VETERANS HOMELESSNESS IN THE STATE OF NEVADA

LANDSCAPE OF INITIATIVES ADDRESSING HOMELESSNESS AND VETERANS HOMELESSSNESS NATIONWIDE AND IN NEVADA

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NDVS
Nevada Department of Veterans Services
Serving America's Heroes

EXECUTIVE SUMMARY

The Nevada Department of Veterans Services is committed to addressing issues and challenges that face Nevada veterans and has prioritized veteran homelessness and the development of policy, program and practice solutions to advance outcomes in this space. Understanding that local communities across Nevada have been working to address homelessness for many years, NDVS undertook a landscape analysis and interview process before determining what role it should play in leveraging existing work, assets and ongoing dialog.

This document represents the landscape analysis conducted in advance of the November 6, 2014, NDVS Statewide Veteran Homelessness Convening, as well as key informant interview summaries and a summary of the convening outputs and outcomes.

The research and convening was designed to set the stage for action and statewide conversation around veteran homelessness, and to engage leaders, stakeholders, providers and veterans from across Nevada who do not often get the chance to communicate with each other about shared barriers, challenges, opportunities and leverage points.

The goal of the Nevada Department of Veterans Services Veteran Homelessness Initiative is not to create a new system, infrastructure, or set of programs, but rather to leverage the existing assets of the Nevada Department of Veterans Services and Governor's Office of Military and Veterans Policy to advance outcomes and deepen the work already being done in communities and regions across the Nevada. The NDVS is strengthening its commitment to the homeless veteran population by prioritizing and acting on strategies surfaced and detailed by experts in the field during interviews and a statewide convening held November 6, 2014.

As a result of implementing the above strategies, Nevada will improve communication among providers of homeless services across the state, increase leveraging of resources, increase federal competitiveness, and improve access to services for homeless veterans. We will also be able to demonstrate the impact of the broader systems change initiative we have put into place across the state with the Green Zone Veterans' Initiative, and show the return on investment for funding the right things, connecting the existing system infrastructure, and the cost savings that is achievable by coordinating services and actions at the state level.

REPORT SCOPE, METHODOLOGY & KEY FINDINGS

Project Scope & Methodology

The Nevada Department of Veterans Services (NVDS) provides access to benefits, programs and services to Nevada veterans and their families. The department promotes awareness and offers veterans and their families a variety of resources related to advocacy, education, benefits

assistance, memorials, and medical care. The mission of the Nevada Department of Veterans Services is to improve the lives of Nevada veterans and help them integrate into their communities.

The Nevada Department of Veterans Services hired Strategic Progress to:

- Conduct a statewide landscape analysis in the area of veterans homelessness
- Convene leaders, providers and stakeholders to better understand barriers and opportunities to improve outcomes for homeless veterans
- Connect providers and leaders in the veteran homeless space across Nevada in order to leverage (at the state level) the work each provider, municipality and coalition was already doing.

This report includes a compilation of existing research demonstrating trends and best practices on homelessness both nationwide and across the state of Nevada. This research is meant to set the stage for action at the state level, and to inform actors in each of the three regions of the state -- northern urban, southern urban, and rural -- of what the key data points are in each of the other regions in terms of homeless veteran issues.

In addition to providing snapshots of the data produced at the local and regional levels, Strategic Progress extensively interviewed program providers, leaders across Nevada, and key stakeholders to determine what infrastructure currently exists for homeless veterans in various parts of the state, what assets providers have in the work they are doing, what partnerships exist, and what challenges are present in serving this population locally, regionally and as a state.

Strategic Progress designed this report for use in a statewide convening of homeless service providers, elected officials, leaders and stakeholders held on November 6, 2014. By bringing together key players in the field of homelessness across the state, our goal was to improve communication among key leaders, organizations and entities, to increase the opportunity to leverage resources, and to improve access to services for homeless veterans.

OPENING DOORS: NATIONAL OVERVIEW ON HOMELESSNESS

The United States Interagency Council on Homelessness (USICH) created the nation's first comprehensive federal strategy designed to prevent and end homelessness. This strategy, known as Opening Doors, was presented to the Office of the President and Congress on June 22, 2010, and outlined the national goal and corresponding strategies to end chronic homelessness by 2015; to prevent and end homelessness among veterans by 2015; to prevent and end homelessness for families, youth, and children by 2020; and to set a path toward ending all forms of homelessness.

One of the most promising approaches to ending homelessness, especially among families with children, is the Homeless Prevention and Rapid Re-Housing Program. This program provides a variety of financial assistance to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. Follow-up assistance in accessing employment and mainstream services, money management, and maintaining housing helps families keep their housing. The United States Department of Housing and Urban Development (HUD) has been providing funding to communities that implement HUD's Homelessness Prevention and Rapid Re-Housing Program.

Before the introduction of the Homelessness Prevention and Rapid Re-Housing Program and the Federal Opening Doors strategy, communities across the nation and the state of Nevada had already been working in earnest towards creating and implementing strategies aimed at ending area homelessness. The federal plan provided much needed guidance, consistency, and resources to assist local communities in coordinating their efforts.

To measure progress towards the Plan's goals, Opening Doors uses six key measures to evaluate plan progress. The first four measures are linked directly to the target subpopulations that are included in the plan goals:

1. Change in the number of **total people** experiencing homelessness
2. Change in the number of individuals experiencing **chronic homelessness**
3. Change in the number of **veterans** experiencing homelessness
4. Change in the number of people in **families** experiencing homelessness

The other two measures are intended to track progress against two overarching plan strategies that have been identified as providing stability for individuals and families that have experienced homelessness so that they can stay in housing and avoid future episodes of homelessness:

5. Change in the number of **permanent supportive housing units**;
6. Change in the number of **households exiting homeless assistance programs with earned income and/or mainstream benefits**

On a single night in January 2013, there were 610,042 people experiencing homelessness in the United States. Nearly 65 percent of those were homeless individuals staying in sheltered locations, and the remaining 35 percent were living in unsheltered locations (on the streets).[i] Approximately 15 percent of those counted were people in families, 18 percent were considered chronically homeless, and 9.5 percent were veterans.[ii]

VETERANS HOMELESSNESS NATIONAL OVERVIEW

Factors Contributing to Veterans Homelessness

Causes of homelessness among veterans are similar to causes of homelessness among non-veterans (interrelated economic and personal factors and a shortage of affordable housing). However, veterans experiencing homelessness have distinct characteristics that make it difficult to regain stability. They are more likely to be unsheltered and to experience homelessness for longer periods of time than non-veterans. Veterans have high rates of Post-Traumatic Stress Disorder, traumatic brain injury, and sexual assault, all of which increase their risk of homelessness. About half of veterans experiencing homelessness have serious mental illness, half have a history with the criminal justice system, and nearly 70 percent have substance abuse disorders.[iii] Several homeless veterans are also dealing with physical injuries sustained during active service.

Veterans Homelessness Decreasing Nationwide

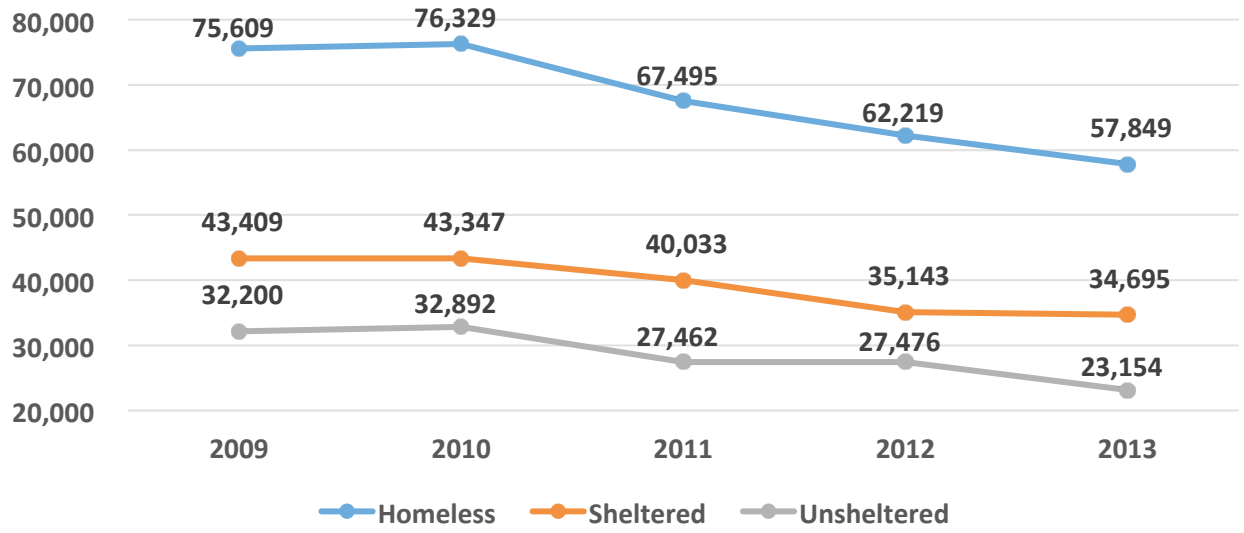
One of the key pillars of the nationwide Opening Doors strategic plan is to end veterans homelessness by 2015. Currently, there are three primary programs designed specifically to house veterans who are homeless or threatened with imminent homelessness:[iv] When we think about the assets we have as a state to advance outcomes for homeless veterans, we include these three programs in that category of deployable resources.

