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# COORDINATED COMMUNITY CHANGE



# Homeless Census--Purpose

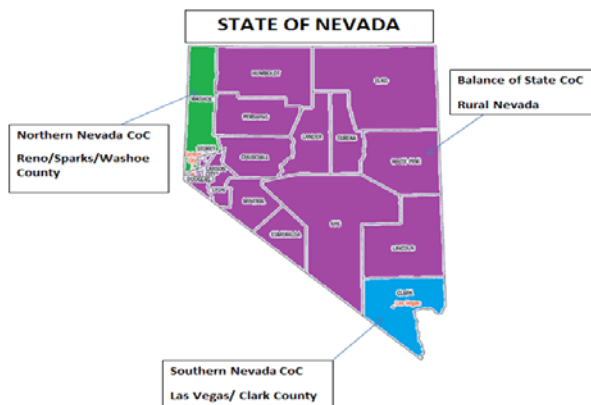
- HUD mandate to conduct a Point in Time (PIT) Sheltered and Unsheltered Census and Survey every year.
- Received a contract from the US Department of Veterans Affairs to focus on Veteran Homelessness
- Track progress toward ending homelessness in Southern Nevada

# Homeless Census--Methodology

- HUD approved methodology
- PIT Count
  - ▣ Sheltered Count
  - ▣ Unsheltered Count
    - Urban canvassing
    - Rural canvassing
    - Hidden Homeless
    - Specialty teams (tunnels, youth)
    - School District Report
- Street and Shelter Survey

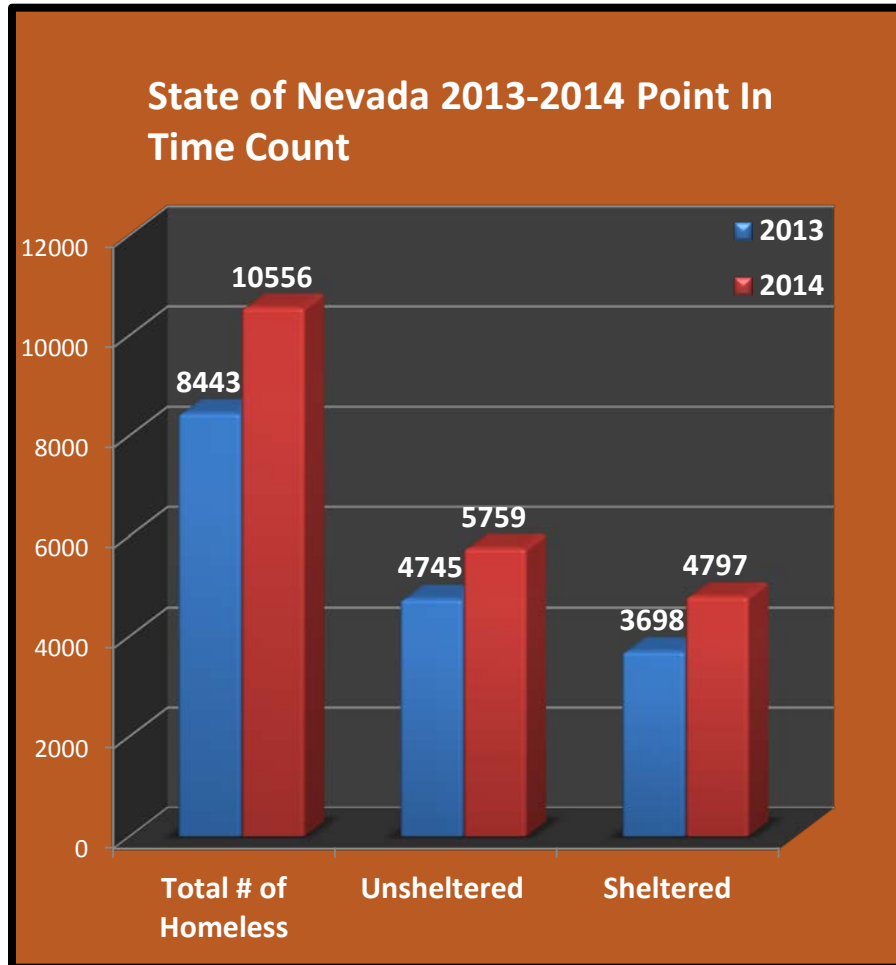
# Statewide Census Data

- ❑ The State of Nevada is comprised of three Continuum of Care's that conduct a Point-In Time count in their respective area each year.
  1. **Southern Nevada:** Las Vegas/Clark County
  2. **Northern Nevada:** Reno/Sparks/Washoe County
  3. **Balance of State:** Rural Nevada



