

An Introduction to Southern Nevada's Homeless Continuum of Care and Regional Plan to end homelessness





OBJECTIVES

Today
you
will
leave
with...

An understanding of homelessness in Southern NV

An understanding of Help Hope Home, the Southern Nevada Continuum of Care (CoC)

Knowledge of the core principles outlined in our regional plan to end homelessness

An understanding of how to get involved in our regional efforts



HOMELESSNESS DEFINED

Under the Continuum of Care, a person or family is considered homeless when they are:

- •Living in a place not meant for human habitation, such as the street, a car, an encampment, a storm drain, etc.
- Living in an Emergency Shelter
- Living in a Transitional Housing program



WHO EXPERIENCES HOMELESSNESS?





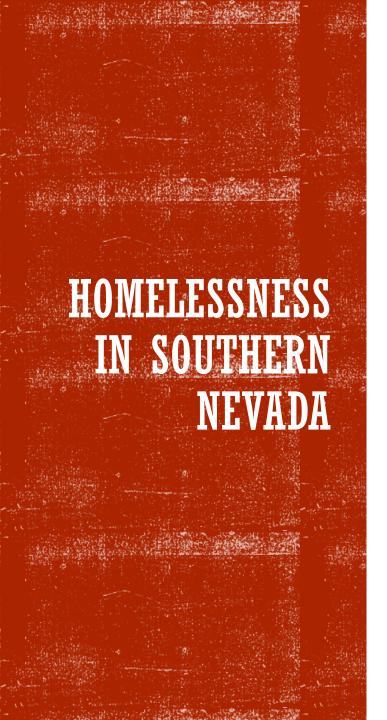












- Approximately 6,490 people experience homelessness on any given night in Southern Nevada
- More than 24,900 Southern Nevadans will experience homelessness this year
- 76.9% were living in Southern
 Nevada at the time of becoming homeless
- Nevada has the 3rd highest rate of total unsheltered homeless individuals in the Nation

LEADING CAUSES

Unemployment

Inability to afford housing

Disability including Mental Health/Substance Abuse Disorders

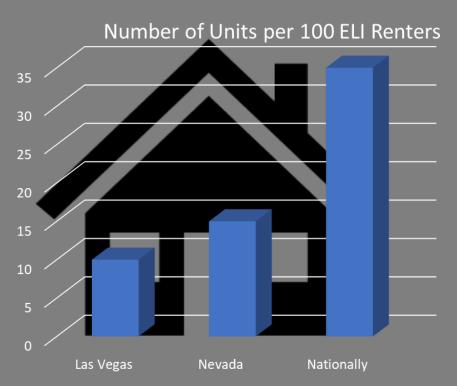
Life Crisis/Significant Loss

Domestic Violence

Lack of income; Nearly 80% of Americans live paycheck to paycheck



Affordable Housing Shortage



Number of Units per 100 ELI Renters

Statewide, only 15 affordable rental units are available for every 100 extremely low income households.

In Las Vegas, the shortage is greater, with only <u>10</u> available units for every 100 ELI renters.

In Clark County, a family of four is considered extremely low income when earning \$24,300 or less a year.

Quiz: What hourly wage is needed to afford a 2bdrm unit at FMR for a family of four?

Answer: \$18.35

31% between the ages of 51-60

10% of homeless population is over the age of 61

74.5% of homeless survey respondents reported having at least 1 disabling condition

47.6% of survey respondents reported experiencing mental illness, depression, or PTSD, or any possible variation thereof

35.7% of the survey respondents reported to be currently experiencing alcohol or drug abuse

13.9% of survey respondents reported suffering from co-occurring mental illness and substance abuse and that this co-occurring disorder prevented them from obtaining work or housing

AGING AND DISABLED POPULATION

Homeless Youth

LEADING REASONS:

ABUSE (PHYSICAL/SEXUAL/EMOTIONAL)

