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Clark County outreach assistance to the chronically homeless

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COACH

(Clark County Outreach Assistance to the
Chronically Homeless)



Program Evaluation

Team Members

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July 31, 2006

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Background

The COACH program was created through a Social Security Administration (SSA) grant provided to assist eligible chronically homeless individuals apply for Supplemental Security Income (SSI) and Social Security Disability (SSD) benefits. On April 1, 2004, the SSA released \$6.6 million in "HOPE" awards to 34 organizations, including Clark County Social Services (CCSS) who received \$450,000 over three years. Later in 2004, they released additional funding to include seven more organizations in the program. In total, the SSA has committed nearly \$18 million to the program over three years. The purpose of the assistance is to improve the quality of life for chronically homeless individuals, help them achieve full community integration, attain stable housing and possibly re-establish employment.

The Clark County homeless population is estimated between 8,000 and 12,000 persons, with an estimated 10 percent defined as chronically homeless. The target population for the program is chronically homeless individuals who are members of under-served groups including people with mental illness, HIV infection, limited English proficiency, and physical disabilities. The primary requirements for the participants of the program are that they have been chronically homeless (as defined by SSA) for a period of at least one year, and that they have a one-year disability statement provided by a medical professional.

The national Homeless Outreach Projects and Evaluation (HOPE) program was developed to resolve the problem of chronic homelessness across the country. In September of 2003, national estimates determined that there were 500,000 to 700,000 homeless individuals across the nation on a given night. Of that population, an estimated 10 percent are considered to be chronically homeless. A 1996 National Survey showed that only 11 percent of the homeless population received SSI or SSD benefits.

COACH Program Environment

The COACH program was developed by CCSS in accordance with the objectives and requirements established by the National SSA. Specific guidelines had to be followed to maintain the grant funding. For this reason, the Clark County program is similar to those managed by the other 41 organizations that were awarded grant funding. The COACH program was authorized by the Clark County Board of Commissioners in 2003, with primary responsibility given to Social Services Director Darryl Martin. Mr. Martin has since been promoted to Assistant County Manager. The new Social Services Director, Ms. Patricia Pate has assumed the responsibilities for the program. The remainder of the COACH team are:

- Tyrone Thompson, Social Services Manager
- Jeanie Rhoads, Management Analyst – No longer in Department
- Martin Maliksi, Management Analyst – Replaced Jeanie Rhoads
- Susan Little, Social Work Supervisor
- Carolyn Zirkle, Social Work Specialist
- Shean Abrams, Social Work Specialist
- and 4 part time COACH Outreach Workers

The program is affected by and also impacts other departments in the County as well as any other local organizations. Some of the community organizations associated with the program include hospitals, non-profit agencies like the Las Vegas Salvation Army, Catholic Charities, Nevada Partners, and Healthcare for the Homeless clinics.

Evaluation Approach

The COACH program evaluation was divided into three major components: a) Outcome Evaluation; b) Process Analysis; and c) Cost Analysis. Since Clark County is involved in many homeless programs throughout the region, it was necessary to limit the scope of this evaluation specifically to the COACH program as it relates to the HOPE grant funding criteria. In other words, the evaluation focused on how well the program performed at assisting the chronically

homeless in obtaining SSA benefits. The Outcome Evaluation describes the program's performance and compares the COACH program to the other HOPE grantee programs across the country.

Outcome Evaluation

To establish the effectiveness and efficiency of the COACH program, an Outcome Evaluation was conducted to establish the overall performance of the program. Since the SSA established a goal of 50 approvals per year for each agency receiving grant funding, it was relatively easy to determine if this primary objective has been met. In addition, our evaluation compares the CCSS program performance to the performance of all 41 programs across the country who received similar HOPE grant funding. Through benchmarking, the top performers were identified. As shown in chart (OE-1, Number of Approvals) it is apparent that the Clark County COACH program outperformed all of the other agencies at achieving the primary objective - obtaining SSA approvals. The chart shows the number of SSA approvals achieved by all 41 agencies across the country over the first two years of the program. Clark County obtained the most with 131 approvals and was the only agency to exceed the SSA goal of 50 approvals per year. The source for all data obtained for the outcome evaluation was the SSA (See Appendix B, C, D and F).

The next chart, (OE-2, HOPE Enrollees vs. Approvals) shows the relationship between the number of enrollees and the number of approvals. The efficiency of two significant outliers can be explained by their performance. Santa Cruz was very efficient at getting enrollees approved and the White Bird Clinic was not.

The percentage of applications approved shows how efficient each agency was at getting the submitted applications approved. Chart, (OE-3, HOPE Applications—Percentage Approved)

shows that Clark County ranked in the top three.

The chart titled, (OE-4, SSA Cost per Application) shows how much it cost the SSA for approvals obtained by each agency. This was calculated by dividing the grant funds by the number of SSA approvals. This takes into account minor differences in the amount of grant funding provided to each agency. Once again, Clark County outperformed the other grant recipients as it expended the least dollars per applicant.

Chart, (OE-5, Top Performers in Regions) looks at the top program performers in each of the ten regions distributed funding. Evaluation of this data shows that the Eastern regions did not perform as well as those in the Western United States. Clark County is in the San Francisco region.

For benchmarking, the top five performers were identified in chart, (OE-6, Top 5 Performers). Again, Clark County was identified as the top performer with 131 approvals. Chart, (OE-7, Top 5 Approval Percentage) evaluates the top five enrollee approval percentage and shows Clark County second to Santa Cruz . Although Clark County obtained considerably more approvals, compared to the number of enrollees, Santa Cruz had a higher rate of approval, indicating they may have some efficient procedures that Clark County may want to explore in the future. By evaluating only the top five performers, it was even more apparent how cost effective the Clark County program was for the SSA (See chart, OE-8, Top 5 SSA Cost per Application).

By analyzing the data obtained by the SSA, it is clear that Clark County was the top performer among all 41 grantees. They were the only agency to exceed the SSA goals and their cost per approval was well below the cost for any of the other agencies. The Colorado Coalition for the Homeless came in a distant second. The Top 5 Performers—Organization Type table

shows the ranking of the top five performers:

Top 5 Performers

Rank	Grantee	Type of Org.	Approvals	SSA \$/App
1	Clark County Social Services, NV	County Government	131	\$2,672
2	Colorado Coalition for the Homeless, Denver	Non-profit Corporation	93	\$3,763
3	Volunteers of America, Los Angeles	National Human Services Non Profit Org.	79	\$4,430
4	County of Santa Cruz, CA	County Government	74	\$4,532
5	Salvation Army North, MN	National Non-profit Org.	69	\$5,072

Two of the top five performers are county governments. This is significant because only four of the 41 grant recipients were county government agencies. The other three top performers are large non-profit organizations, although, only two of them are national organizations. The Colorado Coalition for the Homeless was smaller than the other top performers, yet it performed second best. Further evaluation shows that the larger non-profit organizations generally did better than the smaller ones.

Because two of the four county organizations performed exceptionally well, we determined that county governments should be considered one of the best administrators for assisting the homeless in obtaining SSA benefits. Our evaluation also determined that small non-profit organizations are likely not to perform as well as the larger ones. Additional

comparisons can be made by referring to the tables in OE-9.

A closer evaluation of the COACH program shows that in the first year of the program (May 1, 2004 through April 30, 2005) only 31 individuals were approved for benefits. The following year, significant improvements were made and 100 additional approvals were obtained. If the program continues to perform at this rate, they will consistently produce double (or better) the desired goal established by the SSA. More importantly, the County will achieve significant savings from this effort as SSA benefits provided to local homeless individuals increase and replace funds that would otherwise have to be paid by the County.

The Outcome Evaluation concluded that the COACH program obtained more SSA approvals than any other program and was clearly the best performer in the nation. COACH is exceeding the SSA goals and the CCSS program should be the model for other agencies follow. To gain a better understanding of why the program is successful and to determine ways to improve it even more, we conducted a process analysis of the existing program.

Process Analysis

The workflow process analysis included site evaluations by team members at both locations of the agency (Pinto and MLK branches) with extensive interviews of case workers, examination of business processes, reviews of documentations and forms, and ride-along shadowing with case workers during field visits with applicants on the street and in hospitals. While this evaluation revealed many issues anticipated to be key points of evaluating the agency, it also revealed other areas which were not anticipated by team members as being related to the agency's processes. The findings are summarized in two categories: a) areas of concern and b) strengths:

Areas of Concern

Staffing—The biggest area of concern found was the staffing issue. The two case workers interviewed, (independently from each other), suggested the agency could do much more for the applicants if additional staffing were provided. This is further verified by the fact that Clark County has one of the highest case loads per case worker in the nation, (approximately 150 per social worker). Although COACH case workers appear to be very organized and successful in handling the number of cases they have, they often find themselves having to juggle an excessive number of tasks in assisting applicants. This can result in delays in the application and approval process. Our evaluation shows that case workers are very efficient in organizing the different phases of tasks that come with each applicant and perform those similar tasks collectively in the most efficient manner. However, we also recognize certain components of the tasks could be handled by either additional staff, part-time employees, possibly volunteer staff. Tasks such as assisting applicants in obtaining certain documents and ID's, or transporting them to and from the doctors' office or hospitals could be accomplished by lower grade level positions reserving the case workers for more complex and technical duties. Utilizing additional staffing for this purpose is preferred (over using part-time employees or volunteers) as the level of tasks requires a high degree of client-confidentiality reserved for employees working under the agreement of being a County and Social Services employee.

The staff we spoke to also indicated that there is a strong indication that the Southern Nevada Adult Mental Health Services (SNAMHS) is planning to add staff to their agency this coming year which would consequently affect COACH. The hospital will be able to effectively refer more mental cases to COACH for the application process which will significantly increase responsibility for the (already overloaded) case worker handling mentally-ill applicants.

Currently, all four part-time employees are working under the supervision of the case worker at the Martin Luther King office and none at the Pinto office. Distributing these resources properly may yield a more efficient use of the employees as well as workloads at both locations.

Another issue we discovered also deals with staffing, (but not understaffing, per se). The agency has two case workers who each handle a specific type of applicants, almost exclusively in respect to their assignment. While both employees are Licensed Social Workers, the fact that only one of them is also licensed in mental health, basically requires her to handle all of the mentally-ill applicants, leaving the other case worker to handle physical disability applicants. While team members agree this is the preferred methodology at this point in time for the agency to establish maximum efficiency, it should be noted that this creates a level of vulnerability for the agency if one of the case workers were to leave. Adding additional case workers would not only stabilize this condition, but it would also help resolve the other understaffing issues.

Communication—We found communication to be an area of concern both with outside contacts and within the program's operating system. Externally, the staff has a communication issue with SNAMHS and the homeless applicants themselves. SNAMHS often does not inform the COACH staff in a timely manner when an enrollee is being released from the hospital so there is great potential for the social worker to completely lose contact with the applicant (sometimes for months). This causes a great deal of repetitive time, work and effort for the COACH staff.

Lack of timely communication with applicants by the social workers can also delay the application and approval process. The staff often has to contact applicants in person to obtain documentation or simply to confirm certain information. Most applicants do not have access to

private telephones and rely mostly on public telephones or a phone in the facility in which they are living. Because of this, they often do not get back with case workers with the needed information unless the case workers make a personal visit at the applicant's temporary housing. This process is very time consuming to staff. An alternative method can not be suggested by team members at this time, but we recommend the County look at how communication between applicants and staff can be improved to reduce processing and approval time as well as staff efficiency.