# Street and Shelter Count

5



- 10556 individuals were counted in the State of Nevada during the 2014 PIT
  - 5759- Unsheltered
  - 4797- Sheltered
- 25% (2,113) increase from 2013

# 2013-2014 Homeless Subpopulations

6

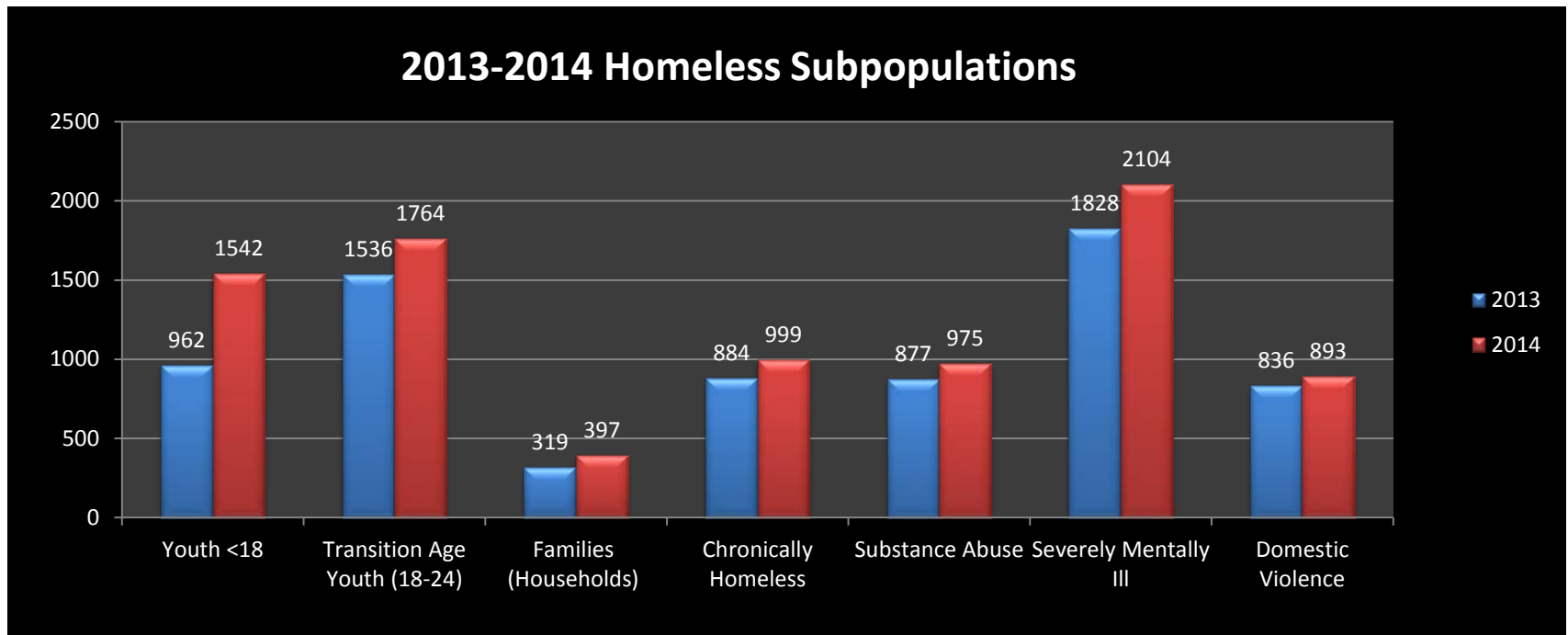
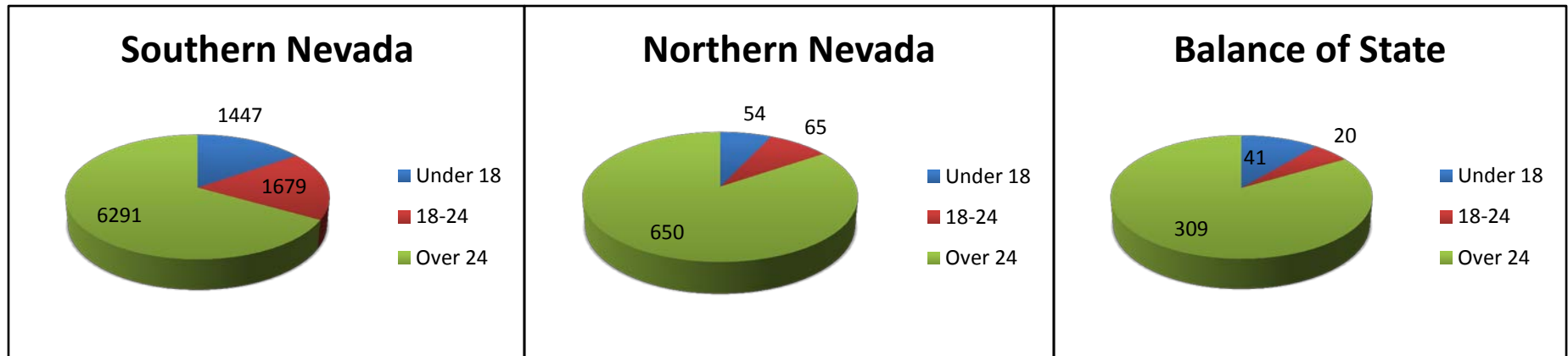