1. *Supportive Services for Veterans Families (SSVF)*: This program can be used for up to 90 days and consists of short-term rental assistance and connections to medical and employment services. The principal goal of this short-term help is to link veterans and their families on the brink of homelessness to mainstream assistance programs.
2. *Grant and Per Diem (GPD)*: This program can provide rental assistance and support services for up to two years. Transition to paying unsubsidized rents in the same housing unit with continued support services is allowed as needed. Grants provide funds to build the facilities used in these programs.
3. *HUD - VA Supportive Housing (HUD-VASH)*: HUD-VASH is geared towards the chronically homeless veteran and provides a long-term voucher for rental assistance. The VASH voucher is a key component of the 'Housing First' approach to ending homelessness. More than 65 percent of HUD-VASH program participants were chronically homeless at entry.[v]

Thousands of homeless veterans have found stable housing in recent years, thanks to federal, state and local initiatives combating the crisis. At the national level, homelessness among veterans has declined by nearly 40 percent over the last five years.[vi] This decrease is more than likely related to the combined efforts of the U.S. Interagency Council on Homelessness (USICH) and the U.S. Department of Veterans Affairs (VA) as they have been focusing on the national

goal of ending veteran homelessness by 2015. Both organizations have devoted increased resources to this cause while also making substantially improved efforts to measure and decrease homelessness generally.[vii]

Figure 1. National Homeless Veterans by Sheltered Status, 2009 - 2013[viii]



According to the 2013 Annual Homeless Assessment Report to Congress, while homelessness has declined significantly for all veterans nationwide, the most significant decrease is attributed to unsheltered veterans. This is a significant finding, as veterans are traditionally more likely than other homeless individuals to remain unsheltered while experiencing housing instabilities.[ix]

Figure 2. National Homeless Veterans by Sheltered Status, 2009 - 2013[x]

	2012-2013		2009-2013	
	Number	Percent	Number	Percent
Homeless veterans	(4,770)	-7.6%	(17,760)	-23.5%
Sheltered	(448)	-1.3%	(8,714)	-20.1%
Unsheltered	(4,322)	-15.7%	(9,046)	-28.1%

Looking Toward the Future

Even with the significant progress made to date, the U.S. Interagency Council on Homelessness (USICH) recognizes that efforts must be accelerated to meet the goal of ending veteran homelessness by 2015. Commitment and coordination between the White House, the VA, HUD, and the USICH to end homelessness among veterans and their families remains steadfast.

The Council encourages increased investments in services and strategies that: [xi]

(1) Promote Faster Connections to Permanent Housing

Ending veteran homelessness means connecting veterans experiencing or at risk of homelessness to housing as quickly as possible. The VA Supportive Services for Veteran Families (SSVF) program provides a clear example of the impact that focused, strategic investments can have on ensuring veterans obtain and maintain housing. This program provides funding for nonprofit organizations and consumer cooperatives to deliver supportive services and financial assistance to very low-income veteran families experiencing or at risk of homelessness. SSVF offers support services and financial assistance to help homeless veterans move as quickly as possible into housing and attain housing stability. For those with housing in jeopardy, SSVF helps veteran families remain housed by providing supports like landlord mediation and short-term financial assistance. The rate of homeless veterans moving into permanent housing has increased by 40 percent compared to a year ago.[xii]

(2) Identify Veterans in Need of Support and Connect them with the Right Services

Ending homelessness among veterans also requires reaching every veteran in need of assistance. The VA established the National Call Center for Homeless Veterans (1-877-4AID-VET) to identify veterans experiencing homelessness or housing crises, and engage them with the most appropriate interventions. Through this free, 24 hours access, national resource, veterans and their families experiencing or at risk of experiencing homelessness can connect with the VA services and benefits they have earned including housing programs and supportive services. Today this call center receives nearly 10,000 per month.[xiii]

In October 2012, the VA also implemented a clinical reminder within its VA medical facilities to assess homelessness and housing instability among every veteran seeking VA health care. VA's National Center on Homelessness Among Veterans identified two questions strongly correlated with veterans' risk factors for homelessness:

- In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household?
- If not, are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as part of a household?

These questions are now asked of all veterans receiving outpatient services from VA Medical Centers. In the last quarter of 2012, almost 1.26 million veterans were assessed using these questions, and 14,393 veterans experiencing homelessness or housing instability and an additional 17,405 veterans at-risk of homelessness or housing instability were identified and connected to services.[xiv]

The VA's proactive approach with this clinical reminder is one example of how systematic assessment can assist with outreach and early detection of homelessness and housing instability.

Community-based organizations conducting outreach and providing services to people experiencing homelessness, including veterans, are also helping to identify veterans in need by asking simple questions about military service in order to identify potential veterans. Through early detection, veterans can receive less expensive forms of prevention assistance, like conflict mediation or utility assistance, and potentially avoid a costly and traumatic housing crisis.

(3) Leverage Mainstream Benefits for Veterans Experiencing Homelessness

While promoting faster access to permanent housing and identifying veterans in need of supports is crucial, so is the ability to ensure veterans are successfully linked to the range of benefits and services available to address their needs, many of which are provided outside of the VA system. Providers are engaging veterans and documenting dramatic increases in veterans' access to important mainstream benefits, such as VA medical services, veterans' disability payments, social security disability income, veterans' pensions, Medicaid, unemployment insurance, Medicare, general financial assistance, social security retirement, and TANF.

USICH and member agencies are streamlining veterans' access to these important resources, wherever possible. At a community level, the success of SSVF providers in increasing veterans' access to these important benefits suggests the opportunity available for community-based organizations to help veterans access the resources available to them, which can be critical to ending homelessness, ensuring housing stability, and promoting recovery.[xv]

Mayors Challenge to End Veteran Homelessness

Ending homelessness among veterans, and indeed ending all forms of homelessness, is a national effort that requires the support of a variety of public and private organizations and agencies at all levels of government. Since the launch of Opening Doors, federal agencies have been implementing several targeted strategies and initiatives to help communities end homelessness among veterans and other populations, and local communities have strengthened their efforts to achieve that goal.

The Mayors Challenge to End Veteran Homelessness is a way to solidify partnerships and secure commitments to end veteran homelessness from mayors across the country. On June 4, 2014, First Lady Michelle Obama announced that a growing coalition of mayors, governors, and county officials are committed to ending veteran homelessness in their communities by the end of 2015, and called on additional mayors and local leaders to join this effort.[xvi]

The Mayors Challenge is a complementary effort intended to help generate public awareness and attention, increase learning and information sharing across initiatives and communities, and to help inspire even greater progress, locally and nationally. The public commitment of mayors can help galvanize local efforts and foster more purposeful coordination of resources and strategies.[xvii]

In the state of Nevada, Mayor Andy Hafen of Henderson, Mayor Carolyn Goodman of Las Vegas, Mayor John Lee of North Las Vegas, and Mayor Robert Cashell of Reno have also joined the Mayors Challenge.[xviii] Mayors from the rural or frontier portions of the state are currently not represented.

VA 25 Cities Initiative

The U.S. Department of Veterans Affairs (VA) launched the 25 Cities Initiative to help communities with high concentrations of homeless veterans intensify and integrate their local efforts to end veteran homelessness by 2015. This is a joint effort by the VA, the U.S. Department of Housing and Urban Development, the U.S. Interagency Council on Homelessness and local community partners (city government, housing authorities, community providers) to identify, by name, all of the remaining homeless veterans in their respective communities and work together to find permanent housing solutions for these veterans and chronically homeless individuals. The Home Depot Foundation is a sponsor of the initiative.

Participants in the 25 Cities Initiative include: Atlanta • Baltimore • Boston • Chicago • Denver • Detroit • Fresno • Honolulu • Houston • **Las Vegas** • Los Angeles • Miami • New Orleans • New York City • Orlando • Philadelphia • Phoenix • Portland • Riverside • San Diego • San Francisco • Seattle • Tampa • Tucson • Washington, DC.

For the city of Las Vegas, participating in this initiative has led to an increase in valuable technical assistance provided by the Federal Government in addressing the goal of ending veteran homelessness by 2015.

NEVADA OVERVIEW

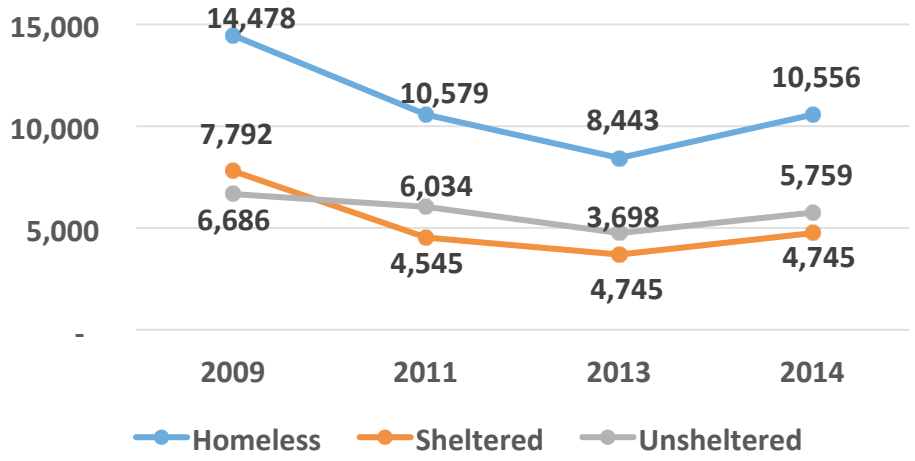
Nevada has one of the highest rates of homelessness across the nation on a per capita basis. On a per capita basis, the five states with the highest rates of homelessness include Hawaii (465 homeless people per 100,000 residents), followed by New York (399), California (367), Oregon (360), and Nevada (312).[xix] Six states across the country have more than half of their homeless population living in unsheltered locations, including: California, Florida, Arkansas, Nevada, Mississippi, and Oregon.[xx]

On November 4, 2013, Nevada Governor Brian Sandoval signed an Executive Order establishing the creation of a statewide Nevada Interagency Council on Homelessness (NICH). The council's purpose is to coordinate and focus the state's efforts to effectively address the challenge of homelessness throughout the state of Nevada. The Council will provide the opportunity for an integrated approach towards addressing homelessness and promoting interagency cooperation. The Council will work to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless. While there are several existing coalitions that exist throughout the state devoted to ending homelessness, this council will have more authority to implement recommendations because of the Governor's authorization.

The Continuum of Care (CoC) is a set of three competitively-awarded programs from the Department of Housing and Urban Development (HUD) created to address the problems of homelessness in a comprehensive manner with other federal agencies. Nevada has three CoCs: Northern Nevada, Southern Nevada and the Balance of State. The balance of state CoC is referred to as the Rural Nevada Continuum of Care (RNCoC). CoCs are most commonly organized around two main goals: (1) planning for a homeless housing and service system in a community and (2) applying for funding from HUD's competitive McKinney-Vento Act programs. Additionally, the CoCs must plan and be responsive to new regulations issued as part of the HEARTH Act.[xxi]

The annual homeless census required by HUD shows an overall 27 percent decrease in homelessness between 2009 and 2014 in the state of Nevada.

