HOUSING FOR ALL:
A PLAN TO END HOMELESSNESS

The CITIES of RENO and SPARKS and WASHOE COUNTY NEVADA

Prepared For: 10-Year Plan Development Committee

August 31, 2006
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EXECUTIVE SUMMARY

For more than two decades our community has been pursuing solutions to area homelessness. During that time, funding spent on homeless services and shelter care has continually increased, while, like other communities around the United States, we have experienced an ever-increasing number of individuals and families who experience homelessness. Local resources have been stretched in efforts to meet demand.

The increasing number of homeless individuals and families coupled with rising costs of services prompted us to re-examine our approach. A coalition of 25 agencies and the three local governments assembled in 2005 to create a plan to end chronic homelessness in Washoe County. The 10-Year Plan Development Committee convened for the first time on September 15, 2005 and met at regular intervals until August 31, 2006. In addition, staff from the three jurisdictions and several community organizations met more frequently to draft and re-draft the document, to coordinate presentations, and to “keep the ball rolling” toward a timely completion. We were supported in these efforts by Philip Mangano and Eduardo Cabrera of the U.S. Interagency Council on Homelessness, who facilitated access to technical assistance and provided critical analysis and feedback along the way. Our 10-Year Action Plan incorporated the diverse input of experts both inside and outside our region and reflects the hard work and commitment of dozens of individuals.

In the course of creating our 10-Year Action Plan, however, our community determined that these efforts would fall short if we addressed only chronic homelessness, as federally defined, and did not include other homeless populations, especially homeless families. Therefore, our 10-Year Action Plan encompasses all the homeless populations in our community and addresses how we can mobilize to meet their needs with specific activities focused on the needs of the chronically homeless.

This is no easy task in any community, but in Washoe County our planning was complicated by local property values and wages. Our predominant employers – warehouses, hotels, and casinos – continue to have a high percentage of low-wage jobs. While an individual needed to earn at least $13.69/hour to afford a market-rate, one-bedroom apartment in Washoe County in 2006, a family needed an hourly income of at least $16.92 to rent a two-bedroom apartment. These wage scales combined with the current costs of utilities, gas, and health care have resulted in more and more people – especially families – finding their resources unable to
keep pace with their needs. For the last five years, families have comprised the fastest-growing segment of the homeless population in our community.

Complicating this scenario is a lack of funding resources. Local Nevada governments depend heavily on federal sources of funding, e.g. Community Development Block Grants, Emergency Shelter Grants, HOME, and the Continuum of Care, to provide shelter and services. While the current administration has placed an emphasis on ending chronic homelessness, it has cut back on many forms of federal assistance that were designed to accomplish this. Every indication is that such reductions will continue. Therefore, to be successful our efforts to end homelessness will require the development of new funding mechanisms, possibly at the local and state levels.

In addition to the public funds directed at alleviating and reducing homelessness, the 10-Year Plan Development Committee recognized that non-profit service providers in our community contribute an array of crucial private resources. All the non-profit agencies listed in our Plan’s service matrix and appendix independently raise and implement funding that meets a significant amount of human need among the homeless. Catholic Community Services of Northern Nevada, for example, which owns and operates St. Vincent’s Dining Room, has an annual budget of $1,400,000 in private funding dedicated to homeless services.

Ending homelessness in our community means we must dramatically shift our approach from serving those in crisis to meeting the needs of those at-risk before their situation becomes a crisis. We must change our response from managing the problem to solving it. Ending homelessness will entail providing affordable housing with the necessary supports to succeed. To this end, we identified three overarching goals:

1. **Expand the range of prevention efforts.**
2. **Expand access to and availability of housing resources.**
3. **Increase the supply and awareness of supportive services.**

Our Action Plan flowed from these goals and directed the strategies to make them a reality. For a full description of these strategies, the agencies that will take the lead in implementing them, and the timelines that we identified for completion, please see pages 19-23. In addition, in order to ensure timeliness, evaluation is included as part of our implementation process.

Prevention of homelessness through crisis intervention, rapid re-housing, and outreach activities is the most compassionate approach
to ending homelessness. However, prevention requires an increase in the supply of affordable housing to ensure resources are sufficient to re-house those in need and to shift our focus from the provision of emergency shelter to the creation of permanent housing options. Wrap-around services that promote stability in housing are essential to the success of these efforts, as they allow individuals and families to improve aspects of their lives that put their housing at risk. To guide these efforts, the 10-Year Plan Development Committee identified a need to establish the costs of homelessness under our current system and to examine our utilization of resources. This analysis is now underway and is anticipated to be completed in early 2007.

One of the 10-Year Plan’s guiding principals is the incorporation of input and direction from consumers. We conducted three focus groups with persons who were currently or had recently been homeless and asked for their preferences in housing, treatment, and service provision. The results of these sessions informed the Action Plan and provided guidance in the structuring of needed service coordination. A full description of the focus groups, including discussion points and responses, is given in Appendix C.

We believe that homelessness in Reno, Sparks, and Washoe County is not acceptable. Although it will not be easy, our community is committed to finding a better, permanent solution for the men, women, and children who live on our streets, in their cars, under freeway overpasses, along the Truckee River, or on the couches of relatives, co-workers, or friends. Our vision is that by uniting and pooling our talents, energy, and resolve, we can end homelessness in our community.

INTRODUCTION

Homelessness has been recognized as a community issue in Northern Nevada for decades. In 1986, the first community task force on homelessness was formed to study the problem and recommend solutions. However, this was certainly not the last group to convene in search of answers to the growing homeless population, and since that time numerous attempts have been made to reach community consensus on appropriate responses to the challenges of homelessness.

In October 2000, a coalition of local human service providers, representatives from local, state and federal government agencies, faith-based organizations, and interested citizens came together to improve the coordination of homeless services in the region. This group became the Reno Area Alliance for the Homeless (RAAH) and serves as the vehicle for our community’s response to homelessness,
ranging from the identification of trends and emerging needs, to advocacy and community action. The group also serves as the community’s Continuum of Care through the U.S. Department of Housing and Urban Development (HUD).

Currently, 54 agencies participate in RAAH. Member agencies include the State of Nevada Division of Mental Health and Developmental Services, the Department of Employment, Training and Rehabilitation, and the Housing Division; units of local government, including the cities of Reno and Sparks, Washoe County, and the School District; and a number of nonprofits, from those addressing substance abuse and mental health, to those focused on basic needs such as food, housing, literacy, health care, and education. The business community has also been involved through the Downtown Improvement Association, the Reno-Sparks Corridor Business Association, the financial community, and individual business owners.

As part of the Continuum of Care process, RAAH began to collect demographic data on the homeless population in 2001 – for the first time in our community. Quarterly counts of individuals and families on the street and living in weekly motels, as well as clients accessing shelter, food, and other services, were conducted in 2001, 2002 and 2003; annual counts continue to be an important activity of RAAH. These data spurred homeless advocates to renew efforts to develop a shelter system in the community.

**Fig. 1 Four-Year Change in Homelessness in Washoe County, 2002-2005**

<table>
<thead>
<tr>
<th>Category of Data Set</th>
<th>January, 2002</th>
<th>January, 2005</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td># of persons on the street, along the river and in parks</td>
<td>59: 52 males</td>
<td>178: 161 males</td>
<td>+67%</td>
</tr>
<tr>
<td></td>
<td>5 females</td>
<td>17 females</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 children</td>
<td>0 children</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 seniors (est. &gt;60 yrs)</td>
<td></td>
</tr>
<tr>
<td># of persons counted in emergency, transitional or permanent supportive housing</td>
<td>758</td>
<td>2,252</td>
<td>+66%</td>
</tr>
<tr>
<td># men in emergency shelter</td>
<td>124</td>
<td>216</td>
<td>+43%</td>
</tr>
</tbody>
</table>

*Source: Social Entrepreneurs, Inc. Reno Area Alliance for the Homeless Point in Time Count.*
VISION STATEMENT

To house individuals and families who are homeless or facing homelessness in Washoe County through access to safe, appropriate, affordable housing and the resources and supports required to sustain it.

GUIDING PRINCIPLES

The following principles are the foundation for the goals, objectives, and strategies of our Action Plan. The principles will continue to be the touchstones for implementing the Plan, ensuring that policies, programs, and decisions incorporate these ideas.

Best Practices: As efforts to reduce homelessness have evolved nationwide, various methods to help prevent and end homelessness have emerged as best practices. We owe it to the people we serve to adapt these practices to local needs and incorporate them into our strategies. Although northern Nevada is a unique environment, we are committed to learning from the research and practice of others to reduce the human and financial costs of homelessness.

Measurement of Results: Successful plans are results-oriented. Our Plan is performance-based, meaning that we will measure the results of our work by documenting the difference our efforts make in the lives of the people we serve. In addition to these human outcomes, we must measure and document the cost savings realized by our community by using resources more effectively and targeting services.

Community-Wide Partnership: Our Plan represents the efforts of a broad cross section of the community that will be involved in the implementation activities. We must, as individuals, congregations, service agencies, or government entities, address the “bigger picture” of community needs and offer opportunities for individuals and groups to contribute to the effort. Partnerships operate on the belief that better coordination is needed to address the many factors that contribute to homelessness, including poverty, domestic violence, substance abuse, lack of education, and job skills. All parties are challenged to examine their programs, policies, and principles and redirect them to preventing and ending homelessness.

Consumer-Centered Services: Effective plans identify and respond to consumer preferences for housing, treatment, and services. Individuals who are currently or previously homeless will participate in creating, delivering, and evaluating services provided.
Incorporating consumer input will guide activities in a direction embraced by consumers, helping individuals begin to reclaim their sense of self and life in the community. The good news is that people with serious mental illnesses and/or substance abuse disorders can and do recover (SAMHSA, 2003). This Plan builds on individuals’ and families’ resilience to support and sustain their recovery.

**Prevention:** Prevention is the most humane and cost-effective approach to ending homelessness and is a high priority in our Plan. All health and social service programs should include efforts to prevent homelessness.

**COMMUNITY PROFILE**

The economy in Northern Nevada remains significantly service-oriented with many low-wage jobs. Because Northern Nevada has experienced a recent housing boom, resulting in low rental vacancy rates and escalating for-sale housing prices, many families with full-time workers struggle to meet their basic housing needs. In early 2006 in the Reno metropolitan area, family earnings needed to be at least $16.92 per hour to afford the market rent of a two-bedroom apartment without experiencing a housing cost burden greater than 30% of household income, while a single person had to earn $13.69 per hour to rent a one-bedroom apartment. During the same period, the median wage for a single wage earner in the area was $10.72 (based on HUD published 2006 incomes).

While rents have only increased about four percent between July 2005 and June 2006, it is reasonable to expect that they will continue to rise, potentially at a quicker pace, due to increased for-sale prices, extremely low vacancy rates, and a net reduction of rental units on the local market. In addition, because the ability to construct affordable housing has been greatly reduced as the prices of land, lumber, concrete, and water have soared during the past 36 months, subsidies are only able to support half as many units as they did a few years ago. Together, stagnant wages and rising housing costs are resulting in more households hanging on by a thread, one emergency away from disaster – and homelessness.

RAAH estimates that approximately 7,000 individuals in Washoe County experience or are at risk of experiencing homelessness each year. In addition, over the course of the past five years there appears to be an increase of approximately 400 persons per year in need of emergency homeless services. Although the largest homeless population in our community is single men, the number of homeless families with children is the fastest-growing segment of the population. This mirrors what has been happening on the national
level. A 2003 U.S. Conference of Mayors survey of 25 U.S. cities found that families with children accounted for 39 percent of the homeless population, up from 36 percent in 2000.²

Locally, many families turn to weekly motels when they are unable to secure an apartment because of the costs of rent and deposit or their rental histories. In January 2005, more than 4,000 people were living in weekly motels in the Reno-Sparks area, including 87 families. Although some might consider weekly motels to be de facto affordable housing, in reality they are far from it. A household pays more than $700 per month for one room with no kitchen facilities. Even more disturbing is the social environment these families are exposed to; the weekly motels frequently house significant criminal activity, including drug use and distribution, and prostitution. Unfortunately, since 2002, the local point-in-time counts reveal an increasing reliance on weekly motels for “affordable” housing, as shown in the following table:

*Fig. 2 Four-Year Change in Persons Residing in Motels in Washoe County, 2002-2005*

<table>
<thead>
<tr>
<th>Category of Data Set</th>
<th>January, 2002</th>
<th>January, 2005</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons counted in weekly motels (underhoused)</td>
<td>3,645</td>
<td>4,029</td>
<td>+10%</td>
</tr>
<tr>
<td>Long-term motel residents (&gt;1 year) as part of total underhoused</td>
<td>750</td>
<td>885</td>
<td>+15%</td>
</tr>
<tr>
<td>Family members living in motels</td>
<td>528</td>
<td>988</td>
<td>+47%</td>
</tr>
<tr>
<td>Seniors living in motels</td>
<td>174</td>
<td>200</td>
<td>+13%</td>
</tr>
<tr>
<td>Children living in motels (in family)</td>
<td>245</td>
<td>437</td>
<td>+44%</td>
</tr>
</tbody>
</table>

Source: Social Entrepreneurs, Inc. Reno Area Alliance for the Homeless Point in Time Count.

