Homelessness and Behavioral Health in Southern Nevada

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Health and Homelessness

- A public health concern: the psychological and physical impact of homeless (Schnazer, Dominguez, Shrout and Caton, 2007)

- Homeless individuals have higher hospitalizations rates

- It's a challenge to maintain appointments, manage medication, etc. when basic needs are not met

Self-fulfillment needs

Psychological needs

Basic needs

Self-Actualization

Morality, creativity, passions, problem solving

Self-esteem

Confidence, respect of and by others
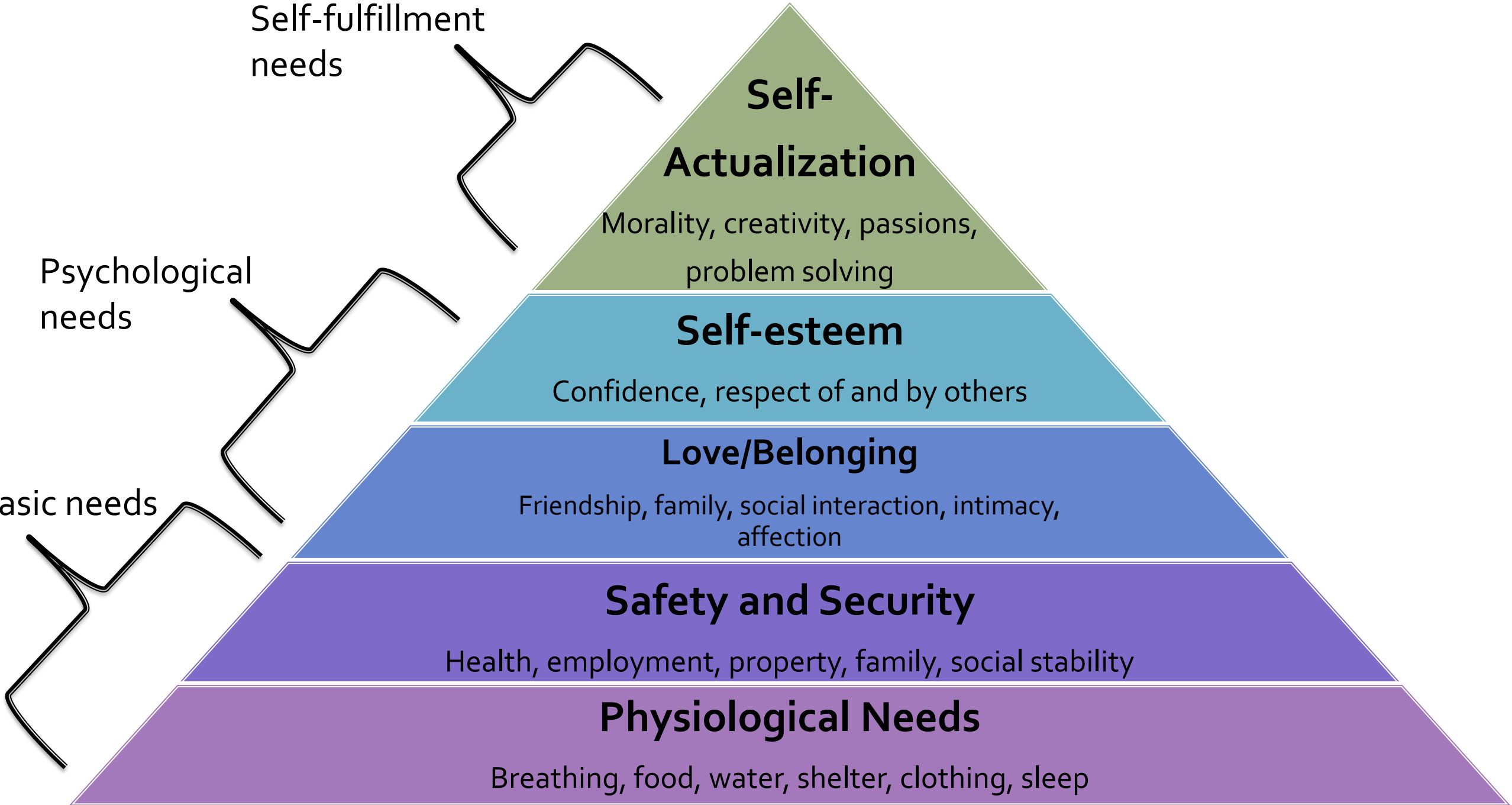
Love/Belonging

