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# Gap Analysis Summary

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On February 22, 2001, the Southern Nevada Regional Planning Coalition (SNRPC) Board established a Homeless Task Force charged with constructing a workable plan to reduce homelessness throughout the region. This task force became the SNRPC Committee on Homelessness (CoH) on September 25, 2003. The CoH assumed responsibility for developing the proposed regional plan and adopted a planning process on September 16, 2004. The planning process will result in the completion of the ***Southern Nevada Regional Homeless and Housing Plan*** (SNRHHP), which will serve as a road map for addressing the needs of homeless citizens throughout Clark County, Nevada. Essential to developing this road map is an understanding of the nature and extent of homelessness within the region; identification of available resources and services currently available; awareness of the barriers to accessing existing resources and services; and knowledge of unmet needs.

This Gaps Analysis is designed to document available resources and services, barriers, unmet needs and the policies and procedures that need to be in place to bring about meaningful improvement in the region's continuum of care. Although these components were analyzed separately, it should be noted that many components have interlinking causes and effects. Therefore, homelessness must be addressed in a holistic manner.

## SERVICES

### Case Management Services

#### ***Issue Statements and Gaps***

- **Service Provider Staff Training Issues**

There are an inadequate number of professionally trained non-profit personnel to provide case management and other direct services to homeless clients. Some para-professional staff do not receive standardized training in interpersonal skills needed to effectively interact with clients and has limited knowledge of community services provided by other agencies.

**Gap:** Number of social workers and other professional staff employed by non-profit service providers

**Gap:** Standardized training for professional and para-professional staff

**Gap:** Assessment System for Existing Training Programs

- **Case Management Issues**

Many homeless individuals and families who access homeless services receive information and referrals, but have inadequate access to on-going case management.

**Gap:** Intensive case management

- **Accommodating Clients' Needs Issues**

Often service providers are unable to accommodate the varying needs of diverse homeless sub-populations and fail to solicit client input and feedback.

**Gap:** Client-centered services and programs with flexible hours

**Gap:** Off-site service delivery and transportation to office-based services

**Gap:** Multi-lingual oral and written communication

**Gap:** Linking services between agencies through technology (HMIS)

**Gap:** Client service surveys, exit surveys and follow-up interviews

## Employment Services

### ***Issue Statements and Gaps***

- **Identification and/or Work Card Issues**

One of the major barriers for homeless people in securing employment is accessing the financial resources necessary to secure required identification and/or work cards.

**Gap:** Programs having adequate funding to meet the demand and personnel to provide services in a timely manner

- **General Financial and Budgeting Education Issues**

Low paying jobs with limited or no benefits place people at a higher risk of homelessness. Individuals with inadequate education and training in financial matters and budgeting are also at a greater risk of homelessness.

**Gap:** Employment opportunities that pay a “living wage”

**Gap:** Financial management and life skill training programs which include budgeting

- **Other Barriers to Employment Issues**

Many homeless people experience difficulty in accessing quality employment services, education and/or training programs to become employable and other services necessary to present themselves in a manner that will encourage potential employers to hire them. On-going case management and ancillary services may also be unavailable or inadequate to support employment retention.

**Gap:** Job Development/Retention Services

**Gap:** Affordable, accessible child care

**Gap:** Reliable transportation: *Public* -Bus Passes and *Auto*- Repairs/Maintenance, Insurance, and Gas

## Problem Gambling Treatment

### ***Issue Statements and Gaps***

“Problem gambling is a progressive behavioral disorder in which an individual has a psychologically uncontrollable preoccupation and urge to gamble. This results in excessive gambling, the outcome of which is the loss of time, money and self-esteem. The gambling reaches a point at which it compromises, disrupts, and ultimately destroys the gambler's personal life, family relationships, and vocational pursuits. These problems in turn lead to intensification of the gambling behavior. The principal features are emotional dependence on gambling, loss of control and interference with normal functioning.” *The Nevada Council on Problem Gambling*

- **Problem gambling can make and keep people homeless**

**Gap:** Skill in identifying problem gambling

**Gap:** Problem gambling treatment programs

## Substance Abuse Treatment

### ***Issue Statements and Gaps***

- **Untreated substance abuse issues can lead to homelessness, mask mental health issues and prevent people from transitioning from homelessness to self-sufficiency.**

**Gap:** Number of medical and social detoxification programs

**Gap:** Long-term residential treatment programs (in-patient)

- Gap:** On-going case management, discharge planning and follow-up care
- Gap:** Support services for families of substance abusers
- Gap:** Alternative housing (sober living, outpatient)

## Mental Health Treatment

### ***Issue Statements and Gaps***

- **Untreated or inadequately treated mental illness can lead to homelessness and prevent mentally ill people from achieving self-sufficiency and becoming re-housed. Mental health services are woefully inadequate throughout Southern Nevada. Law enforcement and the criminal justice system are often utilized to deal with mentally ill homeless people.**
  - Gap:** State funding for mental health
  - Gap:** In-patient, out-patient and day treatment services/programs
  - Gap:** Crisis intervention
  - Gap:** Discharge planning
  - Gap:** Transitional and permanent supportive housing
  - Gap:** Facilities/programs for co-occurring disorders

## HIV/AIDS Services

### ***Issue Statements and Gaps***

- **There is a lack of adequate affordable housing with services for people infected with the HIV/AIDS virus across all diverse populations in Clark County.**
  - Gap:** Lack of supportive services
  - Gap:** Lack of affordable/adequate housing units
  - Gap:** Disconnect between funding (Ryan White Funds) and service providers
  - Gap:** Not enough Outreach to engage service resistant HIV/AIDS population

## Education Services

### ***Issue Statements and Gaps***

- **There has always been a strong link between education and employability. Although there are homeless people who are well educated and highly skilled, there are many in need of remedial education, job training, retraining and other ancillary services to transition to self-sufficiency.**
  - Gap:** Basic literacy, English as a second language and Workplace English
  - Gap:** Case management and referral to education and training program
  - Gap:** Educational/training programs for unaccompanied youth and young adults maturing out of the foster care system
  - Gap:** Affordable, accessible child care
  - Gap:** Reliable transportation *Public* - Bus Passes; *Auto* - Repairs/Maintenance, Insurance, and Gas

## Medical Services

### ***Issue Statements and Gaps***

- **Access to medical services and medication is becoming increasingly difficult for all Americans and can cause homelessness. The inability to sustain one's health intensifies the challenges of securing employment and transitioning from homelessness to self-sufficiency.**
  - Gap:** Medical insurance/prescription drug coverage
  - Gap:** Access to medical specialists
  - Gap:** Inadequate discharge planning and follow-up care
  - Gap:** Day respite for medically frail
  - Gap:** Access to refrigeration for temperature sensitive medications

## Dental/Vision Services

### ***Issue Statements and Gaps***

- **Homeless people frequently experience loss of teeth and poor vision due to lack of access to dental and vision services. Both of these conditions can result in reduced employability and the lack of proper dental care can bring about other health problems.**
  - Gap:** Free or sliding scale dental and vision services
  - Gap:** Publicly funded dental and vision services for minors with parents without dental coverage, unaccompanied youth and young adults maturing out of the foster care system

## Basic Needs Services

### ***Issue Statements and Gaps***

- **Homeless people generally have difficulty meeting their basic human needs. This has a detrimental effect on their physical and mental health which reduces their ability to secure employment and transition from homelessness to self-sufficiency.**
  - Gap:** Access to shower, bathroom and laundry facilities, appropriate clothing and personal hygiene products
  - Gap:** Nutrition standards in food services including special dietary needs
  - Gap:** Flexible meal times consistent with employment or employment search
  - Gap:** Storage of personal belongings, especially legal papers to establish identity

## Chronically Homeless Services

### ***Issue Statements and Gaps***

- **The U.S. Department of Housing and Urban Development (HUD) defines a person experiencing chronic homelessness as an “unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years”. Individuals experiencing this type of homelessness are frequently very resistant to**

**traditional outreach, services and programs. They require sustained intensive outreach in order to establish trust between themselves and service providers.**

**Gap:** Intensive long-term outreach and case management

**Gap:** Around the clock access to programs and services

**Gap:** Chronic homeless specific programs and services

**Gap:** “Housing First” projects with supportive services

## **HOUSING**

### **Homeless Prevention**

#### ***Issue Statements and Gaps***

- **Households living at or below the poverty level live on the brink of homelessness where a family crisis or circumstance can push the household over the edge and onto the street. As the cost of housing increases, more families are unable to meet increases in rent and utilities.**

**Gap:** Social service network for people at- risk of becoming homelessness, especially for youth and seniors

**Gap:** Funding to help at-risk populations with initial employment and moving expenses

**Gap:** Benefit payment standards in relationship to the cost of living in Southern Nevada

**Gap:** Quality affordable housing

### **Temporary Shelter**

#### ***Issue Statements and Gaps***

- **Families forced to live in doubled-up households, warehoused in emergency shelters or separated to get emergency shelter are not an uncommon occurrence throughout the Las Vegas Valley due to the lack of transitional family housing.**

**Gap:** Adequate housing necessary to move from transitional housing to independent living

**Gap:** Follow-up process to ensure clients are transitioning from shelter programs to stable housing

**Gap:** Temporary housing to keep families intact

### **Housing Affordable to the Very Low-Income**

#### ***Issue Statements and Gaps***

- **Rapid appreciation of housing, loss of existing apartment units to condo conversion, demolition of older buildings and increasing rents have substantially reduced the number of units affordable to households at and below 30% of area median income.**

**Gap:** Living wage that supports housing costs

**Gap:** Special needs housing for disabled and chronically homeless

**Gap:** Acceptance of Section 8 vouchers

**Gap:** Quality multifamily housing with affordable rents

# POLICY

## Performance Measurements

### *Issue Statements and Gaps*

- **Currently, no comprehensive approach to performance measurement exists.**  
**Gap:** Lack of training and capacity to effectively conduct performance measurement.
- **Currently, no cross-jurisdictional agreement has been established on whether, what, and how to measure performance.**  
**Gap:** Lack of common understanding of desired outcomes.

