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# NEVADA GOVERNOR’S INTERAGENCY COUNCIL ON HOMELESSNESS (ICH)

## 2015-16 UPDATES

On November 4, 2013 the Nevada State Interagency Council on Homelessness (ICH) was reinstated via Executive Order 2013-20 to coordinate and focus the State's efforts to effectively address the challenge of homelessness in the State of Nevada. The ICH’s mission is to lead Nevada’s efforts to prevent and end homelessness. The ICH has been spearheading Nevada’s efforts to end homelessness for children, youth, families, and other priority populations.

The Council was recruited, appointed, and met for the first time on September 9, 2014. It continues to meet bi-monthly. The members of the ICH are:

	<b>NAME</b>	<b>REPRESENTING</b>
<b>1</b>	Ellen Richardson-Adams, Chair	Division of Public & Behavioral Health
<b>2</b>	Michael Mc Mahon, Co-Chair	Substance Abuse Prevention & Treatment Agency
<b>3</b>	Elizabeth (Betsy) Aiello	Division of Health Care Financing & Policy
<b>4</b>	Steven Fisher	Division of Welfare & Supportive Services
<b>5</b>	Kevin Quint	Department of Health & Human Services
<b>6</b>	<b>Vacant</b>	Department of Employment, Training & Rehabilitation
<b>7</b>	Carla Jean (CJ) Manthe	Nevada Housing Division
<b>8</b>	Gilbert (Tony) Ramirez	U.S. Department of Housing & Urban Services
<b>9</b>	Stephanie Gordon	Individual who has experienced homelessness & recovering from substance use disorder or co-occurring disorder
<b>10</b>	Stephen Shipman	Service Provider (Washoe County Dept of Social Services)
<b>11</b>	Sr. Pastor John Schmidt	Service Provider(Cornerstone Baptist Church, Elko)
<b>12</b>	<b>Vacant</b>	Public Housing Authority
<b>13</b>	Michele Fuller-Hallauer	State SSI/SSDI Outreach, Access & Recovery (SOAR)
<b>14</b>	Kelly Robson	Community-based CABHI grantee
<b>15</b>	James Dzurenda	Department of Corrections
<b>16</b>	Kathleen Sandoval	Targeted Populations- Children & Youth
<b>17</b>	Tyrone Thompson	Targeted Populations- State Assembly
<b>18</b>	Wendy Simons	Targeted Populations- Veterans’ Affairs

The three Continua of Care (CoCs) in Nevada entered into an interagency agreement to provide staff support and information to the Council. CoCs are charged with designing a local “system” to assist sheltered and unsheltered people experiencing homelessness and providing the services necessary to help them access housing and obtain long-term stability. More broadly, CoCs are to promote community-wide planning and strategic use of resources to address homelessness; enhance coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; and improve data collection and performance measurement. Each year, the CoCs apply for HUD funds for transitional housing (TH) and permanent supportive housing (PSH) which are allocated to projects in southern, northern, and rural Nevada. During the last competition (FY 2015), the CoCs were awarded a total of \$15,554,510 for TH and PSH projects in Nevada.

## 2015-2016 PROGRESS UPDATES

In its first year of operation, the Council developed a statewide strategic plan to end homelessness which was adopted in June of 2015. The ICH created five workgroups to oversee implementation of the plan. The ICH also established a Cooperative Agreements to Benefit Homeless Individuals (CABHI) subcommittee (also known as the CABHI Steering Committee) to monitor activities under the CABHI-States, supplemental and enhancement grants in Nevada.

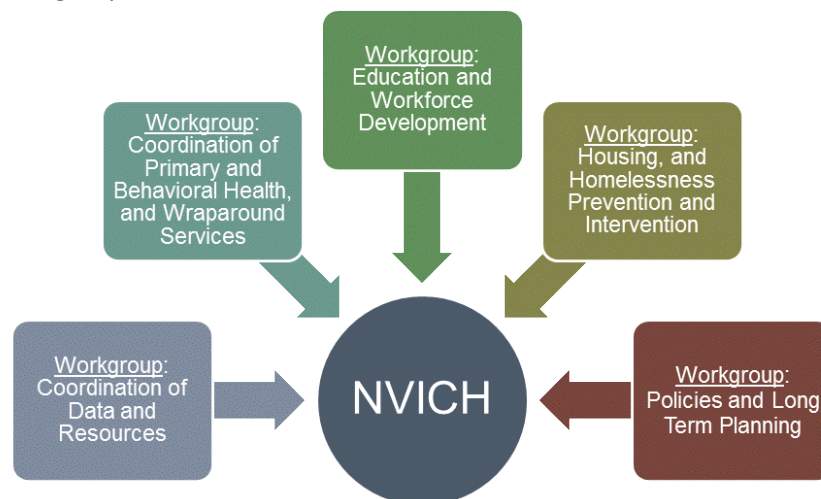
The strategic plan identifies eight strategic issue areas that affect homeless individuals and families: housing, homelessness prevention and intervention, wraparound services, education and workforce development, coordination of primary and behavioral health, coordination of data and resources, policies, and long term planning. The goals of the plan are as follows:

- **Strategic Issue #1 - Housing**
  - Goal 1: Preserve the existing affordable housing stock
  - Goal 2: Provide the resources necessary to further expand and develop the inventory by 2020.
  - Goal 3: Systemically as a state, identify, standardize, and promote all types of housing interventions in Nevada for subpopulations by 2017.
- **Strategic Issue #2 – Homelessness Prevention and Intervention**
  - Goal 1: Expand affordable housing opportunities (including Transitional Housing (TH)) through improved targeting of current housing programming that provide rental subsidies as well as an increase in construction of new or rehabilitated housing in all communities.
  - Goal 2: Coordinate housing programs and agencies to provide housing mediation opportunities for individuals and families who are at-risk of being evicted.
  - Goal 3: Rapidly rehouse people who fall out of housing.
  - Goal 4: Provide cash assistance to individuals and families who are at-risk of eviction to cover rent, mortgage, or utility arrears.
- **Strategic Issue #3 – Wraparound Services**
  - Goal 1: Increase access to all funding (federal, foundations, grants, private) for which Nevada may be eligible.
  - Goal 2: Each homeless or at risk of homelessness individual has a person-centered care plan, developed through appropriate credentialed personnel, that meets their medical and social needs.
- **Strategic Issue #4 – Education and Workforce Development**
  - Goal 1: Expand economic opportunities (through initiatives such as workforce development, education opportunities, and job skills training) for those who are at-risk or are homeless are self-sufficient through a living wage.
  - Goal 2: Increase access to education for people experiencing or most at risk of homelessness.
  - Goal 3: Determine eligibility and apply for all mainstream programs and services to reduce peoples' financial vulnerability to homelessness.
  - Goal 4: Improve access to high quality financial information, education, and counseling.

- **Strategic Issue #5 – Coordination of Primary and Behavioral Health**
  - Goal 1: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce peoples’ vulnerability to and the impacts of homelessness.
  - Goal 2: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.
- **Strategic Issue #6 – Coordination of Data and Resources**
  - Goal 1: The system is integrated, streamlined, promotes data sharing and is captured consistently in HMIS.
  - Goal 2: Implement centralized/coordinated intake assessment and access for all housing programs throughout the state for the homeless or those at risk of homelessness.
  - Goal 3: Regularly identify options to coordinate resources.
- **Strategic Issue #7 – Policies**
  - Goal 1: Public and private partnerships who provide services to prevent and end homelessness will coordinate policy to ensure that barriers are eliminated and goals of the strategic plan are achieved.
  - Goal 2: Close the gap in appropriate credentialed health professionals statewide.
  - Goal 3: Break the cycle of incarceration that leads to disrupted families, limited economic prospects and poverty, increased homelessness or at risk of homelessness, and more criminal activity.
- **Strategic Issue #8 – Long Term Planning**
  - Goal 1: The strategic plan document is re-assessed and updated at least every five years to prevent and end homelessness.
  - Goal 2: Public outreach and education is conducted to remove the stigma around homelessness and create awareness.