Over the course of the last decade, the face of homelessness has changed. Both nationally and locally, more and more families with children are homeless. In Washoe County, the number of families with children living in motels has increased dramatically, but, as is seen in the chart above, all populations have come to rely more frequently on weekly motels for housing. According to data collected by the Continuum of Care point-in-time counts, families living in motels in Washoe County increased from 528 to 988 between 2002 and 2005, a 47% increase. Seniors living in motels experienced an increase of 13% over the same period.

¹ Washoe County Human Services Strategic Plan, Social Entrepreneurs, Inc., July 2005.
One element of the Continuum of Care process is an analysis of housing gaps. As illustrated in the table below, the unmet housing need in 2004 for homeless individuals and families in Washoe County was well over 1,000 beds. Every year the number of individuals and families who are turned away from services due to lack of capacity increases.³

**Fig. 3 Continuum of Care Housing Gaps Analysis, 2004**

<table>
<thead>
<tr>
<th>Beds</th>
<th>2004 Inventory</th>
<th>Unmet Need/Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>167</td>
<td>178</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>289</td>
<td>377</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>343</td>
<td>436</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>799</td>
<td>991</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beds</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Persons in Families with Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>154</td>
<td>90</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>102</td>
<td>117</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>28</td>
<td>606</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>367</td>
<td>813</td>
</tr>
</tbody>
</table>

Source: Reno Area Alliance for the Homeless, Exhibit 1, 2005.

People who become homeless in Washoe County do not fit one general description. Rather, homelessness affects a range of populations, including different configurations of families, single men, single women, and youth. Some of these persons may have conditions that contribute to their homelessness, such as mental or physical disabilities, addictions and substance abuse disorders, or previous institutionalization. Some are veterans. Some are victims of domestic violence. However, all people experiencing homelessness share certain common needs, including an adequate income, affordable housing, and access to health care.

All these groups have specific needs which require equally specific services in order to enable them to move into permanent housing. For example, families may need child care in order for adults to work, or physically disabled individuals may need assistance applying for and securing disability benefits as a steady source of income. Institutionalized individuals may need help identifying and securing appropriate housing before they are released. Previously incarcerated individuals often face major obstacles finding housing, e.g. landlords being unwilling to rent to persons convicted of crimes, especially felonies. Frequently, ex-offenders have nowhere to go.

*Supra, note 1.*
The continuum of housing and services that advocates describe has provided a helpful model for the 10-Year Plan Development Committee. The housing element of the Plan will build upon and extend the established continuum of services. The housing continuum for homeless populations begins with episodic housing (usually emergency shelter) and culminates in permanent supportive and independent housing options. It is important to note that homeless clients are not required to start at one end of the continuum and work toward independence; rather, they enter at any point in the continuum. The Plan encourages placement of clients in the least restrictive environment that promotes stability.

Episodic housing is frequently the entry to homeless services and is accessed during times of crisis. This type of housing is intended to provide short-term, immediate assistance, allowing individuals and/or families to enter the homeless service system and meet their basic shelter needs. Transitional housing is longer-term housing, ranging from six-months to two years, that is intended to provide sufficient time for an individual to stabilize and secure resources to move into an independent living environment.

The next level in the housing continuum is permanent supportive housing. This type of housing provides wrap-around services to individuals and families for an indefinite period of time, allowing families to increase their self-sufficiency. Current research shows that permanent supportive housing is remarkably effective at moving homeless persons off the street and into stable housing.\(^4\) A crucial part of successful permanent supportive housing is the provision of ongoing services that target those issues that contributed to an individual’s or family’s homelessness.

Support services that may be available throughout the continuum include therapeutic or psychiatric care; substance abuse counseling; parenting, life skills, financial literacy, and educational counseling; affordable housing referrals; job training; and healthcare. As individuals or families move beyond the need for supportive services, they progress toward a truly independent living arrangement.

Finally, independent living in affordable rental or home ownership must also be included as an element of this continuum. As individuals and families recover from homelessness and move forward with their lives, they will require affordable rental opportunities and the chance to participate in the “American Dream” of homeownership.

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\(^4\)The New York, New York Study, Culhane, Dennis et al, Center for Health Policy and Services Research, University of Pennsylvania, 2001 and Ending Chronic Homelessness in Austin/Travis County, Austin/Travis County Health and Human Services department, December 2003.
DESCRIPTION OF SERVICE ENVIRONMENT

Nevada’s service environment is heavily influenced by its tax structure. Nevada is one of nine states in the Union that does not tax personal income. In addition, the 2005 Nevada Legislature passed a property tax cap limiting the increases that were resulting from soaring property values. Although Nevada’s low level of taxation serves as an attraction for new residents and new businesses, it does not provide generous funding for social services. The costs of initiating and maintaining intensive supportive services for clients are prohibitive for most Nevada agencies, and in large part rely on federal funding like McKinney-Vento and Community Development Block Grant funds which are both limited and continually facing reductions. The silver lining to this cloud, however, is that Northern Nevada human services agencies are extremely collaborative and coordinate the leveraging of their scarce resources.

RAAH (Reno Area Alliance for the Homeless) serves as a forum for regional service collaboration. The majority of Northern Nevada nonprofit and government agencies serving the homeless population coordinate their efforts through RAAH, and RAAH focuses on improving access to mainstream resources for homeless persons. Efforts to create system change are underway, with technical assistance from HUD and the Department of Health and Human Services (HHS). For example, a goal-in-progress is to increase the participation of mainstream providers in planning and delivering services to homeless individuals and families.

The local service system for homeless persons includes many government entities and non-profit organizations that provide housing and/or supportive services. Local housing programs include emergency shelters, transitional housing, permanent supportive housing, and a homelessness prevention assistance program. Supportive services include basic needs (food, clothing, etc.), health care, mental health services, substance abuse treatment, case management, legal assistance, and assistance with bus tickets to reunite with family members. An overview of these services is presented in the table at the end of this section, with a complete description of services in Appendix B.

Integration of services for youth through the Washoe County School District’s Children in Transition program and Family Resource Centers has also added significant capacity to the social services system. Both programs provide “one-stop shops,” linking children and their families to the network of services and resources that they need.
Service System

In late 2005, the cities of Reno and Sparks and Washoe County opened Phase I of the Reno Assistance Center, which will serve the episodic and chronically homeless. Phase I includes a 190-bed men’s drop-in center, a new St. Vincent’s Dining Facility, and the 94-bed Reno-Sparks Gospel Mission shelter – all located on one central three-acre campus.

Phase II of the Reno Community Assistance Center will expand the collocation of key service agencies, enhancing homeless clients’ access to essential services and permitting cross-agency communication and coordination in case management and service delivery. Phase II encompasses tenant improvements to the first floor of the drop-in center building, which will house a 20-bed triage center and a 55-bed shelter facility for single women, and the construction of the fourth and largest building at the Center, the Family Shelter and Community Resource Center.

The Family Shelter will provide up to six months of emergency and transitional housing for families (single or coupled parents or guardians with children and third-trimester or at-risk pregnant women). The ground floor of the Family Shelter will house the Community Resource Center, a multi-agency service center or “one-stop shop” for social services, assisting homeless persons and those at-risk of homelessness. Planned providers include ReStart (services and housing placement for homeless families and mentally ill homeless); Health Access Washoe County (HAWC) community health center (primary and preventive health care services); the Good Shepherd Clothes Closet (free clothing and essential household items); and the Nevada AIDS Foundation (assistance with HIV-related issues). Additional administrative space will be available for other agencies to provide services and training on a routine or periodic basis.

The permanent collocation of these service agencies ensures residents have reasonable access to medical care, nutrition services, clothing, psychiatric care, substance abuse counseling, individual and family therapy, access and advocacy to receive entitlement benefits (TANF, Food Stamps, Social Security, etc.), and education (financial literacy, social skills, parenting, adult education, job search and training, etc.). Space will also be provided in the Resource Center for other community service agencies such as the Veteran’s Homeless Outreach Program and the Washoe County School District’s Children in Transition Program.

The community Triage Center will serve up to 20 chronically inebriated and mentally ill homeless persons. Admission to the Center will be on a voluntary basis, with persons able to stay for several days while they...
are stabilized, assessed, and connected with relevant support services. The Triage Center will provide new capacity for the community, as these individuals are currently taken to area hospitals’ emergency rooms or the County jail, at significant cost to taxpayers. Since chronically homeless persons statistically cycle in and out of these facilities, the annual cost to the jurisdictions and hospitals is exorbitant, especially given the limited benefit to the individual or community. The Triage Center will provide more effective services with less cost by using public resources more effectively.

The coordinated assistance provided on this campus is intended to change the prospects for homeless individuals and families in Northern Nevada. Through this coordination and centralization, recovery efforts will be strengthened and it is hoped that outcomes for those in need of services will be improved.

What is the Cost of Homelessness in Washoe County?

The community knows part of the answer: we know what the jurisdictions are spending. Washoe County, the City of Reno, and the City of Sparks annually allocate significant funding for homeless services and services to other indigent individuals within the three jurisdictions. Washoe County alone committed over $940,000 for homeless services in FY 2005-2006. The City of Reno contributed $155,000 in FY 2005-2006 just for shelter operations; these funds were pooled with funds from Washoe County. The City of Sparks annually supports joint efforts to secure additional federal funds to provide homeless services. The State of Nevada also provides resources for services to individuals with mental illness and at-risk of homelessness.

These figures do not include staffing costs, court costs, or jail expenses, or the additional $10,443,640 spent for indigent health care assistance. At this time, only preliminary assessments of some of the costs are available:

- The average cost of incarceration in the Washoe County Detention Facility is $83.51/day.
- The average cost of emergency shelter housing is $32/day.
- The average cost of a meal at St. Vincent’s Dining Room is $3.70.

The community also knows the cost of some of the publicly-funded service programs related to homelessness. The H.E.L.P. outreach program, a 12-year-old initiative of the Reno Police Department and Washoe County Sheriff’s Office, spent $27,000 in FY 2005-2006 reconnecting homeless persons with friends and relatives; officers estimate that H.E.L.P. regularly offsets approximately $500,000 per year that would otherwise have been borne by the jurisdictions. The
H.A.W.C. medical clinic conducted a study in 2004 of the number of emergency-room visits that were offset by their services; this study identified $18 million in cost offsets. And Officers Patrick O’Bryan and Steve Johns of the Reno Police Department showed in an informal study from 2004 that in a one-year period one chronically homeless man in Reno, Murray Barr, incurred approximately $1,000,000 in medical bills, emergency-room visits, jail time, etc. In an article that appeared in The New Yorker Magazine, Officer O’Bryan was quoted as saying, “It cost us one million dollars not to do something about Murray.”

The community does not, however, have a good understanding of the aggregate costs of homelessness that are being borne by the non-profit sector. Some homeless services are a component of broader agency work, such as is the case with the United Way, while other services are delivered through small, grass-roots organizations. Although we know that larger agencies, such as Catholic Community Services, ReStart, and Reno-Sparks Gospel Mission, for example, allocate millions of dollars annually for homeless services provision, we lack information about the expenditures of other regional agencies that serve the homeless.