## Intergovernmental Coordination/Cooperation

### *Issue Statements and Gaps*

- **Intergovernmental coordination and cooperation is currently in the preliminary stages of development. There is a substantial need to increase intergovernmental communication, reduce duplicate reporting, enter into joint monitoring agreements and combine resources to achieve greater impact in addressing share problems.**  
**Gap:** Linking services between governmental agencies through technology  
**Gap:** Establishing joint funding, reporting and monitoring agreements  
**Gap:** Funding stream to finance programs/projects that support cohesive strategies to address homelessness

## Service Providers Coordination/Cooperation

### *Issue Statements and Gaps*

- **There is substantially greater competition between service providers than coordination and cooperation. This results in duplication of services, missed funding opportunities, reduced efficiency and less effective client services.**  
**Gap:** Linking services between agencies through technology (HMIS)  
**Gap:** Joint grant application to fund coordinated programs and services  
**Gap:** Balancing the needs of the continuum against those of a single agency

## Capacity Building

### *Issue Statements and Gaps*

- **Service providers are challenged to keep pace with the rapidly growing community. Most are fragile and lack the infrastructure required to meet the demands of new and existing service needs.**  
**Gap:** Board and staff development  
**Gap:** Development of new funding sources  
**Gap:** Technical expertise

## Regulatory Barriers

### *Issue Statements and Gaps*

- **Regulatory barriers to homeless people transitioning to self-sufficiency generally include rules and regulations governing main stream programs and the availability of affordable housing.**
  - Gap:** Coordination between Federal, state and local agencies in providing service and sharing information
  - Gap:** Comprehensive needs assessment at in-take for main stream programs
  - Gap:** Regulatory barriers to the development of affordable and alternative housing

# Case Management Services

Pro-Active Outreach, Assessment, Monitor Service Plan (or POA), Referrals to Community Services, Actively Link to Community Services, Client Advocacy thru System, Life Skills Follow-up, Direct Financial Assistance, Crisis Intervention, Public/Private Partnerships for Client, Discharge Planning, Youth, and HMIS

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## ***Issue Statements and Gaps***

### ▪ **Service Provider Staff Training Issues**

There are an inadequate number of professionally trained non-profit personnel to provide case management and other direct services to homeless clients. Para-professional staff does not receive standardized training in interpersonal skills needed to effectively interact with clients and has limited knowledge of community services provided by other agencies.

**Gap:** Number of social workers and other professional staff employed by non-profit service providers

**Gap:** Standardized training for professional and para-professional staff

**Gap:** Assessment System for Existing Training Programs

### ▪ **Case Management Issues**

Many homeless individuals and families who access homeless services receive information and referrals, but have inadequate access to on-going case management.

**Gap:** Intensive case management

### ▪ **Accommodating Clients' Needs Issues**

Often service providers are unable to accommodate the varying needs of diverse homeless sub-populations and fail to solicit client input and feedback.

**Gap:** Client-centered services and programs with flexible hours

**Gap:** Off-site service delivery and transportation to office-based services

**Gap:** Multi-lingual oral and written communication

**Gap:** Linking services between agencies through technology (HMIS)

**Gap:** Client service surveys, exit surveys and follow-up interviews

# Case Management Services

Pro-Active Outreach, Assessment, Monitor Service Plan (or POA), Referrals to Community Services, Actively Link to Community Services, Client Advocacy thru System, Life Skills Follow-up, Direct Financial Assistance, Crisis Intervention, Public/Private Partnerships for Client, Discharge Planning, Youth, and HMIS

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## Community & Client Perception:

The general consensus among the community is that a need exists to focus more fully on utilizing a system that will share information on homeless clients with other participating service providers, such as through the HMIS (Homeless Management Information System) network. A genuine need for on-going case management of homeless clients beyond information and referral programs was also identified. This is especially true in relation to the many young people who actually become homeless upon leaving the foster care system because they do not have a financial/social support network in place. It was also generally believed there is a lack of case managers who have bi-lingual/cultural competence. This skill/training is important to serve the many people who have immigrated into this area from other countries to find work.

## Services Available to Qualified Individuals including the Homeless:

Persons facing a crisis and needing assistance to resolve the crisis can turn to a number of public and private organizations for an assessment of their needs and referrals to community services, generally called Information & Referrals services, or I&R. These services which are geographically dispersed across the four cities within the valley are only accessible during regular business hours. For crises relating to personal safety there are 24-hour hotlines, but if a person is unavailable during week-days for telephoning or appointments, only Emergency Aid of Boulder City is prepared to respond after-hours.

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. Few, however, provide quick-acting, on-site crisis intervention or direct financial assistance to overcome barriers. Even fewer actively link their clients to the other community services by providing transportation and/or advocacy, or conduct pro-active outreach to ensure that all persons potentially in need of their services are contacted.

## Specific Services Available to the Homeless:

There are twelve (12) nonprofit agencies providing case management services to homeless persons staying in their housing units or shelter facilities. There are six outreach teams that pro-actively seek out service-resistant persons staying in parks, washes, or other unsuitable places to provide case management, assessment and monitoring of service plans. Only 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. Only one of these outreach teams will work or respond on weekends or evenings. Many unsheltered homeless people work spot- and day-jobs, and are not available during the normal business day. Some of the homeless population primarily have construction

jobs (typically normal business hours), and the unemployed homeless persons are consistently seeking employment from community businesses who only accept applications during “normal business hours”, therefore case management and other support services are desperately needed after-hours and during weekends.

There are several public agencies, such as Southern Nevada Adult Mental Health Services, Clark County Social Service, and the Social Security Administration, that have a homeless advocate on-site or who conduct outreach, to facilitate homeless person’s enrollment in services.

Homeless youth (“runaways and throwaways” under the age of 18) and young adults aging out of Foster Care are in desperate need of knowledgeable, sensitive case management and assistance through the services safety net until they can achieve self-sufficiency. Only two outreach teams focus on homeless youth and young persons, but a growing number of shelter programs will accept them once the outreach teams brings them in for services.

Overall, stable, predictable housing is a key component to successfully acting on one’s Service Plan and achieving self-sufficiency.

# Employment Services

Job Development, Job Training, On-the-Job Training, Job Placement, ID Cards, Work Cards, Uniforms/Shoes, Interview Clothes, Phone Messages, Dental/Vision, OTJ Follow-up Support (Retention), Basic Reading/Writing Literacy, English for the Workplace, Child Care Subsidy, Youth, and HMIS

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## **Issue Statements and Gaps**

- **Identification and/or Work Card Issues**

One of the major barriers for homeless people in securing employment is accessing the financial resources necessary to secure required identification and/or work cards.

**Gap:** Programs having adequate funding to meet the demand and personnel to provide services in a timely manner

- **General Financial and Budgeting Education Issues**

Low paying jobs with limited or no benefits place people at a higher risk of homelessness. Individuals with inadequate education and training in financial matters and budgeting are also at a greater risk of homelessness.

**Gap:** Employment opportunities that pay a “living wage”

**Gap:** Financial management and life skill training programs which include budgeting

- **Other Barriers to Employment Issues**

Many homeless people experience difficulty in accessing quality employment services, education and/or training programs to become employable and other services necessary to present themselves in a manner that will encourage potential employers to hire them. On-going case management and ancillary services may also be unavailable or inadequate to support employment retention.

**Gap:** Job Development/Retention Services

**Gap:** Affordable, accessible child care

**Gap:** Reliable transportation: *Public* -Bus Passes and *Auto*- Repairs/Maintenance, Insurance, and Gas

# Employment Services

Job Development, Job Training, On-the-Job Training, Job Placement, ID Cards, Work Cards, Uniforms/Shoes, Interview Clothes, Phone Messages, Dental/Vision, OTJ Follow-up Support (Retention), Basic Reaching/Writing Literacy, English for the Workplace, Child Care Subsidy, Youth, and HMIS

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## Community & Client Perception:

The general consensus among the community is that a need exists for better job development/coaching for homeless clients and employment opportunities that pay a living wage. Homeless clients need longer stays in shelters to prepare for employment. Employment services/programs that focus on homeless youth who have been discharged from the foster care system are also needed.

## Services Available to Qualified Individuals including the Homeless:

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, NLV, LV). 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 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.

A few organizations also offer comprehensive employment support services to a targeted population, such as AARP's Senior Employment program, the Foundation for an Independent Tomorrow's support for displaced homemakers, the City of Las Vegas' EVOLVE program for ex-offenders, and HELP of Southern Nevada's Displaced Homemaker program, WIA Youth Employment services, or SNAMHS' psychosocial rehabilitation staff that assist with employment; these programs address the unique needs of the subpopulation.

Overall, there is very limited assistance to the general public with financial needs such as ID cards, work cards, interview clothes, corrective dental or vision services, or child care costs. An inexpensive or no-cost option for receiving phone messages is virtually non-existent, particularly any form of personalized voice mail for the general public. While job training, job development and

job placement are important and widely available, many unemployed persons need these basic services before they can secure any positions. Also, employer-reported needs, such as on-the-job follow-up support focusing on job retention (e.g. job coaching) and tutoring in English for the workplace is also rare.

### **Specific Services Available to the Homeless:**

Catholic Charities and the Las Vegas Rescue Mission are the valley's largest supplier 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 self-sufficiency (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, \$30 Health Card, a \$20 TAM Card, a \$20 Nevada ID or diver'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. Some shelters have a "hello line" (where that number is answered "hello, no s/he's not here, can I take a message" rather than identifying a shelter name) for residents to use. Homeless, unaccompanied youth are the only persons who currently have access to a personalized voice mail, free of charge, offered by the outreach program of Nevada Partnership for Homeless Youth.

Assistance with child care costs remains an employment obstacle to many parents with children, with only one agency assisting with child care costs until the family is subsidized by the State's program through EOB Child Care subsidy program.

Overall, stable, predictable housing is a key component to being successful in employment and achieving self-sufficiency.

# Problem Gambling Treatment

Treatment, Support, Housing/Shelter, Youth, and HMIS

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## ***Issue Statements and Gaps***

“Problem gambling is a progressive behavioral disorder in which an individual has a psychologically uncontrollable preoccupation and urge to gamble. This results in excessive gambling, the outcome of which is the loss of time, money and self-esteem. The gambling reaches a point at which it compromises, disrupts, and ultimately destroys the gambler's personal life, family relationships, and vocational pursuits. These problems in turn lead to intensification of the gambling behavior. The principal features are emotional dependence on gambling, loss of control and interference with normal functioning.” ***The Nevada Council on Problem Gambling***

- **Problem gambling can make and keep people homeless**

- Gap:** Skill in identifying problem gambling

- Gap:** Problem gambling treatment programs

# Problem Gambling Treatment

Treatment, Support, Housing/Shelter, Youth, and HMIS

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## Community & Client Perception:

There is a general consensus among the community that there are an insufficient number of treatment programs for problem gambling and there exists a correlation between substance abuse and problem gambling which needs to be addressed.