PARENTAL REJECTION OF LGBTQ
YOUTH

FAMILY ECONOMIC INSTABILITY/LACK OF AFFORDABLE HOUSING

INVOLVEMENT IN CHILD WELFARE SYSTEM

POOR EDUCATIONAL OUTCOMES

- •32% of homeless Southern Nevadans are under the age of 25
- On any given night, 2,052 unaccompanied youth experience homelessness in Southern Nevada
- Las Vegas has the 3rd highest number of unaccompanied homeless youth in the nation
- 2nd highest rate of unsheltered unaccompanied youth in the nation

Nevada has 3rd highest total number of unaccompanied homeless youth in the nation

Nevada has the highest rate of unsheltered unaccompanied youth in the nation

89.2% of unaccompanied homeless youth are unsheltered statewide

HOMELESS YOUTH IN NEVADA

HOMELESS FAMILIES WITH CHILDREN

- On any given night, 111 families with children are homeless in Southern Nevada, living in a shelter, or a place not meant for humans to live, such as in a car or on the street.
- Clark County School District has identified more than 15,000 homeless students including those who are living doubled-up with other families in a single home and families living in weekly hotels.







CHRONICALLY HOMELESS

- Nevada has the 5th highest rate of unsheltered chronically homeless community members in the nation.
- People who are chronically homeless have a documented disability and have been homeless 4 or more times in the last 3 years, or have been homeless for one year or longer.
- In Southern Nevada
 - 81% of CH individuals are unsheltered
 - 34% had 4 or more disabling conditions
 - 40% use the ER for primary medical care

THE COST OF HOMELESSNESS

Supportive Housing Saves Community Funds

An estimated \$40,000 per person, per year is saved by housing chronically homeless individuals through mitigating ER visits, jail time, arrests, and medical costs.



Based on FUSE project estimations of current expenditures for chronically homeless population - Lauren.Fulton@csh.org



Requires having a system of care that **prevents** homelessness to the maximum extent possible, while seeking to ensure that homelessness, when it occurs, is **rare**, **brief** and limited to a **one time** occurrence.

This is done through the use of proven practices, collaboration and civic engagement.

SETTING A PATH TO ENDING HOMELESSNESS IN CLARK COUNTY

CONTINUUM OF CARE

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals

Applies for and receives annual U.S. Department of Housing and Urban Development (HUD) CoC funds

Drives systemic change

Promotes communitywide commitment to the goal of ending homelessness



Container for community-level planning

Coordination and alignment

Oversight and governance

Capacity building and support

WHY DOES THE COC EXIST?



WHO IS HELP HOPE HOME?



= SOUTHERN NEVADA HOMELESS COC



Help Hope Home is the SNH CoC

An inter-agency regional planning body committed to ending homelessness

Includes all who choose to participate and are concerned with and/or are providing services to individuals and families who are experiencing homelessness.



Public Housing Agency Law Enforcement Faith Based Organizations

Businesses

Affordable Housing Developers

Social Service Providers Mental Health Agencies

Universities

Health Care Providers

Advocates

Emergency Medical Services Workforce Investment

Homeless or Formerly Homeless Persons

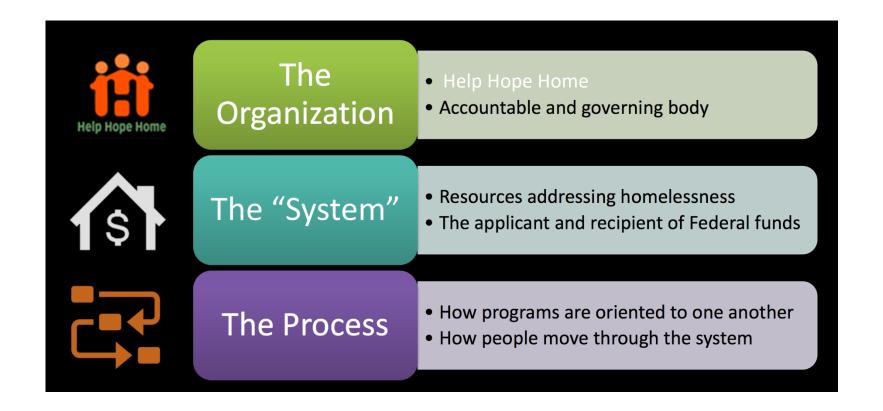
STAKEHOLDER PARTNERS

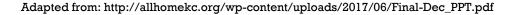
- Drives systemic change
- Promotes communitywide commitment to the goal of ending homelessness
- Applies for and receives annual HUD SNH CoC funds
- Plans for the SNH CoC's geographic area
- Designates and operates a Homeless Management Information System (HMIS)
- Operates the SNH CoC's governance and system operation, including coordinated assessment, written standards, and performance expectations and monitoring



WHAT DOES HELP HOPE HOME DO?