Another concern related to communication with applicants is personal contact and transportation. Applicants usually are required to provide follow-up documentations to the original application, such as a birth certificate and high school diploma. Case workers normally task applicants with the responsibility of obtaining those documentations to be submitted at a later date. In addition, applicants are also required to make their visits with their doctors in order to be properly evaluated for the required disability statement. Applicants usually use public transportation to complete the tasks. Case workers do a very good job of providing them with enough bus tokens to accomplish their tasks. However, the staff finds themselves having to personally drive the applicants to many of these appointments. Our evaluation team members recommend the use of unlimited bus passes to be issued to applicants during their application process instead of individual one-way passes. The benefits of unlimited bus passes (while SSA approval is pending) appears to far outweigh the costs as often the one-way passes are not used for the task they were meant to accomplish. This approach would save staff time for transporting applicants to their destinations as well as providing the enrollees with a sense of freedom to accomplish the tasks for themselves.

Internally, there also appears to be communication issues between the two offices of the agency. It is easy to understand how some differences in processes are normal due to the individuals' unique ways of being efficient, especially since the two offices handle totally different types of applicants, for the most part. However, some of the inconsistencies found in the processes are simply due to a lack of communication between the locations. For example, some of the application forms used in one office are no longer used in the other. While this may seem minor, it can create inefficiency within the process. This will further compromise efficiency if the agency is to begin utilizing certain technology to process applicant information. (See the area of concern regarding "technology" below.) By not using all the forms consistently at both locations, it will be difficult for the agency to implement computer technology to streamline processes. The case workers strongly support the agency moving toward the use of an electronic database for application forms and documentation.

Another hazard of inconsistency is that it can also create unreliable information for applicants which may compromise the integrity of the process. For example, one office may allow applicants to get through the system and enroll in COACH without all the required prerequisites being met. The agency would consequently process these applicants for benefits. However, if any of these applicants are eventually found not to be qualified or discontinue with the application for whatever reason, the resources spent on these individuals are lost. If the offices were to operate with consistency and adhere to all the program requirements, this could potentially prevent premature applications being processed through the system.

The lack of proper communication between the agency and Southern Nevada Adult Mental Health Services (SNAMHS) is another area that has a big impact on the COACH program. Poor communication or coordination between the agencies is causing a tremendous

number of applicants to lose contact with COACH and eventually either have to start over in the process or lose their application status altogether. The case worker handling the mentally-ill applicants indicated there are times when she is not notified ahead of time by SNAMHS when individuals are to leave the facility. If they leave SNAMHS without establishing proper protocol with COACH, they often do not get back in contact with the case worker. And if they do, (usually much later), the social worker will need to go through the process of updating their files for the application. This causes both an inefficiency for the case worker as well as delays in the process for the applicants. Establishing a better corroboration between the agencies is highly recommended in order to prevent this hole in the system. The request for assistance on this matter with SNAMHS does not seem to be an enormous task. It appears only to require a minor change in their system to implement a flag to contact COACH when dismissing patients.

Technology—According to the staff, many of the paper documents used by the agency could be processed, shared, and utilized much easier if they were stored electronically. They also indicated a collective desire to use a scanner to process certain types of paperwork associated with the application and health information. The scanner would allow them to scan some of the documents into electronic files to be shared and used later. In addition to internal benefits, certain types of documents required by the Social Security Administration (SSA) from the agency are required to be bar-coded and in certain format. Having everything streamlined into electronic copies and certain formats would allow the agency to be more efficient internally and externally. Funding for this technology and related costs appears to be relatively minor, considering the offsetting benefits. It is highly recommended that the agency obtain funding for the equipment and IT resources necessary to implement this technology. The agency may be able to justify obtaining the necessary funding for this from the SSA.

Outreach Practice—The agency appears to rely mostly on referrals by other homeless related agencies in recruiting applicants for this program. According to our research, Clark County appears to be doing very well in regards to reaching the homeless community as was shown in the Outcome Evaluation section. However, this practice may be allowing certain demographics of the homeless population to be aware of the program while the others are not. The homeless who participate in other programs are referred to COACH, while those that may not be in the system with other agencies would otherwise not be aware of COACH's benefits. Although this may not seem to be an area of concern that should receive highest priority, the agency should plan on evaluating its outreach practice.

Strengths

Staffing—Clearly, the biggest strength of the agency is its staff. The staff members are very knowledgeable of their work and their performance seems extremely efficient. They have an ability to manage and process applications through the system far more efficiently than other agencies. Although their time management and multi-tasking skills are clearly demonstrated to be exceptional according to the numbers in our research, their personal and professional attitude appears to be the main attribute to the program's success. The case workers are very well respected among the applicants. This provides great motivation for the applicants and is a direct link to the outstanding approval rates. The level of customer service provided to each applicant is extremely valuable.

Resources and assistance provided to the applicants during the process of enrollment also contribute greatly in motivating them to complete the process. The case workers have a one-stop attitude they use in providing the applicant with assistance for personal transportation, bus tokens, housing arrangements, food vouchers, etc. They provide these services with a great

amount of caution to keep the balance of preventing abuse of the privilege by applicants while still allowing incentives and motivation to accept personal responsibility and achieve a sense of personal independence.

Outreach—For the most part, the agency maintains a high level of cooperation and good relations throughout the valley with other agencies. This contributes greatly to the success of the outreach process because the ultimate goal of the HOPE project is to decrease (if not eliminate) the number of chronically homeless. The COACH staff looks at the individual's whole living status and determines the best course of action for the long-range welfare of the applicant.

Cost Analysis

Background

As shown in the Cost Analysis (CA – 1, 2006 COACH Budget) chart, the grant funds received from the SSA to operate the COACH Program were used for: 1) contracted medical services (Nevada Health Centers); 2) salary and benefits for one full-time and three part time employees; 3) equipment (2 cell phones) and supplies (approximately \$100/enrollee for copying expenses); and 4) travel (for two County employees to attend the annual SSA HOPE Conference). The Nevada Health Center costs were limited to approximately \$147,500 per year for each grant year. This amount represents personnel, equipment, and supplies and was broken out in the contract with the County as follows:

Medical Case Management	\$ 85,128
Assessments, referrals, follow-up	70,558
Operating expenses	1,601
Office space (in-kind)	<u>0</u>
Total	\$147,498.

Our cost analysis in this evaluation accepted these COACH expenses as completely legitimate and did not perform any further detailed analysis or audit of the specific dollar

amounts. Instead, we focused on additional costs to the County that are related to the COACH Program.

Although the County pays significant costs incidental to enrolling chronically homeless individuals into the COACH Program, (such as copying fees, fingerprinting fees, local transportation costs, etc.), the County's primary financial burden lies in two areas: a) housing—Domestic Assistance Services (DAS); and b) medical—Medical Assistance Services (MAS). We analyzed these costs paid by the County on behalf of enrollees, in detail, for Year 2 of the Grant (May 1, 2005 through April 30, 2006).

DAS basically represents rental assistance—the County pays an eligible enrollee's rent to prevent them from having to live on the street. Per discussion with Social Work Specialist Carolyn Zirkle, LSW, ninety-nine percent (99%) of all homeless "families" that they encounter through the COACH Program, are single individuals and in our Year 2 study, the maximum housing allowance for one individual was \$369.17. If an otherwise homeless individual could find someone (a friend/relative, a motel, an apartment complex, etc.) who would accept that amount as rent, the County will pay the landlord directly on the enrollee's behalf. Currently, (July 2006), the maximum DAS amounts are as follows: \$400 for one person; \$535 for two people; \$671 for three people; and \$807 for four people.

Methodology and Source Data

In addition to housing, the County pays the medical expenses of indigent individuals as mandated by NRS Chapters 428 and Clark County Ordinance 603. A specific fee reimbursement for services and procedures is contracted between the County and local hospitals for the medical care of homeless individuals. Due to time constraints and our lack of expertise in the medical field, we did not examine the contracts or attempt to measure the reasonableness of the fee

agreements for this medical assistance. In this evaluation, we simply analyzed all of the MAS payments made on behalf of the enrollees during Year 2 of the grant, in terms of frequency and amounts of MAS payments compared to type of enrollees.

The DAS and MAS payments are itemized by enrollee on the HOPE COACH Quarterly Reports. We used the annual version of this report for Year 2 of the Program. It identifies each enrollee and lists their enrollment date as well as other significant dates (such as SSA interview, determination dates, etc.), and notes the MAS and DAS expenses paid, per quarter. Although this report reflects all enrollees (from the beginning of the COACH Program in 2004), the expenses are for Year 2 of the grant only. Therefore, our exhibits and conclusions spotlight specific information that is only a sample representation of the total cost, (i.e. one of three years). We determined this was a preferred sample year because it was the second year—the Program was in full swing (unlike the grant’s first year) and a full year’s worth of data was available for analysis, (unlike the third year of the grant).

Results

By the end of Year 2 of the grant, Clark County had enrolled 293 individuals into the COACH program for potential approval for Social Security benefits. We analyzed the details of those enrollees as stated on the quarterly report from several different perspectives: 1) type of enrollee; 2) DAS & MAS expenses per enrollee; and 3) work effort (by COACH caseworkers) associated with enrollees. Here we will discuss our findings in each area with specific notation as to difficulties encountered, assumptions made, and the conclusions we reached.

Type of Enrollee

There is a “Notes” column on the quarterly report that appears to identify the specific type of Social Security benefits an enrollee is associated with and/or the individual’s status. We

had hoped it would be an obvious classification of enrollee as approved (or applying for) SSI or SSD or other such benefits. However, we found several problems. First, no such classification is noted for many of the enrollees. We ultimately found that this is because the classification was not able to be immediately determined. Additional information is needed which can take up to several months to secure.

Also, the classification itself is not a clear-cut, simple identification process. An enrollee may qualify for various types of benefits and when and how he qualifies can fluctuate with time and a change in his personal circumstances. Another problem is that the classification abbreviations vary among the social workers completing their monthly reports and the preparer(s) of the quarterly reports. Sometimes, the employee even recorded a specific classification using different abbreviations at different times. Another problem was that the quarterly report we examined was prepared by a third party using the Social Workers' reports, which were formatted differently. Thus, the preparer of the quarterly report made his own assumptions (and abbreviated accordingly) in recording the Social Workers' data. The following list shows the various classifications found in the "Notes" column on the quarterly report for our sample year.

SSI	R-SSD	RTW	Jail
SSD	R-SSID	Dis-E	Moved
SSI/SSD	P-SSI	Refuse	Deceased
SSI/SSD-R	R-SS	Recon	(Blank)
SSD-R	Loss	Decline	

One significant result of this inconsistency was that we could not clearly group types of enrollees together. For example, an "R" could signify a number of different status types--retired, reinstated, refused, etc. Without asking the social caseworkers about each individual enrollee, we chose not to make assumptions and group the enrollees based on those assumptions.

