropriate to better align with the emerging need for bridge housing stemming from the introduction of Coordinated Intake for all subpopulations.

(3) Engage healthcare providers to ensure that persons referred to homeless housing and service providers are homeless and that their needs are manageable

²⁵ Shah, Melissa Ford, (January 2015), “Youth at Risk of Homelessness: Identifying Key Predictive Factors among Youth Aging Out of Foster Care in Washington State,” available at: <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-7-106.pdf>

Several homeless providers indicated that the healthcare system currently refers some consumers to their programs who either don't meet eligibility requirements (i.e., they are not homeless according to the HUD definition), or have high levels of medical need that the homeless programs are not capable of meeting. HomeBase recommends that the Continuum engage healthcare providers to improve discharge coordination and ensure that referrals into the homeless system meet basic eligibility requirements for homeless housing and services.

Note: For a detailed analysis and evaluation of the existing Coordinated Intake system in Southern Nevada, please see the separate HomeBase Coordinated Intake Evaluation Report.

Entry Barriers and Requirements

Opening Doors: The Federal Strategic Plan to End Homelessness identifies Housing First as a core strategy for ending homelessness. Housing First is an approach to preventing and ending homelessness utilizing proven methods to increase residential stability and treat the root causes of homelessness. Systems that have fully adopted Housing First principles quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions or barriers to entry (e.g., sobriety, treatment or service participation requirements, etc.). Projects providing services aligned with the Housing First approach maximize housing stability and prevent returns to homelessness, rather than addressing predetermined treatment goals prior to permanent housing entry.²⁶

High functioning communities that have implemented Housing First at the system-level have the following expectations for emergency shelter and transitional housing:

- ❖ **The culture of the crisis response system is aligned with Housing First:** Emergency shelters and transitional housing projects understand their roles to include housing advocacy and rapid connection to permanent housing. Staff in Housing First crisis response system services believe all people experiencing homelessness are ready to be housed.
- ❖ **Minimize all barriers to housing entry:** A key element of housing first is streamlining the path to permanent housing and reducing barriers that would prevent homeless persons from participation in a program. Prospective participants should rarely be rejected on the basis of sobriety (or lack thereof), poor credit or financial history, poor rental history, minor criminal behaviors, or other behaviors or attributes that indicate a lack of “housing readiness.” Research has shown that additional eligibility criteria does not result in fewer returns to homelessness or better outcomes.²⁷ As such, emergency shelter and transitional housing should have low barriers to admission, few entry requirements, and rapid entry processes.
- ❖ **Prioritize access to permanent housing:** Emergency shelter and transitional housing should prioritize providing services that focus on access to and maintenance of permanent housing. Projects should also work to transition residents to permanent housing as quickly as possible, minimizing length of stay in the shelter or transitional housing.²⁸
- ❖ **Strong coordination among crisis response and permanent housing providers:** Direct referral linkages and relationships exist among crisis response system (e.g., emergency shelters, street outreach), rapid rehousing, and permanent supportive housing.
- ❖ **Utilization of coordinated entry systems:** Housing First communities have a coordinated entry system that prioritizes vulnerable individuals and minimizes barriers to housing entry. In such communities, crisis response providers are aware and trained in how to assist people experiencing homelessness to apply for and obtain permanent housing.

26 U.S. Department of Housing & Urban Development & U.S. Interagency Council on Homelessness, “HUD and USICH: Core Principles of Housing First and Rapid Re-Housing,” Webinar, July 22, 2014; available at: http://usich.gov/resources/uploads/asset_library/PRS_Housing_First_and_RRH_Webinar_07_22_14.pdf.

27 HUD Exchange, “Family Options Study Brief,” p. 5.

28 U.S. Interagency Council on Homelessness & National Coalition for Homeless Veterans, “Opening Doors to Innovation: How to Improve Client Outcomes Using Housing First,” Webinar, May 8, 2013, available at: http://usich.gov/resources/uploads/asset_library/Opening_Doors_to_Innovation_-_How_to_Improve_Client_Outcomes_Using_Housing_First1.pdf.

- ❖ **Participation in performance measurement:** A Housing First community has a data-driven approach to prioritizing highest need cases for housing assistance, which requires participation by shelters, transitional housing, and other members of the crisis response system.
- ❖ **Overall support:** In a Housing First community, the policies and procedures of all housing and services entities support and do not inhibit the implementation of Housing First.²⁹

Analysis

Data and feedback collected from providers and consumers during HomeBase's analysis of the homeless response system in Southern Nevada indicates that: (1) a large number of providers — particularly, emergency shelters — operate with entry requirements that pose barriers to unsheltered consumers seeking shelter; and, (2) at least some of these entry barriers stem from either program-specific policies or requirements attached to local funding sources.

Of the fourteen emergency shelters that submitted data, the following entry requirements were particularly common:

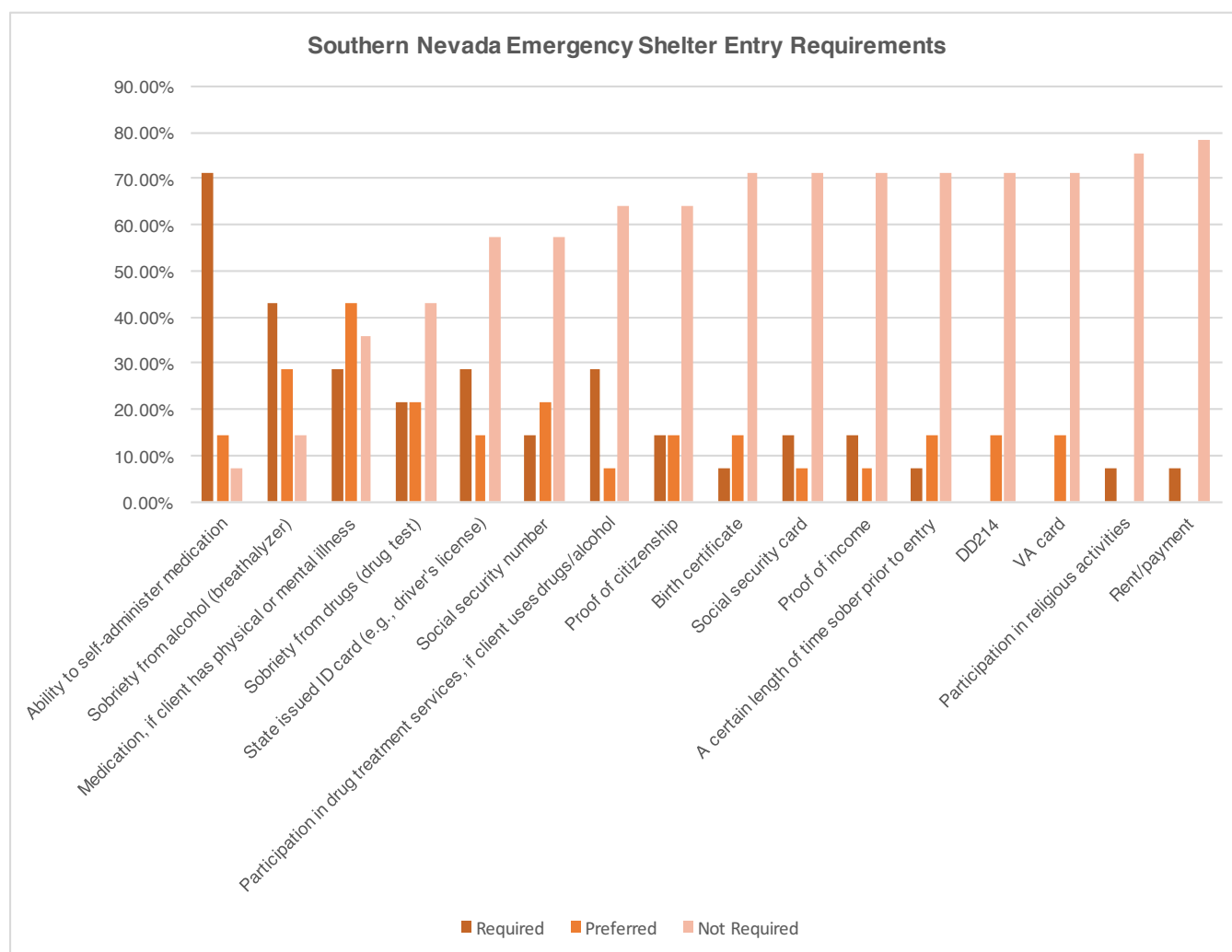
- ❖ **Ability to self-administer medication** (required by 71.4% and preferred by 14.3% of providers);
- ❖ **Sobriety from alcohol, as determined by a breathalyzer** (required by 42.9% and preferred by 28.6% of providers);
- ❖ **Medication, if client has physical or mental illness** (required by 28.6% and preferred by 42.9% of providers);
- ❖ **Sobriety from drugs, as determined by a drug test** (required by 21.4% and preferred by 21.4% of providers);
- ❖ **Possession of a state-issued identification document, such as a driver's license** (required by 28.6% and preferred by 14.3% of providers); and,
- ❖ **Possession/knowledge of social security number** (required by 14.3% and preferred by 21.4% of providers).

The alcohol/drug abuse and mental health-related entry requirements noted above are particularly notable, as 35% of survey respondents in the most recent Homeless Census indicated a current or past history of abusing drugs or alcohol, while a further 26.2% indicated current or past treatment for mental health issues.³⁰ The additional barriers related to physical illness and medication management are also notable in that 31.7% of survey respondents indicated having a current or past physical disability, 8.7% a current or past developmental disability, while 23.8% indicated a need for medical care coupled with an inability to access such care during their most recent episode of homelessness.³¹

29 U.S. Interagency Council on Homelessness, "The Housing First Checklist: A Practical Tool for Assessing Housing First in Practice," p. 3, available at: http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in/.

30 Bitfocus, 2015 Southern Nevada Homeless Census and Survey Comprehensive Report, pg. 67, 69; available at: <http://www.helphopehome.org/2015-Southern-Nevada-Census-FINAL.pdf>.

31 Id. at pg. 63-64.



Source: 2015 Shelter Provider Survey (HomeBase Housing First Training)

While some progress has been achieved in recent years towards reducing systemwide entry barriers, consumers, providers, and key stakeholders all indicated that the continued existence of these requirements prevents some homeless individuals and families from accessing the programs and services they need both for their safety and to exit homelessness. 10% of consumers interviewed cited the array of entry requirements as the greatest single barrier facing each unsheltered person as they try to get off the streets. Consumers were particularly concerned by the vicious cycle many homeless persons face regarding substance abuse and gambling, identifying both as frequent causes of homelessness that also prevent persons from receiving the help needed to move off the streets. Meanwhile, providers also cited entry requirements as particular barriers, variously citing the reasons for their continued existence as philosophical (“We believe in self-sufficiency”), liability-related (“We have children in the program that cannot be at risk for contact with drugs”), or imposed by funding sources (“HUD and local funding requirements”).

Recommendations

To further ongoing efforts to reduce programmatic entry requirements — particularly, within emergency shelters — and improve the accessibility of these programs to the homeless population of the region, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Reengage providers regarding the implementation of Housing First principles and provide technical assistance as necessary to support the reduction of entry barriers and requirements

The Continuum has previously offered trainings to regional providers regarding the principles of Housing First. The Continuum may wish to reengage the services of a technical assistance provider to follow-up on the implementation of Housing First as it relates to program entry requirements. This may include additional community trainings, as well as individualized follow-up with providers to counteract any reluctance to implement practices aligned with Housing First and meet specific concerns preventing the reduction of barriers to entry. The community could also consider giving additional weight to implementation of Housing First practices during local funding competitions and following up with providers funded through the CoC Program (in particular) to ensure that their actual practices are in alignment with their CoC Application responses regarding Housing First.

(2) Engage community leadership and local funding sources to eliminate entry barriers imposed by local funding requirements

Different funding bodies within the Southern Nevada region often impose slightly different entry requirements and service practices through localized funding of programs. HomeBase recommends that the Continuum engage local community leadership and funding sources with data and information supporting the efficacy and efficiency of reducing entry requirements (such as sobriety or local residency) in contributing to the regional system of care. In addition, the Continuum may wish to consider engaging the faith-based community to reduce barriers imposed through privately-funded programs. Where reduction of entry barriers proves impossible, it could consider ensuring that consumers are aware of varying requirements and ensure that each consumer has a place to go appropriate to their circumstances.

AVAILABILITY

The second chapter of this report focuses on the availability of housing and services within the Southern Nevada homeless response system, addressing both consumer experiences and system supports designed to connect consumers with homeless assistance resources. Four subjects are addressed in turn:

- ❖ **Housing Stock** focuses on a high-level overview of homeless-dedicated housing offered in the Southern Nevada region, looking at notable changes in the composition of housing stock over the past two years. *A detailed analysis of the housing stock can be found beginning on page 34.*
- ❖ **Special Populations** addresses the unique challenges posed when serving particularly vulnerable subpopulations among the general homeless population. *A detailed analysis of special populations can be found beginning on page 40.*
- ❖ **Program Operations and Rules** identifies potential shortcomings in program operations caused by programmatic rules and suggests actions that would alleviate challenges posed by these practices. *A detailed analysis of program operations and rules can be found beginning on page 51.*
- ❖ **Service Availability** discusses desirable services that are either inefficiently advertised to consumers or insufficiently offered to meet levels of demand. *A detailed analysis of service availability can be found beginning on page 55.*

Housing Stock

Communities across the country struggle to maintain an adequate stock of homeless-dedicated housing necessary to provide permanent housing to all persons experiencing homelessness within the community. Traditionally, homeless housing interventions come in four varieties:

- ❖ **Emergency shelter:** When diversion is not possible, communities should ensure that people have access to emergency services that provide a safe and secure place to stay while searching for permanent housing.³² Emergency shelters are best utilized to provide low-barrier access to individuals and families in crisis with an immediate need for both shelter and stabilization services designed to rapidly connect them with permanent housing, services, and/or employment. Shelters should operate with few to no eligibility and ongoing program access requirements (e.g., sobriety, psychiatric compliance, etc.), provided that the individual or family is homeless. Shelter services should emphasize rapid connection to permanent housing, including stabilization services such as crisis-oriented case management and other health, housing, and social services should be offered either on-site or elsewhere through interagency partnerships.³³ The most effective homeless response systems should have the capacity to offer some form of immediate, same-day shelter at any hour, particularly for those fleeing domestic violence situations.³⁴
- ❖ **Transitional housing:** Transitional housing is a time-limited (less than two-year) housing intervention typically incorporating an intensive supportive services package in a facility-based environment. HUD has strongly encouraged communities to evaluate, reassess, and reallocate transitional housing programs, as research shows the model to be more expensive than other housing models serving similar populations, while producing similar or worse housing outcomes.³⁵ That being said, there is some evidence that transitional housing may be effective for certain subpopulations, including substance abuse recovery, survivors of domestic violence, and unaccompanied or parenting youth.^{36,37} As communities address transitional housing across the country, many are exploring new uses for these programs, including: 1) using transitional housing for emergency housing needs, particularly for those with severe housing barriers resulting in longer housing placement waits within the community (such as sex offenders, large families, and persons returning from institutional settings);³⁸ 2) retooling transitional housing to include transition-in-place models that allow households to move into permanent housing with transitional supports necessary when no longer needed;³⁹ and, 3) using transitional housing as “interim” (also known as “crisis” or “bridge”) housing for individuals and families that have not been admitted and enrolled into a permanent housing project, or for whom a unit has not yet been identified, when the provider is actively working with the participant to secure permanent housing.⁴⁰

32 USICH & HUD, Webinar: Retooling the Homeless Crisis Response System (Mar. 6, 2012), slide 20

33 Id.

34 2016 National Conference on Ending Family & Youth Homelessness workshop/presentation: Capacity Building Network (Feb. 17, 2016)

35 HUD, Notice of Funding Availability for the 2015 Continuum of Care Program Competition, FR-5900-N-25, available at: <https://www.hudexchange.info/e-snaps/fy-2015-coc-program-nofa-coc-program-competition/>

36 HUD, Recovery Housing Policy Brief (Dec. 2015), available at: <https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/>

37 U.S. Interagency Council on Homelessness et al., Role of Long-Term, Congregate Transitional Housing in Ending Homelessness (March 4, 2015), available at: <https://www.usich.gov/tools-for-action/role-of-long-term-congregate-transitional-housing-in-ending-homelessness>

38 U.S. Interagency Council on Homelessness et al., Role of Long-Term, Congregate Transitional Housing in Ending Homelessness (March 4, 2015), available at: <https://www.usich.gov/tools-for-action/role-of-long-term-congregate-transitional-housing-in-ending-homelessness>

39 USICH, Retooling the Homeless Crisis Response System – In Depth (Aug. 21, 2014), available at: <https://www.usich.gov/news/retooling-the-homeless-crisis-response-system-in-depth>

40 HUD, FAQ 1913 (March 2015), available at: <https://www.hudexchange.info/faqs/1913/if-a-person-is-accepted-into-a-permanent-housing-program-but-the-project/>

- ❖ **Rapid rehousing:** Rapid rehousing is a relatively new and evolving program model of permanent housing, with many current implementation models showing reduced costs and superior outcomes relative to other crisis interventions. The low cost allows communities to serve more people, reducing overall costs and overall episodes of homelessness. Rapid rehousing has been shown to be effective in serving families (the SSVF program has shown 93% housing retention among families with children),⁴¹ single adults (the SSVF program has shown 88% housing retention among single adults),⁴² youth under age 25,⁴³ and survivors of domestic violence (a recent pilot program has shown 96% housing retention).⁴⁴ The rapid rehousing service package is still evolving, but typically combines housing identification, move-in and short- or medium-term financial assistance, with housing-focused case management and services.⁴⁵ Rapid rehousing is time-limited, individualized, flexible, and should complement and enhance system performance (necessitating regular evaluation).⁴⁶ Rapid rehousing programs often rely on landlord engagement strategies emphasizing outreach to new landlords, tenancy training, and financial incentives designed to increase available housing options and facilitate rapid transition into permanent housing.⁴⁷
- ❖ **Permanent supportive housing:** Permanent supportive housing is a permanent housing solution that should be targeted to those with the most intensive-service needs, including those with disabilities and those experiencing chronic homelessness. This intervention is most effective when closely aligned with Housing First principles (low to no entry requirements).⁴⁸ HUD strongly encourages communities to adopt the order of priority outlined in its *Prioritization Notice*, factoring in chronic homelessness, length of homelessness, and intensity of service needs.