Figure 1.1 shows the **increase** in homeless among subpopulations between 2013 and 2014. The Youth (<18 and 18-24) census data is inclusive of youth that are part of family households as well as unaccompanied youth.

# Age Range of the Homeless Individuals

7



☐ Majority of the homeless populations in each of the CoC's were identified to be over the age of 24.

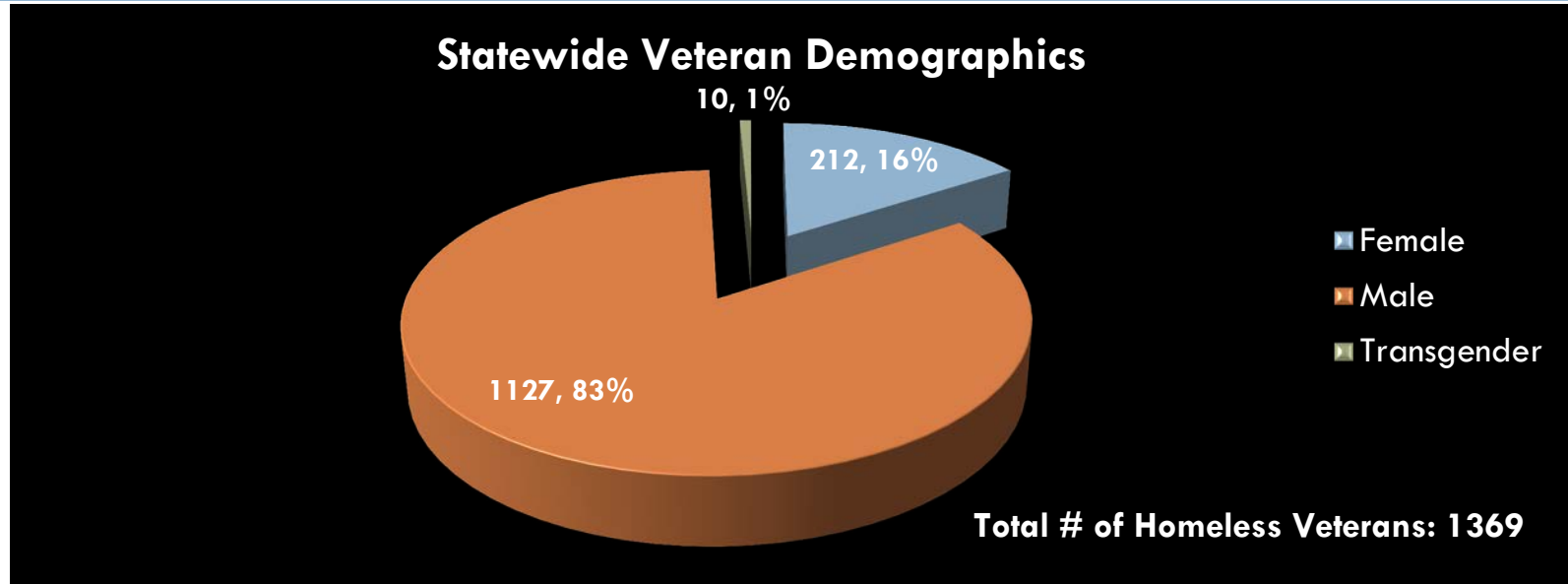
☐ Under 18: **1542**

☐ Transition Age Youth (18-24): **1764**

☐ Over 24: **7250**

# Statewide Veteran Demographics

8



Total # of Homeless Veterans: **1369**

- Female: **16 %** (212)
- Male: **83 %** (1127)
- Transgender: **1 %** (10)





# Activity



# What is Coordinated Intake ?

10

- ❑ Coordinated Intake is a single access point or process for people to receive prevention, housing and /or other related services
- ❑ Each Coordinated Intake program looks different dependent upon the needs of the community. There is no one size fits all model
- ❑ It is the community's responsibility to design a system that works best for them

# What Are the Components of Coordinated Intake?

11

- ❑ Standardized Access –Centralized entry point for families and individuals facing a housing crisis
- ❑ Standardized Assessment - All sites use the same assessment and targeting tools. Make referrals using the same criteria and have access to the same set of resources.
- ❑ Coordinated Referral - A coordinated referral process for all clients

# Why Coordinated Intake?

12

- ❑ Housing and Urban Development (HUD) requires each community receiving HUD funds for housing to develop and implement a centralized or coordinated assessment system in its community
- ❑ Communities that fail to develop and implement a centralized or coordinated intake system will not qualify for future HUD funding
- ❑ Nation research indicates that coordinated intake is a key factor in the success of homeless prevention

# Why Coordinated Intake? (Continued)

13

- ❑ Coordinated intake allows the community to assess the needs of the program participants and effectively match them with the most appropriate resources available
- ❑ Reduces the length of time the client remains homeless
- ❑ Sends people in need to the best fitting intervention from the beginning
- ❑ Makes the system much easier for clients to navigate

# Why Coordinated Intake? (Continued)

14