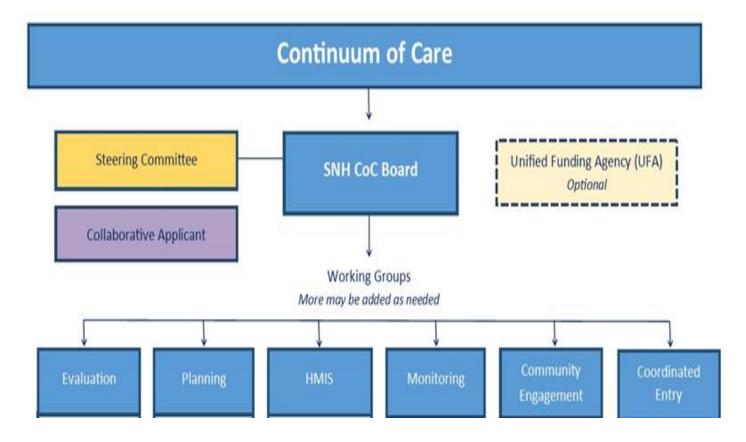
HOW TO BECOME A MEMBER

- CoC Membership is unlimited and the SNH CoC Board has initiated an open invitation.
- Any person or agency may become a member of the SNH CoC, if there is an interest to work with or serve the homeless population.
- Membership forms for the CoC helps the CoC establish a comprehensive database for all future notices to meetings and information sharing.
- CoC Membership and Board Interest Forms for the SNH CoC Board are available at http://helphopehome.org/continuum-of-care-coc/





COC STRUCTURE



COC WORKING GROUPS

Evaluation

- Determine funding priorities
- Oversee collaborative application process
- Determine collaborative applicant
- Other homeless RFP's and evaluations
- ESG Coordination

Planning

- System coordination
- Annual PIT count
- Annual Gaps Analysis
- Consolidated plan
- Discharge Planning
- Governance charter updates
- Alignment and capacity building

HMIS

- •Designation of HMIS lead
- •Designation of HMIS Administrator
- •Oversee operation
- •Ensure HMIS Compliance
- Reporting

Monitoring

- Performance measures
- Annual compliance
- Capacity assessment

Community Engagement

- Coordinated messaging and all media outlets
- •Community
 Outreach
- •Inventory of community partners
- Public service announcements
- •Educational materials
- •Website content

Coordinated Entry

- Implementation and administration of Coordinated Entry Systems
- Review, analysis, monitoring, and evaluation of CE system
- Attends to systemlevel matching concerns; and system-level provider concerns
- Reviews
 grievances for the
 CE system that are
 not resolved at the
 provider level
- Develops CE policies, procedures, and protocols for approval by the SNH CoC Board;
- Guidance, training, capacity building support, communication updates
- Community Outreach on CE system



SUB WORKING GROUPS

Youth Working Group

Built for Zero

Homeless Count Performance Measures (Data Collection)

Coordinated Outreach

Housing

Homeless Trust Fund

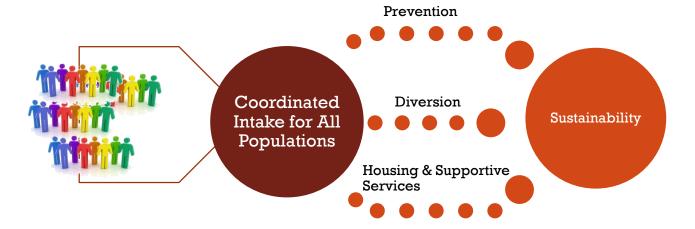
Ad Hoc Groups

SNH CoC Board Member Selection Committee

Governance Structure United Funding Agency Committee



WHAT IS A HEALTHY SYSTEM?



