Nevada Interagency Council on Homelessness to Housing Strategic Plan

October 2022

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Office of the Governor

Dear Nevadans,

It is my honor to introduce this Strategic Plan, which is the result of the hard work and commitment of the Interagency Advisory Council on Homelessness to Housing.

This Council and its Committees are made up of individuals dedicated to serving their fellow Nevadans and this Strategic Plan outlines the commitment of our state to end homelessness and ensure resources and wraparound services are available so Nevadans can live and thrive in their community.

This plan could not be completed, and will not be successful, without the input, coordination and ongoing support from agencies, community partners and all those committed to this effort. I encourage you all to review this valuable document, consider the guiding principles, and understand how we can all work together to end homelessness.

I was honored to sign Assembly Bill 174, adding NRS 232.4983 into law in 2019 as the issue of homelessness in Nevada and nationwide is not an easy one. We know it requires partnership from stakeholders, a willingness to embrace innovation and new ideas and the support of local, county and state agencies. I commend those who have been partners in this effort and encourage others to join this work to support our residents experiencing homelessness.

It is my honor to serve as Governor of the great State of Nevada alongside this Council and all those committed to serving and supporting their fellow Nevadans. Thank you for your work on this valuable document and I hope it serves as a roadmap as these efforts continue.

Sincerely,



Governor Steve Sisolak
State of Nevada

Introduction

Nevada's Interagency Advisory Council on Homelessness to Housing (ICHH) was established via Executive Order 2013-20 and reestablished through Assembly Bill 174 in 2019 to coordinate and focus the State's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides the opportunity for Nevada to engage in an integrated approach regarding the issue of homelessness and promote interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are experiencing homeless.

The Council established the Technical Assistance Committee (TAC) during their meeting on September 15, 2020. The subcommittee was charged with establishing a strategic plan for the Council. The strategic plan subcommittee met regularly to develop the strategic plan. During 2020 and 2021, the TAC accomplished revising strategic issues and goals. The updated plan was presented to the Council at the October 2021 meeting for approval and direction. A final version was presented and adopted during the October 26, 2022, Council meeting**.** The TAC will review, revise and update (if applicable) the strategic plan annually and present its findings to the Council for approval and direction.

Members and Committees

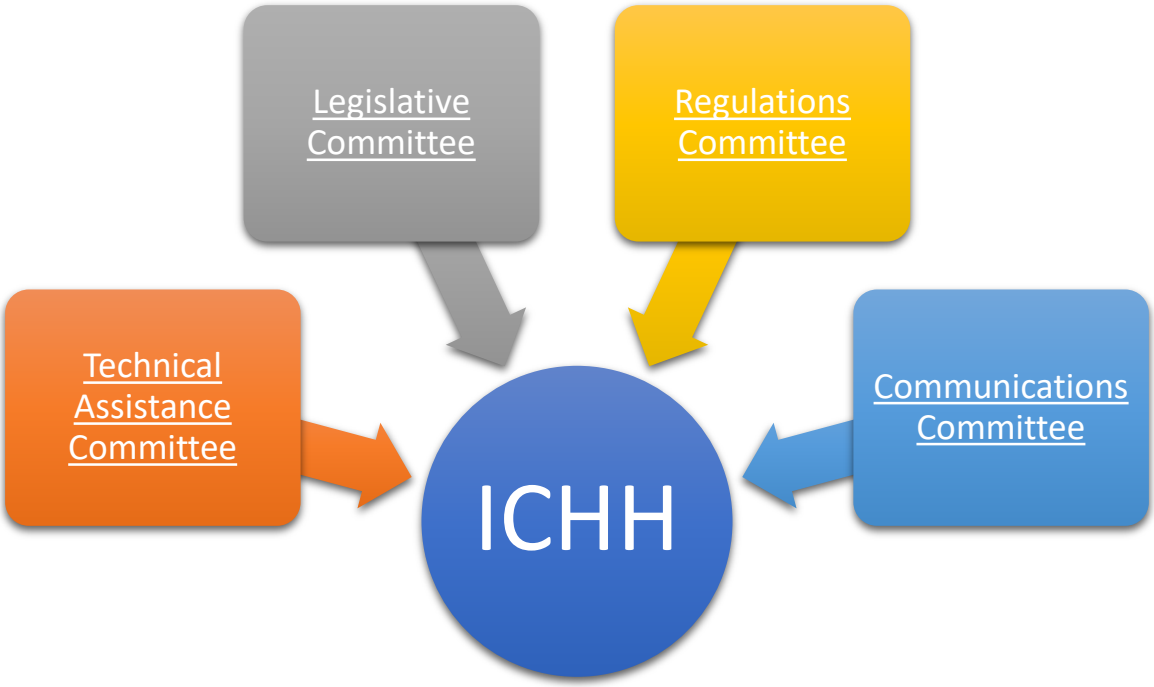
The ICHH consists of thirteen members that include:

- Chief of Staff to the Governor, or designee
- Director of Health and Human Services, or designee
- Director of the Department of Corrections, or designee
- Administrator of Housing Division, Department of Business and Industry or Designee
- Director of the Department of Veterans Services or designee
- Sheriff of Clark County, or designee
- Sheriff of Washoe County, or designee
- Member of the Assembly, appointed by the Speaker of the House
- Member of the Senate, appointed by the Senate Majority Leader
- One member who is a district judge from the 2nd or 8th Judicial District, appointed by Nevada District Judges Association
- One member who is a Sheriff of a county, other than Clark or Washoe, appointed by the Nevada Sheriff's and Chiefs' Association
- Governor appointment member, formerly experience homelessness

Each standing committee must include a minimum of one voting member(s) of the Council. Each standing committee shall have one (1) Chair who is a voting member of the Council except for the Technical Committee, each committee is able to add other committee members who are voted in by that committee and have voting rights.

The Council Chair shall appoint the standing committee chairs from the Council, except for the Communications Chair which will be the Council Secretary.

Each standing committee, through the standing committee Chair, may appoint additional non-voting members to their committee, as needed based on area of expertise and/or specific projects



- **Technical Assistance Committee**
  The technical assistance subcommittee is to provide advice and information to assist the Council in developing the strategic plan. The technical assistance committee may include, without limitation, representatives of federal, state and local agencies, providers of services, religious organizations, persons involved in the sale or lease of housing and members of the public.

- **Legislative Committee**
  Legislative committee was established to receive presentation and information from stakeholders in the community that may help form future legislation in the area of homelessness and provide that information to the Council, upon request.

- **Regulations Committee**
  Regulations Committee was established to review Nevada regulations on Homelessness and offer suggestions on new regulations that may help community members experiencing homelessness and provide information to the Council, upon request.

- **Communications Committee**
  Communication committee was established to help the Nevada Interagency Advisory Council on Homelessness to Housing Technical Assistance subcommittee update the Nevada Strategic Plan and engage community stakeholders when needed and provide information to the Council, upon request. (Suspended on 5/17/22)

Nevada Interagency Council on Homelessness

Name	Affiliation
2021-2022	
Senator Moises Denis	President Pro Tempore
Lisa Lee, Chairwoman	Council Chairwoman, Formerly Homeless Member
Robert Thompson	Administrator, Division of Welfare & Supportive Services
Fred Wagar	Director of Programs and Services, Nevada Department of Veterans Services
Marc Bello	Captain, Washoe County Sheriff's Office
Honorable Judge Mike Montero	Sixth Judicial District Court
Bailey Bortolin	Deputy Chief of Staff, Governor's Office
Assemblywoman Bee Duran	Assemblywoman District 11
Brian Williams	Deputy Director, Department of Corrections
Steven Aichroth	Administrator, Nevada Housing Division
Christopher Gorrell	Lieutenant, Las Vegas Metropolitan Police
Jerry Allen	Sheriff, Pershing County Sheriff's Department
Honorable Judge Christy Craig	Eighth Judicial District Court
Previous Members (2020)	
Chuck Callaway	Director, Office of Intergovernmental Services, Las Vegas Metropolitan Police
Honorable Judge David Gibson, Jr.	Eighth Judicial District Court
Scott Gilles	Senior Advisor, Governor's Chief of Staff

Technical Assistance Committee

Name	Affiliation
Michele Fuller-Hallauer, Chairwoman	Manager, Clark County Social Service
Brooke Page, Vice-Chairwoman	Corporation for Supportive Housing Director, Southwest
Marc Bello	Captain, Washoe County
Dr. Pamela Juniel	McKinney-Vento Coordinator, Nevada Department of Education
Lisa Lee	Nevada Interagency Council on Homelessness, Washoe County Human Services Agency
Chris Murphy	Grants Manager, Churchill Council on Alcohol and Other Drugs DBA: New Frontier
Emily Paulsen	Housing and Justice Reintegration Program Manager
Hettie Read	Management Analyst Housing and Neighborhood Development, City of Reno
Renee Sweeney	Vitality Veterans Housing Program Coordinator
Nolga Valadez	Benefit Services Outreach Manager, Three Square
Karen Van Hest	Director of Reimbursement and Compliance at Catholic Charities of Northern Nevada