Figure 3. Nevada Statewide Homeless Point in Time Counts, 2009 - 2014



Source: Clark County Social Services Regional Initiatives Office

Homelessness among Nevada Veterans

According to the American Community Survey, there were an estimated 229,000 Nevada veterans in 2012, approximately 8.4 percent of the state's population.[xxii] The majority of Nevada's homeless veterans are found in Southern Nevada. According to the U.S. Department of Veterans Affairs estimates, about 68 percent of Nevada veterans as a whole resided in Clark County in 2012.[xxiii] This is approximately the same proportion of the general Nevada population in Clark County (72 percent in 2012). Fifteen percent of the remaining veterans were estimated to be in Washoe County in 2012.[xxiv]

Figure 4. Nevada Point in Time Counts of Homeless Veterans, 2005 - 2013[xxv]

	Total veterans (number of unsheltered veterans)				
	2005 PIT	2007 PIT	2009 PIT	2011 PIT	2013 PIT
Las Vegas/Clark Co. CoC	566(195)	2,321(1,486)	2,262(1,276)	1,359 (708)	866(460)
Reno/Sparks/Washoe Co. CoC	137(48)	66	150(8)	65(27)	73(9)
RNCoC	94	2	7(6)	6(3)	7(3)
Total	**797(243)**	**2,389(1,486)**	**2419 (1290)**	**1,430 (738)**	**946(472)**

The 2013 Point in Time Nevada homeless count of 472 unsheltered veterans and 464 additional veterans in temporary shelter gives proof that Nevada has not finished the job of providing housing to every veteran. Twice as many veterans are estimated to experience homelessness throughout the year.[xxvi] Behind the visible problem of homeless veterans are an additional 8,000 Nevada veteran households that make an income of less than 30 percent of average median income and pay more than 50 percent of that income to gross housing costs.[xxvii] These veteran households are at risk of homelessness.

In the sections that follow, this report will address the current state of homelessness and the initiatives in place to address the problem of homelessness (as of October 2014) in the Southern, Northern, and rural regions of Nevada.

Southern Nevada Community Profile

According to data from the 2014 Southern Nevada Homeless Census & Survey, Southern Nevada saw an increase in its homeless population from 2013, and approximately 36,700 Southern Nevadans experienced homelessness at least once in the previous year. The number of homeless people in Southern Nevada increased by 28 percent from the previous year with a total count of 9,417 homeless in 2014.[xxviii] Even though the homeless population has risen, it remains below the 2009 peak of 13,388. Other cities and regions also have experienced rising rates of homelessness including Seattle, Boston and New York City.[xxix]

The rise in homelessness in Southern Nevada is attributed to the region's slow-recovering economy, which continues to take a toll on financially vulnerable individuals, according to Tim Burch, director of the Clark County Department of Social Service and a member of the Southern Nevada Regional Planning Coalition's Committee on Homelessness.

Between 2007 and 2013, there was a 56 percent decline in unsheltered homeless persons and a 7 percent increase in shelter resource utilization. There was also a similar increase in resource utilization among veterans; in 2013, 60 percent of homeless veterans were located in shelters or transitional housing compared to just 44 percent in 2012.[xxx]

In 2014, there were 355 households experiencing homelessness with at least one adult and one child; homeless veterans comprised 0.3 percent (1 household) of this population. There were 7,370 households experiencing homelessness without children; homeless veterans comprised 16.6 percent (1,227 households) of this population.[xxxi]

Southern Nevada Homeless Veterans Statistical Overview, 2014 Point in Time Count[xxxii]:

- 17.0 percent (158 persons) of survey respondents were veterans, and of these veterans,
- 6.4 percent (10 persons) were female, and 1.9 percent (3 persons) were transgender.
- Veteran homelessness declined by 8 percent between 2012 and 2013
- The largest percentage of homeless veterans reported they are White/Caucasian (57.2 percent), followed by Black/African American (28.9 percent).
- 71.3 percent of veteran respondents reported an Honorable Discharge; 10.8 percent of veteran respondents reported a discharge status of either Dishonorable or Other Than Honorable. This is noteworthy, as these veterans do not qualify for multiple types of standard government veteran benefits due to their discharge status.
- The majority (54.9 percent) of homeless veterans reported that they had no disabling conditions; 35.6 percent reported at least one disabling condition; 18.7 percent of the homeless veteran population reported having two disabling conditions; 37.5 percent of homeless veteran respondents reported having three or more disabling conditions.

Figure 5. Southern Nevada Homeless Veterans Population by Race, 2014[xxxiii]

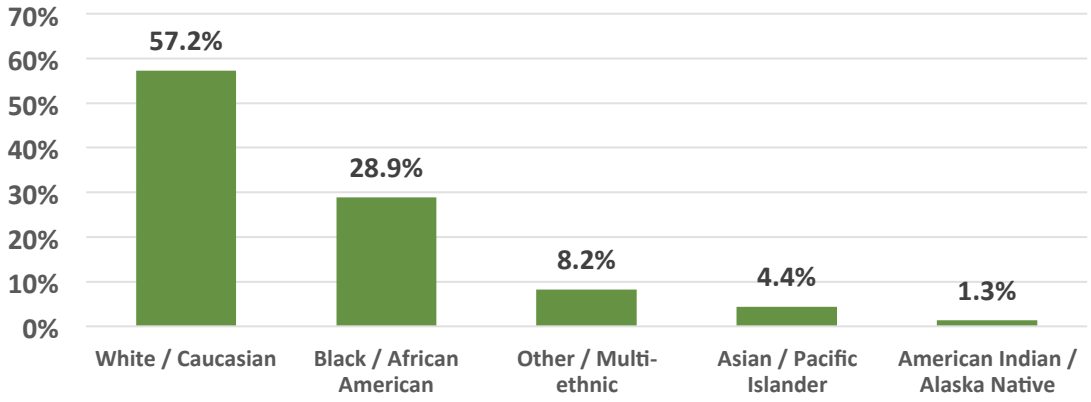


Figure 6. Discharge Status of Southern Nevada Veteran Respondents, 2009-2014[xxxiv]

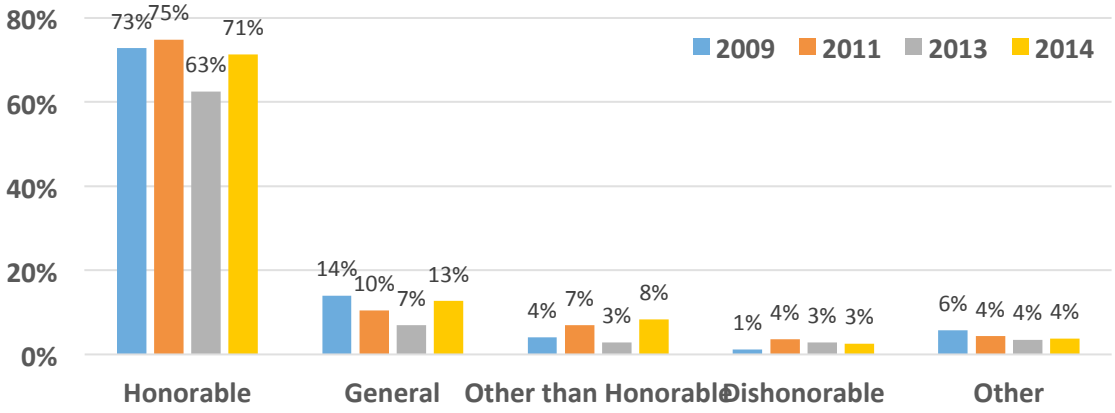
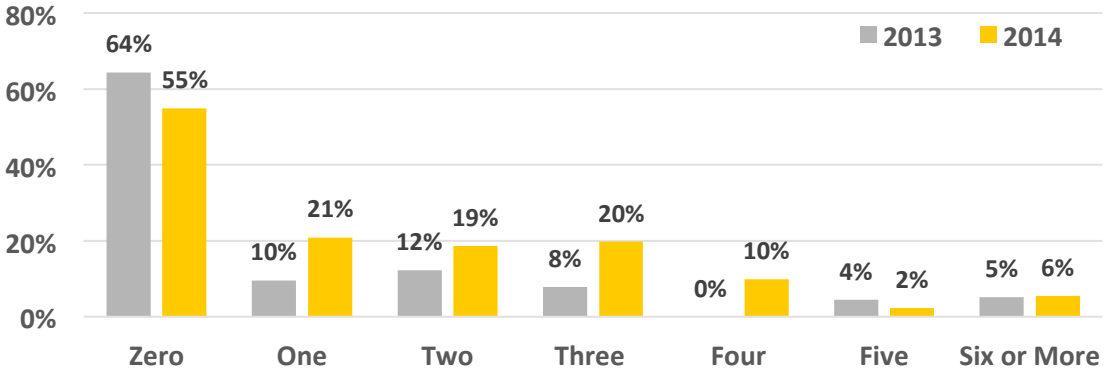


Figure 7. Number of Disabling Conditions among Southern Nevada Homeless Veteran Respondents, 2009-2014[xxxv]



Help Hope Home – Southern Nevada's Plan to End Homelessness

The Southern Nevada Regional Planning Coalition and its Committee on Homelessness are responsible for implementation and evaluation of Southern Nevada's Help Hope Home[xxxvi] ten year plan to end homelessness, introduced in August 2011. Coordination and management of the initiative, as well as the local Continuum of Care (CoC) process, is provided by the Regional Initiatives Office (RIO), the Southern Nevada collaborative applicant in charge of submitting a joint funding application on behalf of all applicants dedicated to serving the homeless in Clark County.[xxxvii]

The Regional Initiatives Office is responsible for:[xxxviii]

- Engaging in community strategic planning
- Overseeing the annual CoC application
- Conducting the biennial point-in-time Homeless Census Count
- Overseeing HMIS Implementation
- Coordinating with other systems of care
- Promoting access to mainstream programs
- Participating in the consolidated plan for Southern Nevada as a collaborative applicant

Some of the more difficult areas to penetrate as Southern Nevada continues to advance the goal of ending area homelessness include access to the spectrum of supportive services necessary to provide pathways out of homelessness. Strong partnerships with outside agencies have positively impacted issues such as access to food, vocational training, employment assistance, and public safety.