Friendship, family, social interaction, intimacy, affection
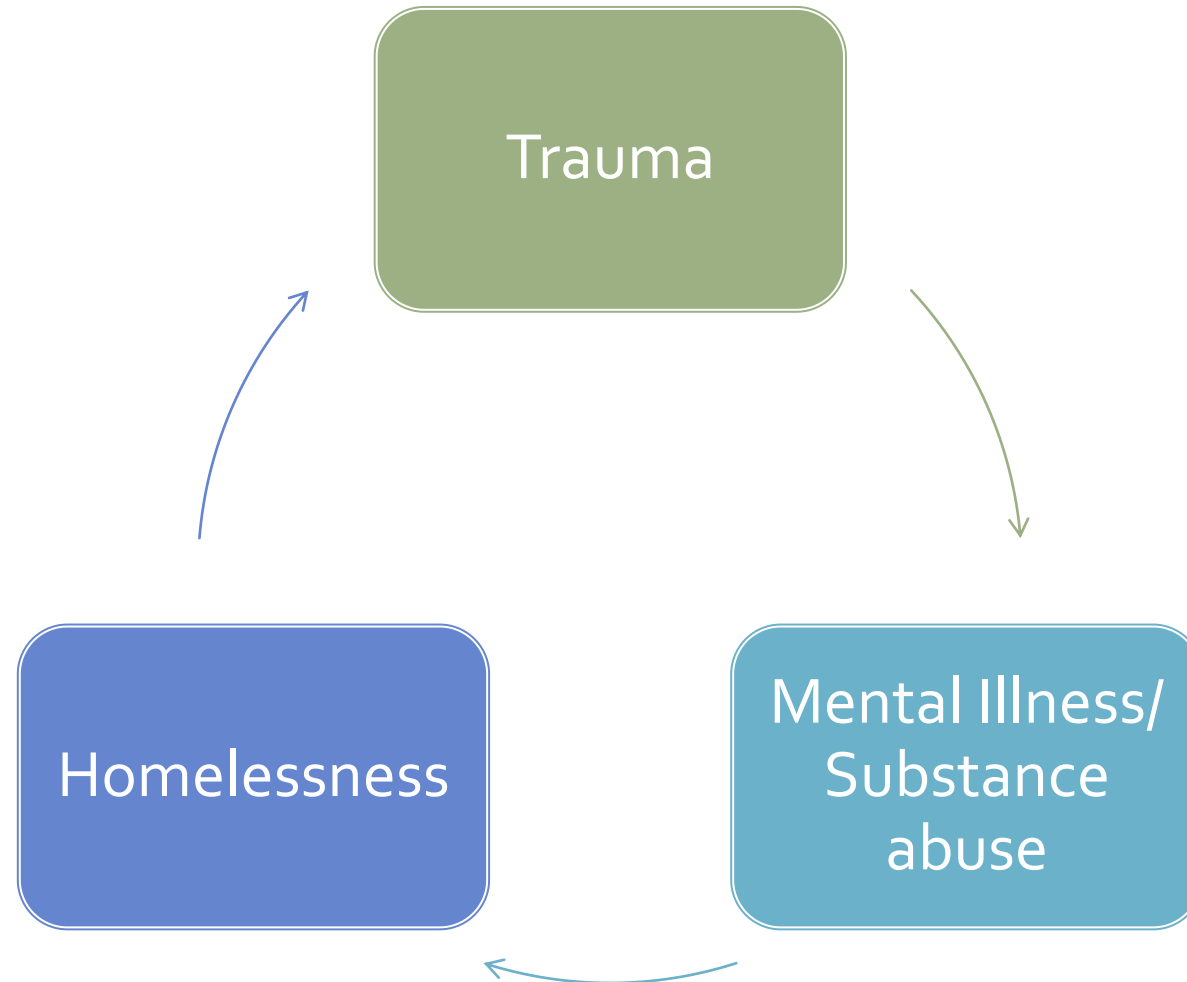
Safety and Security

Health, employment, property, family, social stability

Physiological Needs

Breathing, food, water, shelter, clothing, sleep

Mental Health and Homelessness

Trauma

Mental Illness/ Substance abuse

Homelessness

Overview

- A single night in 2016, more than **549,900** people, including **120,819** children, experienced homelessness

  - approximately 202,297 people (37%) have a severe mental illness or a chronic substance use disorder.

- **1in 5** people experiencing homelessness had a serious mental illness, and a similar percentage had a chronic substance use disorder

Southern Nevada 2017 Census Data

6,490 Homeless in 2017

4.5% increase from 2016

76.9% were living in Southern NV at the time of becoming homeless

56.8% were living in a place rented or owned by a partner or themselves

47% experiencing mental health issues

35.7% current drug/alcohol abuse

12.9% have Co-Occuring Disorder

54.1% cited job loss as primary cause of homelessness

Population Characteristics

31% between 51-60

10% of homeless population is over the age of 61

32% of homeless Southern Nevadans are under the age of 25

74.5% of homeless survey respondents reported they had at least 1 disabling condition.

53% homeless for 6 months or less

CCSD identified more than 14,500 homeless students

Typical Homeless Person in Clark County

- **White/Caucasian**
- **Male**
- **51-60 years of age**

Leading Causes of Homelessness
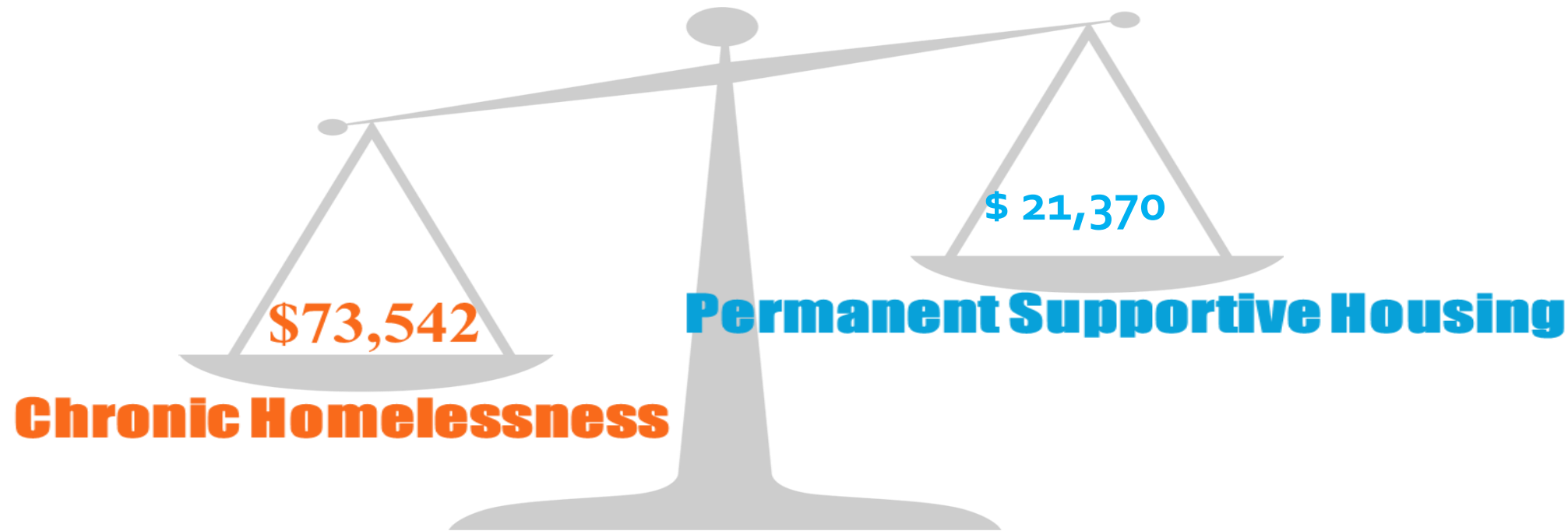
Unemployment/Job Loss