For a community to successfully respond to the entire spectrum of needs demonstrated by the overall homeless population, effective response systems typically offer the full range of housing models (with varying levels of service intensity), with the important caveat of the declining emphasis on transitional housing due to noted research questions regarding its efficacy.

Analysis

Consumer, provider, and key stakeholder feedback — as well as data from the three most recent Housing Inventory Counts and Point-in-Time Counts — universally indicate that the current stock of homeless housing available in Southern Nevada is insufficient to serve the overall homeless population in the region.

As of January, 2015, Southern Nevada had a total of 7,509 total homeless persons, of whom 3,593 were sheltered (in emergency shelter or transitional housing) and the remaining 3,916 were unsheltered (living on the

41 U.S. Dept. of Veterans Affairs, Supportive Services for Veteran Families (SSVF) FY 2014 Annual Report

42 Id.

43 HUD, Rapid Re-housing Models for Homeless Youth, available at: <https://www.hudexchange.info/homelessness-assistance/resources-for-homeless-youth/rrh-models-for-homeless-youth/>

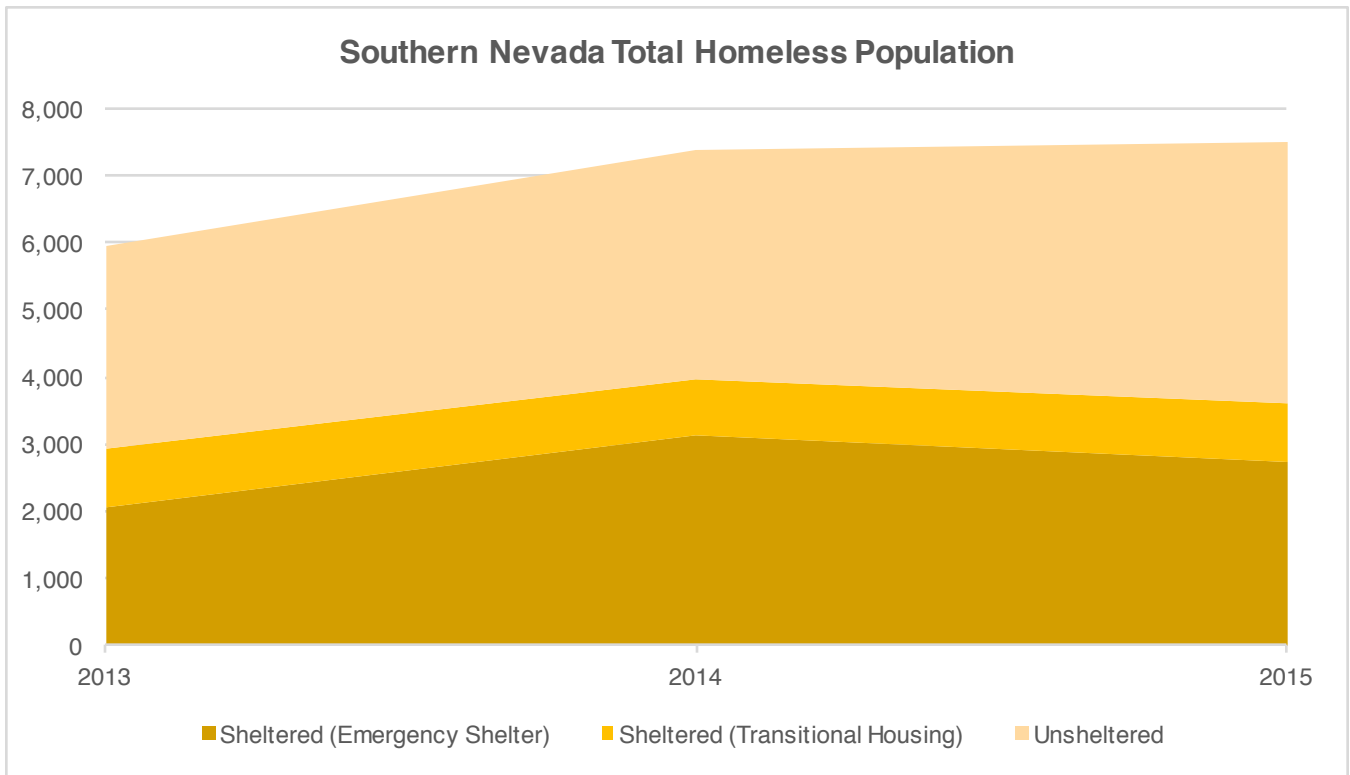
44 Mbilinyi, Lyungai. The Washington State Domestic Violence Housing First Program: Cohort 2 Agencies Final Evaluation Report: September 2011-September 2014 (February 2015), available at: <http://wscadv.org/resources/the-washington-state-domestic-violence-housing-first-program-cohort-2-agencies-final-evaluation-report-september-2011-september-2014/>

45 USICH website's Rapid Re-Housing section, available at: <https://www.usich.gov/solutions/housing/rapid-re-housing>. See also USICH et al., Core Components of Rapid Re-housing (Feb. 14, 2014), available at: <http://www.endhomelessness.org/library/entry/rapid-re-housing2>.

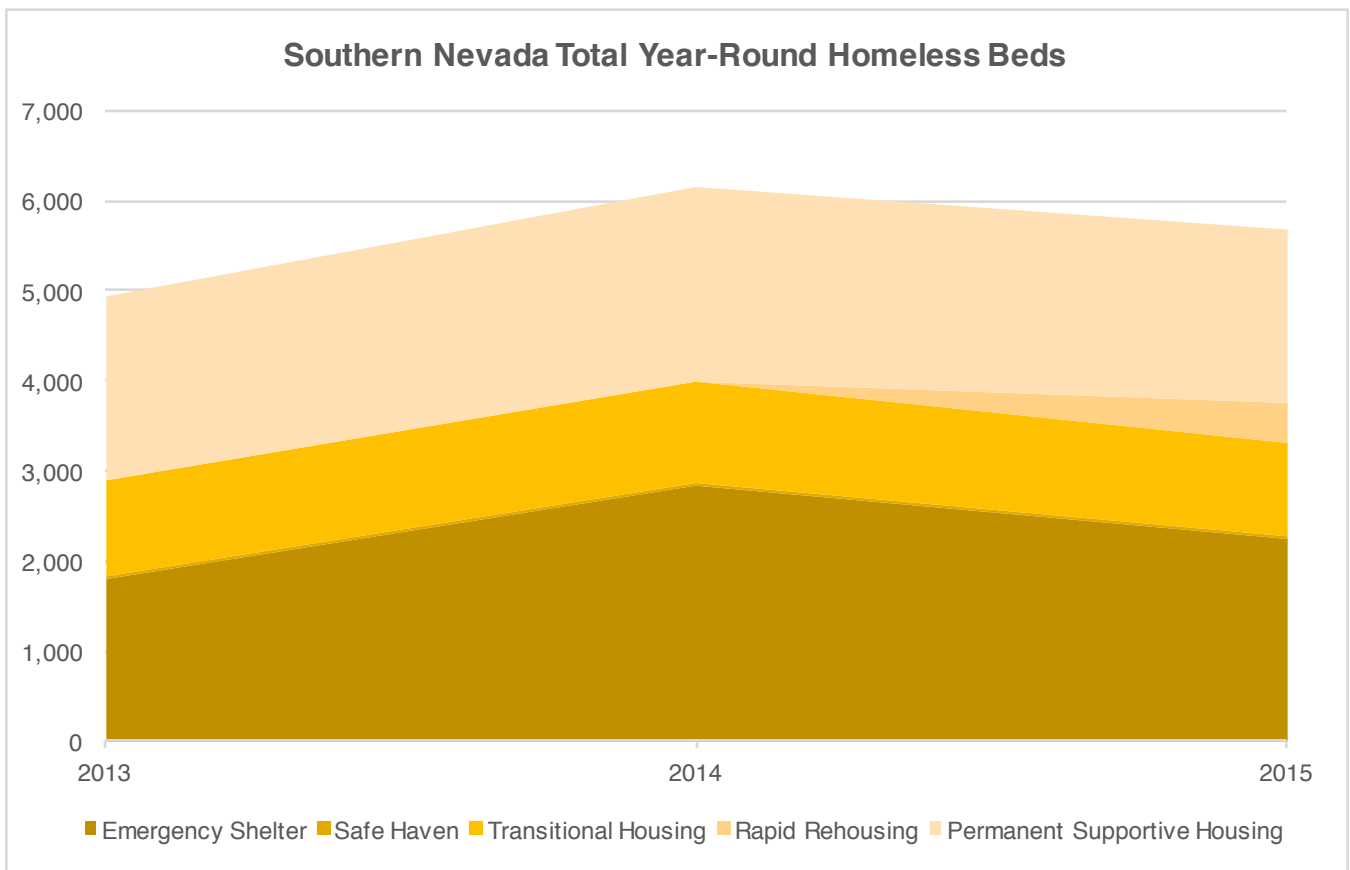
46 HUD, Notice of Funding Availability for the 2015 Continuum of Care Program Competition, FR-5900-N-25, available at: <https://www.hudexchange.info/e-snaps/fy-2015-coc-program-nofa-coc-program-competition/>

47 CARF International website, available at: <http://www.carf.org/ECS-Rapid-Rehousing-And-Homelessness-Prevention/> ("International Standards Advisory Committee (ISAC) with CARF to draft a new set of Rapid Re-housing and Homelessness Prevention standards that were incorporated into CARF's Employment and Community Standards accreditation process. The SSVF standards were the basis for ISAC's discussions. The Rapid Re-housing and Homelessness Prevention standards are included in CARF's 2015 Employment and Community Services Standards Manual, and can be applied on surveys conducted after June 30, 2015." U.S. Dept. of Veterans Affairs, SSVF Final Report, FY 2014)

48 HUD, SNAPS In Focus: The Family Options Study (July 8, 2015)



Source: 2015 Homeless Census

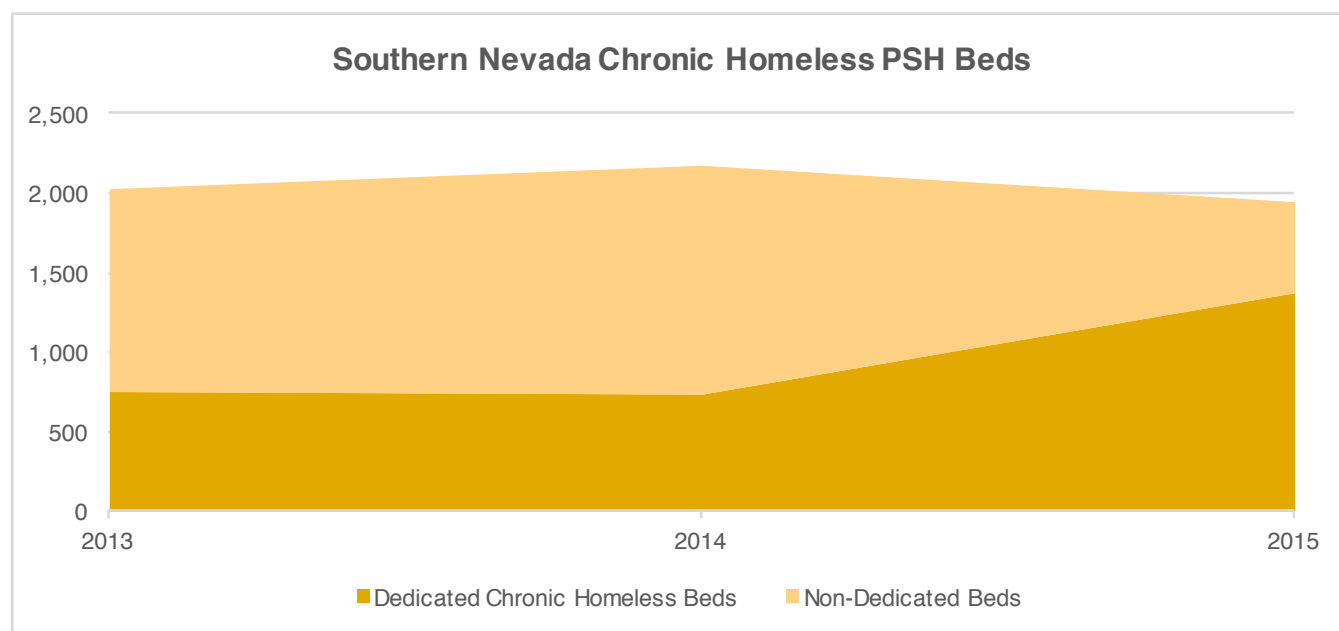


Source: 2013-15 Housing Inventory Counts

streets or in places not meant for human habitation). This represents a 26.16% increase in the total homeless population, 23.05% increase in the sheltered population, and 29.16% increase in the unsheltered population in the two years since January of 2013.

As of January, 2015, there were 5,692 total year-round homeless beds in Southern Nevada, of which 2,244 were in emergency shelters, 25 in safe havens, 1,034 in transitional housing, 447 in rapid rehousing, and 1,942 in permanent supportive housing. This represents an increase of 15.43% in total homeless beds since January of 2013, an increase of 24.67% in emergency shelter beds, a decrease of 3.72% in transitional housing beds and 4.43% in permanent supportive housing beds; all 447 rapid rehousing beds are new since 2013.

Southern Nevada has moved quickly over the past two years to utilize existing resources to address federal and local priorities by: 1) developing rapid rehousing within the community (these beds have played a key role in the functional end of veteran homelessness in the region, as nearly half of all rapid rehousing beds in Southern Nevada are dedicated to veterans [188 of 447, or 42.1%]); and, 2) dramatically expanding its stock of chronic homeless-dedicated permanent supportive housing beds (between 2013 and 2015, Southern Nevada reallocated or repurposed 634 permanent supportive housing beds to serve only chronically homeless individuals and families; chronic homeless-dedicated beds now compose 70.8% of the total supply of permanent supportive housing within the community).



Source: 2013-15 Housing Inventory Counts

Nevertheless, the existing stock of homeless housing is insufficient to serve the existing homeless population. Feedback from consumers, from providers, and from key stakeholders all underscore the fact that homeless housing is scarce in the Southern Nevada region, that waiting lists are long, and that too many people remain homeless.

Recommendations

To increase the current number of homeless beds/units available to support the number of persons experiencing homelessness in the region, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Continue to expand the number of rapid rehousing programs in the community

Southern Nevada has greatly expanded its stock of rapid rehousing over the past few years. Rapid rehousing has been shown to be an effective intervention for many populations, including families, youth, veterans, and single adults. HomeBase recommends that the Continuum continue to develop additional rapid rehousing by reallocating and repurposing existing programs and exploring alternative funding sources. This will reduce costs and improve performance, particularly in comparison to transitional housing, allowing Southern Nevada to exit more persons from homelessness. The plentiful and relatively inexpensive housing stock in Southern Nevada affords a great opportunity to exit large numbers of people from homelessness through the provision of rapid rehousing.