Legislative Committee

Name	Affiliation
Bailey Bortolin, Chairwoman	Deputy Chief of Staff, Governor's Office
Christine Saunders	Policy Director, Progressive Leadership Alliance of Nevada
Erik Jimenez	Chief Deputy, Nevada State Treasurer's Office
Lilith Baran	Policy Associate, ACLU of Nevada
Christine Hess	Executive Director, Nevada Housing Coalition
Jonathan Norman	Advocacy Outreach Policy Director, Nevada Coalition of Legal Service Providers
Pastor Phillip Washington	Vice Chair, Nevada Faith Health Coalition; Founder, Urban Community Project

Arash Ghafoori	Executive Director, Nevada Partnership for Homeless Youth
André Wade	State Director, Silver State Equality
Catrina Grigsby-Thedford	Executive Director, Nevada Homeless Alliance
Serafin Calvo-Arrela	Parking Enforcement Manager, City of North Las Vegas

Regulations Committee

Name	Affiliation
Steven Aichroth, Chairman	Administrator, Nevada Housing Division
Lilith Baran	Policy Associate, ACLU of Nevada
Merideth Spriggs	Homeless Outreach Guru/Summit Fellow, Founder/Chief Kindness Officer Caridad
Marc Bello	Captain, Washoe County Sheriff's Office

Communications Committee

Name	Affiliation (Suspended on 5/17/22)
Fred Wagar, Chairman	Director of Programs and Services, Nevada Department of Veterans Services
Lisa Lee	ICHH Chairwoman, Human Services Program Specialist, Washoe County Human Services Agency
Hassan Chaudry	Director, RE Development & Acquisitions
Merideth Spriggs	Homeless Outreach Guru/Summit Fellow, Founder/Chief Kindness Officer Caridad
Megan Duggan	Director of Community Relations, Community Health Alliance
Megan Blas	Homeless Services Coordinator, City of North Las Vegas
Eileen Bidwell	Board Member, Reno Initiative for Shelter and Equality (RISE)
Bill Ennis	Director, Mesquite Salvation Army
Karen van Hest	Director of Reimbursements & Compliance, Catholic Charities of Northern Nevada & The St. Vincent's Programs
Lovia Larkin	Housing Coordinator, Vitality Unlimited
Heather Benson	Division Manager of Adult Services, Lyon County Human Services
Josh McMullen	Director of Housing, Northern Nevada HOPES
Lilith Baran	Policy Associate, ACLU of Nevada

Strategic Plan Background/Historical Context

Introduction

Nevada's Interagency Advisory Council on Homelessness to Housing was established via Executive Order 2013-20 and was reestablished through Assembly Bill 174 in 2019 to coordinate and focus the State's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides the opportunity for Nevada to engage in an integrated approach regarding the issue of homelessness and promote interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless and develops a strategic plan to solve homelessness.

Initial 2015 Strategic Plan

Methods

The Council created a strategic planning subcommittee during their first meeting in September 2014. The subcommittee was charged with establishing a strategic plan for the Council. The strategic plan subcommittee met bi-weekly to develop the strategic plan template, mission, vision, values, and needs assessment content. The plan was presented to the Council at the November 2014 and January 2015 meetings for approval and direction. A final version was presented and adopted during the June 2015 Council meeting.

Engaging Stakeholders

Council members applied through an open application process and were appointed to the Council by the Governor. The Governor's Executive Order details that the Council shall consist of no more than twenty members and members should represent private businesses, state agencies, nonprofit organizations that provide services to people experiencing homelessness, public housing, local governments, federal agencies, at least one person who is or has been homeless and any others with an interest in addressing homelessness.

The strategic planning subcommittee includes council members and members not on the council that represent other groups working on homeless issues throughout Nevada. These include the faith-based organizations, the Continua of Care and members from homeless initiatives.

There are several planning projects recently completed or underway in Nevada that address aspects of homelessness. The Council utilized a number of these plans from stakeholders to inform the strategic plan. The Council's guiding principles are shared with the Dedicating Opportunities to End Homelessness (DOEH) initiative, a joint effort between the U.S. Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH). Data from the three regional continua of care in Nevada was utilized to inform the needs assessment section of the plan regarding the number of homeless and bed availability. The plans from northern and southern Nevada as well as the Nevada Housing-Healthcare (H2) initiative were used to identify critical issues.