Inability to Afford Rent

Disability including Mental Health/Substance Abuse Disorders

Life Crisis/Significant Loss

Domestic Violence

The Cost of Homelessness

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

$ 21,370

$73,542

Permanent Supportive Housing

Chronic Homelessness

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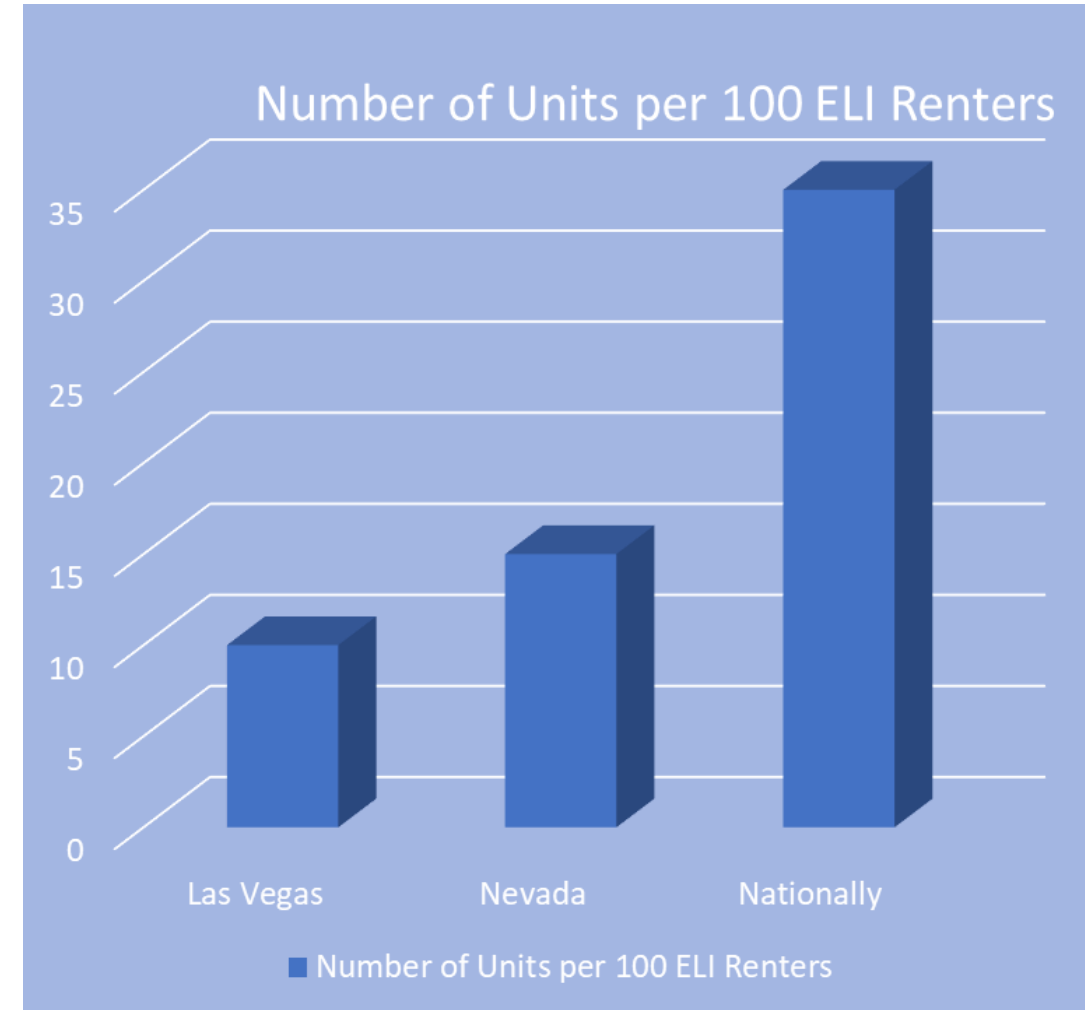
Affordable Housing Shortage

Only 12 affordable rental units are available for every 100 extremely low income households

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

The hourly wage needed for a single earner household to afford a 2bdrm in LV @ FMR needs to earn **$18.35/hour** (40 hour week/52 weeks a year)