(2) Establish a landlord engagement strategy to engage additional landlords in homeless housing programs by making use of the lessons learned through the SSVF's recent landlord engagement efforts

In order to build more housing stock, HomeBase recommends that the Continuum develop a thorough landlord engagement strategy for all program and population types. Landlord engagement strategies formed a major component of Southern Nevada's success in functionally ending veteran homelessness and the Continuum should explore the lessons learned through the SSVF program's landlord engagement efforts, including developing a shared master-list of landlords willing to work with homeless programs and a signed Memorandum of Understanding between programs agreeing to standards for interactions with landlords. Communities have experienced success assembling promotional materials for landlords detailing the benefits of participating in government programs such as timely and consistent payment of rent, establishing insurance-type funds to reimburse for property damage, performing basic repairs to units for landlords, collecting and paying rent on behalf of program participants, and performing other basic property management and dispute resolution functions.

(3) Develop additional bridge housing and respite care programs to replace the transitional housing stock converted to permanent housing

Though successful in implementing both federal and local funding priorities, the reallocation and repurposing of transitional housing within the community has the unintended consequence of opening gaps in housing for certain populations (primarily those with levels of need that are too acute for prevention services but less than that of the target population for permanent supportive housing). For many of these people, rapid rehousing can serve as an effective intervention and the development of additional rapid rehousing can serve to fill that gap. This is particularly apparent for single adults, households without children, and persons with medical respite needs. HomeBase recommends that the Continuum make a conscious effort to explore and fill this gap when developing, expanding, and repurposing its housing stock. Existing transitional housing can be used to bridge the gap between emergency shelter and permanent supportive housing until a permanent unit can be identified. Improved discharge planning from medical institutions can help alleviate unsheltered homelessness by identifying

the appropriate engagement level of resources prior to discharging a patient. The community should continue to evaluate ongoing demand for housing interventions to ensure that the housing types available are capable of meeting the needs of the overall homeless population, including both rapid rehousing and permanent supportive housing.

(4) Develop and implement data collection requirements necessary to support the implementation of a Pay for Success funding model

Some communities are beginning to experience success using a Pay for Success model, which uses funds to serve frequent users of emergency services (such as law enforcement, jails, emergency rooms, and the justice system) and reinvests the savings and benefits into housing. For instance, Denver (CO) has implemented a program of “Social Impact Bonds,” providing \$7 million in annual funding, which captures the savings and benefits from reduced costs in the criminal justice system to repay lenders for their upfront investment to cover the cost of providing permanent supportive housing and wraparound services to 250 chronically homeless families.⁴⁹ In order to implement such a funding system, data must be collected and monitored to track the overall savings to the system. As such, HomeBase recommends that the Continuum explore the potential of this funding model by developing and implementing the necessary data collection requirements.

⁴⁹ CSH (January 26, 2016), “Pay for Success Advances in Denver,” available at: <http://www.csh.org/2016/01/pay-for-success-advances-in-denver/>

Special Populations

In many communities, local priorities and federal funding priorities and incentives are aligning to call into focus the provision of services to discrete subpopulations within the overall homeless population. Of particular note are: 1) survivors of domestic violence; 2) families; 3) youth; and, 4) LGBTQ persons.

Survivors of Domestic Violence Domestic violence, dating violence, sexual assault, stalking, human trafficking, or other exploitation (hereafter “domestic violence”) is a critical contributing factor to family homelessness.

Unaccompanied homeless youth — particularly, LGBTQ youth — are often at-risk of increased risks of violence, abuse, and exploitation. The National Center for Missing and Exploited Children estimates that 1 in 5 reported runaways were likely victims of sex trafficking.⁵⁰ As such, victim service providers (including those with a youth-focus) play an important role within a community’s homeless response system by providing shelter, housing, and services to survivors of domestic violence.

CoCs should have an inclusive process, with domestic violence providers as involved members of the CoC’s planning and decision-making bodies. HUD emphasizes the importance of having domestic violence-focused projects integrally connected to the broader community’s homeless response system and all available housing and services (and vice versa). Processes should be in place to connect individuals and families presenting through either the domestic violence system or the general homeless response system to the best available targeted domestic violence and homeless resources, as well as those of mainstream systems.⁵¹ In order to best serve survivors of domestic violence, a community should incorporate the following into its planning processes:

- ❖ **Specialized training:** In addition to those experiencing immediate domestic violence crises, many in the general homeless population have past histories of domestic violence. CoCs often provide opportunities for domestic violence providers to cross-train homeless providers on trauma-informed practices and connection to domestic violence resources. Since some survivors of domestic violence may opt for housing and services outside the domestic violence system, homeless providers should be informed about appropriate safety planning to help ensure participant security.
- ❖ **Youth:** A community’s youth homelessness and prevention planning efforts should include strategies to address homeless youth trafficking, as well as other forms of exploitation, and improve data collection related to these issues. Both victim service and youth providers, as well as the LGBTQ community, should be involved in data collection efforts to ensure cultural competency and recognition of the sensitivity of this information. Eligibility under Category 4 of the HUD definition of homelessness pertaining to domestic violence includes persons who have experienced “other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including: trading sex for housing, trafficking, physical abuse, [and] violence (or the perceived threat of violence because of the youth’s sexual orientation).”⁵²
- ❖ **Eligibility and documentation requirements:** Persons fleeing domestic violence situations are included within eligible populations for rapid rehousing and new permanent supportive housing projects exclusively serving chronically homeless individuals and families.⁵³ HUD-funded programs are not required to obtain third-

⁵⁰ National Center for Missing and Exploited Children website: <http://www.missingkids.com/1in5>

⁵¹ HUD, Detailed Instruction for Completing the FY 2015 Continuum of Care (CoC) Application (September 2015)

⁵² HUD, Determining Homeless Status of Youth (Oct. 2015), available at: <https://www.hudexchange.info/resource/4783/determining-homeless-status-of-youth/>

⁵³ HUD, SNAPS In Focus: Ensuring Access for Survivors of Domestic Violence (Nov. 2, 2015), available at: <https://www.hudexchange.info/news/snaps-in-focus-ensuring-access-for-survivors-of-domestic-violence/#sthash.qVTO7vxn.dpuf>

party documentation as a prerequisite for a household to receive shelter or services provided by a victim service provider. Individual or head of household self-certification is sufficient.

- ❖ **New models of flexible assistance:** A recent evaluation is studying the use of flexible assistance with at least some features in common with rapid rehousing for survivors of domestic violence.⁵⁴ The Domestic Violence Housing First demonstration project was piloted in six Washington counties and focused on getting survivors of domestic violence into stable housing as quickly as possible (with follow-up support).⁵⁵ The demonstration's commitment to survivor-driven advocacy, flexible financial assistance, housing stability, and community engagement offered some tantalizing results: 96% of survivors remained housed after 18 months, 96% experienced an increased level of safety and stability for themselves and their children, and 99% of survivors stated that victim advocacy helped restore their sense of dignity.^{56 57} In addition to this pilot, some communities are bringing together domestic violence, homeless providers, and affordable housing providers to determine how to utilize rapid rehousing successfully within the context of domestic violence. For example, Orange County (CA) launched a Domestic Violence Rapid Rehousing Collaborative that leverages domestic violence expertise to work together to develop a system to place families (for whom it is a safe option) directly into permanent housing rather than emergency shelter.⁵⁸

Families Communities are using data to evaluate progress on ending family homelessness, design projects that address local families' specific needs, and identify contributing factors to their homelessness. For example, some communities are engaging in setting standards for high-quality rapid rehousing project models, evaluating both successes and returns to homelessness with timely data collection, and investing in successful models and adjusting funding levels as needed. Key points include:

- ❖ **Prohibitions on family separation:** HUD requirements dictate that families with children under the age of 18 should not be denied admission or separated when entering CoC-funded housing. The community should strive to ensure that families are admitted and housed in appropriate settings that allow families to remain together with all of their children under age 18; to ensure that families are not subject to inquiries regarding sexual orientation, gender identity, or marital status; and that any of these (perceived or actual) are not factors in eligibility for program admission. The CoC and its providers should periodically assess through consumer surveys and provider follow-up: whether the CoC's available family housing options allow it to serve families of varying size/composition; family program admissions and bed utilization rates, procedures for determining eligibility, family admissions, and placement; and, projects' success in ensuring access for families including persons with disabilities and limited English proficiency.
- ❖ **Addressing failed interventions:** A pilot project in New York targeting chronically and episodically homeless families cycling between housing and shelter provided supportive services targeting the families while in shelter and individualized, strengths-based case management. The pilot incorporated Critical Time Intervention and Motivational Interviewing, including housing goals, small caseloads, connection to

54 Mbilinyi, Lyungai. The Washington State Domestic Violence Housing First Program: Cohort 2 Agencies Final Evaluation Report: September 2011-September 2014 (February 2015), available at: <http://wscadv.org/resources/the-washington-state-domestic-violence-housing-first-program-cohort-2-agencies-final-evaluation-report-september-2011-september-2014/>

55 Washington State Coalition Against Domestic Violence, DV Housing First Demonstration Project Overview, available at: <http://wscadv.org/resources/dv-housing-first-demonstration-project-overview/>

56 Washington State Coalition Against Domestic Violence, DV Housing First: Survivor Impact, available at: <http://wscadv.org/resources/dv-housing-first-survivor-impact/>

57 Washington State Coalition Against Domestic Violence, DV Housing First Demonstration Project Overview, available at: <http://wscadv.org/resources/dv-housing-first-demonstration-project-overview/>

58 Orange County United Way, Press Release: Orange County United Way Launches Domestic Violence Rapid Re-housing Collaborative (Oct. 8, 2015), available at: <https://www.unitedwayoc.org/2015-10-08-Orange-County-United-Way-Launches-Domestic-Violence-Rapid-Re-housing-Collaborative>

mainstream services, and individualized service plans. Participants obtained generally better outcomes, including low rates of return to shelter (>20%) and extended stays in housing.⁵⁹

Youth One major challenge in addressing youth homelessness — and in meeting the stated federal goal of ending youth homelessness by 2020 — is data quality. Many homeless or at-risk youth may not be aware of or interact with the homeless or mainstream systems and the data on youth homelessness is traditionally less-developed than for other homeless populations. Most importantly, because many evidence-based models for addressing homelessness do not apply to or would not be appropriate for minors, innovation and further study of youth-specific models is necessary.⁶⁰

- ❖ **Age and developmental impacts:** Strategies should be tailored to address the needs of the homeless youth or minor. While family intervention and reconnection are important to both, reunification may be particularly important for those under age 18 and the child welfare system involvement plays a critical role. The process for assessment, referral, and connection to appropriate next steps should factor in a compressed time frame for those under 18 since many non-profit crisis programs can only house minors for a shortened period of time.⁶¹ These programs in particular should be evaluated and use their data real-time to the extent possible in order to make necessary adjustments to these processes.
- ❖ **Supportive, healthy relationships:** An important component to homeless youth services is helping youth develop and navigate healthy, supportive connections to caring adults, including actual or “chosen” family, and peers. This can include both short-term and permanent connections.⁶² Family intervention occurring as early as possible when safe, is appropriate for both youth aged 18-24 and minors. Family intervention service models vary, but focus on prevention, reunification, and reconnection. More intensive assistance in developing positive connections may be needed for those youth lacking this from their immediate families.⁶³
- ❖ **Youth-tailored housing and service models:** Currently, there is no conclusive evidence supporting that a specific type of housing model best ends youth homelessness.⁶⁴ Communities should assess their data to determine the effectiveness of their youth program models in ending local youth homelessness and make adjustments as needed.

Community and providers have been finding success in meeting youth’s long-term housing needs by providing a variety of housing models, at least some of which should be low-barrier and provide the “least restrictive environment” feasible, complemented by voluntary, developmentally-appropriate services.⁶⁵ Youth above 18 may have more flexibility in their housing options, while minor youth not able to return home or to living environments with extended family commonly are referred to longer-term transitional housing.⁶⁶ Shared housing frequently is used across program models, although may not be appropriate for some who are

59 Home to Stay Pilot (New York, NY). Kenton, Martha. 5.9 Housing the Most Vulnerable Families: Living in Communities: The Power of Housing and Time-Limited Case Management Support presentation (Feb. 24, 2015); Kenton, Martha. The Power of Housing & Time Limited Case Management Support (July 30, 2015).

60 NAEH, Snapshot of Homelessness, available here: http://www.endhomelessness.org/pages/snapshot_of_homelessness

61 NAEH, Ending Homelessness for Unaccompanied Minor Youth (Dec. 30, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-minor-youth>

62 NAEH, Ending Homelessness for Unaccompanied Youth Age 18-24 (Dec. 29, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-youth-age-18-24>

63 NAEH, Family Intervention for Unaccompanied Homeless Youth (Dec. 29, 2015)

64 NAEH, Ending Homelessness for Unaccompanied Youth Age 18-24 (Dec. 29, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-youth-age-18-24>

65 Id.

66 NAEH, Ending Homelessness for Unaccompanied Minor Youth (Dec. 30, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-minor-youth>

pregnant or parenting youth, have serious mental illness, have histories of violence or weapons use.⁶⁷ Youth, particularly minors, should have the flexibility to adjust their housing environment or model (e.g., move from more structured, supervised environment to shared housing or more independent situations; or vice versa) to accommodate changes in their maturity and skill development.⁶⁸ The following are examples of housing models, beyond more traditional transitional housing, tailored to the youth context:

- ✦ **Host Homes:** This flexible, easily adaptable model involves a formal agreement between a trained community member and a service provider to house a young person in the community member's home, with the service provider maintaining case management responsibility.⁶⁹ The community member provides food, sometimes transportation, and an opportunity for the youth to experience a "healthy," positive relationship with an adult. Ongoing education, training, and support for the community member, appropriate screening, youth-driven matching processes, and state licensing are important features included in some community models.⁷⁰ A Minneapolis area provider has models specifically for youth identifying as LGBTQ, and for all youth irrespective of whether they identify as LGBTQ.⁷¹ The community member training includes gender and transgender "101," positive youth development, trauma and resiliency, anti-racism, and ongoing discussion about assumptions, privilege, and expectations.⁷²
- ✦ **Rapid rehousing:** While this may not be appropriate for minors, the youth application of this model is evolving. The target population frequently is youth aged 18-24 with a few exceptions for emancipated 17-year olds.⁷³ Small case management caseloads, with ratios of 10 clients to 1 case manager, allow case managers to provide more intensive services than in the adult model to address youth trauma histories and inexperience in living independently. Youth program models may involve longer-term financial and case management than in adult models to help youth avoid losing their housing, as providers are finding issues coming up with youth about 6-8 months after program entry. All of this may result in higher average costs for youth models compared to those for adults, and smaller client numbers per program.⁷⁴
- ✦ **Permanent supportive housing:** This model's application for youth generally is reserved for a very limited sub-set of youth meeting all the following criteria: the most serious barriers to stability (e.g., chronic disabilities), stable and safe family reunification is not possible, and other time-limited housing and service models are not appropriate.⁷⁵

67 NAEH, Ending Homelessness for Unaccompanied Youth Age 18-24 (Dec. 29, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-youth-age-18-24>

68 NAEH, Ending Homelessness for Unaccompanied Minor Youth (Dec. 30, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-minor-youth>

69 SanFilippo, Edward J. Using Host Homes to Shelter and House Youth (Jul. 23, 2015), available at: <http://www.endhomelessness.org/library/entry/3.6-using-host-homes-to-shelter-and-house-youth>

70 Youth Advocates of Sitka, Inc. Host Home Model presentation (Jul. 23, 2015), available at: <http://www.endhomelessness.org/library/entry/3.6-using-host-homes-to-shelter-and-house-youth>; Berg, Ryan (Minneapolis Host Home Program of Avenues for Homeless Youth). Using Host Homes to House Youth presentation (Jul. 16, 2015), available at: <http://www.endhomelessness.org/page/-/files/Using%20Host%20Homes%20to%20House%20Homeless%20Youth%20by%20Ryan%20Berg.pdf>

71 Avenues for Homeless Youth Host Homes Programs Value Statement

72 Berg, Ryan (Minneapolis Host Home Program of Avenues for Homeless Youth). Using Host Homes to House Youth presentation (Jul. 16, 2015), available at: <http://www.endhomelessness.org/page/-/files/Using%20Host%20Homes%20to%20House%20Homeless%20Youth%20by%20Ryan%20Berg.pdf>

73 HUD, Rapid Rehousing Models for Homeless Youth, available at: <https://www.hudexchange.info/homelessness-assistance/resources-for-homeless-youth/rrh-models-for-homeless-youth/>. See also Minneapolis & Suburban Host Home Program, Avenues for Homeless Youth website: <http://avenuesforyouth.org/minneapolis-host-home-program/>.