Housing for all Nevadans
Homelessness is rare, brief, and onetime



SYSTEM DRIVERS

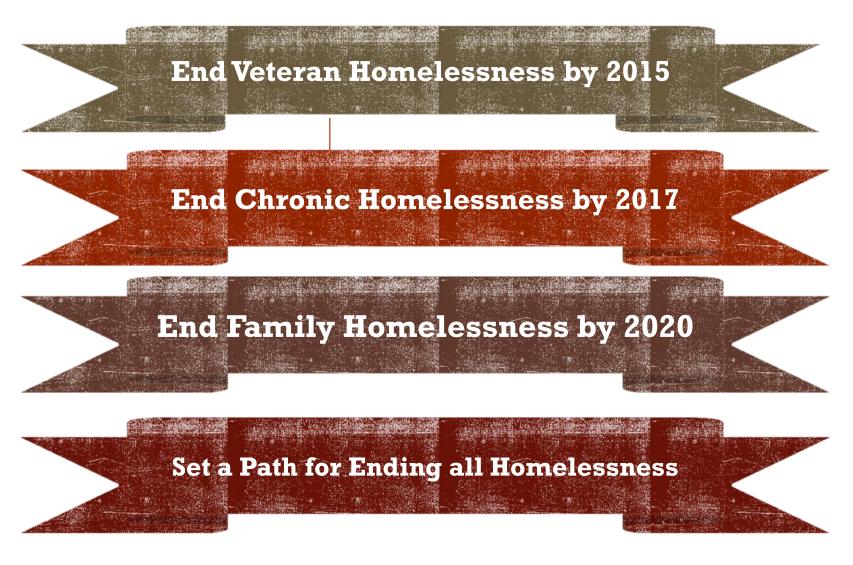


HUD PRIORITIES

Coordinated Intake / Assessment Housing First Reducing Barriers Data Informed Decision Making Targeting Resources to People of Highest Need



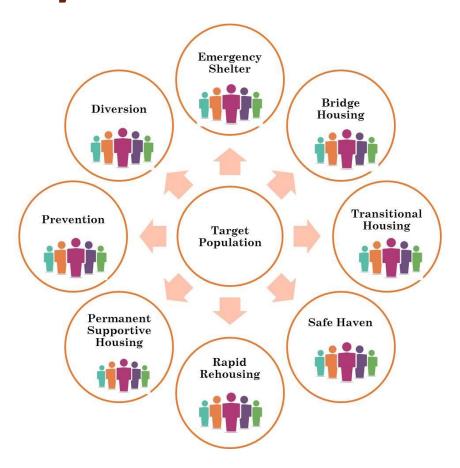
FEDERAL GOALS - OPENING DOORS





END HOMELESSNESS-RARE, BRIEF, AND ONE-TIME

When a system is **robust** with **programs** to serve **everyone** who seeks those services





CONTINUUM WIDE SUPPORTIVE HOUSING TYPES



^{*}These beds are dedicated for Veterans and are funded by VA Grant and Per Diem Program, SSVF, HUD-VASH, and VA Health Care for Homeless Vets.



TRANSITIONING TO COORDINATED INTAKE



Coordinated Intake System

Many Doors: First Come, First Served One Door:
Equal
Opportunity for
Access



Coordinated Entry System Without CES With CES Assign (W/ choice) Assist

COORDINATED ENTRY

- Standardized Access Points
- Clients are encouraged to access population specific access sites (but not required)
- Each assessor trained on each assessment tool
- All assessments go to the same Community Queue
- Vacancies that cross populations are coordinated through matching
- Assessing Priority
- Coordinated Referral

