Exhibit 1: 2005 CONTINUUM OF CARE APPLICATION SUMMARY **HUD Form CoC-A**

Continuum of Care Name: **Southern Nevada Continuum of Care**

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Continuum of Care Geography

Geographic Area Name	6-digit Code	Initial Pro Rata Need
Clark County	329003	$2,068,751
Las Vegas	320108	$1,702,531
Henderson	320096	$ 139,948
North Las Vegas	320138	$ 197,626
	Initial PRN:	**$4,108,856**
Samaritan Housing Bonus New permanent housing exclusively for chronically homeless	$616,328	
	Revised PRN:	**$4,725,184**

SOUTHERN NEVADA'S CONTINUUM OF CARE FOR THE HOMELESS
Consolidated Application for Federal
Homeless Assistance Program Funds Competition
June 2005

1. The community's planning process for developing a strategy. HUD Form CoC-B

a. Lead Entity: Southern Nevada Regional Planning Coalition's (SNRPC) Committee on Homelessness

b. Describe Process: The SNRPC Committee on Homelessness was created in September 2003 by the SNRPC Board, which was established by the Nevada Legislature in 1998 and consists of elected officials from each represented jurisdiction as well as the Clark County School District. The SNRPC Board was formed to facilitate regional collaboration and planning efforts, and the Committee on Homelessness is one of its four working committees. Through its Committee on Homelessness (CoH), the SNRPC seeks to sharpen the focus and increase the effectiveness of this Continuum by creating a permanent committee that meets year-round to develop a coordinated plan to address homelessness on a regional basis as well as to better invest local and federal funds to improve our Continuum of Care.

The CoH membership is comprised of the Managers or Assistant Managers of Clark County and the cities of Las Vegas, Henderson, North Las Vegas and Boulder City; and representatives from the Veterans Administration, State Mental Health, the School District, Las Vegas Metropolitan Police Department and the North Las Vegas Police Department, as well as a representative of the provider network, as appointed by the Southern Nevada Homeless Coalition.

The primary goal of the CoH for 2005 is to finalize a Southern Nevada Regional Homeless and Housing Plan, which will identify the key strategies to reduce and end homelessness in Southern Nevada. The Regional Plan will establish a Homeless Trust Fund to secure new funding resources to support new projects and services and will recommend the local governments' funding strategies concerning homelessness. The planning and analysis employed for the Regional Plan is also identifying appropriate uses of federal discretionary, federal entitlement, local general, and private funding investments, and will outline strategies to maximize funding opportunities and overall community impact.

SOUTHERN NEVADA REGIONAL PLANNING COALITION (SNRPC Board)
Established by: State of Nevada Legislature
Membership: Elected officials from Clark County, City of Las Vegas, City of North Las Vegas, City of Henderson, City of Boulder City, Clark County School District
Role/Responsibility: Consider regional issues related to growth and inter-jurisdictional cooperation, including homelessness, natural resources, and land use planning.

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SNRPC COMMITTEE ON HOMELESSNESS (CoH)
Established by: SNRPC Board
Membership: City and County Managers from Clark County, City of Las Vegas, City of North Las Vegas, City of Henderson, and City of Boulder City as well as representatives from the Southern Nevada Homeless Coalition, Clark County School District, North Las Vegas Police Department, Las

Vegas Metropolitan Police Department, Veteran's Administration's Community Based Outreach Clinic, Southern Nevada Adult Mental Health Services (Nevada State Division)
Role/Responsibility: Strategic planning for provision of housing and services for homeless individuals and families including but not limited to 10 Year Planning process, commitment of local homeless services funding, filling identified gaps in services, housing and monitoring program effectiveness. Create and monitor a Homeless Trust Fund and support new projects as needed to end homelessness.

SOUTHERN NEVADA REGIONAL HOMELESS AND HOUSING PLAN
Created by: SNRPC CoH
Adopted by: SNRPC Board
Purpose: To identify service gaps and priorities of the SNRPC Board, funding opportunity; and to streamline all planning/funding activities for homeless services

COMMUNITY DEVELOPMENT DEPARTMENTS OF EACH LOCAL GOVERNMENT
Role/Responsibility: Fund and provide Technical Assistance to projects identified as service priorities in the Regional Plan; assist the SNRPC CoH to monitor and assess project outcomes.

The CoH meets monthly and has already created a Homeless Trust Fund, which has been the designated recipient of all proceeds from the new Walk of Stars on the Las Vegas Strip. Additionally, the Regional Homeless Coordinator is involved in discussions with estates that wish to invest in the Homeless Trust Fund, providing several million dollars in private funds that otherwise would never have been invested in homeless services.

The CoH has also finalized a Homeless Housing and Services Gaps Analysis Report, from which they identified Ten Priority Goals to reduce and end homelessness in Southern Nevada. The projects presented in this Consolidated Application complement the SNRPC's Ten Priority Goals and fill gaps identified in the Gaps Analysis Report. It is expected that the Southern Nevada Regional Planning Coalition Board will adopt the full Regional Homeless and Housing Plan at its next bi-monthly meeting (July 2005).

All SNRPC and CoH meetings are publicly noticed and open to the public. All SNRPC and CoH meetings provide opportunities for public comment, and are fully accessible for those with disabilities.

c. Dates and Main Topics of CoC Planning Meetings:

Entity	Date(s)	Main Topics of Meeting
Nevada Policy Academy on Homelessness	June 15, 2004	Housing First and Other Solutions to Ending Chronic Homelessness. A community forum on chronic homelessness and the Housing First Approach. Attended by elected officials and management staff from cities of Las Vegas, North Las Vegas, Henderson and Clark County.
SNRPC Committee on Homeless (CoH)	July 13, 2004	Interlocal funding of a "Regional Homeless Coordination Project" that includes the Inclement Weather Shelter program, Motel Voucher Program for Emergency Shelter, Community Assistance Center, HMIS, semi-annual Street and Shelter Count and attendant operational and staffing costs.

Entity	Date(s)	Main Topics of Meeting
Nevada Policy Academy on Homelessness	July 15, 2004	Identifying "next steps" to implementing a Housing First demonstration project in Nevada; HMIS implementation – North, South and statewide.
Southern Nevada Regional Planning Coalition (SNRPC) Board	July 22, 2004	Discuss and consider an interlocal funding formula for the operation of the Community Triage Center offering detox and health screenings for chronic public inebriates and homeless mentally ill patients.
SNRPC Committee on Homelessness (CoH)	August 19, 2004	Approve content of Interlocal Agreement for the Inclement Weather Program and Regional Homeless Coordination Project; discussion of planning process for the development of a Regional Homelessness Continuum of Care Plan/10-Year Plan to Reduce Homelessness (later re-named to Regional Homeless and Housing Plan).
SNRPC Committee on Homelessness (CoH)	September 16, 2004	Status Report on HMIS Implementation; Approve FY2005 CoH Budget; Approve strategic planning process to achieve the Regional Homeless and Housing Plan; Discussion on developing a Homeless Trust Fund.
SNRPC Committee on Homelessness (CoH)	October 21, 2004	Approve the development of Homeless Trust Fund; Status report on Regional Homeless and Housing Plan process; Receive status report on HMIS implementation.
SNRPC Committee on Homelessness (CoH)	November 18, 2004	2005 Street and Shelter Count required for CoC; Review and approve Draft of the Homeless Trust Fund Agreement; receive status report on Regional Homeless & Housing Plan.
Southern Nevada Regional Planning Coalition (SNRPC) Board	December 9, 2004	Receive a report on Mixed Use ordinances to encourage development of affordable housing; Approve the Regional Homeless and Housing Plan and its timeline; and Approve the formation of the Homeless Trust Fund.
SNRPC Committee on Homelessness (CoH)	January 20, 2005	New CoH Membership and Chair; Status report on HMIS implementation; Receive status reports on: the 2005 winter Inclement Weather Shelter program; Homeless Trust Fund; and Regional Homeless & Housing Plan. Approve marketing plan for Homeless Trust Fund. Review and discuss Housing and Services Gaps Analysis Report.
Southern Nevada Regional Planning Coalition (SNRPC) Board	January 27, 2005	Authorize the execution of final documents for the Homeless Trust Fund.
SNRPC Committee on Homelessness (CoH)	February 17, 2005	Final review and approval of Gaps Analysis Report; Receive first donation to the Homeless Trust Fund; Review 2004 CoC preliminary awards; begin discussion on FY2006 Regional Homeless Coordination Project budget.
SNRPC Committee on Homelessness (CoH)	March 17, 2005	Request Nevada State Legislature for $5 million in allocations for homeless initiatives in Southern Nevada; Receive a report on the Clark County Growth Task Force's affordable housing strategies; Approve FY2006 CoH Budget; Appoint the CoC Allocations Committee and Technical Assistance Board members; Discuss regional effort to plan a Community Intervention Policies and

Entity	Date(s)	Main Topics of Meeting
		Procedures to guide each jurisdiction in conducting "sweeps" of homeless camps; Receive Status Report on Regional Homeless & Housing Plan.
Southern Nevada Regional Planning Coalition (SNRPC) Board	March 24, 2005	Adopt a resolution (05-1) regarding Affordable Housing and BLM Land Sales, and forward to Governor of Nevada and the Bureau of Land Management.
So. Nevada Homeless Coalition – Special Meeting	April 12, 2005	Community meeting with faith-based groups serving the homeless, inform and recruit to assist with intervention of squatter encampment on Wilson Street, the first ALERT project (Activate Local Emergency Response Team).
Regional Homeless Coordinated Outreach	May 24, 2005	Meeting called by Regional Homeless Coordinator to establish a communication protocol for "sweeps" of homeless camps; in attendance were representatives of Code Enforcement, Park Police, Neighborhood Services, of each local jurisdiction and Clark County Social Service personnel.
Clark County Board of Commissioners	June 7, 2005	Passed a resolution to instruct staff to create a plan for Affordable and Attainable Housing to be presented to the SNRPC Board, and to involve Housing Developers and neighboring municipalities. Also instructed staff to design and implement a process to develop large parcels of BLM land into a senior housing community on a 5-acre parcel of BLM land near senior services.
Special Joint Meeting of SNRPC Board and Committee on Homelessness (CoH)	June 16, 2005	Workshop on Homelessness: A Regional Response to Homelessness – Accomplishments and Gaps

d. Elected Officials: Elected officials initiated the SNRPC Committee on Homelessness, and its directive to develop a Regional Plan. First requested by SNRPC Board member Stephanie Smith (Councilwoman, North Las Vegas) in 2000 and later by Mayor Oscar Goodman (City of Las Vegas) in 2001, the regional planning effort originally was comprised of an elected official from Clark County and each of the four cities, (2001 – 2002). Later, the membership was redesigned to reflect a working Committee, consisting of the Manager or Assistant Managers of each of the affected local governments, plus other representatives. Membership of the SNRPC Board is comprised solely of local elected officials, and retains ultimate approval/authorization rights.

In addition, two state elected officials actively participate in the statewide planning group known as the Nevada Policy Academy on Homelessness (recently re-named and re-formed as the Nevada Interagency Council on Homelessness). Assemblyman David Parks regularly attends the Policy Academy meetings as well as other community meetings and events concerning homelessness. Assemblywomen Barbara Buckley, Chris Giunchigliani (Vice Chair of the Ways and Means Committee), Sandra Tiffany, and Sheila Leslie have all introduced bills to increase or support programs for the homeless. State Senator Townsend chaired a Legislative Committee on Mental Health Services, and insured that homelessness and housing concerns were addressed in the State's Plan.

e. Involvement in CoC Planning Process:

Please Note: Although Southern Nevada is technically governed by five incorporated cities and comprised of a single County, there are not distinct geographic boundary areas; the programs and projects reflected in our continuum of care generally serve all of Southern Nevada, unless otherwise noted.

Name of Org/Person	Geographic Area Rep.	Subpopulations Rep.	Level of Participation
Regional Homeless Coordinator, Paula Haynes-Green	All Southern Nevada	All	Support Staff of **SNRPC Committee on Homelessness**, responsible for designing and implementing all aspects of regional plan, attends 100% of meetings; Member and organizer of **ALERT**; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 95% of meetings; Coordinating the Interim Communication Plan for Regional Coordinated Outreach (sweeps)
County Manager, Thom Reilly	Clark County 329003	Local government	**Chair** of the **SNRPC Committee on Homelessness**; attends 99% of meetings. Meets bi-weekly with Regional Homeless Coordinator to facilitate regional planning.
Deputy City Manager, Betsy Fretwell	City of Las Vegas 320108	Local government	Member of the **SNRPC Committee on Homelessness**; attends 90% of meetings
City Manager, Gregory Rose	City of North Las Vegas 320138	Local government	Member of the **SNRPC Committee on Homelessness**; attends 90% of meetings
Assistant City Manager, Bonnie Rinaldi	City of Henderson 320096	Local government	Member of the **SNRPC Committee on Homelessness**; attends 90% of meetings
Representing the City Manager's Office, Rose Ann Miele	Boulder City	Local government	Member of the **SNRPC Committee on Homelessness**; attends 98% of meetings
Southern Nevada Homeless Coalition (SNHC) Chairman, Rev. Charles Bowker	All of Southern Nevada	**NonProfit Orgs** Homeless Providers	Member of the **SNRPC Committee on Homelessness**; attends 98% of meetings; Chair of So. Nevada Homeless Coalition (**SNHC**) attends 100% of those mtgs. Founder, **ALERT** (Activate Local Emergency Response Team), an intervention project of the SNHC
Veteran's Administration Medical Clinic, Director of the Community Based Outreach Clinic – Marcia Evans	All of Southern Nevada; Federal Agency	**Veterans** (Vets)	Member of the SNRPC **Committee on Homelessness,** attends 75% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 75% of meetings; Member, **CoCAC**, attends 99% of mtgs; the VA-CBOC is also a member of **SNHC**, attends 90% of meetings

Name of Org/Person	Geographic Area Rep.	Subpopulations Rep.	Level of Participation
Southern Nevada Adult Mental Health – Residential Coordinator – Keith Willoughby	All of Southern Nevada; State Agency	**SMI** Mentally Ill	Member of the **SNRPC Committee on Homelessness**; attends 98% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 75% of meetings; Member, **SNHC**, attends 100% of meetings. SNAMHS is also a Member of the **Nevada Policy Academy on Homelessness**, and attends 85% of meetings.
Clark County School District, Assist. Superintendent for Support Services	All of Southern Nevada; School District	**Y**outh-Homeless Children	Member of the **SNRPC Committee on Homelessness**; attends 70% of meetings; The School District is also a Member of **SNHC**, attends 90% of time
Las Vegas Metropolitan Police Department, Downtown Area Command	Clark County, City of Las Vegas	Law Enforcement	Member of the **SNRPC Committee on Homelessness**; attends 75% of meetings; LVMPD is also a Member of **SNHC** and attends 50% of meetings
North Las Vegas Police Department, Assistant Chief of Police	City of North Las Vegas	Law Enforcement	Member of the **SNRPC Committee on Homelessness**; attends 60% of meetings; recently joined **SNHC**
Doug Lyon	Clark County	Community Organizer	Assisted Regional Homeless Coordinator and **SNRPC Committee on Homelessness** with all aspects of **Regional Homeless and Housing Plan**
Commissioner Myrna Williams	Clark County Board of Commissioners	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Commissioner Lynette Boggs-McDonald	Clark County Board of Commissioners	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Mayor Oscar Goodman	City of Las Vegas	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Councilman Lawrence Weekly	City of Las Vegas	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Councilman Steve Kirk	City of Henderson	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Councilman Amanda Cyphers	City of Henderson	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Mayor Bob Ferraro	City of Boulder City	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Councilwoman Shari Buck	City of North Las Vegas	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Councilwoman Stephanie Smith	City of North Las Vegas	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.
Denise Brodsky, Board of Trustees	Clark County School District	Elected Official	Member of the **SNRPC Board**, attends 95% of meetings.