**HIGHLIGHTS AND ACCOMPLISHMENTS**

Workgroups were established in July 2015. A chair from the ICH oversees the work of each workgroup. Workgroups have met at least quarterly with some meeting monthly throughout 2015-16 and report back to the ICH. Each workgroup is charged with implementation of the goals and action plans assigned to their workgroup. The workgroups include:



The ICH has made considerable progress in capacity building at the state and local level, which has led to the ability to work through issues and resulted in increased collaboration, and partnerships with local collaboratives. Through the ICH workgroups, there has been development in achieving the goals and strategies of the strategic plan in 2015-16:

- Workgroup 1 – Housing and Homelessness Prevention and Intervention has met seven times in 2015-16. Their work has focuses on expanding the current inventory of affordable housing in Nevada.
  - The workgroup began evaluation of the Systems Wide Analytics Projections (SWAP) tool to determine the housing needs for each community.
  - Two affordable housing summits were also held both in Washoe and Clark County to connect and encourage housing development work. Attendees included developers, affordable housing experts, local elected officials, members of the ICH, housing providers, landlords, employers, and service providers. The goal is to share information about needs, assets, and opportunities in Nevada and to foster communication and collaboration to promote affordable housing.
  - The workgroup worked to identify resources to meet housing needs. Through the Nevada Housing Division, \$250,000 has been earmarked for housing. Additionally, the Division is receiving \$3 million in housing trust funds and have consulted and collaborated with the ICH regarding how those funds should be utilized to serve the homeless and at-risk of homeless population.
  - The workgroup has also collaborated with the three CoCs to prevent and end homelessness. During the last U.S. Department of Housing and Urban Development (HUD) funding competition, the CoCs were awarded a total of \$15,554,510 for housing and supportive services to serve Nevada’s homeless population.
- Workgroup 2 – Education and Workforce Development has met three times although obtaining quorum has been a barrier. The group has discussed recruitment of additional members so that quorum does not continue to be an issue. The group has also identified a number of workforce development efforts across the state to expand providers’ ability to practice at the top of their license and explore offering reciprocity to enhance Nevada’s workforce.
- Workgroup 3 – Coordination of Primary and Behavioral Health, and Wraparound Services has met seven times. Their focus has largely been on expanding wraparound services. The workgroup is overseeing the Medicaid 1915 (i) waiver expansion to include funding for habilitative services though the Nevada Department of Health Care Financing and Policy. Additional community case managers were hired through Washoe County under the CABHI Enhancement grant, and through the CABHI-States grant, the Nevada Statewide SSI/SSDI Outreach, Access, and Recovery (SOAR) Coordinator has provided ten trainings in 2015-16 to case managers so that they can assist homeless or at-risk of homeless individuals with co-occurring disorders with applying for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).
- Workgroup 4 – Coordination of Data and Resources has met four times in 2015-16, and have worked on evaluating data being collected to identify gaps, as well as promote data interoperability between systems. The workgroup has also been a part of the coordinated entry

that is being implemented through the three CoCs statewide. HUD requires CoCs to establish a coordinated entry system to prioritize homeless individuals and families and ensure the process is low barrier, person-centered and provides standardized, fair and equal access to housing.

- Workgroup 5 – Policies and Long Term Planning have met six times although they were not able to obtain quorum at four of the meetings. The workgroup has prioritized strategies and invited additional contacts to participate on the workgroup.

Additional details regarding the work of the five ICH workgroups can be found in Attachment A.

## CABHI UPDATES

In October 2013, the Nevada Division of Public and Behavioral Health (DPBH) was awarded the CABHI-States grant administered by Substance Abuse and Mental Health Services Administration (SAMHSA) to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer supports and other services for individuals who experience chronic homelessness and have substance use disorders, serious mental illness, serious emotional disturbance, or co-occurring mental and substance use disorders through seven provider sites in Nevada. Since then, Nevada was also awarded the CABHI-States Supplemental, and the CABHI-States Enhancement grants which allowed additional providers to serve chronically homeless individuals with co-occurring disorders. The State also applied for CABHI – States II, but notice of awards have not been issued to date.

DPBH provides a bi-annual report on progress to SAMHSA. The following are success and challenges regarding CABHI as reported in the bi-annual reports for 2015-16:

### Successes

- Enhanced collaboration with jurisdictions resulting in the designation of additional vouchers for housing for CABHI clients
- Implementation of effective Peer Recovery supports
- Anecdotal reports from CABHI clients who are doing well
- Achievement of client targets for numbers served during the year
- Evidence that implementing Housing First and harm reduction works to stabilize clients who have been on the street and are chronically homeless and keep them housed
- Implementation of Coordinated Entry leading to efficiencies in admitting clients
- Additional staff completing SOAR training
- Better data on SOAR Outcomes being captured