On the other hand, access to health, mental health, and substance abuse services - key components to providing the wellness an individual needs to maintain stability and sufficiency – remain elusive due to the inherent complexities built into the healthcare system itself, and even more specifically healthcare issues specific to Southern Nevada. It is anticipated that policy changes such as the implementation of the Affordable Care Act and Nevada's acceptance of the Medicaid expansion will positively affect access to these services for homeless individuals; however, it will more than likely take some time to see the results of these measures.[xxxix]

Another factor that remains substantially difficult to impact in Southern Nevada is affordable housing. Despite the dramatic fluctuations in the housing market over the last several years, housing that became relatively more affordable was no longer so for individuals who lost their jobs and no longer had access to stable income. Urban planning and design recognizes the need for increased affordable housing, however, this component as well requires significant changes by policy makers to advance this critical component of Southern Nevada's plan to end homelessness.[xl]

For many other services where partnerships are strong and public policy changes are not necessary to sustain meaningful impact, there is simply not enough supply to meet demand, whether the consumers of these services are at-risk of homelessness or not.[xli]

In just five short years since the inception of Help Hope Home, Southern Nevada's regional plan to end homelessness, a solid infrastructure has been built for a new system that doesn't manage homelessness, but is intent on ending it. Partnerships among service providers have developed from well-meaning working groups to a powerhouse of individuals implementing a broad range of solutions. The most substantial changes have originated in relation to planning for outcomes, where sophisticated partnerships within the CoC have created an evaluation system that is standardizing data inputs across multiple providers and allowing providers and the CoC to use the outputs of that data to make real-time decisions.

The HMIS system has been transformed from a required data entry tool mandated by HUD to a seamless interface that explores linkages between services, clients, and providers. The sophistication of the upgraded HMIS tool has the potential in the very near future to transform entire methods of service delivery. Already the technology has inspired the development of two new service delivery mechanisms, ranging from outreach workers using HMIS on their iPads to target services to the chronically homeless, to a new method of identification that expedites service delivery for regular users of the system. While impressive additions in and of themselves, these features have just been launched and represent only the infancy of what the new software platform is capable.[xlii]

This coordinated system of partnerships has further leveraged their influence to focus on outcomes and accountability. Stakeholders across organizations have worked together to develop performance measures and are in the process of setting goals for those performance measures. A working group to monitor and audit program results was created to weed out ineffective programs or providers. Over the last five years, these partnerships have done the incredibly hard work of changing the system to move past the status quo and focus on results.[xliii]

Northern Nevada Community Profile

Northern Nevada's most recent point in time count was conducted on January 30, 2014. On this date, 769 total homeless individuals were counted in the Reno-Sparks area. Ninety-seven individuals were counted on the street (unsheltered), while 349 were counted in emergency shelters and 323 were counted in transitional housing.[xliv]

The majority of individuals included in the count were over the age of 24 (85 percent). Of this group, 13 were identified as seniors (60 years or older). Another 8 percent were between the ages of 18 to 24. Approximately 7 percent (54 persons) were youths under the age of 18.[xlv]

In terms of race and ethnicity, 72 percent were Caucasian, 11 percent were African American, and 9 percent were Hispanic/Latino. Small amounts of other populations were counted including: Asian (1 percent), American Indian (1 percent), Native Hawaiian (1 percent), and multi-racial persons (5 percent).[xlvi]

Multi-year comparisons show that the number of homeless has fluctuated over the years in Washoe County. Specifically, the number of chronically homeless has decreased since 2012 and is expected to continue decreasing through 2016. Family homelessness, unlike chronic homelessness, has increased since 2012 and is projected to continue increasing through 2021.[xlvii]

Veteran homelessness has decreased since 2012 and is projected to be nearly eliminated by 2016 in Northern Nevada. During this year's point in time count, 119 veterans were counted.[xlviii]

Northern Nevada's Plan to End Homelessness

The Reno Area Alliance for the Homeless (RAAH) manages the Northern Nevada Continuum of Care. The mission of RAAH is to ensure a pathway that empowers people who are experiencing or are at risk of homelessness to improve their lives. Representatives of RAAH consist of individuals from non-profits, law enforcement, social services, housing providers, faith-based organizations, governmental agencies and individuals to address issues of homelessness.

In 2013, the Mental Health and Developmental Services Division merged with the State Health Division to become the Division of Public and Behavioral Health (DPBH). After the completion of the merger, the DPBH conducted a gaps analysis report on the integrated public and behavioral health system of care in Nevada. The report identified the need to create regional strategic plans in Northern Nevada to address housing and behavioral health.[xlix] As the Reno Area Alliance for the Homeless (RAAH) was already in the process of creating a strategic plan focused on area homelessness, the DPBH and the Reno Area Alliance for the Homeless are working together on the regional planning effort to avoid duplication of efforts.

The group has preliminarily identified the following focus areas:

1. *SSI/SSDI Outreach, Access and Recovery (SOAR)* - SOAR is a program that trains service providers to assist individuals in successfully completing applications for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).
2. *Coordinated Assessment and Centralized Intake* - A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.

3. *Housing* - Affordable housing in Nevada is limited, particularly in the northern area of the state.
4. *Wrap Around Services* - Wrap-around services, when combined with permanent housing, is widely recognized as the most successful approach to ending homelessness.
5. *Data and Information* – Data for Northern Nevada is not compiled or reported like Southern Nevada or the rural continuum. Reno, Sparks and Washoe County currently do not fund such this type of reporting information.
6. *Funding* – the group is still identifying the needs in this focus area

Within each focus area identified above, the group is also making sure to note special considerations for the subpopulations of youth, veterans and seniors.[l] When comparing the efforts in Northern Nevada to those presented previously in Southern Nevada, stakeholders readily admitted that Northern Nevada and the rurals have not made nearly as much progress. Interviewees cited that in Northern Nevada, the mentality has only recently started to shift away from the emergency shelter approach to fully embracing the Housing First/Rapid Re-Housing approach. Stakeholders also noted that dedicated and paid staff, similar to the Regional Initiatives Office in Southern Nevada, do not exist in the north or in the rurals. Therefore, initiatives are run by an all-volunteer force that does as much as it can with the limited resources presented to them.

Rural Nevada Community Profile

Nevada is the seventh largest state in the nation by landmass, spanning approximately 110,000 square miles. Approximately 88 percent of Nevada's 2.8 million residents live in only three counties -- Carson City, Clark County, and Washoe County.[li] These three urban counties comprise a mere 13 percent of the state's landmass. The remaining 12 percent of Nevada's population reside in the 14 rural or frontier counties of the state, which have an average population of 2.5 persons per square mile.[lii]

Several factors of Nevada's geography contribute to the challenges in providing services to individuals experiencing or at risk of homelessness. Nevada is a geographically rugged state, with 314 mountain ranges and mostly desert terrain. In addition, the U.S. Federal Government owns approximately 86 percent of the state's land.

According to Social Entrepreneurs Inc., the Rural Nevada Continuum of Care (RNCoC) has successfully submitted applications for McKinney-Vento funding each year since 2002, resulting in net receipts of $5.75 million in funding for housing, supportive services and a Homeless Management Information System.[liii]

The RNCoC explains that the problem of rural homelessness is often complicated due to the geographic remoteness of these rural and frontier counties. Individuals are often 'unseen' and spread out in remote locations. While rural communities take pride in 'taking care of their own,'

the hidden nature of rural homelessness means that the issue is most often viewed as an urban problem and overlooked in a rural context.[liv]

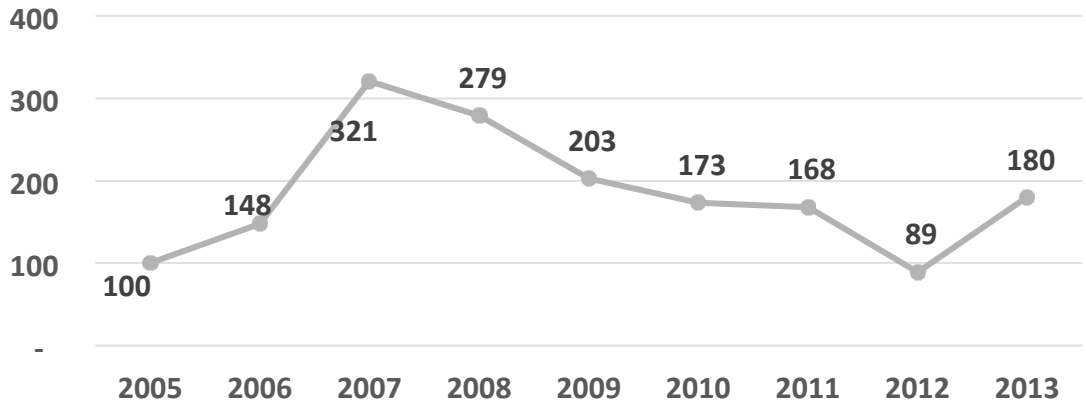
The RNCoC lists the largest barriers to addressing homelessness in rural counties as follows:

- Transportation: Large distances must be crossed to reach services that are few and far between. Limited public transportation options are available, if any exist at all.
- Isolation: Rural areas can be isolating due to the sheer enormity of land mass in rural or frontier counties with extremely sparse populations. People who are homeless often feel cut off from services that are available in the area.
- Shortage of Services: Few homeless service providers are available in most rural areas and mainstream services can be extremely difficult to access, as a small number of providers span large geographic areas.

The RNCoC describes these problems as overlapping. For example, the shortage of nearby services may mean that homeless individuals have to travel to a neighboring community to get the services they need, which can be difficult due to a lack of public transportation options. Similarly, geographic and linguistic/cultural isolation of homeless individuals in a community may exacerbate the invisibility of the population.[lv]

The graph below shows a small decrease in the number of homeless individuals living on the streets in rural Nevada over the last eight years.