Name of Org/Person	Geographic Area Rep.	Subpopulations Rep.	Level of Participation
Charlene Salinas, Caesar's Palace	Clark County	Hotel/Casino – Major Employer	Member**, CoC Allocations Committee**, did not attend meetings.
Rick McGough, First National Bank of Marin	Southern Nevada	Financial Institutions	Member**, CoC Allocations Committee**, attended 99% of meetings.
David Berg, Prudential Americana Group Realtors	Southern Nevada	Local Business	Member**, CoC Allocations Committee**, did not attend meetings.
Brenda Prinzavalli, Moms In Business Network	Southern Nevada	Civic Organizations	Member**, CoC Allocations Committee**, attended 99% of meetings.
Anne Dwyer, NV Construction Services	Southern Nevada	Housing Developer	Member**, CoC Allocations Committee**, attended 99% of meetings.
Marcia Evans, Veterans Administration	Southern Nevada	SNRPC Committee on Homelessness	Member**, CoC Allocations Committee**, attended 99% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 75% of meetings.
Skeet Fitzgerald, Director Neighborhood Services	City of Henderson	Community Development Community	Member**, CoC Allocations Committee**, did not attend meetings. Member, Regional Work Group for **Regional Homeless and Housing Plan**, sent a representative to 75% of meetings.
Kenneth Young, Deputy Director, Planning and Development	City of North Las Vegas	Community Development Community	Member**, CoC Allocations Committee**, attended 100% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, sent a representative to 90% of meetings.
Brok Armantrout, Director, Community Development	Boulder City	Community Development Community	Member**, CoC Allocations Committee**, did not attend meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attended one meeting.
Douglas R. Bell, Manager Community Resources Management Division	Clark County	Community Development Community	Member**, CoC Allocations Committee**, attended 99% of meetings.
Orlando Sanchez, Director, Neighborhood Services	City of Las Vegas	Community Development Community	Member**, CoC Allocations Committee**, attended 99% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, sent a representative to 95% of meetings.
James Feiza, Jr. Las Vegas Rescue Mission	Southern Nevada	Chronically Homeless	Member**, CoC Technical Assistance** Board, did not attend meetings
Linda Lera-Randle El Straight from the Streets	Southern Nevada	Chronically Homeless	Member**, CoC Technical Assistance** Board, did not attend meetings. Member, **CCSS Citizens Review Committee**, attends 90% of meetings; Member, **Nevada Partnership for Homeless Youth**, attends 25% of meetings
Annette Scott SAFE House, Inc.	Henderson	Domestic Violence (DV)	Member**, CoC Technical Assistance** Board, attended 80% of meetings

Name of Org/Person	Geographic Area Rep.	Subpopulations Rep.	Level of Participation
Lisa Spencer The Shade Tree	Southern Nevada	DV	Member**, CoC Technical Assistance** Board, attended 80% of meetings
Duane Sonnenberg The Salvation Army	Southern Nevada	Severely Mentally Ill (SMI)	Member**, CoC Technical Assistance** Board, attended 100% of meetings; Member, **SNHC**, attends 99% of meetings; Member, **Nevada Policy Academy on Homelessness**, attends 99% of meetings
Pat Salvato Mojave Mental Health	Southern Nevada	(SMI)	Member**, CoC Technical Assistance** Board, did not attend meetings
Laurie Moore So. NV Adult Mental Health	Southern Nevada	Elderly	Member**, CoC Technical Assistance** Board, attended 100% of meetings
Deni Conrad Citizen	Southern Nevada	Single Females	Member**, CoC Technical Assistance** Board, did not attend meetings
Brenda Dizon The Shade Tree	Southern Nevada	Single Females	Member**, CoC Technical Assistance** Board, attended 80% of meetings; Member, **SNHC**, attends 50% of meetings; Member, **Nevada Policy Academy on Homelessness**, attends 99% of meetings
Paul Colbert Citizen	Southern Nevada	Single Males	Member**, CoC Technical Assistance** Board, attended 100% of meetings
Shawn Smith EVOLVE Program	Southern Nevada	Single Males	Member**, CoC Technical Assistance** Board, did not attend meetings. Works with homeless ex-offenders.
Paula Cremeens-Rudeen UNLV	Southern Nevada	Substance Abuse (SA)	Member**, CoC Technical Assistance** Board, attended 80% of meetings
JoAnn Lujan WestCare Crisis Triage Center	Southern Nevada	Substance Abuse (SA)	Member**, CoC Technical Assistance** Board, did not attend meetings
Greg Abernathy Veterans Administration	Southern Nevada	Veterans (Vets)	Member**, CoC Technical Assistance** Board, did not attend meetings; Member, **SNHC**, attends 95% of meetings
Frank Perna Citizen	Southern Nevada	Veterans (Vets)	Member**, CoC Technical Assistance** Board, did not attend meetings; Member, **SNHC**, attends 99% of meetings; Founding Member, **So. NV Advocates for Homeless People**
Tom Waite Girls & Boys Town	Southern Nevada	Youth (Y)	Member**, CoC Technical Assistance** Board, attended 99% of meetings; Member, **Nevada Partnership for Homeless Youth**, attends 75% of meetings
Paula Zier CC School District	Southern Nevada	Youth (Y)	Member**, CoC Technical Assistance** Board, attended 99% of meetings; Member, **Nevada Partnership for Homeless Youth**, attends 75% of meetings
Dana Serrata State Dept. of Corrections	Southern Nevada	Jails/Prisons	Member**, CoC Technical Assistance** Board, did not attend meetings
Rob Williams LV Metropolitan Police Dept	Southern Nevada	Law Enforcement	Member**, CoC Technical Assistance** Board, did not attend meetings

Name of Org/Person	Geographic Area Rep.	Subpopulations Rep.	Level of Participation
Chris Miller Nevada Partners	Southern Nevada	Mainstream Program – WIA provider	Member**, CoC Technical Assistance** Board, attended 100% of meetings
Danielle Turner City of Henderson	City of Henderson	Local Gov't; grantsmanship	Member**, CoC Technical Assistance** Board, attended 99% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 55% of meetings; Member, **HACA-Net**, attends 95% of meetings
Trina Robinson City of Las Vegas	City of Las Vegas	Local gov't, grantsmanship	Member**, CoC Technical Assistance** Board, attended 99% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 95% of meetings.
Carlota Cloud City of North Las Vegas	City of North Las Vegas	Local Gov't; grantsmanship	Member**, CoC Technical Assistance** Board, attended 100% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 90% of meetings; Member, **SNHC**; attends 75% of meetings
Shawna Brody Clark County	Clark County	Local Gov't; grantsmanship	Member**, CoC Technical Assistance** Board, attended 100% of meetings; Member, Regional Work Group for **Regional Homeless and Housing Plan**, attends 40% of meetings; Member, **SNHC**, attends 50% of meetings; Member, **Nevada Policy Academy on Homelessness**, attends 75% of meetings; Member, **Nevada Partnership for Homeless Youth**, attends 75% of meetings.

As noted in the table above, the planning process includes many other groups – advocacy groups, provider groups, and government planning committees – that provide valuable input and feedback to the SNRPC Committee on Homelessness in its efforts to develop a Regional Homeless & Housing Plan. In addition to the groups represented above, five of the CoCTAB members were formerly homeless themselves. Many of them now hold professional or political positions in the community, and prefer to not be identified as such on the list above. Of the five, two attended all the meetings, one attended all but one meeting, and two did not attend any of the planning meetings.

2. Our Community's Goals, Strategy and Process <u>HUD Form CoC-C</u>

a. Chronic Homelessness Goals/Strategy

(1) Past Performance: The past year has witnessed the implementation of several projects that have a significant impact on our community's goals to end chronic homelessness. These projects include implementing two street outreach teams to improve SSI/SSDI income and Medicaid coverage for chronically homeless individuals (funded by the Social Security Administration's HOPE grant), another two street outreach PACT teams to provide intensive case management and wrap-around services to the unsheltered that includes housing through a County-funded HOME-TBRA project. The City of Las Vegas has opted to expand its

successful EVOLVE Program – designed to assist ex-offenders to reintegrate into the community – to include services for the homeless, and has allocated some of its Winter Weather Shelter funds (General Funds) to create its Emergency Housing Assistance Program – designed to provide emergency rental and utility assistance to households at-risk of becoming homeless or currently experiencing homelessness. The WestCare Crisis Triage Center, a demonstration project to reduce overcrowding in local hospital emergency rooms, has been recognized as a model for other communities and has received funding from the State of Nevada for the next two years. The SNRPC Committee on Homelessness successfully initiated and is continuing joint planning and funding efforts concerning Inclement Weather Shelter (both summer and winter), making free, no-strings shelter available to the chronically homeless and encouraging them to participate in services. The SNRPC Committee on Homelessness has also developed a Homeless Trust Fund to generate the investment of private resources in homeless services.

In response to criticisms about and concerns for the clients being "swept" from illegal encampments by Code and law enforcement, the Regional Homeless Coordinator lead an innovative intervention effort to target resources to these encampments before the sweep occurs. As part of the directive to develop a model protocol for conducting "sweeps" of encampments, the Regional Homeless Coordinator designed and implemented a public-private intervention of an encampment on Wilson and D Streets – bringing volunteers from faith-based groups and workers from homeless service providers along with resources from Clark County Social Service to conduct intensive case management on the more than 300 chronically homeless campers. The experiences from this demonstration intervention will inform the protocols for future camp interventions.

Furthermore, the 2005 Nevada State Legislature has increased funding and staffing for Southern Nevada Adult Mental Health Services (SNAMHS) by 58% statewide to allow for additional case managers and psychiatric personnel to serve more homeless individuals with mental illnesses, which will be paired with Shelter Plus Care funds to provide Housing First with wrap-around services for the chronically homeless.

Remaining Obstacles to Achieving Goals: The development of a cohesive regional approach to reduce chronic homelessness is still in its initial phases in this community. Once the Regional Homeless & Housing Plan is finalized and approved, there will be a roadmap for this community to develop and implement new programs, systems and strategies that will more effectively deal with homelessness. However, dwindling housing stock and increasing housing costs may be the impenetrable obstacle to containing homelessness, no less eliminating it. For nearly a year Southern Nevada has experienced unprecedented housing cost increases, with rents having increased between 10% – 15% since January of 2004 alone (LV R-J, 10/22/04, page 7D). About one-third of housing in Las Vegas is rentals, and of that amount, two-thirds are apartments. Current housing market conditions are bleak; there is a diminishing supply of developable land; land costs are rapidly escalating (averaging $300,000 per acre in 08/04 and recently going as high as $600,000 per acre in North Las Vegas 04/05 and even $1 million per acre in the southern part of the valley), affordable apartments are being converted to condominiums and/or demolished for casino expansions. Clark County typically approves 4,000 permits for multi-family apartment units per year; yet by May of 2005, only 630 permits had been applied for, while an astounding 12,000 applications for permits to convert existing apartments into condos were approved by that time. Some 17,000 apartment units in Las Vegas are projected to be converted to condos in the coming year. It is therefore not surprising

that Las Vegas has become one of the major condo conversion markets in the country, according to a report from Marcus & Millichap Research Services.

This housing situation exacerbates a milieu of problems in locating housing units in which to place the chronically homeless, as well as creating more homeless due to the inability of those households living on fixed incomes to afford housing. This "tight squeeze" in the housing market also pits these hard-to-serve "undesirables" in a losing battle with the working poor for the few units that may remain.

The next challenge is identifying and securing adequate resources to implement the services portion of the Plan. Increased regional cooperation in joint funding of several projects in the past year may indicate increased future support for an interlocal governmental coordination of grant funds. The development of the Homeless Trust Fund will provide a mechanism for collecting private funds, and could serve as a collective effort for local government funds as well.

Finally, there are the inherent complexities in engaging chronically homeless individuals, many of whom suffer from severe mental illnesses and/or self-medicate with alcohol or drugs. Treatment services for the substance abuser and mentally ill have not kept pace with the rapid growth in Southern Nevada, causing a gap between need and services. Additionally, future efforts to engage the chronically homeless and remove them from street life will be seriously hindered should the basic-needs services of the federal government be reduced, as is sometimes debated. Medicaid, Food Stamps, subsidized/assisted housing are all important components in the fight to end chronic homelessness. Planning for future strategies is difficult when the future of existing services is in question.