## Services Available to Qualified Individuals including the Homeless:

Individuals who know or suspect that they are problem gamblers can access the twenty-four hour confidential Problem Gamblers HelpLine provided by the Nevada Council on Problem Gambling by dialing 1-800-522-4700. The Nevada Council on Problem Gambling also offers “When the Fun Stops”, an 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 program based on the same 12-step principles as Alcoholics Anonymous. GA membership is 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.

## Specific Services Available to the Homeless:

All of the services for problem gambling are available to both homeless and housed individuals and families. However, VA has worked with non-profit service providers to bring its ***Intensive Outpatient Program for Problem Gambling*** to residential program for homeless veterans.

# Substance Abuse Treatment

Detox, In-Patient, Out-Patient, Sober Trans Housing & Re-Entry, On-site Support Groups, Co-occurring Disorders, Treatment for Youth, and HMIS

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## *Issue Statements and Gaps*

- **Untreated substance abuse issues can lead to homelessness, mask mental health issues and prevent people from transitioning from homelessness to self-sufficiency.**

**Gap:** Number of medical and social detoxification programs

**Gap:** Long-term residential treatment programs (in-patient)

**Gap:** On-going case management, discharge planning and follow-up care

**Gap:** Support services for families of substance abusers

**Gap:** Alternative housing (sober living, outpatient)

# Substance Abuse Treatment

Detox, In-Patient, Out-Patient, Sober Trans Housing & Re-Entry, On-site Support Groups, Co-occurring Disorders, Treatment for Youth, and HMIS

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## Community & Client Perception:

There is a general consensus among the community that an insufficient number of substance abuse treatment programs exist and that the correlation between substance abuse and gambling needs to be addressed

## Services Available to Qualified Individuals including the Homeless:

Some health insurance programs cover substance abuse treatment, but most do not. For the uninsured, Southern Nevada is home to four non-profit 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. Clark County instituted a Drug Court program in 1992, and has expanded the concept to include the nation's first Juvenile Drug Court, Prison Re-entry Drug Court, and Child Support Drug Court. Of over 2,200 graduates from the Adult Criminal Drug Court since 1992, 83% have had no further convictions. Approximately 94% of juveniles graduating from the Drug Court have no further involvement with the Juvenile Justice System. The Prison Re-entry Drug Court has successfully graduated 57 participants; when comparing their early release dates to their actual parole or expiration date, the program has saved the prison system approximately 47 ½ years of time (at \$23,000 per year, a cost savings of \$1,096,942; with a program treatment cost of \$165,300, the actual savings is approximately \$931,642). However, the Drug Court programs do not offer new or different inpatient treatment beds; Drug Court participants who are indigent utilize the same 330 beds that all uninsured persons, homeless and housed. The WestCare Crisis Triage Center is the community's primary detox center.

## Specific Services Available to the Homeless:

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.

WestCare reports that approximately 68% of the detox patients in the Crisis Triage Center are homeless, and is seeking funding resources to provide short-term housing for homeless patients who wish to remain clean and sober, while waiting for one of the 330 beds to be available.

Many shelters offer on-site 12-Step programs or other substance abuse counseling, and six shelters have BADA-certified substance abuse counselors providing one-on-one monitoring and support for homeless residents in their programs (four of these six serve youth). Only two provide shelter / housing during the treatment phase, and both are strictly for youth, homeless or incorrigibles.

Overall, stable, predictable housing is a key component to successfully maintaining one's sobriety and achieving self-sufficiency.

# Mental Health Treatment

Crisis Intervention, Assessment, Diagnosis, Screening for Substance Abuse, Residential Care, Outpatient Care, Pay for Medications, On-Site Support Groups, Pro-Active Outreach, Co-occurring Disorders, Youth, and HMIS

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## ***Issue Statements and Gaps***

- **Untreated or inadequately treated mental illness can lead to homelessness and prevent mentally ill people from achieving self-sufficiency and becoming re-housed. Mental health services are woefully inadequate throughout Southern Nevada. Law enforcement and the criminal justice system are often utilized to deal with mentally ill homeless people.**

**Gap:** State funding for mental health

**Gap:** In-patient, out-patient and day treatment services/programs

**Gap:** Crisis intervention

**Gap:** Discharge planning

**Gap:** Transitional and permanent supportive housing

**Gap:** Facilities/programs for co-occurring disorders

# Mental Health Treatment

Crisis Intervention, Assessment, Diagnosis, Screening for Substance Abuse, Residential Care, Outpatient Care, Pay for Medications, On-Site Support Groups, Pro-Active Outreach, Co-occurring Disorders, Youth, and HMIS

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## **Community & Client Perception:**

There is a general consensus among the community that a lack of sufficient mental health services and programs exists for homeless clients. On-going case management and long term programs/treatment are needed with reasonable timeframes between the initial intake interview and assessment.

## **Services Available to Qualified Individuals including the Homeless:**

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 (for a population of 1.2 million). 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 days a week from 7:00 a.m. to 10:00 p.m. This service has diverted approximately 40% of the psychiatric patients needing inpatient psychiatric care to community programs since its inception in October 2003.

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, the charges are dismissed. It is estimated that 20% of the approximately 5,000 inmates incarcerated in the detention system in Clark County suffer from serious mental illness. Funding the Mental Health Court will assist in de-criminalizing the mentally ill and ease demand on these expensive resources. For the 2006/07 biennium, SNAMHS is requesting 3 court service coordinators and 75 residential support beds for this population, which include many chronically homeless individuals.

## **Specific Services Available to the Homeless:**

Approximately 2% of all of SNAMHS clients are homeless. Accordingly, SNAMHS contracts with The Salvation Army to keep up to 10 of its 62 emergency (pay) shelter beds open for homeless mentally ill clients for whom permanent housing has not yet been identified. SNAMHS also contracts with The Salvation Army for up to 16 of its 111 inpatient treatment beds for the dually-diagnosed (mental health and substance abuse issues), as well as up to 12 of its 42 beds in the Pathways transitional housing for homeless mentally ill. Homeless participants enrolled in SNAMHS case management receive all services and benefits, including medication and intensive case management if needed.

In 2003, the Legislature authorized a mental health outreach team (known as PACT Team, a “hospital without walls”) to serve the chronically homeless. The focus of this team is to elevate the level of functioning and provide a better quality of life for individuals with serious mental illness and secure stable supportive housing, utilizing SNAMHS resources along with 75 units of Tenant-Based Rental Assistance made available through Clark County HOME allocations.

In addition to SNAMHS, a homeless mentally ill person can receive shelter, food, case management, and support groups at The Salvation Army’s Owens Campus – including 25 Safe Haven Beds, 42 Pathways beds, 130 free emergency shelter 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. As the entity responsible for the medically indigent, Clark County Social Service may, under certain circumstances, pay for the medications of a mentally ill person while they await enrollment in SNAMHS case management or eligibility for Medicaid.

Homeless Veterans are in a particular quandary. While they are covered under VA Benefits for mental health treatment, if they have stopped taking their medications and/or are in a mental health crisis, there are no immediate services available to them. The VA does not have a psychiatric hospital in Nevada, so a Veteran in need of hospitalization, must be transported to a psychiatric hospital in another state. Because homeless veterans are covered by the VA, they are not “indigent”, and are ineligible for service from Southern Nevada Adult Mental Health Services. All too often, homeless veterans in the midst of a mental health crisis are triaged in the emergency rooms of area hospitals or at the Veterans Hospital, and then released back to the streets with a prescription for the medications they need to regain stability.

Overall, stable, predictable housing is a key component to establishing a routine to remain stable on medications, building a support network, and achieving self-sufficiency.

# HIV/AIDS Services

Case Management, Emergency Housing Placement, Emergency Rental Assistance, Long-Term Housing Subsidy, Home Health Care, Homemaker Services, Pay for Medication, Supply Food Provisions, Social Activities, Assistance to Family Members, Youth, and HMIS

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## ***Issue Statements and Gaps***

- **There is a lack of adequate affordable housing with services for people infected with the HIV/AIDS virus across all diverse populations in Clark County.**

**Gap:** Lack of supportive services

**Gap:** Lack of affordable/adequate housing units

**Gap:** Disconnect between funding (Ryan White Funds) and service providers

**Gap:** Not enough Outreach to engage service resistant HIV/AIDS population

# HIV/AIDS Services

Case Management, Emergency Housing Placement, Emergency Rental Assistance, Long-Term Housing Subsidy, Home Health Care, Homemaker Services, Pay for Medication, Supply Food Provisions, Social Activities, Assistance to Family Members, Youth, and HMIS

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## Community & Client Perception:

There is a need for affordable permanent supportive housing for people who have been diagnosed with the HIV virus or living with AIDS.

## Services Available to Qualified Individuals including the Homeless:

A small number of housing units in southern Nevada are designated for persons with HIV/AIDS. The vast majority of housing assistance to persons with HIV/AIDS is provided through rental or mortgage payment subsidies and funded through the Housing Opportunities for People with AIDS (HOPWA) program. Based on service provider data, an estimated 750 persons with HIV/AIDS in Clark County receive rental assistance each year. Estimates from service providers indicate that between 60 and 80 percent of persons with HIV/AIDS live with family, friends or partners or in market or subsidized housing. These estimates place the number of persons with HIV/AIDS in southern Nevada who are living independently or with family and friends at between 2,400 and 4,000.

According to the “Nevada Special Needs Housing Assessment”, the remainder of persons with HIV/AIDS in the greater Las Vegas area - between 1,200 and 1,600 individuals – are in care facilities such as group homes or nursing homes, living in transitional housing or weekly motels, or are homeless. Service providers estimate the percentage of persons with HIV/AIDS living in nursing and group homes to be very small, at only 1 to 3 percent. Therefore, the number of persons with HIV/AIDS in need of housing is somewhere between 1,200 and 1,600 individuals. Housing and service providers estimate that between 10 and 30 percent of persons with HIV/AIDS are homeless, which would suggest that at least 500 of those identified in need are unsheltered.