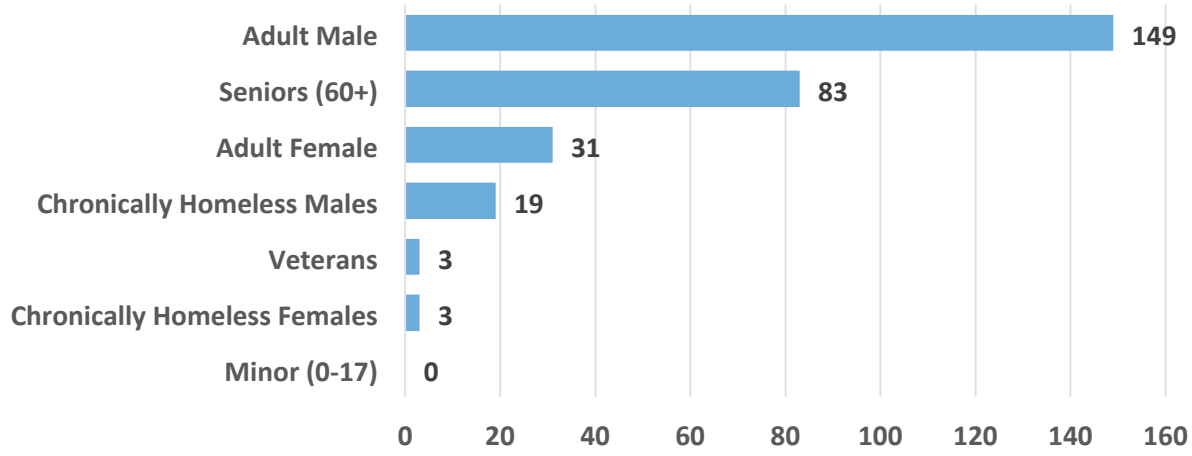
Figure 8. Unsheltered Street Count of Homeless Individuals, Rural Nevada, 2005-2013[lvi]



The RNCoC conducted its most recent rural point-in-time (PIT) street count on January 24, 2013. The report counted 180 total individuals living on the street.[lvii] The majority of these individuals were persons over the age of 24 (93 percent) and 5 percent were between the ages of 18 to 24. In addition to the 180 individuals living on the street, there were 3 families living on

the street that day.[lviii] Additional subpopulation details of these 180 rural homeless individuals are depicted below.

Figure 9. Homeless Individuals, Rural Nevada, 2013[lix]



In addition to homeless individuals living on the street, the PIT count also includes individuals receiving homeless services in an emergency shelter or transitional housing.[lx] The 2013 PIT Count revealed 154 persons in emergency or transitional housing, and 85 individuals staying in Emergency Shelters. An additional 69 were in Transitional Housing.[lxi] The chart below shows the various subpopulations of rural homeless individuals served by providers during the PIT count.

Figure 10. Rural Subpopulations in Emergency Shelters and Transitional Housing, 2013[lxii]

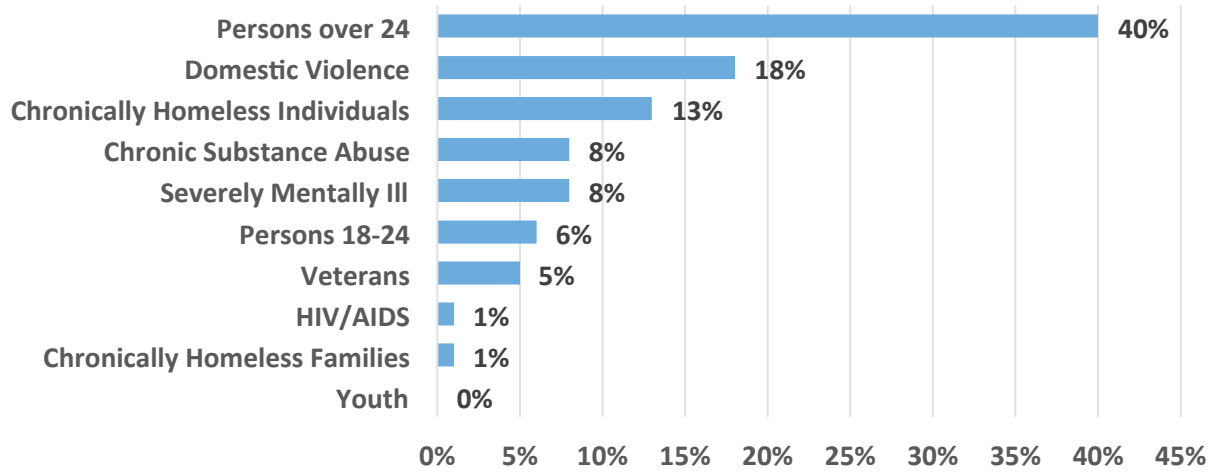


Figure 11. Rural County Homeless Population Breakdowns[lxiii]

Carson City	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Homeless individuals	124	188	205	69	62	77	10	152
Chronically homeless individuals	N/D	0	10	0	19	9	0	9
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	0	0	0
Homeless veterans	N/D	N/D	N/D	N/D	N/D	2	0	0
Churchill County	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Homeless individuals	9	n14	0	9	3	7	N/D	7
Chronically homeless individuals	N/D	0	0	2	3	0	N/D	0
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	0	N/D	0
Homeless veterans	N/D	N/D	N/D	N/D	N/D	1	N/D	0
Douglas County	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Homeless individuals	1	3	3	1	3	2	2	4
Chronically homeless individuals	N/D	1	2	1	1	0	1	2
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	0	0	0
Homeless veterans	N/D	N/D	N/D	N/D	N/D	0	0	2

Elko County	2006	2007	2008	2009	2010	2011	2012	2013
Homeless individuals	4	69	24	76	36	52	36	0
Chronically homeless individuals	N/D	8	22	62	14	40	36	0
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	0	0	0
Homeless veterans	N/D	N/D	N/D	N/D	N/D	0	0	0
Humboldt County	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Homeless individuals	N/D	7	11	45	11	3	15	N/D
Chronically homeless individuals	N/D	0	0	45	0	0	3	N/D
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	0	0	N/D
Homeless veterans	N/D	N/D	N/D	N/D	N/D	0	0	N/D
Lincoln County	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Homeless individuals	0	N/D	0	8	8	3	N/D	N/D
Chronically homeless individuals	0	N/D	0	0	8	2	N/D	N/D
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	2	N/D	N/D
Homeless veterans	0	N/D	0	0	8	3	N/D	N/D

Lyon County	2006	2007	2008	2009	2010	2011	2012	2013
Homeless individuals	2	8	10	2	9	7	16	17
Chronically homeless individuals	N/D	5	6	1	3	3	7	7
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	0	0	2
Homeless veterans	N/D	N/D	N/D	N/D	N/D	1	1	1
Mineral County	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Homeless individuals	0	0	1	0	0	0	10	N/D
Chronically homeless individuals	0	0	1	0	0	0	2	N/D
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	0	1	N/D
Homeless veterans	0	0	N/D	0	0	0	1	N/D
Nye County	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Homeless individuals	8	29	25	3	35	N/D	0	0
Chronically homeless individuals	N/D	1	6	0	11	N/D	0	0
Chronically homeless families	N/D	N/D	N/D	N/D	N/D	N/D	0	0
Homeless veterans	N/D	N/D	N/D	N/D	N/D	N/D	0	0

Note: Esmeralda, Eureka, Lander, Pershing, Storey and White Pine counties have no data or no homeless. N/D stands for no data available.

STATEWIDE STAKEHOLDER INTERVIEWS

Strategic Progress conducted 30 interviews with stakeholders and community leaders across Nevada that are knowledgeable about the issues of homelessness, particularly as it relates to homeless veterans. Interviews were intended to informally survey local experts about their main challenges, concerns and assets related to the issue of homelessness throughout the state of Nevada in preparation for a statewide convening in Las Vegas on November 6, 2014. Qualitative questions were administered orally during one-on-one and small group in-person and phone interviews; a formal written survey was not distributed, and results were not quantified.

Interviewees identified the following as major issues in terms of addressing veteran homelessness:

Policy Barriers

- *Eligibility*: Not all veterans are eligible for VA benefits, and even if they are, program eligibility requirements vary significantly.

- *Other than Honorable Discharges (OTH)*: Funding for veteran homeless grants often does not cover services for veterans who have not been honorably discharged. Without an honorable discharge designation, providers are unable to bring the veterans in to provide services. Therefore, there is a significant need to assist many veterans in upgrading their discharge status (or designation). Going through that process is time consuming and very difficult for a veteran who is at risk, ill, or homeless.

  There are supports, and supportive services, for homeless veterans with OTH status through some grant and per diem programs, and we need to make sure that continues. However, if an OTH homeless veteran is served in a program with other funding, they cannot receive their medical services through the VA, which poses additional challenges. Interviewees argued that we need to advocate for increased access to the programs the VA has to offer for non-eligible veterans.

  In addition, National Guard members are often not eligible for medical benefits. When the Supportive Services for Veteran Families (SSVF) Program came out, a ruling was made that as long as veterans are not dishonorably discharged, providers could serve them. This was the gap filler for many programs, but at one point the VA took this away. The ruling has since been retracted, and providers can now serve this population again. This should be maintained, if possible.

- *Identification & Documentation*: It is a challenge for homeless veterans who are trying to get a driver's license, identification card, or even a social security card. It not only takes time and money, but there is also a long waiting period if the veteran does not have the proper identification going in the first time. Without the essential identification or documentation, veterans end up in a holding pattern, which causes a delay in accessing benefits and services.

  There is a promising model, though. A local pastor in Southern Nevada has an agreement with the DMV that if a homeless veteran has an ID card from jail, it can be exchanged for a Nevada ID card. If the DMV would expand on this agreement, we could help veterans get an ID since we have their picture and military service information.

- *One Night*: In order for a veteran to access the HUD program, they had to have experienced homelessness before or been homeless for at least one night. In addition, HUD programs do not allow providers to serve veterans if they are coming out of jail. If a veteran leaves jail and that same night goes to a homeless shelter, he/she will not be allowed to stay. Unfortunately, providers have to say, "we will have to make you homeless for tonight so we can serve you tomorrow." Consequently, there is a chance of losing that veteran. This is not an ideal way to prevent at-risk veterans from cycling into worse conditions on the streets.

- *Homeless Management Information Systems (HMIS)*: VA staff are unable to access HMIS because they do not have the permissions required, which greatly hinders the sharing of client information. Interviewees argue that the VA and HMIS systems need to interface to be able to improve outcomes for homeless veterans. They need to deal with HIPPA and FERPA so they can simplify and align social service delivery processes in order to get veterans housed, trained and employed. Is it possible to work out a system that talks to all of their systems?

- *Set Aside Tax Credit Program*: How should the state be more involved? Can we establish a set aside on the low-income housing tax credit program? We could design one for units that serve homeless vets. There is a program model in Arizona where an Administrator successfully prioritized veteran's homelessness issues and set up policies within their tax credit program to achieve their stated outcomes.

