SOUTHERN NEVADA

May 2017

Prevention and Diversion Gaps Analysis

TABLE OF CONTENTS

SOUTHERN NEVADA
PREVENTION AND DIVERSION GAPS ANALYSIS

1 EXECUTIVE SUMMARY

Homelessness prevention and diversion are compelling methods to reduce homelessness. Nationwide, prevention and diversion as a primary or systemic approach has been more novel than commonplace, and examples of the efforts that do exist are wide-ranging and often location-specific in their approach. There is some federal guidance that draws on community examples and formal evaluations of federally-funded homeless prevention programs, which helps to define best practices for successful implementation of preventive strategies.

The Southern Nevada Continuum of Care (SNH CoC) often integrates innovative approaches into its strategies to end homelessness. This report reviews the ongoing homelessness prevention and diversion efforts in the region to determine gaps in the homelessness system of care and provide recommendations for improving system effectiveness.

While prevention and diversion are frequently conflated, they are distinct processes with two common goals: (1) prevent and reduce the numbers of persons who lose their housing; and (2) prevent and reduce the numbers of persons who enter the homelessness system of care (particularly emergency shelters) by diverting them to alternate housing arrangements. Prevention and Diversion also share many resources that accomplish those goals, including:

Financial Assistance	Non-financial Supportive Services
Rental, Mortgage and Utility Assistance	Case Management and System/Housing Navigation
Emergency/Cash Assistance	Conflict Resolution/Mediation, Legal Services
Rental Application Fees and Security Deposit Funds	Connections to Mainstream Public Benefits
Hotel, Motel Vouchers	Employment and Job Training
Transportation Vouchers	Education (Life skills, Financial Management, GED)

Currently, the Southern Nevada system of care offers potential consumers of preventive resources many options. Those options include multiple service providers who provide both financial assistance and non-financial supportive services, funding from various sources to provide preventive assistance, and tools (such as a robust information database) and partnerships (including with local government) that enhance the provision of services and have the potential to further leverage existing Southern Nevada resources. The findings and recommendations in this report aim to support the region's efforts to develop and sustain effective prevention and diversion strategies.

Findings	Recommendations
Insufficient Information about Prevention and Diversion Resources to Enable Necessary Consumer Access to Available Resources	Improve marketing and outreach about prevention and diversion assistance and process to access the resources
Underutilized Partnerships and Tools	Better utilize partnerships and tools through formal relationships and policies and procedures
Inconsistent and Undeveloped Prevention and Diversion Screening Tools and Processes Limits Identification of Eligible Consumers and Access	Improve identification of target population and access for that population to resources through screening tools
SNH CoC Priorities Must Incorporate Prevention and Diversion to Ensure Funding and Resource Availability	Update SNH CoC priorities to make room for developing and enhancing prevention efforts, including eligibility for benefits, and data analytics and reporting
Inconsistent Data Quality and Reporting around Prevention and Diversion Metrics for Purposes of Data Collection and Reporting	Ensure high data quality using specific metrics and encourage frequent system level reports about prevention and diversion across the system and over time

2 INTRODUCTION

Clark County Social Service, on behalf of the Southern Nevada Homeless Continuum of Care, contracted with HomeBase a national technical assistance provider on homelessness, to perform a prevention and diversion gaps analysis to identify unmet needs in the Southern Nevada's Homeless Continuum of Care (SNH CoC). This analysis evaluates how the current system engages prevention and diversion components and processes, identifies existing gaps in the system's approach, and makes recommendations designed to enhance and leverage system strengths and improve SNH CoC outcomes in prevention and diversion.

Ultimately, the goal of the report is to help the Southern Nevada Homeless Continuum of Care create and enhance system mechanisms that will prevent persons at risk of homelessness from losing their housing and divert persons at risk of homelessness or who are homeless from entering the system of care, particularly the system's emergency shelters. Diverting persons away from the homeless system of care allows persons to get help to end their housing crisis without subjecting them to the trauma of homelessness and allows the system to retain resources for persons with severe needs.

2.1 About the Southern Nevada Continuum of Care

The SNH CoC has a robust and successful homeless system of care ("system" or "system of care"), complete with an effective Coordinated Entry System (CES). The CoC consistently improves its system-wide performance outcomes, including using successful targeting strategies, integrating innovative and evidence-based approaches, like coordinated entry (CE) for single adults, and utilizing a highly adaptable data system.

In 2014 SNH CoC began improving its process of integrating mainstream health services with housing services after hosting the Department of Housing and Urban Development's (HUD) Housing & Healthcare (H2) Initiative.[1] That effort has since allowed them to pursue maximizing care coverage to ensure effective coordination of supportive services and housing.

In 2015 the CoC was officially recognized by HUD for functionally ending veterans homelessness according to the criteria and benchmarks set by the United States Interagency Council on Homelessness (USICH).[2]

Nevada has a state-wide Homeless Management Information System (HMIS) that allows for data sharing and cross-system collaboration with local hospitals, law enforcement, fire and rescue, and the state Health Information Exchange. The HMIS also serves as the primary database for the CoC's coordinated entry system for single adults. It is regularly evaluated with systems improvement implementations.

In support of ongoing monitoring of success and impact, firmly focused on enhancing the client experience and system-wide performance outcomes, the SNH CoC commissioned this report to identify and assess gaps in the system's ability to prevent persons from losing their housing and divert persons who are homeless from entering the system of care.

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[1] HUD Exchange, United Stated Department of Housing and Urban Development, "Healthcare and Housing (H2) Systems Integration Initiative – State and Community Action Planning, https://www.hudexchange.info/programs/housing-healthcare/action-planning/ - nevada (last accessed April 25, 2017).

[2] United States Interagency Council on Homelessness, "How Southern Nevada Achieved an End to Veteran Homelessness," https://www.usich.gov/news/how-southern-nevada-achieved-an-end-to-veteran-homelessness (last accessed April 25, 2017).

2.2 About the Region and the State of Homelessness in Southern Nevada

While no recent reports on the homeless housing and services in Southern Nevada have focused exclusively on prevention and diversion efforts, the following highlighted reports and plans offer some insights into area demographics and needs, local strategies and priorities, and provide context on how prevention and diversion fit into the larger homeless system of care.

2.2.1 2-1-1 Database Quarterly and Annual Reports

The Financial Guidance Center, which operates Nevada's 2-1-1 online and call network of basic human and support services, published an annual report for fiscal year 2015-2016 outlining the demographics of persons accessing the system. The database provides access to information about wide range of programs and services offered throughout the state and Southern Nevada region, including physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, and support for community crisis and disaster recovery. The data from calls, text messages, and searches through the publicly available online database also indicated the services and programs most frequently sought. While this data cannot state the numbers of persons who have accessed the Southern Nevada homeless system of care seeking or receiving prevention or diversion services, it can indicate the persons who are likely to access the system of care for similar prevention and diversion resources, as well as the region's demographics, needs, and resources sought and understood to be available.

Per the fiscal year 2015-2016 Report, out of approximately 67,802 persons who called into the system that year, the following self-reported demographics were captured:

- Race
  - 2% were Asian
  - 30% were Black or African American
  - 32% were White
  - 18% were of mixed/multiple race
  - The remainder either chose not to answer or the information was unavailable for them.
- Gender
  - 66% were female
  - 22% were male
  - less than 1% were transgender
  - The remainder either chose not to answer or the information was unavailable for them.
- Age
  - 1% were persons ages 11-19
  - 16% were persons ages 20-29
  - 20% were persons ages 30-39
  - 17% were persons ages 40-49
  - 18% were persons ages 50-59
  - 10% were persons ages 60-69
  - 6% were persons ages 70 and older.
  - The remainder either chose not to answer or the information was unavailable for them.
- Family Status
  - 16% were single
  - 4% were married
  - 2% were married with children

- 2% were separated
- 3% were divorced
- 2% were widowed
- 4% were female head of household
- Less than 1% were male head of household
- Less than 1% were domestic partners
- The remainder either chose not to answer or the information was unavailable for them.

The majority of persons seeking access to resources through the 2-1-1 database were single and between the ages of 30 and 59.

2.2.2 Southern Nevada Strong Regional Plan

In 2011, the Southern Nevada Regional Planning Coalition (SNRPC), led by the City of Henderson, was awarded funding through HUD's Partnership for Sustainable Communities Initiative to develop and implement Southern Nevada Strong Regional Plan.[3] The project leveraged resources from the 13 regional partners to the Coalition (SNRPC): the cities of Henderson, Las Vegas, North Las Vegas, Clark County, Regional Transportation Commission of Southern Nevada, University of Las Vegas (UNLV), Southern Nevada Regional Housing Authority, Clark County School District, Southern Nevada Water Authority, Southern Nevada Health District, and the Conservation District of Southern Nevada.[4]

The plan aims to resolve multiple issues facing the Southern Nevada region, including many that have been identified as contributing to the area's homelessness. Those issues include several that inform prevention an diversion efforts:

- Uncoordinated growth and disconnected land uses that make commuting and access to services and amenities difficult;
- Economic volatility and over-reliance on gaming, tourism and construction that resulted in severe decline during the recession including lost jobs, wages and a housing crisis that led to loss of housing;
- Social disparities and vulnerable communities that exist across geography; and
- Continued growth and changing demographics that need to be better positioned to compete with other regions for new jobs and workers.[5]

[3] Southern Nevada Strong Regional Plan, SNRPC, http://sns.rtcsnv.com/our-plan/ (last visited April 20, 2017).
[4] *Id.*
[5] *Id.*

The plan seeks to remedy the issues through a plan that includes:

- A diversified economy with a wide range of job opportunities;
- High-quality educational systems for youth and the workforce;
- A multi-modal, well-connected transit system;
- Housing options for all preferences and budgets;
- Strong social service networks and high-quality health care; and
- Safe, desirable and engaged communities.[6]

The robust plan identifies almost 300 specific strategies and partnerships across four categories (improve economic competitiveness and education, invest in complete communities, increase transportation choice, and build capacity for implementation) that are designed to improve livability in Nevada.[7]

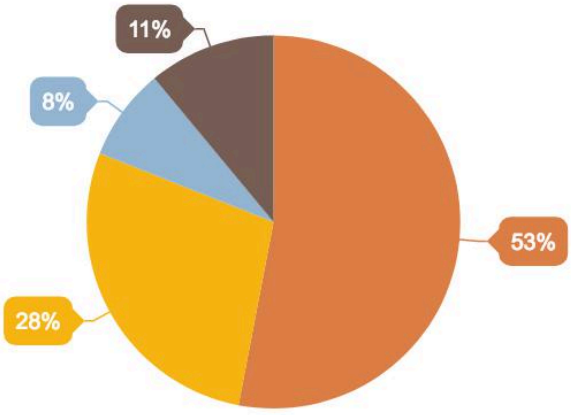
"Investing in complete communities" is the category of the plan that will most directly impact the state of homelessness in the region, including how the region chooses to strategically address methods to prevent housing loss and divert persons from the homeless system of care. This phase of the plan focuses on developing additional affordable housing using more efficient and equitable land use policies and re-investing in underused and abandoned areas.[8] The plan also highlights efforts to improve transportation throughout the region to better enable integration and access to employment, services, and available housing.[9]

2.2.3 2016 City of Las Vegas Homeless Survey

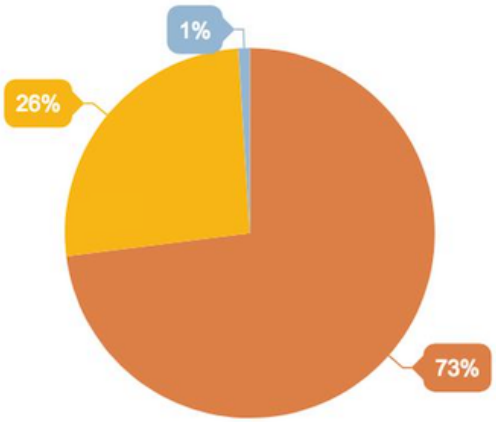
In 2016, the City of Las Vegas completed a homelessness demographics survey of approximately 400 adult (18 years of age and older) that asked about their history, economic conditions, and reasons for being homeless. The survey was administered in Downtown, North of Downtown, and in outlying areas.[10] While it is not inclusive of the full population experiencing homelessness in Southern Nevada, the survey offers insights into the causes of homelessness as well as what could have prevented homelessness for the survey respondents.

- Demographics

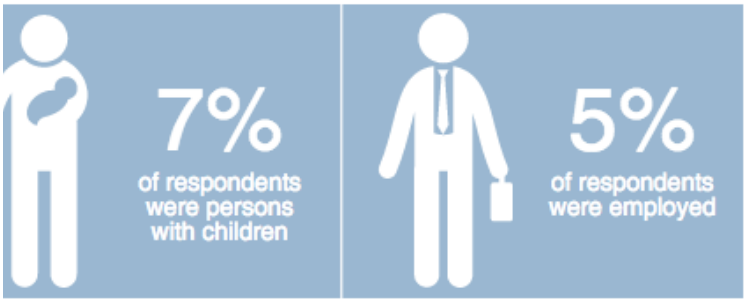
Respondents included persons of white (53%), African American (28%), Hispanic-Latino (8%), and other (11%) backgrounds.[11]



[6] *Id.*
[7] *Id.*
[8] *Id.*
[9] *Id.*
[10] City of Las Vegas, 2016 Southern Nevada Homeless Survey, 4.
[11] *Id.* at 58.



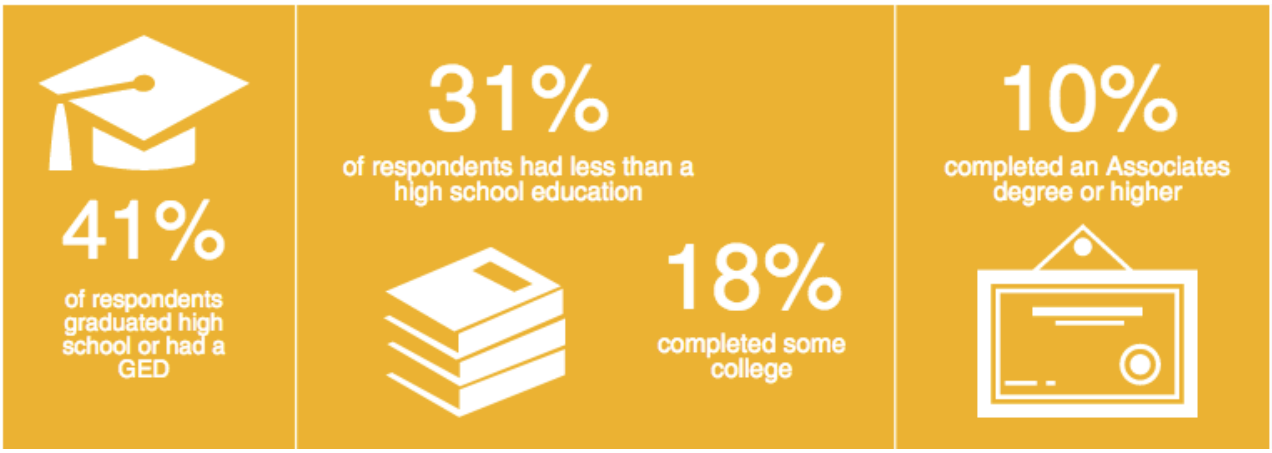
Approximately 56% of respondents resided in Southern Nevada for five or more years, with 25% of those persons having lived in Las Vegas for more than 20 years.[12]



[13]

Seventy-three percent of respondents were male, 26% of respondents were female, and 1% of respondents were transgender. [14]

Approximately 27% had been homeless less than one year (11% of which had been homeless less than one month), 21% were homeless one to two years, 18% were homeless three to five years, and 17% were homeless more than five years.



[15]

Of those surveyed, approximately 16% lived in shelters and 84% lived outside of shelters or in other locations.[16]

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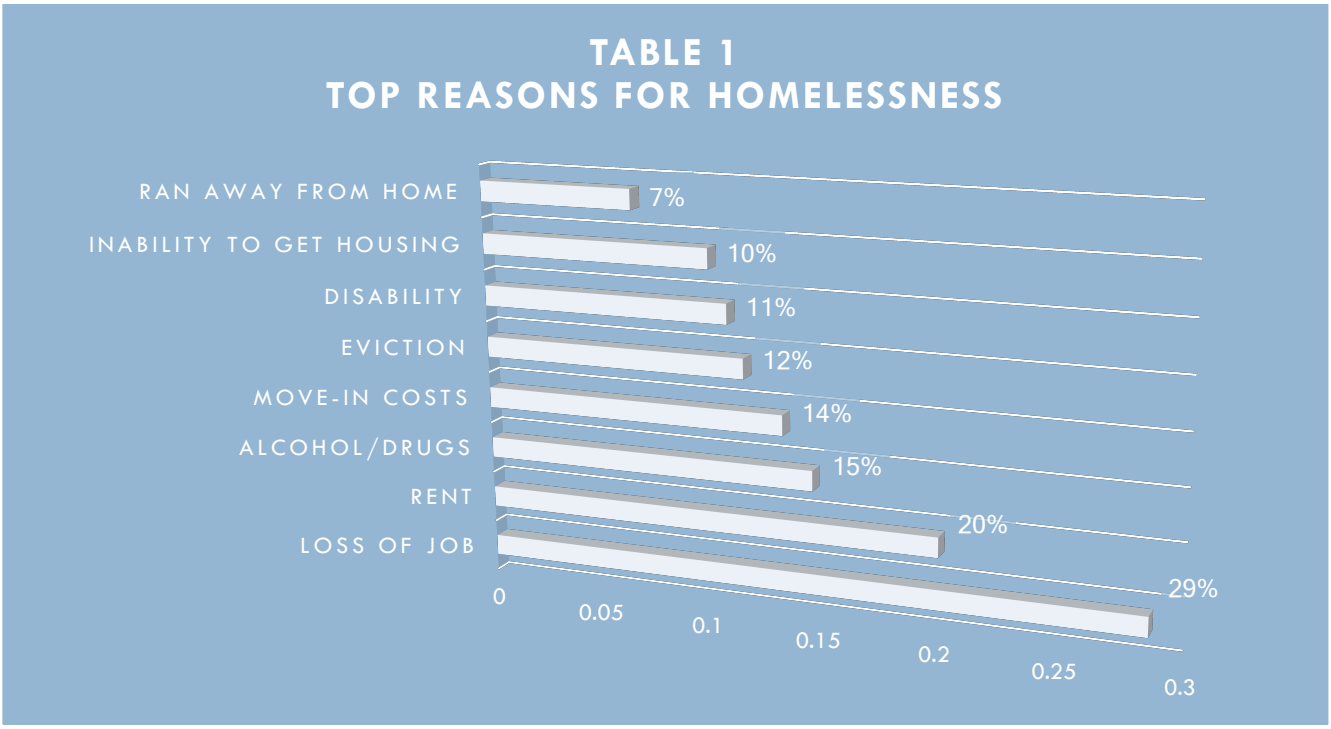
[12] *Id.* at 4.
[13] *Id.* at 4.
[14] *Id. at 55.*
[15] *Id.* At 4, 50.
[16] *Id. At 4*