Changes in Chronic Homeless Persons from 2004 – 2005:

Individuals Chart

Number of Chronically Homeless Individuals		
	Point in Time Count Estimates	
	Sheltered	Unsheltered
2004	603	1,004
2005	580	1,399

Beds Chart

	Number of permanent beds to house the chronically homeless		
	Permanent beds as of January	Permanent Beds Net Change	End of Year Total
2004	139	75	214
2005	214		

Methodology for estimating # of chronically homeless:
Sheltered: Reviewed monthly reports from The Shade Tree, Salvation Army and Catholic Charities (in 2004 only), selected factors that might indicate chronically homeless individuals. For instance, The Shade Tree shelter reports track the number of "returned adults" – which averaged 29.9% of clients sheltered and The Salvation Army reported 35% of the clients in their emergency shelter were chronically mentally ill. The average of these two figures is 32.5% for 2005. In 2004, it was 38.8% between the three shelters.
Unsheltered: In 2004, the Stand Down statistic of 24.2% of unsheltered Stand Down participants who had been homeless for more than one year were used. In 2005, the Professors organizing the Street and Shelter Count interviewed a non-random sample of unsheltered individuals the night of the count and found that 60% were chronically homeless. They concluded that a 60% figure is justified based on interviews and the fact that the street count was so widely disbursed across the valley – away from service providers.

Because of the methodological changes employed in the 2005 Count (per HUD's guidelines), it is difficult to analyze any differences in the number of chronically homeless individuals identified in 2004 and 2005. Please see the discussion under Information Collection Method – Homeless Populations and Subpopulations in Chart CoC-I below for a more detailed analysis of any affect on the total number of homeless individuals. One trend that is clear, however, is that there were fewer chronically homeless persons in shelter during the 2005 Street & Shelter Count than in 2004 – even though the weather conditions the night of the count would have suggested a higher rate of use of available shelter spaces. On the night of the Street Count, as with several nights before and after, Southern Nevada experienced rain storms and particularly cold and windy weather conditions. It was anticipated that shelters would be at or beyond capacity, as is the experience of past years during inclement weather. However, in the months prior to the count, there were concerted efforts by local and state governmental Code Enforcement and Public Works departments to conduct "sweeps" of homeless encampments. As a result of these multiple sweeps, the chronically unsheltered population was pushed from the downtown areas where the shelters and services are offered. This may have affected the number of chronically homeless being sheltered that evening; as the Emergency Shelters were only 90% occupied the night of the count.

(2) Current Chronic Strategy: Until the Regional Homeless and Housing Plan is complete and officially adopted, the local continuum of care is working diligently to continue the current strategies to address chronic homelessness. These strategies include:

- Making the 75 HOME TBRA housing unit subsidies available to SNAMHS' PACT Teams to remove at least 80 chronically homeless persons off the streets within the next six months (these units were available in September 2004 and are reflected in Permanent Beds listed above but are only just being occupied – per SNAMHS and CCHA bureaucracies);
- Securing a new location for the Health Care for the Homeless Health Clinic so the community is again served by two clinics;
- FY2005/2006 County CDBG funds will be used to assist homeless clients detoxed in the WestCare Community Triage Center to secure temporary housing, while they await an opening in a residential treatment facility;
- Successfully applying for a 2-year Demonstration Grant to provide Housing for Homeless Persons Addicted to Alcohol;
- All local governments and the state continuing the WestCare Community Triage Center, providing modified detox and substance abuse treatment;
- Continuing support for 24-hour access to clean, safe and sanitary toilet facilities for the unsheltered in the "homeless corridor";
- Coordinating with the State Housing Division to develop a Housing First project utilizing a $500,000 HOME Chronic Homeless grant awarded in 2003;
- Continuing the SSA-funded COACH outreach program of Clark County Social Service, assisting chronically homeless individuals apply for and receive SSI and Medicaid benefits

- Continuing the City of Las Vegas' EVOLVE program to provide employment opportunities for persons being discharged from jails and prisons and expanding that program to serve Chronic Inebriates and Homeless;
- Successfully applying for the SAMHSA State Infrastructure Expansion grant to better coordinate the services of State Mental Health and Department of Corrections so that inmates with mental illnesses are adequately prepared for discharge;
- Building the new 150-bed psychiatric hospital funded by the 2003 Nevada Legislature;
- Continuing interlocal cooperative efforts to fund region-wide solutions to ending chronic homelessness;
- Making available a range of shelter options – including free, no-strings shelters and meal programs – year-round, that assist with meeting the most basic needs of individuals and providing an opportunity for service providers to "pitch" their services;
- Providing additional Day Shelter space during the summer months at Catholic Charities;
- Continuing the Stand Down for the Homeless as a day of amnesty and respite for all homeless individuals, striving to continue attracting the unsheltered chronic homeless as well as the sheltered episodic homeless. Southern Nevada's Stand Down for the Homeless annually serves an average of 2,800 homeless individuals, 15% of whom could be considered chronically homeless.
- Continuing the City of Las Vegas Emergency Housing Assistance Program to provide households with affordable housing opportunities and services.

(3) Coordination with City of Las Vegas' 10-Year Plan to End Chronic Homelessness: The City of Las Vegas has opted to prepare a 10-Year Plan to End Chronic Homelessness, in conjunction with the regional effort to develop a Regional Homeless and Housing Plan. The Regional Plan, once published, will contain a jointly-approved Gaps Analysis, a jointly-approved Executive Summary, 10 overall Goals and Priorities that will guide all local funding investments, and a section of the specific action steps each jurisdiction will implement. The city of Las Vegas' action steps will be comprised almost entirely of its 10-Year Plan to End Chronic Homelessness.

(4) Future Goals/Strategies to End Chronic Homelessness

Goal: CHRONIC HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
Enhance and Promote Access to basic needs and services	Implement a model "Health and Safety Intervention" protocol for addressing homeless encampments	Regional Homeless Coordinator	9/05

Goal: CHRONIC HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
	Support programs that enable basic hygiene, adequate diet and activities of daily living	Providers and faith-based groups funded by local gov'ts' CDBG, ESG, and HOPWA funds	Each Spring
	Continue availability of 24-hour restroom facilities for unsheltered homeless	Clark County General Funds to Catholic Charities	Each Spring
	Support the development of personal belongings storage	Reg'l Homeless Coord; Homeless Trust Fund	7/06
	Develop a system to replace lost or stolen identification	SNRPC CoH and Regional Homeless Coordinator	7/06
Increase access to substance abuse treatment and programs	Support seamless services between treatment programs and housing	EOB Treatment Center Trans. Hsg; WestCare CTC	7/05
		CC CDBG funds to WestCare CTC for housing spec.	7/05
	Support coordination of discharge planning and follow-up care between medical/social detox programs and alternative housing providers	SNRPC CoH	7/06
		Clark County CDBG to WestCare CTC	7/05
	Develop and implement a Serial Inebriate Program	SNRPC CoH	12/06
	Support modified detox and substance abuse treatment	State and Local Gov't support of WestCare CTC	Each Spring
Increase access to medical, dental and vision services	Provide vision services to the homeless, including glasses and medication as needed	SNHC	9/06
	Provide major and preventative dental services to the homeless	Paradise Children's Dental Clinic	9/05
	Provide emergency dental care (tooth pulling, minor surgery)	SNHC – Miles for Smiles at Stand Down	11/05

Goal: CHRONIC HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
Provide street-based education and outreach, including drug/alcohol treatment, counseling, and provision of I&R especially for non-service using males	Support programs that expand outreach activities to include service resistant, chronically homeless individuals	CCSS' COACH project, US Vets, Straight from the Streets, PACT Teams	Re-commit funding each Spring
	Continue the multi-disciplinary PACT Team, which includes a BADA-certified drug counselor	So. NV Adult Mental Health	approval of 2005-2007 State budget
	Improve coordination between faith-based groups and providers so they can better serve the chronically homeless	SNHC ALERT project; Regional Homeless Coordinator	8/05
Develop "Housing First" units for the chronically homeless	Re-tool the existing housing continuum and adopt a client-centered "Housing First" approach for all homeless individuals	SNRPC CoH Local Gov'ts; policy change	7/07
	Support housing and services with preference to homeless veterans	US Vets SHP 5 P.H. Units, amended to be expanded to 10 units	2005 CoC Renewal for 10 units
		US Vets SHP 118 T.H. units	2005 CoC Renewals
		LV Housing Corp II Bonanza View Apts	2006 COC Renewal
		US Vets, Key Foundation – Local Governments	Each Spring
	Place 1,000 chronically homeless persons into housing with wrap-around services by 2012	SNAMHS	2005 CoC application for 17 units
		Salvation Army PATHWAYS T.H.	2005 CoC renewal
		CCSS' COACH project	2004-2007

Goal: CHRONIC HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
		SNRPC CoH; Local Gov'ts	12/06
		SNAMHS to occupy 75 units of CC- HOME TBRA	7/05
	Support the construction or rehabilitation of transitional and permanent housing for those homeless with physical, mental and other disabilities	NV Housing Division's $500,000 HOME Chronic Homeless grant;	12/05
		NV Hand/ WestCare 2004 CoC project	Feb 2007
Prevent future chronic homelessness by supporting services for homeless youth (runaways and throwaways)	Increase street outreach to the homeless youth	NV Partnership for Homeless Youth; WestCare; Street Teens	7/05
	Support agencies providing long-term emergency shelter and supportive services to homeless youth	Ctr for Independent Living, WestCare, NV Partnership for Homeless Youth, Girls and Boys Town	12/06
	Support the development of 40 more supported housing units for runaway/throwaway homeless youth	Center for Indep. Living	2005 CoC application (28 youth)
	Promote partnerships between outreach groups and housing providers	SNRPC CoH and Regional Homeless Coord.	7/05

(5) Future Goals/Strategies to End Other Homelessness

The Regional Homeless and Housing Plan will specify goals and strategies to serve all homeless, including the chronically homeless strategies identified above. A key emphasis for future homeless services is to effect a paradigm shift in services for the homeless, specifically from agency/service-centered to client-centered. The existing paradigm fosters service or agency "silos" that clients must move in and out of. The new paradigm would have the client as the focus, and the services coming into play as needed – without regard to "whose client" s/he is. The Homeless Management Information System (HMIS) will play a major role in this shift, particularly when agencies begin to share client data. The Mainstream Programs Basic Training series – bringing service providers and case workers together around topic issues such as Income Supports or Employment Services – will also help demonstrate how the varying services can complement one another to effectively serve a client. The resulting paradigm will be a truly "No Wrong Door" approach to services where all service providers

are more aware of and more connected to the other programs and services available in the community and can adequately connect clients with those services when necessary.

Another approach this community is taking to better serve all homeless is to focus on homeless youth – to catch them before they become the future chronically homeless. Most recently, the Board of County Commissioners provided gap funding for a coalition of homeless youth providers to conduct a comprehensive valley-wide study on the extent of the problem of homeless youth (runaways/throwaways) in Clark County. The proposed assessment will provide the information needed by service providers to adequately address the issues and challenges confronting homeless youth (ages 12-17) and can also serve as a planning tool for complementing preventative services moving forward. Once the comprehensive study has been completed, it will be used as a baseline, and the community can monitor progress of programs initiated to serve this population.

Goal: OTHER HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
Develop client-centered services	Secure funding for two professional case workers for residents of St. Vincent-HELP Apartments	Catholic Charities – 2005 CoC	2005 CoC application
	Expand, create and promote partnerships to provide seamless client services	SNRPC CoH; SNHC; Regional Homeless Coordinator	12/06
	Fully implement HMIS and have 50% of provider agencies using the product for case management	NPHY and SNRPC CoH	12/07
	Utilize "No Wrong Door" concepts in providing intensive case management services	Providers completing MPBT Training Series; SNRPC CoH	12/06
	Provide crisis intervention, needs assessments, I&R, and other supportive services during non-traditional business hours/days	Providers; SNRPC CoH initiating policy change of local gov't funding	7/07
	Implement neighborhood-based intervention and prevention services to prevent homelessness	SNRPC CoH; Regional Homeless Coordinator	7/07
	Continue the SAFAH-Link program of WDC which assists families and disabled individuals leave shelters and move into permanent housing	WDC, CoC Funding	To be renewed in Spring 2007

Goal: OTHER HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
Increase and expand scope of Employment programs	Ensure access to training, placement retention mentoring, transportation, voice-mail system, and access to IDs for homeless individuals	WIA Programs, DETR, Providers, SNRPC CoH	12/07
		CLV EVOLVE	7/05
		State of NV Legislation (AB84) for DMV to waive fees for homeless individuals	7/05
	Support programs that provide vocational training and certifications for higher-paying jobs	Culinary Training and placement at NV Partners, Salvation Army; Key Foundation hospitality jobs	County FY05/06 funding
	Foster skills services to ensure client job retention/advancement	DETR, WIA, EVOLVE	FY 2005/06
Prevent the homelessness of ex-offenders released with limited resources from jails and prisons	Continue the Going Home Prepared program, serving 250 ex-offenders aged 14-35	NV Dept. of Corrections	FY 2006-2008
	Continue the EVOLVE program to provide employment opportunities for persons being discharged	City of Las Vegas	FY2005/06
	Support Transitional Housing programs with supportive services for this population	CARE Transitional Housing; Community Counseling Centers	County FY05/06 CDBG
Increase access to mainstream services	Support the opening of the Fertitta Community Assistance Center	United Way of So. NV	12/05
	Continue the Mainstream Programs Basic Training series for frontline case workers	Clark County – CRM	monthly
	Increase access to the NV Fund for Energy Assistance administered through the Welfare Division	CDBG/ESG rent/utility assistance providers	FY05/06 requirement

Goal: OTHER HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
	Fully implement the *AccessHealth* pilot project providing a discounted health care referral network for the working uninsured	Clark County Health Access Consortium	February – November 2005
Prevent homelessness by providing adequate rental assistance and supportive services	Provide flexible payment and funding standards to assist households at-risk of becoming homeless	Local Govt uses of: HOPWA, CDBG, ESG, EFS, WSAP, HOME, CLV EHAP	CC: FY05/06; others in FY06/07
	Raise education and awareness of early warning signs that lead to homelessness, and identify a network of available services	SNRPC CoH, Regional Homeless Coordinator,	7/06
	Promote valley-wide acquisition, rehabilitation, or new construction of affordable housing units for at-risk households	Local Gov't use of HOME, LIHTF and Private Activity Bonds	Each Spring
Move homeless persons into housing and supportive services	Continue existing transitional housing programs	EOB CAP Project HOME	2005 CoC Renewal
		WDC; EOB; CCS; Local Gov'ts and CoC funding	Each Spring
	Creatively use existing resources to offer transitional housing services without building new units	Clark County and cities of Henderson and Las Vegas – HOME TBRA funds	Each Spring
Enhance intergovernmental and service provider coordination and cooperation	Provide incentive points in funding competitions for projects that fully utilize HMIS	SNRPC CoH	2005 CoC competition; FY06/07 Funding
	Implement and fully utilize the HMIS system	SNRPC CoH	12/05

Goal: OTHER HOMELESSNESS (What are you trying to accomplish)	Action Steps (How will you accomplish it?)	Responsible Person / Organization	Target Dates (mo/year will be accomplished)
	Conduct a valley-wide assessment on Homeless Youth in Clark County, to include an estimation of the number of homeless youth (minors) and their needs	Coalition of youth providers led by NV Partnership for Homeless Youth	4/06
Develop stable and sustainable housing throughout the region	Create a subcommittee of the SNRPC Board to consider mechanisms to encourage employer housing, affordable housing, and rehab	SNRPC Board	9/05
	Encourage the use of the BLM land discount made available through the Southern Nevada Public Lands Management Act of 1998	State of Nevada Housing Division	12/05
	Develop and implement a process to secure BLM land - at no or low cost – in the disposal boundary area for the development of affordable housing units	Clark County, CRM and State Housing Division	1/07
	Create a regional strategy to coordinate development and construction of valley-wide housing units to meet the needs of very low-income families and other special needs populations	SNRPC CoH; SNRPC Affordable Hsg/Attainable Hsg Subcommittee	7/06

3. Discharge Planning Policy Chart. HUD Form CoC-D

The development and implementation of Discharge Planning Protocols to eliminate discharge to homelessness.