- ❑ Provides system wide prevention and diversion opportunities
- ❑ Improves system efficiency
- ❑ Fosters more collaboration among providers
- ❑ Improves ability to perform well on Health outcomes
- ❑ Allows for more of a system-designed approach rather than individual program silos

# Why Coordinated Intake ( Ultimate Reason)

15

HELP END CHRONIC HOMELESSNESS





## Housing Types

Prevention

Diversion

Emergency Shelter/Housing

Bridge Housing

Safe HAVEN

Transitional Housing

Rapid Rehousing

Permanent Supportive Housing

Permanent Housing





# Prevention

17

- ❑ Consists of financial assistance and other services that directly results in the maintenance of housing and/or prevention of eviction.
  - ❑ Consumers are not homeless prior to coming into the program. This includes housing provided to those discharged from an institution (i.e. hospital, jail, mental health facility).
- ❑ Crisis intervention: non-financial mediation and negotiation between landlords and/or client which facilitates the maintenance of housing.

# Diversion

- ❑ A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.
- ❑ Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.



# Emergency Shelter/ Housing

19

- Sheltering programs that have minimal entry criteria
- Duration is typically less than 90-120 days
- Located in a structure offering protection from the elements, provide restroom facilities and drinking water
- Supervised
- Offer appropriate heating/cooling and proper ventilation
- Can include beds, units, temporary spaces or vouchers



# Emergency SHELTER/Housing

20

- ❑ Does not include the programs and services that meet the definition of prevention, transitional housing, rapid rehousing or permanent supportive housing.
- ❑ Overflow
- ❑ Hotel or motel arrangements (apartment if used in place of a motel or hotel).
- ❑ Seasonal/ Inclement Weather
- ❑ CCSS FAS

# Bridge Housing

21

- ❑ Bridge Housing is the medium between emergency shelter and transitional housing to serve the population that requires minimum housing and supportive services to achieve self-sufficiency



# Safe Haven

22

- ❑ Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;
- ❑ Provides 24-hour residence for eligible persons for an unspecified period;
- ❑ Has an overnight capacity limited to 25 or fewer persons; and
- ❑ Provides low-demand services and referrals for the residents.