- Reasons for Homelessness

The top reasons for homelessness among respondents were job loss, inability to afford monthly rent or moving costs (deposits, first month rent), substance use, eviction, disability, and inability to find affordable housing due to credit or criminal history.[17]

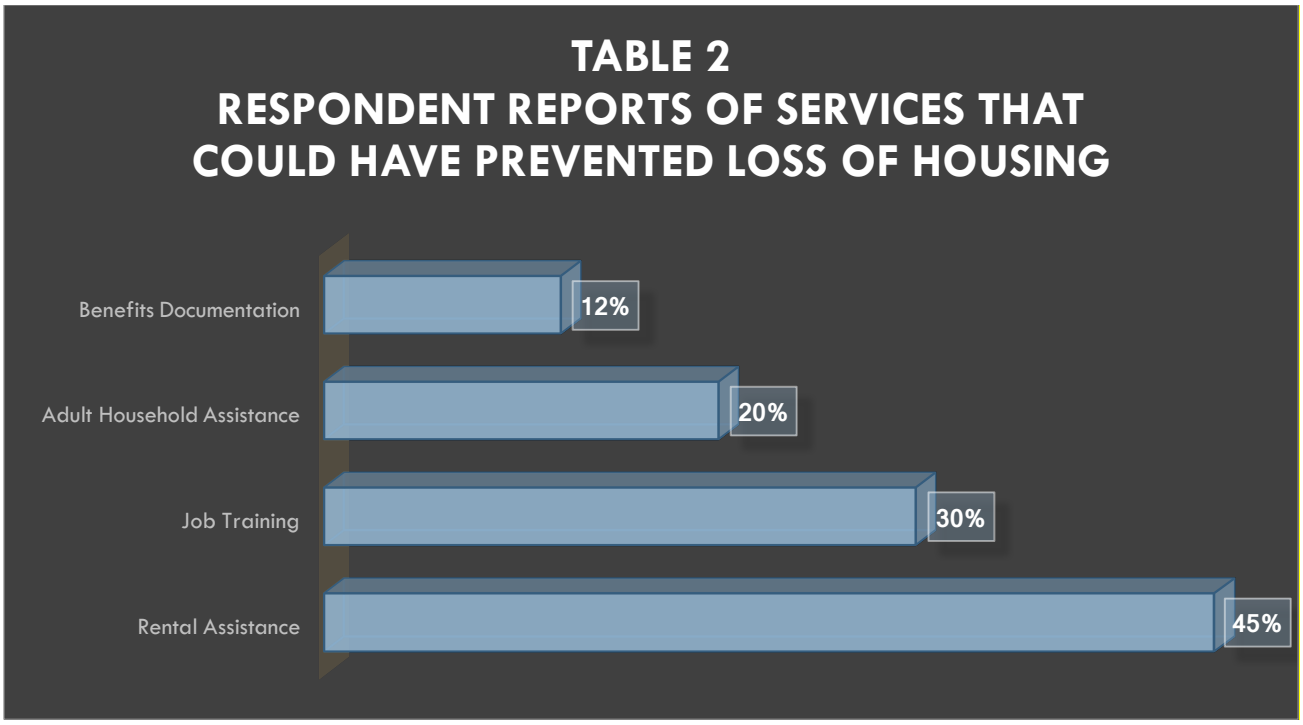


Other reasons respondents gave for becoming homeless included: not earning enough from their job, domestic violence, medical bills, death of a spouse or parent, runaway LGBTQ status, foreclosure of home, aged out of the foster care system, divorce, conviction or incarceration, gambling, mental health, moved, and unemployment.

- Prevention Services

Thirty-two percent of respondents reported that services could have been offered to prevent them from becoming homeless.[18] Those same respondents reported the belief that rental assistance, job training, adult household assistance, and help with benefits documentation could have prevented their homelessness.[19]

[17] *Id.* at 4, 8, 16.
[18] *Id.* at 10. Meanwhile, 19% of respondents either did not know or refused to answer whether any service could have been offered to prevent their homelessness. Almost 50% reported that no service could have been offered to prevent their homelessness.
[19] *Id.* at 10.



Other responses to services that could have prevented homelessness included: legal aid (landlord/mortgage) assistance; help with medical expenses; foreclosure prevention services; help with childcare; information, knowledge or guidance from someone about resources available to prevent their homelessness; affordable housing; financial services; services upon reentry from incarceration; counseling and addictions (substance use and gambling) treatment. [20]

45% believed that rental assistance could have kept them in their housing

Of the respondents who reported being homeless less than one year, 33% believed that services could have been offered to prevent them from becoming homeless, 15% reported not knowing if services could have prevented their homelessness and 47.5% reported that no services could have been offered to prevent them from losing their housing.[21]

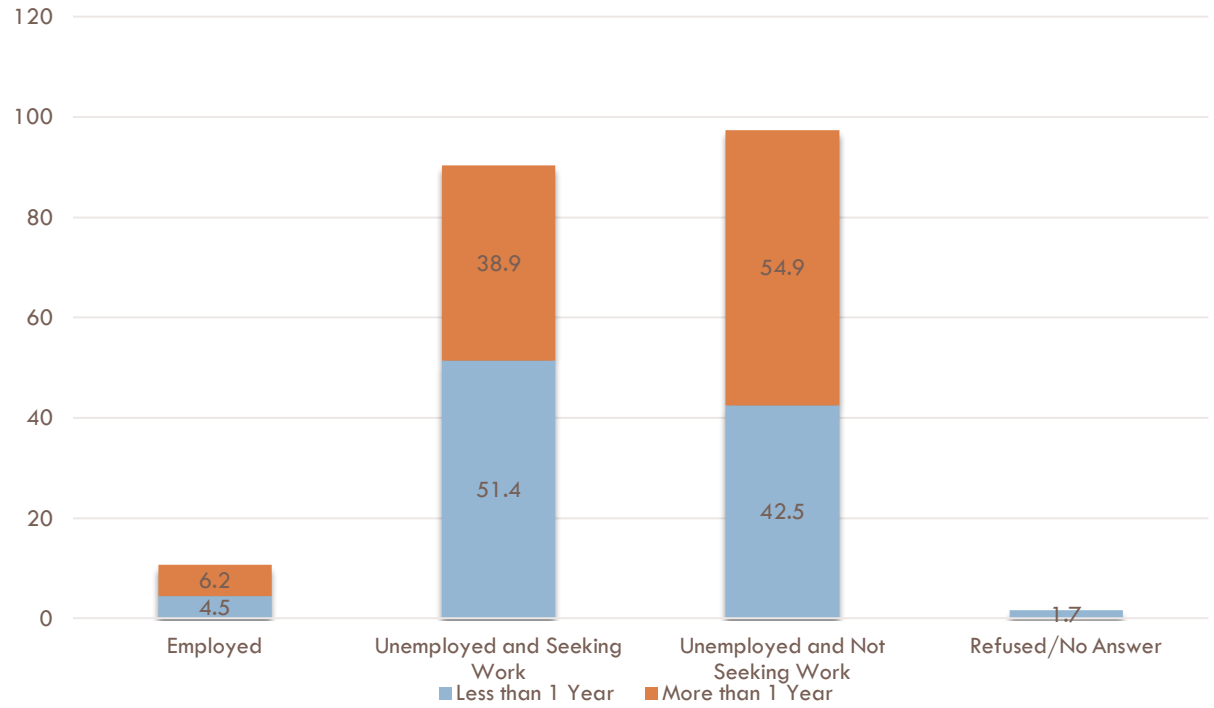
[20] *Id.* at 45-46.
[21] *Id.* at 66.

33% believed that services could have been offered to prevent them from becoming homeless

- Income and Employment

While 5% of respondents reported being employed, 94% of respondents reported unemployment.[22] Of those who reported being unemployed, 45% reported actively seeking work.[23]

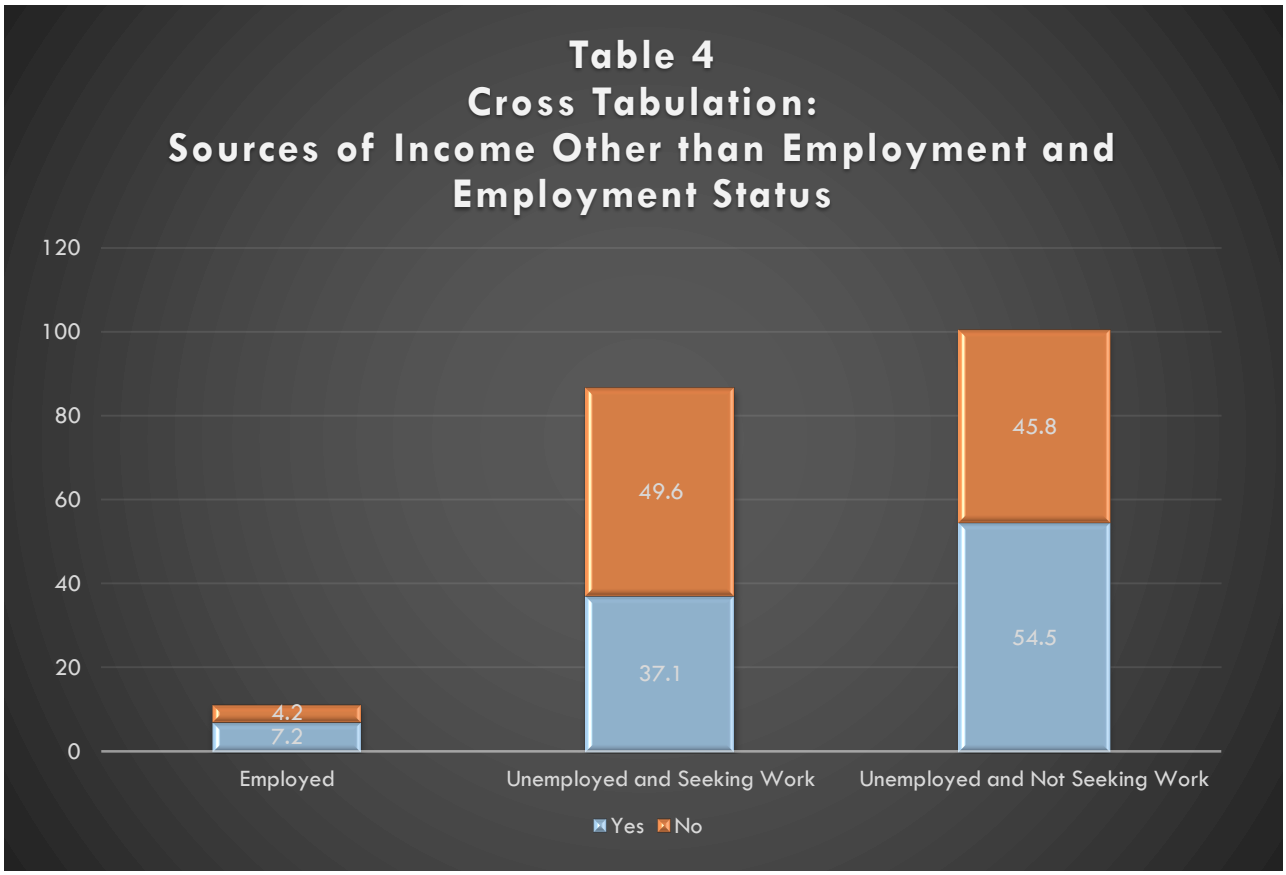
Table 3
Cross Tabulation:
Length of Homelessness and Employment Status



Forty-one percent of respondents reported that they had income from sources other than employment, and 59% reported no source of income or no source of income beyond formal employment.[24]

[22] *Id.* at 21.
[23] *Id.* One percent of respondents refused to answer.
[24] *Id.* at 22.

When asked about the sources of income and benefits, most respondents reported food stamps/Supplemental Nutrition Assistance Program (SNAP) (67%), panhandling (34%), government benefits (25%), odd jobs and day labor (24%), or bottle and can collecting (18%).[25] Ten percent of respondents reported other sources of income including: performing, spousal benefits, sex work, family support, temporary or part time jobs and donating plasma.[26]



- "Results Vegas": Las Vegas, Neighborhood Livability Report

The City of Las Vegas continues to track and measure homeless rates, efforts and progress. The Office of Community Services and the Homeless Advisory Committee makes this information and their strategies publicly available through the online portal "Results Vegas". The Neighborhood Livability Report outlines progress and metrics for strategies to connect persons experiencing homeless to services that address critical needs, including housing services, sustaining homeless efforts through accountability and performance measures, building funding through community engagement, and creating a master plan for the Corridor of Hope that will strategically improve access to services.[27]

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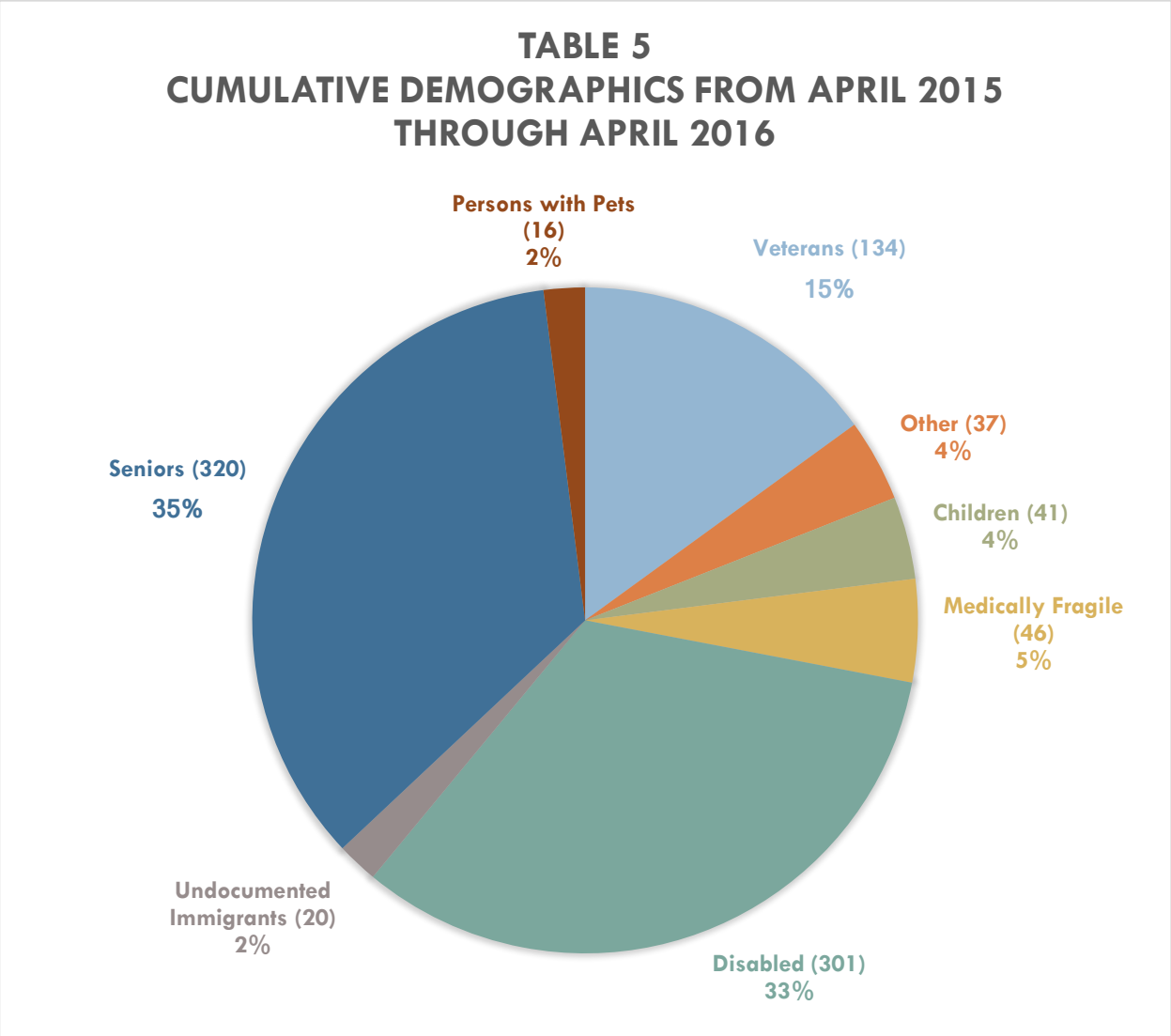
[25] *Id.* at 24.
[26] *Id.* at 24.
[27] Results Vegas: Las Vegas, Nevada Livability Report (Results Vegas), https://opendata.lasvegasnevada.gov/stat/goals/r9qc-eicc/j9ed-tcwp/jst8-ywd2/view (last accessed April 20, 2017).

2.2.4 Downtown Las Vegas Business Alliance Homelessness Proactive Outreach Report

The City of Las Vegas Community Services and Caridad Charity produced the April 2015 to April 2016 Downtown Las Vegas Business Alliance Homelessness Proactive Outreach Report. The report focuses on demographics of persons offered assistance and whether that assistance was accepted or rejected and reasons given for the rejection of services.



[28]

Respondents reported that the primary assistance offered were agency referrals and emergency shelter.[29] In addition, out of state transportation, hospital or medical facility and other unspecified

[28] Downtown Las Vegas Business Alliance Homelessness Proactive Outreach Report: Reporting Period April 2015 thru [sic] April 2016, 2.
[29] *Id.* at 3.

services were also offered.[30] Per the report, persons overwhelmingly accepted referrals to other agencies (approximately 70% of those who were offered services, approximately 1,113 persons).[31]

Several of the services offered were related to prevention and diversion assistance: 35 persons (approximately 2% of those reported) accepted out of state transportation and 21 persons (approximately 1%) were emergency housed (in placements other than emergency shelters).[32] Additionally, 73% of the persons who rejected assistance reported waiting on prevention-type services, such as income, benefits or other cash assistance, or housing.[33]

2.2.5 HMIS Demographics Data

The data from the HMIS system indicates there were approximately 7,096 entrants into the system as part of the prevention and diversion programs.[34]

The Nevada HMIS system contains the following types of data on prevention and diversion program entrants: age, race, gender, disability status, domestic violence history, residence prior to entry, housing at entry, and number of previous homelessness experiences. Due to duplication, this data may not be accurate within a reasonable degree of certainty to give it meaningful significance.

The Nevada HMIS system also contains demographic information pertaining to employment at time of entry and income status at entry, including non-cash benefits, and earned income.

[30] *Id.*
[31] *Id.*
[32] *Id.*
[33] *Id.* at 5.
[34] As previously stated, these entrants and data related to these entrants likely contain a number of duplicates and many entrants appear to be missing demographic and other data due to data collection and entry.