Recommendations from the Governor's Council on Behavioral Health and Wellness, and white papers recently completed by the Division of Public and Behavioral Health were also utilized. Data from the USICH/HUD Dedicating Opportunities to End Homelessness Initiative's *Strategic Planning Guide* was also used to demonstrate homeless population projections.

The Interagency Council on Homelessness to Housing (ICHH) identified eight strategic issues facing the state through an analysis of statewide data. Strategic issues include both fundamental policy choices and critical challenges that must be addressed for the ICHH to achieve its vision. The ICHH reviewed the goals and strategies of the previous ICH's strategic plan which was based on the federal strategic plan to end homelessness, *Opening Doors*, and chose to integrate many of the components into the current plan.

2017-2018 Updates to the Plan

In 2017, the ICHH recognized the need to update the strategic plan to better align with the current environment of housing and homelessness in Nevada. While the Council acknowledged that the strategic issues were still valid, there were a number of goals that had been completed or had become irrelevant as work in other areas progressed. The ICHH also found that several Strategic Issue areas had redundancies which presented an opportunity to combine goals to more effectively address the issue areas.

In two strategic planning sessions conducted in August 2017 and February 2018, the ICHH revised their goals and strategies. This resulted in goals under Strategic Issue #7 (Policies) and #8 (Long term planning) to be integrated within the remaining Strategic Issue areas.

2020-2021 Updates to the Plan

The Technical Assistance Committee (TAC) was established in September 2020 by the ICHH. The primary focus of the TAC is to develop the statewide strategic plan. Initially, the TAC met bi-monthly in 2020 and 2021, however, in 2022 the TAC began meeting monthly.

2021-2022 Updates to the Plan

Nevada, as with the entire country, is dealing with a global pandemic. The pandemic effected people experiencing homelessness at a greater degree than the general public. The need to update the Nevada ICHH strategic plan is critical due to the financial, medical and mental health tolls the pandemic created.

The epidemic of homelessness is apparent in communities throughout Nevada and is creating immense suffering. Homelessness is threatening the health of families and individuals, undermining the shared values that have driven our state's prosperity, including public safety and access to public streets, parks, and facilities.

In seeking to identify the causes of this epidemic, a large proportion of those unsheltered also suffer from serious behavioral health or physical health conditions that will inevitably grow worse without timely and effective health care.

Housing is an indispensable element of effective health care. Stable housing is a prerequisite to addressing behavioral health needs and lack of housing is a precursor to poor health outcomes.

The ICHH council added three additional standing committees to help this continued process in an effort to have a robust and current strategic plan moving forward.

Mission, Values and Guiding Principles

Mission

The mission of the Nevada's Governor's Interagency Advisory Council on Homelessness to Housing is to lead Nevada's efforts to prevent and end homelessness.

Values

Nevada has a common set of values it shares with federal, state and local jurisdictions:

- Every person matters and deserves to be treated with dignity and respect.
- Homelessness is unacceptable.
- Homelessness can be prevented.
- Homelessness is expensive; it is better to invest in housing solutions.
- Homelessness is solvable; we have learned a lot about what works.
- There is strength in collaboration.

Guiding Principles

Nevada uses guiding principles shared with the Dedicating Opportunities to End Homelessness (DOEH) initiative, a joint effort between the U.S. Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH). These guiding principles include:

- ✓ Coordinating Across Partners
- ✓ Community-led Action Data-driven Achievable Strategies and Goals
- ✓ Making Commitments and Measuring Results
- ✓ Leveraging Existing and Untapped Resources
- ✓ Removing Barriers
- ✓ Targeting Priority Populations

Eight Strategic Issues



State of Homelessness in Nevada

The three Continuum of Cares (CoC) provide coordination of homeless services across Nevada: Southern Nevada, Rural Nevada and Reno-Sparks/Washoe County. On February 23-24, 2022, the CoCs conducted a Point-In-Time (PIT) count across Nevada and identified 7,618 people experiencing homelessness. During this time, there were 392 unaccompanied youth, ages 24 and younger, counted. Youth are typically known as a hidden population of homelessness as they tend to blend in with their surroundings.

The PIT identified 3,567 (46 percent) of people living in unsheltered situations. The Department of Housing and Urban Development (HUD) recognizes that unsheltered homelessness has been a growing concern across the nation and Nevada has seen a 10 percent increase in unsheltered homelessness between 2007 and 2020 (National Alliance to End Homelessness, n.d.). The California Policy Lab reports compared to sheltered people, unsheltered people are four times as likely to report a physical health condition, five times as likely to report a substance abuse condition, nearly 1.5 times as likely to report a mental health condition and 25 times as likely to report all three conditions concurrently (Hess, Lyke, & Rountree, 2019).