Publicly Funded Systems of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care Partners: State Legislature; Clark County Family Services; NV Partnership for Homeless Youth	Yes	Yes	Yes	Yes
Health Care Initial Partners: Lake Mead Hospital (under new ownership), SNHC, CC Health District Public Nurses, CCHAC	Yes	No	No	No

Publicly Funded Systems of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Mental Health Partners: SNAMHS, WestCare CTC; Mojave Mental Health; Salvation Army	Yes	Yes	Yes	Yes
Correctional Partners: NV Dept of Corrections; SNAMHS, Regional Justice Center; EVOLVE program	Yes	Yes	Yes for State	Yes for State

4. Unexecuted Grants Awarded Prior to 2004. HUD Form CoC-E

CoC Competition Year Awarded	Applicant Name	Project Name	Grant Amount
2000	Caminar	Permanent Hsg – HIV/AIDS	$637,112

5. CoC Service Activity Chart. HUD Form CoC-F

Fundamental Component: **PREVENTION SERVICES**

Prevention in Place:

Rent/Mortgage Assistance to Prevent Evictions: Eleven agencies scattered across the valley offer Rental Assistance to prevent the unnecessary homelessness of households experiencing a temporary crisis, or New Move In assistance to households who are currently homeless and have income, but need assistance with move-in costs. These agencies utilize funds from HUD's Emergency Shelter Grant, Community Development Block Grant, and Emergency Food and Shelter grant programs, State of Nevada Welfare Set-Aside Program funds, and city of Las Vegas and Clark County General Funds in their efforts to prevent or end homelessness. Additionally, many local churches and synagogues assist their congregants and members of their faith community with rental assistance to prevent homelessness. Some of the faith communities have created social service agencies to respond more effectively to member's needs. Lutheran Social Services, Jewish Family Service Agency and the Church of Jesus Christ of Latter-Day Saints (LDS), for instance, offer a variety of formal support services to their community members, including case management, and rental, utility or food assistance.

Service Providers: Catholic Charities of Southern Nevada-Social Services Division; Central Christian Church's Community Care program; Clark County Social Services; City of Las Vegas Emergency Housing Assistance Program; Emergency Aid of Boulder City; EOB Community Action Partnership Housing Division; Henderson Allied Community Advocates; HELP of Southern Nevada; Lutheran Social Services; Nevada Association of Latin Americans; The Salvation Army – Henderson Campus; The Salvation Army – Las Vegas Family Services Division; and The Salvation Army – Mesquite Campus.

Short-Term, Multi-Month Rental Assistance: Using Clark County CDBG funds, two agencies provide short-term rental assistance (up to 3 months) for households facing eviction requiring more than just one month's assistance. This use of funds has created something of a tenant-based transitional housing program in two areas of town that have no transitional housing programs.

Service Providers: Henderson Allied Community Advocates and Emergency Aid of Boulder City.

Using HOME Funds for Long-Term Tenant-Based Rental Assistance: The cities of Henderson and Las Vegas have joined Clark County in allocating HOME funds to provide "Section 8 look-alike" vouchers for homeless households. Homeless households are assisted for up to two years with rental subsidies and intensive case management to ensure the household regains stability and self-sufficiency and has secured permanent housing that is affordable to them upon exit.

Service Providers: Catholic Charities of Southern Nevada Social Services Division (families, elderly), HELP of Southern Nevada (families); Henderson Allied Community Advocates (families, elderly, domestic violence victims); Clark County Housing Authority in partnership with Women's Development Center (families) and Southern Nevada Adult Mental Health Services (Severely Mentally Ill).

Emergency Temporary Protective Orders*:* Emergency Temporary Protective Orders (ETPO) are available 24-hours per day, 7-days per week to Clark County residents. These ETPOs allow a judge to evict the violent perpetrator from the residence, and can even assign temporary child support or spousal support. Hence, survivors of domestic violence attempting to end a violent relationship need not become homeless to do so.

Service Providers: Both Safe Nest/TADC and S.A.F.E. House have a Team that works directly with the Las Vegas Metropolitan Police Department and/or Henderson Police Department to ensure that the victims have the necessary resources and do not become homeless.

Assistance for those Discharged from Prisons/Jails: The Department of Corrections has received a US Department of Justice grant to implement a transitional housing program designed to assist 250 offenders being released to the community. The Going Home Prepared project provides pre-release counseling and case management, short-term housing assistance, and vocational or educational assistance. The Department of Corrections is also building a $21 million halfway house to serve convicts preparing to return to the Las Vegas Valley. The City of Las Vegas provides intensive case management and extensive supportive services for ex-offenders with the goal of reintegrating them into the employment market through the EVOLVE program.

Service Providers: Nevada State Department of Corrections; City of Las Vegas

Fundamental Component: **OUTREACH SERVICES**

Outreach in Place:

Street-based Outreach Teams: These teams, made up of two or more persons (often designed with multiple disciplines) actively seek out service-resistant persons staying in the Wash areas, vacant lots, abandoned buildings, and other unsuitable places to provide crisis intervention, case management, and assessment and monitoring of service plans. Two of these outreach teams can provide direct financial assistance to overcome barriers or actively link the clients to the other community services, a helpful tactic when dealing with service-resistant or service-burned-out people. One of these outreach teams will work or respond on weekends or evenings.

Service Providers: LVMPD/HELP Team; Thursday HELP Team; Health Care for the Homeless Team; Straight from the Streets; Homeless PACT Team; US Veterans Initiative Outreach Team; WestCare's Dusk to Dawn Team; Nevada Partnership for Homeless Youth; Street Teens; Salvation Army's PATH Outreach Team; Clark County Outreach Team for HIV/AIDS; Clark County Social Services' COACH Program;

Service-Based Outreach Teams: Several teams respond to hospitals, jails, local businesses or even the emergency shelters to assist with crisis intervention, assessment and placement into appropriate housing or services. Others have designated particular staff to help homeless individuals apply and receive services or benefits.

Service Providers: SNAMHS' PACT, Forensic Case Management and Continuity of Care programs; Salvation Army's Community Response Team; Nevada Partnership for Homeless Youth; Clark County School District; Clark County Social Service; Social Security Administration;

Service As Outreach: Many providers and/or faith-based groups provide a service or amenity in a low-demand environment and thereby hope to serve the service-resistant and encourage the rebuilding of their trust. Meal sites, Drop In Centers offering respite from the weather and street elements, and the Stand Down for the Homeless convention all offer services and amenities with "no-strings" to attract the service-resistant homeless. Safe Nest/LVMPD have partnered to offer a Crisis Response Team, which provides on-site, emergency counseling, and case management to women experiencing the aftermath of a domestic violence situation.

Service Providers: Faith-based food distribution programs; The Salvation Army's Safe Haven; the Day Shelter programs at The Salvation Army, The Shade Tree, and Catholic Charities; Street Teens Drop In Center; Nevada Partnership for Homeless Youth A Safe Place program.

Fundamental Component: **SUPPORTIVE SERVICES**

Case Management in Place: Case management requires more than I&R; its goal is to assist a client all the way through the "system" and back to stability and self-sufficiency. Case Management involves monitoring of the service plan (or, Plan of Action), actively linking clients to community resources, advocating on behalf of clients with other "systems", providing direct (often financial) assistance to overcome barriers, and developing a plan for the household's continued stability after case management ends. There are both public and private agencies that will provide case management to certain subpopulations, such as senior citizens, families, the indigent, those living with HIV or AIDS, or members of their faith or ethnic community. There are seventeen (17) nonprofit agencies providing case management services to homeless persons staying in their housing units or shelter facilities, and Clark County Social Service, which provides case management for indigent individuals.

Service Providers: Catholic Charities' Resident Work Program; Center for Independent Living; Clark County Social Service; Clark County Social Service's COACH Program; Interfaith Hospitality Network; The Key Foundation; Las Vegas Rescue Mission; Mojave Mental Health; Nevada Health Center's Health Care for the Homeless; Nevada Partnership for Homeless Youth; Safe Nest; SAFE House; The Salvation Army; The Shade Tree; So. Nevada Adult Mental Health; Straight from the Streets; US Vets at the Meadows; WestCare Nevada; and Women's Development Center

Life Skills in Place: Life skills are incorporated into all homeless providers' programs that require case management. Comprehensive life skills programs on particular topics (particularly Parenting) are provided by mainstream programs to all interested households, including the homeless. Basic reading and writing skills are in short supply, as are programs that build job retention skills.

Service Providers: Clark County Family Services; Family Resource Centers; Family-to-Family Connection; Nevada Partners; Nevada Association of Latin Americans; HELP of Southern Nevada's Displaced Homemakers Program.

Alcohol/Drug Abuse Treatment In Place: Some health insurance programs cover substance abuse treatment, but most do not. For the uninsured, Southern Nevada is home to four nonprofit organizations providing 330 in-patient beds for substance abuse treatment. The treatment is subsidized in part by the State's Bureau of Alcohol and Drug Abuse (BADA). Outpatient treatment is available from these four providers as well as many other sources. Veterans have access to Arville House inpatient treatment services provided through the VA and outpatient treatment provided by the VA Health Clinics. Homeless persons seeking treatment and support for substance abuse issues compete with all other low-income, uninsured persons in Southern Nevada for the 330 inpatient treatment beds subsidized by the State. While Outpatient Treatment may be an option for housed individuals, it really is not helpful for homeless individuals. Additionally, Clark County has a Drug Court program, and has expanded the concept to include the nation's first Juvenile Drug Court, a Prison Re-entry Drug Court, and Child Support Drug Court. These Drug Courts provide reduced sentences and/or other considerations for persons engaging in drug treatment and remaining clean for a period of time.

The WestCare Community Triage Center is the community's primary detox center, and approximately 68% of its patients are homeless.

Many shelters offer on-site 12-Step programs or other substance abuse counseling, mainly designed to support continued sobriety. Six shelters have BADA-certified substance abuse counselors to provide one-on-one monitoring and support for homeless residents in their programs (four of these six serve youth).

Service Providers In-Patient Treatment: Community Counseling Center; EOB Treatment Center; The Salvation Army; WestCare Treatment Center; Spring Mtn Treatment Center

Service Providers Other Support: Center for Independent Living; Girls and Boys Town; WestCare Youth shelter; The Shade Tree Shelter; US Vets; Nevada Treatment Center; Las Vegas Indian Center; and Bridge Counseling Associates.

Mental Health Treatment: Southern Nevada Adult Mental Health Services (SNAMHS) is responsible for mental health care for the indigent, and provides a 24-hour crisis center and inpatient, as well as outpatient, services. Currently, SNAMHS has a capacity of 26 beds in the crisis center, and 105 beds in the psychiatric hospital. A new hospital has been approved by the Governor and Legislature, and will increase capacity to 217 beds in the psychiatric hospital if the Legislature approves an increase in staff for the 2006/2007 biennium. SNAMHS also has a Mobile Crisis Team (MCT) consisting of six social workers who travel to all 11 Las Vegas hospital emergency rooms to evaluate their psychiatric patients and, if feasible, develop safe discharge plans. The MCT is available 7 day a week from 7:00 a.m. to 10:00 p.m.

Using existing resources of SNAMHS and the Eighth Judicial District Court, a Mental Health Court was instituted in January 2004. The Mental Health Court serves to encourage individuals to re-engage and remain in mental health treatment. Individuals under the jurisdiction of the court are ordered into

treatment and monitored weekly. After successful compliance for two years, their charges are dismissed. The Legislature is considering expanding this program to include 3 court service coordinators and 75 residential support beds for this population, which includes many chronically homeless individuals.

The Salvation Army offers a continuum of services – shelter, food, case management, and support groups – on its Las Vegas Owens Campus to serve the homeless mentally ill. The Salvation Army offers 25 Safe Haven beds, 42 Pathways transitional beds, 130 free emergency shelter beds, and 62 pay beds. The Salvation Army also employs outreach teams that pro-actively seek unsheltered mentally ill persons for services. If a homeless mentally ill person is eligible for Medicaid s/he may be served by Mojave Mental Health, which also has an outreach team to actively seek eligible persons.

Service Providers: SNAMHS; The Salvation Army; Mojave Mental Health.

AIDS/HIV Services: Housing and supportive services – including medical assistance – is available to persons living with HIV/AIDS in Southern Nevada via HOPWA funding from the City of Las Vegas and the indigent medical and housing services of Clark County Social Service. Housing assistance in the form of one-time or long-term rental or mortgage payment subsidies is available, as well as food vouchers and food pantries to supplement the person's nutritional intake. Clark County Social Service has a special HIV Case Management Team whereby clients receive housing assistance, Medical Cards, assistance paying COBRA insurance, and specialized case management.

Service Providers: Aid for AIDS of Nevada; Caminar; Clark County Social Service; Diversity Leadership Institute (Sista to Sista); Golden Rainbow; HELP of Southern Nevada; Las Vegas Fighting AIDS in Our Community Today (FACT); Nevada Association of Latin Americans (NALA); The Salvation Army; and Women's Development Center.

Education Services in Place: The needs assessment that case workers complete on clients as they enter the care system includes an assessment of educational needs. Remedial education, GED assistance, and vocational training are all available in the community to all citizens, including those who are homeless. Young adults aging out of the Foster Care system can be assisted with educational expenses, including tutoring, through the case management and financial assistance made available through the 2003 Legislature's AB94 legislation.