3 METHODOLOGY

To complete this report, HomeBase conducted consumer focus groups, met with key stakeholders, solicited survey responses from consumers and homeless housing and service providers and funders, analyzed relevant HMIS and reporting data, and reviewed applicable regulations and recognized best practices. This report presents findings on system strengths and challenges, and makes focused recommendations designed to optimize the system's ability to implement prevention and diversion strategies to reduce instances of homelessness and entries into the Southern Nevada homeless system of care.

3.1 Research and Review of Previous Southern Nevada Studies and Current Tools

HomeBase researched and analyzed previous Southern Nevada Homelessness System of Care Studies, Evaluations, and Tools (including the CHAT and 2-1-1 System), and Regional plans and reports to obtain background and demographic information on the region and context for the causes and possible responses to homelessness in the region. The CHAT is attached in the Appendix. The Nevada 2-1-1 FY 2015/2016 Report, FY 17 Second Quarter Report, Nevada 2-1-1 Strategic Plan Executive Summary are available online at http://www.nevada211.org/reports/. The 2016 City of Las Vegas Homeless Survey is available online at https://www.lasvegasnevada.gov/cs/groups/public/documents/document/chjk/mdm0/~edisp/prd034969.pdf.

3.2 Relevant Local Government and Funding Stream Data

Numerous providers, agencies and stakeholders provided HomeBase with data and records outlining the annual funds requested, received, and expended for prevention and diversion financial assistance and non-financial services. HomeBase also analyzed open source local government databases containing neighborhood livability data, Point in Time Count data, and local performance indicators. Finally, information about provider and agency type, program type, and information received from those providers, agencies, and stakeholders about system and organization priorities and prospective prevention and diversion goals and services were assessed.

3.3 Consumer Focus Groups and Surveys

HomeBase facilitated a series of qualitative feedback forums with current consumers of housing and services within the Southern Nevada homeless response system. Consumer focus groups were held for distinct populations: youth, women and families, and single adults. Outlines of focus group questions and the full text of the focus group survey are attached in the Appendix.

3.4 Key Stakeholder Interviews/Meetings

HomeBase conducted interviews of key stakeholders and community leadership for qualitative feedback regarding the state of Southern Nevada's homeless response system. An outline of the stakeholder interview questions and a list of persons interviewed are attached in the Appendix.

3.5 SNH CoC Board and Provider Surveys

HomeBase distributed electronic surveys to members of the SNH CoC Board and regional homeless housing and service providers and funders to supplement the qualitative data gathered during consumer focus groups and key stakeholder interviews. There were twenty-nine responses to the survey. The full text of the questions is attached in the Appendix.

3.6 HMIS Data

HomeBase reviewed and analyzed the most recent community-wide data from the Nevada HMIS system. HomeBase conducted an analysis of the HMIS consumer records and provider data for the two-year period between January 2015 and March 2017.

This analysis sought to include an evaluation of consumer demographics, assessment scores, shelter system entries and exits, numbers of persons served, frequency of use of specific service types, outcomes after service, and prevention and diversion programs, services, and assistance available. The analysis sought to use some of the following metrics to determine the effectiveness of the system's current prevention and diversion services and processes: matching households and numbers across prevention records and emergency shelter records, monitoring household or individual changes over time within a database (including the numbers seeking emergency shelter and other prevention and diversion services, and decreasing proportions of persons who become homeless immediately after psychiatric facility discharge.

Longitudinal data was not possible because across the system, exit information did not appear available for the majority of clients. For the relatively small number of persons where exit information was available, that information was not statistically viable or significant. Additionally, while some provider agencies and funders were able to provide HomeBase with documents outlining prevention and diversion programs and their funding streams, upon review of HMIS it appeared that approximately half of those programs do not yet participate in HMIS or data was not easily attributable to them as there were no programs or entries for those programs appearing in the system.[35] Further, duplicative data made it difficult to determine the precise numbers of persons served by a program, the number of times persons were served, how many persons were served by specific types of prevention or diversion services, and changes in income and outcomes for specific persons over time.

With these caveats, HomeBase analyzed the available data and included in this report an evaluation of consumer demographics, total duplicated counts, consumer data including income upon entry, and prevention and diversion programs, services, and assistance available. Recommendations are included about how to improve the data collection and reporting to better analyze this data in the future, including necessary data collection and reporting metrics.

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[35] The following agencies and programs offering prevention and diversion assistance were located in HMIS (and available for use in this report): Catholic Charities Residential Services; Clark County Social Service; Emergency Aid of Boulder City; HELP Las Vegas; HELP of Southern Nevada; HopeLink; Las Vegas Clark County Urban League; Lutheran Social Services of Nevada; Nevada Partners Inc.; Salvation Army; Women's development Center.
The following agencies and programs offering prevention and diversion assistance per agency and entity funding documentation and stakeholder interviews and survey data, did not appear to participate in HMIS as an entity, may operate under an unknown program name, may be funded as a program under another name, entity or nonparticipating entity, or were otherwise unable to be located in HMIS: City of Henderson; City of North Las Vegas; Colorado River Food Bank; Financial Guidance Center; Jewish Family Services; Jewish Federation; Nevada Partnership for Homeless out; Sandy Valley Foodsharing Program; Senior Center of Boulder City, Inc.; St. Jude's Ranch Rapid Rehousing New Crossings; Three Square; and the United Labor Agency of Nevada.

3.7 Applicable Federal Guidance and Community Examples

HomeBase integrated into this report relevant federal guidance, national research and best practices for the operation and functioning of homeless response systems and prevention and diversion programs. This information establishes the framework for important system components and potential gaps and solutions. HomeBase also identified community examples (or case studies) on implementation and operation of key system tools and components into other models, practices, and lessons learned. This information is presented throughout each section to provide a framework of key elements of effective prevention and diversion resources against which the Southern Nevada homeless response system's current prevention and diversion resources can be measured.

4 WHAT IS PREVENTION AND DIVERSION?

Prevention and diversion are necessary components of a system effectively working to eliminate homelessness. Until recently for most localities, these components have been experimental in the most advanced CoCs and only aspirational in others. This means there are limited examples of a cohesive prevention and diversion strategy. HUD's three-year Homelessness Prevention and Rapid Re-Housing Program (HPRP) provided over $1.5 billion in resources to state and local governments to leverage against mainstream funds and benefits and other state and local funding for homelessness prevention, stabilization, and housing. A final formal program evaluation of that federal program provides some case study examples that demonstrate successful patchwork approaches to these strategies.[36] The lessons learned from those early efforts and more recent programs and evaluations have created a framework for prevention and diversion definitions, strategies, and best practices.

Prevention is generally defined as the provision of supports and services aimed at housing retention for persons at imminent risk of experiencing homelessness. By contrast, diversion serves persons who are currently experiencing homelessness, offering alternative housing situations and supports that redirect people away from the homeless system of care.

Prevention is generally defined as the provision of supports and services aimed at housing retention for persons at imminent risk of experiencing homelessness.

Most programs and materials consider prevention and diversion to be two sides of the same coin. Both processes work to reduce the number of persons entering the homeless system of care, and primarily

[36] See United States Department of Housing and Urban Development, Homelessness Prevention Study: Prevention Programs Funded by the Homelessness Prevention and Rapid Re-Housing Program (2015).

consist of the same services and assistance. Mechanisms, strategies, best practices and funding streams are also relatively aligned across sources, despite some distinctions.

4.2 Categories

Prevention and diversion services and supports fall into two categories: financial assistance and services. Each of the following services and supports can be applied to both prevention and diversion:

Financial Assistance	*Non-Financial Supportive Services*
• Rental assistance (short or long term; arrears or subsidies)	• Connection to public assistance programs and other mainstream benefits
• Mortgage assistance (short or long term; arrears or subsidies)	• Housing advice, search and placement
• Utility Assistance (short or long term; arrears or cash assistance)	• Conflict resolution/mediation (with landlords, friends, neighbors, family)
• Emergency (Cash) Assistance (food, clothing, medical care, transportation)	• Legal services (including eviction, fair housing and tenant rights; immigration)
• Hotel/Motel vouchers	• Credit repair and budgeting (including money management)
• Transportation vouchers	• Case management (for housing stability)
• Rental application fees and security deposits	• Transportation
• Funds for other expenses (Moving costs; car repair; child care)	• Employment and job training
	• Education (life skills, financial management)

4.3 Distinctions

Prevention is often used as an umbrella term that includes diversion and retention strategies, as all three work to reduce the number of people entering the homeless system of care by offering financial assistance and other services. Retention is defined as prevention services offered to a person who has experienced homelessness but is currently stably housed. Therefore, the approaches that define diversion and retention are a narrow subset of prevention options and are often also described as prevention. In this report, the terms diversion and retention will be used to specifically describe the processes as defined above, and the term prevention will be used as inclusive of diversion and retention unless otherwise specified.

Table 6

RESOURCE STRATEGIES ASSOCIATED WITH PREVENTION AND DIVERSION

Resource Categories	PREVENTION	DIVERSION	RETENTION
Mainstream Resources	Access to mainstream resources (TANF, Medicaid/Medicare enrollment; enrollment in state food and rental assistance programs)	Access to mainstream resources (TANF, Medicaid/Medicare enrollment; enrollment in state food and rental assistance programs)	Access to mainstream resources (TANF, Medicaid/Medicare enrollment; enrollment in state food and rental assistance programs)
Outreach	Contacting current housing provider (friend, family, landlord) to arrange extended stay	Contacting last housing provider (friend, family, landlord) to arrange extended stay	
Emergency Assistance	Emergency Assistance: food, clothing, transportation vouchers, medical care		
Cash Assistance for Housing (Financial Assistance)	Cash assistance to avoid eviction: rent, mortgage, utility payments		Cash assistance to avoid eviction: rent, mortgage, utility payments
Housing Subsidies Rental Applic. Fees/Deposits (Financial Assistance)	Housing subsidies; rental application fees; security deposits	Rental application fees and security deposits	Housing subsidies
Rapid Rehousing	Rapid Rehousing (rapid exit from shelter)/Interim Housing		
Hotel/Motel Vouchers	Hotel/Motel Vouchers	Hotel/Motel Vouchers	
Counseling	Counseling: budget and credit; resources; housing (document ready)		Counseling: budget and credit; resources
Transportation	Transportation (inside or outside of CoC jurisdiction) to another living arrangement (friends or family)	Transportation (inside or outside of CoC jurisdiction) to another living arrangement (friends or family)	

Legal Assistance	Legal assistance (help with negotiating eviction, mediation)	Legal assistance (mediation to avoid eviction)	
Moving On Programs			Moving On Programs
Supportive Services			Supportive Services coupled with permanent housing
Coordinated Entry/Access	Implemented as part of community-wide CE	Implemented as part of community-wide CE	Implemented as part of community-wide CE
Agency Service Obligations	Including housing/assistance as part of service obligation (mental health, corrections, child welfare, TANF)		Including housing/assistance as part of service obligation (mental health, corrections, child welfare, TANF)
Rapid Re-Housing	Rapid Rehousing (rapid exit from shelter)/Interim Housing	Rapid Rehousing (to the extent they are unsheltered and presenting at access point)	
Agency Collaboration	Agency collaboration to prevent homelessness at institutional release (particularly for persons with behavioral health concerns)	Agency collaboration to prevent homelessness at institutional release (particularly for persons with behavioral health concerns)	
Coordinated Entry	Implemented as part of community-wide CE	Implemented as part of community-wide CE	Implemented as part of community-wide CE
Education/Advocacy	Education and advocacy about resources and housing	Education and advocacy about resources and housing	Education and advocacy about resources and housing
Case Management/Navigator	Case management/Navigator	Case management/Navigator	Case management/Navigator

The primary distinction between prevention and diversion lies with the housing status of the participants, specifically whether they are currently experiencing homelessness. Persons who are literally homeless would receive services through a diversion process because homelessness has already occurred. This can include persons who are discharged from medical or correctional facilities, graduating or timing out of

transitional housing programs, domestic violence survivors, and others who have experienced a housing crisis that has de-stabilized them. By contrast, persons at risk of homelessness could receive similar services in order to prevent homelessness.

Measurement and evaluation of prevention and diversion also have some distinctions and overlap. Measuring performance of prevention efforts typically includes tracking and totaling persons receiving homeless prevention assistance and those turned down or who do not accept prevention assistance. By contrast, measuring diversion efforts (which under the broadest definition of prevention would also effectively measure prevention efforts) includes: assessing the length of shelter wait lists, shelter entries and new homeless entries, and comparing outcomes from before and after the implementation of a diversion program.

4.4 Commonalities

Both prevention and diversion can use similar tools at the initial stages of contact with an individual or family experiencing a housing crisis, including entry points into a Coordinated Entry System. Common screening tools utilized by provider agencies at the front end of the system can enable staff to triage and assess for the need for prevention and diversion resources.

Benefits Common to Both Prevention and Diversion
• Reduce entries into the homeless system of care
• Conserve limited resources
• Better target limited resources like shelter beds
• Reduce wait lists
• Achieve better community outcomes
• Make the community more competitive for grant funding

Both prevention and diversion can use similar tools at the initial stages of contact with an individual or family experiencing a housing crisis, including entry points into a Coordinated Entry System. Common screening tools utilized by provider agencies at the front end of the system can enable staff to triage and assess for the need for prevention and diversion resources.

Rapid Re-Housing: A Preventive and General Homelessness Strategy

Rapid Re-Housing (RRH) can be simultaneously preventive and a strategy for persons within the system who are homeless and need a bridge from emergency or system housing to another form of permanent housing. Communities across the nation and even HUD have treated RRH in these ways. HUD specifically defines RRH in terms of intervention that includes preventive assistance (time-limited financial assistance and targeted support services) and diversion strategies (avoiding near-term homelessness or a return to homelessness).[37] HUD includes in its definition of RRH persons who are discharged from medical and other facilities who may be homeless without such intervention, similar to some of the population targeted by diversion strategies. For purposes of this analysis, RRH will be categorized as a diversion strategy if funded through prevention/diversion funding streams, since other HUD funds can only be used for persons that meet its definition of homelessness. For example, Southern Nevada consistently uses Emergency Solutions Grant Funds (one of the region's primary sources of prevention and diversion funding) to fund RRH opportunities offered through various providers who also offer other prevention and diversion services among their services. RRH will also be considered a diversion strategy when used as bridge housing for persons who may not need to fully enter the homeless system (via intake or other case management) pending resolution of very short term needs (e.g., security deposit assistance, identification cards, etc.). Given these nuances, community priorities and funding streams will largely define who is being served by RRH, and therefore whether RRH should be categorized as diversion.

[37] HUD Rapid Re-Housing Brief, 1-2; NAEH Homelessness Prevention: Creating Programs that Work (2009), 4-7. The NAEH guide on page 7 explicitly references some of the most common diversion strategies as options for RRH: "The most appropriate housing situation may involve moving in with family members who can provide financial or other support."

COMMUNITY EXAMPLES	
PREVENTION	**DIVERSION**
Seattle, Washington[38]	**New London, Connecticut**[39]
In 2016 Seattle, Washington developed a Prevention Implementation Plan after the mayor declared a state of emergency following the deaths of 91 homeless persons in the Seattle/King County area. As a result of the state of emergency the area was able to leverage special and more flexible funding to support homelessness prevention efforts, including funds that can be leveraged against existing CoC funding: • Special one-time funding in the amount of $7.3 million towards City homeless budget and agencies and providers • Seven-year levy that generates $145 million to support affordable housing development, rental assistance to prevent homelessness, and support for first time homebuyers The 2016 special State of Emergency funding will be put into key investments: • Approximately, $800,000 will go to diversion and rapid rehousing (which will address both public school and encampment populations) • Approximately, $2.174 million will go to shelter beds and services	New London, Connecticut implemented a diversion program in 2012 as part of a coordinated entry program using their 2-1-1 system and a dedicated case manager. Diversion includes individually tailored services: • Assistance maintaining current housing (conflict mediation with landlord, friends or family) • Assistance securing permanent housing (financial, utility, rental assistance) • Assistance locating and securing housing through financial assistance and advocacy • Case management and plan for stabilization • Connecting families to mainstream benefits and services (food and energy assistance, medical/mental health services) • Budget counseling Outcomes: • In 3 years 80% of families who presented seeking emergency shelter intake were diverted to alternative housing solutions • Only 1 in 6 families diverted returned later to seek shelter in Connecticut • One third of diverted families required financial assistance • Average cost of diversion was one-third the cost of sheltering and re-housing homeless families

[38] City of Seattle's 2016 Homeless State of Emergency Implementation Plan, available at https://www.seattle.gov/Documents/Departments/pathwayshome/SOEImplementationPlan.pdf (last accessed April 26, 2017).
[39] Coalition to End Homelessness, Shelter Diversion for Homeless Families Brief, available at http://cceh.org/wp-content/uploads/2015/04/NL-Shelter-Diversion-Brief-FINAL.pdf (last accessed April 26, 2017).

4.5 Challenges of Successful Prevention and Diversion Strategies

There are three key challenges to implementing successful prevention and diversion strategies: identifying persons eligible for services; providing eligible persons access to the services; and measuring outcomes of system-wide efforts at prevention and diversion.

4.5.1 Identification

Identifying persons to target prevention and diversion efforts may be difficult for several reasons. First, many persons at risk of homelessness who have not previously lost their housing are likely to be unfamiliar with the homeless system of care, including access points and resources. Second, many people may not engage with an entry point to the system of care until they have already lost their housing, when it is too late to provide services that could have helped them avoid homelessness. Third, while the homeless system of care often includes street outreach teams serving those visibly living on the streets, it is not designed to perform outreach to persons who are not already or visibly homeless. This often increases the likelihood that the persons in need of preventive assistance will not be in contact with the system until after it is too late to prevent their situation. While those who lose their housing may nonetheless be served through diversion assistance, due to these identification challenges, the system often fails to engage with those at risk of homelessness, thereby missing a critical juncture at which it can reduce the numbers of persons who need to access the homeless system of care.

4.5.2 Access

Enabling access to the system's prevention and diversion resources is another common challenge for homeless systems of care. The goal of prevention and diversion is to keep people from losing their housing and, thus needing to access homeless housing and services. However, most systems are designed to be accessed easily by those already experiencing homelessness, and do not contemplate how best to facilitate access for those at risk. Designing ideal points of access for prevention and diversion opportunities requires access points to be clearly identifiable and well marketed. In addition, access points must have staff trained to have system-wide knowledge of the resources available. Ultimately, access to prevention and diversion services must strike a balance of helping people to avoid homelessness or become quickly rehoused, using a progressive engagement approach that ensures that homeless system resources are targeted to those with the highest levels of acuity and chronicity.