Despite this confusion, we were able to group enrollees that were clearly notated. A pie chart, (CA – 2, Number of Enrollees by Enrollee Status Type) shows the distribution of seven major categories: SSI, SSD, Loss of Contact, Dis-Enrolled, Reconsideration, Pending, and Other. (All of the “R” designations that were linked to another abbreviation were included in the “Other” category with miscellaneous designations, such as “jailed,” “deceased,” “declined,” “returned to work (RTW),” etc.

Theoretically, SSI and SSD should be the largest percentage of enrollees as those benefits are the goal of the COACH Program. The second largest percentage we found was “Pending.” This is logical because, as mentioned earlier, during the first month(s) of enrollment, there may not be enough information about the enrollee to determine what type benefits he may qualify for. Thus, his status is “Pending.”

One glaring result we observed was that the number of enrollees with whom the caseworkers “lost touch with” was over half as many as were enrolled for the SSI/SSD combined. Loss of contact is naturally inherent in the entire homeless issue. In fact, that was part of the initial impetus of the HOPE Project—Social Security could not establish and maintain contact with homeless individuals eligible for benefits long enough to get their claims processed. That is why the SSA thought it would be more effective to have local organizations deal directly with the enrollees. In our study, the number of enrollees designated as “Loss of Contact” indicates a tremendous amount of work effort (and expense) that results in no relief (for the individual or the County) and typically requires re-doing the work at a later date.

There was also a significant number of enrollees who were either “Dis-Enrolled” or were “Reconsiderations” that warrants further evaluation of the time involved with these

enrollees as well as related expenses. The two Social Workers identified on the quarterly report assist different types of homeless individuals; that is, the nature of their work differs from each other. Social Worker SNA addresses enrollees with mental health issues and deals primarily with persons temporarily housed in mental health hospitals. Social Worker CZA is a field worker for the homeless person on the street and in private housing. Per the quarterly report, the number of “dis-enrollments” is fairly equal for each Social Worker and the amount of additional County funds used for these enrollees is not particularly significant. However, the number of “Reconsiderations” only occur for the Social Worker who deals with the homeless population on the street, (as opposed to those hospitalized for mental health issues) and the expenses for those enrollees run higher than the expenses for the SSD enrollees (one of the program goals for enrollees). We expect that with further inquiry into the specific case examples in these categories, it may be possible to identify specific procedures that could prevent or minimize the number of “dis-enrollments” and “reconsiderations.”

DAS & MAS Expenditures

The County paid approximately \$479,225 on behalf of enrollees during Year 2 of the COACH grant--\$115,056 for DAS and \$364,169 for MAS. We analyzed these expenses to observe the dissemination of funds throughout the year. (See CA – 3, Medical & Housing Assistance Paid for Enrollees During Year-Two of Grant Per Quarter.) The quarters referred to here are COACH Grant quarters: 1st quarter is May through July; 2nd quarter is August through October; 3rd quarter is November through January; and 4th quarter is February through April. It would be interesting to do this same analysis for Years 1 and 3 to see if the results are the same. Similar results to those shown in the bar graph (i.e. the highest amount of expenses paid

occurring in the second and third quarters each year—August through January) could be very helpful in County budget-planning efforts.

Next, we looked at the medical and housing expenditures for the major status types of enrollees, (SSI, SSD, Reconsiderations, Loss of Contact, and Pending). The results of this analysis are illustrated on the bar chart titled, “Medical & Housing Assistance Paid for Enrollees Per Enrollee Status Type During Year Two of Grant,” (CA – 4). We showed the Pending amounts only to recognize that that was the largest pool of enrollees, but as we explained before, the “Pending” classification is merely a temporary label until the social workers can identify which actual category will apply to the enrollee. That is, it represents the beginning stages of processing an enrollee. In the future, if the system of processing of enrollees is automated, it would be interesting to monitor how the “Pending” enrollees eventually are reclassified.

Tracking the classifications can point to specific issues in the workflow process which can then be more closely examined for cost or time efficiency. For instance, if it is learned that ultimately, 36% of “Pending” enrollees fall into the retirement Social Security benefit classifications, the COACH Program might want to consider specializing training or designating key personnel for that classification type to minimize the time it takes to process that type of enrollee.

Looking at the other four categories on our chart, (SSI, SSD, Reconsiderations and Loss of Contact), the significant observation is that the reconsiderations and loss categories cost the County very nearly as much as the SSI and SSD. This is not good. This says that the County is paying housing and medical expenses for a substantial number of enrollees that eventually fall out of the processing cycle. When contact with the enrollee is lost by the social worker, all the time and money the County spent assisting the individual in obtaining Social Security benefits

was virtually for nothing. If the enrollee comes back into the system, the social workers have to practically start the entire application process over again. While the housing and medical expense may be borne by the County anyway (as it would without the COACH program), the whole idea of COACH is to connect the homeless individuals with another source of funding (i.e. Social Security) so the financial burden is lessened for the County. If the County is spending its resources (in staff and dollars) on a repeat basis (reconsiderations) or on enrollees who disappear, the effort is a huge loss and defeats the purpose of the HOPE project.

One other issue concerning this chart is that we only chose the four categories (beside the "Pending") due to our inability to accurately recognize the other classification enough to group them together. Once able to do that, the chart should show another significant bar for retirement benefits and hopefully, in the future, the reconsiderations and loss of contact classifications will be able to be combined into one (small) miscellaneous category that also includes such classifications as "jailed," "deceased," "refused," etc.

We also compared the costs paid by the County to those incurred for the homeless individual prior to enrollment to those incurred afterward. The results are shown in CA - 5, Average Housing & Medical Assistance Paid for Enrollees by the County, Pre- and Post-Enrollment. The housing costs increased slightly after enrollment simply because many applicants are unaware that assistance is available, (much less how to obtain it), prior to their enrollment in the COACH Program. There, again, is evidence of the COACH staff being committed to their work by identifying assistance the applicant is qualified for and then pursuing it on their behalf. As you can see by the chart, there is a huge drop in medical expenses for the County once applicants are enrolled in the COACH Program.

In our study, we only compared the one year of expenses for each of the enrollees so as remarkable as the results are that are shown in the chart, they are only a portion of the real savings to the County. It would be very interesting and informative to continually monitor the medical and housing expenses paid by the County for every two to three years prior to enrollment in order to track savings and better direct outreach services to reach homeless populations not getting to the COACH Program by referral.

Finally, we looked at both the dollars and the volume of work for the County associated with specific status types of enrollees. We looked at these issues for both types of social worker, as well, and noticed several interesting observations. As mentioned before, one social worker deals exclusively with enrollees needing mental health disability benefits, while the other social worker addresses other SSI/SSD benefits. As seen on CA – 6, Volume of Work with Associated Expense by Status Type of Enrollee, Per Social Worker, the number of enrollees who are ultimately “dis enrolled” from the COACH Program (for whatever reason) is evenly split between the two types of social workers. Additionally, the dollar amount expended for “dis-enrolled” individuals is not significant. The same cannot be said, however, for the “Reconsideration” and “Loss of Contact” enrollees. Here, again, a high number of cases (with corresponding high dollars) were attributed to both of these types. What’s more, only one social worker (CZA, the normal SSI/SSD benefits worker) has “Reconsiderations” which may point to processing issues that need further inquiry. On the other hand, the mental health social worker, (SNA), has more than double the number of “Loss of Contact” enrollees. Per our interviews with the social worker, this was clearly evidence of the lack of communication between SNAMHS and the County—enrollees are released from the hospital without the social worker’s (advance) notification. Considering that the dollars expended for these enrollees is almost as

much as the amount spent for the SSI category, this is absolutely an issue that needs to be addressed.

In summary, as pertains to the cost analysis, the COACH Program is extremely beneficial to the County. While the County will continue paying housing and medical assistance for local homeless persons, the records already show (only two years into the Program) that there is a tremendous financial benefit to the County. Enrollment into the COACH Program is the first step toward acquiring steady financial aide for the individual and relieving the County of same. It's a win-win situation for everyone—the enrollee, the County, the community, and SSA. The more individuals who can be enrolled, the quicker the application can be approved, the better off the individual and the County are.

Alternatives

Our analysis of COACH has helped us to provide several alternatives that should be considered for determining the future of the program. The following table summarizes five viable alternatives.

VIABLE ALTERNATIVES

Description	# Employees	Cost / Yr	Benefits
Continue to fund program as is and seek additional grant funding	4 to 8 FTE's	Est \$500k	SSA benefits for 65 - 100 homeless per year
Continue to fund program but move to different department within the County	4 to 8 FTE's	Est \$500k	SSA benefits for 65 - 100 homeless per year
Continue program only if additional grant funding can be obtained	4 to 8 FTE's	N/A	Only if funding is available / program at risk
Discontinue program	0	N/A	None, but more indirect costs in the long run
Outsource program to private non-profit agency	0	\$ More	None, performance likely to decline

These five alternatives should provide the County with the basic options available for determining the future of the COACH program. The number of employees and estimated cost per year are based on the program functioning at the same level as it is today. If the County decides to either increase or decrease the output of the program, these costs would have to be adjusted accordingly. Keeping in mind these alternatives, we make the following recommendations.

Recommendations

Our entire evaluation has shown that it will be beneficial for the County to continue to fund the COACH program as is, even when grant funding is depleted. Because the scope of our cost analysis was limited, we encourage the County to perform a more comprehensive cost-benefit analysis, (internally or outsourced). The County can then identify cost-effective work procedures, track the flow of work and dollars, which will provide a sound basis for determining additional funding and staffing for the Program. Clearly, the fiscal and social benefits far outweigh the administrative and operating costs.

We also recommend keeping COACH under the CCSS department and see no advantage to moving it into another department or outsourcing it to a non-profit organization. The Program's demonstrated success may also make it easier to obtain additional grant funding. We recommend contacting the SSA to obtain additional information regarding the availability of grant funding. Since the SSA recognizes CCSS as the "Top Performer," that agency may be interested in continuing to provide funding to the County so the COACH Program can be used as the model for the rest of the nation.

While recognizing COACH's success, we would like to mention some recommendations

we feel would enhance the Program (thereby benefiting the County) even more.

1. Contact SSA and other agencies for additional grant funding—Now that the Program has demonstrated an effective system of assisting chronically homeless individuals in obtaining Social Security benefits, SSA and other agencies interested in reducing the number of homeless individuals on the street, may be willing to support the COACH Program. An equipment grant for the scanners, or computer resources, etc., or a County van (and staff driver) specifically for enrollee needs) may be one option.
2. Partner with other agencies to handle specific tasks (such as transporting enrollees to necessary appointments related to their application process, obtaining ID's, making copies, etc.) to free up the social workers' time for work only they can do.
3. Increase and upgrade computer equipment and implement an automated system of processing the enrollees.
4. Standardize the reports due from the social workers with uniform abbreviations, (i.e. enrollee status) and format.
5. Track the number of applicants for Social Security Benefits from Clark County that don't come through the COACH Program and compare their processing time and dollars expended by the County on those individuals to that which was incurred for the COACH enrollees.
6. Establish a management and staff-level COACH team-approach related to the different COACH offices so that differences are minimized, cooperation is encouraged, and procedures (and results) are more consistent.
7. Utilize the experience of the current social workers for developing process and reporting systems, forms, procedures, developing a COACH Program Manual (procedure guide),

and for training additional staff.