A comprehensive study to verify all the costs associated with homelessness as it is currently addressed in our community was identified as a crucial need and is underway. Some of the unknown costs which need to be quantified include 1) emergency room and other hospital-based costs, 2) costs of repeat service utilization, and 3) costs of repeated incarceration in the County jail. This analysis is expected to be completed by early 2007. In addition to providing a comprehensive picture of the true cost of area homelessness, the analysis will provide necessary data for the identification of appropriate changes and potential savings in the current system, including criminal justice and local law enforcement, health care, mental health services, and local homeless-services. This information will enable the jurisdictions and service providers to design a response to area homelessness that utilizes resources in the most cost-effective and efficient manner.

A comprehensive cost analysis will also be the basis for a long-term objective to develop additional affordable housing with supportive services for homeless persons in Washoe County. Results from studies in other jurisdictions overwhelmingly indicate that providing affordable housing with supportive services is a cost-effective method for breaking the cycle of homelessness.\textsuperscript{6} It is anticipated that the results of the regional cost analysis will verify these findings on the local level and identify other system change opportunities.

The next steps for Washoe County, the City of Reno, the City of Sparks, RAAH, and other stakeholders, will be 1) to utilize the results of the cost analysis to shift resources to support the development of affordable, permanent-supportive housing, and 2) further develop the system of services to facilitate better outcomes for homeless individuals and families in our community.

\textit{Fig. 4 Summary of Human Services for Homeless Populations in Washoe County, 2006}

<table>
<thead>
<tr>
<th>Agency</th>
<th>Services Provided</th>
<th>Population Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-7 TLC</td>
<td>Transitional independent living services; crisis housing; food; transportation; educational and employment assistance</td>
<td>Youth exiting the foster system; adults exiting institutions, the justice system, or treatment programs; low-income persons with disabilities</td>
</tr>
<tr>
<td>Assertive Treatment Teams</td>
<td>Treatment for persons with mental illness; reintegration into community activities</td>
<td>Individuals with mental illness</td>
</tr>
<tr>
<td>Casa de Vida</td>
<td>Transitional housing; counseling, budget, nutrition, and child development classes; baby supplies</td>
<td>Homeless youth &amp; youth leaving institutions; pregnant or parenting women 15-25</td>
</tr>
<tr>
<td>Catholic Community Services</td>
<td>Free meals; food pantry; emergency assistance with clothing and food vouchers, bus passes, toiletries, counseling, access to telephones; temporary housing, etc.</td>
<td>All homeless populations</td>
</tr>
<tr>
<td>Children’s Cabinet</td>
<td>Childcare; street outreach to homeless youth; advocacy; referrals</td>
<td>All homeless populations &amp; those at-risk of homelessness</td>
</tr>
<tr>
<td>Committee to Aid Abused Women</td>
<td>Emergency shelter; transportation; food, clothing and personal hygiene supplies; legal support; children’s programming; emergency hotline; outreach</td>
<td>Homeless victims of domestic violence</td>
</tr>
<tr>
<td>Community Services Agency</td>
<td>Headstart; case management; tenant-based rental assistance; information &amp; referrals</td>
<td>Pre-school age children in homeless or at-risk families; low-income disabled at-risk households</td>
</tr>
<tr>
<td>Family Promise</td>
<td>Transitional shelter; food; clothing; medical needs; transportation; basic needs; case management</td>
<td>Homeless families</td>
</tr>
<tr>
<td>Good Shepherd’s Clothes Closet</td>
<td>Free clothes &amp; basic household items</td>
<td>All homeless populations</td>
</tr>
<tr>
<td>H.A.W.C. Outreach</td>
<td>Medical services; drug and alcohol counseling</td>
<td>All homeless populations</td>
</tr>
<tr>
<td>Medical Clinic</td>
<td>Medical services; housing; case management; outreach</td>
<td>Homeless veterans</td>
</tr>
<tr>
<td>Health Care for Homeless Veterans</td>
<td>Medical services; housing; case management; outreach</td>
<td>Homeless veterans</td>
</tr>
<tr>
<td>H.E.L.P. (Reno P.D. and Washoe County Sheriff’s Office)</td>
<td>Reconnect individual with support system; referrals to services</td>
<td>Homeless individuals</td>
</tr>
<tr>
<td>Homeless Court</td>
<td>Assist individuals to resolve misdemeanor offenses</td>
<td>Homeless individuals with outstanding warrants and case management services</td>
</tr>
</tbody>
</table>

\textit{Supra, note 4.}
Three focus groups were conducted as part of the Plan’s development process. A total of more than 25 clients receiving services from ReStart, Reno Sparks Gospel Mission, and Catholic Community Services participated in the focus groups and provided valuable input. Questions (attached as Appendix C) were designed to allow participants to discuss what led to becoming homeless, services that were accessed in an effort to avoid homelessness, and, once they were homeless, what services they were unable to access because 1) they were not available, 2) they were available on a limited basis, or 3) individuals were not aware that services existed. While most participants were currently experiencing homelessness, some had been re-housed and continued to receive services.
As a result of these meetings additional strategies were added to the Plan, including increasing access to transportation and communication services and the development of a resource guide by clients. The appropriateness and effectiveness of these and other activities were discussed before finalizing the Plan and will need to be revisited as the proposed strategies are implemented by service agencies.

ACTION PLAN

Based on an assessment of the current system, consumer input, and recognition of issues that will require significant attention and resources (please see previous section), the following Action Plan has been developed. The identified goals must be achieved if our community hopes to solve the problem of homelessness. In addition, a matrix has been created to build on the outline of objectives and strategies listed below to identify an agency or agencies to be responsible for implementation, i.e. identifying resources, coordinating appropriate entities, and growth in community capacity; if it is a new program or the expansion of an existing program; the intended results; and anticipated start date for the activity.

Our community focused on both short- and long-term goals and objectives that ultimately shift resources toward implementing a “housing first” model for ending chronic and episodic homelessness. The cost analysis discussed earlier will identify system change opportunities to assist in funding additional affordable housing with supportive services. It is understood that implementation of this plan will require a commitment of additional resources from local foundations, local and State governments, and individuals and organizations involved in philanthropy in our community.

GOALS, OBJECTIVES, AND STRATEGIES

Prevention

Goal: Utilize proven prevention methods to assist individuals and families at-risk of becoming homeless so that they are able to maintain their current housing and avoid entry into the homeless service system.

The 10-Year Plan Development Committee felt strongly that the prevention of homelessness is the most humane and cost-effective strategy to address homelessness. By providing resources at the “front end,” where they can be used to maintain housing and client stability, they will provide the most benefit for the person(s) at risk of homelessness and be more cost-effective for the community.
It is recognized that there are common factors often contributing to an individual experiencing homelessness, including alcohol and substance abuse, mental illness, unemployment, lack of skills, and domestic violence. Treating these underlying issues may itself be a prevention activity. Our community would benefit from increasing access to and use of services that provide treatment for these conditions through outreach activities, cross-system collaboration, and increased financial resources.

We know through annual counts that in the current service structure almost 2,500 people are homeless or housed in local motels at any given point in time. Over the past four years the number of persons receiving services related to homelessness has increased, on average, by more than 400 persons per year. We believe that through strategic programming we can prevent a significant number of individuals and families from becoming homeless. The objectives and strategies that we will implement to prevent further homelessness include:

► **Objective One:** Implement programs that increase individuals’ skills and economic stability, e.g. financial literacy, education

  *Strategy:* Identify programs that are currently available to increase life skills and economic stability

  *Strategy:* Customize and deliver consumer-driven programs that increase life skills education, financial literacy, etc.

► **Objective Two:** Create eviction intervention programs and processes.

  *Strategy:* Implement assistance program for Court clients with housing issues.

  *Strategy:* Conduct a survey of persons in Court for eviction to identify programmatic needs.

  *Strategy:* Establish crisis intervention services to resolve tenant-landlord issues before eviction.

  *Strategy:* Develop and provide property management training on resources to stabilize at-risk households.

► **Objective Three:** Establish rapid re-housing programs.

  *Strategy:* Provide assistance with housing searches and accessing housing subsidies.

► **Objective Four:** Enhance access and referrals to housing and services.

  *Strategy:* Utilize the statewide 2-1-1 and HMIS services as a resource for information dissemination and referrals for households at-risk of homelessness.

  *Strategy:* Increase cross-system collaboration among service providers in the community, including the justice system, law enforcement, health care providers, etc.

  *Strategy:* Promote interoperability among data collection and tracking systems, including HMIS, 2-1-1, HRSA, etc.
**Strategy:** Provide specialized training for service providers to improve client access to mainstream resources.

**Objective Five:** Evaluate and update State policies to impact service provision, housing, funding, and client choices that will ultimately prevent individuals and families from experiencing homelessness.

**Strategy:** Advocate for state legislation that would allow the Department of Corrections and Division of Mental Health to fund the provision of housing in the community for individuals being released, including parolees.

**Strategy:** Implement discharge planning for persons exiting institutions, including prisons and hospitals.

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**Housing**

**Goal:** Improve the continuum of available housing in Washoe County so that homeless individuals and families have access to appropriate housing resources, ultimately establishing a "housing first" model.

There is an inadequate amount of supportive and affordable housing in our community. In addition, the current housing market in Washoe County, with low vacancy rates and high construction costs discussed above, makes it very difficult to create these types of housing. Unfortunately, without a sufficient inventory of permanent-supportive housing, including a range of models from intensive services available on-site 24 hours a day to providing services to individuals in their homes, and affordable housing, ending chronic homelessness and serving other homeless populations will be impossible.

Our efforts to house the homeless must begin with identifying the current supportive housing resources available to better understand where we are and what must be done to close the gap. Efforts to provide adequate housing will include:

**Objective One:** In the short-term create more emergency/transitional shelter.

**Strategy:** Complete Phase II of the Community Assistance Center, including the Triage Center which will serve persons with mental illness or substance-abuse disorders, to provide necessary emergency/transitional housing for homeless families and homeless women.

**Strategy:** Assist housing developers and supportive services providers identify and improve existing units for short-term housing.

**Objective Two:** Increase the supply of permanent-supportive and affordable housing.

**Strategy:** Complete a cost-benefit analysis, which will evaluate the costs of the current and alternative methods of service so that
resources may be shifted to more efficient and effective practices. Strategy: Assist housing developers, financial institutions, and supportive services providers identify and create new units for use as permanent-supportive housing.
Strategy: Create supportive housing to serve chronic inebriates, who may be unwilling to participate in conventional supportive housing programs.
Strategy: Increase assistance available for permanent housing (tenant-based rental assistance/vouchers).
Strategy: Work cooperatively with and educate landlords to improve rental opportunities for individuals and families that were previously homeless or are hard-to-house.

► **Objective Three:** Increase the short-term and long-term resources available to assist in the prevention and recovery from homelessness.

Strategy: Increase the availability of rent and mortgage payment assistance.
Strategy: Increase the availability of deposit assistance, including rent and utilities.
Strategy: Provide assistance with entry costs, including credit checks.

► **Objective Four:** Evaluate and advocate for changes in policies at the local, State, and Federal level to impact the community’s ability to meet the housing needs of individual and families who are homeless. (This is not intended to affect existing landlord/tenant regulations.)

Strategy: Advocate for policies to increase permanent-supportive housing opportunities.
Supportive Services

**Goal:** Broaden the supportive service system to meet participants’ needs for services, providing on-the-street, in-home, and in-office services based on individual need.

While service providers in the community collaborate to serve the homeless population, we need to ensure those efforts are working as seamlessly as possible. Through modifications and additions to the system we should be able increase the efficient use of resources and access to services by those in need. A broader range of services will also begin to meet gaps in services identified by the 10-Year Plan Development Committee. Available supportive services must include at a minimum:

- Health care
- Basic needs
- Intensive case management
- Mental health treatment
- Substance abuse treatment
- Discharge planning
- Vocational rehabilitation and sheltered workshops
- Legal Services

Finally, the homeless and those at-risk of homelessness will significantly benefit by the centralization of basic services. Fortunately, a number of these services are planned to be collocated within the Community Assistance Center upon completion of Phase II. However, services must be provided in the context of getting these individuals and families into stable housing and maintaining that housing.

**Objective One:** Increase the number, type and quality of supportive services available.

*Strategy:* Conduct a service gaps analysis, including consumer surveys to assess unmet needs.

*Strategy:* Develop supportive services to address the unmet needs, such as childcare.

*Strategy:* Link services through collaboration and data.