4.5.3 Measurement

Measuring the success, failure, and costs before, during, and after the provision of prevention and diversion is probably the biggest challenge to implementing prevention and diversion programs or incorporating prevention and diversion into the function of the system of care. Measurement is difficult for two reasons: (1) how do we determine what ultimately causes or prevents that homelessness; and (2) how do we measure the non-occurrence of an event—in this case, measuring the number of persons who did not become homeless?

While it may seem that pinpointing the cause of homelessness is relatively straightforward, typically the cause is due to a number of factors, some of which trigger or result from other institutional responses. For instance, homelessness can occur as the result of a discharge from a medical or criminal justice facility, or as a result of poor money management stemming from illiteracy or information about benefits, or even as a result of divorce or ineligibility for benefits due to household income. None of those reasons will typically trigger engagement with the homeless system of care, even if other state and local agencies

may have resources or some level of responsibility for those issues (e.g., unemployment benefits, respite care, primary and secondary education, eviction court hearings, etc.). So how does the homeless system of care engage those systems or provide the response that those systems should or could have previously provided to now keep those persons housed?

Similarly, measuring the non-occurrence of an event can be just as confounding. This may require several undertakings, including identifying who is at risk of homelessness, providing the right assistance at the right time to only the persons who will actually lose their housing, and being able to follow up with those persons to determine that they were able to remain housed and that there was nothing else that occurred or could have occurred that would have created the same result. In instances where the provision of services or assistance is very limited or at a brief single point in time, it may be difficult to track or measure activity that occurs after the provision of services.

Without answers to those questions or overcoming those obstacles, how can the system forecast a likely cost or determine an acceptable cost or funding stream for those services or assistance? Keeping in mind the goal is to prevent persons from losing their housing and entering the homeless system of care so the system can use its limited resources for those most in need, to what extent should the system take on the responsibility of prevention? While there are no easy answers, there are some measurement and operational options that can help to resolve this challenge.

Specifically, if the goal of the system is to be effective helping those who are homeless or at risk of homelessness, the system must focus on providing services and assistance that are evidence-based and measurable. Diversion, by allowing for re-routing persons to alternate housing options according to a triage system, is more similar to the homeless system of care and therefore is more straightforward to measure outcomes. Every homeless system of care is challenged to balance between prevention services that are harder to measure but stop homelessness from happening, and diversion services that are easier to quantify but take place once someone has already lost their housing.

4.6 HUD Guidance

With the expiration of HUD's Homelessness Prevention and Rapid Re-Housing Program (HPRP), discussed above, there are no major federal programs explicitly focused on prevention or diversion. By and large that means guidance about prevention and diversion is generally in the form of federal policy from federal government agencies,[40] which strongly encourages the creation and implementation of prevention and diversion opportunities. This is typically done via federal policy and as permissible uses of funding for certain federal funding streams. While there are no federal requirements for CoCs to include homeless prevention or diversion services or assistance in their systems, HUD established requirements for coordinated entry systems to address access, prioritization, and assessment for prevention and diversion services.[41]

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[40] United States Interagency Council on Homelessness, Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (2015 Amendment), 55-58; Dennis Culhane, Stephen Metraux & Thomas Byrne, A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift? (2010).
Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010

[41] HUD's requirements for prevention and diversion services are part of Coordinated Entry can be found in HUD's Coordinated Entry Process Self-Assessment (checklist), available at https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf (last accessed April 25, 2017).

CE REQUIREMENTS RELATED TO PREVENTION AND DIVERSION
Required CE Activities Related to Prevention and Diversion
Access • CoC's access point(s) must be easily accessed by individual and families seeking homeless or homelessness prevention services. (HUD Coordinated Entry Notice: Section II.B.8) • CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e.., non ESG -funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs. (HUD Coordinated Entry Notice: Section II.B.8)
Prioritization • If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services. (HUD Coordinated Entry Notice: Section II.B.8)
Recommended CE Activities Related to Prevention and Diversion
Assessment Process • CoC employs a phased approach to assessment which segments the collection of participant information into Diversion and/or Prevention Screening – examination of existing CoC and participant resources and options that could be used to avoid entering the homeless system of care.
Optional CE Activities Related to Prevention and Diversion
Access ▪ CoC's CE process includes separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed. If separate access points for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services. (HUD Coordinated Entry Notice: Section II.B.8)

HUD has recognized that there are plenty of challenges inherent in conducting effective prevention of homelessness. Specifically, HUD acknowledges that prevention is largely an exercise in prediction that certain people or ameliorative measures will be successful.[42] Additionally, HUD has recognized targeting prevention efforts as a fundamental challenge and the central lesson for communities to learn.[43] According to HUD, communities should focus on two goals: determine how to identify households at risk of homelessness and determine how to tailor short- and medium-term assistance to prevent homelessness and evaluate prevention and diversion outcomes.[44] This requires determining what assistance is the most valuable and measuring the impacts of that assistance against prior outcomes and other data points reflecting increased or decreased contact with the system over time.[45]

HUD has released several reports related to preventing homelessness, including the 2005 report on Strategies to Preventing Homelessness (HUD Strategies). In that report, HUD studied homelessness prevention programs and strategies in six communities with the purpose of preliminarily determining common and promising prevention activities, methods to document prevention effectiveness, and key elements of prevention strategies. After the Homelessness Prevention and Rapid Re-Housing Program (HPRP) came to a close, HUD released a 2015 Homelessness Prevention Study[46] (HPRP Study) that outlined some ideas that it considered the future of prevention and best practices for prevention efforts based on the successes and studies of former HPRP programs:

1) Improving program administration by improving system structures and increasing services integration to build prevention capacity. This means the system should be community-wide in scope and develop or enhance coordinated entry (CE or CES), including screening systems;
2) Developing collaborative partnerships among antipoverty and homeless services providers and other agencies while leveraging skills and resources;
3) More effective targeting of participants by identifying what the program is trying to prevent (literal homelessness versus loss of current housing), identifying whether the program goal is long term or short term, identifying the participant's barriers to housing through assessments and screening, and ensuring participant stability; and
4) Documenting prevention effectiveness through data systems, elements and outcome measures to improve system performance. HUD specifically recommends matching households and numbers across prevention records and emergency shelter records, monitoring changes over time within a database (including the numbers seeking emergency shelter and decreasing proportions of persons who become homeless immediately after psychiatric facility discharge), and maintaining a database or records specific to prevention efforts.[47]

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[42] United States Department of Housing and Urban Development, Strategies for Preventing Homelessness, at *xii*, 3 (2005), http://www.urban.org/sites/default/files/publication/50201/1000874-Strategies-for-Preventing-Homelessness.PDF (last accessed April 25, 2017).
[43] HPRP Study, at 3; HUD Strategies, at 67.
[44] HPRP Study, at 3.
[45] *Id.*
[46] *Id.* at *xvii.*
[47] Id. at xviii-xix.

The HPRP Study identified common prevention activities from the HPRP participants and of those, the most effective evidence-based prevention activities that can be used alone or in combination as part of a community-wide strategy.[48] The nine most commonly offered services were housing subsidies, case management, rental assistance, utility deposits, housing locators, legal assistance (e.g., Legal Aid, court eviction programs, etc.), credit repair services, moving cost assistance and hotel or motel vouchers.[49] Referencing multiple studies, HUD highlighted the following prevention activities as the most effective at reducing homelessness and increasing housing retention:[50]

Table 7

Most Effective Prevention Activities

Housing Subsidies	Across studies cited by HUD, when used as a supplemental form of assistance, housing subsidies helped 80-85% of persons achieve housing stability, and housing subsidies had the strongest impact on lowering the rate of homelessness when compared to other interventions.[51]
Supportive Services Coupled with Permanent Housing	Various studies cited by HUD indicate that supportive services coupled with permanent housing worked to prevent initial homelessness and functions to successfully divert and sustain housing for persons with serious mental illness (with or without co-occurring disorders).[52]
Mediation in Housing Courts	Studies of the impact of mediation in various counties demonstrated the ability of mediation to preserve tenancy even when the landlord has filed for eviction.[53]
Cash Assistance for Rent or Mortgage Arrears	Well targeted cash assistance for persons at risk of experiencing homeless but who are not yet homeless is extremely effective in housing retention and homelessness prevention.[54]
Rapid Re-Housing	For families who had recently experienced homelessness (or those who may need diversion from the system of care) rapid re-housing allowed 88% of persons to remain housed over the next year, according to a HUD case analysis.[55]

In HUD's 2015 Coordinated Entry Policy Brief, HUD recommends activities and best practices for implementing prevention and diversion efforts in line with the broader themes in the HPRP Study. [56] First HUD emphasizes using coordinated entry, specifically a phased assessment and assessment tools to perform initial screening for diversion or prevention.[57] Second, HUD recommends that communities

[48] Id. at. xiii, xv.
[49] *Id.* at *xiv-xv*.
[50] *Id.* at 65.
[51] *Id.* at 65-66.
[52] *Id.* at 66.
[53] *Id.* at 66.
[54] *Id.*
[55] *Id.*
[56] Department of Housing and Urban Development, Coordinated Entry Policy Brief (2015).
[57] *Id.* at 9.

consider the CoC's capacity to manage prevention assistance.[58] Third, if the community has Emergency Solutions Grants (ESG), that funding should be incorporated into the community coordinated entry system.[59]

> *In prevention, identification, and early intervention efforts HUD emphasizes the roles of mainstream programs that serve the broader community and are not specifically tailored to persons experiencing homelessness*

In the 2017 HUD guidance, Enhancing Coordinated Entry through Partnerships with Mainstream Resources and Programs,[60] HUD emphasizes the roles of mainstream resources and programs in prevention, identification, and early intervention efforts. Those are defined as supports and programs available on the federal, state, and local levels that serve the broader community and are not specifically tailored to persons experiencing or at risk of experiencing homelessness.[61] In the guidance, HUD outlines five strategies for enhancing partnerships in coordinated entry systems, including:[62]

1) Using mainstream and non-targeted resources to identify people experiencing and at risk of experiencing homelessness through integration of housing stability and homelessness status questions into their intake processes;
2) Coordinating referrals between mainstream resources and the homelessness response system or CoC to maximize opportunities to serve households who may touch both mainstream and homelessness service systems;
3) Aligning and scaling resources and interventions to expand capacity to prevent and end homelessness;
4) Homelessness system and mainstream programs should consider co-locating services to make assistance as accessible as possible and promote unified case planning; and
5) Both systems should prioritize access to mainstream resources for people experiencing or at risk of homelessness.[63]

[58] *Id.* at 9.
[59] *Id.* at 9.
[60] Department of Housing and Urban Development, Enhancing Coordinated Entry through Partnerships with Mainstream Resources and Programs (2017), 1.
[61] *Id.*
[62] *Id.*
[63] CE Policy Brief, at 1.

4.7 Additional Best Practices

4.7.1 NAEH Best Practices

The National Alliance to End Homelessness (NAEH) has defined several best practices and success strategies for prevention and diversion. Those are identified as key principles of prevention and diversion that address early identification strategies.[64]

Table 8

Key Principles

Prevention		Diversion
Crisis resolution		Formulate a screening tool and process that determines whether a person or family can be diverted
Client choice, respect, and empowerment		Assessment should take place at the "front door" to the system or initial access points
Providing appropriate level of assistance needed for wellness and recovery		Cooperation from participating provider organizations and mainstream services providers to perform intake and assessment instead of automatic admittance to provider programs
Maximizing community resources		Flexible funding streams that allow for funding alternative housing arrangements
Earliest possible intervention to reduce costs		Trained, knowledgeable, and resourceful staff members familiar with assessment process, prevention and diversion resources and experience with landlord mediation and conflict resolution

4.7.2 Common Funding Streams and Strategies

Federal funding targeting diversion and prevention has been made available in multiple forms. Under the American Recovery and Reinvestment Act of 2009, HPRP was the conduit for prevention and diversion funding. With greater awareness about the scope of homeless prevention services, other federal (as well as state and local) funding can be leveraged to fund prevention and diversion efforts. ESG is now commonly used to provide both financial assistance and non-financial services, including rental and utility assistance and mediation services. Similarly, Supportive Services for Veteran Families (SSVF) funding is frequently used to provide both financial and non-financial support to veterans such as rental assistance, mediation services, case management, and other services that include supports for housing retention, which is beyond the purview of most prevention and diversion programs. Many successful programs have

[64] National Alliance to End Homelessness, Homelessness Prevention: Creating Programs that Work (2009), 2-4.

also incorporated targeted funding as prevention support. This client-specific or client-direct funding can include Temporary Assistance for Needy Families (TANF) at the federal level, which will pay for financial assistance, subsidized housing, employment services, and case management for participants. Other sources of funding, including state and local funds and private donations or matching funds from faith-based organizations or businesses have also been leveraged with great success, as those sources have fewer use restrictions and allow programs to increase capacity, scope or maintenance of their efforts.

> ***Community Example: Dudley Diversion Pilot Project[65]***
>
> *Dudley, Massachusetts, piloted a diversion project for young parents between the ages of 18 and 24 years old. Transition age youth (TAY) in that age range accounted for 25% of the homeless population in the county. The project was a two-month collaboration between service providers and the Massachusetts Department of Transitional Assistance (DTA). The project collected data on the TAY families seeking shelter and tested the effectiveness of diversion intervention at the assistance offices. DTA used $50,000 in flexible funding and resource experts and assessment professionals to develop, plan and implement the program.*
>
> *The $50,000 flex funding was used to provide one-year subsidies averaging $7,564 per family, and on rental and utility past due payments averaging $1538 per family. Using those funds for prevention costs significantly less than one year of shelter per family ($33,600 per family) in that region.*
>
> *Outcomes:*
> *42% of TAY families were diverted from the DTA shelter*
> *Of those diverted, 10 families identified family/friends with whom to reside; 11 stabilized in their original housing; and 7 were placed in private sector transitional housing*

4.7.3 Community Examples

Many communities have successfully implemented prevention and diversion processes. Their shared activities and strategies are good indicators of best practices.

[65] City of Boston and Action for Boston Community Development, et al., The Dudley Diversion Pilot Project: Fall 2008, available at http://www.endhomelessness.org/page/-/files/2208_file_OF_DiversionBrochure_FINAL_2_.pdf (last accessed April 26, 2017).

- A strategy of primary importance is coordination and engagement with service providers and major private and public systems of services common to those at risk of homelessness.

Community Example: Los Angeles, CA Homeless Initiative Prevention Strategy[66]

Los Angeles, California, proposes a four-phase approach to prevention and diversion targeted at different populations.

•While Phase 1 concentrates on leveraging financial and supportive resources from state-sponsored CalWorks and local county Initiative-committed funds to prevent family homelessness, the last three phases are focused on effective discharge planning to prevent homelessness.

•In Phase 2, the county plans to work with government agencies on best practices to develop and enhance discharge planning guidelines. Notably, this is free of cost.

•In Phase 3, the county will work with the Housing Authority Family Reunification Program to increase the utilization of county departments and agencies in the criminal justice system. This will facilitate direct housing referrals for reentry for persons with families who participate in the Section 8 voucher program. The county will also work with community organizations to provide supportive reintegration services. Here too, there is no cost to leverage county resources and planning options.

•In Phase 4, the county plans to strengthen discharge planning from foster care and juvenile probation by adding transition planning six months prior to the discharge date, wraparound support services, and ensuring community college or vocational training is part of all discharge plans. This also is a no cost strategy for prevention.

[66] Los Angeles County, Approved Strategies to Combat Homelessness (2016), available at http://priorities.lacounty.gov/wp-content/uploads/2016/03/HI-Report-Approved2.pdf (last accessed April 26, 2017).

- Consistency in implementation is also necessary, as the efforts must be performed regularly as part of the overall CE system. Ideally prevention and diversion would be integrated into CE as the initial step prior to triage at any CES entry point.

> ***Community Example: Boston, Massachusetts 2010 Strategy to Reduce Homelessness[67]***
>
> *Boston names prevention as one of five core strategies necessary to end homelessness in Boston. The prevention strategy includes adopting an early warning system, which utilizes partnerships among the government entities with the greatest interaction with persons at risk of becoming homeless. It also requires adopting a homelessness prevention network to deliver prevention and enhance stabilization services to those in need. This is described as a version of a CE system with a universal homelessness prevention intake network and assessment tools. This will incorporate the early warning system to allow for easy accessibility and agility to respond to diverse client needs. This CE-type system will be accountable for results through systems that track client outcomes with data sharing agreements.*

- Regular data assessments and system evaluation to find gaps and improve service delivery is key to establishing a successful program.

> ***Community Example: Cincinnati, Ohio[68]***
>
> *In 2014, Cincinnati and Hamilton County, Ohio, produced a Gaps Analysis Study, from which they developed homelessness prevention strategies. In addition to their goals and strategies, they produced data evaluation metrics. Those measurements included:*
>
> *•Increase the percent of eligible families seeking emergency assistance and shelter diversion who ultimately receive assistance;*
>
> *•Increase percent of families who maintain housing after receiving emergency assistance;*
>
> *•Increase percentage of families who avoid homelessness after receiving diversion assistance;*
>
> *•Implement common screening tool for early identification of risk; and*
>
> *•Increase number of families receiving prevention services other than financial assistance.*

[67] City of Boston, Beyond Shelter: Boston's Strategy to Reduce Homelessness, June 2010, A Leading the Way III Strategy, available at https://www.cityofboston.gov/Images_Documents/Beyond Shelter - Boston's Strategy to Reduce Homelessness June 2010_tcm3-17659.pdf (last accessed April 26, 2017).
[68] Strategies to End Homelessness, Solutions to End Homelessness: Cincinnati/Hamilton County 2015, available at https://www.strategiestoendhomelessness.org/wp-content/uploads/Solutions-for-Family-Homelessness-Plan.pdf (last accessed April 26, 2015).

- Written standards or policies and procedures that are clearly described in the CoC plan and consistently applied will help with successful prevention and diversion efforts.

Community Example: Commonwealth of Virginia[69]

In its 2010 Homeless Outcome Advisory Report, the Commonwealth of Virginia created a policy framework for homelessness prevention that included increasing flexibility of funding to prevent homelessness and support rapid rehousing and evaluate, develop and ensure implementation of statewide pre-discharge policies for foster care system, hospitals, mental health and correctional facilities. The Commonwealth chose strategies and action steps with the specific aim of strengthening procedures and policies so that there is a housing plan before persons are released into the community.

For the foster care system, the framework required a pre-discharge protocol that requires a plan specifying appropriate housing arrangement, guarantees access to supports and connects them to education. No release can happen until terms of the plan have been met. Further, the policy integrated adult services and housing options for the older foster care youth.

Mental health and health discharge policies require mental health facilities to document and report number of patients discharged to shelters. Training is provided for CoCs to apply for affordable housing units for persons with behavioral health concerns. Additionally, the framework required protocols for hospitals to link veterans with services offered by Veterans Administrative agencies prior to discharge.