74 NAEH, Ending Homelessness for Unaccompanied Youth: Rapid Re-Housing (Dec. 29, 2015), available at: <http://www.endhomelessness.org/library/entry/rapid-re-housing-for-unaccompanied-homeless-youth>

75 NAEH, Ending Homelessness for Unaccompanied Youth Age 18-24 (Dec. 29, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-youth-age-18-24>

- ❖ **Staff training:** Staff should be well-trained in trauma-informed care, low-barrier service delivery, and harm reduction and Positive Youth Development approaches.⁷⁶ Programs should offer ongoing training opportunities and organizational support to assist staff with the emotional impact of dealing with high-need youth and reduce staff turnover. Staff responsibility for positive client outcomes can re-frame client interactions and encourage creative youth engagement.⁷⁷

LGBTQ Communities should proactively address housing discrimination faced by the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) population, ensure that their homeless response systems integrate LGBTQ cultural competency practices, and work (particularly with youth providers) to create and implement a comprehensive, data-informed community strategy to prevent and end LGBTQ homelessness. LGBTQ persons and the providers that serve them face a number of unique challenges:

- ❖ **Housing discrimination:** The community should ensure that all eligible persons — regardless of race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, or gender identity — are aware of available housing and services and feel comfortable and safe accessing those resources. The CoC and providers’ marketing, outreach, and program information materials should reflect this, as should the coordinated intake process.
- ❖ **Equal access:** Program eligibility should not be determined, or housing or services made available, based on any of the following: actual or perceived sexual orientation, gender identity or expression, or marital status. The CoC and its providers should prohibit inquiring about any program applicant, participant, or occupant’s sexual orientation or gender identity to determine eligibility or make assistance available. HUD made a limited exception to allow for inquiries into a person’s sex for purposes of determining eligibility for emergency shelters with shared bathrooms and sleeping areas. Clarification of this requirement indicates that providers should place participants seeking shelter in single-sex facilities corresponding with the participant’s gender identity and give serious consideration to the participant’s own personal health and safety concerns (e.g., where the participant would feel most safe). Providers should not request documentation of sex or deny appropriate placement based on the client having identity documents with a different gender than the one with which the client identifies. Providers should not assign or reassign participants based on another person’s complaints solely based on the participant’s non-conformance with gender stereotypes.⁷⁸ Provider staff should receive training to complete intake with the above-considerations in mind and take prompt corrective action to address noncompliance.⁷⁹
- ❖ **Family composition:** HUD defines “family” and “household” to include persons regardless of their sexual orientation, gender identity, or marital status. Communities should ensure that its family programs are open to families including members who are (or are perceived to be) from the LGBTQ community. CoCs can institute compliance checks to ensure that families headed by same-sex couples are treated in the same manner as other families (see above for more detail), providers maintain specific policies and procedures to address this, and cultural competency trainings are available and utilized as necessary.

⁷⁶ NAEH, Ending Homelessness for Unaccompanied Minor Youth (Dec. 30, 2015), available at: <http://www.endhomelessness.org/library/entry/ending-homelessness-for-unaccompanied-minor-youth>

⁷⁷ NAEH, Family Intervention for Unaccompanied Homeless Youth (Dec. 29, 2015)

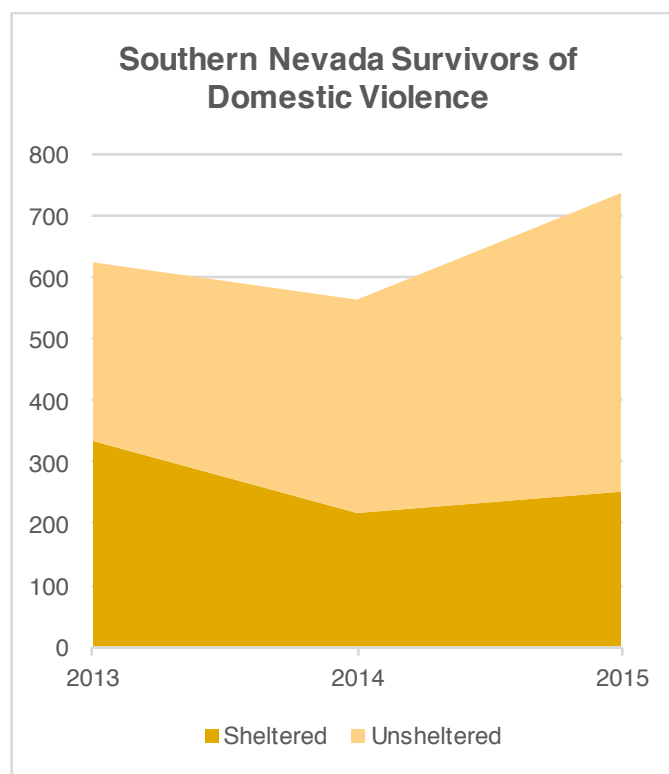
⁷⁸ HUD, Notice CPD-15-02: Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities (Feb. 20, 2015), available at: <https://www.hudexchange.info/resource/4428/notice-cpd-15-02-appropriate-placement-for-transgender-persons-in-single-sex-emergency-shelters-and-other-facilities/>

⁷⁹ Id.

- ❖ **Youth:** A national survey of 354 homeless youth providers across the country indicated that almost all are serving LGBTQ youth, who make up approximately 40% of their clients. This suggests that LGBTQ make up a disproportionate share of the homeless and at-risk youth population, compared to the proportion of LGBTQ persons in the general youth population (5-7%). The most commonly cited factors contributing to homelessness among LGBTQ was family rejection based on youth's sexual orientation and gender identity.⁸⁰ Some communities, such as Hamilton County (OH) and Houston/Harris County (TX) developed and implemented community-wide plans to prevent and end homelessness among LGBTQ youth by improving collaboration among youth providers. The Houston/Harris County plan identifies a local need for more faith-based partners to lead and affirmatively address the scope of LGBTQ youth homelessness in their sector, since religious beliefs or authority are often used to stigmatize gender diverse and non-heterosexual identifying people, with the goal of building trust between the faith-based and LGBTQ communities.⁸¹ Both plans include multiple youth-related systems, with Hamilton County bringing together national and local levels of the child welfare, juvenile justice, education, and runaway and homeless youth systems. By improving data quality related to sexual orientation and gender identity, Hamilton County is implementing a number of strategies to address LGBTQ youth homelessness, including: recognizing the unique circumstances faced by LGBTQ youth, including identity-based family rejection; utilizing interventions addressing specific risk factors; ensuring programs are safe, inclusive, and affirming of LGBTQ identities; improving relationships/collaboration between state and local youth organizations; and, improving outcomes in housing stability, education and employment, social and emotional well-being, and permanent connections.⁸²

Analysis

Survivors of Domestic Violence According to the 2015 Homeless Census, 19.7% of survey respondents reported experiencing domestic violence or abuse. Approximately 735 individual homeless persons indicated experiencing domestic violence, an 18.2% increase since 2013. Of this population, 251 (34.1%) were sheltered, while the remaining 484 (65.9%) were unsheltered. During the time period between 2013 and 2015, the sheltered population with a history of domestic violence decreased by 24.4%, while the unsheltered population with a history of domestic violence increased by 66.9%. As in most communities, it is highly likely that domestic violence is underreported and that there are many more persons who have experienced domestic violence within the community than what is quantified above.



Source: 2015 Homeless Census

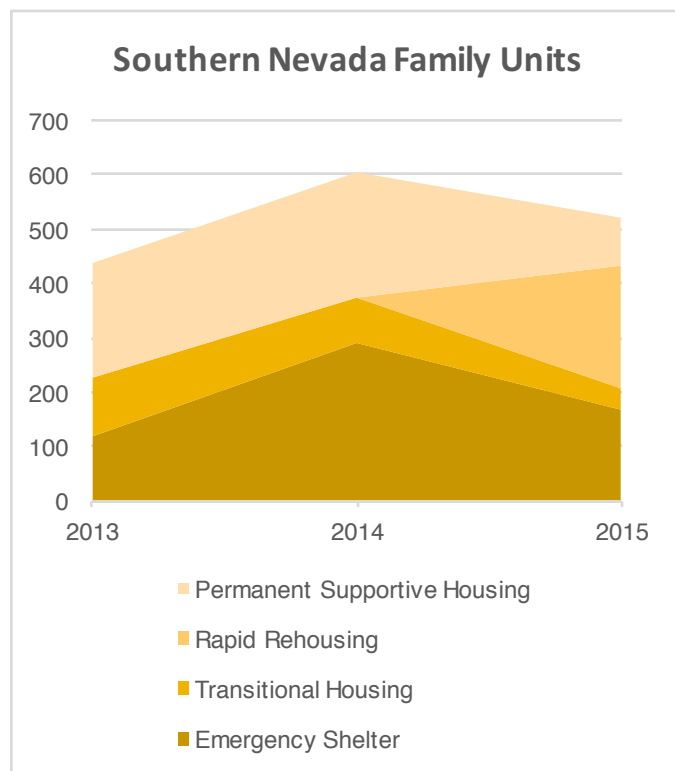
⁸⁰ Durso, L.E. & Gates, G.J. Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless (2012), available at: https://issuu.com/truecolorsfund/docs/lgbt_homeless_youth_survey_-_final__51be270c583e61/1

⁸¹ NEST: Collaborative to Prevent LGBTQ Youth Homelessness, Strategic Plan (Dec. 1, 2014), available at: <http://www.montrosecenter.org/hub/services/hatch-youth-services/nest-home/>

⁸² Hicks, Meredith & Alspaugh, Meredith. Hamilton County Safe and Supported Community Plan to Prevent Homelessness for Lesbian, Gay, Bisexual, Transgender and Questioning Youth (Sept. 30, 2014), available at: <https://www.hudexchange.info/resource/4463/safe-and-supported-plan/>

Dedicated resources available to serve this population include two emergency shelter programs operated by Safe House and Safe Next, totaling 123 shelter beds (comprised of 25 family units, 89 family beds, and 34 adults-only beds).

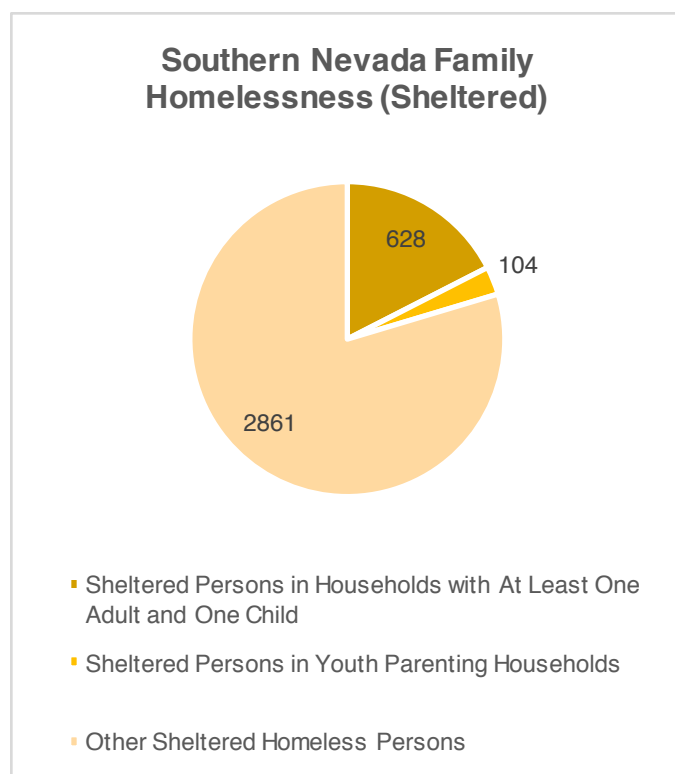
The relative paucity of dedicated resources to survivors of domestic violence bears out qualitatively, as well as quantitatively, as many CoC Board members indicated a need for additional resources.



Source: 2013-15 Housing Inventory Counts

When asked to describe specific subpopulations requiring greater attention or access to resources, 25% of Board survey respondents highlighted the need for additional housing resources for homeless persons with a history of domestic violence. One Board member stated: “More attention should be focused on the needs of domestic violence victims. If over 50% of homeless women indicate a history of domestic violence, then providing safe affordable housing to victims of intimate partner violence is a form of prevention of future homelessness. This would also impact a future need for youth housing since children and youth fleeing violent homes (with a parent) face so many other issues if the parent becomes homeless.”

Family Homelessness According to the 2015 Homeless Census, the Southern Nevada region has virtually ended unsheltered family homelessness: only 3 persons — belonging to just one household with at least one adult and one child — were unsheltered. No persons in youth parenting households were unsheltered. However, there remains a large number of homeless families in emergency shelter or transitional housing. As of January of 2015, there were 3,593 total sheltered persons in Southern Nevada; of these, 628 (17.5%) total persons were in households with at least one adult and one child, while a further 104 (2.9%) belonged to youth parenting households.



Source: 2015 Homeless Census

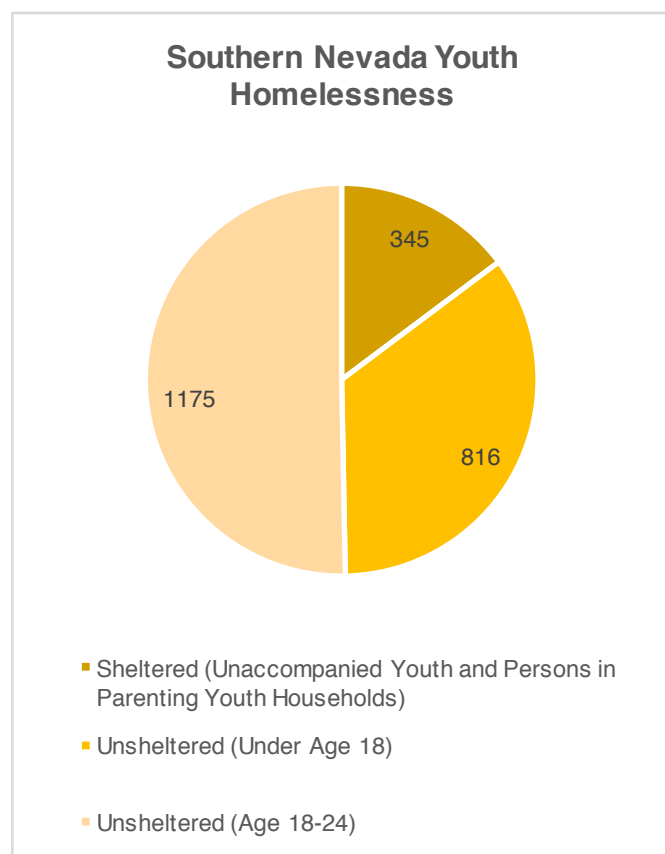
During the time period between 2013 and 2015, the total number of family units available to persons experiencing homelessness in Southern Nevada increased from 438 to 522, a 19.2% increase. The vast majority of this change was driven by the introduction of 227 new rapid rehousing family units between 2014 and 2015. Simultaneously, emergency shelter family units increased 39.2% (from 120 to 167), while family units in transitional housing and

permanent supportive housing declined by 63.5% (from 107 to 39) and 57.8% (from 211 to 89), respectively. This represents an efficient reallocation of resources, as studies are showing that rapid rehousing is a particularly effective intervention for families.