*Strategy:* Increase access to phones, transportation and other resources necessary to secure services and/or employment.

*Strategy:* Create resource materials to enable individuals and families who are homeless to access services more rapidly.

**Objective Two:** Increase access to mainstream resources.

*Strategy:* Advocate for training of local jurists regarding issues related to homelessness and mainstream resources.

*Strategy:* Provide training and technical assistance to providers on accessing mainstream resources for clients.

*Strategy:* Provide financial and other assistance to secure documents required for obtaining state identification and
employment, including birth certificates, social security cards, etc.

► **Objective Three:** Adapt best practices to support the goals of this plan within our community.

  *Strategy:* Continue the utilization of the H.E.L.P. program to reconnect homeless persons with friends and relatives.

  *Strategy:* Use and expand innovative outreach teams partnering law enforcement and supportive service providers to contact homeless persons and families and work toward getting them to “come in.”

  *Strategy:* Implement an Assertive Community Treatment (“ACT”) program for the homeless population.

  *Strategy:* Assist individuals to resolve outstanding legal matters that interfere with their access to services and resources through “Homeless Court.”

► **Objective Four:** Evaluate and update policies at the local, State, and Federal level to impact service provision, available housing, funding, and client choices.

  *Strategy:* Review, revise, or create policies to facilitate the implementation of services, including resources and creating funding streams.

  *Strategy:* Work to broaden the definitions of populations eligible for services under permanent supportive housing programs.

► **Objective Five:** Promote and encourage capacity building.

  *Strategy:* Reach out to the local business and philanthropic communities for resources.
## Housing For All--Action Plan

### Prevention

Utilize proven prevention methods to assist individuals and families at-risk of becoming homeless so that they are able to maintain their current housing and avoid entry into the homeless service system.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategy</th>
<th>New/Existing</th>
<th>Convening Agency(ies)</th>
<th>Results</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Individuals' Skills and Economic Stability</td>
<td>Identify programs that are currently available to increase life skills and economic stability,</td>
<td>New</td>
<td>United Way</td>
<td>Inventory of living skills programs currently available in the community</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Additional programs are implemented and consumer skills are increased, allowing them to maintain stable housing</td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>Customized and deliver consumer-driven programs that increase life skills education, financial literacy, etc.</td>
<td>Existing</td>
<td>United Way and RAAH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create Eviction Intervention Programs &amp; Processes</td>
<td>Implement assistance program for Court clients with housing issues</td>
<td>Existing</td>
<td>Legal Services Agencies</td>
<td>Education, legal services, and assistance with fees available upon request</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>Conduct survey of persons in Court for eviction to identify programmatic needs</td>
<td>New</td>
<td>RAAH</td>
<td>Survey identifies causes and results of evictions that will inform program development</td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>Establish Crisis Intervention services to resolve tenant-landlord issues before eviction</td>
<td>New</td>
<td>RAAH</td>
<td>Program developed and training provided that improve outcomes for individuals and families</td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>Develop and provide property management training on resources to stabilize at-risk households</td>
<td>New</td>
<td>RAAH &amp; WCHC</td>
<td>Training provided to managers at 25 multi-family properties</td>
<td>2008</td>
</tr>
<tr>
<td>Establish Rapid Re-housing Programs</td>
<td>Provide assistance with housing searches and accessing housing subsidies</td>
<td>New</td>
<td>ReStart</td>
<td>Case Manager hired and assistance is available</td>
<td>2008</td>
</tr>
<tr>
<td>Enhance Access and Referrals to Housing and Services</td>
<td>Utilize the statewide 2-1-1 and HMIS services</td>
<td>Existing</td>
<td>United Way and ReStart</td>
<td>Information in systems is used to improve access to services by those in need</td>
<td>2006</td>
</tr>
<tr>
<td></td>
<td>Increase cross-system collaboration among service providers in the community, including the justice system, law enforcement, health care providers, etc.</td>
<td>New</td>
<td>United Way, RAAH, and HAWC</td>
<td>MOU(s) executed between entities and collaboration improves outcomes for individuals and families</td>
<td>2009</td>
</tr>
<tr>
<td></td>
<td>Promote interoperability among data collection &amp; tracking systems</td>
<td>Existing</td>
<td>RAAH, HUD, 2-1-1 and funders</td>
<td>Determination of feasibility of development protocols for data sharing</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>Provide specialized training for service providers to improve client access to mainstream resources</td>
<td>New</td>
<td>RAAH</td>
<td>Clients leave services with more resources than upon entry</td>
<td>2008</td>
</tr>
<tr>
<td>Evaluate and update State policies to impact service provision, housing, funding, and client choices that will ultimately prevent individuals and families from experiencing homelessness</td>
<td>Advocate for state legislation that would allow the Department of Corrections and Division of Mental Health to fund the provision of housing in the community for individuals being released, including parolees</td>
<td>Existing</td>
<td>RAAH, Reno, Sparks, and Washoe County</td>
<td>Policies support the development of stable and permanent housing in collaboration with these agencies and increase resources available to individuals discharged from DoC and DMH</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>Implement discharge planning for persons exiting institutions</td>
<td>Existing</td>
<td>Interagency Council on Homelessness</td>
<td>Zero Discharged into homeless</td>
<td>2010</td>
</tr>
</tbody>
</table>
Housing

Improve the continuum of available housing in Washoe County, so that homeless individuals and families have access to appropriate housing resources, ultimately establishing a "housing first" model.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategy</th>
<th>New/Existing</th>
<th>Convening Agency(ies)</th>
<th>Results</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create emergency &amp; transitional shelter</td>
<td>Complete Phase II of the Community Assistance Center, including the Triage Center</td>
<td>Existing</td>
<td>City of Reno</td>
<td>Creation of 22 units with a total of 102 beds</td>
<td>2006</td>
</tr>
<tr>
<td>Assist housing developers and supportive service providers identify and improve existing units for short-term housing</td>
<td>New WCHC</td>
<td></td>
<td></td>
<td>More units are identified/improved for short-term housing</td>
<td>2007</td>
</tr>
<tr>
<td>Increase the supply of permanent-supportive &amp; affordable housing</td>
<td>Complete Cost-Benefit Analysis</td>
<td>New</td>
<td>Reno, Sparks, and Washoe County</td>
<td>Analysis complete and used to inform funding appropriations</td>
<td>2007</td>
</tr>
<tr>
<td>Assist housing developers, financial institutions and supportive service providers identify and/or create new units for use as permanent-supportive housing</td>
<td>Existing WCHC</td>
<td></td>
<td></td>
<td>The number of supportive housing units available increases 100%</td>
<td>2008</td>
</tr>
<tr>
<td>Create supportive housing to serve chronic inebriates</td>
<td>New WCHC</td>
<td></td>
<td></td>
<td>Supportive housing is available to serve chronic inebriates</td>
<td>2010</td>
</tr>
<tr>
<td>Increase assistance available for permanent housing (tenant based rental assistance/vouchers)</td>
<td>Existing RHA, Continuum of Care</td>
<td></td>
<td></td>
<td>Increase the number of families assisted by 10% annually</td>
<td>2008</td>
</tr>
<tr>
<td>Work cooperatively with and educate landlords to improve rental opportunities for individuals and families that were previously homeless or are hard-to-house</td>
<td>New WCHC, CHRB</td>
<td></td>
<td></td>
<td>Increased housing opportunities for previously homeless and hard-to-house populations</td>
<td></td>
</tr>
<tr>
<td>Increase the short-term and long-term resources available to assist in the prevention and recovery from homelessness</td>
<td>Increase the availability of rent and mortgage payment assistance</td>
<td>Existing</td>
<td>WCHC</td>
<td>Increase assistance available by 10% each year</td>
<td>2007</td>
</tr>
<tr>
<td>Increase the availability of deposit assistance, including rent and utilities</td>
<td>New WCHC</td>
<td></td>
<td></td>
<td>Establish a fund of $30,000 per year</td>
<td>2007</td>
</tr>
<tr>
<td>Provide assistance with entry costs, including credit checks</td>
<td>Existing RAAH, WCHC</td>
<td></td>
<td></td>
<td>Increase in available permanent-supportive housing</td>
<td>2007</td>
</tr>
<tr>
<td>Evaluate and update policies at the local, State, and Federal level to impact the community's ability to meet the housing needs of individuals and families who are homeless</td>
<td>Advocate for policies to increase permanent supportive housing opportunities</td>
<td>Existing</td>
<td>RAAH, WCHC</td>
<td>Increase in available permanent supportive housing</td>
<td>2007</td>
</tr>
</tbody>
</table>
## Supportive Services

Broaden the supportive service system to meet participants' needs for services, providing on-the-street, in-home and in-office services based on individual need.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategy</th>
<th>New/Existing</th>
<th>Convening Agency(ies)</th>
<th>Results</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number, type and quality of supportive services available</td>
<td>Conduct a service gaps analysis, including consumer surveys to assess unmet needs</td>
<td>New</td>
<td>RAAH</td>
<td>Report available</td>
<td>2007</td>
</tr>
<tr>
<td>Develop supportive services to address the unmet needs, such as childcare</td>
<td>New</td>
<td>RAAH, Access to Healthcare Network</td>
<td>Increase range of supportive services available &amp; services provided at shelters</td>
<td>2008</td>
<td></td>
</tr>
<tr>
<td>Link services through collaboration and data</td>
<td>Existing</td>
<td>United Way, NNAMHS and ReStart</td>
<td>Consumer Stakeholder Survey identifies increased collaboration</td>
<td>2008</td>
<td></td>
</tr>
<tr>
<td>Increase access to phones, transportation, and other resources necessary to secure services and/or employment</td>
<td>Existing</td>
<td>ReStart, Reno, Sparks and Washoe County</td>
<td>Community Resource Center constructed and offers appropriate services</td>
<td>2008</td>
<td></td>
</tr>
<tr>
<td>Create resource materials to enable individuals and families who are homeless to access services more rapidly</td>
<td>Existing</td>
<td>City of Reno, 2-1-1, and a committee of individuals who are or have been homeless</td>
<td>Resource materials created in multiple formats and available in service locations</td>
<td>2007</td>
<td></td>
</tr>
<tr>
<td>Increase access to mainstream resources</td>
<td>Advocate for training of local jurists regarding issues related to homelessness and mainstream resources</td>
<td>New</td>
<td>Nevada Interagency Council on Homelessness</td>
<td>Training developed and implemented</td>
<td>2010</td>
</tr>
<tr>
<td>Provide training and technical assistance to providers on accessing mainstream resources for clients</td>
<td>Existing</td>
<td>RAAH, Food Bank</td>
<td>Clients leave services with more resources than upon entry</td>
<td>2006</td>
<td></td>
</tr>
<tr>
<td>Provide financial and other assistance to secure documents required for obtaining state identification and employment, including birth certificates and social security cards</td>
<td>New</td>
<td>RAAH, United Way, and WCHSC</td>
<td>Resources are available to assist individuals to secure documents and obtain identification</td>
<td>2008</td>
<td></td>
</tr>
<tr>
<td>Adapt best practices to support the goals of this plan</td>
<td>Continue utilization of H.E.L.P. program to reconnect homeless persons with friends and relatives</td>
<td>Existing</td>
<td>Reno, Sparks and Washoe County</td>
<td>Capacity of these programs increases as necessary</td>
<td>2006</td>
</tr>
</tbody>
</table>
Use and expand innovative outreach teams partnering law enforcement and supportive service providers to contact homeless persons and families and work toward getting them to "come in”

<table>
<thead>
<tr>
<th>Use and expand innovative outreach teams partnering law enforcement and supportive service providers to contact homeless persons and families and work toward getting them to &quot;come in”</th>
<th>Existing</th>
<th>Local law enforcement agencies and RAAH</th>
<th>Increased outreach efforts &amp; numbers accessing services</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement an Assertive Community Treatment (ACT) program for the homeless population</td>
<td>New</td>
<td>NNAMHS, ReStart</td>
<td>Program implementation</td>
<td>2010</td>
</tr>
<tr>
<td>Assist individuals to resolve outstanding legal matters through &quot;Homeless Court&quot;</td>
<td>Existing</td>
<td>Municipal Court, District Court</td>
<td>15 clients per month served</td>
<td>2006</td>
</tr>
<tr>
<td>Evaluate and update policies at the local, State, and Federal level to impact service provision, available housing, funding, and client choices</td>
<td>Review, revise, or create policies to facilitate the implementation of services, including resources and creating funding streams</td>
<td>Existing</td>
<td>RAAH</td>
<td>Policy Analysis</td>
</tr>
<tr>
<td>Work to broaden the definition of populations eligible for services under permanent supportive housing programs</td>
<td>New</td>
<td>RAAH Policy Committee</td>
<td>Definition of eligible populations changed</td>
<td>2007</td>
</tr>
<tr>
<td>Promote and encourage capacity building</td>
<td>Reach out to the local business and philanthropic communities for resources</td>
<td>New</td>
<td>RAAH</td>
<td>Increased private funding to increase capacity</td>
</tr>
</tbody>
</table>
EVALUATION

Evaluation will be a critical component of implementation of the plan. However, current data collection measures are inadequate to identify outcome measures for this Plan. Consistent information on the homeless population is essential for the community to improve the provision of services. As we move forward, the community will employ the homeless information management system and other database systems as mechanisms to understand the population receiving services and utilization of services. This information will facilitate better planning and program evaluation for the objectives and strategies identified in the Action Plan.