Finally, the framework required improving discharge policies and procedures for the Corrections Departments. Pre-discharge plans require that all inmates have a plan that specifies appropriate housing arrangement, identifies prior military service, includes mandatory re-entry program, and connects them to support services. Furthermore, the framework requires all state prisons as well as regional and local jails to identify inmates with prior military service using their electronic case management system. Lastly, the framework requires that the Department of Corrections document the number of offenders released without viable home plans and reasons why plans could not be developed.

[69] Commonwealth of Virginia, November 2010 Homeless Outcomes Advisory Report, available at http://www.virginiahousingpolicy.com/pdf/Homeless Outcomes Advisory.pdf (last accessed April 26, 2017).

5 CURRENT PREVENTION AND DIVERSION PROCESSES IN SOUTHERN NEVADA

5.1 Service Provider Feedback

According to the service provider survey responses, an average of 640 people are served prevention and diversion services annually in Southern Nevada. According to those same responses, while some providers provide no prevention or diversion services, some providers service upwards of 1,500 to as many as 6,500 persons with prevention and diversion services per year.

Further, most respondents reported that 100% of the persons they see annually would benefit from prevention and diversion services. While the remainder of the respondents who answered this question reported that less than half or none of their clients would benefit from prevention and diversion services.

Most respondents reported that all of the persons they serve would benefit from prevention and diversion services.

The 2-1-1 database maintains records of demographics of persons seeking assistance, assistance requested, referrals made by 2-1-1, service and program updates to the database, and follow-up data on persons who sought assistance through the database. The 2015-2016 fiscal year data from the 2-1-1 state-wide system indicates 126,482 calls with almost half originating in Clark County. From those 126,482 calls, 2-1-1 made 194,527 referrals, almost 50,000 of which were to prevention related services (including food, transportation, rent and utility assistance, legal services, and mainstream benefits) and over 58,000 were directly to service agencies.[70] Per 2-1-1 data, in the last quarter alone, 2-1-1 identified housing, individual and family support services, food, utilities, and income support and employment as the top five consumer needs.[71]

While it does not appear at this time that HMIS data can confirm the numbers reported by service provider survey respondents or 2-1-1 data, nor can HMIS data provide specific data on how many individuals take advantage of these services or the housing status of the specific individuals who accept the services, HMIS data can provide context as to the types of programs and services each agency offers and the number of times the service or assistance was accessed in total during the time period.

[70] Financial Guidance Center, 2-1-1 2015/2016 Fiscal Year Report.
[71] Financial Guidance Center, 2-1-1 2016 Quarterly Service Report (October 1 – December 31, 2016).

Table 9

Number of Times Prevention and Diversion Assistance Offered by Program Per HMIS

Program	Rental, Mtg Asstc./ Subsidy	Utility Asstc.	Cash Asstc.	Security Deposit, and Moving Cost Asstc.	Hotel/ Motel Lodging or Voucher	Trnsptn. Asstc. (financial and non-financial)	Food	Case Mgmt.	Housing Plcmt.[72]	Referral to other[73]	Help Getting Benefits	Other Emerg. Asstc.[74]	Follow Up
Catholic Charities—Residential Services, Connection to Home								14	10	14			
CCCSS—Connection to Home								4	4				
Emergency Aid of Boulder City—Homeless Prevention Program	111	33		3	13	26	216		1			14	
HELP Las Vegas—SSVF Homeless Prevention	97	18	4	19				73			1	3	
HELP Las Vegas—SSVF Homeless Prevention (PB1)	95	21	3	15		13		96		1		4	
HELP Southern Nevada ERS Homeless Prevention			65			36	46	7	47	242		82	
HopeLink FRC Program	223	419	2			25	2094	3507		1184	261	1573	1831
Las Vegas Clark County Urban League—Family	78	41				3		4					

[72] Housing placement including rapid re-housing, family housing, and other housing placements except emergency shelters, as referenced in HMIS. From the HMIS data it is unclear the housing status of the entrant at the time housing placement is achieved.

[73] Referrals primarily included referrals to legal services, and 2-1-1.

[74] Other emergency prevention and diversion assistance referenced in HMIS includes: legal services, medical/prescription drug payments; dental screening/care, clothing, sleeping bags, state commodities, emergency supplies, child care, educational and vocational services, furniture, miscellaneous assistance, identification/driver's license/birth certificate fees.

Development Program													
Lutheran Social Services of Nevada—ESG HP Program	25	6		1									
Nevada Partners Inc. ESG Program (CC)	34	23											
Nevada Partners Inc. ESG Program (NLV)	10	7											
Salvation Army—SA Family Services Homeless Prevention	10	13	4					25					
Salvation Army—SA SSVF HP Program	34	3		7		4		18				1	
Women's Development Center—Housing Stability for Families Program						2	5	19				21	
Totals	717	584	78	45	13	109	2361	3767	62	1441	262	1698	1831

5.2 Access and Screening

5.2.1 Access Points

- Consumer Focus Groups

The consumer focus groups reported that they obtained assistance prior to losing their housing primarily from family and friends because they did not know what resources were available or how to access them. Some respondents reported learning about or obtaining preventive resources from CCSS or other service providers. Respondents reported the most helpful assistance came from access to benefits, the foster care system, legal services, and programs connected to benefits. Respondents reported the least helpful assistance came from transitional housing, self-help services (legal), non-financial services, and services without linkages to behavioral health assistance. Respondents also reported barriers and strings attached to available or offered resources, including fees and high charges for rent at shelters, eligibility restrictions, being required to work at or for the program for no pay or additional services, and "red tape" such as long waitlists.

Overall, the consumer focus groups reported needing additional information on available resources, providers, and how to access the resources and providers.

- Stakeholder Interviews

Stakeholders reported multiple access points for consumers to obtain information or access to prevention and diversion services. The access points most frequently mentioned included referrals from the local Commissioner's offices to City staff and CCSS, word of mouth and walk-ins, direct referrals from providers within the system, 2-1-1, Family Resource Center (HopeLink), law enforcement, and referrals from the local Commissioner's offices to City staff and CCSS. Additionally, stakeholders largely reported not wanting access to preventive resources to occur exclusively through the Coordinated Entry System. Several stakeholders expressed concerns that the CE system would be too bottlenecked to be an effective access point for prevention and diversion.

Based on stakeholder reports, it appears as if the access points to the homeless system of care and preventive services are unconnected and not equally known or referred by agencies and providers connected to the system.

- Service Provider Surveys

Respondents to the service provider surveys reported numerous ways that consumers access the provider programs, including Community Resource and Referral Center (CRRC), walk-ins and word of mouth, referrals (primarily from outreach teams, coordinated entry, law enforcement, food pantries, hospitals, department of family services), street outreach and coordinated intake. There is some overlap in the respondents' reports of how consumers access prevention and diversion services. Specifically, stakeholders reported that consumers are typically referred from CCRC, coordinated entry, law enforcement, 2-1-1, and walk ins.

Fifty-five percent of respondents reported participating in Coordinated Entry (CE), while more than 34% of respondents reported not participating or preparing to participate in CE. When asked how CE has improved access to prevention and diversion services, approximately 26% of respondents reported not knowing, and approximately 10% reported it has not improved access or that CE is problematic.[75] Approximately 26% reported CE has improved access to prevention and diversion services. Specifically, of those who reported CE improves access, those respondents also reported communication has improved, that there is less duplication of services, and that while it has been applied primarily to diversion services, it has helped to determine client eligibility.

Respondents also report facilitating and supporting clients in completing referrals for prevention and diversion services. The majority of respondents reported providing follow-up with clients to ensure entry into referral services, providing transportation to services, and providing services until entry. Other respondents reported using bridge housing and intensive case management with communication with client and service providers to facilitate and support clients with obtaining prevention and diversion services.

5.2.2 Screening

- Consumer Focus Groups

[75] Approximately 49% either skipped the question or reported it was inapplicable to them.

The consumer focus groups provided no input on screening for prevention and diversion eligibility or services.

- Stakeholder Interviews

The stakeholder interviews also provided minimal input on screening for prevention and diversion eligibility or services. Many of the interviewees were funders rather than direct service providers, which likely accounts for fewer responses about administrative and management functions. The Community Housing Assessment Tool (CHAT) was mentioned as a possibility for screening.

- Service Provider Survey

Thirty-three percent of respondents to the service provider survey reported that they screen consumers for prevention and diversion services eligibility. Thirty-eight percent report that they do not screen clients for prevention and diversion services eligibility. Twenty-one percent report uncertainty over what it means to screen for prevention and diversion services eligibility or that they screen on a case by case basis or using state or federal eligibility guidelines for the services the client needs.

Respondents report using various screening and assessment tools to make eligibility determinations for prevention and diversion services. Most respondents reported using the SSVF Prevention Screening Tool. Other respondents reported using screening tools or guidelines such as a domestic violence inventory, a public intoxication protocol, a matrix screening tool, Adverse Child Experiences Checklists, and federal and state application guidelines. Several respondents described using other factors including evidence of homelessness, reason for homelessness, education level, employment status, income sources, housing status, health status, and initial intake questions.

Of the respondents who use a tool to assess eligibility for prevention and diversion services, approximately 52% report that the tool properly identifies persons who could benefit from prevention and diversion services, while approximately 7% report it does not. Other respondents either skipped or reported the answer as inapplicable.

Service provider survey respondents report looking to HMIS service history, screening or assessment tools, referrals, intake interviews, and client self-reports to determine what resources a person has used and exhausted. Some respondents reported not checking whether a person has used or exhausted other resources before seeking assistance from that provider.

- HMIS

HMIS contains client assessment score data for the programs offering prevention and diversion services over the past two years.

The vast majority of scores (approximately 97%) are classified as "undefined."[76] The utility of this information is limited. It is possible that the score data all comes from assessments performed using the Southern Nevada CHAT. However, prior to implementing the CHAT, Southern Nevada providers used the VI-SPDAT, which could contribute to the numbers of scores classified as undefined. Additionally, based on stakeholder survey and interview data, many service providers have their own screening and pre-

[76] The remaining score ranges include: approximately 2% scored 5 to 9; approximately 1% scored 10 to 20; less than 1% scored 1 to 4; there was no data on score ranges below 1, 21 to 29 or 30 and above.

screening tools. Thus it is unclear which assessment each provider agency used to generate the scores in HMIS and for what purpose the assessment was done (prevention and diversion eligibility or homeless services and housing eligibility). Additionally, it is possible some of the available scoring data is duplicative, so the numbers provided are indicators of the total numbers of score entries and not necessarily the number of specific individuals who scored in those ranges.

- Assessment Tool

The SNH CoC uses an assessment tool known as the Community Housing Assessment Tool (CHAT) for assessing overall eligibility for services and housing placement. It is an in-depth assessment with a scoring tool modeled after the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) and tailored for the Southern Nevada region. It is intended to be used on populations that are currently homeless to determine an appropriate housing placement and level of services. There are currently no questions in the tool that prescreen for or pertain to prevention or diversion from homelessness.

5.3 Networks and Partnerships

5.3.1 Nevada 2-1-1

Nevada 2-1-1 is part of an information and referral network of call centers available to Nevada residents. Nevada 2-1-1 aims to empower persons to achieve self-sufficiency and well-being and connect all persons, families and providers to essential health and human services information and resources. The Financial Guidance Center operates Nevada 2-1-1. The database and network can be accessed by a phone call, text message or online via website.

The network and website provides a wide range of information consistent with prevention and diversion services and assistance. It serves as a repository of information and access point for referrals to services and assistance, particularly for persons who do not know where to go to access resources or get services. The system also collects data about emerging needs, trends, and gaps in services. The database includes 4,309 services, 2,693 programs and 995 agencies, including information on food and shelter, employment, children and seniors services, and physical and mental health resources. The database connects persons to homelessness prevention and diversion services and assistance that are financial and non-financial in nature, such as rental, mortgage and utility assistance, mainstream benefits providers, landlord tenant and conflict resolution assistance, transportation assistance, legal services, education and employment services, and housing navigators and providers.

As part of its recent strategic plan, it aims to enhance its system components, develop relationships with providers and formal partnerships with service providers, coordinate state efforts, provide trend data on services and gaps, and establish a diversified funding stream to support existing efforts and plans for expansion.

5.3.2 Law Enforcement and Code Enforcement

Southern Nevada government agencies partner with law enforcement and code enforcement frequently. Law enforcement and code enforcement has played roles in CE and in homeless prevention and diversion efforts. In the cities of North Las Vegas and Las Vegas, partnerships with code enforcement have been instrumental in abandoned building mitigation efforts. The partners work to prevent homelessness through early identification of abandoned and blighted buildings, re-location of individuals and families, and for

support with maintaining water until the housing can be rehabilitated or persons re-located. In Henderson, law enforcement works with Neighborhood Services using a Be On Look Out (BOLO) list to locate and divert homeless persons when the City has located and secured housing for them.

5.4 Evaluation and Measurement

- Consumer Focus Groups

The consumer focus groups reported minimal or no follow up with prevention and diversion services, with the exception of Basic Skills Training/Psychosocial Rehabilitation (BST/PSR). The youth focus group reported follow-up from institutional sources, including former foster parents, case managers, and the legal system.

- Stakeholder Interviews

Stakeholders, including service providers and funders, reported using several metrics to measure and evaluate the effectiveness of prevention and diversion services and assistance, including data from monthly reporting, qualitative self-reports from funded programs describing their progress (to help define success), and examining risk indicators for consumer homelessness and program inefficiency.

Service providers reported following-up with clients only in relation to certain prevention and diversion programs and services, such as rental and utility assistance and one time financial assistance grants (i.e. Welfare Set-Aside or Financial Assistance Services funds).

Stakeholders reported finding evaluation and measurement challenging. Stakeholders specifically mentioned that there is little to no analysis of data; there are data silos (mostly within unshared provider databases); it is difficult extracting information from HMIS and internal data storage systems; and it is difficult engaging with clients for purposes of follow up after services.

- Service Provider Surveys

Respondents to the service provider surveys reported three primary methods of measuring the performance of their prevention and diversion services: through surveys and success stories; reviewing HMIS (for instances of recidivism); and consistent follow up with client and other client resource providers. Other respondents reported monitoring the number of persons served, reduction in number of law enforcement calls to and from client or their address, internal data collection systems, and monthly performance reporting.

- HMIS

Currently, the Nevada HMIS appears to contain some information suitable for a preliminary assessment of the types of prevention and diversion services offered by some of the HMIS participating providers. Based on funding stream data provided by stakeholders, it is likely there are other programs with prevention and diversion services that are not captured in HMIS.

The data suggests that there has been some data entry of demographic traits of some system entrants that were offered, accepted, rejected or were denied prevention or diversion services. This data appears to be incomplete.

The data also suggests an approximation of the total number of prevention and diversion services offered by the participating HMIS providers. This data also appears incomplete.

Currently, there does not appear to be a method of reliably assessing or determining prevention and diversion programs and individual outcomes over time and at exit using the available HMIS data.

5.5 Services and Assistance

Prevention and diversion services and assistance falls into two main categories: financial assistance and non-financial services.

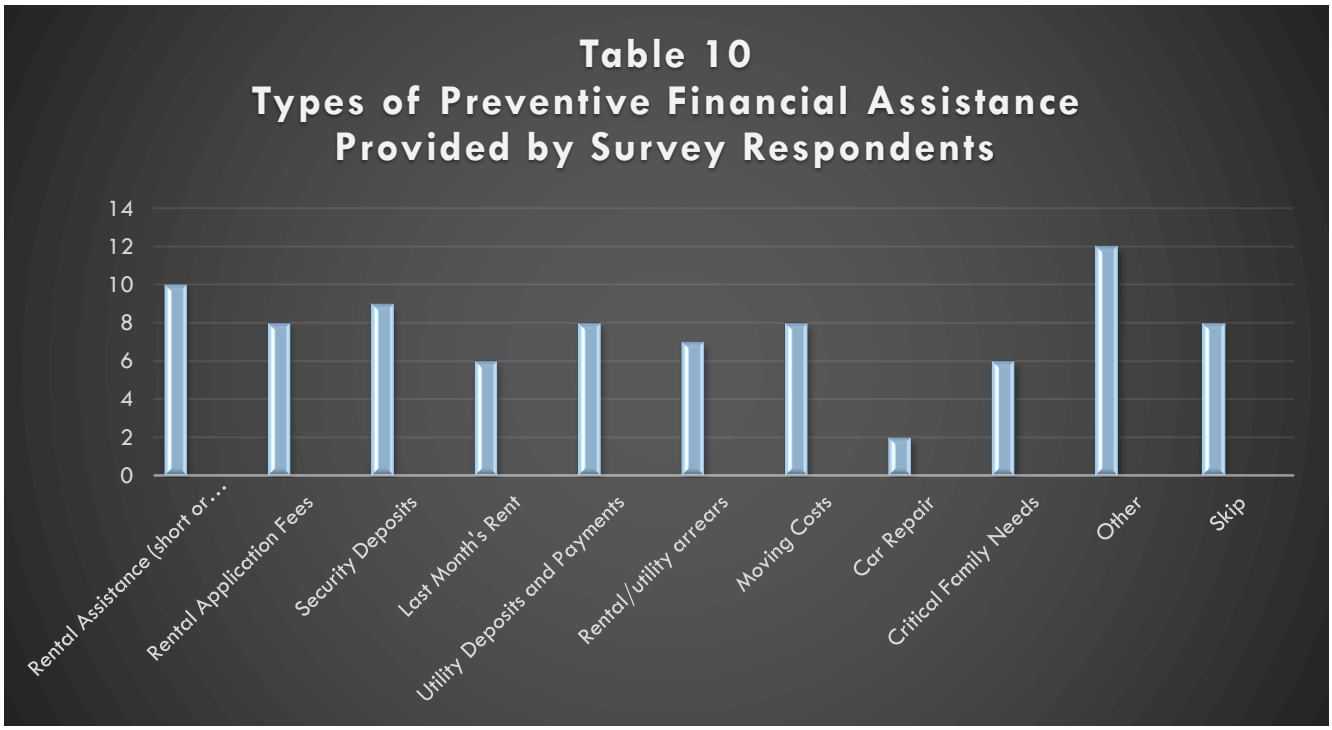
According to a review of HMIS data, service provider surveys, and stakeholder interview responses, the primary types of prevention and diversion assistance and services by category that are available in Southern Nevada include:

Financial Assistance	Non-financial Supportive Services
Housing Subsidies	Diversion to Alternative Living Arrangements
Moving Costs	Hotel/Motel Vouchers
Other Emergency Cash Assistance	Connection to Mainstream Benefits
Rent/Utility Arrears	Legal Services
Rental/Mortgage Assistance	Food
Security Deposits/Rental Application Fees	Conflict Resolution
Utility Assistance	Housing Counseling, Advice, Navigation
	Employment and Job Training
	Case Management
	Transportation

5.5.1 Financial Assistance

This chart depicts stakeholder usage patterns of preventive financial assistance according to the service provider survey responses. Per those responses, most providers offer rental deposits, some form of rental or utility arrears, and some form of security deposit or rental application fees (including first and last month's rent). However, those responses also indicated that providers offer financial assistance beyond those primary prevention mechanisms.