# Transitional Housing

23

- ❑ Housing coupled with supportive services that are provided for a maximum of 2 years.
- ❑ Effective tool in many communities for addressing the needs of specific subpopulations—such as:
  - ❑ homeless youth
  - ❑ domestic violence survivors
  - ❑ homeless with substance abuse issues

# Rapid Rehousing

24

- ❑ Designed to assist the homeless, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.
- ❑ Rapid Rehousing is time limited, individualized and flexible.



# Permanent Supportive Housing

25

- ❑ Permanent (indefinite) low-income housing with supportive services.
- ❑ Consumers participate indefinitely as long as they continue to meet income and other eligibility criterion.

# Permanent Housing

26

- ❑ Community-based housing without a designated length of stay
  - ❑ Affordable housing
  - ❑ Permanent supportive housing
  - ❑ Rapid rehousing.

# Coordinated Assessment in Southern Nevada

27



# Coordinated Intake

## the Process

- ❑ Beginning July 2014, all single adults entering Clark County Social Service (CCSS) will be assessed for CCSS services, services available through the Continuum of Care (CoC) as well as services throughout the community through a process known by the community as Coordinated Intake.
- ❑ CCSS will be known as the “HUB” and will focus on the single adult individual. Coordinated Intake for other sub-populations may be added at a later date dependent upon community needs and capacity.

# Coordinated Intake the Process (Continued)

29

## What is a HUB?

The HUB is a common connection point for services to effectively and seamlessly serve the homeless population. The HUB serves as the Coordinated Intake site.



# SPDAT

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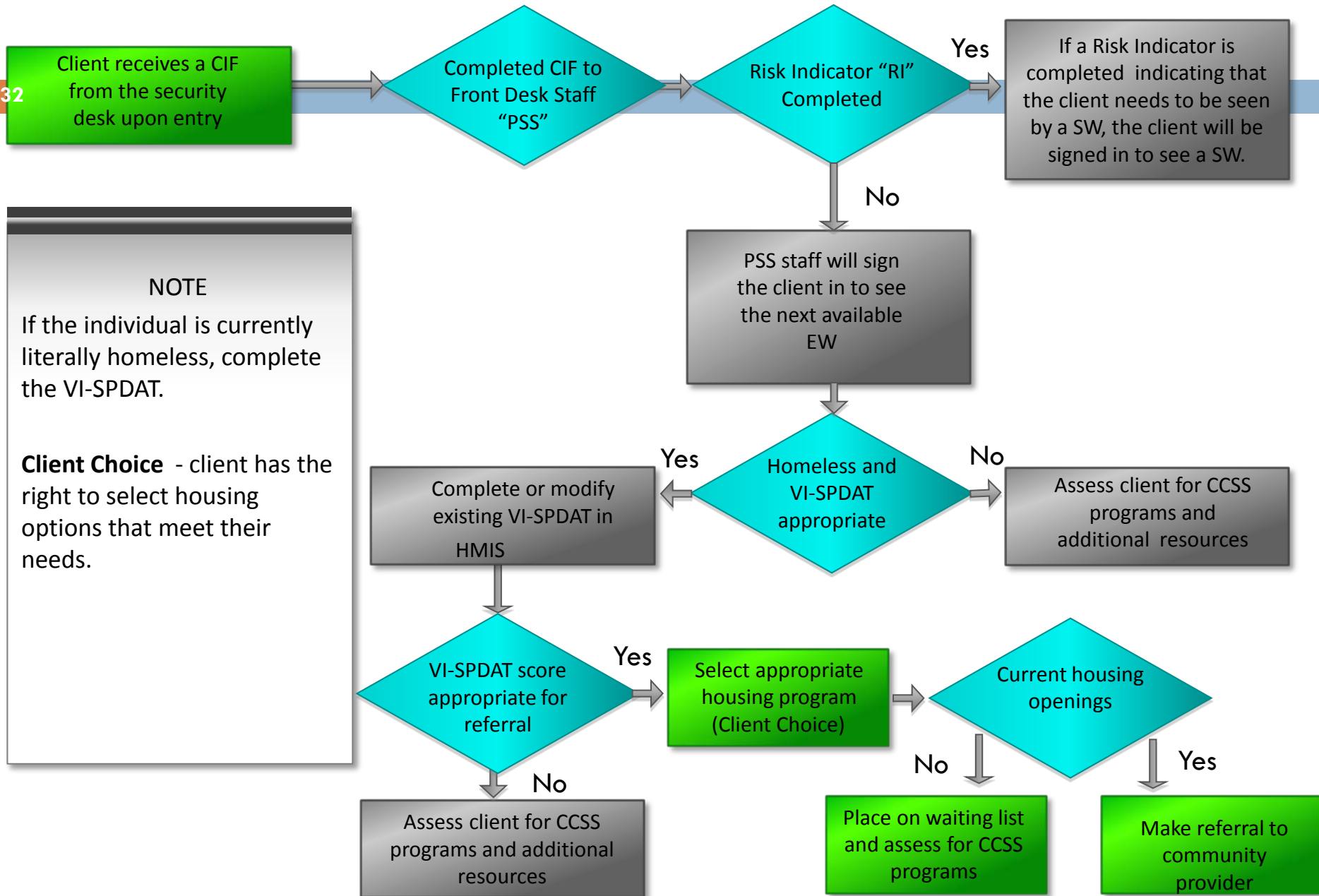
- ❑ Tool to prioritize which clients should receive what type of housing assistance and the intensity of case management
  - ❑ SPDAT (Service Prioritization Decision Assistance Tool)
  - ❑ F-SPDAT (Family-Service Prioritization Decision Assistance Tool)
  - ❑ VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool)