We believe the strategies outlined in this Plan will allow us to be successful in our efforts to meet the needs of individuals and families and end homelessness in Washoe County. As a function of implementing each strategy, the identified convening agency will work with appropriate partners in the activity to develop a sub-action plan to guide implementation and develop outcome measures. These measures will be used to evaluate the impact of each strategy over time.

We recognize that these efforts will require a significant increase in resources and coordination for each strategy to be implemented. In addition to the traditional resources used within the community, including Federal funds from the McKinney-Vento, Emergency Shelter Grants, Community Development Block Grant, and HOME Investment Partnership Funds programs, and State Low-Income Housing Trust Funds, we will work to identify new sources of public and private funding to increase the range of services. This is critical to our success. Opportunities to increase resources will be developed as individual strategies are implemented. Our ability to secure the necessary funds will be the first measure of success for our plan.

Ongoing evaluation is an integral component of our plan. Annually, an evaluation session will be held by RAAH with representatives of the identified convening agencies and each jurisdiction to evaluate the appropriateness of the sub-action plans designed for strategies to be implemented in the upcoming year and assess progress and success of strategies underway. The results of these meetings and a report on overall progress toward the overarching goals will then be made to the governing bodies of each jurisdiction.
GLOSSARY

**ACT**

Assertive Community Treatment. A best practice in the mental health community, ACT provides multidisciplinary, intensive treatment for persons in mental health crisis wherever they are located, e.g. street, hospital, clinic, home.

**Chronic Homelessness**

An unaccompanied adult who has been continually homeless for one year or more or who has experienced at least four episodes of homelessness over a three-year period and who suffers from one or more disabling conditions that limit his/her ability to perform activities of daily living, including 1) a diagnosable substance use disorder, 2) serious mental illness, 3) a developmental disability, or 4) a chronic physical illness or disability.

**CIT**

Crisis Intervention Team. A unit of law enforcement that is specially trained to respond to persons in personal crisis, especially individuals who are homeless.

**Discharge Policy**

Policies that ensure that housing is identified and secured for people who would likely become homeless soon after leaving institutional care (such as a correctional facility or foster care) before release.

**H.E.L.P.**

Homeless Evaluation Liaison Program. An innovative joint project of the Reno Police Department and the Washoe County Sheriff’s Office which seeks to re-connect persons who are homeless with friends or family members who can provide support. Frequently, such persons are provided with transportation to locations where friends or family are available.

**HHS**

U.S. Department of Health and Human Services.

**Homeless Youth**

Young people estranged from their families who live on the streets, have no stable housing, or are not well served by current housing options for adult homeless people.

**Household**

One or more persons residing or intending to reside in the same housing unit related or unrelated.
“Housing First”

Housing first is based on three premises: 1) the re-housing of people experiencing homelessness is the primary goal of work with individuals and families; 2) providing housing assistance and follow-up case management services after a family or individual is housed, significantly reducing the time people remain homeless, and 3) providing housing with low eligibility criteria.

**HRSA**

U.S. Department of Health Resources and Services Administration.

**HUD**

U.S. Department of Housing and Urban Development. HUD offers a variety of programs and resources that address homelessness and provide funding for persons who need housing assistance, e.g. HOME, Emergency Shelter Grants, Continuum of Care.

**Life Skills**

Life skills counseling includes education and training on hygiene, time management, parenting, finances, literacy, health and wellness, job readiness, transportation, communication, cooking, and nutrition.

**Long-Term Homeless Adults**

People who have experienced multiple episodes of homelessness over several years and rely on emergency shelters and other temporary arrangements for housing.

**Long-Term Homeless Families**

People who have been homeless repeatedly, live in emergency shelters, or are “doubled up” with relatives or friends.

**Mainstream Resources**

Resources, such as Temporary Assistance to Needy Families, food stamps, Section 8 Housing Choice Vouchers, Medicaid, Social Security, etc., which assist a household to meet their basic needs and are not specific to the individuals and/or families experiencing or at-risk of homelessness.

**Permanent Supportive Housing**

Long-term, community-based housing that includes supportive services for homeless persons, persons at-risk of homelessness, and those with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.
**Poverty Level: Washoe County**

Annual low-income levels of $14,700 for one person; $19,800 for 2 people; $24,900 for three people and $30,000 for 4 people established by the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development in February 2006.

**RAAH**

Reno Area Alliance for the Homeless. A consortium of 54 agencies, both private and public, located in Washoe County, Nevada which are involved with human services for persons who are homeless or at risk of becoming homeless.

**SAMHSA**

Substance Abuse and Mental Health Services Administration, a federal agency that works to improve the quality and availability of substance abuse prevention and treatment programs.

**SSI/SSDI**

Supplemental Security Income (SSI) is a federal income supplement program funded by general tax revenues (not Social Security taxes), designed to help aged, blind, and disabled people who have little or no income and provides cash to meet basic needs for food, clothing, and shelter. Social Security Disability Insurance (SSDI) is another federal income supplement specifically for persons who are eligible for benefits through their Social Security histories. Both programs are administered by the Social Security Administration and individuals must meet medical and eligibility criteria for benefits through either program.

**Street Homeless**

Single adults, youth, or families currently living on the streets or in abandoned buildings and are reluctant to accept current housing options, such as emergency shelters or transitional housing programs.

**Transitional Housing**

Transitional housing is short-term (usually six to 24 months), stable housing that helps a client move towards increasing levels of self-sufficiency.

**Vulnerable Households**

Households paying more than 30% of their income for housing or experiencing other stressors that might be alleviated through rent subsidies or other assistance.
APPENDIX B

SERVICE DESCRIPTIONS
24/7 TLC
Assertive Community Treatment
Casa de Vida
Catholic Community Services of Northern Nevada
Children’s Cabinet
Committee to Aid Abused Women
Community Services Agency
Family Promise
Good Shepherd’s Clothes Closet
H.A.W.C. Outreach Medical Clinic
Health Care for Homeless Veterans
H.E.L.P.
Homeless Court
Kids to Seniors Korner Program
Nevada 2-1-1
Northern Nevada Adult Mental Health Services
Northern Nevada Community Housing Resource Board
Reno-Sparks Gospel Mission
ReStart
Ridge House
Safe Embrace
Salvation Army
Step 1
Step 2
United Way Emergency Housing Fund for Families
Washoe County Adult Services
Washoe County District Health Department
Washoe County Family Resource Centers
Washoe County Mental Health Court
Washoe County School District Children in Transition
Washoe County Sheriff’s Office Programs
Washoe County Social Services-Child Protective Services
Washoe Legal Services
SERVICE PROVIDERS

24-7 TLC

24-7 TLC “Transitional Living Community” is a 501(c)3 that provides “Safe Places to Diverse Populations with Innovative Support Solutions”. We are primarily serving Homeless Youths and Individuals Leaving Institutional Settings.

24-7 TLC provides transitional independent living services to help older youth in foster care or homeless youth make the transition to independent living, or to help adults make the transition from an institution, or from homelessness, to independent living. 24-7 TLC also provides housing services designed to assist individuals or families in locating, obtaining, or retaining suitable housing. 24-7 TLC provides special services for youth involved in or at-risk of involvement with criminal activity are those services or activities for youth who are, or who may become, involved with the juvenile justice system and their families.

24-7 TLC provides services to low-income populations with disabilities in the Washoe Region ages 16-24 that are aging out of the justice system, foster care system, treatment programs or institutions. The program currently provides crisis housing, food, transportation, educational and employment assistance for up to 96 male and females in the Washoe County Region.

Assertive Community Treatment

Psychiatric Assertive Community Treatment (ACT) has been a nationally recognized best practice in community mental health since the 1980’s. It is a method of comprehensive, multidisciplinary, intensive treatment focused on assisting clients from wherever they are located (street, hospital, home, clinic), meeting immediate needs, solving crises, and moving toward rehabilitation and recovery at the clients’ pace.

The goal of ACT is to obtain housing, financial support, supportive employment, basic skills acquisition, coordination of general health care, substance abuse treatment, and crisis prevention by including the client as a member of the team, involving the client in normal activities that occur in the community (opera, theater, concerts, museums) and making a life-long commitment to the client. The team consists of psychiatrists, nurses, psychologists, case managers, vocational specialists, and activity therapists. ACT teams exist in many states throughout the country and are beginning to be used for populations in addition to those with mental illness.

Casa de Vida

Funded on March 31, 1982, Casa de Vida’s mission is to provide housing and social service assistance to pregnant and parenting young women in our community. Although Casa de Vida primarily serves clients from Northern Nevada, it welcomes clients from any geographic location.
Programs and activities carried out by the organization include both inpatient and outpatient services. Casa de Vida provides a residence with a live-in housemother for pregnant young women between the ages of 12 and 25 years, and a transitional home for parenting young women and their infant children. Individual, family, and group counseling is provided by licensed professional social workers. Clients are assisted in completing their educational goals and finding employment, housing and childcare. Casa de Vida offers classes on parenting, budgeting, nutrition, and child development. It also features a “Baby’s Closet” that provides free infant clothing, diapers, formula, and other baby items for clients and those in need in the community.

**Catholic Community Services**

Catholic Community Services of Northern Nevada (CCSNN) provides a variety of services to all categories of individuals and families who are homeless.

- **St. Vincent’s Dining Room.** The facility serves a hot lunch Monday through Saturday from 11:30 am to 12:30 pm and a continental breakfast on Sundays from 8:30 am to 9:30 am. No questions asked, no fee, no participation requirements. Meals are open to anyone who shows up.

- **St. Vincent’s Food Pantry.** Provides supplemental non-perishable foods (canned and packaged) to individuals and families who are low-income. Clients must sign a self declaration form as to their income and present a photo ID for themselves and some other form of official ID for each member of the household. Non-perishable food is distributed once per month to eligible clients. Perishable foods (eggs, bread, milk, etc) are distributed each day. The Food Pantry is open Monday through Friday from 9:00 am to 3:00 pm.

- **Emergency Assistance Program.** Provides clothing vouchers to both St. Vincent’s Thrift Shop and Good Shepherd’s Clothes Closet, gas vouchers, bus passes, use of telephone, toiletries, assistance with ID cards and work cards, assistance with prescriptions, baby diapers, limited-term shelter assistance, counseling, and referral to other local human services agencies. Services are available from 8:30 am to 4:00 pm Monday through Friday.

**Children’s Cabinet**

The Children’s Cabinet, as an agency, provides information and referral to people who call, come into the agency, or make contact via the website and indicate they are at-risk of homelessness or are currently homeless, usually adults with children. Often these people are referred to ReStart for assistance but other times through offering a specific service, such as a childcare subsidy, a parent is able to readjust his/her finances to ensure money for rent.

Through grants, the Children’s Cabinet has programs that put staff out into the community to do street outreach targeting youth who are homeless or runaways or youth that have been sexually abused and exploited. These programs are: Runaway and Homeless Youth Mentoring and Equipping (RHYME) Program outreach services to
runaway and homeless youth in our community; Daytime Street Outreach is generally conducted on or near high school campuses during lunch breaks, downtown Reno, and area skate parks; Street Outreach is conducted between the hours of 5 p.m. and 11 p.m., generally taking place at locations normally frequented by a greater mix of youth (e.g., those who engage in high-risk behaviors and those who are less likely to do so); and Project Safe Place which provides an 800 number for youth to call 24 hours a day, seven days a week, if they are homeless or a runaway.