The following program and services are available to individuals

- **AFAN (Aid for AIDS of Nevada)** – Provides one-time emergency rental assistance to those with financial hardships in order to avoid eviction and prevent homelessness. Housing Placement Coordinators provide housing placement, resource identification and information.
- **Caminar** – Provides property and case management for HOPWA funded units by assisting clients with very low income and their families. The agency is in the final plans to commence construction of a new 8-unit facility.
- **Diversity Leadership Institute (Sista to Sista)** – Master leases housing units and provides supportive services to formerly incarcerated women living with HIV.
- **Golden Rainbow** – Provides emergency rental and utility assistance and supportive services to qualifying individuals.
- **Help of Southern Nevada (HELP)** – Provides food vouchers through HOPWA funding, as well as bus tokens, personal hygiene items and housing information funded through other grants. HELP also maintains an affordable housing database and website for HIV/AIDS clients and the agencies that serve them.
- **Las Vegas Fighting AIDS in Our Community Today (FACT)** – Provides HIV/AIDS outreach and education programs for at-risk youth.

- **Nevada Association of Latin Americans (NALA)** – Provides short-term rental, mortgage, utility assistance and supportive services, primarily in the Hispanic community.
- **Salvation Army** – Provides short-term rental, mortgage and utility assistance for HIV/AIDS clients to prevent homelessness, primarily in the City of Mesquite, Nevada.
- **Women’s Development Center** – Provides permanent housing units and supportive services for HIV/AIDS clients.

# Education Services

GED Study, GED Test (incl. Pay), Basic Reading, Writing, etc, Pay for Books or Tests, Youth, and HMIS

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## ***Issue Statements and Gaps***

- **There has always been a strong link between education and employability. Although there are homeless people who are well educated and highly skilled, there are many in need of remedial education, job training, retraining and other ancillary services to transition to self-sufficiency.**
  - Gap:** Basic literacy, English as a second language and Workplace English
  - Gap:** Case management and referral to education and training program
  - Gap:** Educational/training programs for unaccompanied youth and young adults maturing out of the foster care system
  - Gap:** Affordable, accessible child care
  - Gap:** Reliable transportation *Public* - Bus Passes; *Auto* - Repairs/Maintenance, Insurance, and Gas

# Education Services

GED Study, GED Test (incl. Pay), Basic Reading, Writing, etc, Pay for Books or Tests, Youth, and HMIS

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## **Community & Client Perception:**

There is a general consensus among the community that homeless clients need free access to education and training programs. Re-entry services for ex-offenders that include training/education programs and education/training programs for youth recently released from the foster care system should be a priority.

## **Services Available to Qualified Individuals including the Homeless:**

The NV Dept. of Employment, Training and Rehabilitation (DETR) and its partnerships with Workforce Investment Act programs is the primary resource for adults needing remedial education, GED assistance, and/or vocational training. The Clark County School District offers alternative schools for people needing assistance in passing the GED test and/or completing a high school diploma, and the Community College, UNLV and the State College in Henderson all offer assistance to people seeking a higher education.

There are also various community-based programs that assist in gaining basic literacy skills, such as the Computer Assisted Learning in the Libraries (CALL).

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 AB94 legislation.

## **Specific Services Available to the Homeless:**

The needs assessments completed by case workers as clients they enter the care system include an assessment of educational needs and referrals to the Clark County School District or DETR GED Study classes. The Nevada Partnership for Homeless Youth and Street Teens have made funds available to help homeless youth study for and take the GED tests. The Nevada Partnership for Homeless Youth will also assist with paying for books or other test preparation materials.

Overall, stable, predictable housing is a key component to being able to focus on increasing one's basic education and literacy.

# Medical Services

Well Checks for Children, Well Checks for Adults, Emergency Care, Medications Free, "Home" Health Care to Shelters or Camps, Transportation for Medical Appointments, TB Treatment, Family Planning, Pre and Post Natal Care, Youth, and HMIS

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## ***Issue Statements and Gaps***

- **Access to medical services and medication is becoming increasingly difficult for all Americans and can cause homelessness. The inability to sustain one's health intensifies the challenges of securing employment and transitioning from homelessness to self-sufficiency.**

**Gap:** Medical insurance/prescription drug coverage

**Gap:** Access to medical specialists

**Gap:** Inadequate discharge planning and follow-up care

**Gap:** Day respite for medically frail

**Gap:** Access to refrigeration for temperature sensitive medications

# Medical Services

Well Checks for Children, Well Checks for Adults, Emergency Care, Medications Free, "Home" Health Care to Shelters or Camps, Transportation for Medical Appointments, TB Treatment, Family Planning, Pre and Post Natal Care, Youth, and HMIS

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## Community & Client Perception:

There is a general consensus among the community that there is a genuine need for accessible, more affordable healthcare services for homeless people in this county. There is also a genuine need for adequate affordable healthcare insurance, follow-up care services and the ability to be seen by a specialist when appropriate.

## Services Available to Qualified Individuals including the Homeless:

Medicaid provides health care to 172,939 Nevadans with low-income, or who are aged, blind and disabled. 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 (CHAP), or Medical Assistance for the Blind and Disabled (MAABD). Clark County Social Service pays for some medical costs, including medications, of indigent persons not yet receiving Medicaid and those not eligible for Medicaid. 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.

Several private, non-profit organizations offer health care on a sliding fee scale and/or for free. The Huntridge Teen Clinic, the EOB Community Action Partnership, and other community-based health clinics offer family planning, pre- and post-natal care, testing for STDS, and other minor care services.

The Great Basin Primary Care Association (GBPCA) conducted a study on Uninsured Persons in Nevada for the period ending July 2002. It found that Nevada's percent of uninsured remains consistently higher than the national averages, and that Medicaid coverage as a percent of the total population is lower in Nevada than in the U.S. as a whole. In fact, Nevada ranks 47<sup>th</sup> in the nation for Medicaid coverage and 8<sup>th</sup> in the nation for number of uninsured children. The GBPCA is working closely with the Clark County Health Access Consortium to expand health care coverage to the uninsured and underserved.

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

## **Specific Services Available to the Homeless:**

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 corridor 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 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 to 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.

The homeless who are able to work temporary or day-labor jobs can apply to Clark County Social Services for medical assistance to address a medical need.

# Dental/Vision Services

Eye Exams, Eyeglasses, Emergency Dental Care, Teeth Pulling, Dental Check Ups (preventive),  
Bridges, Fillings, Youth, and HMIS

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## ***Issue Statements and Gaps***

- **Homeless people frequently experience loss of teeth and poor vision due to lack of access to dental and vision services. Both of these conditions can result in reduced employability and the lack of proper dental care can bring about other health problems.**
  - Gap:** Free or sliding scale dental and vision services
  - Gap:** Publicly funded dental and vision services for minors with parents without dental coverage, unaccompanied youth and young adults maturing out of the foster care system

# Dental/Vision Services

Eye Exams, Eyeglasses, Emergency Dental Care, Teeth Pulling, Dental Check Ups (preventive),  
Bridges, Fillings, Youth, and HMIS

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## **Community & Client Perception:**

The general consensus among the community is that a genuine need exists for dental/vision services for homeless people in this county. These services should include follow-up care and eyeglasses. It was noted that besides the necessity for good personal hygiene, homeless people need decent dental care in order to leave a good first impression at a job interview just like anyone else.

## **Services Available to Qualified Individuals including the Homeless:**

The needs assessment prepared by the Clark County Health Access Consortium says it best: “there is an overwhelming need for dental services. In addition, access to vision care is desired.” Supportive services assist people who are legally blind and occasional partnerships between service providers and ophthalmologists result in people receiving eye exams or dental exams. But glasses or corrective dentistry is usually unavailable.

The Charleston campus of the Community College of Southern Nevada is host to a dental school where low-income and homeless children can get preventive as well as remedial dental care from the student hygienists, supervised by a licensed Dentist. The Huntridge Teen Clinic has a partnership with dentists that offer varying levels of dental care at the clinic.

## **Specific Services Available to the Homeless:**

The Key Foundation & Straight from the Streets will pay for corrective dental or vision services (including bridges, dentures, or eyeglasses) if needed to get a job or otherwise be more self-sufficient. Each year at the Stand Down for the Homeless sponsored by the Southern Nevada Homeless Coalition, the Miles for Smiles staff will extract teeth for free.

# Basic Needs Services

Food/Meals, Food Baskets, Early AM Coffee/Donuts, Breakfast, Lunch, Dinner, Weekends, Youth, and HMIS

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## *Issue Statements and Gaps*

- **Homeless people generally have difficulty meeting their basic human needs. This has a detrimental effect on their physical and mental health which reduces their ability to secure employment and transition from homelessness to self-sufficiency.**

**Gap:** Access to shower, bathroom and laundry facilities, appropriate clothing and personal hygiene products

**Gap:** Nutrition standards in food services including special dietary needs

**Gap:** Flexible meal times consistent with employment or employment search

**Gap:** Storage of personal belongings, especially legal papers to establish identity

# Basic Needs Services

Food/Meals, Food Baskets, Early AM Coffee/Donuts, Breakfast, Lunch, Dinner, Weekends, Youth, and HMIS

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## Community & Client Perception:

There is a general consensus among the community that homeless people need their basic needs met just like anyone else. Some of these basic needs are shelter, food, clothing and personal hygiene/showers/restrooms. Medical/dental services should also be included. Laundry facilities, safe/secure storage areas, water, transportation and shade in the summer are also important.

## Services Available to Qualified Individuals including the Homeless:

Individuals and households experiencing financial crises often first reach out for assistance with basic needs, such as food, help with transportation, brief needs assessments and referrals to community agencies. Food banks run by voluntary groups, including faith-based services are often the first point of contact for otherwise stable households. Food banks typically provide a box of food staples designed to supplement the household's Food Stamps or other income. HELP of Southern Nevada and Lutheran Social Services provide food basics, and also offer case management and a variety of other services through their emergency resource programs.

## Specific Services Available to the Homeless:

The shelters typically provide for the basic needs of shelter-dwellers, including at least two meals per day, hygiene products, showers and restrooms and access to laundry facilities. For the unsheltered homeless, outreach teams will often bring clean water, some food, hygiene products, blankets and other goods and services needed "in the bush". The Las Vegas Metropolitan Police Department's HELP Team (Homeless Evaluation Liaison Program) escorts many of these outreach efforts, and also carry supplies in its vehicles for distribution.

