

Nevada Department of
Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH



Strategic Plan

Nevada Interagency Council on Homelessness

LETTER FROM GOVERNOR SANDOVAL

Acknowledgements

This page recognizes the Interagency Council on Homelessness and other individuals who participated significantly in the planning process or in the development of the plan.

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Executive Summary

This section summarizes the key information from all of the other sections of the strategic plan down to a 3-4 page executive summary. It will be written so that an outsider can easily read and understand the intent of the plan, the process used to establish the plan, community engagement techniques, critical issues, and corresponding goals, strategies and objectives.

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Introduction

This section will include a 1 page introduction to the planning process and the purpose of the plan.

Nevada's Interagency Council on Homelessness was established 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 Council provides the opportunity for Nevada to engage in an integrated approach regarding the issue of homelessness and promote interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless.

Methods

This section will describe the mechanism for establishing the strategic plan

Engaging Stakeholders

This section of the plan will describe the process used to engage people into the development of the strategic plan. It will describe who was included in the process and how they were identified, community coalitions that exist to support the work and the linkages between organizations within the community/region of interest. This section will also describe the agreements made regarding the planning process (through use of logic model), and the readiness of the community to move the work forward.

Outcomes

Outcomes of the plan may include strategies to:

- a. Identify and develop, through partnership with the state Medicaid eligibility/determination office, a process that accelerates and streamlines Medicaid enrollment for individuals who experience chronic homelessness.
- b. Develop Medicaid provisions (e.g., Medicaid billable services) that are used to cover the various services needed for those who experience chronic homelessness.
- c. Assist substance abuse treatment and homeless providers in becoming Medicaid providers and developing Medicaid reimbursement mechanisms.
- d. Engage and enroll persons who experience chronic homelessness into Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).
- e. Identify and enroll persons in Medicaid and other mainstream benefits with multiple chronic conditions who are likely to need or be served by medical homes or care coordination services.
- f. Identify, develop, and train staff on SOAR and create partnerships with the SSA offices to address seamless processing for SSI/SSDI applications.
- g. Train case managers and other staff on medical documentation needs of individuals seeking mainstream benefits¹
- h. Integration of data components/collaborative data for community agencies/coordination of data systems so that they can communicate with one another
- i. Increase integration and coordination of community stakeholders

¹ Outcomes are derived from the CABHI-States RFA

Vision for the Future

This section of the plan describes the focus, purpose and direction for the state in regards to ending homelessness.

Mission

Nevada's Interagency Council on Homelessness will lead Nevada's efforts to prevent and end homelessness.

Values

Nevada has a common set of values it shares with federal, state and local jurisdictions:

- Every person matters and deserves to be treated with dignity and respect.
- Homelessness is unacceptable.
- Homelessness can be prevented.
- Homelessness is expensive; it is better to invest in solutions.
- Homelessness is solvable; we have learned a lot about what works.
- There is strength in collaboration.

Nevada uses guiding principles shared with the Dedicating Opportunities to End Homelessness (DOEH) initiative, a joint effort between the U.S. Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH). These guiding principles include:

- ✓ **Coordinating Across Partners**
- ✓ **Community-led Action**
- ✓ **Data-driven Achievable Strategies and Goals**
- ✓ **Making Commitments and Measuring Results**
- ✓ **Leveraging Existing and Untapped Resources**
- ✓ **Removing Barriers**
- ✓ **Targeting Priority Populations**

Needs of the Community

This section of the plan should describe:

- What conditions exist in the state?
- Why do these conditions exist?
- What assets are available in the state?
- What system weaknesses must be improved?
- What system strengths can be leveraged?
- What short term and long term system performance opportunities are there?
- What forces affect how to take action?

The regional strategic plans and Continuum of Care plans can be used to inform many portions of this section.

State Assets/Demographics

- The State of Nevada's population has changed dramatically in recent years. Between 1990 and 2000, Nevada was ranked the fastest growing state in the nation with total population jumping 66 percent during that decade (Social Science Data Analysis Network (SSDAN), 2000). The State of Nevada continues to grow, though at slower rate than the previous decade. According to United States Census Bureau (2012d) and Nevada State Demographer's Office (2012c) the rate of population growth from 2000 to 2012 was 27.3 percent. Between 2012 and 2017 the population is projected to grow by 8.5 percent, and by 2032, Nevada's population is expected to reach 3.2 million people (The Nevada State Demographer's Office, 2013). In 2013, Nevada's population was estimated at 2,775,216 (The Nevada State Demographer's Office, 2013).
- Nevada has 17 counties with two metropolitan areas. Clark and Washoe Counties contain most (88%) of the state's population. The remaining 12 percent of Nevada's population resides in the remaining 15 rural counties (The Nevada State Demographer's Office, 2013). The population per square mile, a measure of density, varies dramatically by county.
- In 2013, Nevada's male population (1,402,163; 50.52%) was slightly greater than the female population (1,373,053; 49.48%) (The Nevada State Demographer's Office, 2013).
- In 1991, persons of Hispanic Origin constituted 12 percent of the population. In 2007, persons of Hispanic Origin made up nearly 25 percent of the total population, and in 2013 constituted 26.5 percent of the Nevada population (The Nevada State Demographer's Office, 2013). Growth of the Hispanic population is projected to continue, reaching an estimated 33.9 percent of the total population by 2032 (The Nevada State Demographer's Office, 2013).
- Persons that are Black (not of Hispanic Origin) make up a large proportion of Nevada's population (9%). The proportion of people that are Black is projected to remain relatively constant as a component of total population (The Nevada State Demographer's Office, 2013).
- Asians/Pacific Islanders have increased as a percentage of Nevada's total population. In 1991, this group made up just over 3 percent of the population. In 2007, persons who were Asian or Pacific Islander made up 6.5 percent of the total population, and in 2013 constituted 6.7 percent