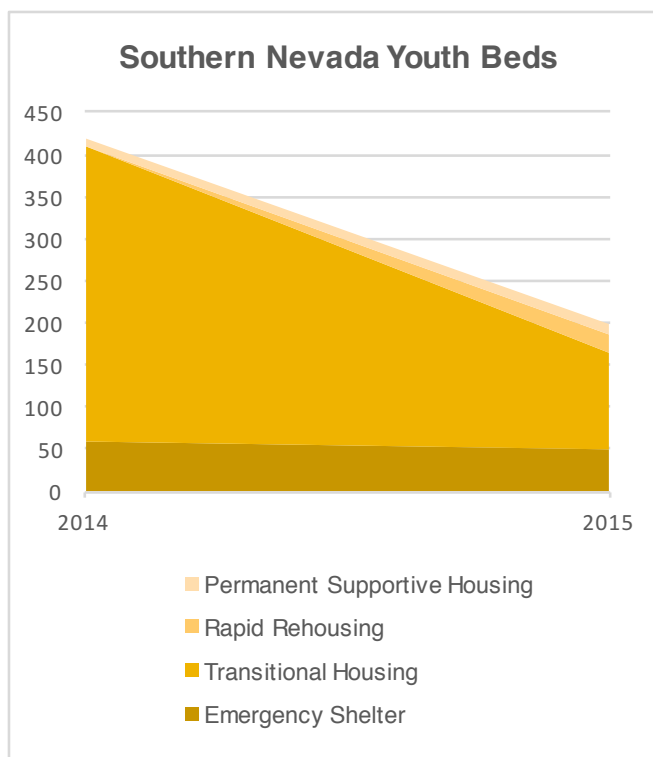
Nevertheless, the existing supply of dedicated family housing is insufficient to meet the needs of the population and bring about a functional end to family homelessness. Consumers, providers, and Board members all indicated that increased resources are needed to address family homelessness. 50% of Board survey respondents identified the need for additional family housing as the greatest subpopulation need. Moreover, this need is particularly pronounced for unconventional family households, such as family households with a single male head of household who respondents noted are “difficult to serve within our current system.”

In addition, some consumers noted that particular programs sometimes fail to follow evidence-based best practices and HUD requirements, such as those prohibiting family separation. This was particularly pronounced in youth programs, where participants described situations in which children were barred from entry, meaning that “...because [a participant] is a mother, [they’re] unable to be with their own children,” a situation the participant described as a negative consideration in seeking help. Another participant detailed a similar situation in which a family member was left unsheltered due to a blanket prohibition on two members of the same family being enrolled, a policy that the participant said weighed heavily on his mental well-being.

Youth Homelessness Due to the nature of Point-in-Time Counts, youth homelessness is often subject to dramatic undercounts. As such, Southern Nevada took steps in its yet-to-be released 2016 Count to improve the accuracy of the youth homeless count in advance of the approaching *Opening Doors* goal of ending family and



Source: 2015 Homeless Census



Source: 2013-15 Housing Inventory Counts

youth homelessness by 2020. While this data may indicate a major change in the overall youth count, the 2015 numbers are sufficient to draw the conclusion that more resources are needed in order to meet that goal.

Of the 7,509 total homeless persons counted as part of the 2015 Homeless Census, 2,336 (or 31.1%) under the age of 24. Of these, 345 unaccompanied youth and persons in parenting youth households were sheltered (14.8%), while 816 (34.9%) were unsheltered unaccompanied children under age 18 and a further 1175 (50.3%) were unsheltered unaccompanied youth between ages 18-24.

To serve these homeless youth, there were a total of 198 dedicated youth beds on the 2015 Housing Inventory Count, a 52.9% reduction from 2014. The vast majority of lost dedicated youth beds were from reallocated or repurposed transitional housing, of which there were 349 in 2014 and 113 in 2015, a 67.6% decrease. During this period, youth-dedicated emergency shelter beds declined from 59 to 51 (13.6% decrease), while the number of dedicated permanent supportive housing beds stayed steady at 12 and the number of youth-dedicated rapid rehousing beds increased from 0 to 22.

Several respondents to the Board survey indicated that housing and services for homeless youth are among the greatest gaps in the Southern Nevada homeless response system. This concern was echoed by consumers during focus groups, with comments ranging from objections that “people in jail are guaranteed a right to three meals and a bed, so how come we’re not?” to protests regarding program operations and rules, including curfews, requirements that parents countersign documents (“I don’t have parents!”) and encouragement to reach out to family members for assistance (“If my family were willing to help me, I wouldn’t be homeless in the first place”). Consumers also noted that information about homeless programs should be targeted to school districts, but there needs to be a more active approach, as students are often reluctant to self-identify housing instability to authority figures.

LGBTQ Homelessness While data on LGBTQ homelessness in Southern Nevada is of questionable quality, it was clear from consumer, provider, and leadership feedback that more must be done to increase the cultural competency of providers in the Southern Nevada region to handle the particular issues that often affect LGBTQ persons experiencing homelessness. The intersection of these LGBTQ-related issues with youth homelessness is particularly pronounced, as nationwide studies have demonstrated that youth experiencing homelessness are disproportionately members of the LGBTQ community.

Providers in the Southern Nevada region were particularly vocal about the need to expand LGBTQ cultural competency outside the small, core group of LGBTQ-focused providers. One provider stated that, when it comes to LGBTQ cultural sensitivity, Southern Nevada is “behind the times” and proceeded to comment that, though most are sympathetic to these issues, parties on both sides are too often “extremists.” This same provider noted that, due to years of neglect, LGBTQ-focused providers are often “angry [and] litigious,” while “there’s only one provider that will house transgender people and they’re effectively segregated.” Other providers described “the lack of education about how to deal with LGBT issues” and a general “need to educate the community so that programs are confident in their ability to effectively handle these circumstances.”

Elderly/Senior Homelessness As the general population ages and rents rise in communities across the country, there is growing concern regarding the fate of elderly or senior populations. According to the 2015 Homeless Census, the size of the senior homeless population is increasing and becoming a growing concern. In 2015, 11.1% of survey respondents were over the age of 61 (compared to 8.2% in 2014, a one year increase of 2.9%); the percentage of survey respondents between the ages of 51 and 60 likewise increased from 27.8% to 30.6% during that same time period.

Several providers cited age and the health issues that often correlate to an aging population as prohibitive barriers to accessing homeless resources in Southern Nevada. Likewise, key stakeholders indicated the growth of this problem and have begun the process of culling the necessary data to support an emphasis on housing and services for the aged and infirm.

Recommendations

To increase the current level of specialized services and housing beds/units available for survivors of domestic violence, unconventional families, LGBTQ persons, youth, and the elderly/seniors in the region, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

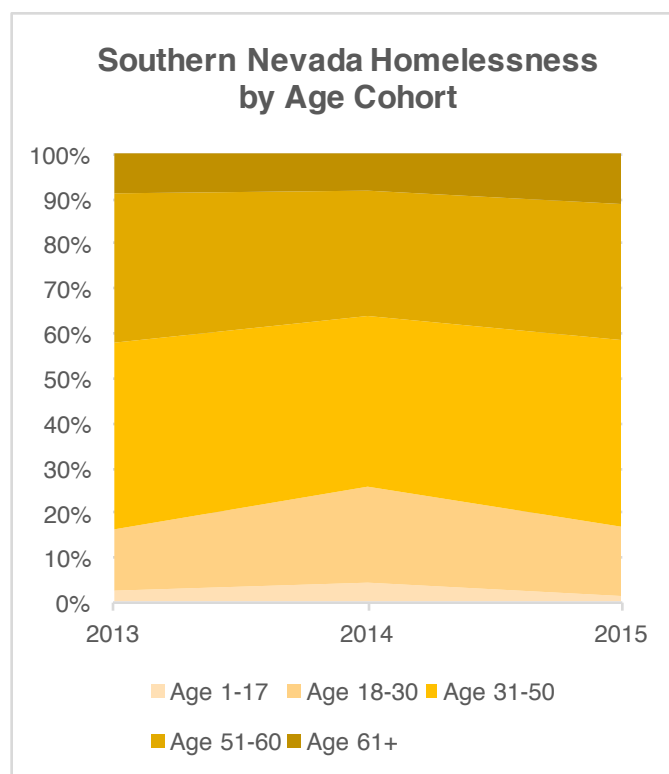
(1) Review 2016 Homeless Census information to confirm findings

Southern Nevada recently completed the 2016 Homeless Census and the results have not yet been publicly disseminated. Special efforts were taken in 2016 to improve the accuracy and methodology of the youth count, in particular. HomeBase recommends that the Continuum review the results of the 2016 Census to determine whether the patterns identified in the analysis above (based on 2013-2015 results) are consistent with the most recent available data.

(2) Focus efforts on increasing the availability of specialized housing and services for survivors of domestic violence, unconventional families, LGBTQ persons, youth, and elderly/seniors

Existing resources are insufficient to meet the demand posed by priority, high-need/high-vulnerability consumers such as survivors of domestic violence, unconventional family units (such as households with children with a single male head of household), LGBTQ persons, youth, and elderly/seniors. HomeBase recommends that the Continuum focus efforts on increasing the quality and availability of housing and services dedicated to these populations. Such efforts could include: increasing availability of domestic violence trauma-informed care in non-dedicated programs, working with family providers to reduce entry barriers for unconventional family units, working with programs to implement policies prohibiting involuntary family separation, increasing system-wide cultural competency regarding the unique needs of the LGBTQ community, improving discharge planning with the foster care system, increasing the availability of housing for elderly/seniors, and ensuring physical access to programs for persons with infirmities and elderly/senior population.

(3) Improve system-wide cultural competency in addressing the unique needs of the LGBTQ community in Southern Nevada



Source: 2015 Homeless Census

Many consumers and providers indicated that system-wide cultural competency regarding LGBTQ needs should be a primary goal in Southern Nevada. HomeBase recommends that the Continuum take steps to improve data related to LGBTQ homelessness in Southern Nevada, work with programs to ensure that LGBTQ persons have fair and equal access to all program types, work to eliminate barriers caused by family rejection of LGBTQ persons, explore the intersection of youth homelessness with LGBTQ persons, and introduce culturally-sensitive trainings for frontline staff in all programs. In addition, Southern Nevada could consider actively engaging LGBTQ-focused providers to develop trainings and implement best practices, ensuring that these providers are better connected to the overall homeless response system, and able to contribute to system-wide competency rather than serving their participants in isolation.

(4) Engage funders and identify alternative solutions for non-residents and non-citizens

Consumers and providers identified locally-imposed residency requirements (within a certain jurisdiction), as well as language and citizenship as prominent barriers to obtaining needed services. HomeBase recommends that the Continuum engage local funders to reduce residency requirements to ensure that any person experiencing homelessness in Southern Nevada is able to access the full range of housing and services needed to address their homelessness. In addition, HomeBase recommends that the community continue to identify alternative funding solutions for programs to serve undocumented immigrants and support existing programs to ensure that staff have appropriate cultural competency and language skills to meet the needs of these consumers.

Program Operation and Rules

A Housing First-oriented system ensures that programs are operated in a manner that emphasizes obtaining quickly and maintaining permanent housing, over controlling behavior. Program rules should have established and transparent underlying reasons (e.g., clear link to safety like barring weapons). They should be necessary to program operation, developed in a manner incorporating client feedback as much possible, and be regularly reviewed and revised as needed. Considerations for review should include assessing the rule's impact on the client's entry into or maintenance of housing, as well as the timing; and relationship to safety compared to behavior management. Program rules resulting in program termination should be limited to physical and sexual violence, excessive property damage, and theft.⁸³

- ❖ **Program operating rules promote easy access:** Client access to housing should accommodate client needs and promote stability. In the shelter context, shelter should be immediately accessible, including 24 hours per day, with staff available to allow client entry. Facilities can provide space to store belongings and an opportunity to check belongings into plastic containers or coverings. Some may accommodate pets if possible.⁸⁴
- ❖ **Data-informed assessment:** Programs should track and review data on clients being asked to leave due to non-compliance with program rules, non-participation in services, and timing out to determine the impact of their program rules.⁸⁵ Programs can identify the rules resulting most frequently in client exits, assess whether they related to safety issues or behavior modification, and determine the necessity of these rules for program operation and successful rapid connection to or maintenance of permanent housing. Following such an assessment of program rules and revision as needed, programs can track changes to number of clients leaving for reasons like program non-compliance. This should be factored into the program evaluation process in addition to the program's contributions to systemic performance data.
- ❖ **Sobriety-related rules:** Programs do not need to require sobriety to ensure the safety of their clients. An alternative to program rules like requiring a Breathalyzer for a shelter stay is to focus on prohibiting violence and other issues impacting safety that may be more likely to occur with intoxicated clients. Sample alternative program rules are that weapons are not permitted on facility premises, possession and use of illegal substances are prohibited on facility premises. The program can have a policy on proper disposal of needles and syringes, and staff can be trained on this.⁸⁶
- ❖ **Youth:** Program rules and supervision also usually come up in the unaccompanied youth context, particularly with minors. Program rules, particularly in programs for unaccompanied minors, should be reviewed periodically to ensure they are trauma-informed and culturally competent. There should be consideration that some youth may prefer more structured environments with rules, schedules, and on-site supervision, and these also may be needed in congregate housing to establish a sense of order. However, youth programs can achieve success with less restrictive options, and low threshold/"least restrictive environment" placement options should be available. Some providers note the need for youth to be allowed to make mistakes without fear of losing their housing as an important and developmentally-appropriate baseline. Youth providers also

83 Nagendra, Cynthia and Kay Mosher McDivitt. Best Practices of Emergency Shelters: The Critical Role of Emergency Shelter in an Effective Crisis Response System presentation (Dec. 2015), available at <http://cceh.org/wp-content/uploads/2015/12/Connecticut-Emergency-Shelter-Training-Final-For-Participants.pdf>

84 Id.

85 Id.

86 See e.g., Public Health – Seattle & King County, Recommended Shelter Health and Safety Best Practice Guidelines (July 2005) (primarily governing sanitation and public health measures, but including these few weapons and substance related rules and policies as well)

are trying out voluntary services models and applying harm reduction approaches to respond to substance abuse, fighting, and harmful/self-destructive behavior.

- ❖ **Community practice standards and evaluation:** Communities should promote high-quality housing and service delivery, and evaluate projects' contributions to the communities' systemwide performance measures. For rapid rehousing, as an evolving program model, it is particularly important to establish baseline program standards and evaluate the local program models using performance criteria.⁸⁷ Some communities are using community standards to outline a target program model and evaluation criteria that apply regardless of the various funding streams used to fund the program. Such a community may opt to put out a community-wide Notice of Funding Availability soliciting applications for a unified pool of funding from various sources, so they can ensure providers meet a minimum housing and service standard and agree with evaluation criteria.

Analysis

The diversity of program rules and operational practices, as well as a lack of compatibility with the principles of the Housing First philosophy were identified as major challenges as part of the 2013 Gaps Analysis. Since that date, however, the Continuum has implemented a number of changes that have had a positive effect on the provision of housing and services in Southern Nevada. Providers were given technical assistance and training, resulting in a number of policy changes, including:

- ❖ The Monitoring Working Group is providing oversight regarding performance measurement, leading annual compliance efforts, and assessing overall capacity;
- ❖ Several large providers (particularly emergency shelters) have begun to roll back entry barriers and requirements, such as sobriety;
- ❖ Some providers have begun serving the transgendered population; and,
- ❖ Others are beginning to accept unconventional family units, such as households with children with a single male head of household.

While waiting lists still pose a challenge, the implementation of Coordinated Intake for Single Adults has streamlined the entry process and made entry practices more uniform. However, there is still considerable work to be done on establishing other models of coordinated intake for different populations. Additionally, the introduction of Clarity identification cards has simplified data entry, leading to streamlined entry processes and avoiding repetitive data entry in order to access basic and emergency services. Beyond program entry barriers and requirements (which were addressed in a previous section), however, there are a few program operation and rules-related challenges that still face the Southern Nevada Continuum of Care.

One issue is the lack of uniformity in the provision of housing and services from provider-to-provider and jurisdiction-to-jurisdiction. Locally-funded providers often have slightly different eligibility requirements, typically demonstrated as requirements of residency in a particular local jurisdiction. There are two ways that this issue can be resolved: (1) by engaging local jurisdictions to remove these restrictions from funding agreements; or, (2) by improving location-related data collection within HMIS in order to provide better information to support and document eligibility. Many homeless persons within Southern Nevada have resided in multiple jurisdictions. If this

⁸⁷ See e.g., NAEH, Rapid Re-Housing Performance Benchmarks and Program Standards (Feb. 15, 2016), available at: <http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards>

can be demonstrated utilizing location-related data in HMIS, then eligibility can be established for any program funded by the location in which that person has resided.

A similar lack of uniformity is found in the emerging system of rapid rehousing operating in Southern Nevada on a provider-to-provider basis. By establishing uniform community standards for the provision of rapid rehousing, the community has an opportunity to influence the program and service design of this emerging intervention. Establishing uniform standards will ensure that rapid rehousing is available to the targeted population, regardless of the jurisdiction in which that program is located or the funding stream by which it operates.