Source: National Low Income Housing Coalition, Out of Reach 2017

Number of Units per 100 ELI Renters

35		
30		
25		
20		
15		
10		
5		
0		
Las Vegas	Nevada	Nationally

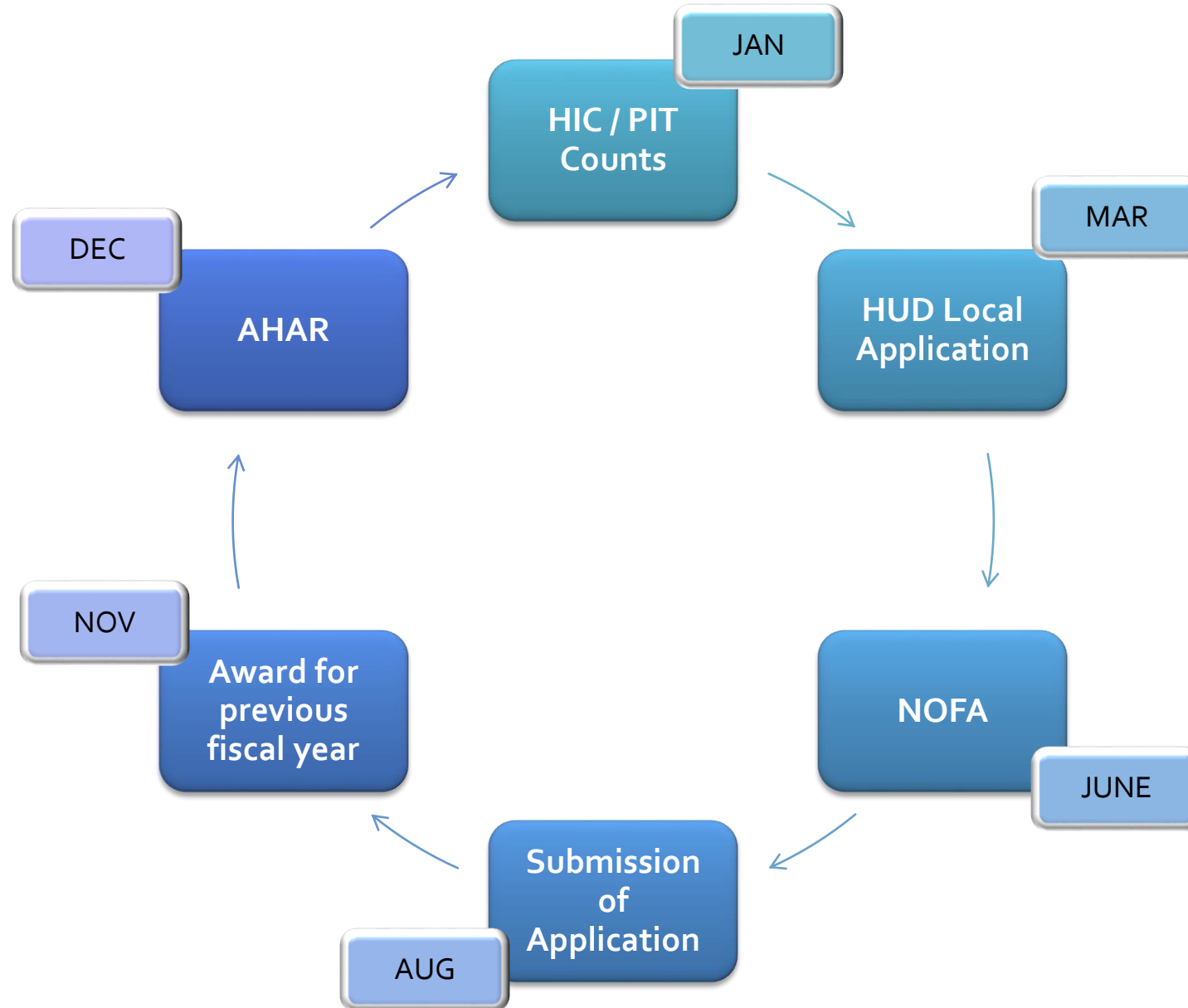■ Number of Units per 100 ELI Renters

Federal Goals – Opening Doors

End Veteran Homelessness by 2015

End Chronic Homelessness by 2017

End Family Homelessness by 2020

Set a Path for Ending all Homelessness

Annual Process

Continuum of Care

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

Applies for and receives annual HUD CoC funds

Drives systemic change
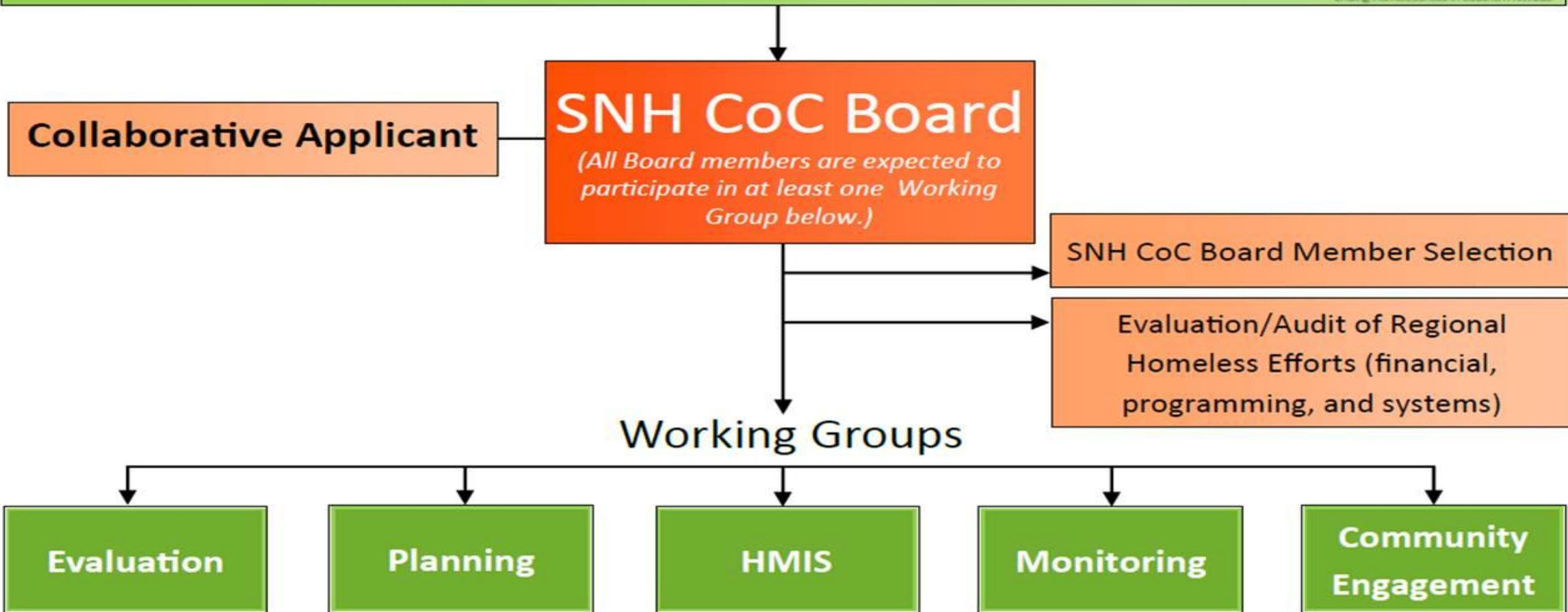