of Nevada’s population (The Nevada State Demographer's Office, 2013). This trend, observed nationwide, is attributed to recent immigration. This group is also expected to grow slightly in coming years, reaching 7 percent by 2032 (The Nevada State Demographer's Office, 2013).

- The federal poverty level as defined by the U.S. Census Bureau is one indicator used to understand financial need. In 2012, updated estimates developed by the Census Bureau indicated that 16.2 percent of Nevadans were below the poverty level during the past 12 months. Furthermore, those estimates show that 24.8 percent of the population under the age of 18, and 26.6 percent of the population under the age of 5 live in poverty in Nevada (United States Census Bureau, n.d.).
- Nevada’s current unemployment rate stands at 7.7 percent as of June 2014 (United States Department of Labor, 2014), the second highest in the nation. Unemployment in many of Nevada’s rural counties exceeds the overall state rate.
- As is the case with unemployment, Nevada also leads the nation in rates of foreclosures. The Nevada foreclosure rate of 0.12 percent as of June 2014 is higher than the national average of 0.08 percent (Realty Trac LLC, n.d.).
- The 2014 U.S. Department of Housing and Urban Development (HUD) Housing Inventory Chart (HIC) counted indicated there is a total of 7,785 beds in Nevada for the homeless:

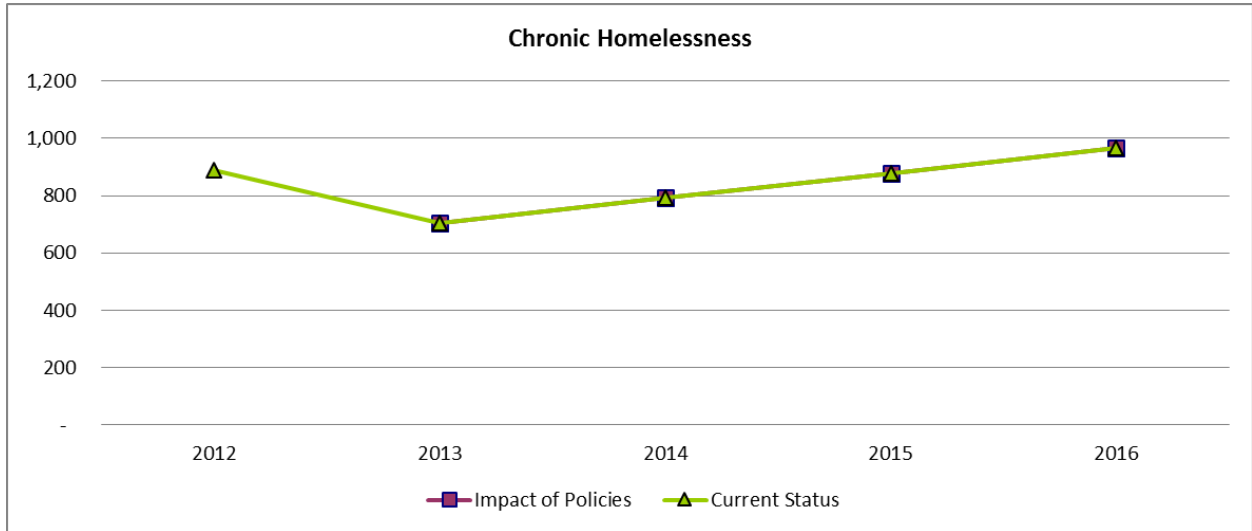
Type of Beds	N. Nevada	S. Nevada	R. Nevada	State (total)
Emergency Shelter	523	2,681	148	<u>3,352</u>
Transitional Housing	404	1,054	108	<u>1,566</u>
Safe Haven	0	25	0	<u>25</u>
Permanent Supportive Housing	483	2,167	192	<u>2,842</u>
Total	1,410	5,927	448	<u>7,785</u>

- Results of the 2014 Point in Time count showed that a total of 8,548 individuals and 2,008 individuals in families are homeless in Nevada².
- When reviewing HUD homeless projections for the state of Nevada³, it is anticipated that:
 - The number of chronically homeless individuals will increase slightly in 2016:

² Point in time count numbers are compiled from the results reported to HUD by the three CoCs.