Last, despite the streamlining of entry practices enabled by the introduction of the Clarity identification card, almost all consumers report considerable frustration with the process of acquiring an emergency shelter bed. Consumers were frustrated by their inability to access other services while residing in shelter because “[shelters] kick you out at a certain time and then you have to sit in line all day if you want to secure a bed for the next night; how can we hope to find a job if our only choice is between staying in line all day and getting a bed, or going out to look for a job and having to sleep on the street?” One solution to this problem, in the minds of consumers, is to allow shelter clients to secure a bed for a short period of time (“a week”) so that they can explore other routes out of homelessness, while others stated that “a 24-hour shelter would be great, because one of the problems is that shelters close relatively early due to limited capacity, and [we] wouldn’t have to repeat the cycle of waiting in line, staying overnight, and being thrown out, only to repeat the process the next day if we could access the shelter after hours.” While there is certainly limited capacity, determinations whether or not to operate a 24-hour shelter, better provision of bridge housing for those who qualify, or allowing shelter reservations could limit this issue to some extent.

Recommendations

To reduce program rules that inadvertently restrict consumer independence and/or hinder consumer success in exiting homelessness, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Engage local jurisdictions to improve uniformity in the provision of housing and services and/or improve location-related data collection in HMIS to document eligibility

Local jurisdictions in Southern Nevada often impose residency requirements on locally-funded projects, meaning that a person homeless in the City of Las Vegas may not be able to access services funded by the City of Henderson, for example. To improve uniformity across jurisdictions and ensure that consumers are able to access all programs in Southern Nevada regardless of the location of their first point-of-contact with outreach, HomeBase recommends that the Continuum engage local funders to reduce or remove these requirements altogether. In the alternative, the Continuum could consider working with providers — particularly, outreach providers — to improve location-based data quality and ensure that all points-of-contact are documented. This essentially ensures that consumer residency is tracked in such a manner that all consumers are able to access all programs for which they may be already eligible, but for whom eligibility is currently difficult to document.

(2) Develop community standards for the provision of rapid rehousing

As the rapid rehousing system in Southern Nevada expands, it is important that Southern Nevada enact community-wide standards for the provision of housing and services. Adopting such standards will allow

the Continuum to guarantee that consumers are able to access rapid rehousing programs throughout the region, while establishing a baseline for rapid rehousing provision that can be refined as more programs come on-line.

(3) Engage providers to increase longer-term availability of emergency shelter beds and free consumers from the repetitive cycle of re-obtaining an emergency shelter bed each night

Many consumers are frustrated with the repetitive cycle of obtaining an emergency shelter bed for a night, being forced to leave in the morning, only to have to get back in line almost immediately to secure a shelter bed for the next night. While the introduction of the Clarity identification has streamlined data entry, HomeBase recommends that the Continuum work with providers to establish longer-term availability of shelter beds in order to allow consumers to pursue other services, housing options, employment, and benefits during the daytime. This could entail ensuring a sufficient stock of bridge housing (so that consumers are not living in shelter while awaiting placement in another housing program), improving diversion at points of entry so that consumers can avoid shelter stays altogether if appropriate, working with shelter providers to establish 24-hour or “day” services, and/or working with select providers to establish a reservation system.

(4) Establish 24-hour access to emergency shelter

The current emergency shelter system in Southern Nevada is overburdened with demand. As a result, many consumers report having to be in line to access or in shelter by the early evening, or the shelter will reach capacity. Best practices, however, suggest that emergency services (including shelter) should be available 24 hours per day. HomeBase recommends that the Continuum work with shelter providers and the emerging Coordinated Intake system to ensure that consumers are able to access emergency shelter at any time by improving diversion practices and increasing the supply of bridge housing and rapid rehousing.

Service Availability

A Housing First-oriented system emphasizes the delivery of permanent housing-focused services at each connection point, even utilizing basic service provision as outreach opportunities to connect clients with permanent housing and mainstream services. Integrating housing-focused services into program models may require shifts in organizational culture to orient all actions on the principle that every client is housing ready right now.

As such, key features include discussing early and frequently rapid exit to or maintenance of permanent housing with clients; developing housing plans regularly reviewed with clients; and identifying and addressing housing barriers (e.g., documentation, eviction history).

- ❖ **Dedicated staff for housing search and landlord engagement:** Some providers utilize a program model that separates out the housing search and case management functions, and builds both staff types into the program budget. This allows case managers to focus on client-centered activities, while housing search staff can build landlord relationships to maximize opportunities for housing placement.
- ❖ **Identification services:** Many programs, despite the principles of Housing First, require some form of identification for entry. However, identification documents are often hard to come by for much of the homeless population, as they typically require proof of identity (such as a birth certificate), proof of a Social Security number (such as a Social Security Card or W-2), proof of residency (such as a bank statement, lease, or utility bill), and payment (though this may be waived for persons who are homeless). This is especially difficult for persons born out-of-state — who have to navigate differing state laws — and persons born outside the United States, including undocumented immigrants (many of whom are ineligible to obtain identification). Some programs, such as the Homeless I.D. Project based out of Phoenix (AZ) offer specialized services to help homeless persons obtain identification, including: procurement of birth certificates and supporting documents, purchase of the identification card, assistance with obtaining DD-214 for veterans, replacement of legal immigration paperwork services, safe storage of birth certificates and other documents, and referrals to homeless resources.⁸⁸
- ❖ **Basic services:** The homeless population can struggle the most with obtaining basic services, such as accessing clothing, food, bathrooms, showers, storage facilities, etc. Communities across the county have been introducing innovative solutions to the provision of basic services to homeless consumers, including: free storage facilities for personal possessions,⁸⁹ mobile shower facilities,⁹⁰ and mobile bathrooms.⁹¹
- ❖ **Multi-service/drop-in centers:** Multi-service or drop-in centers can provide a single location to coordinate and integrate service provision and treatment.⁹² Models can vary from information and service hubs (offering basic services such as food, clothing, storage, etc.) to include emergency shelter or linked on- or off-site permanent housing. Multi-service centers can be utilized as coordinated intake assessment locations. For instance, Los Angeles County (CA) operates regional Family Solutions Centers integrating County and City

88 Homeless I.D. Project, (2015), "About Homeless ID Project," available at: <http://azhomeless.org/about-us.html>

89 Dept. of Public Works - Homeless Property, (2016), "Is there a place to store my personal belongings?," available at: <http://sf311.org/index.aspx?page=230>

90 Warth, Gary, (January 26, 2016), The San Diego Union-Tribune, "Nonprofit to offer mobile showers for homeless," available at: <http://www.sandiegouniontribune.com/news/2016/jan/26/think-dignity-homeless-showers/>

91 Taylor, Barbara, (July 15, 2014), CBS SF Bay Area, "San Francisco Rolls Out Portable Bathroom Program in Tenderloin to Curtail Human Waste on Streets," available at: <http://sanfrancisco.cbslocal.com/2014/07/15/403084-jane-kim-human-waste-mohammed-nuru-homeless-sf-clean-city/>

92 USICH, Searching out Solutions: Constructive Alternatives to Criminalization (2012), available at: https://www.usich.gov/resources/uploads/asset_library/RPT_SoS_March2012.pdf

agency resources to provide a number of services, including coordinated screening, employment services, triage, crisis intervention, diversion and homelessness prevention, rapid rehousing, and housing-focused case management.⁹³

Analysis

During focus groups, consumers stated that “the worst thing that can happen to you in this County is losing your ID. Once you lose your ID, or — even worse — your birth certificate or Social Security card, you can’t replace it.” According to consumers, there are very few programs that allow people to participate without an identification card. Responses to the provider survey, however, indicate that approximately 40% of programs require identification documentation. One provider indicated that the largest barrier facing consumers is “not having identification or income when trying to enter a program; many clients that come to us need help with obtaining an ID or getting immigration-related assistance. Some organizations try to help with these issues, but they’re overwhelmed by the volume.” While consumers admitted that there were services available, they indicated that many homeless persons are unaware of those services or that the process takes too long (“6-8 weeks”).

Consumers also indicated that “basic services are the most difficult to find.” Most indicated that their inability to access bathrooms and showers are the biggest problem they face on a day-to-day basis. Nearly every consumer interviewed described, at one point or another, being asked to leave businesses and other public buildings when trying to use the bathroom because “they think we’re going to wash up in there.” Most indicated that the inability to access bathrooms or showers has serious negative consequences for their self-esteem and mental health. Providers similarly stated that “restrooms and showers are the biggest problem our clients face before they come to us. [One provider] offers these basic services, but makes it hard to access by requiring an ID.” Both consumers and providers indicated a desire for more drop-in centers where people can use the bathroom, take a shower, eat some food, and obtain clothing. One suggested that these drop-in centers (which already exist for the youth population, but not for adults) could also serve as a centralized location to obtain information about resources and conduct outreach.

There is a need in Southern Nevada for additional housing search and housing navigation services, particularly within the Coordinated Intake system. In the existing Coordinated Intake system, there are only one or two staffers to perform matching; no employees are available to perform housing navigation services. 65% of responses to provider surveys indicated that their programs offer housing search assistance.

Recommendations

To ensure that consumers are able to access appropriate services necessary to end their homelessness, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Increase access to services designed to obtain identification documentation

Obtaining identification documents in Southern Nevada can be a major challenge for persons experiencing homelessness. HomeBase recommends that the Continuum continue its efforts to expand access to identification services by continuing state-level advocacy to reduce the legal and regulatory barriers to obtaining an identification card, help existing providers performing this function (such as Las Vegas Urban League and Lutheran Social Services of Nevada) obtain additional funding, and/or better

93 UISCH, Partnerships for Opening Doors: A summit on integrating employment and housing strategies to prevent and end homelessness, Community Profile: Los Angeles, available at: https://www.usich.gov/resources/uploads/asset_library/Los_Angeles_Profile.pdf

advertise existing services. Current bureaucratic practices inadvertently create barriers for groups such as transgender individuals, individuals with literacy problems, those without a permanent address, and persons being discharged from prison without ID who cannot navigate the complex multi-jurisdictional system currently in place.

(2) Increase access to basic services, such as bathroom and shower facilities

Many homeless persons in Southern Nevada are unable to access basic services such as bathrooms and shower facilities. HomeBase recommends that the Continuum work to expand access to these services. The Continuum could consider working with providers who already offer such services to reduce barriers to entry (such as possession of an ID), explore innovative strategies to bring mobile showers and bathroom facilities to the region, and/or work with local businesses as part of a broader public relations campaign (see recommendation in the “Community Engagement” section below).

(3) Incorporate additional housing search and navigation assistance to aid persons in identifying and acquiring housing

Many consumers, particularly those coming through the Coordinated Intake system, are unable to access housing search and navigation assistance. HomeBase recommends that the Continuum make a concerted effort to support an expansion of these services by working with programs to ensure that these services are offered internally, adding housing search and navigation assistance to the Coordinated Intake process, and/or engaging local organizations (like the Realtors Association) to develop a volunteer housing search and navigation program to supplement funded efforts.

(4) Better utilize Coordinated Intake hubs to support the provision of basic services and/or implement multi-service centers to improve the efficiency of service delivery

Many consumers and providers in Southern Nevada are frustrated by the inability of adult consumers to access drop-in or multi-service centers. Too often, consumers are required to access different services in different locations, an issue that’s exacerbated by the lack of public transportation options and services in the region. HomeBase recommends that the Continuum work to fill this gap by securing funding for a multi-service or drop-in center for adults, work with existing providers to add additional services to their location, or consider adapting Coordinated Intake hubs to offer additional basic services.

COORDINATION

The third and final chapter of this report focuses on the system-level coordination within the Southern Nevada homeless response system, addressing both consumer experiences and system supports designed to connect consumers with homeless assistance resources. Three subjects are addressed in turn:

- ❖ **Community Engagement** identifies further steps that leadership can take to engage the broader community, including both political leadership and private citizens, in the fight to prevent and end homelessness. *A detailed analysis of community engagement can be found beginning on page 59.*
- ❖ **Funding Attainment and Maximization** addresses the challenges posed by insufficient funding to meet overall need and identifies approaches that can be considered in order to increase both overall funding levels and efficiency in allocating existing funding resources. *A detailed analysis of funding attainment and maximization can be found beginning on page 62.*
- ❖ **CoC Governance** focuses on potential challenges posed by the current CoC governance structure and proposes actions that leadership can take in order to improve the overall efficiency of coordinating and guiding the systemic response to homelessness in Southern Nevada. *A detailed analysis of CoC governance can be found beginning on page 67.*

Community Engagement

The most effective systems of care engage with and are supported by the broader community in which they function. As such, well-coordinated public education campaigns can provide a critical component to the fight to end homelessness. Such campaigns build community support by raising awareness of contributing factors to homelessness, encourage the community to invest in targeted solutions, prompt changes to policing and outreach strategies, and influence community leadership to take action (such as addressing local laws and regulations contributing to the criminalization of homelessness).⁹⁴

Public education campaigns vis-a-vis homelessness often have a number of commonalities, including but not limited to:

- ❖ **Utilization of data:** Demographic data about homelessness can put a “face” to the issue for the community, and should be integrated into public education campaigns alongside personal stories and visuals (e.g., pictures of actual people representing demographic characteristics). Such combinations of data, anecdotes, and visualizations can help combat negative stereotypes, humanize homelessness, and drive systems change within a community. Timely and accurate data is vital for the community and political leadership to make informed decisions regarding funding priorities. Perhaps most importantly, data can be used to demonstrate the efficacy of community investments in combating homelessness, and underscore the responsiveness of the overall system when addressing investments that aren’t paying off.
- ❖ **Expansion of community events and volunteer opportunities:** Community events and volunteer opportunities can be used to effectively expand community consciousness, humanize homelessness, and attract new and passionate advocates for homeless housing and services. Community service days, fundraising events, Project Homeless Connect events, and volunteer and donation clearinghouses can all be incorporated into an effective public education campaign to promote awareness. The USICH notes that volunteer staffing can enhance provider assistance via a coordinated community-wide outreach and matching effort for both general and skilled volunteers (e.g., lawyers, nurses, doctors, or psychologists). These efforts can promote alternative partnerships, increase community involvement, and build a greater understanding of homelessness within the community.⁹⁵
- ❖ **Broadening participation:** The fight to end homelessness entails more than a provider-centric approach and communities should strive to incorporate businesses, neighborhood associations, the faith-based community, and other community-based organizations into this effort. For instance, local churches often have varying degrees of interest and can play key roles in CoC community engagement work groups or publicize volunteer opportunities among members of their congregations. Business Improvement Districts can provide financial and other support to outreach teams, and partnerships can yield employment opportunities for homeless and formerly-homeless persons.
- ❖ **Enhancing community integration:** Many communities and associated Business Improvement Districts seek to integrate homeless individuals into the fabric of society by organizing “Community Ambassador” programs employing homeless and formerly-homeless persons. Such programs increase employment, provide a service, and give homelessness a face. For instance, New York City’s Association of Community

⁹⁴ USICH, *Searching out Solutions: Constructive Alternatives to Criminalization* (2012), available at: https://www.usich.gov/resources/uploads/asset_library/RPT_SoS_March2012.pdf

⁹⁵ Id.

Employment Programs for the Homeless (ACE) maintenance services program includes uniformed homeless crew members that clean the streets, remove graffiti, trash, and other debris, and decorates sidewalks and parks throughout New York City with planters, trees, and flowers.⁹⁶ Similar programs operate in the San Francisco Bay Area and also provide another layer to outreach efforts.

Analysis

Consumers of the Southern Nevada homeless response system frequently cited feeling as though the community was “dehumanizing” and that people experiencing homelessness “were forced into centralized areas...[and were] harassed if [they] appear homeless and entered into other areas.” Board members similarly felt that “there are some jurisdictions that rarely publicly acknowledge the issue of homelessness in their respective communities... [where the only ‘solution’ to homelessness] is a citizen calling law enforcement to whisk that annoying problem off their street.” Others stressed the need for a public education campaign, incorporating a “52-week rest calendar of events and...an active media campaign with a public call to action.” Key stakeholders confirmed that “there’s no strong public engagement strategy in place and the materials we’ve produced, frankly, haven’t been very successful.”

While Southern Nevada has done much to expand community and volunteer opportunities to raise awareness of the issue of homelessness within the community, more needs to be done to educate the public on the causes and costs of homelessness, as well as the efforts the Continuum is making to alleviate these issues. An effective system of care requires support from the public in a number of ways: volunteers can be effective at spreading awareness and providing assistance, fundraising campaigns such as the Denver program which collected more than \$10,000 for homeless services in the form of loose change deposited by travelers at the city’s airport can raise both money and awareness,⁹⁷ and public awareness expands pressure on political leadership to dedicate more resources and energy to preventing and ending homelessness.

Successful public engagement campaigns require, first and foremost, a champion to relentlessly advocate in public on behalf of the homeless, explain the myriad causes of homelessness (most of which are structural or health-related), promote the successes of existing homeless housing and services, and identify the humanitarian and financial benefits to a skeptical and disengaged public. Key stakeholders recognize this, stating that “we need somebody, or several somebodies, to come to the table willing to own this issue and take it upon themselves to ensure that continuous fundraising and public advocacy continues.”