8. Perform a comprehensive cost-benefit analysis related to the contracted medical expenditures. Consider reducing the amount of outside contract labor in favor increasing COACH staffing.
9. Implement (at the management level) a method of patient-release notification by Southern Nevada Adult Mental Health Services (SNAMHS) to the social workers.
10. Establish an on-site ombudsman position in the Corridor of Hope that serves the homeless directly. If filled by COACH staff social worker, it is possible this could be a third COACH office where "walk-up" enrollments could be facilitated.

Conclusion

The Clark County Social Services COACH program is clearly the best performer in the nation. This is a direct reflection of County staff from the bottom to the top. The COACH program was well planned, and staff has remained committed to the program throughout. Our evaluation has determined that the County will benefit by continuing to fund the existing program whether grant funding is available or not. We expect the County to be rewarded (in both tangible and intangible terms) for its performance by achieving a lasting reduction of the chronically homeless population. We also feel additional grant funding could be achieved as a result.

We would like to acknowledge how appreciative we are that the staff was so cooperative and helpful by providing an abundance of data in a timely manner despite their overloaded schedules. We were very impressed with their willingness to take time to explain the Program, their procedures, answer our questions, and discuss various issues with each of us. Not only did we learn so much about program evaluation and applying theory to the practical world, we were

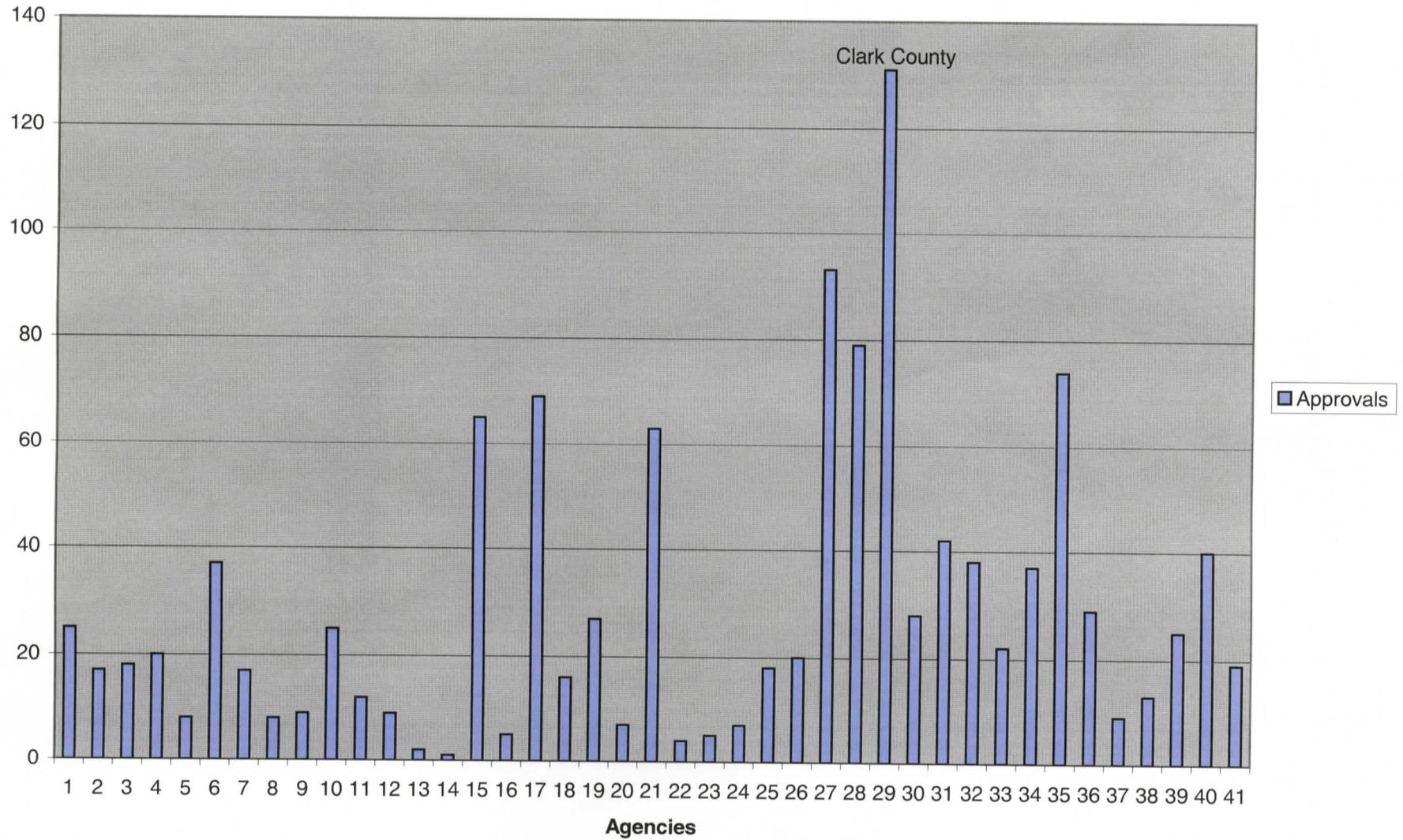
greatly enlightened about the social issue of homelessness. We each came away from the project with a new respect and appreciation for the commitment and dedication of the COACH staff. Their job is difficult by nature and is further encumbered by a large client population, a small staff, and normal bureaucratic influences. It is their personal dedication to the overall welfare of the individual enrollees that makes the COACH Program a true success. We immediately recognized the expertise of the social workers and feel the County should definitely utilize their collective experience to further enhance and expand the Program.

We hope that the information provided in this report will be useful in supporting the continuance of this program and will improve the efficiency of the enrollment process and lay the groundwork for expanding the Program. We could not have selected a better project for our review.

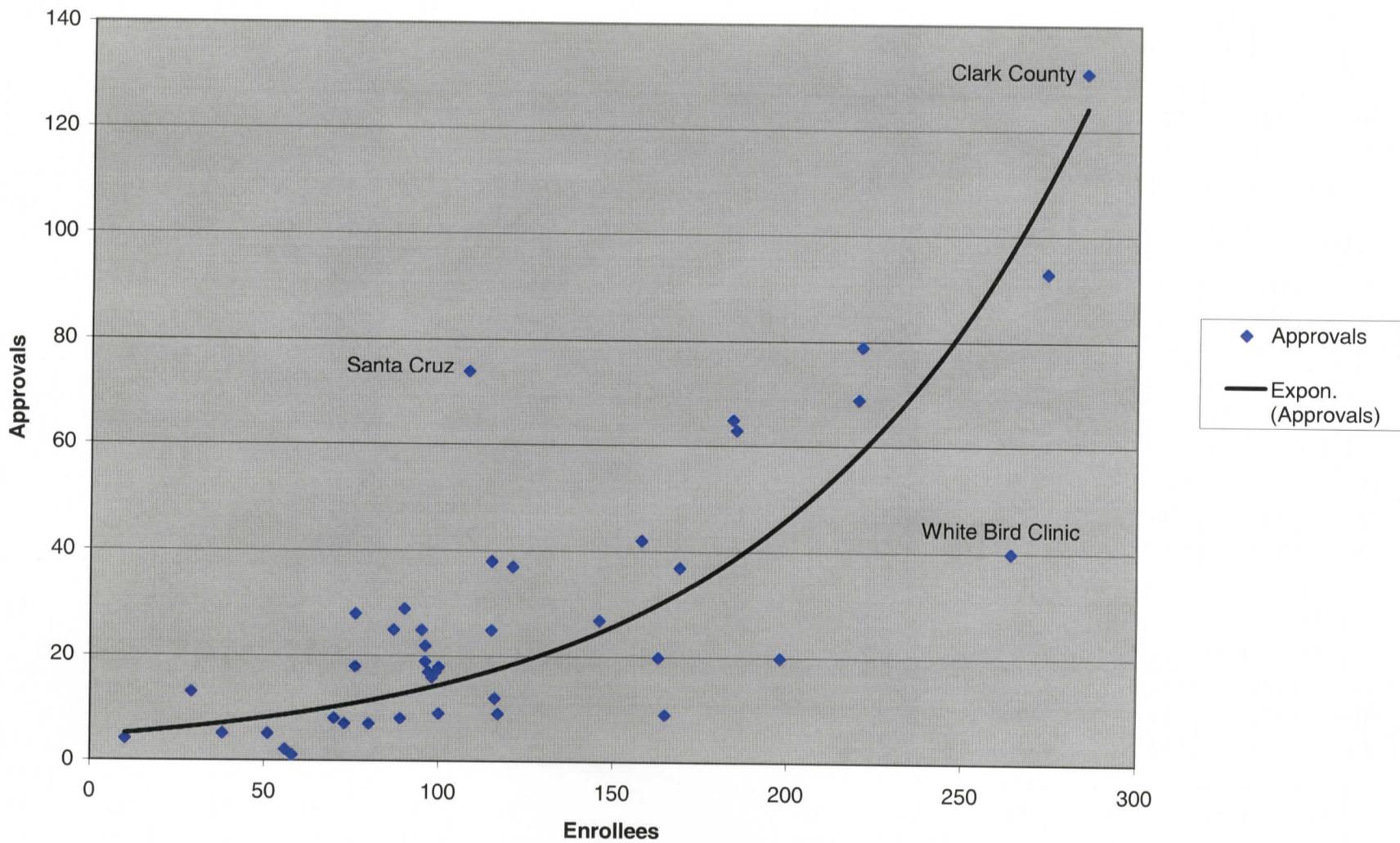
Charts Index

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OE-3	HOPE Applications—Percentage Approved
OE-4	SSA Cost per Application
OE-5	Top Performers in Regions
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CA-2	Number of Enrollees by Enrollee Status Type
CA-3	Medical and Housing Assistance Paid for Enrollees During Year-Two of Grant, Per Quarter
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CA-5	Average Housing and Medical Assistance Paid for Enrollees by the County, Pre- and Post-Enrollment
CA-6	Volume of Work with Associated Expense by Enrolllee Status Type Per Social Worker