- *Case Backlogs / Waiting Times*: Case backlogs at Veterans Administration Medical Centers (VAMC) cause difficulties in service delivery. For instance, a change in discharge status might be needed before a veteran is eligible for the Veterans Homeless Prevention Demonstration (VHPD) Program, or a veteran may be able to become self-sustaining if his or her disability status is changed. However, VHPD assistance might not last long enough to bridge the period of waiting for a VA decision.[lxiv]

- *Coordinated Intake*: Through the coordinated intake process, providers are now using a vulnerability index score. This assessment is then automatically generated by HMIS. However, because the VA and HMIS systems do not interface and staff on either side of the system do not have access to the data, VA staff has to enter the assessment information manually into their system. In addition, the VA cannot see the waitlist on the HMIS side, and they cannot see the information that lists where the veterans have already been served and what services have been given. Theoretically, the veterans intake system is supposed to seamless. Because the systems are disconnected, this doesn't work. With coordinated intake, the VA is being the centralized referral system to all agencies but they can't see the data from the agencies in HMIS.

- *Policy Coordination*: When policy staff is writing these policies, they are not actually coordinating with providers on the ground. Staff from the VA, medical and mental health professionals, elected officials, veterans advocates, providers, North, South, rural, housing, service groups, drug and alcohol, and the Federal Government are needed to collaborate around strategic policy changes at the state and local levels.

Lack of Permanent Affordable Housing

- A majority of the interviewees across the state, including those in urban and rural Nevada, stated that the lack of permanent housing is the biggest problem facing them. They have a huge issue with finding one- and two-bedroom apartments and homes for homeless veterans. Because the veterans have subsidized housing, they often do not have money for the deposits, and providers cannot find a house that would qualify. This situation is critical in some locations, like Elko, where housing is already a challenge. With the centralized intake process, providers can access a voucher for someone in a couple of weeks, but finding a house in that timeframe that meets the standards is a challenge.

- A statewide issue is the lack of housing nonprofits that can fill this need. The funding mechanism for any type of affordable housing is slim to none. The low income tax credit program is about the only funding source around.

- We need more contracts with community providers in the rural areas for emergency and transitional housing. For example, in Elko there are a number of landlords who do not like renting to the clients of homeless veteran providers because they have enough clients and tenants without this source of income. In Elko and Winnemucca, there is a lack of available housing even if they wanted to place someone. In addition, it has been a challenge in Hawthorne to find landlords that would take a voucher in a place that would pass inspection.

- One of the biggest barriers is the lack of permanent supportive housing. There are two issues: 1) the allocation plan for the tax credit program. Is it equitable, should it be reviewed? All the tax credit allocation typically stays in Southern Nevada. Only one project is allocated for Washoe and one small bit for the rural areas. If that is the main mechanism for the projects, this puts a damper on progress. 2) The housing authority and their set asides for their voucher programs. They have the ability to set aside up to 10 percent for their vouchers and set aside preferences for homeless people. The vouchers could be an incentive to develop affordable housing. This is also an incentive to the owner, since it is income and they are attached to the property. This should be maximized.

- Currently, the vouchers are 100 percent utilized, and are housing choice vouchers. Under the tenant-based model, the voucher stays with the tenant. But, there is an opportunity to project base some of those and leverage them to help develop and build more permanent supportive or permanent housing in the community and to attract more HOME or other dollars.

Specialty Medical Services

- Due to backlogs in the VA medical process, some veterans are still going to UNLV to get their dental work done. Interestingly, living in a homeless program expedites some services.

- There are often gaps in the service continuum for veterans who are ill and unable to live alone, but who do not qualify for assisted living or skilled nursing. For example, one provider had a wheelchair bound, 70-plus year old veteran dropped off at her door who was not ambulatory but paralyzed on his right side, a brittle diabetic with a history of mental illness, alcohol issues and kidney disease. He was homeless and could not live alone, but the provider had nowhere to send or place him. Due to his extra needs, he could not go to a shelter. Therefore, in order to get him to a safe place, they had to do an involuntary admission in a psychiatric ward since there were some mental health features. This is not acceptable. Emergency short-term options are needed for veterans who are homeless with medical needs while providers work on the funding and approval for long-term options.

- The requirement for services or placement with HUD is that one must live independently, however, the kind of funding that provides for the additional supports to enable this does not exist. In the example given above, it was not just about the housing. The provider wanted to emphasize that this person needed medically supportive housing. “His level of care trumps homelessness.”

- How do we get placement on an emergency basis where they are safe since someone like this is not safe in a shelter? Right now providers have to tell them to go half a mile down the

road in their wheelchair and wish them good luck. For the medically involved, this is a dangerous and costly situation.

- The VA does not provide nursing home care unless a veteran has a service-connected disability, has a combined disability rating of 70 percent or higher, has a disability rating of at least 60 percent and is deemed unemployable or has been rated permanently or totally disabled. So what happens to those that are lost in the middle of this system?

- Interviewees said this is our opportunity to shift the conversation a little bit. If people are going to continue to say that veterans who can no longer take care of themselves and who are aging out of their current care giving arrangement are therefore now homeless, we have really messed up. Currently, everything about homeless funding and services is completely dependent upon a person being able to care for himself/herself, and this is problematic.

- Providers really need a place to care for clients with greater medical needs. An apartment with a social worker managing their minimal needs is not getting it done. We need to get in front of this because this category of veterans is going to explode exponentially in the coming years.

- Even at critical provider organizations that have shelter programs, homeless veterans have to leave during the day. These veterans are incredibly vulnerable people. The first in line for these shelters every day are veterans and other homeless who have physical challenges because they want to try to get the lower bunk beds since they cannot climb up to the top bunk. They can manage to be somewhat independent so they can still access the shelter. Those in wheelchairs can take their wheelchairs into the shelter, but they have to be able to independently take a shower and get their own meal. However, if they have a greater level of need, where are they to go?

- In order to go to a skilled nursing home, those that have higher levels of need have to be referred through doctors and social workers and have their funding in order. This is a long process that doesn't guarantee immediate placement. Even if the nursing home eventually accepts the veteran, the gap in time is problematic. The county hospital is the facility most likely to take veterans with higher levels of need. However, even the hospitals struggle with this because they do not know how long they will have to care for the veteran. Once admitted the hospital, there may be other complications that cause additional problems such as the veteran may be from another state or they have no ID.

- In order to solve this, communities need emergency skilled nursing shelters. This type of solution would build our capacity, and we would need to build the inventory of skilled nursing and assisted living options at the same time.

- Another challenge identified by interviewees across the state was the need for increased access to and funding for mental health services. Much of the chronically homeless population is untreated mentally ill. Many interviewees stated that it is unconscionable to have so many people with untreated mental health issues at the ER. It is not only costly but also the wrong treatment setting for these clients. You can't talk about homelessness without talking about mental health.

- In addition to the extremely medically fragile and the mentally ill, according to some people, the largest population of veterans is those that end up making about a $1,000 a month. That is the cutoff for them to live alone, and they need more truly affordable housing (a place to rent for $400 or less a month). This is not possible in the majority of communities across Nevada for a decent place to live. There are few places for seniors that cost about that, but most places that would qualify are between $500-$600 per month. Half of the $1,000 goes to rent, and the remainder is not enough on which to live, even if the veteran receives benefits from the VA, SSI or SSD.

- Providers across the state are seeing a lot of veterans who need increased medical and mental health support to be self-sufficient.

- The VA faces severe shortages in mental health care professionals and long backlogs for accessing disability benefits, leaving many veterans vulnerable.

- There is currently a need for staff to be better trained and educated and more resources to increase the capacity of VHPD sites—and future veterans' homeless assistance efforts—to cope with the consequences and address the complex issues of trauma and brain injury.

- In terms of benefits processing time, it could take approximately 9 months for veterans' benefits to pay for a nursing home. In addition, the care and attendance payments could take many, many months. How can we speed up the processing of these types of payments?

- One interviewee suggested that having a simplified matrix of benefits would be beneficial for homeless veterans. Relying on other resources to sort out benefits and referrals is time consuming. How can providers simplify and advocate for the efficiency of this process?

Data Challenges – Accuracy and Sharing of Data

- Interviewees stated that they did not feel that they get good numbers around veteran homelessness for the rural areas. If they could justify a larger gap in the rural areas, they could make the case for more resources.

- Interviewees stated they feel like the data for Reno and Clark County is pretty good.

- North: One interviewee stated that the point in time count does not really do a good job counting the veterans, but they are often able to separate that number in the HMIS tool. In order to do the count, they have to wake people up, and in the past weren't even asking. It is a blunt tool, but it is the best method we have right now.

- The data issue is getting better. They have made a real effort in Washoe County to state that HMIS is going to be the system for centralized intake and coordinated assessment. With that, everyone is really looking to work with HMIS and deal with it. Because of the other service providers that are also serving veterans, that will be an improvement, but it is still somewhat of an issue.

- The data is only as good as the point in time count. This year they did a second count in Northern Nevada because they felt the January count was not as good. Reno Area Alliance for the Homeless (RAAH) did another count this past June, and it was not as in depth as the formal point in time count. They are now issuing cards to homeless people, and they hope this will be a benefit. This is part of the centralized intake, and they can use it wherever they go.

- South: The data seems fairly good, but some interviewees argued that data should be better shared to drive decision-making.

Communication and Collaboration

- Communication across regions and across the state is critical. Interviewees stated that the most effective way to build a communication infrastructure is to leverage and network existing committees since everyone is already stretched thin and no one wants to create new mechanisms.

- There is no way anyone can do this work alone --.a sentiment that was widely felt across all interviews.

- One interviewee stated that the fact that the VA is not represented on the Statewide Interagency Council is kind of odd. This needs to be addressed.

- No matter what, having communication with the state around what is happening at the local and regional level is critical. Ideally, the state would act as an intermediary with the Federal Government and also work to leverage state assets to solve problems. The Nevada Department of Veterans Services has not been engaged in the homeless veteran issue at a significant level over the years.

- Even though the coordinated intake process is an advance and the CoCs do communicate across the state relatively well, there are still communication issues as they relate to coming together as a group to advocate for policy changes, to apply for statewide grants, to work to develop new sources of funding and new funding mechanisms, and to share what is working and not working in different communities.

- They get a veteran at the coordinated intake hub, and if this veteran doesn't fit the criteria, and also doesn't sign consent for them to release info to the county, it does a disservice to the client who has to now go to the County to do it all again.

- The critical need is to understand what is available and how people are working together. They don't communicate. For example, one provider in Reno does not know what the VA clinic in Fallon doing, even though they are fairly close geographically. So even though there are communication mechanisms, sometimes they are still not functioning at an optimal level.