Promotes communitywide commitment to the goal of ending homelessness
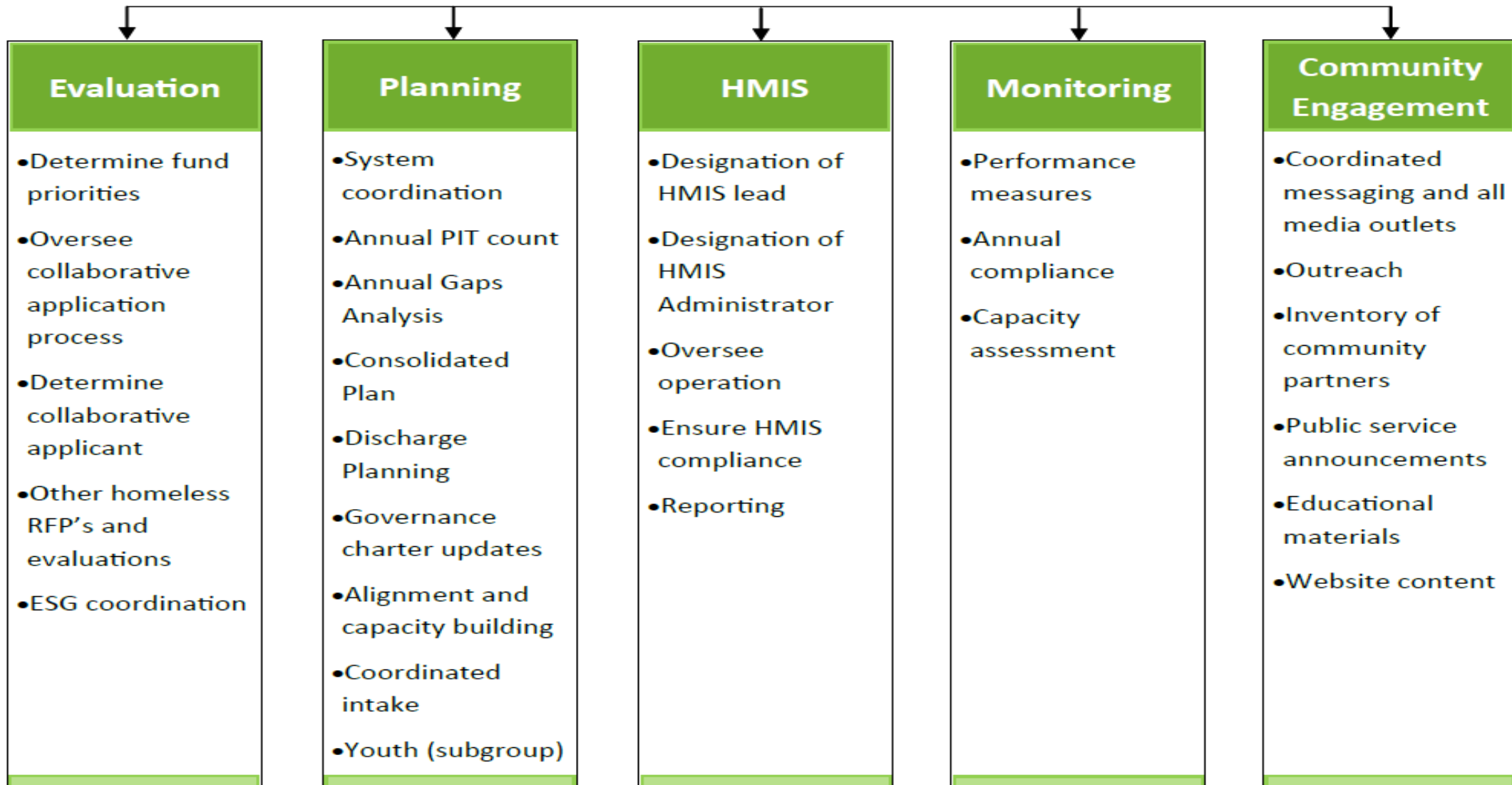
CoC Responsibilities and Duties

- Planning for a geographic area
- Designating and operating a Homeless Management Information System (HMIS); and
- Operating a CoC
  - Governance
  - System Operations
    - Coordinated Entry process
    - Written Standards
    - Performance expectations and monitoring

Southern Nevada Homelessness Continuum of Care

Help Hope Home
Ending Homelessness in Southern Nevada

Collaborative Applicant

SNH CoC Board
(All Board members are expected to participate in at least one Working Group below.)