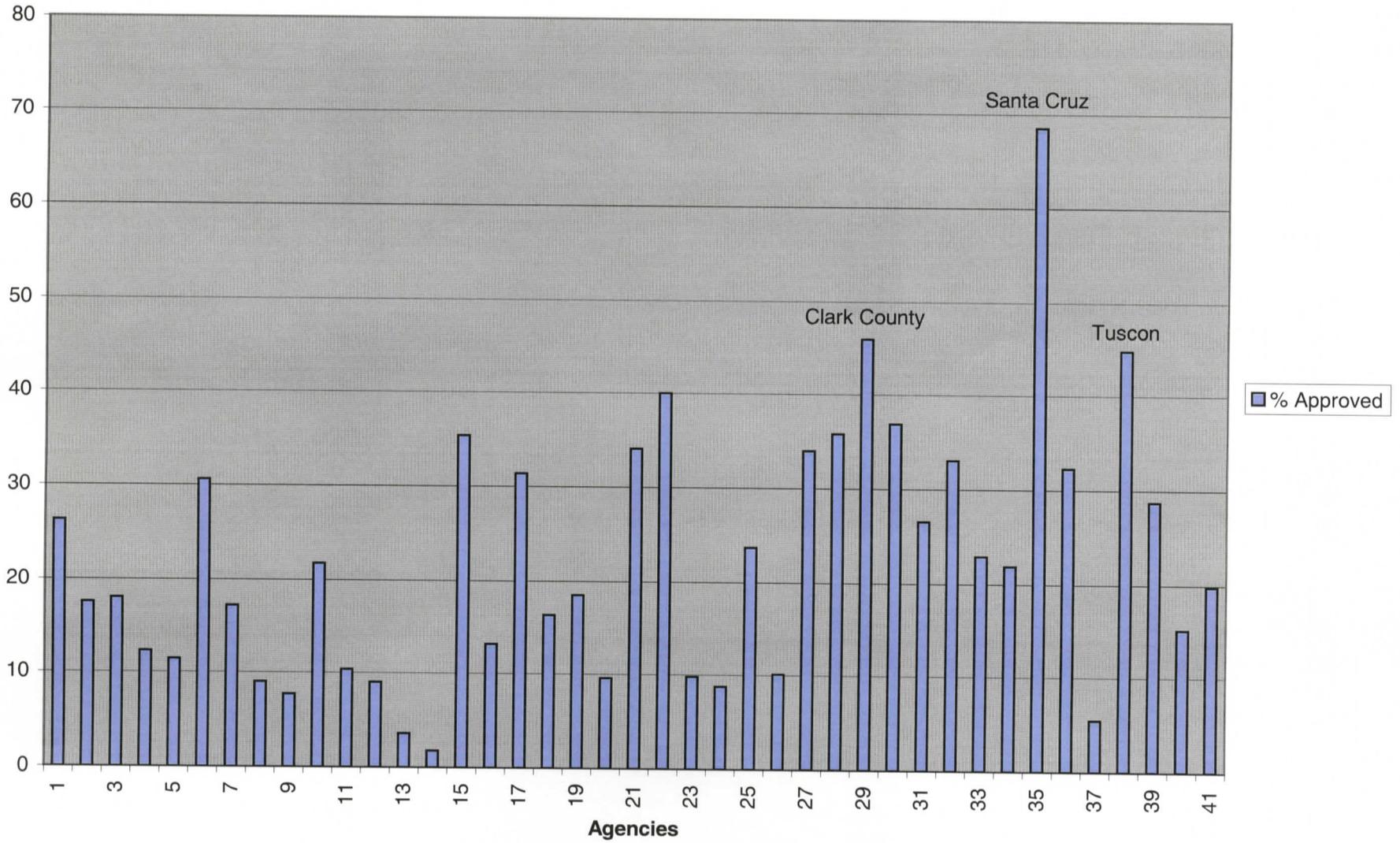
OE-1 Number of Approvals (2004 - 2006)