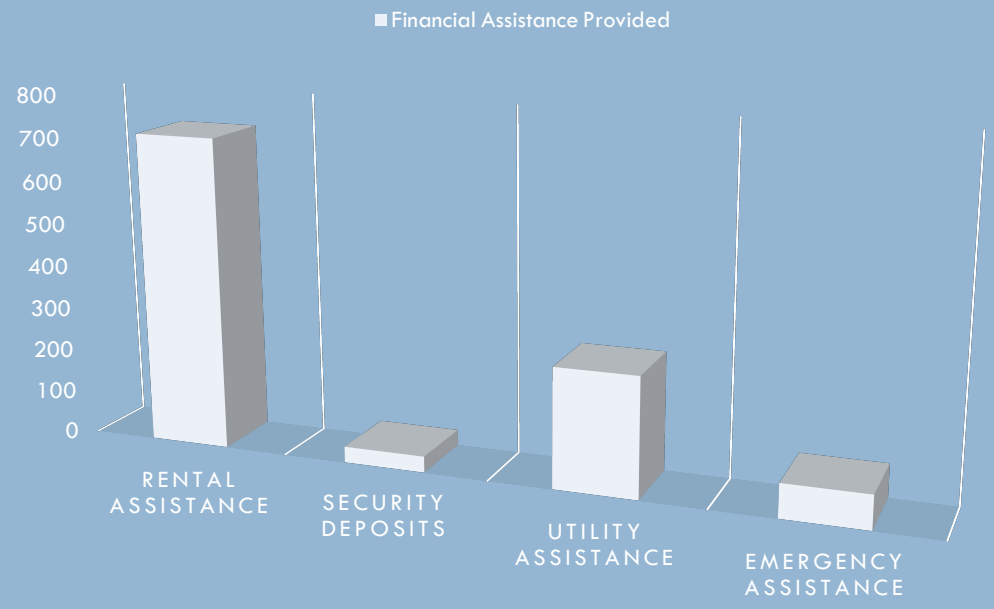
Stakeholder interview responses largely matched these survey reports.



Respondents reported offering other prevention and diversion services, including housing subsidies and funding for emergency resources.

The HMIS data seems to confirm that providers offer the same types of assistance that respondents reported in the stakeholder survey and interview responses. HMIS data also contains the total instances of financial assistance offered or accessed, but not the actual numbers of persons served or the amounts provided.

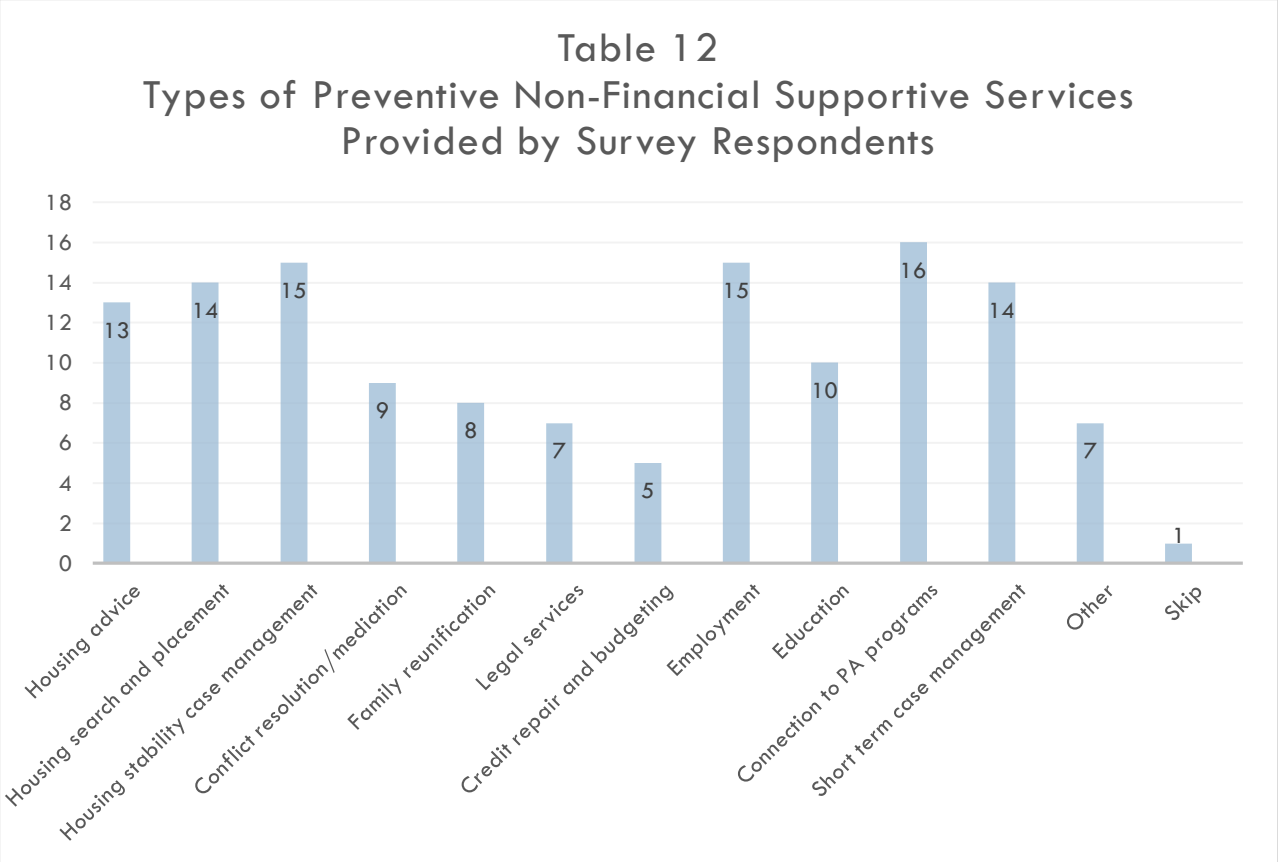
TABLE 11
TYPES OF FINANCIAL ASSISTANCE PROVIDED BY HMIS PARTICIPATING PREVENTION PROVIDERS



5.5.2 Non-financial Supportive Services

The survey and interview data revealed that stakeholders are using non-financial supports in their larger efforts to prevent and divert persons from homelessness and the system of care. Per service provider survey responses, most providers offer connection to mainstream services, employment or job training assistance, case management and housing search or navigation advice or assistance. However, a number of service providers also reported offering other services included within the purview of prevention and diversion services.

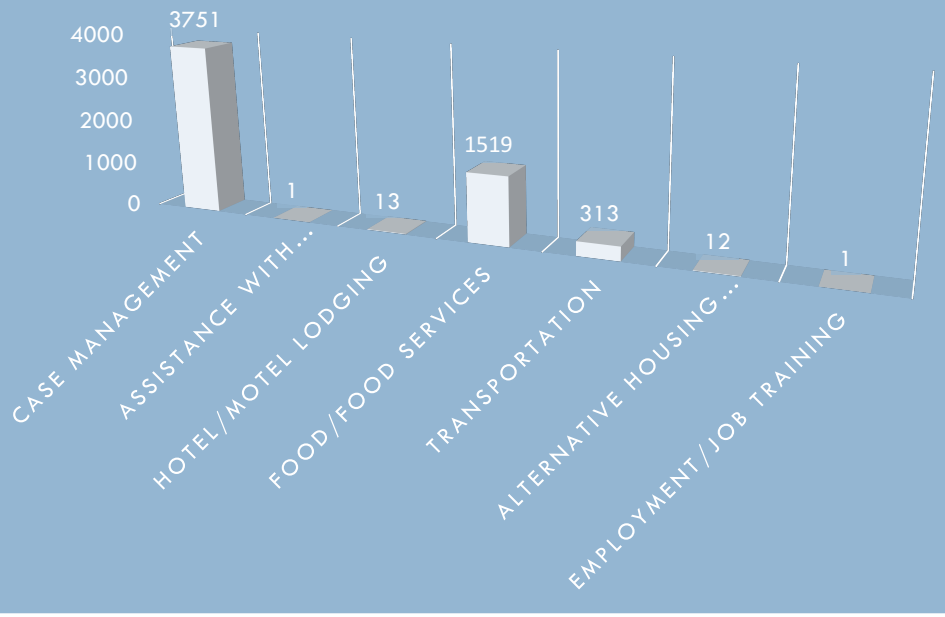
Stakeholder interview responses largely matched these survey reports.



Respondents reported offering other preventive non-financial supportive services, including intensive case management, counseling, healthcare, food, and clothing services.

The HMIS data seems to confirm that providers offer the same types of assistance that respondents reported in the stakeholder survey and interview responses. HMIS data also contains the total instances of financial assistance offered or accessed, but not the actual numbers of persons served or the amounts provided.

TABLE 13
TYPES OF PREVENTIVE NON-FINANCIAL SUPPORTIVE SERVICES PROVIDED BY HMIS PARTICIPATING ENTITIES



5.6 Funding Streams

In Southern Nevada, there are many funding streams and many provider sources (including partners like 2-1-1) that can provide direct services or access to both financial and non-financial prevention and diversion assistance. While the same funding is not available to every entity, agency, or stakeholder, the funding streams tend to reach most of the region due to cooperative leveraging via the SNH CoC. However, there are funds that are much more localized, which allows for additional opportunities to provide financial assistance and non-financial services aimed at prevention and diversion. There are also stakeholders and providers of other homeless services that do not have or dedicate any funding to prevention or diversion or do not provide any financial or non-financial prevention or diversion assistance.

Per data provided by stakeholders in interviews and survey responses, the primary funding streams that are used include: Emergency Solutions Grants (ESG), Supportive Services for Veteran Families (SSVF), Outside Agency Grants (OAG), Low Income Housing Trust Fund, Welfare Set-Aside Program, and Emergency Food and Shelter Program funds. Other funding streams that have been used in Southern Nevada to provide preventive assistance include CDBG, private funds, local funds, and in-kind funds.

5.6.1 Federal Funding

- Emergency Food and Shelter National Board Program (EFSP) Funds and Uses

EFSP is a federally funded program that is part of the Federal Emergency Management Agency (FEMA) authorized as part of the McKinney-Vento Homeless Assistance Act.

The funding is used to supplement assistance provided by ongoing programs related to homeless persons with mental and physical disabilities and illnesses, the elderly, families with children, Native Americans and veterans in Southern Nevada.

EFSP is available for use on the following eligible items (with some eligibility and usage restrictions):

- Food and meal service (including vouchers, pantries, transportation, grocery orders);
- Shelter (hotel/motel or nonprofit facility acting as a vendor);
- Rent or mortgage arrears or payments;
- Utilities arrears or payments;
- Rehabilitation/emergency repairs for shelter or feeding site facilities; and
- Supplies/equipment for feeding and shelter sites.

In Southern Nevada, the United Way administers EFSP funds but does not provide any direct services or operate any programs that use EFSP funds. Distributions are based in part on local census data and funding decisions of the National and Local Boards who are the decision-making bodies.

In Southern Nevada, EFSP funds are used primarily for financial assistance, but some programs also use EFSP to supplement their food-based service efforts.

Financial Assistance	Non-financial Services
Rental and Mortgage Assistance	Food Pantries and Meal Service
Utility Assistance	
Hotel and Motel Vouchers/Assistance	
Food Vouchers	

- Emergency Solution Grants (ESG) Funds and Uses

Emergency Solutions Grants are federally funded through HUD for purposes of funding state and local efforts (in conjunction with the local CoC) to address homelessness. These funds can be used for preventing families and individuals from becoming homeless, RRH, and to fund a portion of administrative activities like management and coordination staffing. This is one of the few federal funding streams that specifically allows spending on homeless prevention and operational expenditures like staffing of case management that is critical to the sustainment of preventive efforts.

Other specific allowable expenditures include: rental assistance (rent and arrears); financial assistance (rental application fees, security/utility deposits, utility payments, last month's rent, moving costs); and services (housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair).

In Southern Nevada, Clark County Social Service (CCSS) and the cities of Las Vegas and North Las Vegas administer a significant portion of the region's ESG funds. While Henderson is not a direct recipient of

ESG funds, Clark County uses some ESG funds for some Henderson projects. Over the past two funding cycles dating back to 2015, Southern Nevada's ESG funds have supported several prevention-styled projects[77] and multiple RRH projects.[78] Since SNH CoC's funding priorities have changed over the past two funding cycles since 2015, these funds have been redirected away from prevention to other homeless projects. Since 2016, and projected into the near future, ESG funds will be used mostly for shelter, RRH, some outreach, and to fill gaps in other projects related to SNH CoC's priority populations.

5.6.2 County Funding

- Financial Assistance Service (FAS) Funds and Uses

CCSS administers FAS funds, which are derived from the county tax base. FAS provides time limited funds for persons who are not residing in a shelter aimed at housing expenses. These funds are preventive in nature as they cover expenses including: rent, mortgage, homeowners association fees, real estate taxes, homeowners insurance and basic utilities.

While these funds are not advertised, they are available and marketed through 2-1-1 as one time $400 stipends for families. FAS functions more as supplemental assistance due to the strict eligibility criteria. The funds primarily serve single individuals without children, but has also been used for families while pending eligibility or receipt of TANF benefits or while on TANF sit-out (a period of ineligibility for Nevada state TANF benefits).

As part of the intake and eligibility determination process, CCSS uses social workers who meet with the client and evaluate the client's risk and acuity using risk indicators to determine suitability for additional case coordination or management as part of the package of assistance CCSS can provide. Depending on the barriers the person faces (short term versus long term), the social worker can determine the level of intervention, including increased periods of case coordination or management the client will need to become self-sufficient.

- Low Income Housing Trust Fund (LIHTF) Funds and Uses

LIHTF is a state funded program that is funded by a percentage of Nevada property taxes. Program funds are intended to benefit persons and families whose incomes do not exceed 60% of the area median income per HUD. The funds are allocated to participating local government jurisdictions for purposes of assisting residents with affordable housing and emergency assistance. LIHTF supports most of the primary funding sources for the region's homeless prevention programs administered by County Social Services and other local jurisdictions. Specifically, LIHTF funds support Welfare Set-Aside Program (WSAP), Tenant-Based Rental Assistance (TBRA), and Outside Agency Grants (OAG).

- Welfare Set-Aside Program (WSAP) Funds and Uses

[77] 2015/2016 and 2016/2017 ESG Assignments Tables. Some of the prevention projects included: CCS's Homeless Prevention for Transition Age Youth, Emergency Aid of Boulder City's Homeless Prevention program, Nevada Partners' Emergency Services Homeless Prevention Programs, Lutheran Social Services' Homeless Prevention Program, and HopeLink of Southern Nevada's Homeless Prevention and RRH Program.

[78] Some of the RRH projects included: Salvation Army Rapid Rehousing programs; St. Jude's Ranch Rapid Rehousing New Crossings, HELP of Southern Nevada's ERS Rapid Rehousing, HopeLink of Southern Nevada's Homeless Prevention and Rapid Rehousing program.

LIHTF allocates 15% of its funds to emergency assistance in the form of the Welfare Set-Aside Program. WSAP is made available in the form of a block grant to cities and County Social Services throughout the state. In Southern Nevada, WSAP is administered by CCSS and the City of Henderson.

WSAP funds provide financial homelessness prevention including: utility and rental assistance, security deposits, and mortgage payment assistance. Uses and eligibility are more flexible than other funding streams for prevention assistance as the state allows for discretion by the jurisdiction administering the funds. The funding usually goes to persons who are ineligible for other programs. The amount a person is eligible for depends on fair market rent (FMR) and the number of persons in the household.

While this is not a core service provided by CCSS, there is high demand every year funds become available. These funds could be expended in as little as one month if CCSS could administer the funds on pace with demand. CCSS strives to balance access to this assistance and its core services.

- Tenant-Based Rental Assistance (TBRA) Funds and Uses

TBRA is an allowable use of LIHTF funds where participating jurisdictions provide rental subsidies to help persons afford housing costs. Additional eligible costs include utility deposits, rental assistance and security deposits, but only when HOME funds are also used for rental assistance or security deposits. There are many types of TBRA programs, including Section 8 vouchers or utility or security deposit assistance.

In Southern Nevada, the City of Henderson commonly uses TBRA, particularly when hardship is difficult to overcome or when flexible landlords are available to work with the City and the tenant to meet TBRA eligibility requirements and ensure housing retention. Clark County Nevada is considering leveraging TBRA to provide housing for medically fragile persons, such as Cooperative Agreements to Benefit Homeless Individuals Grants (CABHI) clients, without a place to convalesce upon discharge from local hospitals to prevent them from becoming homeless until appropriate permanent supportive or other housing is available for them.

- Outside Agency Grants (OAG) Funds and Uses

Some general county funds administered as grants are given to jurisdictions in Southern Nevada to provide an additional funds for special project, including projects related to homelessness prevention and diversion. Since fiscal year 2016 OAG funds have supported several foodbanks and meal providers, the Southern Nevada Family Resource Center (HopeLink), RRH providers, and other providers offering preventive financial and non-financial services.

5.6.3 Local and Other Funds

- City of Henderson (City funds)

The City of Henderson uses inclement weather funds and partners with other local recipients of inclement weather funds to support individuals and families financially, particularly during the summer months when utility rates are expensive due to seasonal cooling costs. This funding is also used to pay to shelter persons in hotels or motels if they are at risk of homelessness due to insufficient funds for living expenses like utility payments.

- City of Las Vegas

The City of Las Vegas in partnership with the local courts leverages funding from the Department of Justice's Bureau of Justice Assistance Edward Byrne Memorial Justice Assistance Grant Program (JAG) to provide diversion services for persons being discharged from the criminal justice system. These funds are used to provide intervention and homelessness prevention while persons (including youth) are incarcerated or escaping human trafficking to prevent them becoming homeless or lacking self-sufficiency upon discharge from the system or completion of system programs. This homelessness diversion is also part of a criminal diversion process, serving dual purposes for the consumer.

- City of North Las Vegas

The City of North Las Vegas leverages Community Development Block Grant (CDBG) funds for its prevention efforts, including for supporting food, housing stabilization, and utility assistance programs. The City has also used CDBG funds under traditional operational and code enforcement purposes for novel prevention efforts. Specifically, the City has been able to take the lead on intervention (through rehousing and health and safety mitigation) during the pendency of code enforcement activity that would leave many persons homeless.