### Challenges

- Reporting CABHI clients in Clarity (Homeless Management Information System provider)
- Lack of access to housing vouchers and affordable housing stock
- Lack of employment options that pay a living wage for clients who can and want to work
- Confusion about clear admission and discharge criteria for CABHI compared to other programming

- Financial Counseling – there are a number of clients that are on SSI/SSDI who need financial coaching on how to save/manage a fixed amount of income
- Wrap-around Services – because of the target population, there is a need for comprehensive wrap-around care and insufficient resources
- Transportation – client need bus passes to get to necessary appointments and to meet their basic needs
- Insufficient salaries for CABHI Peer Navigator and Case Managers
- Funding for supportive services such as urinalysis, bus passes, forms of identification, starter kits for apartments, food vouchers, toiletries, and feminine hygiene products were all identified as ongoing needs
- Additional case managers are needed to maintain an appropriate ratio of staff to clients (1:15)
- Lack of infrastructure at the State level to effectively receive and spend funds which presents administrative and financial barriers
- Continued issues with supportive services, such as funds to pay for bus passes, transportation, workforce issues, and access to providers specifically specialty providers.

## COOPERATIVE AGREEMENTS TO BENEFIT HOMELESS INDIVIDUALS (CABHI) II

On March 15, 2016, DPBH applied for CABHI-States II. The purpose of the DPBH CABHI program, in collaboration with the Nevada Interagency Council on Homelessness, is to provide coordinated, accessible, community-based, evidence-informed, individualized services that are culturally and linguistically sensitive through community-based mental health programs, across Nevada. DPBH is focused on two main objectives: (1) enhance and develop the State's infrastructure to increase its capacity to provide comprehensive services to chronically homeless individuals with co-occurring disorders and ultimately, to reduce and end homelessness in Nevada; (2) increase the State's capacity to provide comprehensive, evidence based treatment and recovery support services to chronically homeless persons with co-occurring mental health and substance use disorders who have attained permanent supportive housing. The strategy is to work in partnership with homeless-service providers across the state and the State's CoCs to deliver evidence-based services to chronically homeless persons with co-occurring mental health and substance use disorders. The proposed sub-recipients for CABHI-States II will be ReStart (VOA), HELP of Southern Nevada – Shannon West Homeless Youth Center, Clark County Social Service: SOAR, New Frontier Treatment Center, and The Children's Cabinet. The total number of unduplicated clients served in this grant is: 120 per year or 360 unduplicated clients across the 3-year term of the grant.

## OTHER UPDATES

In December, 2014 the Housing and Healthcare (H2) initiative convened a two day summit to discuss streamlining Medicaid and housing. This Initiative has continued to meet, most recently on February 26, 2016 to identify benefit eligibility and refinement of the target population. The technical assistance received through H2 is also being used to assist with the expansion of the 1915(i) Medicaid waiver in Nevada.

The draft budget concept paper was presented and is supported by members of the ICH. It details the goal of the expansion of the Medicaid 1915 (i) waiver, which is to support individuals to remain housed in the community as well as decrease hospitalizations and crisis incidents. In order to do this, Nevada Medicaid will expand services to a targeted population of homeless individuals with mental illness. Currently, four services are provided by Nevada Medicaid under 1915(i) authority. They are: Adult Day Health Care, Home-Based Habilitation, Rehabilitative Partial Hospitalization and Rehabilitative Intensive Outpatient Services. The proposal aims to enhance service options to this targeted population in order to add capacity to the existing community continuum of care and to provide needed services to stabilize housing and medical needs, thereby reducing the use of alternate community resources. The proposal seeks to add the following services under 1915(i) authority either through the provision of services through individual private providers or as part of a package of services through a single provider organization:

1. Care Coordinator
2. Housing Navigator
3. Non-medical transportation
4. Residential Habilitation Services
5. Supportive Living Services.