Service Providers: Clark County School District; Computer Assisted Literacy in the Libraries (CALL); Community College of Southern Nevada Workforce Development Center; Gay & Lesbian Center; Las Vegas Indian Center; NV Association of Latin Americans; Nevada Business Services; Nevada Partners; UNR Cooperative Extension; Nevada Partnership for Homeless Youth; Street Teens

Employment Assistance in Place: The state's Department of Employment, Training and Rehabilitation (DETR) and the programs sponsored by the Workforce Investment Act (WIA) offer a wide variety of job development, job training, and job placement assistance, primarily through three JobConnect offices (Henderson, North Las Vegas, and Las Vegas). The partnership with WIA providers makes each JobConnect office a one-stop shop for most employment-related needs, including basic literacy in reading, writing, computers, and English in the Workplace. When necessary, DETR's Career Enhancement Program can assist with work cards, uniforms, or other issues that become obstacles to accepting employment.

The state's Welfare Division requires the majority of its TANF recipients to enroll in the JobConnect employment programs, and also offers child care subsidies, on-the-job training, and assistance with uniforms to TANF recipients. The Welfare Division also offers non-custodial parents a wide variety of

employment-related assistance with the goal of increasing TANF recipients' child support income. The non-custodial parents can receive assistance with training, work cards, uniforms, interview clothes, and other miscellaneous assistance that TANF recipients receive from the JobConnect offices.

The Community College and the WIA partner agencies often recruit, train and screen potential employees for local employers needing a large pool of skilled persons. For instance, a call center may want to hire 50 telemarketers to sell long-distance service; it would contract with CCSN to provide a pool of candidates who have been oriented to the procedures, equipment and policies of the employer. These jobs typically pay more than minimum wage, and do not charge the recruited candidate for a job placement, as with other staffing businesses.

Catholic Charities and the Las Vegas Rescue Mission are the valley's largest suppliers of day labor. These two entities plus The Key Foundation actively develop job opportunities for the homeless and offer assistance with work cards, uniforms, and transportation to/from a work site. Catholic Charities is renovating the Gould Building into an Employment Center, which will be utilized by local businesses as well as private citizens for short-term labor needs. The Salvation Army provides training in the culinary arts through a partnership with the Community College of Southern Nevada and its dining room service, and works with the Culinary Union to place homeless individuals into jobs in hotels. The Key Foundation has developed a unique partnership with hotels and other services in area national parks, whereby The Key Foundation recruits, screens, and identifies persons appropriate for seasonal employment at the parks, and transports them to the work site. The parks provide room and board plus salary for these formerly homeless individuals who often stay on staff throughout the year. Those who wish to return to the Las Vegas Valley have job training and experience in the hospitality industry upon completion of their seasonal employment.

Transitional housing programs often offer some level of financial assistance for clients to help overcome barriers to employment (primarily, assistance with IDs, work cards, bus passes, and work clothes). Other homeless and at-risk of homelessness households are served by three nonprofits spread out geographically across the valley providing this kind of financial assistance to individuals and families who are not (yet) homeless. With slot machines even in the gas stations and convenience stores, these minimum-wage, entry-level jobs require a $75 Sheriff's Card, a $30 Health Card, a $20 TAM Card, a $20 Nevada ID or driver's license, a $30 one-month bus pass, and sometimes a $39 fingerprint background check before a job can be secured.

Access to phone messages for job interviews remains a huge obstacle to homeless individuals, but homeless youth and aging-out foster care youth are provided a personalized voice mail, free of charge, by the Nevada Partnership for Homeless Youth.

Service Providers: AARP Senior Employment; Bridge Counseling Associates; Clark County Social Service's GATE Program; Nevada State DETR; Las Vegas EVOLVE Program; Foundation for an Independent Tomorrow; HELP of So. Nevada's Displaced Homemakers Program; JobCorps; Las Vegas Indian Center; NV Partners; SNAMHS for the severely mentally ill; Welfare Division's NEON program; Catholic Charities – Residential Work Program and Employment Center; HELP of So. NV; The Key Foundation; Las Vegas Rescue Mission; Lutheran Social Services; NV Partnership for Homeless Youth; Safe Nest; The Salvation Army; US Vets at the Meadows; Women's Development Center

Child Care Services in Place: The State of Nevada administers the federal-state child care subsidy program, offering child care subsidies to low-income working families. There are five childcare agencies that offer childcare on a sliding-fee scale with three specifically assisting families in the homeless shelters with childcare while the families await subsidy from the State. Some transitional housing programs provide vouchers to their clients' child care provider until the client comes up on the Waiting List for state-subsidized child care, thus immediately removing a barrier to the family's return to self-sufficiency.

Service Providers: EOB Community Action Partnership's Child Care Assistance Division and Housing Division; NV Association of Latin Americans; Catholic Charities Child Care Center; Variety Day Home; Zion Methodist Child Care; Community Partners Child Care; and Women's Development Center

Transportation Assistance: A majority of programs serving the homeless and extremely low-income populations distribute bus tokens to assist clients to get to important medical, employment or other appointments. All Transitional Housing programs offer either bus passes or agency-sponsored transportation to assist clients in securing employment and attending appointments for mainstream programs. Most Street Outreach Programs will provide transportation and some level of accompaniment to the unsheltered during appointments with mainstream programs.

Service Providers: United Way of Southern Nevada; Clark County Social Service; HELP of Southern Nevada; Women's Development Center; EOB Community Action Partnership Housing Division; US Vets; City of Las Vegas' EVOLVE Program; HACA; The Salvation Army; Catholic Charities; Center for Independent Living; Interfaith Hospitality Network; The Key Foundation; NV Partnership for Homeless Youth; SAFE House; Safe Nest; SNAMHS; Lutheran Social Services

Medical Care in Place: Medicaid provides health care to 172,939 Nevadans with low-income or who are aged, blind and disabled. Medical services are provided as fee-for-service and through managed care networks, with the federal government providing 57.25% of the costs. Medicaid coverage is available to persons eligible for TANF, Child Health Assurance Program, or Medical Assistance for the Blind and Disabled. Clark County Social Service expends over $65 million each year in medical expenses and medications for indigent persons not yet receiving (or ineligible for) Medicaid, and also pays for emergency care of indigent persons in local area hospitals. Nevada Check Up provides health coverage to low-income, uninsured children not eligible for Medicaid. Additionally, Nevada parents can choose to purchase low-cost health insurance for their children through the Covering Kids program. The Clark County Health District provides immunizations, well-checks for children, family planning, tuberculosis treatment, pre- and post-natal care, and home health care, with many of these services requiring income eligibility determination. The University Medical Center (UMC) and the emergency rooms of hospitals are often the sole source of medical care for most of Southern Nevada's low-income individuals.

There are nine (9) private, community-based health clinics offering primary care in the Las Vegas Valley that offer a sliding-scale fee or reduction in fee for patients unable to pay for services.

The Nevada Health Centers is the provider of health care for the homeless in Southern Nevada and operates two health care clinics specifically targeting the homeless in the downtown area. In addition, they have a medical outreach team that pro-actively visits the homeless in shelters and elsewhere. The outreach team can check blood pressure, blood sugar levels, and provide dressing changes for those with wounds. They also dispense and deliver medications for those who cannot get to a clinic. The Clark County Health District's Public Health Nurses will attend to the health needs of persons staying

in shelters in the same way they attend housed individuals' needs. The Clinic on Wheels visits most shelters once a month, and will serve homeless individuals when operating in a low-income neighborhood. The Stand Down for the Homeless typically has a few doctors, nurses, and attendants providing health screenings and limited primary care. The Miles for Smiles staff attends the Stand Down, extracting teeth for free.

Service Providers: Clark County Social Service; Clark County Health District; Clinic On Wheels; EOB Health Clinics; HELP of So. Nevada – Emergency Resource Services; Huntridge Teen Clinic; NV Health Centers; UMC; VA O'Callaghan Hospital; JobCorps; Nevada Health Centers; Cambridge Community Clinic; Enterprise Health Care and Dental Clinic; Paradise Children's Dental Clinic

SAFAH-Link to Permanent Housing: With a Supportive Housing Program grant, the Women's Development Center offers housing counseling and financial assistance for households leaving emergency or transitional shelters. By moving these households out with some assistance once they have 30-days on a job, more room is available for newly homeless in the emergency shelters, and the assisted household continues its case management relationship with Women's Development Center for six months after leaving the shelter – ensuring a more stable environment once re-housed. Financial assistance is provided for the first month's rent; security and utility deposits; furniture and kitchen essentials; moving van rental; and other necessities that can be a burden for a family leaving homelessness. Families receive case management for six months after placement, and experience reduced recidivism. This is the only program of this kind in Clark County and helps families make the difficult and expensive transition into permanent housing.

Service Providers: Women's Development Center

Special Access to Bank Accounts: Nevada State Bank, as a result of its partnership with the Southern Nevada Homeless Coalition, has created a special second-chance bank account program which includes training on budget management and allows for direct deposit of paychecks, government entitlement checks, as well as on-line banking for paying bills.

Service Providers: Nevada State Bank

Problem Gambling Treatment: There exists a 24-hour confidential Problem Gamblers HelpLine (1-800-522-4700). Nevada Council on Problem Gambling offers "When the Fun Stops", a one-hour education program with full instructional support suitable for the workplace, community outreach through its Speakers Bureau, and Project 21 – a scholarship program for underage gambling prevention and education for Nevada youth. Recovery support is also provided by Gamblers Anonymous (GA) which is a 12-Step Program open to anyone who has a desire to stop gambling completely. Gam-Anon is a similar 12-Step support group for family members, friends and loved ones who are affected by someone with a gambling problem. Veterans can participate in the Intensive Outpatient Program for Problem Gambling at the VA Southern Nevada Healthcare System in Las Vegas.

Service Providers: Veterans Administration Health Clinics.

Technical Assistance to Service Providers to Improve Case Management and Other Services: In 2004 the Southern Nevada Continuum of Care instituted a series of in-service trainings for all case workers in the homeless service agencies. The Mainstream Programs Basic Training (MPBT) series brings together representatives from all mainstream services related to a particular topic. There are five "core" topics (Income Supports, Employment Services, Health Care, Legal Services, and Housing) and five "subpopulation" topics (Addictions & Mental Health, Families w/ children, Chronically homeless, Youth, and Seniors); as case workers complete any five (consisting of 20 hours of training) they

receive a Certificate of Completion. Furthermore, this MPBT forum serves as distribution point for the FirstStep information and referral software prepared by HUD and HHS. Participation in the MPBT trainings is required of agencies making application through the CoC funding competition. Throughout the training series, the concept of “No Wrong Door” is emphasized.

6. Housing Activity Charts. HUD Form CoC-G

EMERGENCY SHELTER

Provider	Facility	HMIS Partic.	HMIS # of Yr Round beds Ind.	HMIS # of Yr Round beds Fams	Geo Code	Target Pop. A	Target Pop. B	2005 Year-Round Units/Beds: Emergency Shelter Units/Beds Fam Units	Fam Beds	Indiv Beds	Total Year-Round	2005 Other Beds: Emergency Shelter Seasonal	Overflow
Girls & Boys Town	Free beds	Z	0		320108	YMF				16	**16**		6
Catholic Charities	Free beds	Z	0		320108	SM				0	**0**	200	30
Catholic Charities	Pay beds	Z	0		320108	SM				200	**200**		
Catholic Charities	RWP	Z	0		320108	SM				414	**414**		
CFIL	Free beds	N	36		320108	YMF				36	**36**	6	
IHN	Program be	N		14	329003	FC			14		**14**		
IHN	Ashleigh Ho	N		5	329003	FC			5		**5**		
HACA	Motel Vouch	N	5		320096	M					**0**		7
LV Rescue Mission	Free beds	Z		0	320108	M			26	58	**84**		
LV Rescue Mission	Program be	Z	0		320108	SM / SF				118	**118**		
Safe Nest/TADC	Free beds	N		35	320138	M	DV		103		**103**		
Safe House	Free beds	N		52	320096	M	DV		52		**52**		
Salvation Army	Free beds	S	130		320108	SM				130	**130**	40	
Salvation Army	Pay beds	S	62		320108	SM				62	**62**		
The Shade Tree	Free beds	z	0	0	320108	SF / FC			124	116	**240**	50	40
WestCare Nevada	CTC-Detox	Z	0		320138	SMF				50	**50**		
WestCare Nevada	Stepping St	Z	0		320138	YMF			20		**20**		8
			233	106	**TOTAL E.S. BEDS:**			**0**	**344**	**1,200**	**1,544**	**296**	**91**
					Unmet Need Totals:				***0***	***0***	***0***	***1,000***	***500***

Individual Beds in HMIS

1. Total Year-Round Individual ES Beds 1,200
2. Year-Round Indiv. ES Beds in HMIS 233
3. HMIS Coverage Individual ES Beds (%) 19%

Family Beds in HMIS

4. Total Year-Round Family ES Beds 344
5. Family ES Beds in HMIS: 106
6. HMIS Coverage Family ES Beds: 31%

Key:

HMIS Coverage:
- A=All clients are entered into HMIS
- S= Some clients are entered into HMIS
- N= None of the clients are entered
- Z= No plans to participate in HMIS

Target Pop:
- SM= only Single Males (18 yrs and older)
- SF= only Single Females (18 yrs and older)
- FC= only Families w/ children
- YM= only unaccompanied Young Males (under 18 yrs)
- YF= only unaccompanied Young Females (under 18 yrs)
- YFM= only unaccompanied youth
- M= Mixed populations