- Some interviewees stated that they would like to see more leadership from the VA on this issue, in addition to the Nevada Department of Veterans Services. These groups should be leading and stepping into convening roles, not just attending community meetings.

- In both Reno and Las Vegas, interviewees identified stress and challenges between the City and the County, even when both were strong players or actively involved in service delivery. In both regions, this was identified as something that needs to be continually worked on in order to strengthen and improve outcomes, to leverage existing resources, and to build strong systems that break down barriers.

- One local government interviewee from the South stated that they do not communicate with the North or the rural areas on barriers or solutions. They are looking to the Interagency Council on Homelessness to be able to feed some of their main issues up to the state level.

- One Southern interviewee has seen progress in the South over the past few years. They stated that the system used to be based on territorial motivations, where their predecessors never sat in a room together and had a conversation among four different agencies about how to integrate and align services. “We would have thrown each other under the bus.” Now, they talk at the staff level, within jurisdictions. What happens at the city level impacts the other cities. Due to this fact, they learned that they have to communicate and coordinate efforts.

- One interviewee stated there is so much activity around the veterans space that there appears at times that the left hand doesn’t know what the right hand is doing. For example, there is the Mayors’ Challenge, and the National League of Cities, and the 25 Cities Initiatives, the Statewide Interagency Council, and others. How can we align all our efforts? How can we ensure we are leveraging all that we have?

- The Committee on Homelessness (COH) is still a venue, and there are some things happening with the Hearth Act to strengthen it. But this doesn’t need to be the one method to communicate, even though this is what most interviewees identified as the main way they communicate, especially outside of their jurisdiction.

- One interviewee stated that in the South, the COH is going to become the Continuum of Care Board. They argued that the COH structure worked for 2007 and 2008, but it now needs to change. Many stated that the format of going to a committee and hearing report outs is not an active enough format that is producing solutions, and needs to change.

- In the North, interviewees stated that RAAH is the closest equivalent to the COH in the South. It is a nascent group that has done well with seeking grants, but is not yet in a true leadership position. However, they are making progress.

- A number of interviewees stated that they were requested to be part of the Nevada Department of Veterans Services Green Zone Initiative. They are receptive as it is meant to improve the outcomes of veterans across Nevada, but they don’t know what that really means. They stated that they don’t need or want to start another committee since they have what they need for veterans. They are looking for leadership from the state on this issue.

- In terms of structure, in the North, the City of Sparks, Reno and Washoe County previously had a consortium. They now come to the continuum of care meetings. RAAH is the Continuum of Care that is now working to lead on this issue. A subcommittee of RAAH that is working like an executive board is going through the strategic planning process for the region. This is seen as positive.

- In the rural areas, community providers tend to meet in community groups that are broader than just homelessness-focused groups. Interviewees stated they work closely together and communicate frequently. They also participate in the Balance of State CoC process.

Trends

- Over the last few years, there has been a strong emphasis on the street-level chronically homeless. Communities have been trying to create barrier-free ways for them to access any of the community programs. Providers are even taking their grant and per diem programs and trying to do more harm reduction and not requiring people to be sober and stable on meds to get into housing. Providers are targeting people sleeping in places not meant for human habitation.

- Communities are also focusing on tracking outcomes around veteran and homeless employment, making sure that all the clients in their contract programs who are not disabled have access to employment programs and are employed at exit.

- In the South, providers are seeing a big influx in a transient population coming to Las Vegas. They are seeing that 22-23 percent are veterans who have moved to Las Vegas in the last 90 days thinking that they will find a job and end up homeless instead. They need transportation, work cards, deposits, etc. and end up in trouble. This growing influx makes it a challenge to plan for ending homelessness.

NEVADA VETERAN HOMELESSNESS CONVENING- November 6, 2014

Facilitation Model

The Nevada Statewide Veteran Homelessness Summit was held on November 6th at the Historic Fifth Street School in downtown Las Vegas. The site was provided by the City of Las Vegas, with a catered breakfast provided by the Federal Reserve Bank of San Francisco and the City of Las Vegas, and time included for networking. The Nevada Department of Veteran Services (NDVS), in partnership with the Federal Reserve Bank of San Francisco and the Nevada Community Foundation, sponsored the event.

The Summit was facilitated based on the WildWorks™ model, which has been used with hundreds of organizations worldwide, including Fortune 500 companies, large non-profit organizations and governmental agencies in order to engage participants in an interactive, collaborative manner and identify elements upon which we can build a shared change agenda in a short amount of time (half-day summit format).

WildWorks is centered on a methodology called *Results based Conversations RbC*™, which engages all participants in the process and ensures that everyone has an opportunity to speak into the planning process, have an opportunity to participate, share and weigh-in -- to contribute and build the model for moving forward.

This engagement style was particularly important for the Nevada Department of Veterans Services (NDVS) when planning this conference because NDVS leadership wanted to understand, from the diverse participants attending the summit, what barriers and opportunities exist in the veteran homelessness space. NDVS thought that the best way to get the highest quality input was to have an active, engaging and participatory process whereby each individual was able to contribute and stimulate each other with their ideas.

The group moved through the morning with activities that allowed an incredible amount of ideas to be generated, shared and processed.

SUMMIT PROCEEDINGS

The Summit kicked off with a warm welcome by Joselyn Cousins, Regional Manager, Federal Reserve Bank of San Francisco. Ms. Cousins informed that this Summit was the brainchild of Colonel (U.S. Army, Retired) Katherine (Kat) Miller, Director of the NDVS, in recognition of the need to get stakeholders together to seek solutions to the grave issue of Veteran Homelessness in our State. Ms. Cousins then introduced Director Miller.

Director Miller introduced the goals of the Summit, which were to identify the challenges facing this population, to bring stakeholders together to share assets and information, and to leverage the NDVS as an asset in this work, thereby advancing change.

The Summit proceeded with a Panel discussion facilitated by Joselyn Cousins. The members of the panel included:

Ellen Richardson Adams

Outpatient Administrator for Southern Nevada Adult Mental Health Services

Tim Burch

Director, Clark County Department of Social Service

Heather DeSart

Deputy Executive Director, Workforce Connections

Dr. Cynthia Dodge

Clinical Psychologist

Community Resource and Referral Center (CRRC) Program Manager

Elizabeth Pope

Supervisor, Health Care for Homeless Veterans

VA Sierra Nevada Health Care System

Tony Ramirez

Reno Field Office Director, HUD

Marka Turner

Director of Rental and Housing Programs

Nevada Rural Housing Authority

The goal of the 40-minute panel was to bring awareness to the number of critical issues surrounding veteran homelessness and to lay the groundwork for the following two-hour interactive small group portion of the convening.

Moderator Joselyn Cousins asked the group questions around the following key areas, and the panelists discussed the issues from the policy, program and practice levels:

- Current status of veteran homelessness

- Policy constraints and barriers

- Best practices, replicating and scaling/what works

- Critical partnerships and collaborations/communication

- Resource needs and deficits

- Vision of the future

Summary of Input from the Panel

A summary of the panel presentation is as follows:

Current status of veteran homelessness - We are four years into the Veterans Administration's five-year Plan to End Veteran Homelessness and the VA has poured in resources to the Housing First Model. There is an opportunity to help providers access resources, e.g., substance abuse assistance and moving veterans into permanent housing more quickly and to pool resources, especially in the rural regions of the State. Currently, there are 1,369 homeless veterans in Nevada, which is a staggering increase with an influx seen due in part to the increase of

transience. For example, 25 percent of the most chronic and most vulnerable just moved here within the last 90 days. We need to look for solutions not only in our own back yard but we also need to partner with bordering states.

Policy constraints and barriers- The current barriers reported included getting veterans housed due to lack of documentation, services for the dishonorably discharged, mental health services, supportive employment, supportive education, complications in getting services to the rural regions, the need to move people out of supportive housing, the need for affordable housing, the gap for those who are not eligible for VA services, and a lack of coordination among systems.

Best practices, replicating and scaling/what works - Some examples of models to explore further included Salt Lake City (very successful in targeting vouchers through a centralized intake, completing assessments, getting vets quickly housed, capturing vets who are not qualified for VASH) and Project H3 Vets in Phoenix (for identifying the most vulnerable veterans, providing navigators to help them through the system and the Bridge to Housing model, which allowed time for the veterans to get off the street). Housing First and Centralized Intake are best practices that have been successful. The 25 Cities Initiative has led to other new ideas, e.g., better coordination of outreach teams.

Critical partnerships and collaborations/communication - The Interagency Council is a good start. We need to get more businesses on board and we need to engage more of our faith-based community. We are always looking for agencies that can provide emergency housing.

Resource needs and deficits- We need creative ways of funding and we need to better understand how successful, neighboring states and communities are funded. We need to get philanthropic funders and businesses involved in order to leverage private investments in solving this problem.

Vision of the future- The panel had some clear specific ideas about what a future vision for the issue of Homeless Veterans in Nevada should include:

- Reducing homelessness in the rural regions
- Systems that allow veterans to get the resources they need
- Person-centered planning

- Building a system that has functional zero capacity
- More flexible funding
- Legislation that is written to include individuals
- Cultural environments in our agencies that will engage people who have not been agency-involved for decades
- Housing for medically compromised clients
- Family emergency housing
- Housing with fewer barriers

Outcomes of Small Group Interactive Sessions

The purpose of the small working group portion of the Summit was to surface issues and challenges at the core of the problem at the key informant and expert level – the issues with which those in the "trenches" are struggling or for which have solutions to offer. Small groups allow for in-depth conversation about detailed problems and barriers and to explore and uncover creative solutions that might not be offered in the larger group format.

The small group topics were developed in order to compartmentalize the large topic – Veteran Homelessness – into workable content areas into which participants could lend their expertise and discuss priority areas of action and focus for the project moving forward. The predetermined small group topics were:

- Partnerships and Collaborations
- Medical, Dental, and Mental Health
- Housing
- Data and Technology
- Employment and Education
- Policy

The Summit participants chose the small group that interested them most and/or the topic in which they felt they had the most expertise. This self-selection process allowed for the passion, expertise, and focus of participants to benefit each topic, to produce content that was specific enough to help drive the Nevada Department of Veterans Services to change the agenda for 2015, and advance statewide action around veteran homelessness.