Recommendations

To better engage the regional community around the issue of homelessness and educate the community on the successes of the regional homeless response system, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

- (1) Organize a public relations campaign to mobilize the broader community (including both private citizens and businesses) to support the fight to end homelessness in Southern Nevada**

⁹⁶ Association of Community Employment Programs for the Homeless (ACE) New York program website: <http://www.acenewyork.org/helping-the-homeless/maintenance-services/>

⁹⁷ Baskas, Harriet, (February 5, 2013), “Denver International Airport Collects Spare Change for Homeless,” available at: <http://stuckattheairport.com/2013/02/05/denver-intl-airport-collects-spare-change-for-homeless/>

Southern Nevada should develop a comprehensive public relations strategy designed to promote awareness of the issue of homelessness, give it a human face, and explain the benefits and cost savings of providing housing and services. HomeBase recommends that the Continuum develop such a coordinated, consistent strategy.

The Continuum may wish to explore options to incorporate public relations professionals and/or firms into its overall governance structure in order to help develop these materials. Public engagement could take the form of public service announcements, advertisements, billboards, funding drives, expanded volunteer opportunities and community events, design of a community ambassador program, and/or presentations. The Continuum may wish to begin by targeting potential funding sources (see recommendations in the “Funding Attainment and Maximization” section below), as bringing in certain partners would both raise the profile of the issue and help acquire additional resources to fund such an engagement strategy.

(2) Conduct a cost study to determine and better educate the public on the systemwide cost savings of providing unsheltered persons with housing

Cost studies are an effective method to rally public support behind the operation of a robust homeless response system. By offering both the public and political leadership concrete information regarding the amount of money saved to the healthcare, law enforcement, and the criminal justice systems from providing homeless individuals and families with housing, as opposed to leaving them unsheltered, the Continuum can do more than just put a face on homelessness (as recommended above). Cost studies can demonstrate the tangible benefits to the community’s financial well-being of funding additional homeless housing and services. Combining both a public education campaign with a well-documented cost study may be effective in advocacy for additional resources and greater community involvement.

Funding Attainment and Maximization

Creating Effective Systems to End Homelessness: A Guide to Reallocating Funds in the CoC Program states that CoC's "should strive to match their inventory of projects to the needs of people experiencing homelessness within the CoC."⁹⁸ Reallocation – the process by which CoCs may shift funds in whole or in part from existing CoC funded projects that are eligible for renewal to create one or more new projects – is an important tool to ensure that CoC's have adequate capacity to serve the people experiencing homelessness in their community.⁹⁹ Although reallocation applies to housing and support service projects funded through HUD's CoC Program, communities are encouraged to assess all the projects/programs in their communities, regardless of funding, to determine whether those resources should be reallocated, refined (minor changes to policies and operating procedures), or repurposed (significant programmatic changes to a project) so as to better maximize their resources.

Communities nationwide utilize additional strategies to compliment and supplement the process of refining, repurposing, and reallocating the current inventory of projects. Such strategies include diversifying funding opportunities to include private foundations, businesses, regional funding initiatives and ensuring the maximization of other government funding sources like Medicaid.

The San Diego Continuum of Care has successfully incorporated a multitude of strategies together to form "Fundors Together to End Homelessness – San Diego." Their goal is to "build a San Diego County network of funders who are committed to solving homelessness through leadership, education, and advocacy, strategic collaboration, alignment and focus of resources; and effective promotion and replication of evidence based practices in their community. Their objective is to expand philanthropic engagement change work needed to end homelessness in San Diego County."¹⁰⁰ Critical elements for success included:

- ❖ **Membership Diversity:** Members include healthcare foundations, family trusts, businesses, foundations, Housing Commission, and the United Way;
- ❖ **Foundations for Success:** The success of Fundors Together to End Homelessness is based in the creation of a "coalition of the willing," the importance of data, and a safe place to have difficult discussions; and,
- ❖ **Funding Priorities:** Based on a commitment to Systems Change, funding priorities include funding for Coordinated Assessment and Housing Placement System, Support of Transitional Housing Reallocation, building CoC Infrastructure, and community education and advocacy.

Across the nation, health care reform and the implementation of the Affordable Care Act has provided an opportunity for states to re-evaluate their Medicaid programs and determine whether to expand Medicaid and explore the provision of services to assist with ending chronic homelessness. In doing so, states may discover opportunities to free up current funding resources and dedicate them to increasing housing capacity, increased or improved resources to consumers in permanent supportive housing, and plan long-term and scale permanent supportive housing to meet the needs of their community.¹⁰¹ Recently, innovative strategies have been developed

98 U.S. Interagency Council on Homelessness, *Creating Effective Systems to End Homelessness: A Guide to Reallocating Funds in the CoC Program*, September 2014, p. 2, available here: [http:// www.usich.gov/tools-for-action/guide-to-reallocating-funds-in-the-coc-program](http://www.usich.gov/tools-for-action/guide-to-reallocating-funds-in-the-coc-program)

99 Id.

100 McConnell, Michael (2015). Strategic Investing to End Homelessness, presented at NAEH Conference, Washington, DC, available here: <http://www.endhomelessness.org/library/entry/1.06-increase-the-impact-of-local-homelessness-funding>

101 Day, Jayme (2014), 5 Reasons Why Housing Providers Should Be Using Medicaid for Supportive Services, available here: [http:// www.endhomelessness.org/blog/entry/5-reasons-why-housing-providers-should-be-using-medicaid-for-supportiv#.Vs4xIZMrKEI](http://www.endhomelessness.org/blog/entry/5-reasons-why-housing-providers-should-be-using-medicaid-for-supportiv#.Vs4xIZMrKEI)

for incorporating Medicaid benefits into the structures of services and supports that help keep formerly homeless people healthy and stably housed. Examples of effective and successful ways Medicaid has been used to support or expand supportive housing include:

- ❖ **Massachusetts:** Created a benefit covered by Medicaid called the Community Support Program for People Experiencing Chronic Homelessness (CSPECH). This started in Boston as a pilot and is now expanding across the state under a Medicaid 1115 waiver. This benefit allows for Massachusetts to target chronically homeless persons and provide services to meet their needs.¹⁰²
- ❖ **California:** In Los Angeles, as the result of the Medicaid expansion waiver, dubbed Healthy Way LA, Los Angeles County spent less on uncompensated care. The county then used the funds it saved to invest in more permanent supportive housing.¹⁰³

One of the most effective and powerful tools used to maximize funding sources to ensure that there are adequate resources in place to serve the homeless population is to undertake a cost study that brings into focus the true cost to the public homeless response system in a community. One of the largest and most comprehensive study's in the country analyzed the public cost system in Santa Clara County, California. *Home Not Found: The Cost of Homelessness in Silicon Valley* analyzed the population that experienced homelessness in Santa Clara County between 2007 and 2012. It includes demographic and medical attributes, justice system history, health and human services provided, and the cost of services.¹⁰⁴ The study found that "homeless costs are heavily skewed toward a comparatively small number of frequent users of public and medical services."¹⁰⁵ Homeless individuals with costs in the top 5% of costs during the 6 year period accounted for 47% of the annual total of \$520 million that the County spent on public services for all homeless individuals. By prioritizing housing and support services opportunities for the most frequent and vulnerable users of the system, the County may "obtain savings that more than offset the cost of housing."¹⁰⁶ As a result of the cost study, Santa Clara County, in partnership with the Economic Roundtable developed the Silicon Valley Triage Tool. The tool is a "new and highly accurate screening tool capable of predicting the high cost users in [the County's] public safety net system and allows communities to prioritize them for supporting housing."¹⁰⁷

In order to guarantee that funding resources are attained and maximized it is critical that strategic planning and coordination of those resources are supported by an infrastructure that recognizes the importance of collective impact. Stakeholders must agree on a common purpose and/or mission and work together to coordinate and mutually reinforce activities to bring about the end of homelessness. This is particularly critical in regions where multiple jurisdictions make up a Continuum of Care, there is a Housing Authority, multiple Emergency Solutions Grant (ESG) areas, and federally designated Community Development Block Grant (CDBG) entitlement areas, Veteran Administration services areas, etc. Such regional CoC's must adopt a governance infrastructure that formalizes responsibilities and can address gaps in community coordination and planning. The Regional Continuum of Care Council for San Diego is one such entity that has experienced success in coordinating at the regional level. Key to this success was the development of a governance structure that represents a collaborative

¹⁰² Burt, M., Wilkins, C., and Locke, G. (July 2014). A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing, available here: <http://aspe.hhs.gov/sites/default/files/pdf/77121/PSHprimer.pdf>

¹⁰³ Id.

¹⁰⁴ Daniel Fleming, Haili Toros, & Patrick Burns, *Home Not Found: The Cost of Homelessness in Silicon Valley*, May 2015, available here: <http://economicrt.org/publication/home-not-found/>

¹⁰⁵ Id., at pg. 2

¹⁰⁶ Id.

¹⁰⁷ Using Predictive Targeting to End Homelessness (February 2016), Destination: Home, available here: <http://destinationhomesc.org/>

partnership spearheaded by the City of San Diego, the County of San Diego, business and philanthropic leaders, service providers and community stakeholders.

Analysis

Consumers, providers, and Board members alike agreed that CoC membership is doing an admirable job in providing housing and services to the homeless population with the resources available to them. However, all were equally forceful in their opinion that more should be done to engage private organizations, such as foundations and businesses, in the fight to prevent and end homelessness in Southern Nevada.

Despite indirectly contributing to the causes of homelessness (53.5% of survey respondents in the 2015 Homeless Census indicated that their homelessness is primarily the result of the loss of a job, while another 3.3% pointed to a gambling addiction), local businesses, particularly casinos, are perceived to play little to no role in the fight to end homelessness. In 2015, gaming revenue on the Las Vegas Strip totaled \$6.348 billion, while gaming revenue in all of Clark County amounted to \$9.6 billion.¹⁰⁸ However, no casino representatives currently serve on the CoC Board, and more than one Board member indicated that “we have not asked any of these groups to partner or support our efforts.”

Given that there is a “linkage between homelessness and their bottom line,” (in the words of one Board member), these businesses need to be engaged with a compelling, focused campaign to generate participation in the homeless response system. Such a coordinated presentation would include: performance data demonstrating the efficacy of existing programs, the cost savings that would be incurred by the community as a whole, concrete examples of the positive impacts reducing homelessness would have on their own financial well-being, the public relations benefits that they could expect to incur, and — most importantly — a particular request or goal that is quantifiable, attractive, and doable for businesses. One example of such an ask, as many private funders often prefer to avoid indefinite financial commitments such as permanent supportive housing, is to request a specific amount for additional rapid rehousing or prevention services, supporting the request through the use of performance data from the emerging stock of rapid rehousing or prevention services, and demonstrating the cost savings and impact those programs have on homelessness. Private foundations and other organizations, such as The United Way, the faith-based community, The Convention and Visitors Authority, Realtors Association, and others could be similarly engaged.

In addition to reaching out to new partners, the Continuum could “increase” the supply of funding available to the homeless population by ensuring that that funding is spent in the most efficient manner possible. The dissolution of the Regional Initiatives Office (RIO) threatens inter-jurisdictional coordination of homeless funding activities throughout Southern Nevada. Currently, several Board members indicated that “each of the local jurisdictions serve in the role of direct funder and administrator of social services...each have their own elected officials who set priorities for them that are sometimes in alignment with the CoC and sometimes at odds.” By generating public support through a focused, coordinated public education campaign (see recommendation in “Community Engagement” section above) and by utilizing a study detailing the costs, potential savings, and impact of spending on homelessness (see recommendation here and in “Community Engagement” section above), the Continuum should begin by approaching political leadership in the several jurisdictions comprising Southern Nevada with concrete asks related to the efficiency of the allocation of homeless funding. Such an ask may include: reducing entry barriers based on residency within a particular jurisdiction, securing additional funding for rapid rehousing,

¹⁰⁸ Stutz, Howard, (January 29, 2016), Las Vegas Review-Journal, Nevada gaming revenue up less than 1 percent in 2015; Strip down slightly, available here: <http://www.reviewjournal.com/business/casinos-gaming/nevada-gaming-revenue-less-1-percent-2015-strip-down-slightly>

or even just ensuring that more senior representatives of each jurisdiction attend CoC meetings and engage with the homeless response system at the leadership-level.

Southern Nevada was an early and ongoing participant in HUD's Housing & Healthcare (H2) initiative seeking to strengthen ties between the homeless housing and healthcare systems. While the community (as part of the larger State of Nevada) has made significant strides in coordinating the activities of these two systems, it should continue to pursue alternative funding for homeless housing and services through government programs, such as Medicaid. Medicaid funds can be used to provide supportive housing services, which would free other resources strictly to provide housing assistance, thereby increasing the total number of persons served. In order to do so, Nevada will need to develop a Medicaid waiver — a process that's already begun — by defining the eligible population, the service package that such funding will pay for, and by providing the data necessary to support such an application. Southern Nevada stands to benefit from a Medicaid waiver and should participate in the process in order to ensure that the resulting application will provide the needed services.

Recommendations

To increase current funding levels and maximize the efficient use of funding in the region, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) Diversify funding sources by engaging private foundations and businesses in the goal of ending homelessness in the Southern Nevada region

Government resources to prevent and end homelessness are limited. In order to accomplish its goals, Southern Nevada will need to diversify the funding base of its homeless housing and services by effectively engaging new stakeholders, such as private foundations and businesses. In order to effectively engage organizations such as casinos, The United Way, the faith-based community, and others, HomeBase recommends that Southern Nevada engage these groups with a coordinated outreach campaign, detailing costs, positive impacts, performance data regarding existing programs, the savings that could be incurred to the overall community through the provision of housing and services, and generate specific requests of what the community would like these potential funding sources to actually do (what type(s) of programs, how much money, etc.). To support this request, HomeBase recommends that the Continuum perform a cost study detailing the overall costs and savings of providing homeless individuals and families with housing as opposed to leaving them unsheltered (see recommendation below). In addition, increasing representation on the CoC Board from alternative stakeholders such as casinos may have an effect on their awareness and understanding of homelessness in Southern Nevada.

(2) Increase the efficiency of funding allocation within the Southern Nevada region by reestablishing a regional funding collaborative or individually engaging policymakers in all local jurisdictions

The dissolution of the Regional Initiatives Office limits inter-jurisdictional coordination of funding allocation throughout Southern Nevada. HomeBase recommends that the Continuum take measures designed to increase coordination and improve efficiency in the allocation of resources. Supported by specific requests, a cost study (see below), and a strong public education campaign (see recommendation in "Community Engagement" section above), the Continuum should consider approaching local jurisdictions in order to reduce residency-based entry requirements, ensure geographic accessibility of existing

resources, secure additional funding for housing programs (particularly rapid rehousing), and ensure that senior-level jurisdictional representatives participate regularly in the Continuum.

(3) Maximize use of alternative government funding sources — such as Medicaid — to free additional homeless resources for housing

Alternative sources of government funding for homeless housing and services, such as Medicaid, would allow the Continuum to free existing resources for housing purposes and maximize the number of persons that can be served. As such, HomeBase recommends that the Continuum continue to work with the State Medicaid office on the development of a Medicaid supportive housing services benefit application in order to guarantee the strongest possible application, supported by data, and reflecting the priorities of the Southern Nevada region.

(4) Conduct a cost study to determine the amount of savings incurred by providing unsheltered persons with housing and engage policymakers and the public to leverage additional resources and reinvest savings into the housing stock

Cost studies are an effective method to rally public support behind the operation of a robust homeless response system. By offering both the public and political leadership concrete information regarding the amount of money saved to the healthcare, law enforcement, and the criminal justice systems from providing homeless individuals and families with housing, as opposed to leaving them unsheltered, the Continuum can do more than just put a face on homelessness (as recommended above). Cost studies can demonstrate the tangible benefits to the community's financial well-being of funding additional homeless housing and services. Combining both a public education campaign with a well-documented cost study may be effective in advocacy for additional resources and greater community involvement. The documented savings to the healthcare and criminal justice systems would ideally be reinvested into homeless housing and services.