TRANSITIONAL HOUSING CHART

Provider	Facility	HMIS Partic.	HMIS # of Yr Round beds Ind.	HMIS # of Yr Round beds Fams	Geo Code	Target Pop. A	Target Pop. B	2005 Year-Round Units/Beds: Transitional Housing Units/Beds Fam Units	Fam Beds	Indiv Beds	Total Yr Round Beds
Catholic Charities	Crossroads & Marian	Z	0		320108	SM				24	**24**
Catholic Charities	St. Vincent/HELP	A	120		320108	SMF				120	**120**
Catholic Charities	HOME TBRA	Z		0	320108	M			58		**58**
EOB CAP	Project HOME	N		21	320108	FC		9	21		**21**
EOB CAP	Treatment Ctr TH	Z	0		320108	M				10	**10**
Golden Rule	Parson's Place	Z	0		320108	SMF				57	**57**
HACA	HOME TBRA	S	3	4	320096	M		4	3	4	**7**
HELP of So. NV	HOME TBRA	Z	0	0	329003	FC			81	20	**101**
HELP of LV	Bonanza View Apts	S	75		320108	SFM				75	**75**
The Key Foundation	Hsg for Veterans	N	23		320108	SM	VETS			23	**23**
Salvation Army	Safe Haven	S	25		320108	SFM	SMI			25	**25**
Salvation Army	Path & Pathways	S	42		320108	SFM	SMI			77	**77**
Salvation Army	Dorms/Voc Training	Z	0		320108	SFM				45	**45**
The Shade Tree	3rd floor TH	S	40	84	320108	SF/FC			84	40	**124**
SAFE House	House 1 & 2	N		12	320096	FC	DV	6	12		**12**
US Vets	Meadows Inn	N	208		320108	SM	VETS			208	**208**
US Vets	Alcoh/Drug Tx	Z			320108	SM	VETS			30	**30**
WestCare	Healthy Families	Z		0	320108	FC			25	35	**60**
WestCare	Young Faces	Z	0		320108	YFM				20	**20**
WestCare	HSR Transitional & S	Z	0		320108	YFM				46	**46**
WestCare	CTC - Detox	Z	0		320108	M				50	**50**
WDC	Middlesex	N		88	320108	FC		23	88		**88**
WDC	Elderly Women	Z		0	320108	FC				4	**4**
WDC	HOME TBRA	Z		0	329003	FC		10	60		**60**
			536	209	**TOTAL T.H. BEDS:**			**52**	**432**	**913**	**1,345**
					Unmet Need Totals:			***1,500***	***3,379***	***387***	***5,266***

Individual Beds in HMIS

1. Total Year-Round Individual TH Beds 913
2. Year-Round Indiv. TH Beds in HMIS 536
3. HMIS Coverage Individual TH Beds (%) 59%

Family Beds in HMIS

4. Total Year-Round Family TH E 432
5. Family TH Beds in HMIS: 209
6. HMIS Coverage Family TH Be 48%

I

PERMANENT SUPPORTIVE HOUSING FOR THE HOMELESS

Provider	Facility	HMIS # of Yr Round beds			Geo Code	Target Pop.		2005 Year-Round Units/Beds: Perm Housing Units/Beds			Chronic Only	Total Year-Round
			Ind.	Fams		A	B	Fam Units	Fam Beds	Indiv Beds		
CCSS	CHAD S+C	Z	0	0	scattered	M	HIV	8	18	13		**31**
SNAMHS	S+C	N	160	78	scattered	M	SMI	34	78	160		**238**
SNAMHS	SLA	Z	0	0	scattered	SMF	SMI	12	28	133		**161**
SNAMHS	Group Homes	Z	0		scattered	SMF	SMI	0	0	434		**434**
SNAMHS/CCH	HOME TBRA	Z	0		scattered	SMF	SMI	0	0	75	75	**75**
US Vets	PH	N	5		scattered	SM	VETS			5		**5**
Under Development:												
			165	78			**Totals:**	54	124	820	75	**944**
							Unmet Need Totals:	***200***	***460***	***251***	***1,979***	

34,488 Cost-burdened Seniors At-Risk
29,400 Cost-Burdened Families At-Risk

Individual Beds in HMIS

1. Total Year-Round Individual PSH Beds	820
2. Year-Round Indiv. PSH Beds in HMIS	165
3. HMIS Coverage Individual PSH Beds (%)	20%

Family Beds in HMIS

4. Total Year-Round Family PSH Beds	124
5. Family PSH Beds in HMIS:	78
6. HMIS Coverage Family PSH Beds:	63%

7. PARTICIPATION IN ENERGY STAR. HUD Form CoC-H

Are you aware of the Energy Star Initiative? ☒ Yes ☐ No

Have you notified CoC members of this initiative? ☒ Yes ☐ No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 25 % said they will try

8. HOMELESS POPULATION AND SUBPOPULATIONS CHART. HUD Form CoC-I

Part I: Homeless Population	Sheltered		Unsheltered	
	Emergency	Transitional		Total
1. Homeless Individuals	1,473 (A)	675 (A)	2,332 (N)	**4,480**
2. Homeless Families w/ Children				
2a. Persons in Homeless Families with Children	265 (A)	361 (A)	7,092 (A)[1]	**7,718**
Total (lines 1 + 2a only)	**1,738**	**1,036**	**9,424**	**12,198**
Part 2: Homeless Subpopulations	Sheltered		Unsheltered (optional)	
	Emergency	Transitional		Total
1. Chronically Homeless	479 (E)[2]	101 (E)[3]	1,399 (E)[4]	1,979 (E)
2. Severely Mentally Ill	178 (B)[5]	93 (B)		
3. Chronic Substance Abusers	575 (B)	301 (B)		
4. Veterans	371 (B)	195 (B)		
5. Persons with HIV/AIDS	59 (E)	13 (E)		
6. Victims of Domestic Violence	114 (B)	60 (B)		
7. Unaccompanied Youth (under 18 years)	56 (A)	20 (A)		
8. Elderly (over age 65)	135 (B)	71 (B)		

Key: (A) = administrative records of shelter occupancy on 1/26/05; (B) =average of monthly progress reports submitted by shelters (S) = statistically reliable sample; (E) = estimates; (N) = enumeration (from Street and Shelter Count on January 26, 2005)

[1] The 2005 Street and Shelter Count included the number of families staying in temporary accommodations such as motels, weekly apartments, or "doubled up" with friends and families, as reported by the Clark County School District's Homeless Program staff (a McKinney-Vento Act program).

[2] An estimate based on a statistical sample of two major shelters, and determined that an average of 32.5% were chronically homeless, down from 38.8% in 2004 using the same method.

[3] An estimate based on verbal reports of # of chronically homeless individuals in transitional programs in May 2005 (15.5% of total T.H. beds).

[4] An estimate based on interviews of sample of unsheltered homeless individuals the night of the count; 60% were determined by Count Leaders to be chronically homeless.

[5] Subpopulations are based upon average percent of clients reported in monthly progress reports for two of the major shelters (one primarily serving men, the other primarily serving women and families). SMI=11.3%; SubAbusers = 36.6%; Veterans=23.6%; DV=7.3%; Elderly=8.6%

a. Information Collection Method - Housing Activity Chart

The Housing Activity Charts are updated annually as part of the community process for completing this Consolidated Application. A spreadsheet indicating the previous year's shelter types and bed numbers was faxed to the shelters asking them to review and correct the chart, specifically asking for the number of beds/units available on the Street Count night of January 26, 2005. The cover letter to the fax included a brief description of the definition of an Emergency Shelter, Transitional Housing, and Permanent Housing with Supportive Services, and included a place for shelters to report "new" or "other" programs that may have been developed over the past year. If a shelter provider did not respond to the fax survey, CoC support staff made follow-up phone calls, a second fax request and/or contacted the Executive Directors to ascertain a current inventory. The information listed in the Housing Activity Chart is directly from agency staff, either by fax or over the phone.

The Emergency Shelter spaces reported in the Housing Activity Chart reflect bed spaces available for overnight sheltering on January 26, 2005 – the night of the Street and Shelter Count of the homeless in Southern Nevada. Emergency Shelter has been defined by this community as those units which provide basic life-sustaining services with little or no behavioral (e.g., self-sufficiency through employment) expectations. Emergency shelter beds have time limits (typically, 7 days free in any 30-day cycle, or 30-days "in" and 60-days "out") and are usually offered in a congregant manner. The overflow beds made available by the SNRPC Committee on Homelessness as part of its Inclement Weather Shelter plan is included, and listed in the Seasonal section.

The Transitional Housing spaces reported also reflect bed spaces available on January 26, 2005, and again reflect only Transitional Housing programs specifically targeting the homeless. Transitional shelter programs generally differ from emergency shelter programs in that transitional housing programs generally assess the prospective resident's appropriateness for the program and her/his willingness and capacity to adhere to program rules. The program rules, in turn, are designed to enhance the resident's self-sufficiency. Case management services are provided, as are other direct services designed to remove the obstacles individuals or families face when attempting to return to self-sufficiency. In addition, many Transitional Housing programs target specific subpopulations, tailoring their services to meet that population's needs. The subpopulation that is served is sheltered in a space that is appropriate to the individual's or family's needs, and the program provides for the resident's nutritional needs, either by providing access to kitchen facilities or by providing catered meals.

The Permanent Supportive Housing reported in the Housing Activity Chart reflect only those units specifically targeting the formerly homeless or those units supported with McKinney-Vento Act funds, as per the new guidelines for this year's CoC competition (2005 NOFA Q&A, May 25, 2005). Residents enter into a residential contract with the provider for 6 or more months, pay rent that does not exceed 30% of her/his income, and supportive services are available on-site in the form of case management, group therapy, or assistance with activities of daily living.

Unmet Housing Needs:

The unmet housing needs listed in the previous tables reflects only the units estimated for specifically homeless individuals and families. By analyzing the Housing Activity Charts and the total number of homeless individuals on the night of the count, as reported on the Homeless Population and Subpopulation Chart, it was determined where the various household types (families with children, unaccompanied minors, unaccompanied individuals) were sleeping the night of the count. With this information, assumptions were made as to the need for certain types of housing.

Individuals

Of the 2,332 unsheltered homeless individuals, the UNLV professors conducting the study estimated that approximately 60% (N=**1,399**) are chronically homeless, based on brief interviews with a sampling of the number counted that evening. These chronically homeless individuals do not avail themselves of the Emergency Shelters and existing service system for a variety of reasons, and so they would benefit most from placement directly into Permanent Supportive Housing first while supportive services are tailored to their needs. It is assumed that the other 40% (N=933) can use the system as it has been developed over the years (e.g., enter the emergency shelters, moving from there to either permanent housing or transitional housing if necessary).

Of the 1,473 individuals in Emergency Shelter, an estimated 32.5% (N=**479**) are chronically homeless who cycle in and out of the shelter system, utilizing their "free days" in shelters, and staying in the streets or camps during the "out" times of Emergency Shelters.[6] And, of the 675 individuals in Transitional Housing in May 2005, Providers report that 15.5% (N=**101**) qualify as chronically homeless, raising the ***total unmet need for Permanent Supportive Housing for the Chronically Homeless to 1,979 spaces***.

The remaining **994** individuals in Emergency Shelters and the **933** unsheltered who are not chronically homeless can presumably benefit by the shelter system as it has evolved – i.e., short stays in Emergency Shelter beds while they confront the acute crises that caused their homelessness, and longer stays in Transitional Housing units while they regain their stability and self-sufficiency and increase their skills. These **1,927** individuals can presumably be adequately served by the combined *2,113* beds available for emergency (N=*1,200*) or transitional (N=*913*) shelter. However, the longer stays in Transitional Housing necessitate that a continuum have more Transitional Housing units than Emergency Shelter spaces in order to facilitate movement to higher levels of independence. There is now a need for *1,300* Transitional Housing beds for individuals and a need for only *1,000* Emergency Shelter beds, or an ***unmet need of 387 Transitional Housing beds*** when you subtract the 913 existing T.H. units from the new need of 1,300 T. H. units. Any excess beds in Emergency or Transitional Shelter spaces could be re-tooled to fulfill some of the need for Permanent Supportive Housing for the chronically homeless.

The remaining **574** individuals in Transitional Housing (675 total persons, less 101 who are chronically homeless) should ideally be placed into other housing situations, offering more independence and self-determination. These individuals need independent housing that is affordable to households with incomes at or below 50% of Area Median Income.

Families

The Gaps Analysis for Families contains different assumptions. First, there is the assumption that families with minor children should never be "warehoused" in emergency shelter type facilities. We recognize – and appreciate – the importance of the *344* Emergency Shelter units in existence, but would prefer not to develop any more for families. Instead, these *344* beds should be re-tooled to serve unaccompanied minors, victims of domestic violence, and other populations needing immediate, emergency placement to be removed from life-threatening situations, and supportive services should be available with the focus being on a more permanent, independent housing placement. These congregate units may also be useful to be re-tooled to serve young adults aging out of Foster Care and/or ex-offenders being released from prisons and jails with no housing resources.

[6] This estimate is based upon an average of the monthly reports from The Shade Tree and The Salvation Army. See discussion of chronically homeless persons above for more information.

From this assumption, the **265 family members currently in Emergency Shelter** should be immediately moved into Transitional Housing units, which should henceforth become the first step for homeless families in the shelter continuum. Half of the 7,092 family households staying in temporary accommodations such as motels, weeklies, or doubling up (or, **3,546 persons**) are also in need of Transitional Housing and its supportive services, to increase their independence. Hence, there is a need of **3,811 Transitional Housing beds**, yet current inventory of only *432* – leaving an ***unmet need of 3,379 transitional units*.** Supportive services should focus on increasing the parents' earned incomes and life skills – including parenting and budgeting skills.

The 361 family members currently in Transitional Housing (an estimated **156 family households**) plus the remaining 3,546 unsheltered persons (an estimated **1,521 family households**) are working and paying for temporary shelter, but would be better served by moving into permanent housing that is affordable to households at or below 50% of AMI.

Concerning the larger picture of housing and its relationship to homelessness, Clark County, Community Resources Management Division, has been tracking the development of housing that is affordable to those leaving homelessness and/or at-risk of repeated episodes of homelessness due to being on a fixed income and/or the increasing costs of housing in the valley. Overall, there are 963 family units (approximately 2,223 spaces) and 2,163 individual units (SROs, studio, 1 bedroom, or approximately 2,593 spaces) that are affordable to households at or below 50% of Area Median Income. Further, development of affordable housing for the very low-income and extremely low-income has to be a crucial part of the community's homeless prevention strategy. The 2000 U.S. Census revealed that there were 34,488 elderly households and 29,400 family households experiencing a severe cost-burden (paying more than 50% of household income on rent). Thus, these households are more vulnerable to episodes of homelessness than if they were in affordable housing.

When the **574** homeless individuals and **156** family households in Transitional Housing, that should be moved into Permanent Affordable Housing, are added to the estimated **1,521** unsheltered family households that are working and paying for temporary housing; we find that another 2,251 affordable housing units are needed in addition to the **29,400** and **34,488** noted above — leaving us with a ***total unmet need of 66,139 units*** of housing affordable to those at or below 50% of Area Median Income.

b. Information Collection Method – Homeless Population and Subpopulations

Sheltered Portion: when CoC support staff faxed out the surveys to ascertain shelter inventory, they also asked for occupancy reports for the night of January 26, 2005. If a shelter did not return the fax, a follow-up phone call was placed, a second fax, and/or telephone call to the Executive Director. Shelter populations were obtained on eleven of eleven emergency shelters, and thirteen of thirteen transitional housing programs.