Hot meals are available to the unsheltered homeless who can get to the "homeless corridor" in downtown Las Vegas. Catholic Charities offers coffee and donuts early in the morning and serve a mid-morning meal served from 10:30 – 11:15 daily. The Salvation Army serves a meal at 2:45 and The Las Vegas Rescue Mission serves at 5:00 p.m. The Shade Tree Shelter serves a lunch to participants in its Day Shelter Program. In addition, many faith-based volunteer groups deliver sandwiches or hot meals to various parks and parking lots, including one across the street from the dining facilities in the "homeless corridor". Participants in the shelter programs receive three nutritious meals per day at a separate time from the unsheltered. St. Timothy's Episcopal Church in Henderson offers a daily meal at 5:30 p.m. weekdays and 11:30 a.m. on weekends.

Meals for homeless persons seeking employment or applying for other community services are a problem. All the meals for sheltered and unsheltered individuals are offered before 7:00 p.m., which means that individuals doing business during business hours may miss both lunch and dinner for that day. Persons working day or temporary jobs through Catholic Charities' Employment Center are provided a sack lunch and charged a nominal fee from their daily earnings.

Day time respite from the weather is available to those in the “homeless corridor” area from the Salvation Army’s Day Resource Center (temporarily closed for construction) and The Shade Tree Shelter. Poverello House has two day hospitality sites where unsheltered homeless men can go once a week to shower, rest, play games, do their laundry, and have a meal. The Poverello House in Henderson also makes this day hospitality available to women on Wednesdays.

In southeast Las Vegas, the Sanctuary Drop In Center operated by Street Teens opens nightly from 4:00–8:00 p.m. for homeless young adults and youth. As with Poverello House, The Sanctuary offers showers, laundry facilities, hygiene products, meals and camaraderie, as well as information on community resources.

# Chronically Homeless Services

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## *Issue Statements and Gaps*

- The U.S. Department of Housing and Urban Development (HUD) defines a person experiencing chronic homelessness as an “unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years”. Individuals experiencing this type of homelessness are frequently very resistant to traditional outreach, services and programs. They require sustained intensive outreach in order to establish trust between themselves and service providers.

**Gap:** Intensive long-term outreach and case management

**Gap:** Around the clock access to programs and services

**Gap:** Chronic homeless specific programs and services

**Gap:** “Housing First” projects with supportive services

# Chronically Homeless Services

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## **Community & Client Perception:**

Although the client focus groups included individuals that were believed to be chronically homeless, participants elected not to identify themselves as such. Community focus groups directed their comments toward general homelessness and did not substantially differentiate between chronically homeless individuals and families and all other homeless sub-populations. Therefore, no meaningful conclusion can be drawn with respect to the overall community and client perception of chronically homeless people.

Due to this outcome, the discussion will be focused on the current services that are provided throughout the Las Vegas Valley for this sub-population and what is generally known and/or believed about their needs and how to address them. It should be noted that while there is a growing understanding of the nature and extent of chronic homelessness, there is still much to learn to more effectively engage such individuals in services to assist them in leaving life on the street.

## **Specific Services Available to the Chronically Homeless:**

Intensive on-going outreach is at the core of engaging chronically homeless people. The Las Vegas Metropolitan Police Department (LVMD) has instituted a HELP Team (Homeless Evaluation Liaison Program) within each Area Command. Members of the HELP Team receive specialized training to increase their effectiveness in serving homeless mentally ill people. Many chronically homeless people suffer from mental illnesses. The HELP Team officers provide crisis intervention, service referrals and escort community service providers to homeless encampments to enable them to take services to the most resistant clients.

Outreach services are also provided by Health Care for the Homeless which regularly visits the chronic homeless “in the bush”, washes, parks and on the street. Health Care for the Homeless’ outreach team includes a case manager and a Licensed Practical Nurse. The team provides medical case management, transportation to appointments, and medication monitoring which include dispensing and delivering prescriptions.

Straight from the Streets is a grassroots organization which was formed specifically to address the needs of service-resistant chronically homeless people. Straight from the Streets conducts street outreach providing basic needs such as water, blankets, food, hands-on support and guidance for clients seeking to access mainstream programs that provide income support, health care/medications, housing and employment supports and follow-up services.

The Southern Nevada Adult Mental Health Services has a two 7-member PACT Teams with an alcohol/drug abuse treatment counselor. These PACT Teams are essentially a “hospital without walls” and provide case management, medications, individual and group therapy and housing for chronically homeless individuals. Outreach services are also provided to homeless veterans by US Veterans Initiative, the Salvation Army and the Key Foundation.

In 2004, Clark County Social Service (CCSS) in collaboration with Social Security Administration created the Clark County Outreach Assistance to the Chronically Homeless (COACH) project. The project model utilizes an intensive case management model that includes outreach, information and referral, counseling, housing assistance and medical services. A key component of this project is the follow-up assistance provided by the social worker that assists the clients with all aspects of the social security administration application process to facilitate securing Social Security Administration's SSI/SSD benefits. This project is a collaborative effort between CCSS and the Las Vegas Salvation Army, Catholic Charities, Nevada Legal Services, and Nevada Health Center's, Healthcare for the Homeless Outreach Clinics.

# Homeless Prevention

One Month Only, One to Three Months, Deposit and/or Late Fees, Case Management Required, Utility Assistance, Financial Assistance w/Other Household Needs

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## ***Issue Statements and Gaps***

- **Households living at or below the poverty level live on the brink of homelessness where a family crisis or circumstance can push the household over the edge and onto the street. As the cost of housing increases, more families are unable to meet increases in rent and utilities.**
  - Gap:** Social service network for people at- risk of becoming homelessness, especially for youth and seniors
  - Gap:** Funding to help at-risk populations with initial employment and moving expenses
  - Gap:** Benefit payment standards in relationship to the cost of living in Southern Nevada
  - Gap:** Quality affordable housing

# Homeless Prevention

One Month Only, One to Three Months, Deposit and/or Late Fees, Case Management Required, Utility Assistance, Financial Assistance w/Other Household Needs

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## **Community & Client Perception:**

The general consensus among the community is that homelessness can be prevented with a combination of an adequate supply of affordable permanent housing; good case management with proper intake/assessment strategies (well-trained staff); and sufficient funding sources to meet service and/or housing needs.

## **Services Available to Qualified Individuals including the Homeless:**

The American Red Cross along with HELP of Southern Nevada and HACA of Henderson provide rental assistance as well as other services. Rental assistance is also provided by EFSP (Emergency Food and Shelter Program), CDBG funds (Community Development Block Grant) and HOPWA (Housing Opportunities for People with Aids). The Jewish Family Services Association (JFSA) and the Latter Day Saints (LDS) also have programs that include help with finances (childcare, etc) and a one-stop-shop for assistance. Obtaining affordable housing, health care, counseling, etc. are all a part of preventing homelessness.

## **Specific Services Available to the Homeless:**

The Women's Development Center's SAFAH-Link program will assist households to move out of shelters and into housing they can afford. The SAFAH-Link program can assist with rental deposits, past due utilities, moving van and some furnishings. The residents of HELP Las Vegas' Bonanza View Apartments get move-out assistance and Clark County Social Service has an off-site lodging program.

## **Specific Issues Relating to Youth and Seniors Who are At-risk of Homelessness:**

The foster care and juvenile justice systems both provide institutionalized responses for youth without adequate family support or who violated the law. However, neither is adequate to respond to the needs of homeless unaccompanied youth. There has been enormous progress made in addressing the needs of unaccompanied homeless youth in recent years, including the change in state law that allows this homeless subpopulation to receive services from non-profit organizations. However, there are few shelter spaces available to these young people and limited services to assist them. No new resources have been brought into the community to address youth homelessness.

There are increasingly more senior citizens presenting for services than ever before. Many of the transitional housing programs must turn them away, because they do not meet several of the criteria, such as having children in the household or the ability to be readily employed and quickly returned to self-sufficiency. Currently, only Catholic Charities offers a transitional housing program targeting the elderly. In an attempt to meet the permanent housing needs of seniors, Catholic Charities constructed the McFarland Apartments using a HUD Section 202 grant. The Salvation Army constructed Silvercrest, a 60-unit Section 202 senior development near the Community College of Southern Nevada in North Las Vegas. These few units are not nearly enough to meet

the growing needs for very low-income housing for seniors. Further, Southern Nevada competes with California for Section 202 funding and as a result is rarely funded.

# Temporary Shelter

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## *Issue Statements and Gaps*

- **Families forced to live in doubled-up households, warehoused in emergency shelters or separated to get emergency shelter are not an uncommon occurrence throughout the Las Vegas Valley due to the lack of transitional family housing.**
  - Gap:** Adequate housing necessary to move from transitional housing to independent living
  - Gap:** Follow-up process to ensure clients are transitioning from shelter programs to stable housing
  - Gap:** Temporary housing to keep families intact

# Temporary Shelter

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## **Community & Client Perception:**

There is a general consensus among the community that shelter capacity is insufficient to meet the needs of our homeless citizens and the length of stay allowed by service providers is too brief to allow clients to successfully transition. Family sheltering options are also limited.

All temporary shelters need improved case management provided by well-trained staff and shelter rules should be reasonable and attainable.

Shelter should provide assistance in obtaining ID's, mental health care and employment.

## **Specific Services Available to the Homeless:**

**See attached 2004 Shelter and Housing Inventory**

# Housing Affordable to the Very Low-Income

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## *Issue Statements and Gaps*

- **Rapid appreciation of housing, loss of existing apartment units to condo conversion, demolition of older buildings and increasing rents have substantially reduced the number of units affordable to households at and below 30% of area median income.**

**Gap:** Living wage that supports housing costs

**Gap:** Special needs housing for disabled and chronically homeless

**Gap:** Acceptance of Section 8 vouchers

**Gap:** Quality multifamily housing with affordable rents

# Housing Affordable to the Very Low-Income

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## **Community & Client Perception:**

There is a general consensus among the community that an insufficient number of affordable housing units are available to meet the demand and there is a resistance in neighborhoods to allowing such units to be built (NIMBY). Every effort should be pursued to increase the stock of affordable housing. Some permanent housing with wrap-around services is necessary.

There is a substantial need for long-term permanent and transitional housing with supportive services for homeless youth maturing out of the foster care system. Supportive services should include, but not be limited to life skills, drug/alcohol treatment and awareness, educational opportunities and employment services.

Permanent housing with supportive services is essential for chronically homeless individuals, especially those with mental illnesses and chronic substance issues.

## **Services Available to Qualified Individuals including the Homeless:**

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 (SRO's, 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, for the 2000 U.S. Census revealed that there were 34,488 elderly households experiencing a cost-burden (paying more than 50% of household income on rent) and 29,400 family households were experiencing a cost-burden. Paying more than 50% of household income on rent leaves a household more vulnerable to episodes of homelessness than if a household had affordable housing.