SNH CoC Board Member Selection

Evaluation/Audit of Regional Homeless Efforts (financial, programming, and systems)

Working Groups

| Evaluation | Planning | HMIS | Monitoring | Community Engagement |

CoC Working Groups

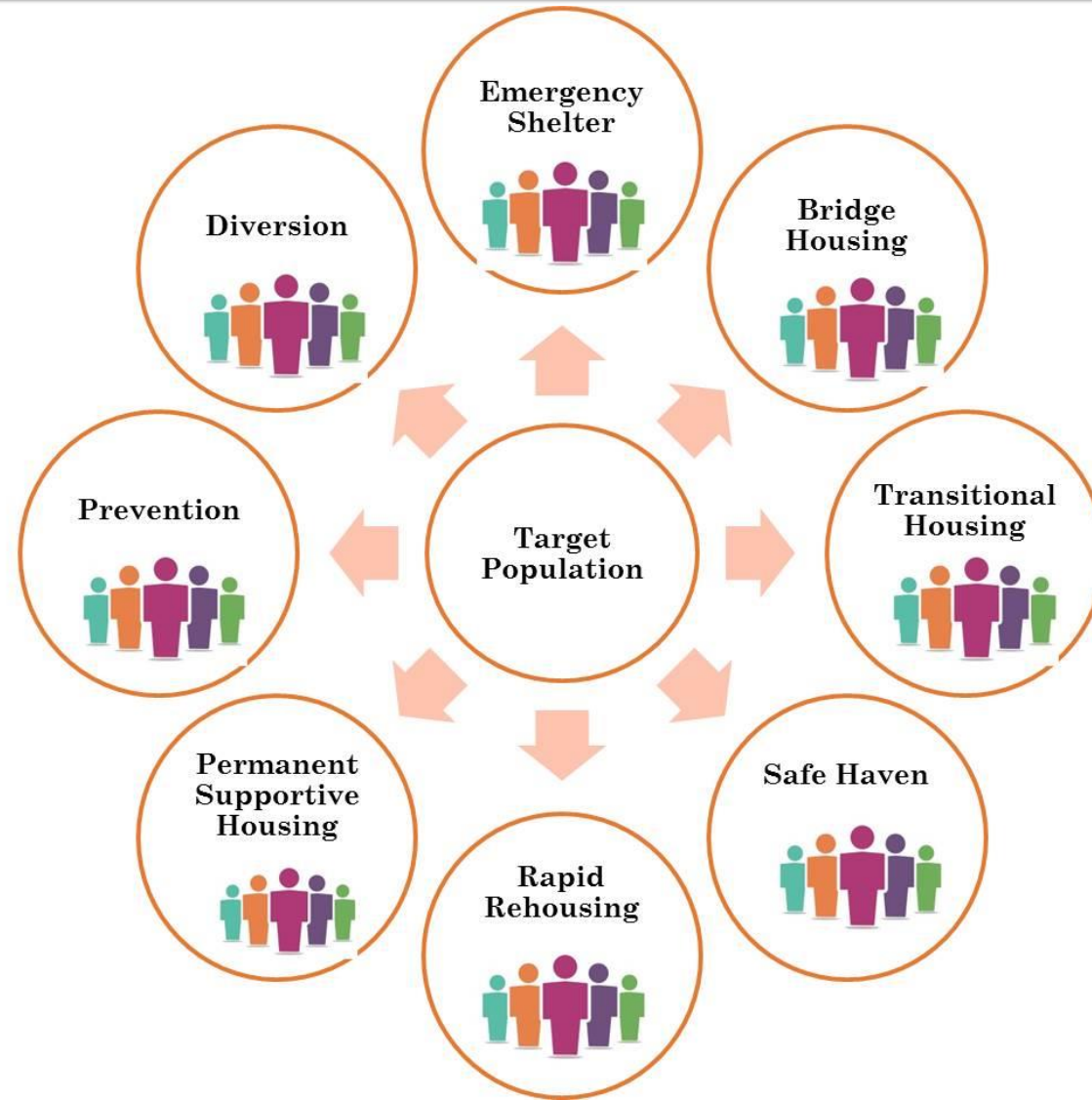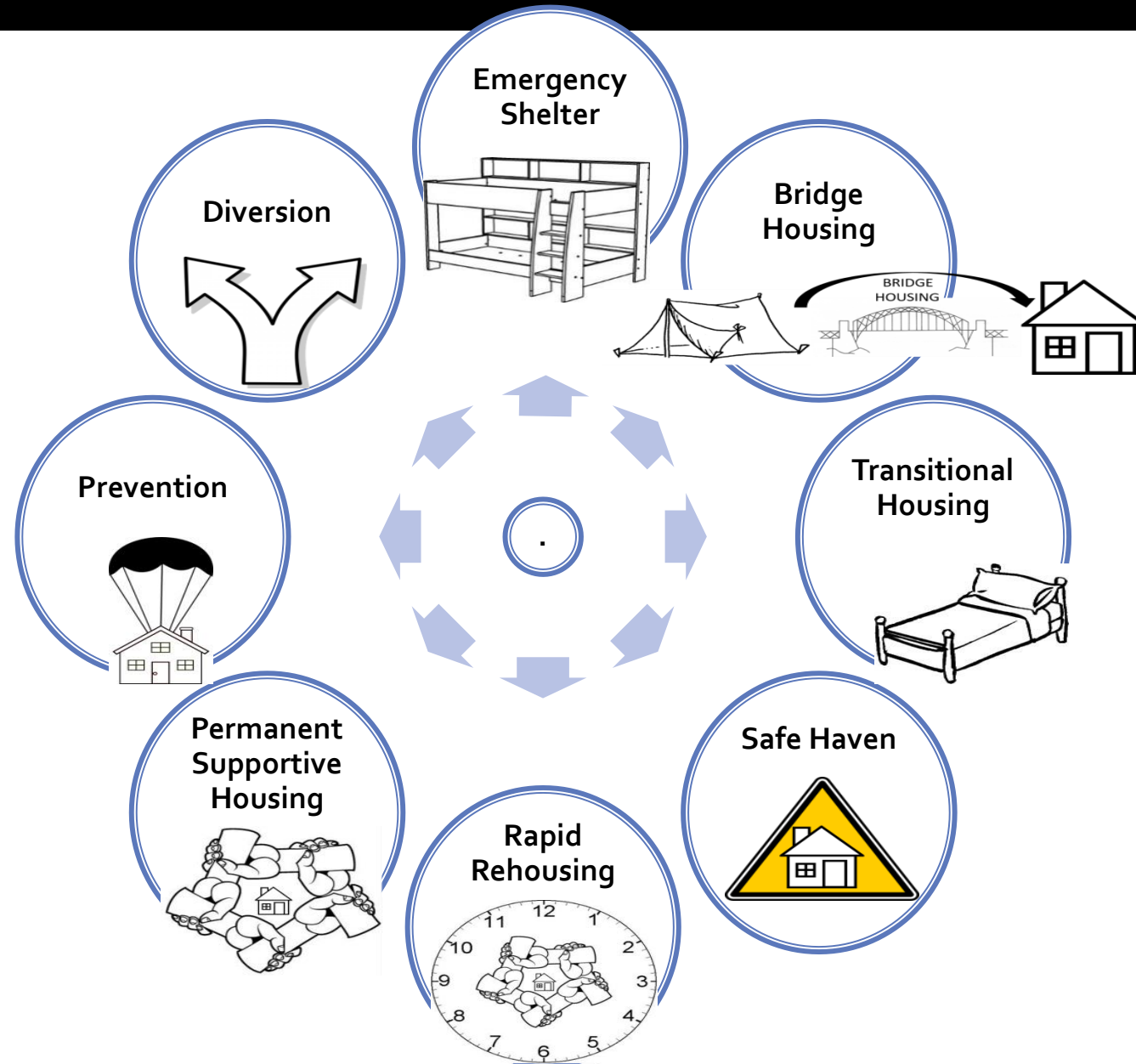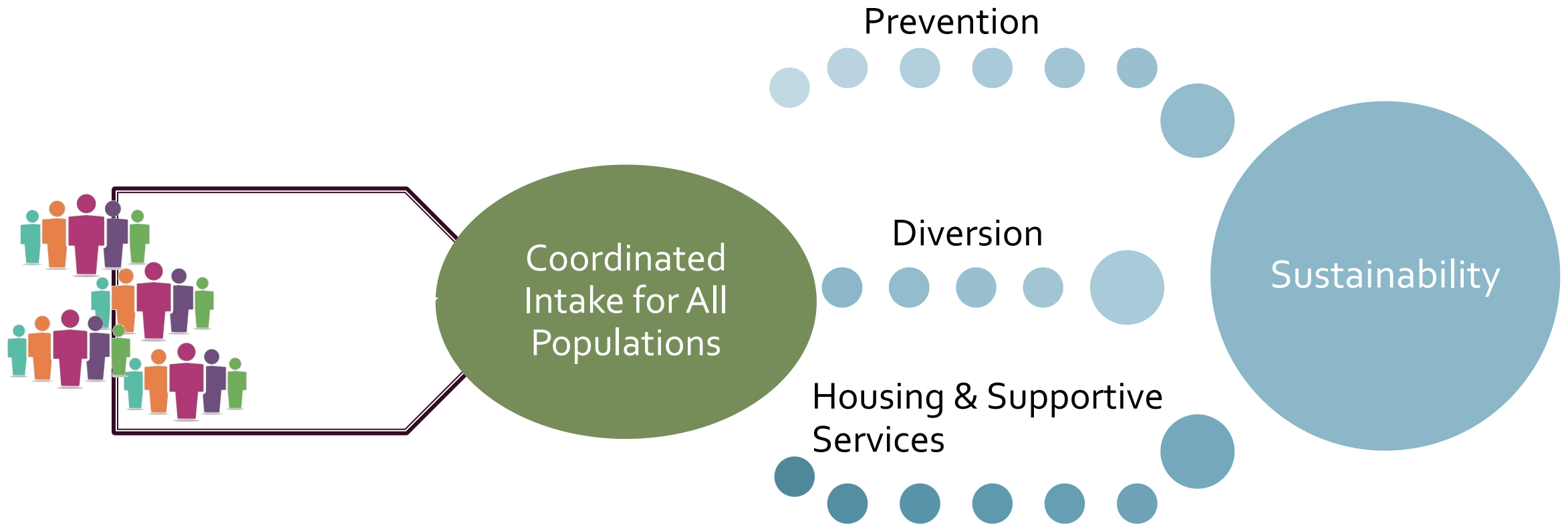| Evaluation	Planning	HMIS	Monitoring	Community Engagement
• Determine fund priorities • Oversee collaborative application process • Determine collaborative applicant • Other homeless RFP's and evaluations • ESG coordination	• System coordination • Annual PIT count • Annual Gaps Analysis • Consolidated Plan • Discharge Planning • Governance charter updates • Alignment and capacity building • Coordinated intake • Youth (subgroup)	• Designation of HMIS lead • Designation of HMIS Administrator • Oversee operation • Ensure HMIS compliance • Reporting	• Performance measures • Annual compliance • Capacity assessment	• Coordinated messaging and all media outlets • Outreach • Inventory of community partners • Public service announcements • Educational materials • Website content

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

Supportive Housing Types

What is a Healthy System?