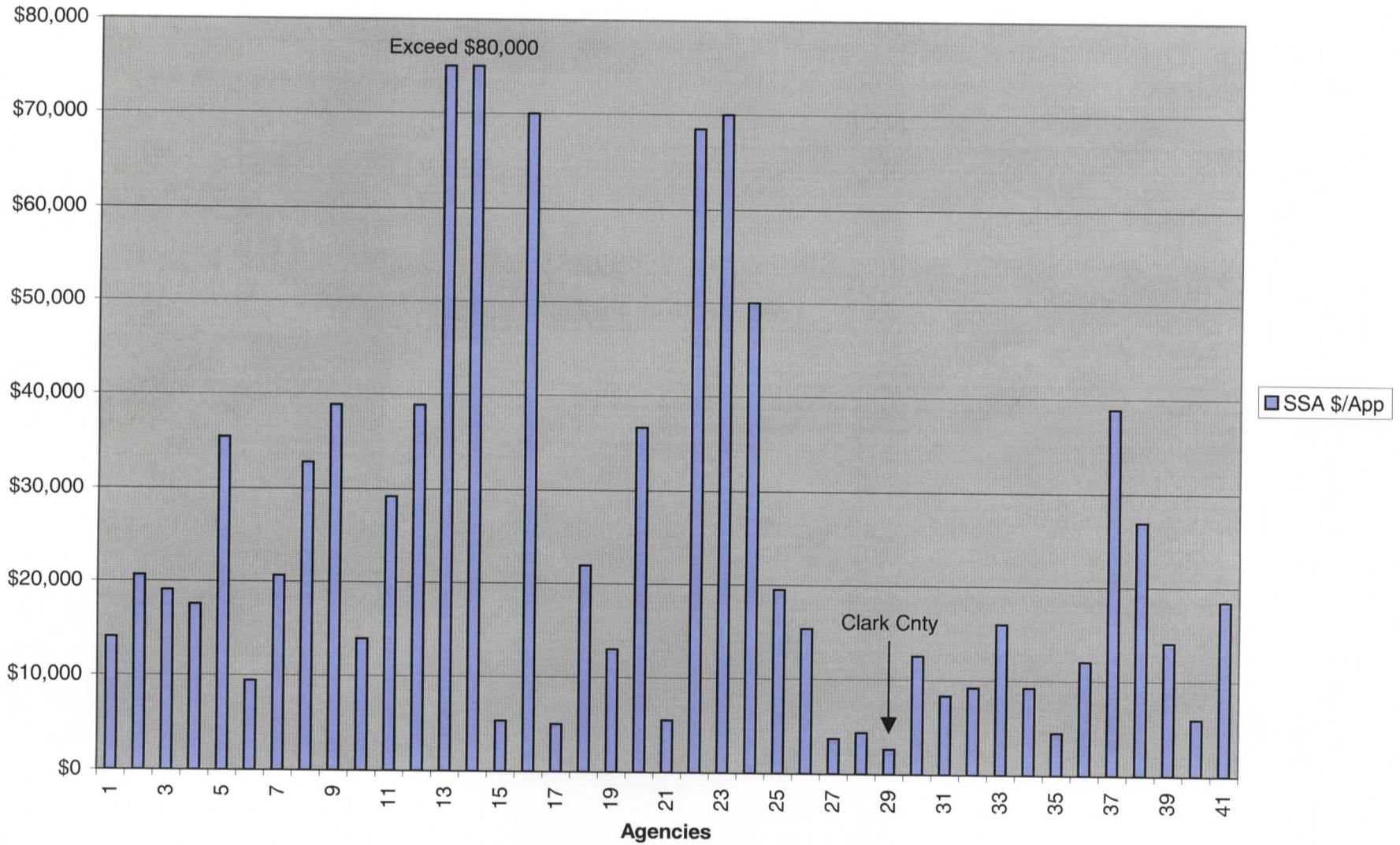
OE-2 HOPE Enrollees vs. Approvals



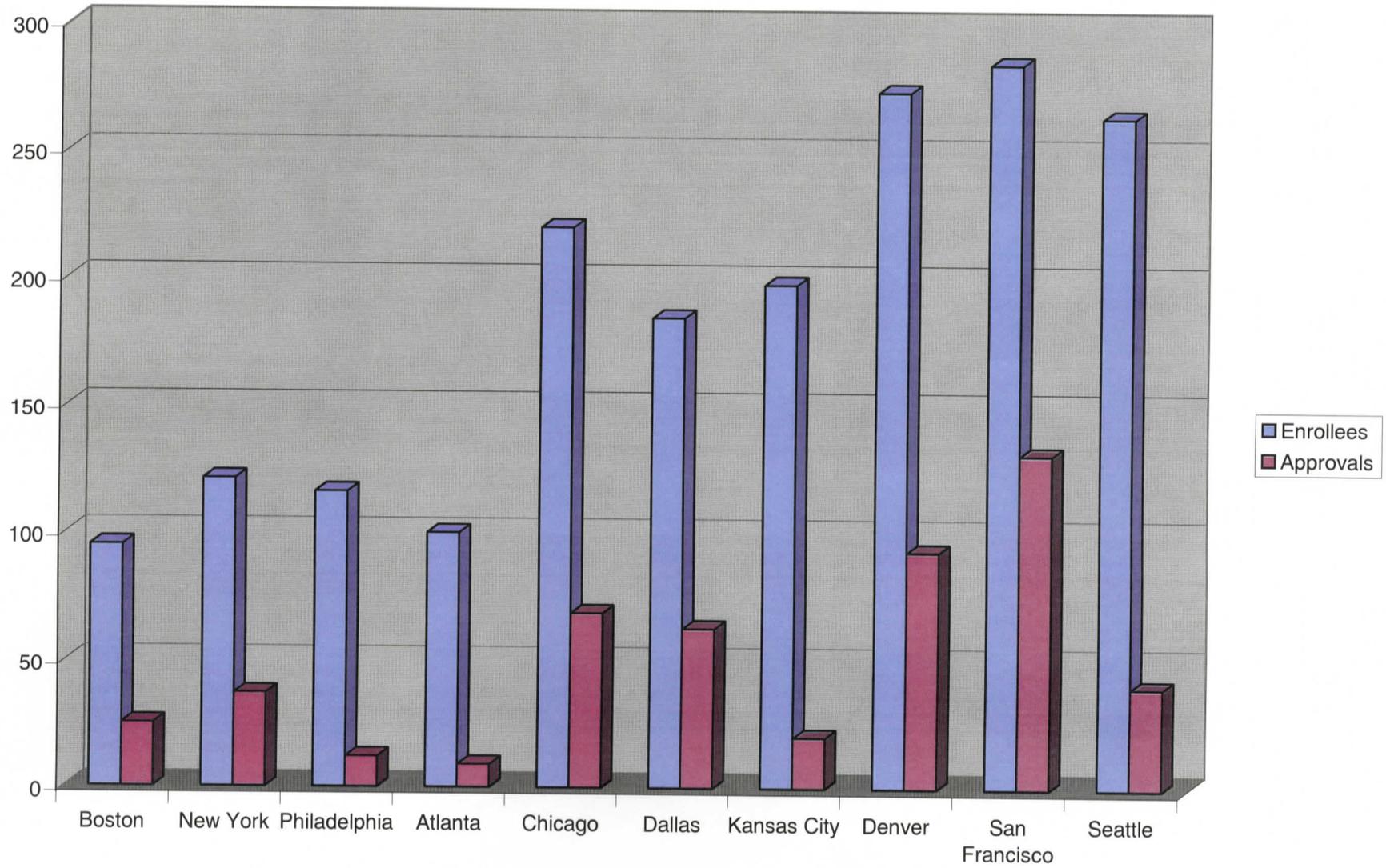
OE-3 HOPE Applications - % Approved



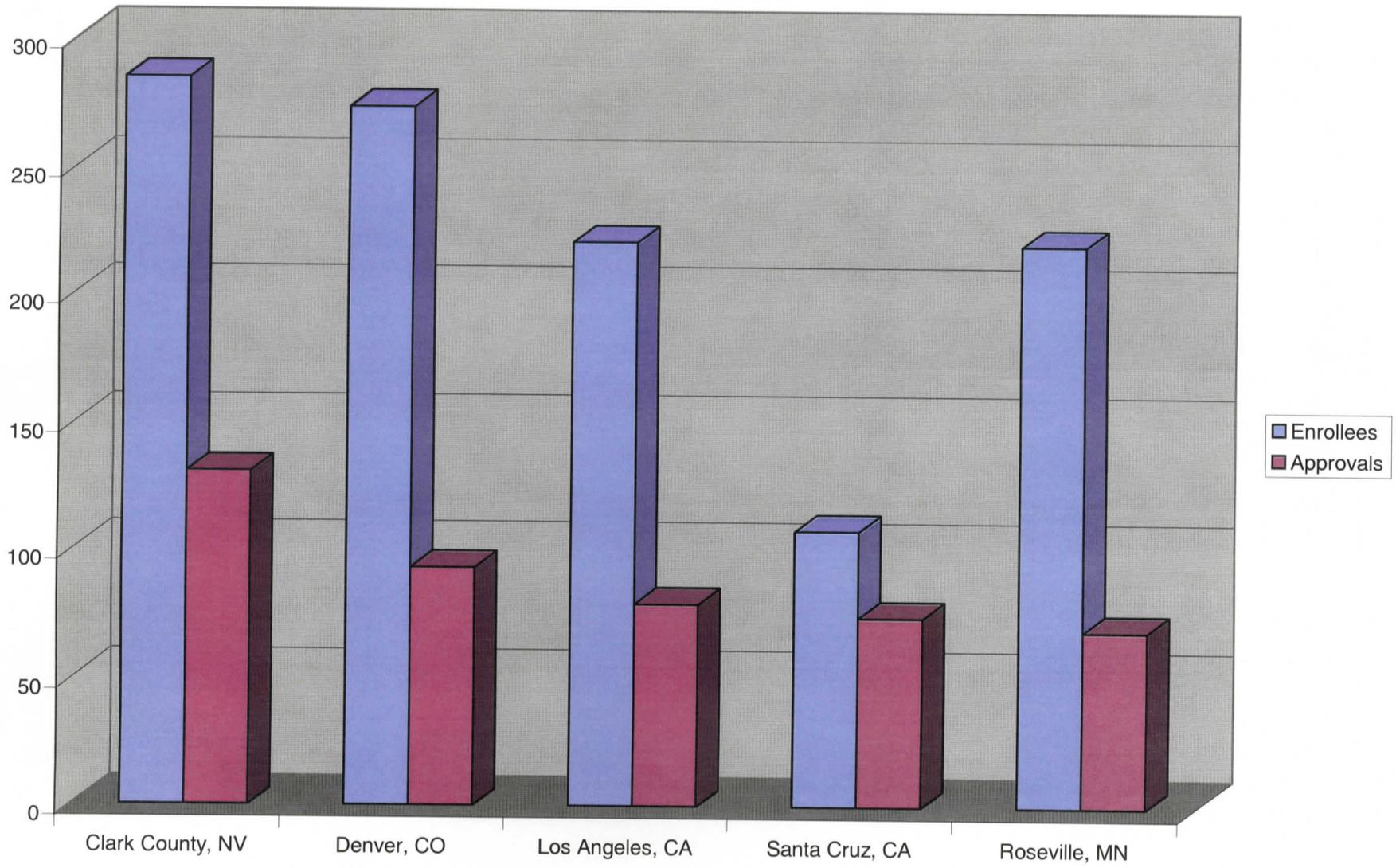
OE-4 SSA Cost per Application



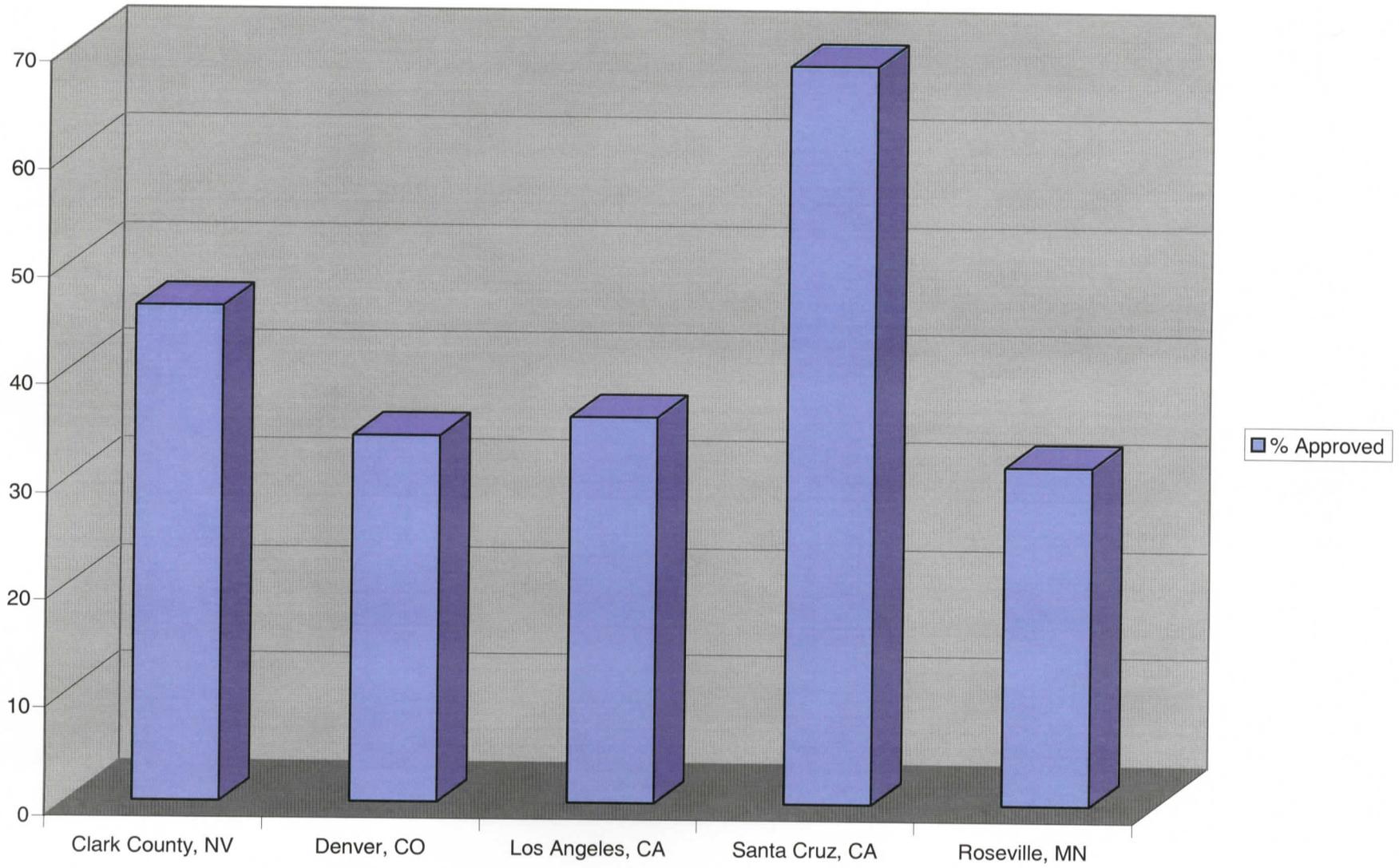
OE 5 TOP PERFORMERS IN REGIONS



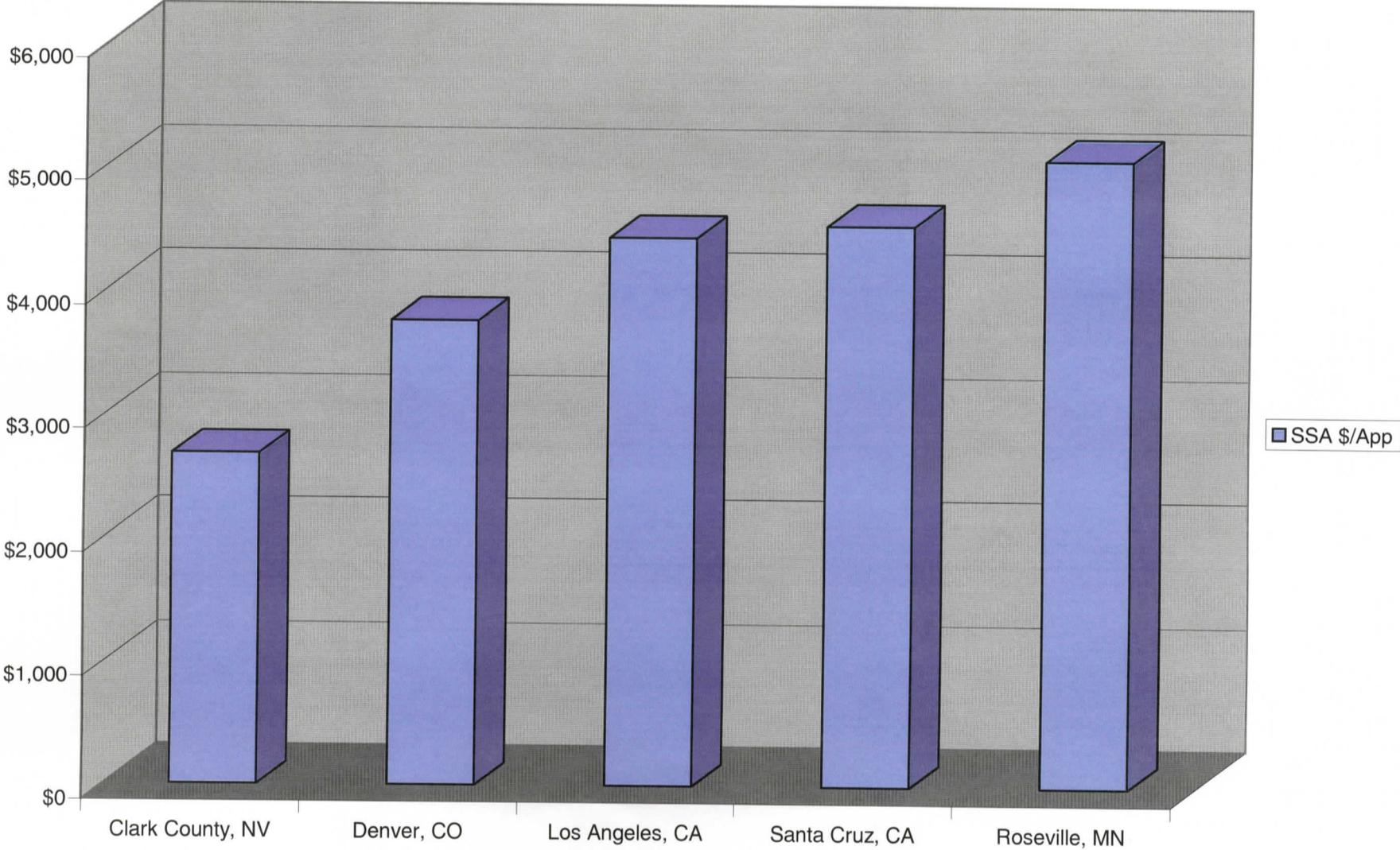
OE-6 TOP 5 PERFORMERS



OE-7 TOP 5 APPROVAL PERCENTAGE



OE-8 TOP 5 SSA COST PER APPLICATION



OE-9 HOPE DATA TABLE

2 Years (February 2004 - April 2006)

Grantee	Location	Region	Enrollees	Approvals	% Approved	Refusals	Grant \$	SSA \$/App
Span	Boston, MA	Boston	95	25		26	\$350,000	\$14,000
Shelter for the Homeless	Stamford, CT	Boston	97	17		18	\$350,000	\$20,588
Middlesex Center	Lowell, MA	Boston	100	18		18	\$342,403	\$19,022
Advocates Inc.	Waltham, MA	Boston	163	20		12	\$350,000	\$17,500
Florence and Duffy Center	Hyannis, MA	Boston	70	8		11	\$283,451	\$35,431
Partnership for Homeless	New York, NY	New York	121	37		31	\$350,000	\$9,459
Park Ridge Hospital System	Rochester, NY	New York	99	17		17	\$350,000	\$20,588
The Fortune Society	New York, NY	New York	89	8		9	\$262,500	\$32,813
Phase: Piggy Back Inc.	Harlem, NY	New York	117	9		8	\$350,000	\$38,889
Health Industry Resources	Bronx, NY	New York	115	25		22	\$347,386	\$13,895
Lt. Joseph P. Kennedy	Washington, DC	Philadelphia	116	12		10	\$350,000	\$29,167
Volunteers of America	Jacksonville, FL	Atlanta	100	9		9	\$350,000	\$38,889
Urban Ministries of Durham	Durham, NC	Atlanta	56	2		4	\$169,839	\$84,920
Haven House Services	Clark County, IN	Chicago	58	1		2	\$325,572	\$325,575
Freestore Foodbanck, Inc.	Cincinnati, Ohio	Chicago	184	65		35	\$350,000	\$5,385
Wayne-Metro Community	Ecorse, MI	Chicago	38	5		13	\$350,000	\$70,000
Salvation Army North	Roseville, MN	Chicago	220	69		31	\$350,000	\$5,072
Legal Action of Wisconsin	Milwaukee, WI	Chicago	98	16		16	\$350,000	\$21,875
Health Care for Homeless	Milwaukee, WI	Chicago	146	27		18	\$350,000	\$12,963
Beltrami Area Collaborative	Bemidji, MN	Chicago	73	7		10	\$256,645	\$36,664
Sabine Valley Center	Longview, TX	Dallas	185	63		34	\$350,000	\$5,556
SE Texas Planning Comm,	Beaumont, TX	Dallas	10	4		40	\$273,919	\$68,480
American GI Forum	San Antonio, TX	Dallas	51	5		10	\$350,000	\$70,000
LSU Health Center	New Orleans, LA	Dallas	80	7		9	\$349,993	\$49,999
Unity for the Homeless	New Orleans, LA	Dallas	76	18		24	\$350,000	\$19,444
Kansas Legal Services	Topeka, KS	Kansas City	198	20		10	\$306,422	\$15,321
Colorado Coalition Homeless	Denver, CO	Denver	274	93		34	\$350,000	\$3,763
Volunteers of America	Los Angeles, CA	San Francisco	221	79		36	\$350,000	\$4,430
Clark County Social Services	Las Vegas, NV	San Francisco	285	131		46	\$350,000	\$2,672