Those receiving services would benefit by receiving necessary supports and care coordination to meet the goals of housing-related- care plan, including locating and maintaining housing. Participants would also benefit by receiving the necessary supports to meet health care, socialization and other related needs. As individuals receive benefits and are able to stabilize medical needs, receive temporary housing and become connected with longer-term housing resources, communities would benefit by seeing a reduction in the use of acute care hospitals, psychiatric hospitals, jails and alternate service provider

Finally, the ICH is concerned about the loss of affordable housing stock in Nevada. Recent housing barriers have been identified in the Nevada Housing Division's 2015 Annual Housing Survey. The report found affordable housing availability to be in a dire predicament:

- Average vacancy rates have dropped from 7 percent in 2013 to just 4 percent in 2015.
- The gap between Las Vegas (4.3 percent) and Reno (3.5 percent) narrowed in 2015.
- Twenty-nine percent of properties reported that all units were full (0 percent vacancy rate).
- Rents have increased by 11 percent since 2013.
- Seventy percent of apartment properties have waiting lists that continue to grow, with the median waitlist length being 27 households in 2015.
  - All (100 percent) properties with rental assistance reported having a waitlist.<sup>1</sup>

Lack of affordable rental stock is also a concern in northern Nevada as two companies, Tesla and Switch, have broken ground on facilities in the region which will result in an infusion of workers in need of housing. Finally, NFTC is located in the same community as the Fallon Naval Air Station.

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<sup>1</sup> Nevada Housing Division. Taking Stock 2015: Nevada Housing Division 2015 Annual Affordable Apartment Survey. Accessed online on April 20, 2016 at <http://housing.nv.gov/uploadedFiles/housingnv.gov/content/Public/2015TakingStockForum.pdf>

Leadership across the state, including the ICH, have identified availability of affordable housing for low-income individuals and families as a critical issue and are working to promote policies that incentivize development and set-asides for low-income, affordable housing. The housing summit hosted in northern Nevada, planned by ICH members, promoted the development of affordable housing. The housing summit will continue and alternate between the north and south every six months.



## ATTACHMENT A – WORKGROUP UPDATES

The workgroups have met regularly during the reporting period and have made considerable progress. The specific dates and progress updates for each workgroup meeting are as follows:

Workgroup	Meeting Dates	Progress Update
Workgroup #1: Housing, and Homelessness Prevention and Intervention	December 2, 2015; January 6, 2016; February 3, 2016, March 2, 2016; April 6, 2016; May 4, 2016; June 1, 2016	<ul style="list-style-type: none"> <li>• The Workgroup is in the process of evaluating the Systems Wide Analytics Projections (SWAP) tool. Southern Nevada is piloting the tool and initiating the process of collecting data.</li> <li>• The Committee identified that a statewide entity should be used to collect the data, including financial data, that all three CoCs reported in their HUD FY2015 CoC application</li> <li>• A statewide Coordinator, who will collect the data for the SWAP tool, is still needed</li> <li>• The CABHI expansion grant which the Division of Public and Behavioral Health (DPBH) applied for and received, should include more permanent housing for chronically homeless</li> <li>• Two Housing Summits were conducted, one each in both northern southern Nevada. This was an opportunity to connect and encourage housing development work in all three CoCs. Attendees included developers, affordable housing experts, local elected officials, members of the ICH&lt; housing providers, landlords, employers, and service providers. The Goal is to share information about needs, assets, and opportunities in Nevada and to foster communication and collaboration to promote affordable housing.</li> <li>• All three of Nevada’s Continuums of Care submitted Collaborative and Project Applications during HUD’s FY2015 CoC Competition.                         <ul style="list-style-type: none"> <li>○ Awards were announced in May 2016. The funding amounts for each CoC are:</li> <li>○ Southern NV CoC Total: \$13,369,068</li> <li>○ Northern NV CoC Total: \$1,575,244</li> <li>○ Rural NV CoC Total: \$610,198</li> <li>○ Statewide total: <b><u>\$15,554,510</u></b></li> </ul> </li> </ul>