Table 14

PROGRAMS AND FUNDING STREAMS

		FUNDING STREAMS							
PROGRAM NAME/TYPE	FY	EFSP	ESG	FAS	HOME	WSAP	CITY	COUNTY	OTHER
Catholic Charities of Southern NV	15/16	X						OAG	
CCSS	15/16		X	X		X		LIHTF	
CCSS	16/17		X	X		X		LIHTF	JAG (diversion)
City of Henderson	15/16					X		Inclement Weather Funds; TBRA	
City of Henderson	16/17					X		Inclement Weather Funds; TBRA	
City of North Las Vegas	16/17	X	X						CDBG (operational)
Colorado River Food Bank	16/17							OAG	

Emergency Aid of Boulder City (CC)	15/16		X					OAG	
Emergency Aid of Boulder City (CC)	16/17	X	X					OAG	
Financial Guidance Center (2-1-1)	16/17	X							
HELP of Southern Nevada	16/17	X							
Jewish Family Services	16/17	X							
Jewish Federation	16/17	X							
Las Vegas Urban League	16/17	X							
HopeLink of Southern NV (FRC)	15/16		X			X	X (City of Henderson)	LIHTF; OAG; Inclement Weather Funds	
HopeLink of Southern NV (FRC)	16/17	X	X			X	X (City of Henderson)	LIHTF; OAG; Inclement Weather Funds	
Lutheran Social Services of NV	16/17	X	X						
Nevada Partners (CC and NLV)	15/16		X						
Nevada Partnership for Homeless Youth	16/17	X							
Salvation Army – Las Vegas	16/17	X	X						
Sandy Valley Foodsharing	16/17							OAG	

Program									
Sandy Valley Foodsharing Program	15/16							OAG	
Senior Center of Boulder City, Inc	16/17							OAG	
St. Jude's Ranch for Children	16/17	X							
Three Square	15/16							OAG	
United Labor Agency of NV (ULAN)	15/16							OAG	
United Labor Agency of NV (ULAN)	16/17	X	X						
Women's Development Center	16/17	X	X						

5.7 System Strengths

Participants in the surveys, focus groups and interviews were all asked about what parts of the system (including specific programs, services or assistance), if any, they observed to be the most effective at supporting prevention and diversion efforts.

5.7.1 Consumer Focus Group Consensus

The three focus groups provided information on various aspects of the system. Each subpopulation (youth, families, and single men) tended to concentrate on portions of the system that were most impactful to them. For purposes of prevention and diversion assistance, the most frequently mentioned service or resource that was known, received and useful were the food banks. Discussions around food banks included how common they were in the region and how they tend to function as the "front doors" to other sources of help for the consumers.

5.7.2 Stakeholder Survey Consensus

Respondents addressed both what is working well and most effective in the SNH CoC and what is working well in their own agency or organization. Most respondents to the survey reported that communication and bridge housing were the strongest components of SNH CoC. Other responses included rapid re-housing; financial assistance for rental and utility arrears; 2-1-1; Southern Nevada Community

Health Improvement Programs (CHIPs); Rescue missions, Urban League and faith partners; transportation to medical services; and CES.

Respondents all agreed on several programs they offered effectively in-house: Medicaid and healthcare services; utility assistance; and SNAP. Respondents also reported the following were very effective at providing prevention and diversion services: Southern Nevada CHIPs, case management; community and other partners, including CCSS and the VA; Baby First; and food services.

5.7.3 Stakeholder Interview Consensus

The stakeholders, funders, providers, agencies and others, discussed multiple system strengths that from their vantage point contributed to the success of the system's current prevention and diversion efforts. The most common system strength reported was the substantial funding and resources available to provide rental and utility assistance (for both arrears and upcoming payments). Next, the stakeholders mentioned how well the SNH CoC coordinates funding and the wide range of stakeholders. The Family Resource Center (operated by HopeLink) was mentioned frequently as a strong part of the system that is being well utilized, currently offers prevention and diversion assistance and services, and that can be further utilized in future prevention and diversion efforts. Finally, several stakeholders mentioned hotel and motel vouchers and assistance as services and assistance that the system funds well and successfully provides to consumers.

Additionally, there were multiple success stories and examples of current preventive efforts by stakeholders alongside community partners. While 2-1-1 was mentioned occasionally as a source of information, it was not specifically mentioned as one of the system's strengths. However, the publicly available information shows that it regularly interfaces with consumers and community service providers, connecting numerous consumers to provider services.

5.7.4 Overall

There was little to no overlap in the perceived system strengths between the consumers in the focus groups and stakeholders in the interviews and surveys, other than food banks. However, the stakeholders in interviews and the stakeholders responding to the survey generally believed that the SNH CoC coordination and system funding were among the most effective system components for purposes of prevention and diversion. The consumer and stakeholder respondents and participants also agreed that prevention and diversion services and assistance were in progress in Southern Nevada.

Table 15

Current Preventive Efforts by Stakeholders

CCSS	City of Henderson	City of Las Vegas	City of North Las Vegas
CCSS is participating in the Boulder Collaborative with several other community partners, with the aim to enable families and others at high risk of homelessness to receive services. The Collaborative will be linked to a local magnet school to enhance CCSS's opportunities to reach families using children as early identifiers of homelessness risk. Other services will also be offered through the Collaborative, including RRH. A facility is being constructed to enhance access to these services and other assistance.	The City of Henderson often works closely with local law enforcement as part of its ongoing efforts in partnership with the Family Resource Center (operated by HopeLink) to leverage preventive funding and efforts like inclement weather funds, to provide and connect persons to temporary housing. In periods of inclement weather or due to housing emergencies, Henderson Police Department will take individuals and families in need of alternate housing to a hotel or motel that will be paid for by the City of Henderson. Additionally, when persons who are already homeless but are on a by name or other housing list are selected for housing, the City of Henderson works with Henderson Police Department to locate and identify the selected persons, so they may accept their new housing. As part of this diversion-type partnership, Henderson PD will use a version of a Be On the Look Out (BOLO) list to identify persons and will provide transportation if needed to allow the persons to timely accept the housing opportunity.	The City of Las Vegas has developed intermittent preventive service events known as "Pop Ups: Connect 365" in the Corridor of Hope. These events happen annually but will be expanded to multiple times per year. Multiple service providers are invited, and some of the services offered include collaborations with other government agencies and branches, including court-sponsored expungement support. The events have been so successful that service providers must rotate their participation, to ensure consumers have access to information and enrollment opportunities. Service providers offer information and access to other supports, including services that overlap with prevention and diversion efforts, such as employment , legal services, and housing. Beyond referrals and enrollment, direct services are also provided at the event, including access to bathroom facilities and healthcare. The success of the events is due in part to the City conducting the empirical 2016 Homeless Survey, which it used to develop the concept and determine the most effective service offerings.	The City of North Las Vegas regularly takes preventive steps in its abandoned building mitigation efforts. The City uses EFSP and other funds to help mitigate issues involving abandoned or neglected buildings to prevent persons living in those buildings from becoming homeless if the buildings are condemned or by local Code Enforcement. The City works with Code Enforcement to identify all persons who will be affected by the City's code enforcement activity, including building residents and owners prior to taking any action that would cause residents to lose their housing. The City will keep the water on in the building and contact local housing and service providers, such as the Salvation Army, to ensure residents are able to continue using the building until the City can safely relocate them. In previous instances, the City of North Las Vegas has successfully relocated all persons within two days of being notified of dangerous conditions and the need for local Code Enforcement to take action to ameliorate the dangerous situation.

6 GAPS AND RECOMMENDATIONS

6.2 Gaps

6.2.1 Financial Assistance

- Gaps Noted by Consumer Focus Groups

Consumer focus groups consistently reported needing rental assistance and housing subsidies to supplement monthly rent payments.

- Gaps Noted by Stakeholder Interviews

Several stakeholders reported wanting to increase the amount of rental assistance and emergency financial assistance available for consumers.

- Gaps Noted by Service Provider Surveys

Service provider survey respondents did not report any gaps in the provision of financial assistance.

- Gaps Noted from Review of HMIS

The data currently available in HMIS does not appear to be sufficient to inform the report as to gaps in the availability of preventive financial assistance from HMIS-participating providers of prevention and diversion services. Data must be consistently collected, ideally using a formal tool used universally across the system to capture the same information, and reported with accuracy, consistency, and timeliness in the system. This data should reflect the metrics the system would need to measure the scope and types of financial assistance available and needed in the system. This data should reflect the metrics the system would need to measure the scope and types of preventive services available and needed in the community as outlined in the Evaluation and Measurement Section at 6.2.4 below.

Stakeholder Report of Prevention Success Story in Southern Nevada:

The Salvation Army SSVF program provided temporary financial assistance to a 43-year-old Desert Storm veteran family with 6 children. The veteran had recently lost his job and was receiving insufficient income from unemployment. He fell behind on all housing costs and the family was at risk of losing their housing. SSVF staff assisted the household with navigating the court system to request a stay of the eviction proceedings. SSVF then contacted the landlord and advocated on behalf of the family in order to avoid eviction and assisted with utility and rental arrears to successfully prevent the family from losing their housing.

6.2.2 Non-Financial Services

- Gaps Noted by Consumer Focus Groups

The consumer focus groups consistently reported three primary gaps: behavioral health linkages, life skills training, and transitional programs (that may include financial assistance). Consumer focus groups also reported gaps in employment and job training, affordable housing, and system and housing navigation.

- Gaps Noted by Stakeholder Interviews

Most of the stakeholders who were interviewed reported four categories of non-financial services that were lacking in the system of care: (1) affordable housing, (2) financial management and literacy programs, (3) employment and job training, and (4) transportation.

- Gaps Noted by Service Provider Surveys

Mostly service provider survey respondents noted the lack of affordable housing for persons at or below 50% area median income. Some respondents also reported the system needs a method to provide employment to disabled persons and increase the speed disability benefits are approved and dispersed.

- Gaps Noted from Review of HMIS

The data currently available in HMIS does not appear to be sufficient to inform the report as to gaps in the availability of preventive non-financial supportive assistance from HMIS-participating providers of prevention and diversion services. Data must be consistently collected, ideally using a formal tool used universally across the system to capture the same information, and reported with accuracy, consistency, and timeliness in the system. This data should reflect the metrics the system would need to measure the scope and types of preventive services available and needed in the community as outlined in the Evaluation and Measurement Section at 6.2.4 below.

6.2.3 Identification, Access, and Processes

- Gaps Noted by Consumer Focus Groups

Overwhelmingly, consumer focus groups identified the lack of information on available prevention and diversion resources and lack of clarity and information on how to navigate the system to obtain the resources for prevention and diversion services.

- Gaps Noted by Stakeholder Interviews

System stakeholders reported gaps in outreach and information about preventive system resources and processes for consumers. Similarly, a few stakeholders mentioned that a lack of system coordination created gaps in the provision of prevention and diversion services.

- Gaps Noted by Service Provider Surveys

A majority of service provider survey respondents reported that workflow and communication coordination among service providers is the primary system gap. Respondents noted that municipalities and healthcare facilities (including mental health facilities) as well as other service providers need more centralization and easier access for both providers and the community. Enhancing the coordination to improve system reliability, consistency and effectiveness was reported as necessary to overcome the

complicated navigation process that providers and consumers undergo to give or obtain referrals and connect to behavioral health services.

Additionally, respondents reported the system is too decentralized making it difficult for consumers to access needed services. That problem is exacerbated by the lack of public transportation.

Notably, service providers reported regularly screening for prevention and diversion needs and eligibility for preventive assistance and services. Multiple stakeholders reported using a wide variety of tools to screen for prevention and diversion services. However, according to the survey respondents' reports there is no common tool or process that is used to screen clients despite the screening being done regularly. While some stakeholders acknowledged knowing about the CHAT during interviews, none of the stakeholder survey respondents or interviewees mentioned it by name as a current or possible tool to screen consumers for prevention and diversion assistance. While the CHAT contains no questions and makes no assessment for prevention or diversion indicators or opportunities, there does not appear to be any consensus-driven approach to create a standardized prescreen tool for prevention and diversion.

- Gaps Noted from Review of HMIS

It is unclear from the data available in HMIS whether any gaps exist in the identification, access, or processes that prevention and diversion services are provided. It does not appear that providers universally document entries, exits, and interim processes through HMIS. Currently, it appears that some providers document certain types of entries for prevention and diversion services, but seemingly not in a manner that allows for information about the most important metrics for prevention and diversion as outlined in the Evaluation and Measurement Section at 6.2.4 below.

6.2.4 Evaluation and Measurement

- Gaps Noted by Consumer Focus Groups

The consumer focus groups reported a noticeable lack of follow up from providers after receiving prevention and other housing-related services. Consumer focus group participants also frequently reported needing housing and system navigators to help them find suitable affordable housing and other self-sufficiency assistance and benefits. There were no reports of other evaluation or measurement experiences while housed or after receiving prevention or diversion services.

- Gaps Noted by Stakeholder Interviews

Multiple stakeholders reported gaps in system data and measurements. Stakeholders reported information silos within provider internal information management systems. However, most common were reports of lack of regular reporting and data analytics, specifically predictive analytics for the data that is being collected, which precludes use of the data to obtain buy-in for priority changes and additional funding for preventive services.

- Gaps Noted by Service Provider Surveys

Service provider survey respondents did not report any gaps in the measuring or evaluating prevention and diversion services.

- Gaps Noted from Review of HMIS

HMIS data appears to lack universal and consistent inputs as to entries, exits, individuals served, follow-up information about outcomes in terms of individuals who remain housed, lose their housing, access new housing, obtain or retain income or additional income, obtain or retain benefits, or return for additional prevention, diversion, or homelessness assistance, including the demographics of persons at entry, exit, and any follow-up periods after exit. This makes obtaining and reporting on longitudinal data regarding prevention and diversion difficult, as service data and follow-up data are particularly key to understanding the impact of prevention and diversion efforts.

The data did not appear to include the most important prevention and diversion metrics, including:

- Numbers of specific individuals who access each service;
- Amount of time each individual accesses the service;
- When or if the person exits the system;
- How many persons are offered, denied, accept, and reject services;
- Reasons for any denials and rejections;
- Any sources of funding providers use for non-financial services; and
- Follow-up data documenting status of specific individuals after exiting the system.

Additionally, HMIS does not appear to provide a clear method of matching or mapping funding streams with service provision consistently across programs and universally across providers and types of prevention and diversion assistance. This makes obtaining data on which individual clients received what types of assistance from which service provider, and the outcomes to the clients from those services, difficult. It also makes it a challenge to obtain and report on the cost expended or saved by providers for providing these services.

6.2.5 Other Gaps and Strategies

- Funding

Very few service providers and funders interviewed reported believing that additional funding was necessary for prevention and diversion services. Whereas, many of those stakeholders reported desiring more flexible funding to best address the multiple prevention needs and to provide a diverse array of prevention and diversion services. Those that did report needing additional funding reported that it would be needed to cover expenses that are not eligible for coverage under most grant funding, particularly staffing sustainment for case management.

By contrast, multiple stakeholder survey respondents reported funding for prevention and diversion services as a gap in the current system of care. One respondent who indicated that additional prevention and diversion funding should be available for Clark County residents who are not veterans. Another respondent indicated that funding could be used to train persons working with persons imminently at risk of homelessness to help them engage and case manage more effectively on the front end. Other respondents indicated this additional funding could be used to provide transportation to services in the form of bus passes.

Stakeholder Report of Prevention Success Story in Southern Nevada:

FJ presented to HopeLink in November 2016. FJ is a well-educated (MBA), working single mother. In August 2016, it was discovered that FJ had a rare form of spinal cancer would cause serious pain and inability to walk long-term.

FJ was forced to take unpaid medical leave from work and began looking for help for herself and her son until she could have surgery. In November 2016, FJ requested rental assistance from HopeLink because she had used all her previous resources and savings, and did not know where she could turn. She was originally assessed for TBRA assistance, but her lease did not fall into compliance with the program parameters. HopeLink provided three months of rental assistance (LIHTF) for FJ. Her surgery was originally scheduled for December 2016, but she contracted pneumonia while on chemotherapy, which delayed her surgery.

At the beginning of February 2017, Clark County Social Services and HopeLink began to communicate about how to best assist FJ through her hardship. Social Services began to expedite her disability claim to help her receive long-term income if her surgery was not successful, as well as her Energy Assistance application to help alleviate expenses. HopeLink advocated for the client with her landlord who graciously agreed to lower her rent to an amount that would be compliant with the TBRA program.

At the end of February 2017 FJ finally had her long-awaited surgery and began the long process of healing and testing determine if she will be able to return to work. Through the efforts of multiple agencies, FJ will be able to heal in peace with her son knowing that she will have a roof over her head through the rest of this hardship.

Because the community resource providers leveraged multiple funding sources (including two HUD grants to the City of Henderson) and worked together with an understanding landlord FJ will now be able to receive rental assistance for up to 12 months to allow her to fully recuperate.

- Partnerships and Tools

Consumer focus groups noted the underutilization of certain service providers, particularly food banks and mainstream service providers, to disseminate preventive information to persons most likely to need prevention and diversion due to those persons' use of the service providers. Consumers noted the lack of readily available information on self-sufficiency tools and services, including job training, from those resources even after persons have become homeless. Additionally, there were few who took advantage of existing services like 2-1-1 to obtain that information. It was unclear whether most did not know about 2-1-1 or whether it is not publicized enough to make it more effective.

However, publicly information from 2-1-1 indicates that not only does 2-1-1 regularly interface with consumers and service providers, the system regularly collects and reports data on those interactions, including conducting initial and secondary follow-up calls to document the outcomes of referrals provided by the system.

Evaluation and Measurement Outcomes Per 2-1-1 System

Out of 2,078 Respondents to Follow-up phone calls from 2-1-1 about the referrals made by the system:

- 46% reported that they did receive assistance from the referral agency
- 54% reported that they did not receive assistance from the referral agency

Of those reporting that they did not receive assistance from the agency to which 2-1-1 had referred them:

- 22% reported they did not meet program qualifications
- 20% reported the referral agency had no funding
- 11% chose not to contact referral agency
- 5% reported agency did not provide needed resources (incorrect referral)
- 1% reported the contact information provided by 2-1-1 was incorrect
- Less than 1% reported the agency to which they were referred was closed
- 40% reported other reasons the agency did not provide them help

Per the Initial Satisfaction Survey, given to approximately 54% of persons who accessed the system, 99.65% of participants responded positively to 2-1-1 system and services.

In secondary follow-up calls, given to approximately 5% of clients, respondents gave 2-1-1 an average score (on a 5.0 scale) of 4.29, indicating high client satisfaction.

Gaps: The publicly available 2-1-1 data for the 2015-2016 Fiscal Year did not break down these measurements by referral type to identify how prevention and diversion resources are accessed and processed by the 2-1-1 system and afterwards by the service providers to whom consumers are referred by the 2-1-1 system. Additionally, the initial and secondary follow-up contacts can be expanded to include by program and service type of assistance received, reasons agency did not help, if other help was received and how, and respondent outcomes after receiving or not receiving the help.