Unsheltered Portion: As with past Street Counts in Southern Nevada, volunteer enumerators were obtained from the UNLV student body and homeless service providers (particularly Outreach Teams) and Enumerator Teams of 2-3 persons were assigned a specific RMA map with defined boundaries (RMA = Rand McNally Area maps). Special training of the student volunteers was conducted in the weeks prior to the night of the count, and Las Vegas Metropolitan Police Department's HELP Team members provided safety tips and training on the night of the count.

The primary methodological change from the 2004 count was the discarding of the Multiple Systems Estimation procedure employed in the past, in favor of the HUD-recommended "Method 3" as outlined in the 2004 "A Guide to Counting Unsheltered Homeless People." This method used a

sampling method of public spaces using high- and low-probabilities for designated geographical areas. The UNLV Team used a pre-count night estimate of the different RMAs within Clark County. As a general guide, the UNLV Team first used prior count concentrations for the different areas while being mindful that in many important ways the unsheltered are a transient population. The Team also needed to consider that recent "sweeps" of the unsheltered population had most probably forced changes in the concentrations in varying RMAs. The pre-count night counts took place during the ten days prior to 26 January 2005. RMA's were then divided into "low", "medium", and "high" density areas. The Team then utilized random number tables to sample the "medium" and "low" density RMAs. Interestingly, though there had certainly been changes in population density since the 2004 count, the methods yielded results which were quite similar. However, it is nearly impossible to compare the 2005 count to previous counts to determine any changes in the homeless population because of the methodological differences.

To accomplish this, we will briefly apply the methodology used for the last two Street & Shelter Counts: the Multiple Systems Estimation procedure, based on a thorough review of the literature pertaining to homeless counts conducted throughout the country. This methodology employed the Horvitz-Thompson estimation theory, which relied upon a "hard count", follow-up counts and a transect analysis to address the "capture and recapture" problem of double-counting or under-counting homeless persons.

Comparison of Unsheltered Homeless in Southern Nevada
Using Same Methodology in 1999, 2004, and 2005

	1999	**2004**	**2005**	**Comments**
Unsheltered Individuals "Hard Count"	2,154	1,723	1,871	Individuals actually counted by volunteer enumerators
Adjustment Applied	2.34	2.34	2.34	Transect analysis adjustment figure not re-configured for 2005
Unsheltered Individuals identified by LVMPD Helicopter infrared technology and/or as camping at Lake Mead	158	117	461	
*Total **Unsheltered** Homeless Individuals*	*5,198*	*4,149*	*4,839*	*Decline may reflect increase in shelter spaces and improved services; or may reflect increases in "sweeps" of encampments pushing homeless out of urban core*
Temporarily Sheltered members of Families, but meets McKinney-Vento Definition for homeless programming through Clark County School District	*	1,341	7,092	In 1999: 300 children known to School District, but not counted
Sheltered on night of count	1,509	2,387	2,774	
Total Homeless Count:	**6,707**	**7,877**	**14,705**	Represents "Apples to Apples" comparison

This Continuum intends to conduct Street and Shelter Counts during the last week of January in every odd-numbered year, in accordance with HUD's directive. All future Street Counts will utilize

the "Method 3" described above, unless a better methodology is suggested by HUD or by research. In 2007, the Street Count will be followed up with interviews with a representative sampling of the point-in-time count, to ascertain the validity of the estimates used this year for the make-up of each subpopulation and to determine any trends in needs and service use based upon implementation of the Regional Homeless and Housing Plan.

9. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS). HUD Form CoC-J

a. HMIS Implementation:

(1) Planning Start Date (mm/yyyy): 09/2001

(2) Data Collection Start Date: 12/2004

(3) Date the CoC achieved or anticipates achieving 75% bed coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter		08/2005
Transitional Housing		03/2007
Permanent Supportive Housing (McKinney-funded units)	05/2005	

	Number of Programs	Percent of Total Programs
Street Outreach programs participating in HMIS	1	14%[7]
Other non-housing programs participating in HMIS	2	13%[8]

(4) Brief Narrative of Progress in HMIS Implementation since July 2004

We have continued to pursue the plan established to implement an HMIS system by October 2004, only with a revised timeline to June 2005. Two providers began using the system in October in a test mode to help us work out any last-minute issues, and we then began bringing on other agencies in January 2005. All CoC-funded projects and four non-CoC funded projects are scheduled to come on-line by June 30, 2005. The momentum for having HMIS is building, and several other non-CoC-funded providers have requested to be on HMIS also. We expect to have all agencies providing emergency shelters on HMIS by September 2005, and we should know by May of 2006 how many of their emergency shelter beds they will enroll in HMIS.

(5) Describe any Challenges and/or Barriers to implementation.

The Southern Nevada Continuum of Care has encountered a few obstacles, most notably the resistance of a minority of domestic violence providers in our community. We are working

[7] Of 10 Street Outreach programs, only US Vets Outreach is enrolled on HMIS: CCSS's COACH; 2 SNAMHS PACT Teams; Mojave Mental Health; Nevada Health Centers; NPHY; Straight from the Streets; US Vets; WestCare –Youth.
[8] Non-housing programs serving So. NV homeless: NPHY, NV Health Centers, Salv Army Family Services, 8 FRCs, HELP of So. NV, Lutheran Social Services, Emergency Aid of BC, and EVOLVE. Only LSSN and NPHY on HMIS now.

with the local HUD field office to address their concerns. We are confident this issue will be resolved. An additional challenge has been to get the providers to use the HMIS after training. We have implemented additional incentives for HMIS usage, and have seen an increase after doing so.

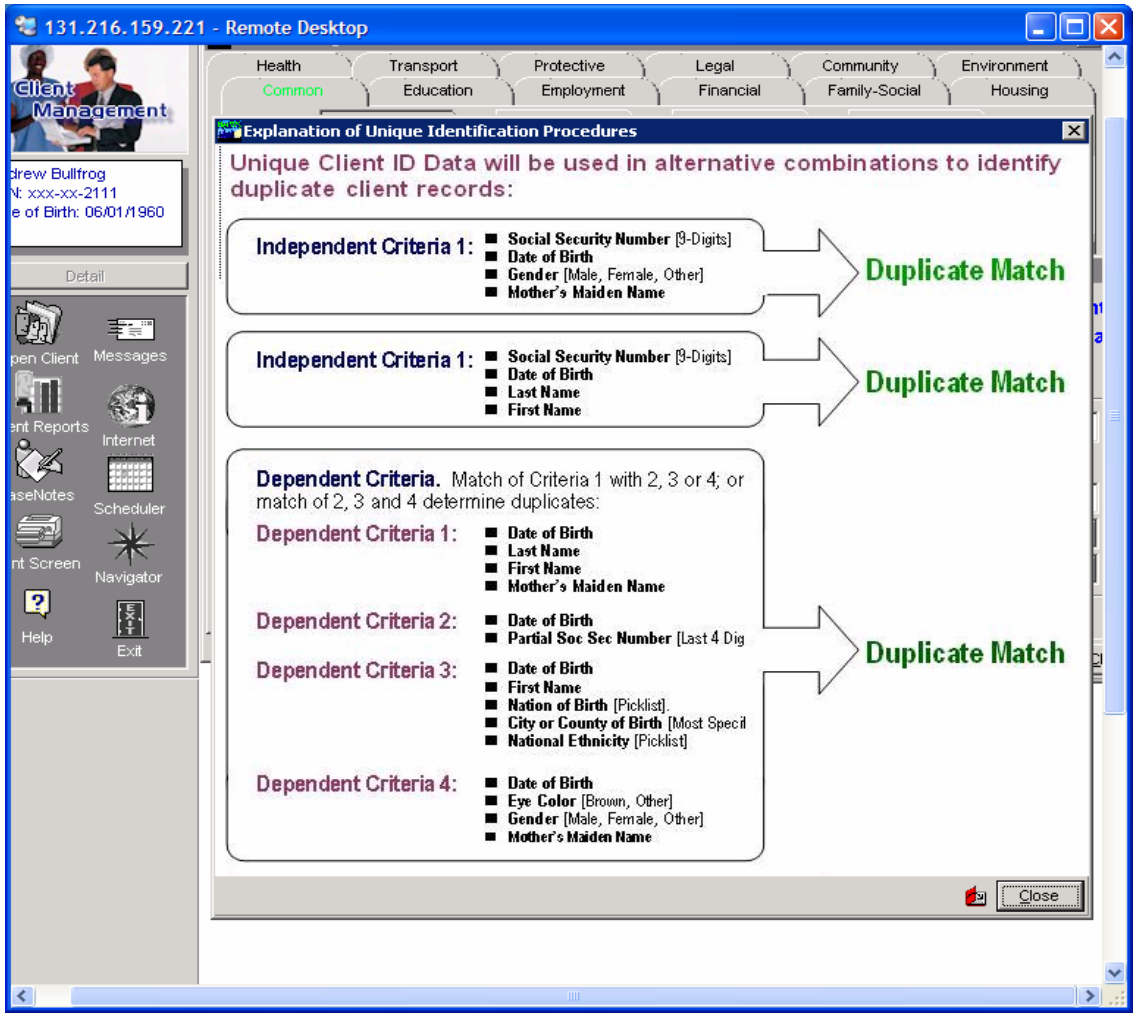
b. Brief Narrative of current/future strategies to implement HMIS Data and Technical Standards and the CoC's Strategy to Monitor and Enforce Compliance.

The SNRPC Committee on Homelessness has instituted a policy to provide bonus points or some other favorable scoring mechanism for funding requests from projects that utilize the HMIS program. We are currently developing procedures to ensure data quality in the HMIS, and will consider using similar incentives to improve data quality.

c. Counting Procedures

(1) Brief Narrative of CoC's methodology for unduplicated count**:**

The Nevada Partnership for Homeless Youth, the lead entity for the HMIS implementation, will use the design developed by MetSYS (our selected software) to de-duplicate client records. Below is a graphic description of the key demographic characteristics used to make a determination of a duplicate client record:



The Southern Nevada Continuum of Care includes an AHAR-designated community – Clark County (GeoCode 329003). The de-duplication process will be conducted several times a year to check data for submission in the Annual Homeless Assessment Report (AHAR).

(2) List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC:

Total Duplicate Records Entered in 2004	Total Unduplicated Client Records entered in 2004
43	43
Total Duplicate Records Entered from inception to May 31, 2005	Total Unduplicated Client Records entered from inception to May 31, 2005
637	563

d. HMIS Lead Organization Information:

Organization: Nevada Partnership for Homeless Youth

Contact Person: Bryan Tosi, HMIS Project Administrator

Phone: (702) 383 – 1332

E-mail: hmis@nphy.org

e. List of the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the HMIS is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization. (HUD-defined CoC names and numbers are available at www.hud.gov).

Las Vegas/Clark County CoC NV500

10. CoC PRIORITIES CHART. HUD Form CoC-K

Applicant	Project Sponsor	Project Name	Numeric Priority	Requested Project Amount	Term of Project Years	Program and Component Type				
						SHP New	SHP Renew	S+C New	S+C Renew	SRO New
Southern Nevada Adult Mental Health	Same	Samaritan Hsg - New Perm. Hsg for 18 Chronically Homeless (HUD4)	**1**	681,600	5			TRA		
US Vets, Inc.	Same	Perm. Hsg Renewal – 10 units	**2**	266,616	2		PH			
HELP Las Vegas Housing Corp II	Same	HELP@Owens - 75 new P.H. units	**3**	887,342	3	PH				
The Salvation Army	Same	Pathways T.H. – 42 beds	**4**	1,328,931	3		TH			
US Vets, Inc.	Same	Veterans In Progress – 118 persons SSO	**5**	357,002	3		TH			
Center for Independent Living	Same	Transitional Housing for 28 Homeless Youth and Young Adults	**6**	609,062	3	TH				
St. Vincent HELP, Inc.	Catholic Charities	Case Management for T.H. – 50 persons SSO	**7**	265,279	3	TH				
EOB Community Action Partnership	Same	Project HOME – T.H. for 9 families	**8**	329,351	3		TH			
So. NV Adult Mental Health Services	Same	Shelter Plus Care Renewal – 80 units	**9**	704,112	1				TRA	
	Total Requested Amount:		**$5,429,296**							

Note: The Southern Nevada Continuum of Care does not qualify as a Hold Harmless Continuum this year This Consolidated Application totaling $5,429,296 is comprised of 64% of Housing Activities.

a. Renewal Project Assessments:

☐ Audit ☒ APR ☐ Site Visit ☒ Monitoring Visit ☐ Client Satisfaction

Each renewing project had a site visit by representatives from The United Way of Southern Nevada. During the site visit, the United Way staff reviewed client files, program files and interviewed program staff concerning the project services, goals, and client outcomes. A narrative report assessing the project's effectiveness in achieving the project goals, its effectiveness in using community resources and in its service delivery was submitted to and reviewed by the CoCAC and CoCTAB. The Renewal Review Reports also assessed the project's client outcomes, and ultimately

assigned a score of 0-10 based on the project's Community Impact (up to 2 points), Project Performance (up to 3 points), and the successful outcomes for clients (up to 5 points).

How each New Project Fills a Gap: The CoCAC and CoCTAB were extremely pleased to see the three applications for Permanent Housing (two new, and one renewal), as the lack of Permanent, Affordable housing with supportive services is identified as one of this community's most urgent needs. To this end, the CoCAC prioritized the three permanent housing projects as the top three projects, even though two of the Transitional Housing programs (The Salvation Army Pathways program and US Vets VIP program) received higher scores in the objective scoring.

New Project –Priority One: So. NV Adult Mental Health Services' 18 units Shelter Plus Care will provide rental subsidies for permanent housing for 18 chronically homeless individuals who will receive supportive services from the State. This "Housing First" project for the mentally ill homeless fulfills two of the SNRPC CoH's top Ten Goals and Strategies for reducing and ending homelessness in Southern Nevada: providing supportive services to an increased number of severely mentally ill homeless and placing them into housing with wrap-around services. Additionally, this project exemplifies the SNRPC CoH's goal of maximizing funding opportunities by connecting these federal housing funds to the State's limited mental health service funds, significantly increasing the number of severely mentally ill homeless persons served.