The agency participates in advocacy efforts for families and youth who are homeless or at-risk of homelessness. These efforts include: taking the issue before the Nevada State Legislature (this has included the Legislature proclaiming April 12, 2005 Nevada Homeless Youth Awareness Day and securing funds for local the Safe Place program); collaborating with various groups such as Reno Area Alliance for the Homeless and their Youth Subcommittee; and looking to forge partnerships to better serve runaway youth such as has been done with the area McDonald’s stores, Citifare and Citilift, and the potential partnerships with Reno Police Department Substations and 7-11 stores to become Safe Place locations.

Committee to Aid Abused Women (CAAW)

The Committee to Aid Abused Women (CAAW), an organization for families, provides services to homeless victims of domestic violence. CAAW provides temporary emergency shelter, transitional housing, crisis intervention, advocacy, support groups, referrals, emergency transportation, food, clothing, personal hygiene supplies, legal support through protection orders, children’s programming at the residential facilities, a 24-hour emergency hotline, and community education and outreach. While CAAW may serve all household definitions of the homeless, domestic violence victims would most closely fit in the “vulnerable populations” category.

CAAW was formed in November 1977. Our mission statement is, “Changing lives – ending family violence.” CAAW can currently serve up to 21 women and children in our emergency shelter and seven families in our transitional housing facility. In FY 2004-2005, CAAW served 351 unduplicated individuals in our residential programs. Additionally, CAAW responded to 12,731 requests for assistance during the same year.

Community Services Agency

Community Services Agency Development Corporation, while it does not have programs specifically targeting homeless individuals, works with homeless families on a daily basis as follows:

Head Start

The Head Start program has 70 families who have indicated that they are homeless or at-risk of homelessness. In order to participate in the Head Start Program, a family must have a three- or four-year-old child in the household, and meet the federal poverty guidelines. Typically the homeless Head Start families are living in motels or crowded in with other families living in the same apartment. CSA’s Family Service Workers provide case management services to these families over the one or two year period
that they participate in the Head Start program. As part of this case management, Family Service Workers along with family members work to develop a plan to come out of homelessness, work to obtain emergency services for families, and work to enroll them in other CSADC and Agency programs that will help them meet this goal, as appropriate.

**Tenant Based Rental Assistance**

CSADC in partnership with the Northern Nevada Center for Independent Living was recently awarded funding to provide rental assistance to low-income disabled individuals in order to avert homelessness while they are waiting for approval of a Section 8 rent voucher from HUD.

CSADC, through its central intake system, is also able to identify families requesting all types of CSADC assistance who are homeless or at-risk of homelessness. While obtaining these other services, CSADC works to ensure that these families receive information and assistance in identifying various other appropriate services available in the community. Additionally, CSADC occasionally receives donations in order to provide emergency food and/or rental assistance to homeless families. CSADC typically operates this assistance once per year until funding is exhausted.

**Family Promise**

Family Promise of Reno/Sparks is a community-wide program that provides transitional shelter and comprehensive assistance for homeless families in the Reno/Sparks area in a manner that offers hope, preserves dignity, and promotes self-sufficiency. The Interfaith Hospitality Network program (IHN Program) is currently the largest and most successful program operated by Family Promise of Reno/Sparks. The goals of the IHN Program of Family Promise are to: (1) aid families in applying for benefits for which they are eligible, (2) assist adults who are able to become full-time employed in succeeding in obtaining employment, (3) support families during their time of transition from homelessness into permanent housing upon exit or within thirty days of exit from the IHN Program.

The IHN Program successfully fulfills its goals and missions using a unique and comprehensive approach to service provision. Working collaboratively with twenty-five area congregations of all denominations, families are provided with their basic needs: food, clothing, shelter, medical supplies and medication, diapers and formula for babies, and transportation. Once basic needs are met, families are required to apply for benefits, to enroll children in school, and to have adults become employed full-time. Working together with the Case Manager, a savings plan is created and each family must save for permanent housing. While working on all these requirements, guests are assisted all along the way by the Administrative, Case Management and Support Staff. Additionally, guests are supported by more than 1,500 volunteers annually throughout the community.
Guests are supported in the evenings at hosting congregations who provide meals and private sleeping space for each family. During the day, families are transported to the family day center for service provision through the staff of Family Promise of Reno/Sparks. The family day center operates as a “home base” from which families can enroll children in school using the center’s address, apply for jobs, use the phone and internet services for job searches, and receive mail. In addition, there are laundry facilities, shower facilities, a kitchen, relaxation room, and a large play room for the children. Families are permitted to use the family day center whenever they are not at work or at the congregations to allow for a safe place for families to be off the street.

The staff of Family Promise of Reno/Sparks works closely with other social service agencies and service providers in the community to ensure that all guests receive a complete and comprehensive approach to their individual needs. Families are permitted to remain with the IHN Program for as long as necessary to accomplish their individual goals and attain permanent housing, as long as they are following all rules and actively working on their individualized case plan. The average length of stay during FY 2004 – 2005 was 71 days.

**Good Shepherd’s Clothes Closet**

The Good Shepherd’s Clothes Closet provides clothes to homeless people free of charge. The client must have a voucher obtained from a service agency. There are approximately 150 issuing agencies including Catholic Community Services, ReStart, the Washoe County School District, Hispanic Services, and many other churches and organizations.

The majority of men that visit the Clothes Closet tend to be living on the streets, in a shelter, or from a halfway house. The women and children are usually low-income and living in weekly motels. A significant number of people say that they are either passing through town or are in Reno for a short time. Many Clothes Closet clients tend to be seasonal, in that they visit the Clothes Closet for a period of time and then do not reappear for nine to twelve months.

**HAWC**

HAWC’s mission is to provide access to primary and preventive health care services to the medically underserved, and provide service regardless of a person’s ability to pay. We primarily serve the uninsured, underinsured, and financially challenged people who, in our ten years of operation, have been 80% women and children. The HAWC Community Health Center was founded in 1995 as a Federally Qualified Health Center (FQHC) and currently has three sites located in Northern Nevada. In 1998 HAWC secured a federal “Healthcare for the Homeless” grant to operate a free healthcare clinic at the 4th Street address. The HAWC Outreach Medical Clinic has provided free primary health care for homeless individual and families since January of 1998. In 2005, HAWC Outreach Clinic had over 5,000 visits for medical care. Of these homeless individuals, 37% were women and 10% were children and teens. HAWC’s budget for the Homeless Clinic is $453,000.
Medical Services include the following: Contraceptive counseling, blood draws, surgical procedures including skin tags removal and suspicious lesions removal, treatment of common ailments, well and sick child care, adult/child immunizations, birth control pills, pregnancy testing with referrals to OB/GYN providers, X-ray referral, pap smears and breast exam, HIV testing and referrals, Depo-Provera injections, limited prescription fills and refills, referrals to our physicians and dentists at the main HAWC clinic if needed, outreach services to local social service agencies and shelters, drug and alcohol screening/treatment through a contract with Bristlecone family services, mental health counseling, and chiropractic evaluations and adjustments from volunteer chiropractors.

Health Care for Homeless Veterans

The Health Care for Homeless Veterans program was established to serve homeless veterans who have severely limited resources and who suffer from severe psychiatric and substance abuse disorders. The primary concern is to link homeless veterans who are not currently patients at the VA Sierra Nevada Health Care System (VASNHCS) to VASNHCS clinical programs, contracted residential treatment in community-based halfway houses, and supported housing arrangements in transitional or permanent settings. HCHV provides case management to those veterans placed in housing. Through linkage to health care and other services it is the goal to facilitate an exit from homelessness. Emphasis is placed on providing outreach to underserved veterans in the streets, soup kitchens, parks, shelters, and other known gathering places in the community. The target is to reach those in greatest need. Clinical assessments are completed to determine the needs of each veteran. Priority is given to those most vulnerable. Limited assistance and information may be provided to any homeless veteran encountered during outreach.

The Grant and Per Diem Program has been successful in establishing services for homeless veterans. Grants have been awarded nationally since 1994. Community-based providers funded under the GPD Program exist in most states and the District of Columbia. These GPD programs offer communities a way to assist homeless veterans with housing and services while assisting VA medical centers in providing housing or services for veterans by augmenting, or in some cases supplementing, care.

H.E.L.P - Reno Police Department and Washoe County Sheriff’s Office

The Homeless Evaluation Liaison Program (H.E.L.P.) was created in 1994 as an effective alternative solution to the use of traditional policing methods of increased enforcement and incarceration for misdemeanor vagrancy crimes that was not solving the problem of a chronically homeless population in Reno. The primary goal of the program is to reunite homeless persons in need with their family and friends, so that they have a familiar support system to assist in re-establishing their lives.

The H.E.L.P. program is a joint project between the Reno Police Department and the Washoe County Sheriff’s Office, with each agency assigning one officer to the downtown homeless office located inside the Greyhound Bust terminal. H.E.L.P. identifies individuals on the streets who are likely to be involved in the criminal justice system and refers them to community service providers and/or employment
opportunities. The H.E.L.P. officer can also arrange travel to a verified support system through the bus ticket program. The humanitarian approach of H.E.L.P. benefits our community and the inmate populations through appropriate intervention and support system identification.

Extensive interviews are conducted to determine what resources are most suited for the individual. The majority of the homeless population suffers from mental health or alcohol-related problems which contribute to their disconnections from support systems and families. This usually results in leaving them alone on the streets to deal with debilitating circumstances often with little or no hope, making the H.E.L.P. program literally a “lifeline” for them. Since the program began in 1994 more than 7,500 individuals have been assisted in reconnecting with family or other support systems. The people who require the services and assistance from the H.E.L.P. Program are many of the same who would eventually end up incarcerated on crimes against public order including public intoxication, trespassing, and/or shoplifting. H.E.L.P. assists with getting these people to their support system of friends or family and into possible treatment programs appropriate to their specific needs.

In 2005, 712 individuals were assisted, directly impacting calls for service for the patrol divisions of the Reno Police Department and the Washoe County Sheriff’s Office, as well as saving the jail facility more than $500,000.00 in incarceration costs each year. The average cost of assisting individuals, calculated at $73.70 in 2005, is about $10.00 less than one night’s stay in jail. The savings of H.E.L.P. to the taxpayer also includes the cost of possible medical care, and the strain it places on the service providers in the area. For the minimal resources that go into H.E.L.P. we are able to accomplish a large task that helps reduce a major impact to the City of Reno and Washoe County.

**Homeless Court**

The City of Reno Municipal Court is implementing Truckee Meadows Homeless Court, a new initiative modeled on a successful pilot project in San Diego, California, that will mitigate the problem of chronic homelessness in our community. Many chronically homeless persons have been arrested for various minor, non-violent crimes but fail to attend traditional court sessions due to fear of re-arrest or incarceration because of outstanding warrants. The status of having outstanding warrants can become a barrier to accessing necessary services or obtaining documents that allow homeless persons to attain self-sufficiency, e.g. a work card or a driver’s license.

Under a judge’s order and with supportive case management, Homeless Court will allow these individuals to serve their “sentences” through supervised community service voluntarism and participation in vocational and life skills rehabilitation programs. Homeless Court will 1) enable motivated homeless persons to have outstanding warrants “forgiven,” 2) offset the costs of prosecution, processing, and incarceration, and 3) benefit community service projects which need volunteer help.

The Truckee Meadows Homeless Court is not separate from the Reno Municipal Court but will be a special session of that court held at the Reno Community Assistance Center for those people who have demonstrated that they are eligible for this program. Judge James
Van Winkle will be the presiding judge for the Truckee Meadows Homeless Court. In his absence, Judge Janet Berry, Judge Ken Howard, and Judge Peter Breen will be available on a pro tem basis. The Municipal Court will seek to implement the program through the existing Municipal Court budget and collaborative partnerships already established with the agencies that are participating in the Reno Community Assistance Center.