Prevention

Diversion

Housing & Supportive Services

Coordinated Intake for All Populations

Sustainability

Housing and Health care for all Nevadans

# Rental Assistance with Case Management

Harm Reduction

Housing First

➢ Higher housing retention rates

➢ Lower returns to homelessness

➢ Significantly reduces the use of crisis services and institutions

What is SOAR?

- SOAR stands for SSI/SSDI Outreach, Access and Recovery

- For people who are experiencing or at-risk of homelessness

- Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with SSA since 2005

- All 50 states currently participate; no direct funding provided to states

Why is SOAR important?

- SSA disability benefits can provide access to:
  - Income
  - Housing
  - Health Insurance
  - Treatment
  - Other supportive services
- For people with disabilities, SSI/SSDI can be a critical step towards ending homelessness and promoting recovery
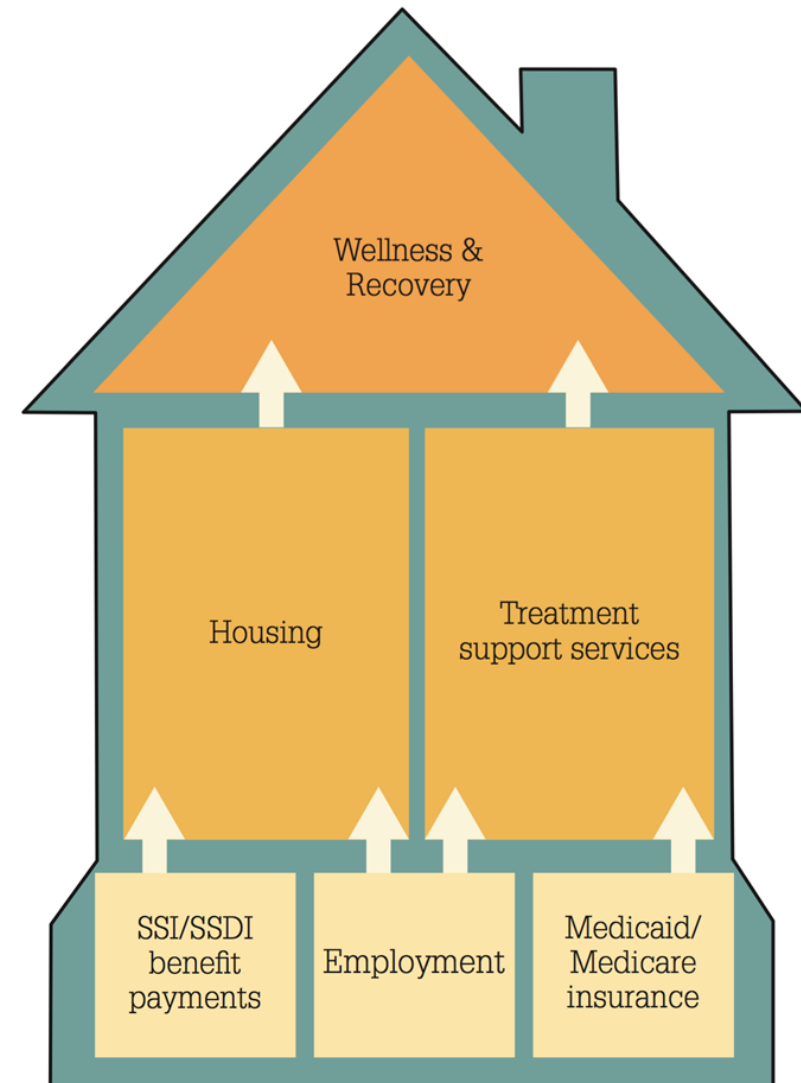
How do States & Communities Benefit?

SSI/SSDI and Medicaid/Medicare bring federal dollars into states, localities, and community programs:

- Health providers can recoup cost of uncompensated care

- States and localities can recoup the cost of public assistance

- Cash benefits and back payments received by individuals is spent in the local community *(2017: $356 million)*

Why is Access to SSI/SSDI Important for States & Localities?

People experiencing homelessness are frequent users of expensive uncompensated health care

States and localities can recoup from SSA the cost of public assistance provided during the application process

SSI, SSDI and Medicaid bring federal dollars into states, localities and community programs

Other Initiatives and Plans

- Current funds
  - SAMHSA's *Cooperative Agreements to Benefit Homeless Individuals* (*CABHI*) grant:
    - Statewide SOAR coordination
    - Case Management
    - Other statewide projects
  - Pending applications
    - ACT team
    - Criminal Justice Diversion- LVMPD LEALD program

Housing Focused Resource Needs

Prevent homelessness

Divert from homeless system

Rental subsidies

Affordable units

Landlord incentives

Rental assistance with case management

Related Resource Needs and solutions:

- Mobile Medical, Mental & Behavioral Health Care
- Evidenced Based Practices such as
  - Assertive Community Treatment (ACT) teams
  - Stepping Up Initiative
- Crisis triage
  - Ex: Mobile crisis teams
- Improved discharge planning from hospitals and institutions

*Teen Health Van Delivers More Than Medical Care To Homeless Youth

Questions?

Thank you!