- The VI-SPDAT, so simple, even a caveman can complete it!!!



# Coordinated Intake- High Level Client Flow (CCSS)

32





# Case Example

33

## Case #1- Allen Winters

Allen Winters, 50 y.o. male comes to CCSS (HUB) to request rental assistance. Mr. Winters has lived in Las Vegas for about 2 years and has been homeless off and on during this 2 year period. Mr. Winters' employment history is comprised of mostly part time jobs and he is currently unemployed.

Currently Mr. Winters is residing @ Catholic Charities utilizing the nightly shelter beds. He indicates that he does not want to continue this lifestyle and want to get more permanent housing in hopes of securing a better job. He thinks that if he had his own place, he would be in a better position to find a better job and be able to support himself outside the emergency shelters.

What would you do? Would you complete the VI-SPDAT?  
Why/Why not?

# Case Example

34

## Case #2 – Sandra Williams

Sandra Williams 45 y.o. single female comes to CCSS requesting rental assistance. Ms. Williams was employed at the Luxor Hotel as a front desk clerk for the last 4 years but was laid off last month based upon workforce reduction at the hotel. Ms. Williams has applied for her unemployment benefits but has been told that it will take another month for her to start receiving her benefits. Ms. Williams needs help with the rent for this month as she has used all her monies on housing and other household expenses.

The landlord has issued an eviction notice to Ms. Williams and if she does not come up with the rent, she will be on the streets. Ms. Williams is very fearful of being without housing as she has had no history of homelessness in the past.

What would you do? Would you do a VI-SPDAT? Why/Why not?

# Case Example

35

## Case #3 – Walter Martin

Walter Martin 36 y.o. male requesting housing. Mr. Martin has been homeless and living in Las Vegas on the streets for the last 10 years. He has stayed on the streets and in shelters. He eats at the local shelters and until now preferred this life style.

Mr. Martin is now requesting assistance to get off the streets and secure a place of his own. During the course of the interview, you discover that Mr. Martin served in the United States Air Force for 4 years. Mr. Martin states that he was honorably discharged but does not have his DD-214 and has had no contact with the VA since his discharge from the Air Force.

What would you do? Would you complete the VI-SPDAT?  
Why/why not?

# Coordinated Intake Roll out Schedule

36

- ❑ July 1 – July 11, 2014 - Coordinated Intake for single adults on CoC provider wait lists and single adults walking into CCSS. Complete the VI-SPDAT as appropriate
- ❑ July 14, 2014 - Coordinated Intake for all single adults. This includes walk ins and individuals referred by the community

# Coordinated Assessment in Northern Nevada

37



# Washoe County

38

- Pilot for individuals
- Catholic Charities
- Using existing referral and assessment forms
- In process of establishing interagency communications

# Coordinated Assessment in Balance of State (Rural) Nevada

39





# Rural Nevada

40

- Formalized the existing processes
- 12 Centralized Intake offices
- 15 Counties
- All homeless
- Assessment tool currently in use







# Contacts

43

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