Ocean Park Comm. Center	Santa Monica, CA	San Francisco	76	28		37	\$350,000	\$12,500
Tarzana Treatment Centers	Reseda, CA	San Francisco	158	42		27	\$350,000	\$8,333
Special Services Groups	Los Angeles, CA	San Francisco	115	38		33	\$350,000	\$9,211
Transitional Living Support	Sacramento, CA	San Francisco	96	22		23	\$350,000	\$15,909
County of San Francisco	San Francisco, CA	San Francisco	169	37		22	\$341,810	\$9,238
County of Santa Cruz	Santa Cruz, CA	San Francisco	108	74		69	\$335,367	\$4,532
Interfaith Community Svs.	Escondido, CA	San Francisco	90	29		32	\$348,347	\$12,012
Mental Health Kokua	Honolulu, HI	San Francisco	165	9		5	\$350,000	\$38,889
Dorothy Kret and Associates	Tuscon, AZ	San Francisco	29	13		45	\$349,759	\$26,905
Salvation Army	Seattle, WA	Seattle	87	25		29	\$350,000	\$14,000
White Bird Clinic	Eugene, OR	Seattle	264	40		15	\$240,041	\$6,001
Clackamas County SS	Oak Grove, OR	Seattle	96	19		20	\$350,000	\$18,421
Sum			4988	1193		421	\$13,633,454	\$11,428
Max			285	131		50	\$350,000	\$75,000
Mean			122	29		10	\$332,523	\$24,581
Median			100	20		4	\$350,000	\$17,500
Mode			100	25	#N/A	0	\$350,000	\$38,889
StdDevP			65	28		14	38717	20964.3389

OE-9 HOPE GRANT - REGIONAL TOP PERFORMERS

2 Years (February 2004 - April 2006)

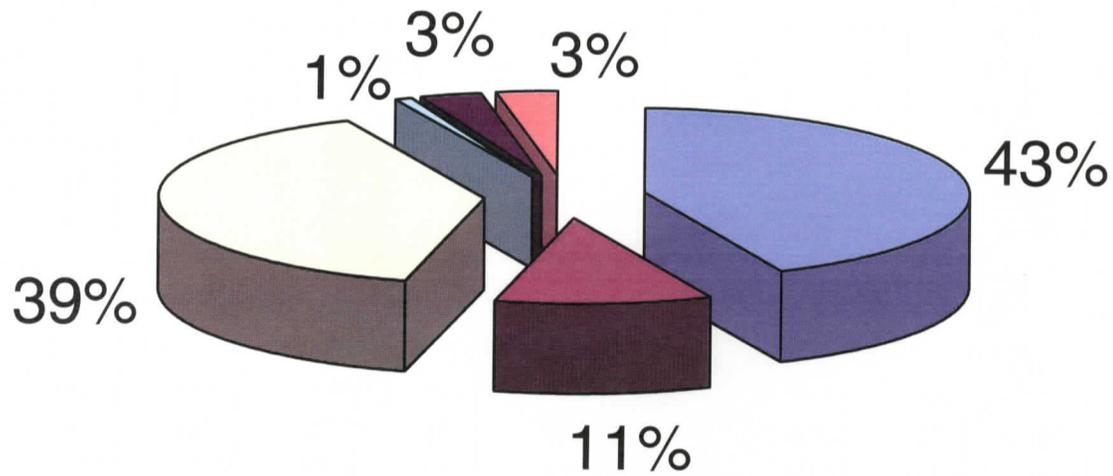
Grantee	Location	Region	Enrollees	Approvals	% Approved	Refusals	Grant \$	SSA \$/App
Span	Boston, MA	Boston	95	25	26	2	\$350,000	\$14,000
Partnership for Homeless	New York, NY	New York	121	37	31	10	\$350,000	\$9,459
Lt. Joseph P. Kennedy	Washington, DC	Philadelphia	116	12	10	26	\$350,000	\$29,167
Volunteers of America	Jacksonville, FL	Atlanta	100	9	9	2	\$350,000	\$38,889
Salvation Army North	Roseville, MN	Chicago	220	69	31	20	\$350,000	\$5,072
Sabine Valley Center	Longview, TX	Dallas	185	63	34	3	\$350,000	\$5,556
Kansas Legal Services	Topeka, KS	Kansas City	198	20	10	28	\$306,422	\$15,321
Colorado Coalition Homeless	Denver, CO	Denver	274	93	34	3	\$350,000	\$3,763
Clark County Social Services	Las Vegas, NV	San Francisco	285	131	46	41	\$350,000	\$2,672
White Bird Clinic	Eugene, OR	Seattle	264	40	15	0	\$240,041	\$6,001

OE-9 HOPE GRANT - TOP 5 PERFORMERS

2 Years (February 2004 - April 2006)

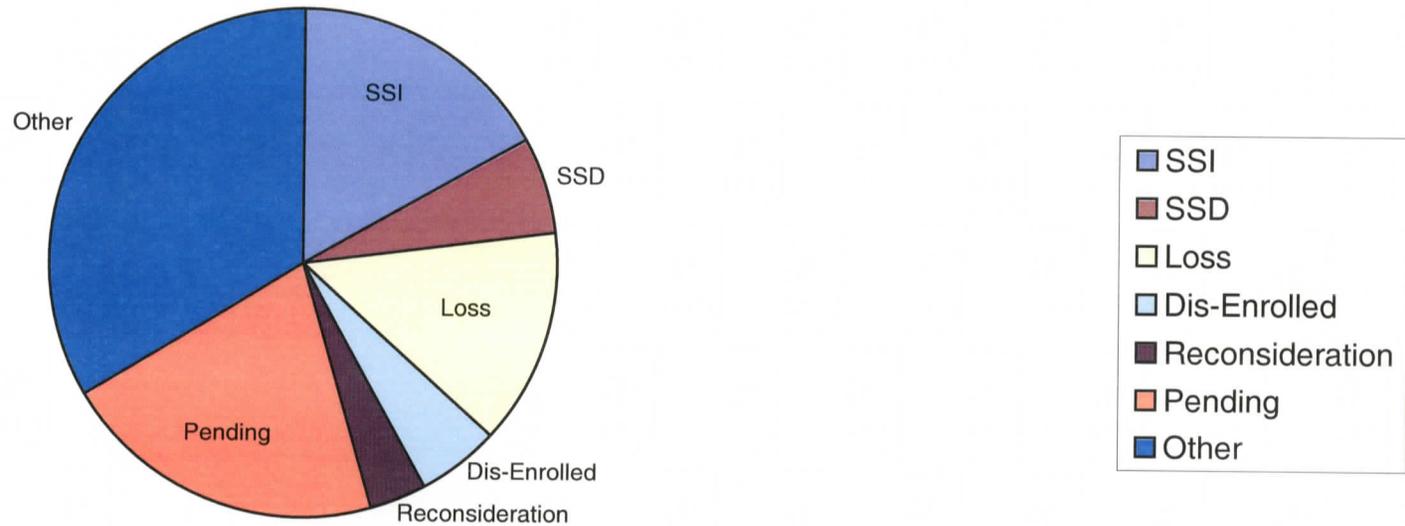
Grantee	Location	Region	Enrollees	Approvals	% Approved	Refusals	Grant \$	SSA \$/App
Clark County Social Services	Clark County, NV	San Francisco	285	131	46	41	\$350,000	\$2,672
Colorado Coalition Homeless	Denver, CO	Denver	274	93	34	3	\$350,000	\$3,763
Volunteers of America	Los Angeles, CA	San Francisco	221	79	36	26	\$350,000	\$4,430
County of Santa Cruz	Santa Cruz, CA	San Francisco	108	74	69	0	\$335,367	\$4,532
Salvation Army North	Roseville, MN	Chicago	220	69	31	20	\$350,000	\$5,072