CoC Governance

A CoC is established by representatives of relevant organizations within a geographic area to carry out the responsibilities set forth in the CoC Program interim rule. A CoC is expected to address homelessness through a coordinated community-based process of identifying needs and building a system of housing and services to meet those needs. The CoC Program interim rule formalizes the role of the CoC as the planning body responsible for meeting the goals of ending and preventing homelessness.¹⁰⁹

Effective CoC Governance is made up of a number of core components. Among them are: leadership, working groups, membership and participation, decision making, planning, performance and evaluation, and funding. Moreover, successful CoC Governance also depends on the CoC's regular self-assessment of its governance structure. Fundamental principles to guide the effective governance of a CoC include:¹¹⁰

- ❖ **Leadership:** A strong CoC governance structure has a formally established, designated, active leadership that guides the CoC. Areas for ongoing assessment include addressing common leadership challenges such as little to no leadership or leadership of the “willing.” Questions to ask during assessment include: What does the leadership look like? Are there too few? Too many? Does the executive body have formal, dedicated roles and responsibilities? Is there a training and orientation for new leadership? Is there on-going professional development for leadership with regard to their responsibilities?
- ❖ **Working Groups:** A strong CoC has working groups that manage the activities of the CoC in a diverse and structured manner. Areas for ongoing assessment include ensuring that the roles and responsibilities are clearly defined, that there are safeguards in place to protect against potential and actual conflicts of interest, and that opportunities for training and orientation to the working groups is provided to new members. Assessment should seek to combat against little or no diversity, the work being done by a few, or the work group acting in a reactionary manner versus implementing activities proactively.
- ❖ **Membership and Participation:** A strong CoC has a membership that is diverse, active, and committed. The membership should meet regularly, with participation by all stakeholders. Areas for ongoing assessment include ensuring that the membership is representative of the entire coordinated homeless response system. In addition, the CoC should have a plan in place to combat a lack of diverse membership, intermittent or non-existent participation, and to ensure that key stakeholders are involved and active.
- ❖ **Decision Making:** A strong CoC makes decisions using a pre-determined process that is formal, fair, and transparent. Decisions are communicated promptly, and additional explanations are provided when necessary. Areas for ongoing assessment include whether there is a formal process for decision making, whether decisions are made on the fly, whether there are written records of decisions, progress, and activities, and whether there is a complaint process in place.
- ❖ **Planning:** A strong CoC has an active plan to end homelessness – especially as it pertains to specific priority subpopulations such as chronic homelessness, veterans, families and children, and youth. Additionally, the CoC will have an active role in broader community planning, and is making meaningful contributions to Consolidated Plan, PHA Plan, and other plans in the CoC's geography. Areas for ongoing assessment include

¹⁰⁹ HUD, Continuum of Care Duties: Establishing and Operating a Continuum of Care, available here: <https://www.hudexchange.info/resources/documents/CoC-Duties-Establishing-and-Operating-a-CoC-Slides.pdf>

¹¹⁰ Kieffer, Chuck and Taylor, Patrick (September 2010), Flexible Resources, Data-Driven Solutions: Using HMIS and HEARTH to End Homelessness, Continuum of Care, Governance and Management, available here: https://www.hudexchange.info/resources/documents/CoCGovernanceandMgt_Presentation.pdf

whether when planning short, medium, and long term goals are being set, identifying who sets the goals and how often and whether data is being used to determine whether the goals are being met. Moreover, the CoC should assess how well it is linked to the broader community planning efforts especially as it relates to Federal interagency planning and cooperation, research, demonstration programs, and HUD strategic planning.

- ❖ **Performance and Evaluation:** A strong CoC has formal, fair, written policies and standards to use data to monitor and evaluate program performance and compliance. Data is used to drive program and CoC goals, make funding decisions, and implement program and system-wide changes. Areas for ongoing assessment include whether the CoC has in place written policies for monitoring grantee compliance with regulations, whether there are written policies in evaluating projects and progress against CoC and system goals.
- ❖ **Funding:** A strong CoC uses CoC Program funding as well as alternative funding opportunities discussed above to meet its goals. Areas for ongoing assessment include whether the CoC is assessing the housing and service needs of the community and the performance of CoC projects in order to strategically refine, repurpose, or reallocate its resources.

Overall, a supportive, effective CoC governance structure has shared community goals and a shared vision for ending homelessness; clear outcome measures that define high performance; a strong governance structure that provides direction and feedback on performance; incentivizes high performance; and takes action to reduce poor performance. In addition, strong CoC's have paid staff that play key roles ensuring that the CoC will prioritize system issues and that dedicated staff will be accountable for completing essential tasks.¹¹¹

Analysis

In an effort to make CoC governance more inclusive and efficient in the Southern Nevada region, the Continuum of Care implemented a new structure in the past year, including two key components: 1) implementation of a dramatically expanded CoC Board membership; and, 2) distinct working groups with enumerated responsibilities. These changes have made the CoC Board more inclusive and broadened the base of support for the Continuum, but also more unwieldy as new members are introduced to the homeless response system.

Board Membership The current CoC Board consists of 31 members, including representatives from local government, the school district, public housing agency, law enforcement, faith-based organizations, businesses, affordable housing developers, social service providers, mental health agencies, formerly homeless persons, veterans' organizations, universities, healthcare providers, advocates, emergency medical services, workforce investment, and federally-designated emergency food and shelter program. Including alternates, the Board thus has 62 members, representing a dramatic expansion from the previous 11-member Board.

During interviews and in the Board Survey, both key stakeholders and Board members acknowledged that the Board has undergone "growing pains." One member reported that the Board "is too large to get things done quickly," while another indicated that "the board is very large...[and requires better] engagement of all board members, including alternates." Some Board members suggested that new members, in particular, are often reluctant to voice feedback on critical issues, and suggested that "they need to be well educated on the HEARTH and McKinney-Vento Acts in order to provide constructive feedback and accountability."

¹¹¹ Walker, Kim, (April 2014), NEAH, Keys to High Performance: A Strong Governance Structure, available here: <http://www.endhomelessness.org/blog/entry/keys-to-high-performance-a-strong-governance-structure#.Vs5ek5MrKEI>

Similarly, key stakeholders acknowledged that “The CoC Board is huge, with a lot of moving parts and a lot of members that” are new to the homeless response system. They reported that the effort to bring new members up-to-speed has resulted in meetings that consist mainly of “presentations and report-back, as opposed to concrete action steps.” Overall, both Board members and key stakeholders reported that Board membership is enthusiastic about their leadership role within the CoC, but that additional clarity regarding the Board’s role is needed and that additional training may be necessary to bring membership up-to-speed on the response to homelessness in the Southern Nevada region.

Working Groups Under its current structure, the CoC Board has five primary working groups. These five working groups are designed to “meet the operational needs of the CoC...[to] research, brainstorm, discuss and/or evaluate in order to develop recommendations” for the full CoC Board. Members of the full CoC Board (or their alternates) must participate in at least one working group. The five working groups may be supplemented by ad hoc groups as necessary, and have the following responsibilities:

- ❖ **Evaluation Working Group:** The Evaluation Working Group is responsible for setting funding priorities, managing the application process for community-wide funding competitions, responding to Requests for Proposals for other homeless program applications and those that can be used to support homeless services, and coordinating the ESG program within the Southern Nevada region.
- ❖ **Planning Working Group:** The Planning Working Group is charged with overall system coordination (including locally-defined priority sub-populations such as youth, seniors, veterans, etc.), planning for and conducting the annual Point-in-Time (PIT) Count, conducting an annual analysis of potential gaps in the overall system of care, gathering information for and ensuring compliance with the community’s Consolidated Plan, coordinating discharge planning, updating the governance charter, ensuring system alignment and building overall capacity, designing the coordinated intake process, overseeing youth activities, and overall strategic planning.
- ❖ **HMIS Working Group:** The HMIS Working Group is responsible for selecting a single HMIS for the Southern Nevada region, designating the HMIS Lead and Administrator, overseeing the operation of the regional HMIS and managing data collection efforts, regulatory compliance and required reporting, reviewing and revising privacy, security, and data quality plans, and ensuring participation from providers.
- ❖ **Monitoring Working Group:** The Monitoring Working Group oversees performance measurement, annual compliance efforts, and assesses overall capacity.
- ❖ **Community Engagement Working Group:** The Community Engagement Working Group coordinates messaging and media (including both traditional and social media outlets), oversees outreach, promotes widespread community partnerships, disseminates public service announcements, and develops educational materials and website content.

In order to provide greater cross-working group coordination, the CoC Board has a **Steering Committee** charged with setting agendas (including formal actions, business items, updates, workshop topic discussions, and information sharing), strategically aligning programs, resources, and activities, developing a framework for strategic planning processes, overseeing financials, and orienting new CoC Board members to the roles and responsibilities their membership entails.

When asked to rate the performance of the various working groups on a scale of 1-10, Board members reviewed the working group structure as performing between “average” and “above-average” (raw score: 6.05). In

qualitatively reviewing the performance of the working groups, Board members focused primarily on the perceived:

- ❖ **Lack of accountability of the various members:** “There should be an evaluation done on each member of the committee or subcommittee, grading them on their participation and value to the group; those who are not contributing should be voted out”;
- ❖ **Lack of subject-matter expertise which contributes to a lack of action on the part of some committees:** “I would like to have each working group solicit subject-matter experts in data collection, data analysis, marketing, and public relations to help our social work majors and counselors have a more broad understanding of the options available to us in achieving the goals of each working group”;
- ❖ **Lack of overall participation and direction:** “It has been difficult to get anyone other than city and county employees to participate in this area where the real differences can be made,” “increase meeting attendance and accountability for subcommittee members,” and “there needs to be team building within the work groups, clear understanding of roles, and work assignments to keep them engaged and moving forward to keep them engaged and moving forward to accomplish action goals”; and,
- ❖ **Concentration of tasks under the Planning Working Group:** “The Planning Working Group has too much responsibility under it and should be either divided out or have subcommittees/ad hoc committees.”

In December of 2015, the Continuum established the Steering Committee to address many of these concerns, though given its short lifespan thus far, most Board members and stakeholders did not feel prepared to comment on its efficacy. One stakeholder indicated, however, that the Steering Committee has already decided that “several meetings will be in the form of workshops, rather than traditional business-style meetings” in order to focus more on action and less on process and knowledge development.

Recommendations

To ensure that current CoC governance practices and training keeps pace with the changing size and experience of its membership, HomeBase recommends that the Southern Nevada Continuum of Care consider the following action steps:

(1) **Develop an introductory training to rapidly engage new CoC stakeholders in the goals and practices of the Southern Nevada Continuum of Care**

To alleviate concerns regarding the amount of time required to introduce new Board membership to the nuance involved in a coordinated, community response to homelessness, HomeBase suggests that the Continuum develop an introductory training for new Board members. This introductory training would include basic information regarding the components of Southern Nevada’s homeless response system, the varying requirements of major funding programs, the efficacy of certain interventions, and the composition/needs of the homeless population in the region. This training could be used, in part, to supplement and compliment the overall public and political engagement strategies recommended previously by highlighting, in particular, the major successes of the Continuum in addressing homelessness.

(2) Improve CoC governance to better reflect the changing size and membership of the CoC Board, including by streamlining existing working groups to improve functionality and increase outputs

The Planning Work Group currently has many responsibilities, ranging from overall coordination, to implementation of coordinated intake, to oversight of the response to the needs of certain subpopulations. HomeBase recommends dividing the responsibilities of the Planning Working Group into separate bodies, each of which focuses on one of the three major areas of the Planning Working Groups current mandate: System Coordination (including overall alignment, governance, and PIT count), Planning (discharge planning, coordinated intake, and strategic planning), and Subpopulation Needs (focused on specific subpopulations such as youth, seniors, veterans, etc.). Alternatively, current responsibilities could be divided among existing working groups (particularly the Monitoring and Evaluation Working Groups). The community should also consider expanding the purview of the Shelter Working Group to housing more broadly by creating a “Shelter and Housing Working Group.”

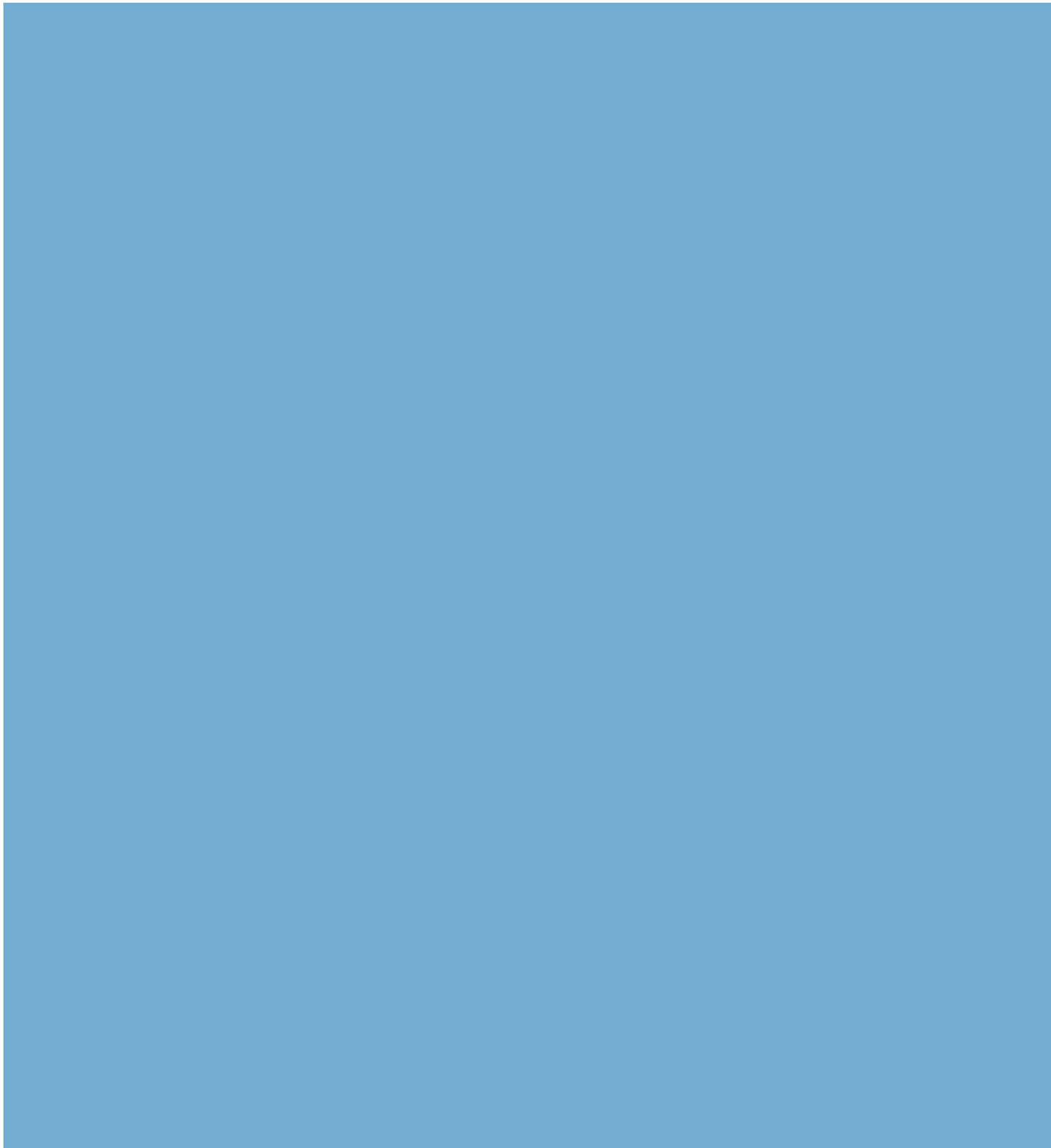
(3) Reconsider staffing arrangements for the Continuum of Care

HomeBase recommends that the Continuum establish either increased levels of professional staffing at the CoC level if funding allows or building a designated bench of subject-matter expertise on whom the working groups can rely when making policy recommendations. This will ensure greater coordination within the overall homeless response system, ensure that working group recommendations are aligned with best practices, and alleviate some of the negative impacts stemming from the rapid expansion of Board membership. Additionally, the Board should consider reviewing attendance and membership contributions, with an eye to replacing members as appropriate given their level of engagement with CoC processes.

CONCLUSION

Overall, Southern Nevada operates a well-developed, highly-functional homeless response system. This report has attempted to synthesize feedback, data, and evidence-based best practices in order to identify relatively minor adjustments to the overall system of care that may fill small holes in the orientation and provision of homeless housing and services in the Las Vegas/Clark County region. By making these small adjustments, it is HomeBase's firm belief that Southern Nevada will improve the accessibility of its homeless response system, increase the availability of resources, and improve overall system coordination. In this manner, the Continuum will make further progress and continue to meet its goals of preventing and ending homelessness in Southern Nevada in the coming years.

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GAPS ANALYSIS REPORT

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