**Kids to Seniors Korner Program**

The Kids to Seniors Korner Program is a synergistic private/public collaborative which involves seven local partners: the Reno and Sparks Police Departments; Saint Mary’s Mission Outreach; Washoe County Sheriff’s Office, Washoe County District Health Department, Washoe County Social Services and Washoe County Senior Services. This alliance presents opportunities to provide a combination of services to at-risk populations such as low-income children, as well as families where English is not the primary language. Utilizing a large mobile clinic, the partnership utilizes a two-tiered service delivery system which includes a multi-disciplinary team that follows a “Knock ‘n’ Talk” philosophy – bringing a team of professionals into a targeted low-income neighborhood (and areas highly populated with homeless families, such as shelters, hotels, etc.), knocking on doors and talking to children, their families, and seniors regarding their needs.

Once needs are identified, registered nurses, social workers, HSSS workers, law enforcement officers, and interpreters coordinate and case manage to provide medical/social service assessments, health, safety and nutrition education, referrals, follow-up services, and home visits to under-served children, their families, and seniors living in targeted low-income areas. Over 9,400 children and their families were served in Washoe County neighborhoods in CY 2005.

**Nevada 2-1-1**

Nevada 2-1-1 is a statewide information and referral line for human services information, available to any person requiring assistance. 2-1-1, an easy-to-remember telephone number that connects people with important community services and volunteer opportunities, is a cost-effective answer to help people navigate the complex and ever-growing maze of human service agencies and programs. The service currently operates Mondays through Fridays, 8 am to midnight in most areas of Nevada, although expansion to all communities in the state with service 24/7 is anticipated within the next year.

**Northern Nevada Adult Mental Heath Services**

NNAMHS Residential Support Services Program (RSSP) serves mentally ill adults who may be long-term homeless adults, street homeless adults, a few long-term homeless families, and adult individuals leaving institutional settings (NNAMHS hospital, correctional facilities).

Our residential program locations are all served by contract providers who do basic living skills training, support, and supervision, as well as by service coordinators from various teams, including a PACT program (Psychiatric Assertive Community Treatment). These staff provide the “support” portion of the program which, in addition to skills training, provides assistance with obtaining financial entitlements, referrals for
individualized services either at NNAMHS or in the community, coordination of general health care, medication management services, and coordination of interdisciplinary treatment services.

The residential portion of the program is provided in a variety of settings and through both state and federal funding. Rent and utilities are either subsidized or paid in full. Depending on need and availability, the client might live in a group setting of other independent adults who have support services come to their apartment or home. Some are placed in licensed group homes but still receive the support portion of our program. Some training providers provide the residential setting in a home. Sometimes the client’s rent and utilities are paid to live in a motel. These arrangements are called “supported living arrangements.” HUD shelter plus care funds are also used in this way to provide independent living and supports are brought to the clients’ homes as needed to help them be successful.

**Northern Nevada Community Housing Resource Board (NNCHRB)**

Northern Nevada Community Housing Resource Board (NNCHRB) has five different properties in Reno, Sparks, and Washoe County. NNCHRB properties serve families and individuals that are under the 50% area median income limit.

NNCHRB provides long-term housing to low-income families and individuals. Two NNCHRB properties, Joseph’s Inn and Cottonwood Village, have units that are designated just for the homeless population. Joseph’s Inn is a SRO and Cottonwood Village is for families. To qualify for these units, persons must at least have been homeless the night before and meet the income requirements.

Joseph’s Inn has 29 units and Cottonwood has nine units that serve homeless families with at least one disabled person in the household. Cottonwood Village has services and a social service director on site to do case management. Cottonwood residents can stay in the program for up to 24 months and should be able to transition out into independent housing. Cottonwood also offers an after-school program for children, a computer room, job search, and a GED program, among other services.

**Reno-Sparks Gospel Mission**

The Reno-Sparks Gospel Mission (RSGM) provides numerous free services to a variety of homeless and needy population groups in the Reno-Sparks area. Main targets include long-term homeless adults, street homeless adults, and short-term homeless adults. Services are provided at two main locations.

At the 190-bed Men’s Drop in Center (City owned but RSGM operated), homeless males receive up to 30 nights lodging per 12 months. Clients also receive free clothing, showers, and meals. RSGM is expected to operate a similar 40-bed Women’s Drop in Center planned to open in 2007.

At the RSGM Mission, homeless males receive seven nights per month of free lodging (including two meals/day). In addition, toiletries, clothing, and other essentials are available as needed.
RSGM also offers a free, intensive, 13-month, residential, Christian Addiction Recovery & Education (C.A.R.E.) Program for 90 adult men and women, many of whom are short-term homeless because of addictions. Clients receive free lodging, job-training, education, counseling, addiction recovery classes, and vocational placement.

RSGM provides free holiday meals, emergency groceries, and surplus bread and perishables through churches of all denominations, schools, and other charitable organizations. Other RSGM events include back-to-school clothing giveaways for low-income families.

ReStart

ReStart is a private not-for-profit organization umbrella organization that offers many services targeted to individuals and families who are at-risk and/or homeless in Washoe County. Although services are targeted to primarily Washoe County residents, Homeless Management Information System (HMIS) activities cover all counties in Nevada except Clark. ReStart’s mission is to reduce and prevent homelessness and increase self-sufficiency of people who are homeless and their families. Our business is the Community Mental Health Center, supportive housing, and Homeless Management Information Systems/Capacity Building.

Community Mental Health Center activities include clinical and non-clinical components. Clinical components are psychiatric services, medication management, mental health therapy, and substance abuse counseling. Non-clinical components ensure that individuals and families that are homeless receive access to all available resources and entitlement benefits (case management) and psychosocial rehabilitation (life skills, work readiness, parent education, peer support, social skills, shower, laundry, hygiene, etc.).

ReStart’s supportive housing programs are designed to prevent homelessness through emergency subsidies and end homelessness through permanent subsidies. Emergency subsidies include one-time assistance to prevent eviction, foreclosure, or utility disconnection. An additional 19 emergency subsidies provide rent assistance for up to 24 months to allow individuals and their families more time to work on developing sufficient income to become self-sufficient. 70 units of permanent supportive housing are at scattered sites throughout the community. These housing units are targeted towards individuals, and their families, who have been chronically homeless and have a serious mental health issue. These housing units are combined with supportive services to ensure that individuals and families are able to maintain their housing.

The final component of our activities includes helping homeless service organizations develop their technology infrastructure, solve workflow problems, and implement HMIS. We do this by providing expertise as a homeless service provider and equipment donated by local businesses. To date, many organizations in both Washoe County and rural Nevada have been trained and are using HMIS.
Ridge House, Inc.

Ridge House is the primary not-for-profit organization serving the criminal justice population. Men/women leaving prison with substance abuse/addiction issues receive $25 gate money and frequently become homeless. Ridge House addresses this reality by providing the next step: a total continuum of care/residential treatment including housing, shelter, job training, and counseling. Presently, 120+ residential clients a year are served, moving them from homelessness to re-entry to society. An additional 10 "street homeless" clients a year are served by the Ridge.

In recent years, Ridge House has actively planned for sustainability of the above clients and others in the recovery community by developing Outpatient Services that provide on-going counseling and assistance in acquiring mainstream resources for 250 clients. Finally, a major pilot program to "give a helping hand up-sustainability" has been the Housing Voucher program. This program assists those men, women and families to make the transition to their first apartment or home. In FY 2005-2006, it served 380 families with good results.

Safe Embrace

In 2001, Safe Embrace, a family violence intervention and prevention agency began operating a 10-bed facility at a confidential location in Washoe County for women and children escaping violent homes. The shelter encompasses a home-like atmosphere consisting of 4 bedrooms and serves as a temporary shelter to homeless families (women and children) for a 30-day period. Safe Embrace is one of the few domestic violence shelter providers that will house women with children up to the age of 17 regardless of their gender. Although the program is a 30-day stay, residents may request up to an additional 30 days, giving them extra time to accomplish their permanency goals.

The shelter requirements include being in immediate danger or being homeless as a result of domestic violence. Those entering into the shelter must meet with an advocate, sign the intake and liability forms, and be willing to maintain confidentiality.

Services include lodging, meals, personal hygiene packets, children’s program, legal advocacy, case management services, transportation, educational and therapeutic groups, family outings, and clothing and community referrals. Safe Embrace does not charge the families for any service.

The Salvation Army

The Salvation Army Social Services Department is limited regarding homeless service provision. Referral is frequently the only assistance we can provide. While we cannot serve youth under the age of 18, we allow them to use the phone whenever necessary and we give them any referral for the things they may need.

We can serve adults who are homeless long-term, “street homeless” persons, people leaving institutional settings, and people in vulnerable households by providing:
• Job Referrals
• Phone service
• Clothing Vouchers
• Hygiene Kits
• Water
• Homeless food bags
• Counseling
• Referral to our Rehabilitation Program if there is an addiction problem that needs to be addressed.
• Nevada Mental Heath when people need psychiatric evaluations, prescriptions, or, payee system, when they are an out patient. The NMHI will assist in these areas.
• We work with Family Resource Centers and Family Promise to secure a new start.
• Referrals to CAAW when there is domestic violence involved.
• Work with CPS when children are at risk.
• When funds are available depending, on our in-take assessment interview, we will put a family in a motel if we are waiting for them to get into Family Promise or any other agency.
• Diapers (when available)
• Referral to Children’s Cabinet for childcare.
• UNR Clinic twice a month in Fall/Winter/Spring and once a month during summer.
• Prescriptions
• Referrals to ReStart for rental or payee system if it appears that clients are eligible.

Step 1

Step 1 Inc., a 501C(3) organization, was formerly known as the Antioch House, a 32-bed Christian halfway house for men in need of a sober living environment. The program was re-designed to become more life-skill oriented for the clients to re-enter the community successfully. Antioch House changed its focus and Board of Directors, becoming Step 1, Inc. in March 1993. The mission is: “Serving the community by providing transitional housing to criminal justice clients reentering society as self-sufficient responsible citizens.”

Step 1 has successfully transitioned clients back into society for the past 12 years. A 2004 independent audit conducted by the Department of Corrections, through a collaborative partnership with The Ridge House, Inc., showed that 95% of the residents at Step 1 remained free from incarceration during the critical first-year period.

Step 1 is certified by B.A.D.A. as a 16-bed transitional living facility, serving 65 men annually and is centrally located near the campus of the University of Nevada, Reno. Off-site drug/alcohol treatment referrals and much needed support services are provided by the following agencies: Ridge House, Inc., Northern Nevada HOPES, and other area treatment providers.

Step 1 focuses on creating a therapeutic environment encouraging clients to seriously examine their lives while learning appropriate living skills. Mentors are obtained during residency re-enforcing a greater possibility of ongoing success. Self-help recovery groups are an elective for each client. Supported by an ongoing atmosphere of recovery,
and the fellowship of others facing the same issues, clients are able to address their addiction without being overwhelmed. Step 1’s founder, Eli Maritano believed that, "One can give another no greater gift than hope."

**Step 2**

Approximately 83% of the population served by STEP 2 is homeless, and over 82% of the women who seek treatment at STEP 2 have children. Nearly half of these mothers have unresolved child custody issues when they arrive for treatment and during the time in the program an average of 75% successfully regain custody during their stay. In addition, these women are able to maintain custody as a direct result of the comprehensive, individualized services they receive related to parenting and childcare. STEP 2 serves an average of 130 women and 75 children annually, through referrals from the criminal justice system, other treatment providers, hospitals and health care providers, social services, friends and family, and women who self-refer. Funding is generated from federal, state, and local governments, foundation grants, charitable donations, and proceeds from fundraisers. Service fees are based on a sliding scale, and no woman is turned away because of her inability to pay for treatment. Admission to all levels of care is based on ASAM PPC-2 criteria (American Society for Addiction Medicine Patient Placement Criteria, 2nd edition). All clients admitted must have a primary DSM-IV diagnosis of substance abuse/dependency.

**United Way Emergency Housing Fund for Families**

This program provides short-term placement in motels for families with children who have been unable to locate other assistance. Clients are placed by United Way Partner Agencies, who provide case management services to help resolve the issues that precipitated homelessness. Families are generally sheltered by this program for only a few days - a week at most. In operation since late 1997, the program is intended to fill an unmet need for shelter while longer-term solutions are developed.