Several stakeholders mentioned using law enforcement and code enforcement to assist in providing prevention and diversion services. However, while some of those partnerships have become more formal over time, there is not widespread coordination to integrate those partnerships into the system of care. Certain stakeholders mentioned desiring to have better coordination with those partners to better utilize them as front doors to the system.

While multiple stakeholders and survey respondents reported using a variety of tools to prescreen for eligibility for prevention and diversion services, there is no standardized tool or assessment used consistently across the region. Additionally, none of the respondents reported using or desiring to use the CHAT for that purpose. The CHAT would need to be modified before it could make any assessments or eligibility determinations for prevention and diversion services.

Coordination in the use of tools and information collected by those tools would also address both the gap in coordination among service providers and the gaps in data that service providers noted and the HMIS system appears to reflect.

> *Stakeholder Report of Successful Prevention/Diversion Model in Southern Nevada:*
>
> *Southern Nevada Community Health Improvement Programs (CHIPs) should be used more frequently as a model and as a partner for successful coordination of services for consumers. According to one survey respondent, CHIPs has "a simple referral process" that works in the "normal workflow of the first responder." First responders from CHIPs complete patient care documentation for each incident, which easily allows for a referral to preventive services to be made within the documentation. This makes referrals "simple, effective, reliable, consistent."*

- SNH CoC Priorities

Consumer focus groups identified program and service eligibility and information accessibility as primary areas for SNH CoC to reconsider and prioritize. Participants reported needing more clarity around eligibility and easing eligibility requirements for benefits and prevention resources that could have kept them in their housing. Consumers were also concerned about programs being so targeted that they became restrictive—primarily catering to persons who are veterans, or who have substance use disorders, or of a particular gender. Consumers emphasized how reviewing these criteria could help ensure access to prevention and diversion services.

In stakeholder interviews, stakeholders frequently noted the logic in prioritizing prevention services to address the homelessness crisis in the region. They frequently reported that prevention and diversion service offerings are unavailable in the system of care. Relatedly, many stakeholders reported wanting to know more about the data that is collected, how efforts are working, and what they could do proactively to address homelessness prevention.

Multiple stakeholder survey respondents reported that prevention and diversion are the gaps in the system that need to be addressed or reprioritized in the overall homeless system of care.

6.2.6 Ideal Services to Offer

Consumer focus groups and stakeholders in interviews and surveys all identified some items on their wish list for prevention and diversion system components.

Table 16

Most Commonly Reported Ideal Prevention Assistance by Consumers and Stakeholders

	Consumer Focus Group and Focus Group Survey	Stakeholder Interviews	Stakeholder Survey
Financial Assistance	▪ Rental Assistance/Housing Subsidies		
Non-Financial Services	▪ Affordable Housing ▪ Housing Navigation ▪ Behavioral Health Linkages ▪ Peer Support or Mentoring ▪ Employment/Job Training ▪ Life skills ▪ Financial Literacy	▪ Affordable Housing ▪ Housing Navigation	▪ Affordable Housing ▪ Transportation Assistance
Other		▪ Better use of data ▪ Funding and Support for more case management (including navigation)	▪ Coordination among Service Providers

6.3 Recommendations

6.3.1 Recommendations Based on Service Provider Surveys and Interviews and Consumer Focus Groups and Surveys

- Improve Marketing and Outreach: Publicity Campaign, Provider Partnerships

Among stakeholder surveys and interviews and consumer focus groups and surveys, there was consensus around the need for enhanced and increased marketing and outreach of prevention and diversion services to persons at risk of homelessness. Stakeholders and consumers both reported that word of mouth is the primary mode of communication about services and assistance. Consumer focus group participants and consumer focus group survey respondents emphasized the lack of information about the resources available and the methods by which persons are expected to access those unknown resources. Additionally, consumer focus group participants were vocal about how useful service providers (including mainstream service providers) are as front doors to the system and access points for information dissemination.

Participants and respondents recommended an advertising campaign and more widespread sharing of resources between the providers or homeless system and entities in regular contact with persons at risk of homelessness. Some recommended outreach partners, information sources, and access points include: schools, mainstream benefit providers, food banks, CCSS, libraries, grocery stores, and billboards and television advertisements.

This is particularly important for services and assistance that stakeholders report to be plentiful or well done, like rental assistance and hotel or motel vouchers and case management, that consumers were especially vocal about needing.

Primary Recommendations to Improve Marketing and Outreach:

(1) Develop easy to distribute materials highlighting resources available to prevent and divert persons from homelessness with points of access (including locations, hours of operation and contact information) to those resources that will help persons navigate the system or obtain the resources; and

(2) engage providers of mainstream benefits and homeless services to enhance publicity and information dispersal and access regarding available resources.

- Better Utilize Partnerships and Tools: 2-1-1, CHAT, HMIS

The Southern Nevada homeless system of care has multiple tools and prospective partners to leverage in preventing and diverting persons from homelessness. Several entities have coordinated regularly with local law enforcement and code enforcement to locate persons at risk of homelessness, address pending home loss, and transport persons to system resources designed to prevent homelessness. These partnerships are inconsistently used and there are few, if any, known formal policies in place to better develop the relationships or guide expectations and resources that the potential partnership could leverage in pursuit of that larger goal.

Further, 2-1-1 and the CHAT do not appear to be systemically used across providers. The 2-1-1 system is actively seeking to better leverage its content and develop and enhance its current partnerships as part of its strategic plan. This is an ideal time to work closely with them on becoming a more prominent access point for consumers at risk of homelessness and information source for other providers. The 2-1-1 system also maintains significant amounts of data on resources available, referrals made, assistance sought and more that can be used to learn consumer needs, inform prevention and diversion strategies, and confirm system of care data. The CHAT has already been implemented and can be enhanced in the SNH CoC Monitoring Working Group with a few prescreen questions or an additional prescreen tool that can help inform other provider-partners or redirect consumers (who have not otherwise been redirected through 2-1-1) to prevention and diversion services.

HMIS can also be better utilized to store consistent and accurate data inputs and analyze longitudinal data, which is especially important in measuring prevention (evaluation of which is already challenging). HMIS appears to have robust capacity to store, organize, and analyze much of the data that can be used to measure prevention and diversion efforts. The most useful output would be regular data analytics in the form of meaningful reports assessing data across the system, and across decision points over time.

Moreover, regular outputs in the form of cohesive analytical reports can serve as an efficiency check on HMIS. These reports could be used to refine and enhance prevention efforts, support requests for funding, and predictively, to make evidence-based data-driven decisions about prevention efforts across the system.

Primary Recommendations to Better Utilize Partnerships and Tools:

(1) Formalize partnerships with local law enforcement, code enforcement and 2-1-1 with a plan to leverage resources and content to better serve persons at risk of homelessness, including possibly staging 2-1-1 as a primary access point for information on resource availability;

(2) ensure consistent universal use of the CHAT or a prescreening tool; and

(3) regular HMIS reporting on prevention and diversion assistance offered, accepted, rejected, and denied.

- Improve Identification of Consumers and Access to Resources through Enhanced Screening Measures

In addition to a marketing and outreach campaign, developing prescreen questions to add to the CHAT could enhance the system's ability to identify and provide access to the region's prevention and diversion resources.

Alternatively, a developing a separate prescreen tool can still accomplish the same result. Many stakeholders in stakeholder interviews expressed concern about integrating preventive processes, including the identification of persons at risk of experiencing homelessness, into coordinated entry out of fear that adding additional processes could create a bottleneck in the CE system. A separate brief prevention and diversion prescreen tool used at every system entry point, and perhaps in coordination with other providers or local partners, would allow for effective identification of persons eligible for those resources outside of the CE system. At that time, the screeners could also provide access to prevention and diversion resources or referrals to other system providers that could ensure access to needed prevention and diversion resources. Providers and partners who do participate in HMIS could also input data from the screening tool into HMIS for purposes of tracking the consumer and maintaining consistent and thorough data on prevention and diversion efforts.

Primary Recommendations to Improve Identification and Access:

Develop a prescreen tool or additional prescreen questions to incorporate into the CHAT tool to enhance identification of eligible consumers and improve access to assistance.

- Review SNH CoC Priorities

Most stakeholders report SNH CoC has recently changed their priorities to shift away from prevention and diversion services. Stakeholders largely agree in interviews and surveys that refocusing on prevention could be beneficial and could improve ongoing prevention and diversion efforts. Consumers would like to see more attention on information dispersal and reconsidering eligibility criteria for some of the

prevention and diversion services, specifically benefits. Stakeholders would like to see SNH CoC prevention priorities include significant increases in data analytics and usage. Addressing either perspective will require a change in SNH CoC priorities to re-prioritize prevention and diversion, through funding and programing.

Primary Recommendations to Review SNH CoC Priorities:

Review SNH CoC priorities to make room for developing and enhancing prevention efforts, particularly as they relate to concerns that more broadly affect consumers in the homeless system of care, including eligibility for benefits and data analytics and reporting.

- Improve Data Analytics and Reporting

System users (stakeholders who were interviewed and surveyed) frequently reported wanting meaningful and relevant data readily accessible for use in developing programs and obtaining additional funding to provide those services. This requires system-wide cohesion and consistency in prevention and diversion data collection and reporting. This specifically requires enhancing data quality at the client and program levels, particularly as it pertains to client entries and exits. The following activities and metrics are recommended to enhance the quality of the data currently collected and reported:

- System-wide implementation of prevention and diversion-specific metrics for data collection and reporting;

Important Metrics to Measure and Evaluate the Efficiency of Prevention and Diversion Efforts:

- Numbers of specific individuals who access each service;
- Amount of time each individual accesses the service;
- When or if the person exits the system;
- How many persons are offered, denied, accept, and reject services;
- Reasons for any denials and rejections;
- Any sources of funding providers use for non-financial services; and
- Follow-up data documenting status of specific individuals after exiting the system.

- Creation or widespread use of formal methods (including training) for data collection and reporting processes at the provider and system levels;
- Conduct regular data analytics
    - In the form of meaningful reports that should assess data
        - across the system,
        - on client, provider, and system levels, and
        - across decision points over time;

  - In the form of predictive analytics that support stakeholder efforts to identify necessary policy, operational, and funding-specific changes to programs, tools, and partnerships;
- Confirm strengths and gaps reported by consumers in focus groups and stakeholders in interviews and surveys.

HUD Universal Data Elements

All projects funded by HUD, another federal partner, or projects not funded by a federal partner but participating in the CoC's HMIS implementation are required to enter the following data points:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Residence Prior to Project Entry
- Project Entry Date
- Project Exit Date
- Destination
- Personal ID
- Household ID
- Relationship to Head of Household
- Client Location Code
- Length of Time on Street, in an Emergency Shelter, or Safe Haven

Primary Recommendations to Improve Data Analytics and Reporting:

Ensure high data quality using specific metrics and encourage frequent system level reports about prevention and diversion across the system and over time.

TABLE 19 SYSTEM RECOMMENDATIONS
Primary Recommendations to Improve Marketing and Outreach
(1) Develop easy to distribute materials highlighting resources available to prevent and divert persons from homelessness with points of access (including locations, hours of operation and contact information) to those resources that will help persons navigate the system or obtain the resources; **(2) Engage providers of mainstream benefits and homeless services to enhance publicity and information dispersal and access regarding available resources.**
Primary Recommendations to Better Utilize Partnerships and Tools
(1) Formalize partnerships with local law enforcement, code enforcement, and 2-1-1 with a plan to leverage resources and content to better serve persons at risk of homelessness, including possibly staging 2-1-1 as a primary access point for information on resource availability; **(2) Ensure consistent universal use of the CHAT or a prescreening tool; and** **(3) Regular HMIS reporting on prevention and diversion assistance offered, accepted, rejected, and denied.**
Primary Recommendations to Improve Identification and Access
Develop a prescreen tool or additional prescreen questions to incorporate into the CHAT tool to enhance identification of eligible consumers and improve access to assistance.
Primary Recommendations to Review SNH CoC Priorities
Review SNH CoC priorities to make room for developing and enhancing prevention efforts, particularly as they relate to concerns that more broadly affect consumers in the homeless system of care, including eligibility for benefits and data analytics and reporting.

Primary Recommendations to Improve Data Analytics and Reporting
(1) Ensure high data quality; and **(2) Encourage frequent system level reports about prevention and diversion across the system and over time.**

HUD Guidance and Best Practices		
HUD Categories and Metrics	SNH CoC Characteristics	SNH CoC Effectiveness
Coordinated Entry	Available for single adults Not available for prevention and diversion process	This is optional but reflects the ideal method of integrating a coordinated approach to providing preventive services Needs Improvement System must develop its own coordinated approach
Coordinated screening tools	Screening tools exist Screening tools vary by provider No coordinated screening tool for preventive services	Needs Improvement
Collaborative partnerships	Partners exist Partnerships are inconsistent across providers Many partnerships do not appear to be formalized or sufficiently leveraged	Good Pending further development Roles and relationships should be formalized for consistency and documentation
Using mainstream resources to identify consumers	Mainstream resources tend to be referrals only at this point	Needs improvement integrating mainstream resource providers into system for purposes of identifying target population
Coordinating mainstream referrals with system and system access points	System access points are not fully coordinated Most service providers appear knowledgeable about making referrals to mainstream resources	In progress Some improvement needed Unclear how well referrals are made from within system to mainstream resources Unclear how system access points process mainstream referrals
Targeted identification of consumers and program goals	Some providers may target consumers Most providers appear to offer preventive services that happen	Needs improvement System must do more targeted outreach and marketing of

	to overlap between literally homeless and at risk of homelessness populations Consumers are reliant upon word of mouth or provider in-house capacity for these resources	resources System must clearly prioritize types of preventive services and programs it will support
Documenting effectiveness through data systems and outcome measures	Data system in place Some information being collected	Needs Improvement Need consistency Need clearer metrics for measuring prevention and diversion Need formal tools for collecting and reporting data

6.3.2 System Effectiveness Comparison to HUD and NAEH Guidance and Best Practices

The following matrix charts how well the system meets the criteria enumerated by HUD, NAEH and the community examples. Southern Nevada can use this comparison to chart its progress in the categories identified as priorities by HUD and across recommendations proposed here based on input from Southern Nevada consumers and stakeholders. The recommendations in this report that correspond with the HUD guidance and community best practices are also highlighted below to allow the community to cross walk the Guidance and Best Practices against the regional gaps and solutions recommended in this report.

Table 18

NAEH Guidance and Best Practices

NAEH Categories and Metrics	SNH CoC Characteristics	SNH CoC Effectiveness
Crisis resolution	There is some data to suggest that some service providers offer this assistance	Need additional data to verify the extent to which this occurs
Client choice, respect, empowerment	Insufficient data	Need additional data to verify the extent to which this occurs Need CoC or Provider policies

		and procedures
Providing appropriate level of assistance	Insufficient data	Need additional data to verify the extent to which this occurs Need exit and longitudinal data from HMIS to confirm Need CoC or Provider policies and procedures
Maximizing community resources	There is some data to suggest that some leveraging of partnerships and resources is occurring Partnerships are inconsistent across providers Many partnerships do not appear to be formalized or sufficiently leveraged	In progress Needs improvement integrating mainstream resources providers into system for purposes of identifying target population
Earliest possible intervention to reduce costs	Insufficient data	Need additional data to verify the extent to which this occurs Need exit and longitudinal data from HMIS to confirm
Screening tool and process	Screening tools exist Screening tools vary by provider No coordinated screening tool for preventive services	Needs Improvement Needs consistent or universal tool Needs consistent and formal data collection and reporting policies and procedures
Identifiable "Front Door" or access points where screening occurs	Some front doors available Under utilized front doors System access points are not fully coordinated System access points not marketed or easily known	Needs Improvement Access points need marketing and clear identification Access points need consistency in screening protocols Some partnerships could be better leveraged to function more effectively as front doors

Cooperation and collaboration between system service providers and mainstream service providers	System access points are not fully coordinated Most service providers appear knowledgeable about making referrals to mainstream resources	In progress Could use improvement integrating mainstream resources providers into system Need additional data to determine how well referrals are executed
Flexible funding streams to fund alternative housing arrangements	Available	Good Currently In Progress Need additional data to verify the extent to which this occurs.
Trained, knowledgeable, experienced staff (resources, landlord mediation, etc.)	Insufficient data	May need improvement Inconsistent data reporting in HMIS suggests possible additional training necessary Need additional data to verify the extent to which this occurs Need CoC or Provider policies and procedures

7 CONCLUSION

Consumers and stakeholders report that the homeless system of care effectively provides prevention and diversion services related to certain types of assistance. There were mixed perspectives on the utility and effectiveness of coordinated entry or how coordinated entry could benefit the system's provision of prevention and diversion assistance. These findings partially reflect stakeholder and consumer feelings about the areas where the system can leverage its strengths to fill the system gaps and improve the provision of prevention and diversion services.

Overall, input collected from stakeholders, consumers, and HMIS suggests that the system has four primary gaps that undermine or limit the system's prevention and diversion efforts:

- First, the system must find a way to **improve information dissemination** about available prevention and diversion services and improve methods to access those resources, particularly rental assistance.
- Second, the stakeholders and system are directly and tangentially connected to a number of highly **effective tools and partners** that are significantly underutilized across the system.
- Third, inconsistent and undeveloped prevention and diversion **screening tools and processes** prevents adequate identification of eligible persons at risk of homelessness, which reduces access to those resources.
- Fourth, the system must improve **data analytics and reporting** to better quantify the strengths and weaknesses of the available prevention and diversion process and services.

Recommended solutions to the identified gaps consider stakeholder and consumer input on ineffective prevention and diversion processes and ideal homelessness system processes. These ideas can be summarized in five primary recommendations:

- **Improve marketing and outreach** about prevention and diversion assistance and process to access the resources;
- **Better utilize partnerships and tools** through formal relationships and policies and procedures;
- **Improve identification** of target population **and access** for that population to resources through screening tools;
- **Update SNH CoC priorities** to make room for developing and enhancing prevention efforts, including eligibility for benefits, and data analytics and reporting;
- **Ensure high data quality using specific metrics** and **encourage frequent system level reports** about prevention and diversion across the system and over time.

Ultimately, Southern Nevada's homeless system of care is well equipped to address the challenge of providing homelessness prevention and diversion assistance. The data already available in the community suggests that the community both recognizes and has started to solve the problem of homelessness by rationally aiming to prevent homelessness and avoid further increasing the region's homelessness crisis. While the data suggests a number of gaps in the system's current ability to effectively provide preventive assistance, the recommended solutions build on Southern Nevada's existing homelessness system strengths and stakeholder and community capacity to enhance the region's ability to implement and sustain a successful system mechanism to prevent and divert persons from homelessness and the homeless system of

care. These efforts will increase resources available within the system to support persons most in need and reduce the volume of persons experiencing homelessness in Southern Nevada.