CA-1 2006 COACH Budget

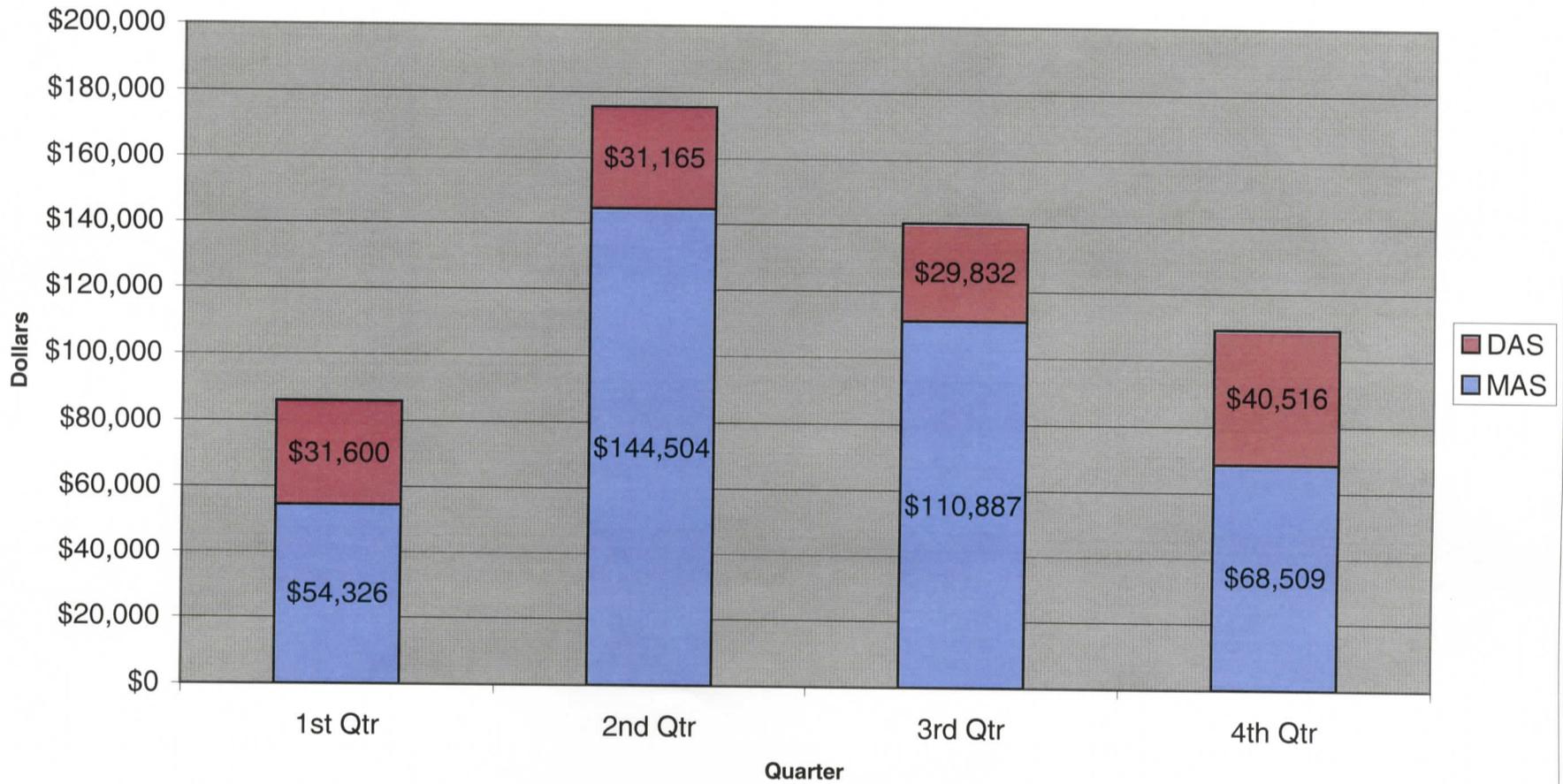


- Staff Salary
- Staff Fringe
- Contractural
- Medical Records/ID's
- Supplies
- Travel

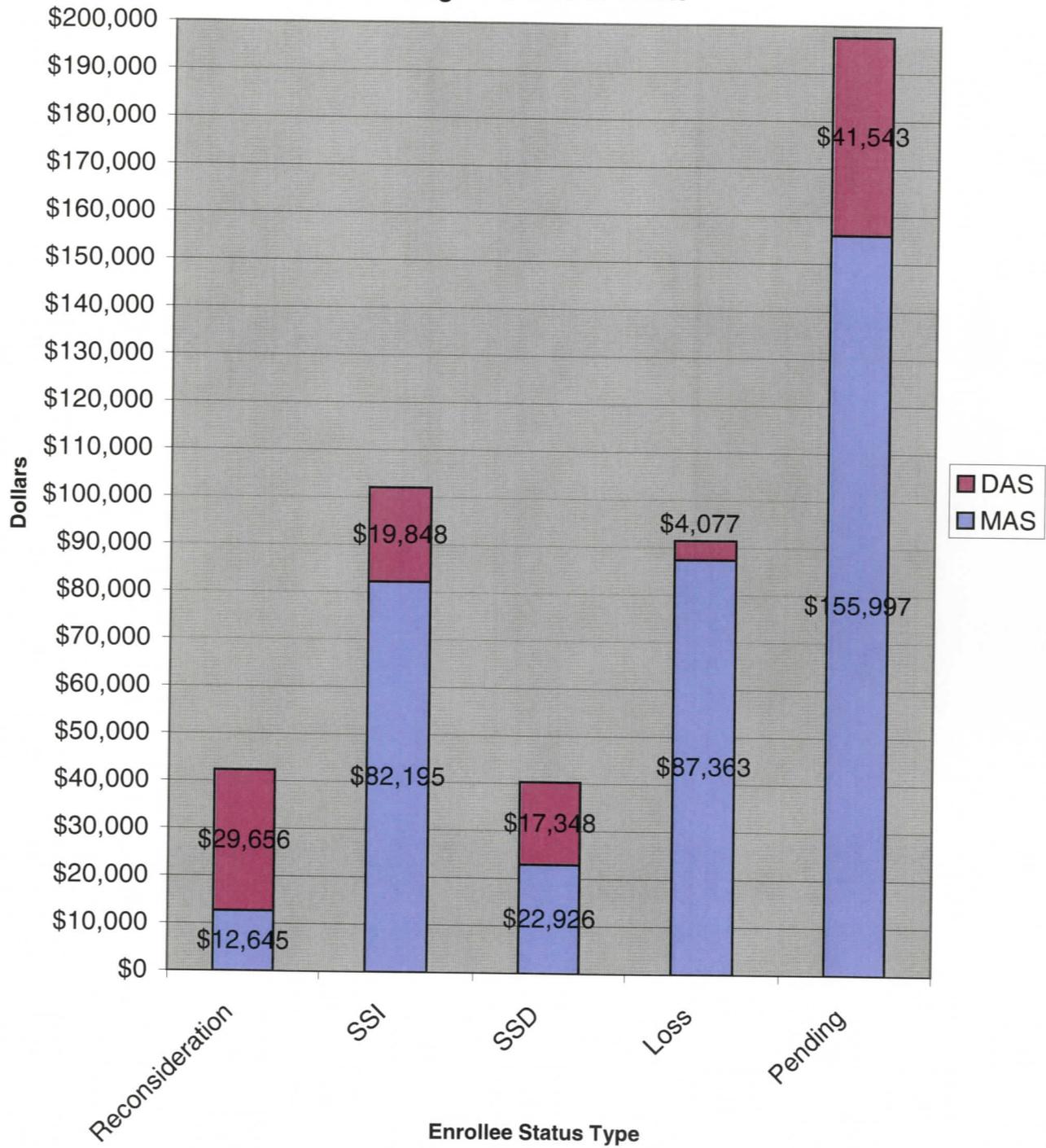
CA-2 Number of Enrollees by Enrollee Status Type May 2004 - April 2006



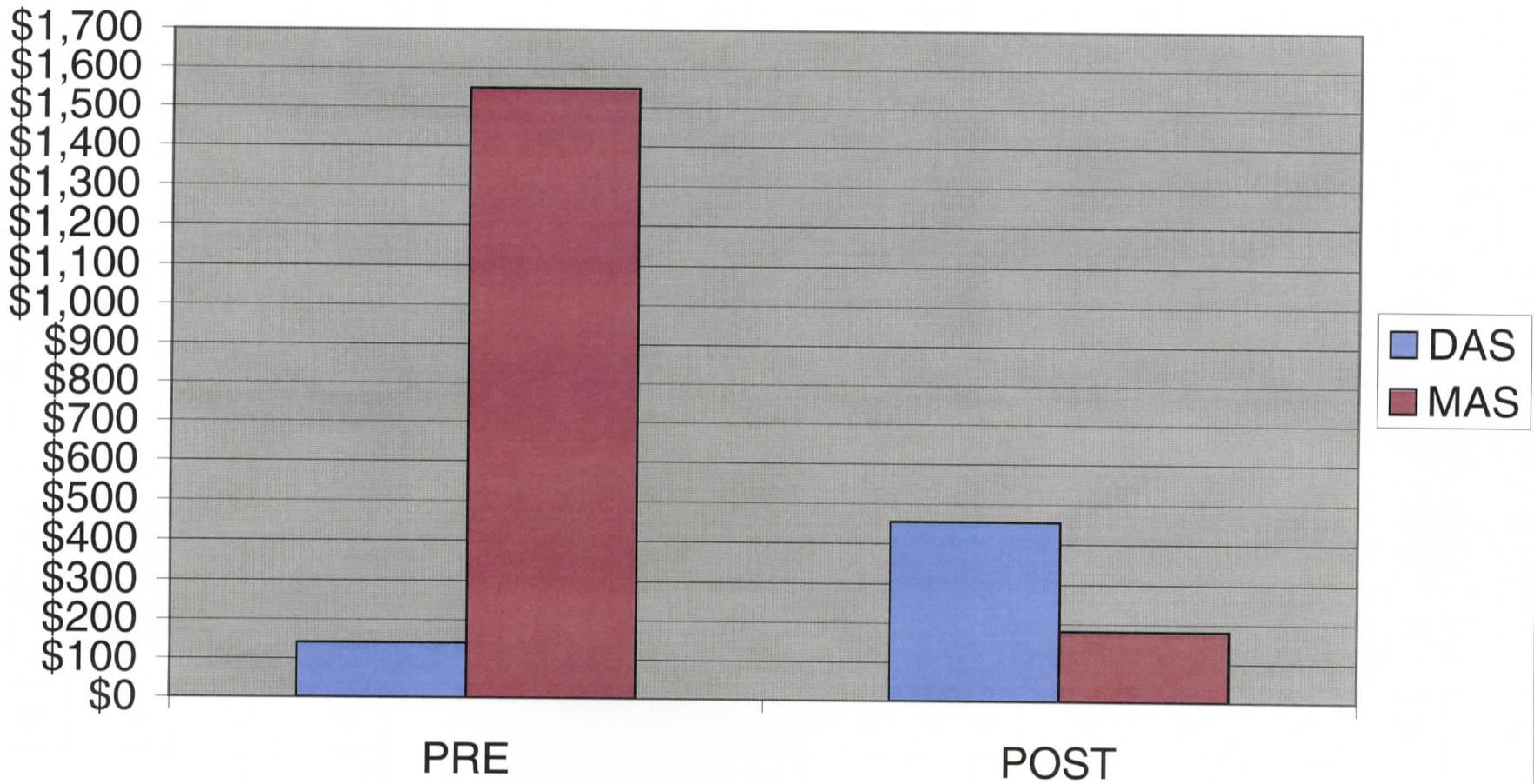
CA-3
Medical & Housing Assistance Paid for Enrollees
During Year-Two of Grant
Per Quarter



CA-4
Medical & Housing Assistance Paid for Enrollees
 Per Enrollee Status Type
 During Year-Two of Grant



CA-5
Average Housing & Medical Assistance
Paid for Enrollees By the County
Pre- & Post-Enrollment



CA-6
Volume of Work with Associated Expense
by Enrollee Status Type
Per Social Worker