New Project - Priority Three: HELP Las Vegas Corporation's HELP@Owens Project will create 75 new units of housing affordable to formerly homeless addicts and supportive services to insure these disabled individuals remain housed. This SHP grant seeks $400,000 in gap funding for an increase in construction costs, to supplement LIHTF, Bonds, and HOME funds already secured. This rapidly growing community is experiencing an ever-growing dearth of affordable housing, and these 75 units will be made available to disabled homeless individuals with initial incomes at or below 35% of Area Median Income. Additionally, by moving these disabled homeless individuals from existing Transitional Housing units, those transitional units become available to serve other homeless individuals.

New Project – Priority Six: Center for Independent Living's Transitional Housing program meets a number of the SNRPC CoH's top Ten Goals, particularly preventing future chronic homelessness by supporting services for homeless youth. The SNRPC CoH Gaps Analysis also identified a need for intensive case management that is client-focused to facilitate the transition from homelessness, and the services prescribed by the CFIL meet these two criteria as well. The 28 homeless youth and young adults that will be served (point in time) by this project will receive the monitoring, support and life skills necessary to be productive members of our community.

New Project – Priority Seven: Catholic Charities' Case Management for the St. Vincent-HELP Apartments also implements the CoH's Goal of offering client-centered, intensive case management to the hard-to-serve homeless population sheltered in its 120 units of Transitional Housing. By adding a case management component, the residents of the Transitional Housing project will be assured of enrolling in mainstream services and securing housing upon exiting.

b. Project Selection and Priority Placement Process was fair and impartial:

(1) Specify the open solicitation efforts for projects: When the SNRPC Committee on Homelessness began in December to solicit nominations for the two subcommittees that would be used in the 2005 CoC competition, discussions and recruitment for potential projects were also initiated, particularly for projects to serve the chronically homeless. Once HUD published the SuperNOFA, a notice of its publication was faxed out to Homeless Coalition members

utilizing the WinFaxPro computer program which sent the notice out to 348 individuals overnight. Notices of all HUD CoC web casts, local trainings and public hearings were also faxed using this fax list.

An article appeared in the Las Vegas Sun newspaper inviting interested persons to the first Technical Assistance workshop held on Thursday, March 31, 2005. Nonprofit housing developers were specifically invited to that first Technical Assistance meeting, and the content of the meeting focused on providing general information about this funding opportunity, and specifically recruiting permanent supportive housing projects and projects to serve the chronically homeless.

This community is committed to opening participation in this competition to as many nonprofit organizations as possible. To that end, this community provides intensive technical assistance, including one-on-one meetings with potential applicants each year, and regularly meets with interested parties throughout the year so they are prepared when the NOFA is published. The CoC Technical Assistance Board (CoCTAB) specifically has four representatives to assist with grantsmanship to further encourage applications from smaller, community-based organizations.

(2) Identify objective rating measures: Three different rating measures were used in this year's CoC project prioritization. First, all projects (New and Renewing) were ranked according to their Preference Point score, which is completed by the Applicant. The Preference Point Self-Scoring Worksheet was first developed in the 2004 competition, and serves to inform applicants of their relative priority placement, based upon the needs of the community and the funding preferences detailed in the NOFA. Eighty points are possible, broken into different categories of importance to our community. For instance, this year 10 preference points were awarded to any Permanent Housing projects that *exclusively* served the chronically homeless. An additional 10 points were available to any project that primarily serves the chronically homeless (70% or more of the clients are chronically homeless). Projects requesting more housing activities than supportive services activities and those bringing more leveraged resources to the project get higher points on a sliding scale from 0 to 10. This community has identified a high need for agencies to offer supportive services during office hours that differ from the mainstream programs office hours, and so has provided for up to 7 preference points for weekend or evening hours. Similar preference points were provided for partnerships/joint ventures, Nevada-based sponsors, participation in MPBT, and utilization of the HMIS.

Next, each renewing project had an on-site monitoring review of client files, project files, and staff interviews. Renewing projects could claim up to 10 preference points on the Preference Points Self-Scoring Worksheet based upon their performance and the evaluation of the on-site monitoring visit. The United Way of Southern Nevada conducted these on-site monitoring visits and issued written project evaluations, including a score of between 0 – 10 (ten representing a High Impact on our Community, a High Performer, and having the most successful outcomes for clients).

Finally, the CoC Allocations Committee (CoCAC) and the CoC Technical Assistance Board (CoCTAB) members rated each application based on Project Feasibility criteria, looking at the applicant agency's knowledge and experience with homelessness in general, and the targeted population specifically, the agency's accounting and grants management experience, the type and scale of housing, and the project's impact on Southern Nevada's homeless population, among other criteria. The CoCAC and CoCTAB members turned in their Project Feasibility

worksheet and an average score was assigned to each project and added to the Preference Points Self-Scoring Worksheet to determine an initial ranking based on these objective criteria.

After assessing the full funding request of all projects in this ranked order, the CoCAC then embarked upon intense discussion and analysis of options for maximizing our funding opportunity.

(3) Review Panel Participants: Two committees were tasked with reviewing the potential projects and prioritizing them. The CoCAC has 11 members, and is comprised of representatives from each major stakeholder in supporting and funding homeless services in Southern Nevada: Casino, Local Business, Civic Organization, Financial Institution, Housing Developer, SNRPC Committee on Homelessness, and the grant monitoring arm of each local government.

The CoCAC was assisted by the CoCTAB, which is made up of subject-matter experts available to both applicants and CoCAC members to offer professional advice and opinion considering project implementation. The CoCTAB attended all the meetings of the CoCAC and received the same training on the application and competition, and participated in the prioritization only by completing the Project Feasibility worksheet.

Both committees were appointed by the SNRPC Committee on Homelessness. Five of the 11 CoCAC members were nominated by member agencies of the Southern Nevada Homeless Coalition. The balance of the committee was comprised of a member of the SNRPC CoH and the managers or senior planners of Community Development departments of each of the local governments.

While the CoCTAB may have members from the provider community, by reserving the ultimate prioritization list to the CoCAC, the process can benefit from their knowledge and experience while avoiding bias.

(4) Voting System Used: Applications were submitted with the Applicant Preference Point Self-Scoring Worksheet as its first page. CoC Support Staff reviewed the self-scoring and verified any preference points claimed. Applications were then copied and distributed to the CoCAC and CoCTAB in the ranking order (highest to lowest score). Applicants made a brief presentation to the CoCAC and CoCTAB on Tuesday, May 24th answering any questions the committees had. On Thursday, May 26th, the CoCAC and CoCTAB had an opportunity for final discussion, and turned in their Project Feasibility worksheets. While the CoCAC and CoCTAB lunched, CoC Support Staff added the average Project Feasibility Score to the Applicant Preference Point, and then re-ordered the list based on the new combined scores. The CoCTAB at this point became strictly advisory and only the CoCAC considered the funding requests and how to best maximize the opportunity for the community.

(5) Hold Harmless ProRata Reallocation: Not Applicable

(6) Written Complaints: After the 2004 CoC ranking, an applicant made complaints to local government officials and perhaps even HUD officials, but never submitted a written complaint to the Southern Nevada Continuum of Care. During the 2005 process, an applicant wished to appeal a recommended cut of $100,000 in Supportive Services for its permanent housing renewal project. The CoCAC compared the requested supportive services for the five (5) residents of this permanent housing project to the services provided by other projects submitted this year, and felt that the US Vets, Inc. request of $351,622 was too excessive. Upon receipt of written complaints, the CoCAC and CoCTAB reconvened on Wednesday,

June 8, 2005 to consider new information from the applicant agency. The applicant agency – US Vets, Inc. suggested that if the Committee were to approve the full Supportive Services budget, but reduce the approved term of the grant to two years, it would then seek a contract amendment with HUD to serve 10 homeless veterans with Permanent Supportive Housing in the upcoming years. The Committee considered that by doing so, they could provide more Permanent Supportive Housing units for the chronically homeless to SNAMHS and amended its recommendation.

Hence, this community is submitting a Consolidated Application that includes a request for 18 Shelter Plus Care units to serve the chronically homeless; and a renewal application from US Vets to increase their 5 Permanent Supportive Housing units to 10 PSH units. Should an agency wish to appeal the CoCAC's decision, they would then take it to the SNRPC Committee on Homelessness for consideration and action.

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11. CoC SUPPLEMENTAL RESOURCES. HUD Form CoC-L

a. Mainstream programs for which CoC systematically helps homeless persons obtain benefits:

☒ SSI ☒ SSDI ☒ TANF ☒ Medicaid ☒ Food Stamps

☒ SCHIP ☐ WIA ☒ Veterans Health Care

b. Policies currently in place to help clients secure benefits:

☒ A majority of homeless assistance providers have case managers who systematically assist clients in completing applications for mainstream benefit programs.

☐ The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.

☒ The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.

☐ A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.

☒ The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.

The Southern Nevada Continuum of Care has implemented a Mainstream Programs Basic Training program, offering 4 hours of training each month on various mainstream programs available for five core needs areas (Housing, Income Supports, Health Care, Employment, and Legal Services) and five subpopulation areas (Families with children, Addictions and Mental Health, Chronically Homeless, Seniors, and Unaccompanied Youth). Front-line staff of each homeless assistance provider is encouraged to attend. Additionally, up to 10 "preference points" are provided to CoC projects whose staff has attended at least three of the Mainstream Programs Basic Training in the last year. As the program develops further, the requirement will increase. Once a staff member has completed 20 hours of training, s/he receives a Certificate of Excellence in Serving the Public – a distinction of professional excellence and agency commitment to client services.

☐ A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.

☒ A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.

This community has several Outreach Teams that assist the unsheltered as well as the sheltered with application and compliance issues for mainstream programs. Clark County Social Service has a team that focuses on SSI and SSDI eligibility; US Vets has three teams that focus on Veterans Benefits; and Nevada Health Centers has two teams to assist with health care benefits.

☐ Other:

12. RENEWING PROJECTS PERFORMANCE. HUD Form CoC-M

a. Housing

(1) Permanent Housing: ☒ All Permanent Housing projects renewing in 2005 are included in table below (Two renewing Permanent Housing Projects: US Vets, Inc. and SNAMHS 80 S+C)

(a). Number of participants who EXITED PHS projects during the operating year: **20**

(b). Number of participants who DID NOT LEAVE the projects: **72**

(c). Of those who EXITED, how many stayed longer than 6 months: **13**

(d). Of those who DID NOT LEAVE, how many stayed 6+ months: **60**

(e). Of the total number of participants in Permanent Supportive Housing, what percentage stayed longer than 6 months: **79.3 %**

(2) Transitional Housing: ☒ All Transitional Housing projects renewing in 2005 are included (Three Renewing T.H. Projects: Pathways, US Vets VIP, EO Project HOME)

(a). Number of participants who EXITED TH projects: **696**

(b). Number of participants who Exited and moved to Permanent Housing: **259**

(c). Of the number of participants leaving Transitional Housing projects, what percentage moved to permanent housing? **37.2 %**

(3) Supportive Services: ☒ All non-HMIS Renewal projects are included

# of Adults Who Exited Programs	Income Source	# of Exiting Adults with Source of Income at Exit	% with Income at Exit		# who had this source at Program Entry	Improvement / (Worsening)
716	a. SSI	55	7.7%		43	28%
716	b. SSDI	58	8.1%		37	57%
716	c. Social Security	4	0.6%		4	0%
716	d. General Public Assistance	1	0.1%		0	0%
716	e. TANF	14	2.0%		14	no change
716	f. SCHIP	0	0.0%		0	0%
716	g. Veterans Benefits	48	6.7%		43	12%
716	h. Employment Income	261	36.5%		29	800%
716	I. Unemployment Benefits	10	1.4%		11	-9%
716	j. Veterans Health Care	2	0.3%		2	0%
716	k. Medicaid	26	3.6%		25	4%
716	l. Food Stamps	63	8.8%		35	80%
716	m. Other: **Child Support**	0	0.0%		0	0%
716	m. Other: panhandling/day labo	1	0.1%		11	N/A
716	n. No Financial Resources	268	37.4%		524	-49%

13. PROJECT LEVERAGING CHART. HUD Form CoC-N

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
1	SNAMHS P.H.	Financial	State of Nevada General Fund	$ 5,020,247
2	US Vets P.H	Service	VA Southern Nevada Healthcare System	$ 22,950
2	US Vets P.H	Service	National Collaboration for Homeless Veterans	$ 119,034
3	HELP @ Owens	Financial	City of Las Vegas HOME	$ 1,300,000
3	HELP @ Owens	Financial	Clark County HOME	$ 600,000
3	HELP @ Owens	Financial	HELP Las Vegas Housing Assoc., LPII	$ 5,666,270
3	HELP @ Owens	Financial	HELP Las Vegas Housing Corp II	$ 127,396
4	SA- Pathways	Service	Salvation Army ARP	$ 27,000
4	SA- Pathways	Service	Mojave Mental Health	$ 177,216

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
4	SA- Pathways	Financial	State of NV Group Home Payment Agreements	$ 816,000
4	SA- Pathways	Financial	State of NV ISLA Arrangement Contract	$ 777,600
4	SA- Pathways	Case Management	Southern Nevada Mental Health	$ 608,730
5	US Vets VIP	Service	Dept of Employment, Training and Rehabilitation (DETR)	$ 41,184
5	US Vets VIP	Service	National Collaboration for Homeless Veterans	$ 260,400
5	US Vets VIP	Service	Dept. of Veterans Affairs	$ 1,879,875
6	Center For Independent Living	Financial	United Way	$ 30,000
6	Center For Independent Living	Financial	BADA	$ 36,000
6	Center For Independent Living	Financial	CDBG City of LV	$ 15,000
6	Center For Independent Living	In-Kind	Center for Independent Living	$ 124,000
6	Center For Independent Living	Financial	MGM Mirage Voice Foundation	$ 15,000
6	Center For Independent Living	Financial	Bank of America	$ 10,000
6	Center For Independent Living	Financial	Citibank	$ 5,000
6	Center For Independent Living	Financial	Tiger Woods Foundation	$ 5,000
7	St. Vincent HELP Apartments	Financial	CDBG	$ 10,000
8	EOB CAP—Project HOME	Financial	CDBG	$ 36,085
			Total Leveraging:	**$17,729,987.00**