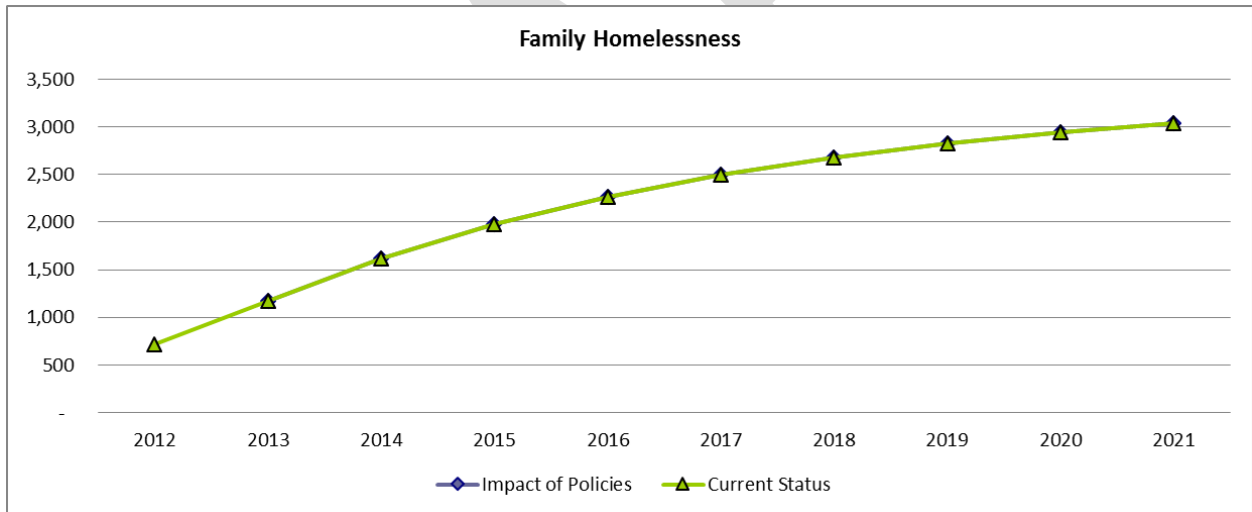
³ Projections provided by the Reno HUD field office.

Figure 1 Chronic Homelessness Projection - State of Nevada



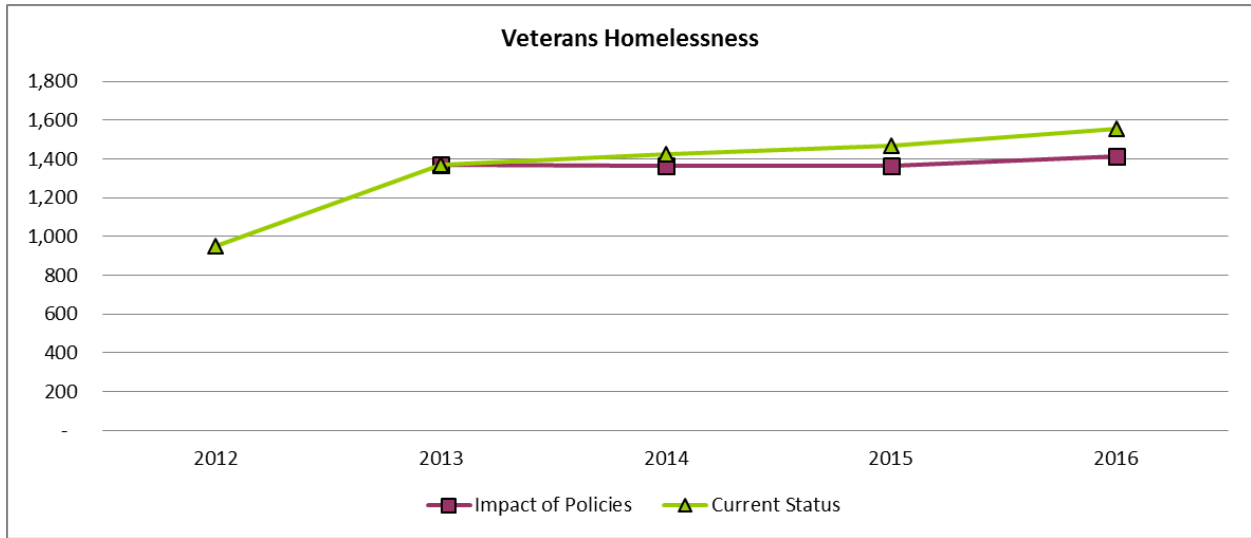
- The number of homeless families will increase from 2,000 in 2015 to 3,000 in 2021:

Figure 2 Family Homelessness Projection - State of Nevada



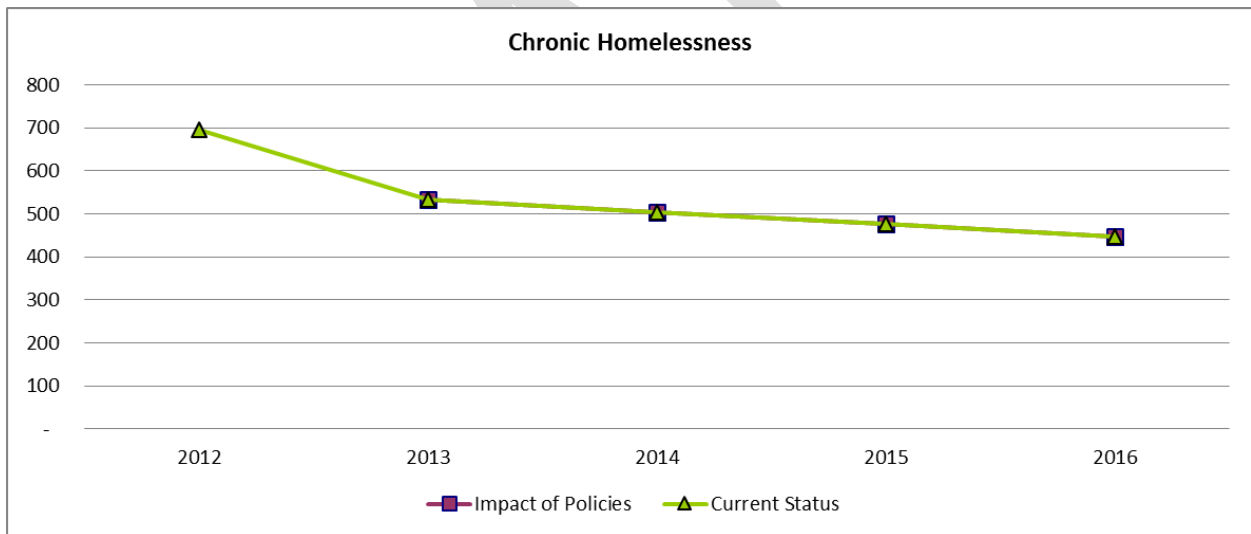
- And the number of homeless veterans will slightly increase in 2016:

Figure 3 Veteran Homelessness Projection - State of Nevada



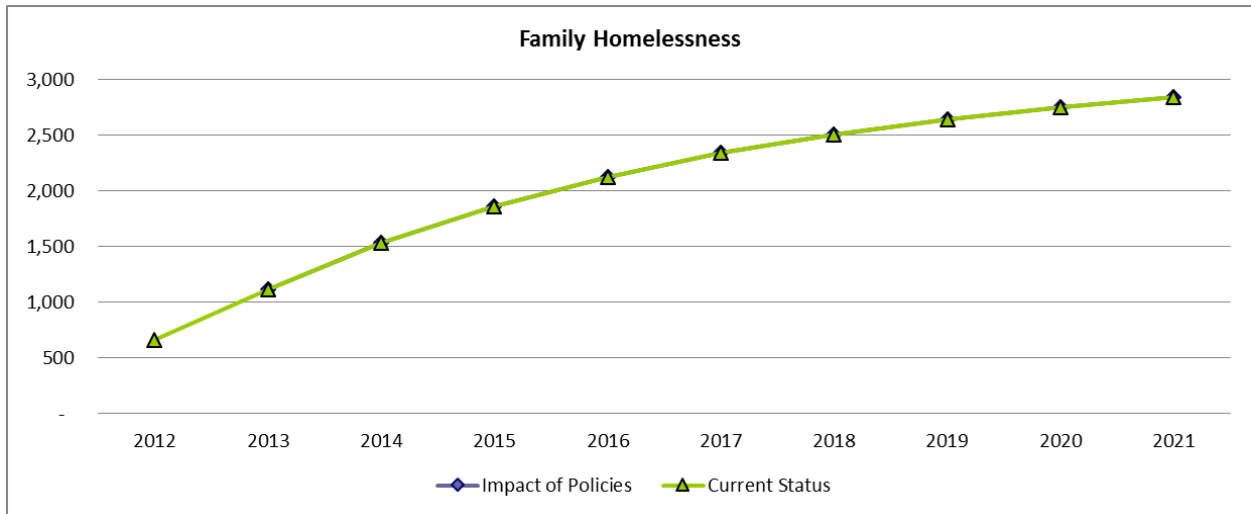
- Projections for Clark County show that chronic homelessness is expected to decrease by 2016:

Figure 4 Chronic Homelessness Projection - Clark County



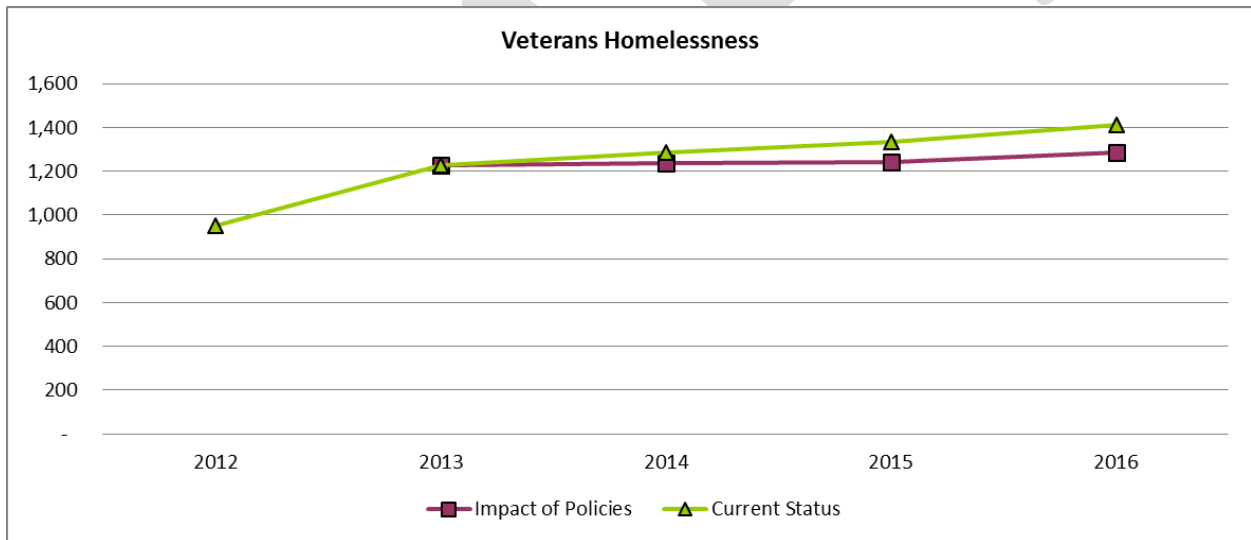
- Family homelessness is estimated to increase greatly by 2021 in Clark County:

Figure 5 Family Homelessness Projection - Clark County



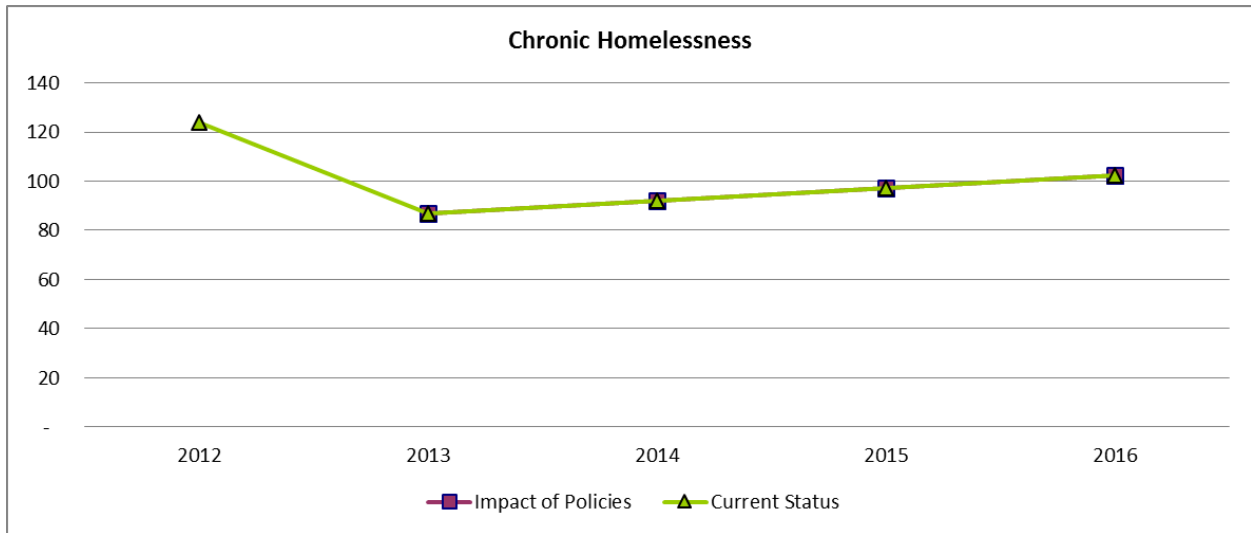
- Veteran homelessness in Clark County is anticipated to increase slightly by 2016:

Figure 6 Veteran Homelessness Projection - Clark County



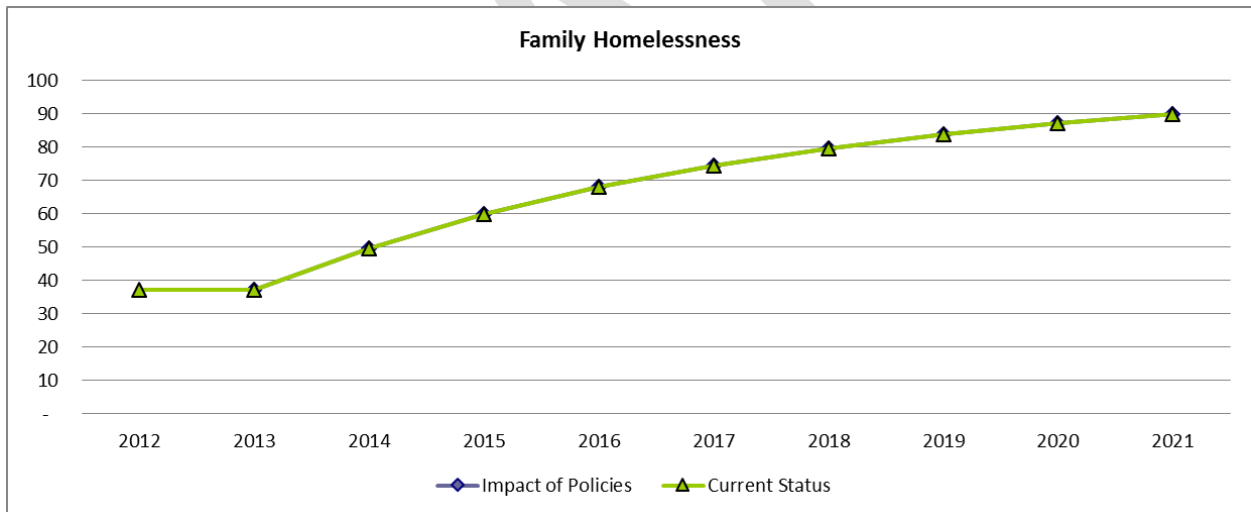
- Homeless projections for Reno, Sparks and Washoe County show different estimates for the three populations. Chronic homeless number projections show stabilization by 2016:

Figure 7 Chronic Homelessness Projection - Washoe County



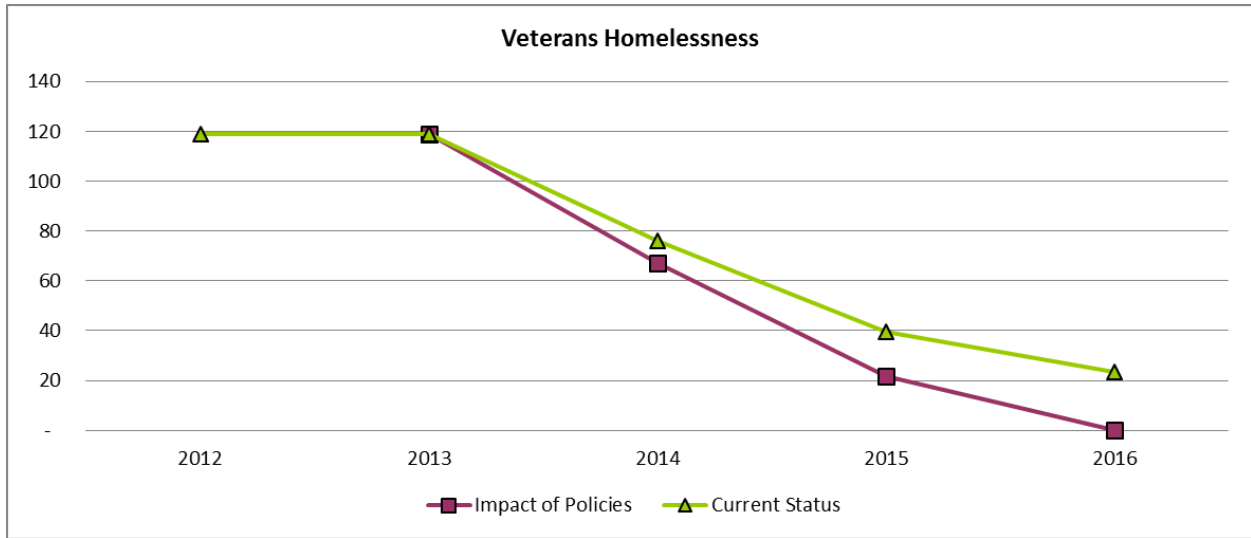
- Like Clark County and the state of Nevada, family homelessness is estimated to increase greatly by 2021 in Washoe County:

Figure 8 Family Homelessness Projection - Washoe County



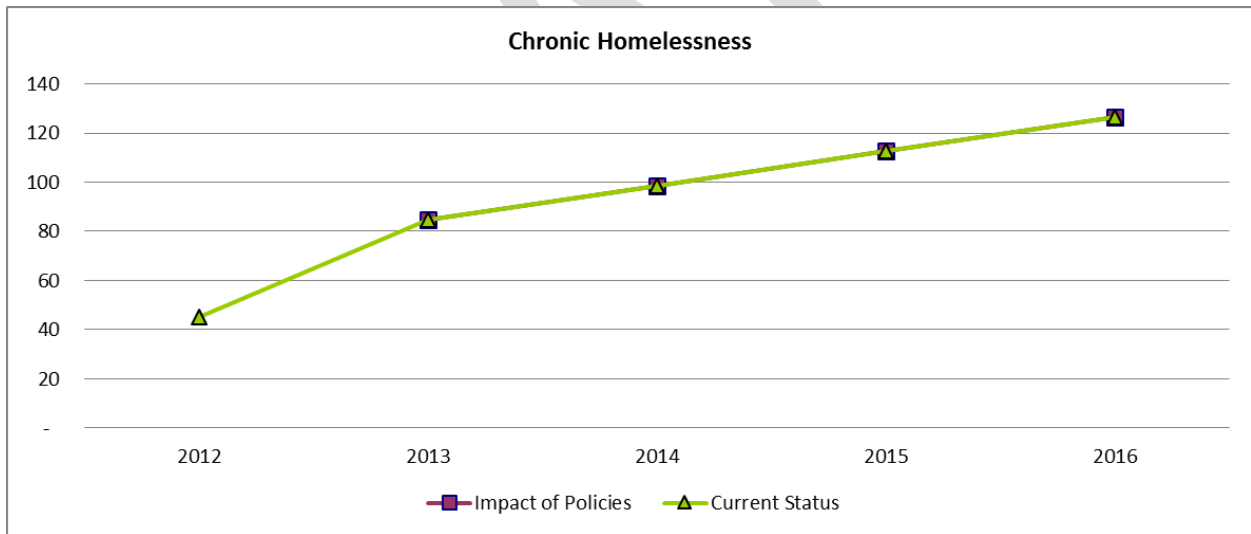
- Unlike the trends seen for the state of Nevada and Clark County, veteran homelessness is expected to greatly decrease by 2016 in Washoe County:

Figure 9 Veteran Homelessness Projection - Washoe County



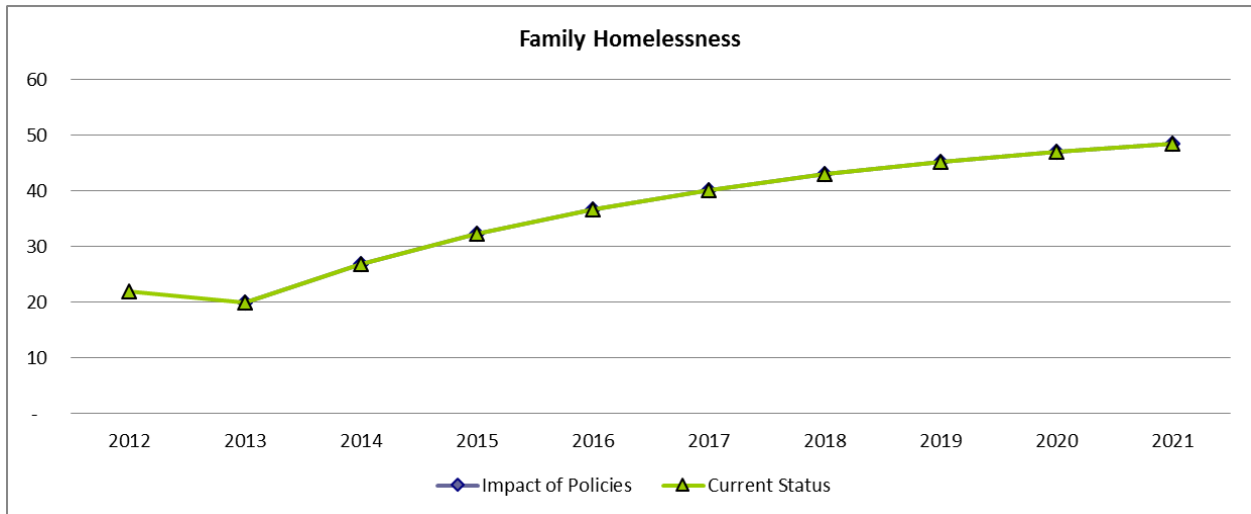
- Projections for the balance of State show expected increases in the number of chronically homeless by 2016:

Figure 10 Chronic Homelessness Projection - Balance of State

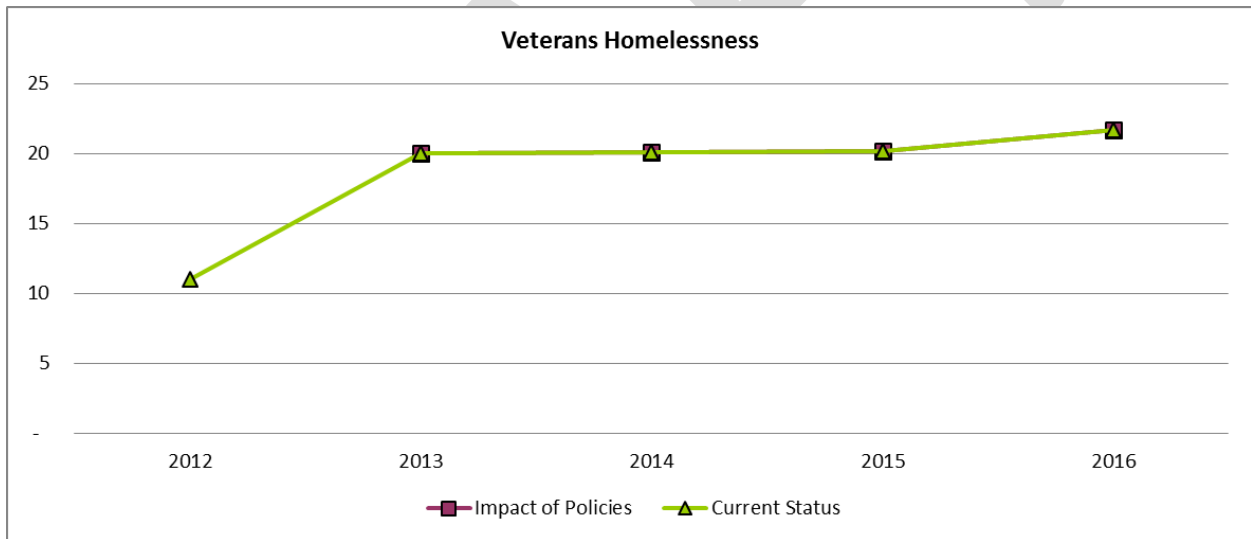


- Family homeless numbers are also anticipated to increase by 2021 in the balance of State:

Figure 11 Family Homelessness Projection - Balance of State



- o Veteran homelessness is also expected to increase slightly by 2016 in the balance of State:



Identifying Strategic Issues

This section will describe the strategic issues facing the state as determined through an analysis of the preceding phase. Strategic issues are fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.

Strategic Issue #1

Strategic Issue #2

Strategic Issue #3

Strategic Issue #4

Strategic Issue #5

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Goals, Strategies and Objectives

This section lists all of the long-term goals (3 to 5 year statements of desired change) of the state. It will also identify specific strategies that will be pursued to achieve the goals and objectives and specific course of action.

State Councils are critical in aligning State and Local Plans with the four principal national goals as set forth in Opening Doors, the Federal Strategic Plan to End Homelessness. The national goals include:

1. Finish the job of ending chronic homelessness by 2015;
2. Prevent and end homelessness among Veterans by 2015;
3. Prevent and end homelessness for families, youth, and children by 2020;
4. Set a path to ending all types of homelessness.

The USICH recommends that state plans include:

- Develop measurable goals to end homelessness
- Set targets and measure results.
- Set numeric goals for permanent housing units made available for target homeless populations.
- Measure progress using the annual point-in-time data for the four population goals.
- Measure housing retention and how well homeless programs help their clients become employed and access mainstream programs.
- Create and coordinate statewide data collection and reporting system
- Assemble accurate fiscal and demographic information and research/data to support policy development and track outcomes
- Map out a state-wide production plan for permanent, supportive housing
- Coordinate goals and tasks of Balance of State Continuum of Care with local continuums
- Promote systems integration (e.g. health services and housing supports) to increase effectiveness and efficiency

Outcomes of the plan may include strategies to⁴:

- a. Identify and develop, through partnership with the state Medicaid eligibility/determination office, a process that accelerates and streamlines Medicaid enrollment for individuals who experience chronic homelessness.
- b. Develop Medicaid provisions (e.g., Medicaid billable services) that are used to cover the various services needed for those who experience chronic homelessness.
- c. Assist substance abuse treatment and homeless providers in becoming Medicaid providers and developing Medicaid reimbursement mechanisms.

⁴ CABHI-States RFA

- d. Engage and enroll persons who experience chronic homelessness into Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).
- e. Identify and enroll persons in Medicaid and other mainstream benefits with multiple chronic conditions who are likely to need or be served by medical homes or care coordination services.
- f. Identify, develop, and train staff on SOAR and create partnerships with the SSA offices to address seamless processing for SSI/SSDI applications.
- g. Train case managers and other staff on medical documentation needs of individuals seeking mainstream benefits

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Evaluating and Updating the Plan

This section describes how the region will measure and report on its success and lessons learned. Specific milestones for progress are described, along with the resources and tools needed to conduct evaluation, and the method and frequency for reporting and discussing results. It also describes the process and timing for reviewing and updating the strategic plan document to reflect significant changes over time.

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Glossary

Chronic Homelessness: a chronically homeless individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability. A family with an adult member who meets this description would also be considered chronically homeless.

Cooperative Agreements to Benefit Homeless Individuals-States (CABHI-States): the Substance Abuse and Mental Health Services Administration program to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following: veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness

Homeless: as defined by HUD in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003) includes:

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Nevada's Interagency Council on Homelessness: established 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 Council provides the opportunity for Nevada to engage in an integrated approach regarding the issue of homelessness and promote interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless.

Social Security Disability Insurance (SSDI): SSDI pays benefits to individuals and certain members of the individual's family if they are insured (meaning they have worked long enough and paid Social Security taxes).

Supplemental Security Income (SSI): the SSI program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. People who have worked long enough may also be able to receive Social Security disability or retirement benefits as well as SSI.

Temporary Assistance for Needy Families (TANF): the TANF program is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program.