## **Specific Services Available to the Homeless:**

Housing Opportunities for People With AIDS (HOPWA) funding is available to assist homeless HIV/AIDS affected individuals with housing. The City of Las Vegas administers the HOPWA funding for Southern Nevada, but many HIV/AIDS providers have also utilized Continuum of Care funds to develop housing for homeless HIV/AIDS persons. SNAMHS has approximately 129 units of Shelter Plus Care for the homeless mentally ill, and an additional 80 HOME TBRA units for the chronically homeless supplied by Clark County. US Vets has received Supportive Housing Program funds to develop 5 of its Transitional Housing units into Permanent Housing units for homeless veterans. Women's Development Center assists approximately 60 households move into Permanent Housing each year through its SAFAH-Link program.

**See attached 2004 Shelter and Housing Inventory**

# Performance Measurement

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## *Issue Statements and Gaps*

- **Currently, no comprehensive approach to performance measurement exists.**  
**Gap:** Lack of training and capacity to effectively conduct performance measurement.
- **Currently, no cross-jurisdictional agreement has been established on whether, what, and how to measure performance.**  
**Gap:** Lack of common understanding of desired outcomes.

# Performance Measurement

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To effectively assess whether efforts to address homelessness are having the intended impact, it is critical that comprehensive performance measures be developed, applied over time, and analyzed consistently. Unfortunately, due to the immaturity of the overall spectrum of homeless services, there appears to be little understanding of the concepts of performance measurement. Service providers count activities, clients, and outputs, but do not establish the underlying context for the information that enables an observer to understand the nature of their work and the results being achieved.

Development of a comprehensive performance measurement system is critical to gaining credibility in the community. The general public needs accurate information appropriately framed to help them understand the scope of the problem and to overcome the stereotypes often applied to the homeless population. Equally important, policymakers need consistent information upon which to base decisions. Finally, layers of information on various issues need to be discussed and reported in context to provide a sense of the community's overall well-being.

Two recent developments, the homeless count and the implementation of the Homeless Management Information System, provide a good foundation for beginning to measure performance through the consistent collection of raw data that can be analyzed and trended on a periodic basis.

Service providers and policymakers must reach consensus on desired outcomes to which they aspire, which may not be all-encompassing, but which can be applied across a range of services. Due to the relative newness of many programs, outcomes that evolve as capability increases may be necessary so that realistic performance targets may be established. For example, it is not realistic in the current environment to expect that homeless people will achieve self-sufficiency; however, increased availability of services to improve their living situations may be achievable.

Interaction with both the homeless population and the community at large will be necessary to measure their perception of the quality of services provided and the performance of the agencies delivering services. These are not customer satisfaction ratings, as services for individuals in crisis are not usually designed to delight or satisfy the recipient; rather, they are designed to meet an unwanted need. The goal is to collect information that indicates the appropriateness of services and the humanity with which they are delivered.

Critical to the development of a performance measurement system will be the identification of areas to be measured that are interdependent and create a balance between the efficiency of services provided to the homeless and the quality and effectiveness of the services. It is impossible to measure everything; attempting to do so blurs the intended results. Therefore, agreement on the "critical few" measurement areas is essential.

The cross-functional, multi-jurisdictional makeup of the SNRPC Committee on Homelessness may provide the appropriate forum for discussions regarding desired outcomes and measurement areas. While each jurisdiction may wish to conduct analysis for its own internal purposes, the University of Nevada, Las Vegas may be able to best provide comprehensive data analysis and reporting free of institutional and political bias.

# Intergovernmental Coordination/Cooperation

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## *Issue Statements and Gaps*

- **Intergovernmental coordination and cooperation is currently in the preliminary stages of development. There is a substantial need to increase intergovernmental communication, reduce duplicate reporting, enter into joint monitoring agreements and combine resources to achieve greater impact in addressing share problems.**
  - Gap:** Linking services between governmental agencies through technology
  - Gap:** Establishing joint funding, reporting and monitoring agreements
  - Gap:** Funding stream to finance programs/projects that support cohesive strategies to address homelessness

# Intergovernmental Coordination/Cooperation

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Due to the close geographical proximity of the various governmental jurisdictions in the HCP Consortium Area and the need for joint support and funding of housing and community development projects to ensure feasibility, intergovernmental consultation is vital.

The Office of the Regional Homeless Services Coordinator, under the auspices of the SNRPC Committee on Homelessness and in cooperation with community planning and development staffs of the regional jurisdictions, is working to develop and then fully integrate the region's plan to end homelessness with the HUD Consolidated Plans of both the Clark County Consortium (Clark County and the Cities of Las Vegas, North Las Vegas, Mesquite and Boulder City) and the City of Henderson. This coordinated effort is essential to the development of a region-wide continuum of care to address the needs of all homeless citizens. The SNRPC Homelessness Work Group (Work Group) consisting of representatives from the community development and planning staffs of the local jurisdictions are working together on developing the plan. The Work Group organized and participated in focus groups, public hearings and meetings to discuss all aspects of homelessness within the region and includes subcommittees that will generate strategies for specific issue areas including housing, homeless prevention, regulatory policies, etc.

The goal of this community's Regional Plan is to not only address chronic homelessness, but to bring the entire community together with a plan to reduce all homelessness within the region. Upon the completion of the final draft of the Regional Plan, the full SNRPC Board will vote to accept the plan, and to the greatest extent possible, contribute or coordinate funding for its implementation.

Clark County, Las Vegas and North Las Vegas also work together on the Continuum of Care (CoC) planning and application each year. Local jurisdictions consult on the application for homeless funding through a community-based group, which prioritizes homeless needs and funding recommendations.

Clark County and the cities of Las Vegas, Henderson, North Las Vegas, Boulder City and Mesquite meet on a bi-monthly basis to discuss issues relating to HOME, CDBG and ESG, funding which can be and is targeted to homeless services and housing. The discussions range from questions relating to joint projects, to coordination of grant application cycles. Although Henderson is not part of either the HOME or CDBG Consortia, their activities affect the region, and the Consortia's activities may affect their community. Their participation in the Consortium meetings allows for an assessment of the regional impact of housing and community development policies.

The housing authorities of Clark County, the City of Las Vegas and the City of North Las Vegas work together on regional housing issues to ensure the efficient and effective delivery of housing authority services. The housing authorities have combined efforts in developing their Family Self-Sufficiency (FSS) Programs, acquiring and installing computer systems, and administering their Housing Choice Vouchers. Through a Memorandum of Understanding (MOU), the housing authorities have established administrative procedures for the issuance of Housing Choice Vouchers across jurisdictional boundaries, thereby eliminating paperwork and administrative requirements resulting from the portability regulations of the program. The housing authorities'

Executive Directors meet on a quarterly basis to discuss common issues and determine new ways in which they can effectively work together in the provision of affordable housing. Clark County and the City of Las Vegas worked with the directors of the housing authorities to coordinate the development of the Consolidated Plan and the Housing Authority Five Year Plan.

The Southern Nevada Homeless Coalition (SNHC) was formed in late 1990 to assist in the planning and coordination of homeless services and housing on a regional basis. The membership of the SNHC constitutes a diversity of interests and expertise from a cross-section of the community and is open to any individual or agency concerned with homeless issues. Over 80 agencies and individuals make up the membership roster of the SNHC, including service providers, bankers, law enforcement, real estate developers and local business representatives. The SNHC is a primary forum for identifying gaps in services at its monthly meetings, coordinating services between organizations and educating the services providers on existing services.

The State of Nevada participated in the national HUD-HHS Policy Academy to produce a state plan to address homelessness. From that Academy, the statewide Policy Team developed priorities, which include (1) developing and communicating relevant data for decision makers to use when crafting policy; (2) ensuring services are coordinated effectively so that clients move through a seamless continuum of care; (3) ensuring those who are vulnerable do not fall into homelessness; and (4) ensuring homeless persons are able to achieve the highest possible level of self-sufficiency. This statewide Policy Team is composed of the directors of the state's mainstream programs, staff from the Governor's office, staff from Clark County and the City of Las Vegas (the same individuals who represent the jurisdictions on all the above groups), and homeless service providers located in both Northern and Southern Nevada. The Policy Team meetings allow the various agencies to identify policies and procedures that inhibit assistance to the homeless, and because the decision makers are at the table, suggest and implement changes to facilitate moving people out of homelessness.

There is enough cross volunteering between these various groups to ensure that each group's plans and ideas are represented and further developed in the other groups. Such an arrangement has developed into a strategy planning process whereby each group focuses on a different aspect of the Strategy: the Homeless Coalition is the forum for service providers, local business and local jurisdictions to act as partners in identifying unmet needs and solutions; the Homelessness Task Force is the forum for local policy makers to review, adopt and recommend short-term solutions that require local support in the form of funding and/or zoning variances; the SNRPC is the forum for local elected officials to be informed and empowered to make financial and other material commitments; and the State Policy Team is the forum for directors of mainstream programs and representatives of local jurisdictions to improve homeless persons' access to mainstream programs.

# Service Providers Coordination/Cooperation

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## *Issue Statements and Gaps*

- **There is substantially greater competition between service providers than coordination and cooperation. This results in duplication of services, missed funding opportunities, reduced efficiency and less effective client services.**

**Gap:** Linking services between agencies through technology (HMIS)

**Gap:** Joint grant application to fund coordinated programs and services

**Gap:** Balancing the needs of the continuum against those of a single agency

# Service Providers Coordination/Cooperation

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In recent years, there has been a cultural shift away from sheltering homeless people to helping people obtain and stay in permanent housing. This shift has resulted in traditional non-profit funding sources focusing on permanent housing over supportive services and demanding outcome-based performance measurements. In other words, funders want to see how programs successfully assist individuals and families transition from homelessness to self-sufficiency and how sustainable that transition is.

In order for many providers to continue to assist their clients, they will need to become more specialized in the services they provide and link their services with those of other providers rather than continually expanding into new service areas. What this really means is that service providers need to create innovative collaborative programs that combine existing services and/or organizations to maximize efficiency and increase the quality of service to clients.

Some of the questions service providers need to start asking themselves may be:

What are the most/least effective services provided by this organization?

What are the most/least effective services provided by other organizations?

How can we mix and match the strengths and weaknesses of one or more organizations to create a single larger more effective organization?

How do we do an accurate cost-benefit analysis of combining organizations?

What is the cost of failing to combine organizations and increase desired outputs?

How do we best utilize technology to link services?