**Washoe County Adult Services**

Boarding home placements are considered when a client is homeless or does not have a placement after a hospitalization and needs a structured setting to stabilize a medical condition, receive adequate rest and regular meals, and to have medications monitored. The clients’ primary diagnosis MUST be medical, but a dual diagnosis would not necessarily preclude them from being placed.

This program provides financial aid to individuals that are considered Employable or Disabled. The applicant must be a U.S. citizen, Naturalized or have Permanent Resident status by INS.

Employable: An individual who is able to seek employment. Applicants must submit 20 job applications to businesses that have openings and are hiring. Once the search is verified and the applicant has been deemed eligible, a one-time cash grant is made. The grant amount depends on household size and only one grant will be made in a 12-month period.
Disabled Long Term: An individual who has been deemed disabled for 12 months or longer by a treating physician. Applicants receive a monthly grant of $205, but they must apply for Social Security, SSI/SSDI and Medicaid to remain eligible. Upon Social Security determination, favorable or unfavorable, the client is no longer eligible for General Assistance.

Disabled Short Term: An individual who receives temporary disability for less than 12 months. The work search is waived and their grant amount is determined by household size. The grant is limited to one time in a 12-month period.

Family: A person with a minor child (children) in the household. The person is required to apply for TANF Medicaid with Nevada State Welfare Division. The grant amount varies depending upon the number of people in the household. This is a one-time grant in a 12-month period.

**Health Care Assistance Program (HCAP)**

This program provides medical assistance to individuals that are admitted into an acute care hospital (in-patient), receive treatment from an emergency room (outpatient), or need follow-up care in a clinic setting. Washoe County has contracted with Washoe Medical Center, St. Mary’s Regional Medical Center, and Northern Nevada Medical Center.

**Clinic**

Patients must be eligible for County assistance prior to medical treatment. A medical appointment is scheduled; the patient is treated and receives prescribed medications. The County will pay for the patient’s cost of care at the Washoe Medical Center Clinic and St. Mary’s Neighborhood Health Clinic.

**Burial**

Burial or cremation services are available to deceased Washoe County residents after eligibility has been determined. Referrals are reviewed on a case-by-case basis.

**Washoe County District Health Department**

**Tuberculosis Prevention and Control Program (TBPCP)**

The TBPCP provides extensive services to the homeless population if any person is found to have active or latent TB or is considered to be a contact. The services include the following:

- Provide treatment for active TB disease
- Identify and test contacts to active TB disease
- Evaluate symptomatic persons living at shelters
- Test new group home residents referred by Washoe County Social Services (who could have recently been homeless)
- Provide LTB1 treatment to:
  - **Contacts to recent active TB**
  - **Children under 4 years of age**
  - **Household members of a child 4 years of age with a positive TB skin test**
  - **Immigrants**
• Immigrants household members
• Homeless
• Former inmates who are homeless upon release

A Public Health Nurse is assigned as the liaison to the shelters to assess their TB prevention measures. She does weekly audits, provides education and support, and answers questions. The PHN reviews the Shelter Screening Form that is done on intake on persons being housed at the Men’s Drop in Center and the RSGM. This is to assure that shelter staff are screening and referring all clients who need further assessment to the TBPCP or HAWC Outreach.

**Washoe County Family Resource Center**

The Washoe County Family Resource Center has five permanent sites located throughout the Truckee Meadows, in areas of concentrated vulnerable populations. Two of the permanent sites are located in Reno, one in Sun Valley, one in the North Valleys, and one in Sparks.

The Family Resource Center’s primary focus is prevention of homelessness; however, often many of the individuals/families we work with are homeless. Homeless prevention services include linking families/households with appropriate mainstream resources; financial assistance for rent to prevent homelessness; financial assistance with one or two weeks of motel rent to stabilize a family who is already homeless; case management; and/or food, diapers, and hygiene items as appropriate.

Our first priority is to serve families with children. Homeless single individuals receive crisis intervention and are referred to local services for additional support. Services to families with children include crisis intervention and either direct service or referrals for the basic material necessities for survival (food, utilities, shelter/housing, transportation, and clothing). After basic needs are met, we can begin working to help them maintain the basics and move to a higher level of self-sufficiency and improved safety. We can then assist families and/or individuals to address other issues in their lives like education, employment, effective parenting, etc.

**Washoe County Mental Health Court**

Established in 2001 by District Judge Peter I. Breen, the Mental Health Court is one of five specialty courts in the 2nd Judicial District Court that focuses on providing mentally ill defendants with the opportunity to receive community-based, outpatient treatment and services through local providers while participating in a court structured program. Participants, with the assistance of court personnel and mental health clinicians, develop a plan of care that specifically targets their needs to achieve independence and a high quality of life through outpatient, psychiatric rehabilitation services, supportive living arrangements, co-occurring disorders treatment, and various other supportive services throughout the greater Northern Nevada area.

Court conditions are also incorporated into their plan of care. These conditions can vary from random drug and alcohol testing, in-person check-ins with Court Services,
regular court dates ranging from one to four weeks, standing appointments with Parole and Probation, as well as making appointments with other service agencies.

Throughout their time in the Mental Health Court Program, participants are encouraged to engage in treatment and services on an ongoing basis. To do this, the court uses the technique of therapeutic jurisprudence, which is the active role the presiding judge plays in both the plan of care for each participant and the overall building of rapport between participant and court.

**Washoe County School District Children in Transition (Homeless) Program**

Washoe County School District identifies homeless children according to the McKinney-Vento Homeless Education Act definition. Many of these children live in shelters, weekly motels, RV parks, or are doubled up with other families because of economic need. The Children in Transition program works closely with the school’s on-site homeless advocates to eliminate barriers to the education of homeless students. Parents are provided assistance in securing school records, immunization records, and birth certificates so the children can be enrolled in school immediately. Once identified, homeless children receive free lunch, backpacks and school supplies. Since these families move often, the district Transportation Department transports many of these students back to their school of origin for the school year, stabilizing their education and improving their attendance and academic achievement. Schools encourage parent involvement and provide children with timely assessment and counseling services. Adequate basic needs of food, shelter, and clothing for homeless children are a concern. The program collaborates with the Family Resource Centers and community agencies to provide parents and their children with clothing, health services, and housing referral.

**Washoe County Sheriff’s Office Programs**

The Inmate Assistance Program [IAP] is a unique system that places the emphasis on alternatives to incarceration and identifies options for inmates after they enter the criminal justice system. The primary goal of the program is to help reduce the daily jail population through early release of inmates into treatment programs or family support systems. IAP also finds shelter for individuals who do not have homes, or the program will provide transportation and unite them with family members. In addition, the Sheriff’s Office is a partner in the H.E.L.P. program described above.

The Washoe County Sheriff’s Office also maintains the only Civil Protective Custody [CPC] holding facility in Washoe County. In CY 2005, 2,707 persons were placed into the facility. In cooperation with the Bureau of Alcohol and Drug Administration [BADA], these persons are assessed and referred to drug and alcohol treatment programs by certified drug and alcohol counselors in an attempt to reduce CPC recidivism.

These two programs work in concert with each other finding jobs, shelter, and providing funds for travel to reunite with family members.
**Washoe County Social Services-Child Protective Services**

Washoe County Department of Social Services serves the homeless population through several programs including general assistance, health care assistance, family assessment and referral, and temporary housing assistance for children and families.

The Department provides funding to ReStart and works collaboratively with ReStart staff to identify homeless families and coordinate services. Children’s Services Social Workers assess family needs and identify services to strengthen the family. Services may include housing referrals, purchase of bus passes to assist in securing employment, provision of emergency clothing and food vouchers, motel payments, and, if possible, assistance with rental deposits and first month rent. Children’s Services staff assist parents with school enrollment procedures and provide school supplies. Social Services nursing staff assist with general health and well-being assessments when necessary. Staff helps maintain safe and stable housing through referrals for mental health and substance abuse assessment and appropriate referrals.

**Washoe Legal Services**

Washoe Legal Services (WLS) serves low-income Washoe County residents, defined as those who make less than the Area Mean Income (AMI), adjusted for household size. Most clients seek assistance because they are at imminent risk of becoming homeless due to evictions, domestic violence, or housing or employment discrimination. To meet these needs, WLS established the Homelessness Prevention Project. Through mediation, legal advice, representation, housing counseling, community education, and broad advocacy, the Project helps low-income individuals and families in Washoe County obtain or preserve access to affordable, decent housing. Keeping clients in stable, safe housing means clients are more likely to get and sustain regular employment, keep children in the same schools for uninterrupted education, keep families together, and be able to make longer-term decisions about self-sufficiency.
APPENDIX C

FOCUS GROUP QUESTIONS & DISCUSSION
FOCUS GROUP QUESTIONS & DISCUSSION

PREVENTION

What caused you to become homeless?
There was no common theme to what caused homelessness. Participants reported the commonly identified causes—not enough money, alcohol, drug and gambling addictions, and mental illness. However, others reported catastrophic incidents or major life changes that resulted in homelessness, ranging from being a victim of the 9/11 attacks or the end of a 40-year marriage that resulted in “giving up on life.”

What services did you access in attempts to keep from becoming homeless?
A few participants reported attempting to identify resources such as rental assistance, but the participants did not report looking for additional types of assistance. Some reported that this was because once they realized what was happening it “hit too fast.”

What services were you unable to access?
None of the participants that sought out rental assistance were able to access this assistance because they didn’t qualify or the wait time was too long to prevent the move into homelessness.

What other types of assistance may have stopped you from becoming homeless?
Participants believed they may have benefited from budgeting/money management assistance, treatment for addictions or mental illness, or therapy opportunities for depression. However, participants were not sure that if the services had been available they would have actually accessed them.

RECOVERY

Once you became homeless what services did you access? How quickly?
Participants reported a wide range of time before they attempted to access services after becoming homeless, from one week to more than a decade. The entry point for services was often emergency shelter, but other times it was the healthcare system due to acute illness.

What services were the most helpful/needed?
The most helpful services often were indirect services, e.g. phones and bus passes, allowing the individual to access more intense services, e.g. mental health and addictions treatment and housing assistance. Once an individual was stabilized some clients noted that vocational rehabilitation was very useful, but for those 55 and older it was thought that a re-employment strategy was less successful.

What services do you feel you need but aren’t available?
Participants indicated that there is a significant need for additional treatment services, especially in the shelters, and housing assistance. They felt that even if these services were increased, they would still need help with some of the more basic resources, like adequate information about what services are available and how to access them,
transportation, mailing addresses, and a phone number for service providers and potential employers to contact individuals. Another significant need that was identified by all of the participants was assistance securing housing, from help with application fees to paying the rental deposit.

While only three women participated in the focus groups it was very telling that most of the participants talked about the lack of resources available for women and other individuals that were elderly, pregnant, or disabled. Women specifically noted the lack of shelter opportunities and the associated assistance with meals and navigating the system. It was felt that the lack of shelter exposed women to unique safety risks and “pushes them into situations they wouldn’t normally get into… and what do women with children do?” Also, because shelters are not available to women, their only access to meals is the lunch meal at Saint Vincent’s Dining Room. They are turned away from the evening meal provided at the shelters unless a non-profit organization is providing food. The women were also much less aware of service availability.

**EVICTIONS FOCUS GROUP**

*Focus Group Questions & Discussion*

What issues should be considered regarding prevention and/or mitigation of issues that cause eviction?

1. The group discussed providing a training for the landlord community on how to access assistance from community social service providers when a tenant is in need of help with social service issues.

2. In-Service Training regarding evictions and mitigation of issues that cause evictions was suggested for Social Service providers through the Reno Area Alliance for the Homeless and the Human Services Network.

3. Self-Help forms and How To Instructions that an individual can access to assist with a tenant’s response to an eviction notice. Also discussed was a fee waiver for the $30 fee to file an Answer to a 5-day notice to pay rent or quit from the landlord. It was suggested that these forms be available through an expansion of the current Family Self-Help Center at the 2nd District Court, and that self help services also be provided for evictions.

4. The group discussed the concept of a Housing Court that dealt exclusively with eviction issues. This discussion focused on the following: 1) a streamline process for persons facing eviction, as some of the current process presents significant barriers to individuals with limited funds; 2) have a sitting judge(s) that would be informed on issues related specifically to evictions; 3) have a set place and time for “Housing Court” so that the homeless prevention case managers (they could potentially assist with back rent etc…) and legal services staff could be present.