Each group was tasked with working through the following in their small groups:

- Key factors to determine success
- Necessary activities to achieve success
- Resources and budget items available or needed
- Desired outcomes

After completing the small group discussions and writing their ideas on large white boards, the groups then reported on their work. The results were far-reaching, comprehensive, and specific enough to allow the NDVS to advance a change agenda and strategy at the State level to impact the problem of Veteran Homelessness in our State.

Medical, Dental, and Mental Health Services

Key Success Factors

- Access to and availability of services is critical
- The issue of documentation needs to be addressed -- people should have the documentation they need to access services
- Safe and sustainable housing must be available and accessible
- Transportation needs to be factored in and solved

Activities

- Determine how to help veterans obtain documents:
    - Birth Certificates
    - Social Security cards
    - DD-214s
    - Identification cards
- Create mobile outreach with follow up for mental health services when identified
- Develop a method for connecting services immediately, i.e., V.A. > DOD > State

Resources / Budget

- Funding streams for obtaining documentation
- Funding for Case management to navigate systems

- Higher levels of care for mental health and substance abuse
- More access for dental resources
- Collaboration with criminal justice system to find funding for vets that need these services

Outcomes

- A sliding fee scale or tiered system for medical, dental and mental health services
- An integrated health system
- Effective interagency communication and collaboration between state and federal agencies
- Nevada will have a medical home for veterans
- A separated treatment system for high risk/high need and low risk/low need veterans will exist

Housing

Key Success Factors

- HMIS used by all agencies to keep better track of clients
- Decrease the bottleneck at the referral stage
- The system for transitioning from temporary housing into permanent housing needs attention
- Affordable housing is available and accessible
- Rural areas need more affordable housing and emergency housing
- Location of services to reach those who need them

Activities

- Collaborate with businesses providing temporary housing
- Increase partnerships and collaborations
- Increase outreach into the homeless community, e.g., at stand downs
- Develop “shallow” rental assistance process, e.g., when only a small amount is necessary to prevent homelessness

- Standardize definitions and criteria of HUD Veterans Affairs Supportive Housing (VASH)
- Address gap in resources for National Guard, single veterans, etc. (approximately 15% are not eligible for services)
- Lower barriers (e.g., families, pets, substance abuse issues) for emergency housing

Resources / Budget

- Capital funding
- Need statewide dollar figures
- The Nevada Housing Division housing locator (inventory of vacancies, need, special housing needs, etc.) needs to be populated.

Outcomes

- A Public Relations Campaign that is informational about:
    - The housing programs available for veterans
    - Resources and funding that is available
    - Housing availability
- A strategic plan to identify:
    - A statewide goal
    - Legislative earmarks for funding
    - Data to inform the pursuit of business and government funding
    - Casino and gaming industry involvement
- A campaign developed using the "Invisible People" model

Policy

Key Success Factors

- Simplicity in the system
- Efficiency in the system
- An understanding that policy is not all about legislation – we must examine internal policies
- Flexibility in the system

- Adaptability of the system

Activities

- Re-examine policy on discharges
- Push VASH directly to providers and remove barriers
- Drive resources toward the need
    - Examine housing location and programs
- Solicit local philanthropic match for projects around homelessness and require outcomes
- Decrease the disconnects between federal, state, and local policies
- Make block grants flexible for local control
- Examine scattered-site versus project-based housing
- Increase philanthropy
- Remove barriers and red tape
- Mutual definitions and single audits (agencies coordinate to remove the burden on providers)
- Ascertain highest and best use of land, e.g., match the existing needs of the community with the available land in that community
- Create immediate access and flexibility

Resources / Budget

- Resource and budget map -- collate multiple reports
- Interagency Council on Homelessness
- Foster inclusive dialogue (e.g., PTSD cuts across veteran and non veteran populations) to make use of resources that are available

Outcomes

- Less red tape
- Increased flexibility
- Policies will reflect current needs and paradigms
- Increased community buy-in

Data and Technology

Key Success Factors

- All service providers have access to HMIS
- End users need to be involved in the software design
- When updates occur, ensure existing data is kept and migrated into new system
- Systems to "talk" to each other (e.g., DOD, V.A., etc.)
- Ability to get through the V.A. firewall
- Use of tablets in outreach / for point in time interaction

Activities / Issues

- Develop "Passport" – card which has HMIS info loaded on and "swipes" transfers automatically
- Use traffic signs to advertise services
- Use billboards to advertise services
- Use public service announcements
- Improve technology for outreach, e.g., tablets
- Develop broad-based information campaign so the community better understands veteran homelessness
- Create homeless service digital 'app'
- Get technology into the hands of veterans
- Offer technology training for veterans
- Connect veteran volunteers to service agencies that can use them through a database

Resources / Budget

- State road signs – Department of Transportation
- Public Broadcasting System
- Marketing campaign funding
- Expand HelpHopeHome.org

- Partnership with Switch

Outcomes

- Reports back to users in addition to funders
- A more accurate count of homeless veterans
- Data is shared and accessible to all stakeholders
- Change of address will be updated through/with the V.A.

Employment and Education

Key Success Factors

- Housing
- Documents
- Partnerships, including employer partnerships
- Access
- Clothing
- Child care

Activities / Issues

- Create resume writing assistance specifically for federal/government jobs
- Develop workshops for employment and education assistance
- Make substance and behavioral counseling available
- Develop job fairs that incorporate hiring

Resources / Budget

- Job Connect
- One Stops
- Workforce Connections
- U.S. Vets
- Federal Government
- Goodwill

- Catholic Charities of Southern Nevada

Outcomes

- Vets will have access to education
- Vets will have access to employment opportunities and career ladders
- Vets will have the abilities and tools to sustain employment
- Vets will have the tools to earn livable wages and livable wage opportunities will be available to veterans

Partnerships and Collaborations

Key Success Factors

- The key stakeholders (those with a vested interest) are identified
- A centralized web portal is developed
- Resources to fill gaps are defined
- Communication between stakeholders is improved
- Duplication of providers is decreased
- One Central Resource Center is developed, accessible for all vets
- Better collaboration & communication within and between federal departments is developed
- A matrix of funding and services is created and a single lead/contact is agreed upon

Activities

- Increase networking and communication to better understand what we all do
- Identify what is been done with the Nevada Department of Business and Industry Website and determine how to enhance in order to best assist veterans
- Enhance the Homeless Management Information System (HMIS) and build on other coordinated assessment systems
- Hold career fairs that include private business owners
    - Increase hiring veterans
    - Include advocacy and education

Resources / Budget

- Private business is needed as part of the solution
- A dedicated funding source (e.g., a tax or a lottery)
- Diversified funding for the services, e.g., *not* 100% grant funded
- Military funding
- Local donated land for facilities

Outcomes

- Better Communication between partners, collaborators, providers, state and federal departments, etc.
- Better knowledge across the board about services available
- Better service provision through
    - Decreased gaps and/or duplication
    - Increased quality
- Better data through and enhanced centralized data system
- Increased permanent housing
- Increased access to services that lead to a better quality of life for veterans

MOVING FORWARD – NEXT STEPS

The Nevada Department of Veterans Services is moving forward with a 2015 Veteran Homelessness Veteran Initiative to drive action at the state level around this issue. The input from the November 6, 2014 convening was a catalyst for this agenda, and the input obtained from participants in the Summit, and the interviews conducted in advance of the Summit, as well as our own research, will form the platform on which the Initiative will be built and designed.

The Nevada Department of Veterans Services will focus on the following three key strategies over 2015:

1. **Strategic Change Agenda** – Design a Strategic Change Agenda to build upon the existing system of services available to homeless veterans; prioritize key goals and actions for NDVS to focus on over the next 24 months; identify best practices for implementing systems change and removing barriers impacting homeless veterans services, building

off the community input given to NDVS at the November 6, 2014 event; vet change agenda amongst stakeholders at the system, policy and advocacy levels; obtain buy-in and develop strategic alliances with stakeholders at all levels.

2. **Statewide Communication, Convening and Engagement-** Engage statewide "taskforce" to address the policy, program and practice barriers identified in the November 6, 2014 convening. Leverage this group, and other key relationships developed during the 2 month interview process in Phase One to advance the change agenda and to continue to feed information and data to the Interagency Council, key decision makers, local government, philanthropic and federal partners who can make changes in key areas that currently present barriers to progress. Establish communication and feedback loop through survey of all conference attendees, invitation to join the Green Zone Network, to leverage the digital platform to engage stakeholders in ongoing discussions and Department led activities.

3. **Funding and Leverage Opportunity Analysis** - identify public and private funding streams that support homeless policy, program and practice change, leverage within existing programs, and what investments will produce the most effective and efficient outcomes. Use the NDVS to convene statewide partners to apply for federal grants, in partnership with other State and local government departments and community based non profits. Use the data from the NDVS Homeless Veteran Landscape Analysis Report to illustrate the compelling need to identify and connect existing resources, address gaps in the continuum of care, and sustain a strong veterans service system for the future. Work with the Nevada Community Foundation, Federal Reserve Bank of San Francisco, and other private partners to engage private investors in funding elements of the change agenda.

Using the expertise and insight of the elected officials, leaders, community providers, stakeholders and veterans who attended the conference, we will design and mobilize around a community driven Change Agenda to ensure that we are responsive to locally identified needs. By anchoring our planning and activities in both national and local research we will ensure that we are maximizing the potential for impact in all that we do.

Over the next year, we will be reaching out to Summit participants, and engaging the statewide veteran homelessness community in an ongoing dialogue about how the NDVS can leverage its assets to help advance the good work already happening in communities across Nevada to address this issue.

ABOUT THE AUTHOR

Strategic Progress, LLC is a Nevada based company specializing in regional planning, public policy research and advocacy, federal and private grant development, fundraising and strategic positioning of large scale initiatives.

Cyndy Ortiz Gustafson, Strategic Progress founder and CEO, has a MA in Political Science and Public Law from Washington State University, and over 10 years of leadership experience at the national, state and local levels conducting policy research, building coalitions, designing communication strategies and issues management plans, and strategically positioning large-scale public policy initiatives. She directed the research and writing of this project.

The lead research consultant and writer on this project is Jennifer Ouellette. Ms. Ouellette has an MS in Accounting from the University of Southern California, and has worked for a variety of research and analytics firms such as Applied Analysis, PricewaterhouseCoopers, and Econ One Research. She has partnered with Strategic Progress on several statewide public policy research projects, and presented those findings to various groups and entities across Nevada.

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