This is just a place to start. The process of learning to develop interlinking systems and programs is no different on the service provider level than on the governmental level. The Southern Nevada Regional Planning Coalition, Committee on Homelessness is only beginning to systems of care is far higher than the cost of permanent housing, and cannot continue to be supported in this region any more than it can be throughout this country.

# Capacity Building

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## *Issue Statements and Gaps*

- **Service providers are challenged to keep pace with the rapidly growing community. Most are fragile and lack the infrastructure required to meet the demands of new and existing service needs.**

**Gap:** Board and staff development

**Gap:** Development of new funding sources

**Gap:** Technical expertise

# Capacity Building

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Clark County's expansive growth has created many challenges. The growth and demand for services appears to be exceeding the County's ability to attain a civil society that is focused on overall quality of life for its communities.

This expansive growth challenges current government, business and non-profit infrastructures. In a recently published report, Clark County's Community Growth Task Force unveiled an initiative that aimed to improve the valley's quality of life while protecting the local economy, jobs and the availability of housing. This initiative is ambitious and achievable when government, business and non-profits are managing their fair share. In Nevada, historically, government and business have been able to sustain themselves during expansive growth because of access to other financial resources, unlike the non-profits, which depend solely on government, city and state funding. This dependency and lack of diversification has created challenges for the non-profits. They lack capacity, technical expertise and access to non-governmental funding needed to keep pace with change without sacrificing core services. In general, most non-profit organizations are fragile. Many are stretched to their limit and are required to continuously prioritize and re-prioritize service needs based on available funding sources rather than the needs of the communities.

As the community grows, non profits in Clark County must meet new needs that are identified. They must also survive the paradigm shifts that lead to services lacking or going unfulfilled because the newly identified need exceeds the existing capacity.

Government and business have the ability and resources to survive this rapid change. How will the community, business and government contribute to the survival of the non-profit organizations that are critical to Clark County's effort to attain a quality of life for all of its communities?

The Southern Nevada Regional Planning Coalition's, Committee on Homelessness has begun to address some of these issues. A gap analysis will be used to identify service gaps and opportunities to remove barriers, improve services and housing resources. Also, the gap analysis results will be used to assist with identifying training and education needs, diversification and maturation of non-profit organizations, creation of new non-profit organizations, improved service delivery, reduction in barriers to access for clients, clear service definition and standards, and the pursuit of other opportunities, including government and business sponsored ventures.

# Regulatory Barriers

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## *Issue Statements and Gaps*

- **Regulatory barriers to homeless people transitioning to self-sufficiency generally include rules and regulations governing main stream programs and the availability of affordable housing.**
  - Gap:** Coordination between Federal, state and local agencies in providing service and sharing information
  - Gap:** Comprehensive needs assessment at in-take for main stream programs
  - Gap:** Regulatory barriers to the development of affordable and alternative housing

# Regulatory Barriers

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At a time when state and local governments are facing revenue shortages, there is increased pressure to help only the “deserving poor”, those who have been homeless for only a short period of time and currently do not have disabilities that hinder their return to self-sufficiency.

There has traditionally been minimal support for homeless issues in southern Nevada. Additionally, problems exist in areas where the “Not In My Backyard” or NIMBYism syndrome among residents makes providing services to homeless people virtually impossible. Such resident groups regularly appear in significant numbers before zoning boards and the meetings of city councils and the county commission protesting the development of new transitional housing, emergency shelters and affordable housing in their neighborhoods. There is an analogous lack of homeless people and organizations represented at those meetings to educate the board members on the need for the particular project. Based on the political reality, either the commissions/boards/councils must make a commitment to addressing homeless issues or the same pattern of rejection of projects will continue.

Regulatory requirements for work cards and various permits create a financial barrier to homeless employment. For example, the area’s largest employment market, hotel/gaming/recreation industry, requires “Work Cards” that include any combination of the following: Sheriff’s Card (\$75), non-gaming Sheriff’s Card (\$35), Health Card (\$30), TAM Card (\$20), Nevada ID/Drivers License (\$20), Fingerprinting for some security/childcare jobs (\$39), and a one-month bus pass (\$30) prior to getting a job that pays between \$7.50-\$9.00 per hour. Many of these Work Cards cannot be obtained without a referral from a potential employer. This creates additional barriers for the person obtaining a job to get out of homelessness, yet with no cash up-front with which to purchase the items needed to begin work. With slot machines even in gas stations and convenience stores, often a minimum wage, entry-level job paying at best \$1,300/month requires employees to first obtain \$155 in work cards before beginning work.

A percentage of the homeless population became homeless due to medical problems. These households were on the financial fringe prior to their particular medical crisis. The available data clearly substantiates that impoverished children and their families, the elderly, and adolescents experience higher rates of acute medical conditions, debilitating chronic diseases, accidents and psychological problems. Barriers that limit access to basic health services exacerbate these problems. These include educational barriers (lack of knowledge about preventative medical techniques), financial barriers (lack of discretionary income or insurance), socio-cultural barriers (language), transportation barriers (limited or no access to private vehicles and public transportation), and system/institutional barriers (bureaucratic policies). Additional problems that limit availability and accessibility to health care for the lower income relate to the fragmented nature of services delivered by both public and private health service providers.

# Homeless Clients Focus Groups

<i>Location</i>	<i>Time</i>
<b><u>The Las Vegas Rescue Mission</u></b> 480 W. Bonanza Rd. Las Vegas, NV 89106	10/19/04 (10am)
<b><u>The Shade Tree</u></b> 1 West Owens Ave North Las Vegas, NV 89030	11/03/04 (10am)
<b><u>Friends of the Desert</u></b> 43 W. Pacific Ave Henderson, NV 89105	10/20/04 (4pm)
<b><u>Catholic Charities of Southern Nevada</u></b> Residential Services Division 1511 Las Vegas Blvd. North Las Vegas, NV 89101	11/03/04 (2-4pm)
<b><u>The Salvation Army</u></b> Safe Haven & Pathways 31 W. Owens North Las Vegas, NV 89030	10/27/04 (2:30pm)
<b><u>Center For Independent Living</u></b> 1417 Las Vegas Blvd. North Las Vegas, NV 89101	10/25/04 (9am)
<b><u>Poverella House</u></b> 1420 W. Bartlett Ave Las Vegas, NV 89106	10/22/04 (9:30-11:30am)
<b><u>Unstructured Homeless Outreach</u></b> Clark County Homeless Outreach Team	10/28/04 11/08/04

# Community Focus Groups

## ***Location***

## ***Time***

### **General Community**

East Las Vegas Community Center  
205 North Eastern Ave  
Las Vegas, NV 89101

11/04/04 (6-8pm)

### **Banks & Developers**

Clark County – Office of Public Admin.  
515 Shadow Lane  
Las Vegas, NV 89106

11/05/04 (10am-12pm)

### **Service Providers**

Clark County Social Service  
1600 Pinto Lane, 3<sup>rd</sup> floor  
Las Vegas, NV 89106

11/08/04 (10am-12pm)

### **Local Government/Law Enforcement**

Clark County – Office of Public Admin.  
515 Shadow Lane  
Las Vegas, NV 89106

11/17/04 (9-11am)

### **General Business**

Clark County Social Service  
1600 Pinto Lane, 3<sup>rd</sup> floor  
Las Vegas, NV 89106

11/17/04 (2-4pm)

# Case Management

## **Community Perspective**

- Emphasis on consolidating resources
- Need common intake location
- Share documentation with other non-profit agencies (HMIS)
- Coordinate services – Comprehensive effort
- Too much duplication of services
- Not enough caseworkers for heavy caseload of clients
- Need to show accountability – Positive outcomes
- Identify those clients who are receptive to help
- Be merciful but not an enabler
- Improve training of case managers – Good assessment skills
- Need to go where the homeless people are – Outreach
- Lack of case managers for youth transitioning from foster care
- Not enough funds to hire adequate number of case managers
- Ex-offenders have specific challenges – Need good case management
- Offer incentives to clients in order to make right choices
- Make clients aware of consequences to their actions

## **Client Perspective**

- Good Case management at the shelters
- Most staff find time to accommodate
- Should have a central resource location for emergency assistance
- Need to show compassion, dignity and respect towards homeless
- Need to counter stigma's associated with homelessness/Empathy
- Need more individualized counseling/married couples
- Long waiting period between initial and assessment
- Need list of services and where to go for them/cut the red tape
- Need better help in obtaining ID's/Legal services
- Exists a disconnect between service providers
- Better access to social service agency
- Genuine desire to help homeless
- Need better case management of the homeless who have special needs/Diets
- Need motivated incentives from one's caseworker
- More case managers who also speak Spanish/Help Hispanic homeless

# Employment Services

## **Community Perspective**

- Lack of entry level employment
- People lose jobs due to economic reasons
- Poverty and joblessness is #1 cause of homelessness
- Need centralized access to employment services
- Lack of a safety net – a job today but not tomorrow
- Homeless need assistance in getting a job – A job today but not tomorrow
- Self-esteem gained by having money in pocket from job/see light at end of tunnel
- Need an address/phone, pager in order to get a job
- Homeless need better employment programs
- Have marginal skills – Some with drug, alcohol/mental health problems
- Need good identification to enter the job market
- Some people lose their job and home at about the same time
- High expectations with moving to Las Vegas/Solve all problems/excess of jobs
- Coordinate with other agencies for employment search
- Work with unions to help determine employment opportunities
- Employers should be made aware this is a well-being /health issue for the whole community
- Need to help create a stronger economic base/Jobs housing, education go together

## **Client Perspective**

- Need help with jobs leads/employment assistance
- Develop a plan of action for employment
- Not all homeless have barriers to employment such as drug/alcohol or mental health problems
- Ex-offenders need better access to employment
- Shelters do not provide sack lunches when looking for work
- Without permanent jobs, homeless people cannot lease apartments
- Too many temp jobs without the possibility of long term
- Minimum wage jobs do not pay living expenses/takes time away from real job search
- When unemployment runs out people are homeless
- Need identification in order to find a job
- Must have good work clothes/work boots etc. for job
- Homeless need stable means of transportation for job interview/job
- Need phone or pager to contact employer
- Better access and referrals to employment
- Longer stays at shelter in order to obtain employment