Workgroup	Meeting Dates	Progress Update
		<ul style="list-style-type: none"> <li>• Workgroup members have reviewed the Nevada Housing Divisions 2015 Annual Progress Report and each CoC’s housing inventory chart to understand available housing in Nevada. <ul style="list-style-type: none"> <li>○ Additionally, NVHousingSearch.org was presented as a valuable tool to further determine housing inventory</li> </ul> </li> <li>• BitFocus has been invited to participate on the workgroup to further understand how HMIS can assist with achieving this goal <ul style="list-style-type: none"> <li>○ All three CoCs submitted funding requests to HUD for HMIS and received that funding.</li> <li>○ Clark County Social Service will serve as the HMIS statewide lead, which will allow for better coordination of data</li> </ul> </li> </ul>
Workgroup #2: Education and Workforce Development	February 28, 2016; March 17, 2016; May 19, 2016	<ul style="list-style-type: none"> <li>• Workgroup #2 had their first meeting in October 2015 <ul style="list-style-type: none"> <li>○ They met monthly since then but have not had a quorum for these subsequent meetings.</li> </ul> </li> <li>• Members were asked to review goals and strategies to determine the best approach but have not been able to meet since then</li> <li>• A number of contacts were identified to invite to participate on the workgroup calls</li> <li>• There are a number of workforce development efforts across the state to expand providers’ ability to practice at the top of their license and explore offering reciprocity to enhance the workforce</li> </ul>
Workgroup #3: Coordination of Primary and Behavioral Health, and Wraparound Services	December 7, 2015; January 11, 2016; February 8, 2016; March 14, 2016; April 11, 2016; May 9, 2016; June 13, 2016	<ul style="list-style-type: none"> <li>• A Budget Concept paper for the Medicaid 1915(i) Services Expansion has been developed to be submitted to the Nevada Department of Health Care Financing and Policy in June 2016</li> <li>• The Housing and Healthcare (H2) Initiative is receiving technical assistance from Home Base to assist with the facilitation of the expansion of the waiver with the three CoCs in Nevada</li> <li>• Nevada Medicaid is moving forward with solidifying the list of eligible services under the expanded waiver</li> <li>• CABHI Expansion included a number of case managers that are community case managers for Washoe County</li> <li>• Ten (10) SOAR Trainings have been conducted since January 2015 <ul style="list-style-type: none"> <li>○ Additional trainings have been scheduled in June, July, and October 2016</li> </ul> </li> </ul>

Workgroup	Meeting Dates	Progress Update
Workgroup #4: Coordination of Data and Resources	December 15, 2015; February 16, 2016; March 15, 2016; June 21, 2016	<ul style="list-style-type: none"> <li>• Focus has been on evaluating data being collected and identify gaps.</li> <li>• The group has discussed the creation of the Oversight Committee and has suggested the HMIS lead for the three CoCs serve as the Oversight Committee and report to this workgroup</li> <li>• DHHS is working with program coordinators from DPBH, Medicaid, DWSS and DCFS to promote data interoperability between systems</li> <li>• Southern, Northern and some parts of rural Nevada are utilizing the Vulnerability Index – Service Prioritization and Decision Assistance Tool (VI-SPDAT) in the community to create a prioritized list <ul style="list-style-type: none"> <li>○ The Southern Nevada CoC has Coordinated Intake for households without children that prioritizes clients in the Community queue by vulnerability.</li> <li>○ Southern Nevada CoC has policies and procedures in place for all homeless service housing providers serving households without children (regardless of funding source) to receive placement referrals from the Coordinated Intake Community Matcher.</li> </ul> </li> <li>• Northern CoC has implemented Coordinated Intake utilizing the Clarity Card system continua-wide <ul style="list-style-type: none"> <li>○ Duplicated based on southern Nevada which makes for streamlined processes</li> </ul> </li> <li>• Rural Nevada created a Coordinated Intake/Entry Subcommittee to work with local intake sites</li> <li>• Progress is being made to reduce the number of chronically homeless across the state: <ul style="list-style-type: none"> <li>○ Number of chronically homeless in northern Nevada has decreased</li> <li>○ Number of homeless veterans in southern Nevada has been reduced to zero</li> </ul> </li> <li>• BitFocus has presented HMIS capabilities and features to the workgroup, as well as the type of data that is regularly collected and reported</li> <li>• Home Base, as part of its technical assistance, is developing a gap analysis to assess gaps in the system for the Southern COC</li> <li>• CABHI Data – federal data collection system went inoperable in December 2015 <ul style="list-style-type: none"> <li>○ Data is being collected and reported manually into the old Government Performance and Results Act (GPRA) system, which continues to be an ongoing issue</li> </ul> </li> </ul>

Workgroup	Meeting Dates	Progress Update
Workgroup #5: Policies and Long Term Planning	December 21, 2015; January 22, 2016; March 18, 2016; April, 15, 2016; May 20, 2016; June 17, 2016	<ul style="list-style-type: none"> <li>• Workgroup 5 met in October 2015 and identified a number of strategies that require immediate focus due to timing.</li> <li>• The need for subgroups was identified. Members of the workgroup will link to existing subgroups, and report back to the workgroup.</li> <li>• A number of contacts were identified to invite to participate on the workgroup calls</li> </ul>