Required by HUD as designated by the HEARTH Act



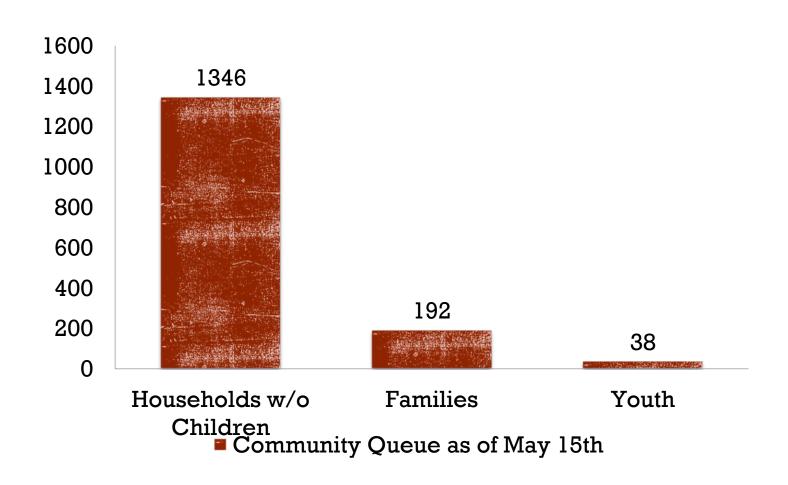




Prioritizing Households Most in Need

- Living on the street the longest
- Households with unsheltered children
- Most vulnerable

HOUSEHOLDS ON THE COMMUNITY QUEUE WAITING FOR HOUSING





KEY ACHIEVEMENTS 2007-2016 MEETING HELP PLAN GOALS



GROWTH IN PROVIDER PARTICIPATION IN HMIS TO 93.5%



ADOPTION OF COORDINATED AND CENTRALIZED INTAKE AND ASSESSMENT FOR HOMELESS INDIVIDUALS



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



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

REGIONAL PLAN: HELP

 The HELP portion of the plan is focused on helping agencies and service providers work collaboratively to create a roadmap for change.

THE GOALS:

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



KEY ACHIEVEMENTS 2007-2016 MEETING HOPE PLAN GOALS



INCREASED INCOME FOR PERSONS RECEIVING HOMELESS SERVICES AT PROGRAM EXIT



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



AN INCREASED NUMBER OF OUTREACH TEAMS REPORTED IN HMIS



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

REGIONAL PLAN: HOPE

The HOPE portion of the plan focuses on Supportive Services for people experiencing homelessness and those at risk for homelessness.

THE GOALS:

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



KEY ACHIEVEMENTS 2007-2016 MEETING HOME PLAN GOALS



ACHIEVEMENT OF FUNCTIONAL ZERO
STATUS FOR VETERAN HOMELESSNESS



TRANSITION FROM FOCUS ON DEVELOPMENT
OF TRANSITIONAL HOUSING TO RAPID
REHOUSING



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



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

REGIONAL PLAN: HOME

 The HOME portion of the plan is focused on strategies to close the door to homelessness.

THE GOALS:

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



GET INVOLVED



- Sign-up to receive the Help Hope Home Newsletter
- Follow us on Facebook and Twitter @HelpHopeHome
- Join a working Group
 - Find our calendar of meetings at: http://helphopehome.org/attend-a-meeting/
- Attend a SNH CoC Board Meeting (Regularly held at 2:00 pm on the 2nd Thursday of each month at the United Way of Southern Nevada)
- Advocate
 - Sign-up to receive the Nevada Homeless Alliance Newsletter and act on opportunities to advocate and improve policy http://nevadahomelessalliance.org/
 - Educate others about homelessness and the solutions
- Donate to local service agencies
 - Partner on the distribution of donated goods to ensure the items are safely distributed and don't contribute to blight or foodborne illness
 - Volunteer your time



RESOURCE DIRECTORIES

- Help Hope Home Website:
 - http://helphopehome.org/get-help/
- Nevada 2-1-1:
 - Call 2-1-1 or 1-866-535-5654
 - Text your zip code to 898211
 - Visit http://www.nevada211.org/
- Homeless Shelter Directory:
 - http://www.homelessshelterdirectory.org/cgibin/id/city.cgi?city=las+vegas&state=NV