# Mental Health Treatment

## **Community Perspective**

- Need better mental health services
- Lack of funding with people who have mental health issues
- Mentally ill people walk out of programs and hospitals
- Feelings of insecurity with an unstable life
- Mental illness coupled with drug/alcohol can cause antisocial behavior
- Need accessible mental health clinic/No place for police to take them
- Shelters could be used as drop-off sites/See physician and rest
- Need definitive long-term mental health care
- Possibility of a mental health coalition
- Self-sufficiency programs for the mentally ill
- HELP team pre-empts violent behavior
- Consolidate and coordinate sources – Mental health, police and social service
- Offer wrap-around services
- Mental health problems/lack of service
- Post traumatic stress disorder amongst veterans
- Learning disabilities and undiagnosed illness leads to homelessness
- Lack of supportive housing leads to homelessness
- There are no day treatment programs
- Need collaboration between government and private entities
- Understand specialized needs of youth/seniors with mental illness
- Follow-up after discharge from a mental health facility/No where to go
- Disconnect exists between mental health/homeless on the streets
- People released from institutions during Reagan era are homeless today
- Need better tracking of dually diagnosed homeless people
- Mental health services need more staff and longer hours
- More funding for mental health clinics/programs

## **Client Perspective**

- Some people are seriously mentally ill – Should not be on the streets
- Need mental health counselors
- Professional mental health care is difficult to get
- Need more mental health resources
- Long wait between initial intake and assessment

# **Substance Abuse Treatment**

## **Community Perspective**

- A key factor that causes homelessness
- Need better drug and alcohol treatment clinics
- Long term substance abuse program shows long term results
- METRO should have a substance abuse court for homeless
- Community assistance center/centralize drug/alcohol treatment/detox
- Substance abuse contributes to unemployment
- Limited programs for drug abuse/need money up front
- Substance abuse causes chronic homelessness
- No money to buy meds for substance abusers after prison release
- While incarcerated homeless receive substance abuse treatment
- Would choose substance abuse services if family member homeless

## **Client Perspective**

- There are good substance abuse classes at the shelter
- Not all homeless are stupid, lazy and drug addicts/alcoholics
- Need more substance abuse programs
- Many youth report that parents used drugs/contributed to homelessness
- Substance abuse/gambling leads to homelessness
- One-on-one counseling is needed
- Need permanent shelter/with services away from the drug scene

# Education Services

## **Community Perspective**

- Lack of support for education amongst homeless
- Need more sources from the community for education/financial help
- Ex-offenders need to be educated/trained to re-enter the job market
- Communities need more grant money to educate the homeless
- Educate the public that homelessness is not a crime
- Re-educate everyone about the problems of becoming homeless
- Provide education to public organizations
- Include education in wrap-around-services for homeless
- Educate the homeless about finances/how to keep from losing all their money
- Lack of education causes transient population
- Need education and life skills classes
- Need long term programs with long term results
- Generations of people are stuck in cycle of homelessness
- Get the Community Colleges involved
- Educate the homeless to believe in themselves – Relate to people
- Educate the public about stigma associated with homelessness
- Improve public education/awareness on homeless issues beginning at an early age

## **Client Perspective**

- Should have free job training and placement for homeless
- Trade schools charge monthly fees/should work with the homeless
- Homeless need to be educated about computers for job search
- Need help in getting a GED
- Homeless need marketing skills to market themselves
- Need better opportunities for a higher education
- A central location where education classes and services are available
- Education and job training are necessary to become employed

# Medical Services

## **Community Perspective**

- Homeless need medical health services
- Health insurance should be made available in some form
- Need a free clinic that offers free prescriptions
- Some people need more care and others less/one-stop shop
- Lack of a support structure for medical assistance
- Better planning for homeless medical funds
- Medical care is part of basic needs
- Nevada Health Service provides excellent service for homeless
- Long term programs have better results than short term
- Stand Down for homeless provides some medical care
- Need for medical mobile services
- Need affordable medical care/insurance for those on a fixed income

## **Client Perspective**

- Cannot qualify for medical card unless totally broke
- Utilize VA as much as possible or St. Vincent's, Catholic Charities, or hospital emergency rooms
- Most homeless do not receive medical help unless veterans
- Clinic on Wheels stops once a month at shelters
- Sometimes an ambulance provides medical care
- Get sick – can't work – ends in homelessness
- Homeless who work part-time (piece work) cannot get medical insurance
- Many homeless have health problems/should be seen regularly by doctor
- Need central location for medical services
- Should not have to be homeless to get medical service
- There are not enough programs to meet the demand of those who need help

# Dental/Vision Care

## **Community Perspective**

- Homeless need dental care
- Dental services important for health reasons/good impression for job search
- Receive dental exams at annual Homeless Stand Down

## **Client Perspective**

- Teens go to Huntridge Teen Clinic for emergency dental care
- Need basic dental care
- Dental benefits
- Vision care and eyeglasses
- Homeless need to be enrolled with Clark County Schools/Get dental vouchers
- Need access to services for dental/vision care
- Basic dental should be included/Good hygiene

# Basic Needs

## **Community Perspective**

- Provide Basic Needs: Food, Shelter, and Clothing
- Personal Hygiene/Restrooms/Showers
- Increase medical/dental – all these services
- Provide easy access
- Need to be cleaned up to be hired
- Not having ID is barrier to services/employment
- Coordinate services for basic needs/Continuum of Care
- Need local address, telephone or pager, good clothes, hygiene
- Shelter needs safe place to store belongings
- Might need bus or plane ticket home
- Need to ask – Why are you homeless?

## **Client Perspective**

- Food, shelter, be able to bathe, shower
- Clothes and blankets
- Water to stay hydrated
- Jobs
- Shade in the summer
- Medical care – Mental health counseling
- Transportation
- Access to a phone
- Secure storage
- Identification
- Laundry facilities
- Compassion from community

# **Chronic Homelessness**

## **Community Perspective**

- Need affordable medication, insurance, medical care
- Lack of support with housing
- Separate issues exist for situational and chronic homeless (no way to keep an apartment)
- No identification (ability to cash checks)
- Much substance abuse
- Need accessible medical care for more than 65% of chronic homeless
- No place to take chronic homeless
- Need to build adequate housing/with services
- Chronic homeless use 60% of available funding
- If chronic homelessness is not addressed will not have adequate funding to handle anticipated increase in situational homelessness

## **Client Perspective**

- (Found no comments specific to chronic homeless rather all homelessness)

# Prevent Homelessness

## **Community Perspective**

- Create a housing trust fund
- Build affordable permanent housing
- Improve the sharing of information amongst providers
- Develop a central resource center
- Provide better education about finances
- Tap into homeless community – Find leaders to assist
- Help find jobs
- Lobby the legislature for more funding
- Offer good case management/proper assessment of clients
- Coordinate resources/Not to duplicate resources
- Hire, trained, skilled and caring social service staff
- Change public attitude/Less focus on materialism
- Know who is at risk of becoming homeless
- Lobby for better health insurance coverage
- Educate teens early about drug/alcohol abuse
- Long term programs are more effective
- Providers to make more referrals
- Services should be specific as to needs of the client
- Target resources/Gaps in service

## **Client Perspective**

- Family counseling/Case management
- Steady employment
- Help people on disability
- Access to identification and phones
- Healthcare insurance
- English lessons for immigrants
- Less stringent rules for service eligibility
- More services for women without children
- Better system of referrals
- More substance abuse programs
- Less unfair (targeted) treatment by police
- Family instability causes homelessness
- Less focus on materialism
- Divorce/domestic violence leads to homelessness

# Affordable Housing

## **Community Perspective**

- Lack of affordable housing
- Need a housing “trust fund”
- Increase in housing costs/taxes
- Volunteer – Donate time, ideas and money to affordable housing
- Network with developers/builders for affordable housing
- Housing for people who fall below 30% income bracket
- Adequate housing not available
- Lobby the Legislature for affordable housing
- Limited capacity on low income housing/population is growing
- Funding has diminished
- People need an immediate place to live
- High cost of land complicates purchase of property for low-income
- Lack of support for affordable housing programs
- Affordable apartments are being converted to high-end condo’s
- Need affordable housing/services for chronically homeless
- Provide single row housing with wrap around services
- Need affordable housing for seniors

## **Client Perspective**

- Forced to live on the street without housing
- Need help to qualify
- Need permanent family housing
- Convert buildings that are already empty
- Must have a permanent address
- Have to sleep on streets, at the library, in parks, on busses, under bushes, in cars etc.

# Temporary Shelter

## **Community Perspective**

- Need places where homeless can get cleaned up for job interview
- More funding for large capacity shelters
- More homeless outside than inside shelters
- Need longer stays in shelters (more than 1-6 months if necessary)
- Follow-up services after shelter stay
- Youth released from foster-care shelters
- Better assessment services
- Short term transitional housing
- Programs to pick up where others left off
- Do not provide food/shelter without expectations
- Offer dormitory style housing with services
- Need shelters that take families
- Better winter shelter program
- Shelters should require a commitment to the program
- Assist homeless with acquiring ID's, mental health care and jobs
- Utilize volunteers instead of paid staff
- Rules should be reasonable not unobtainable
- Shelters should have adequate security but not oppressive
- Renovate empty buildings/Let homeless do the work
- Some of the shelters do a good job

## **Client Perspective**

- A place to live is the main thing
- Need a 24-hour access to the shelter
- Should have a place where children can play
- Need lockers that are secure and affordable
- Some shelters provide medical, job and transportation assistance
- Staff need to be caring, respectful, and well-trained
- Need showers and rooms with privacy
- Home-like not institutional
- Shelters need a suggestion box for concerns/complaints
- Not move homeless from shelter to shelter
- More job opportunities
- Not charged rent to stay at shelter
- Need access to phones/computers for employment purposes
- Access to healthy food regardless of work schedule
- Food served at reasonable times
- Homeless should not be harassed by police
- Longer stays at shelter in order to be employed

# Homeless Youth

## **Community Perspective**

- Need to focus on teen run-a-ways
- Youth who transition out of foster-care/many on the streets
- Lack of supportive services for homeless youth
- Educate children early on about drug/alcohol abuse
- Teach life skills to children in foster-care
- Help more teens find jobs
- Make services accessible/transportation/bus passes
- Need good case management (one-on-one counseling)
- Coordination of services
- Permanent housing/with services
- Utilize a central location for services

## **Client Perspective**

- Lack of services for youth
- Need to feel safe/Bad influences on the street
- Need a supportive network
- Good education to get good jobs
- Permanent place to live
- Better assessments/counseling
- Long term programs
- Childcare assistance for some

# Appendix A

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# Appendix B

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# Appendix C

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