On the night of the PIT, 2,779 people experiencing homelessness were presumed to meet the definition of chronic homeless, which requires an extended period or repeat experiences of homelessness and a disability. People who experience chronic homelessness often have complex needs and often are highly vulnerable due to having one or more disabling conditions.

Homelessness is a complex public health concern and when viewed through the lens of social determinants its clear homelessness is often a cumulative result of social, economic, and relational factors. It is through data-driven strategies that the root causes of homelessness can be addressed, and equity achieved. There is no easy solution or one-size-fits-all approach but through identifying the primary causes of homelessness, it can be prevented.

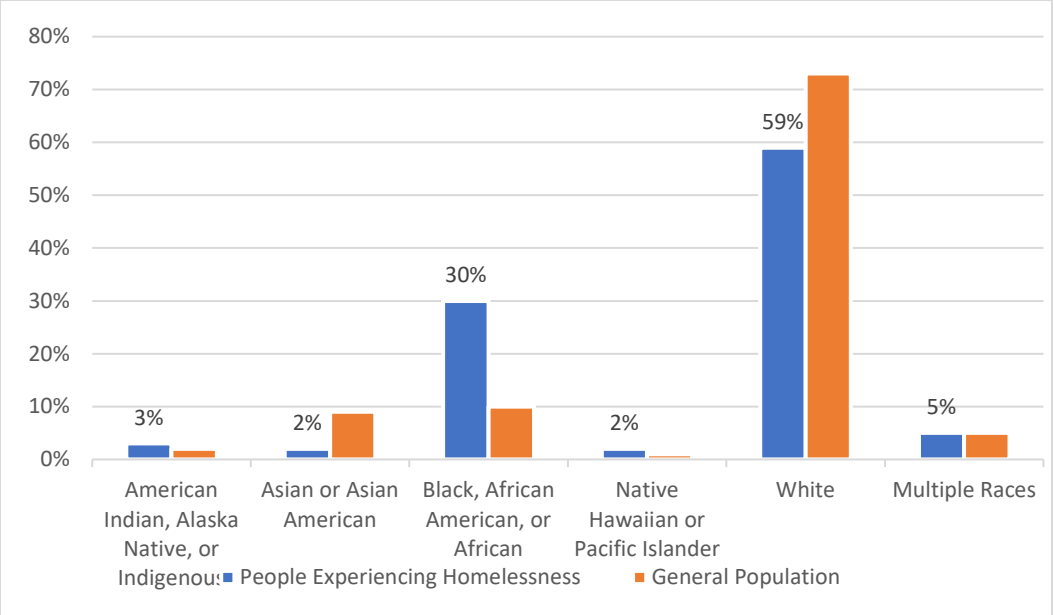
In Nevada's current housing market, housing instability is a growing concern for many residents. There is not enough affordable housing to meet the needs of all Nevadans. As the demand across the state continues to increase, prices for both rental properties and home ownership have reached all-time highs. In both Las Vegas and Reno apartment rents have increased by 15 percent in the last year and now exceeds $1,250 per month in Las Vegas and $1,450 per month in Reno/Sparks (Rent Café, n.d.a., n.d.b.). HUD recognizes that for stable housing costs should not exceed more than 30 percent of a household's income (Brooke Amendment Restoration Act, 1997). According to the National Low Income Housing Coalition, 21 percent of all renters in Nevada are extremely low income (at or below 30% area median income (AMI). Nationwide, Nevada has the lowest number of available units for this group with only 18 out of 100 units available for each extremely low-income renter. Furthermore, 81 percent of these renters are severely rent burdened, spending more than 50 percent of their monthly income on housing (National Low Income Housing Coalition, n.d.).

In Nevada, the minimum wage is $9.50 which is, $6.49 below what is a living wage for a single adult in the state. 12.5 percent of Nevadans live in poverty (United States Census Bureau, 2021). Nevada is ranked in the 10th percentile when it comes to income inequality, meaning there exists a significant pay gap across residents that can place further financial burden on people earning below area median income (County Health Rankings & Roadmaps, 2022). In a national study in 2020, the Federal Reserve estimates 36 percent of Americans would not be able to cover a $400 unexpected expense (Board of Governors of the Federal Reserve System, 2022).

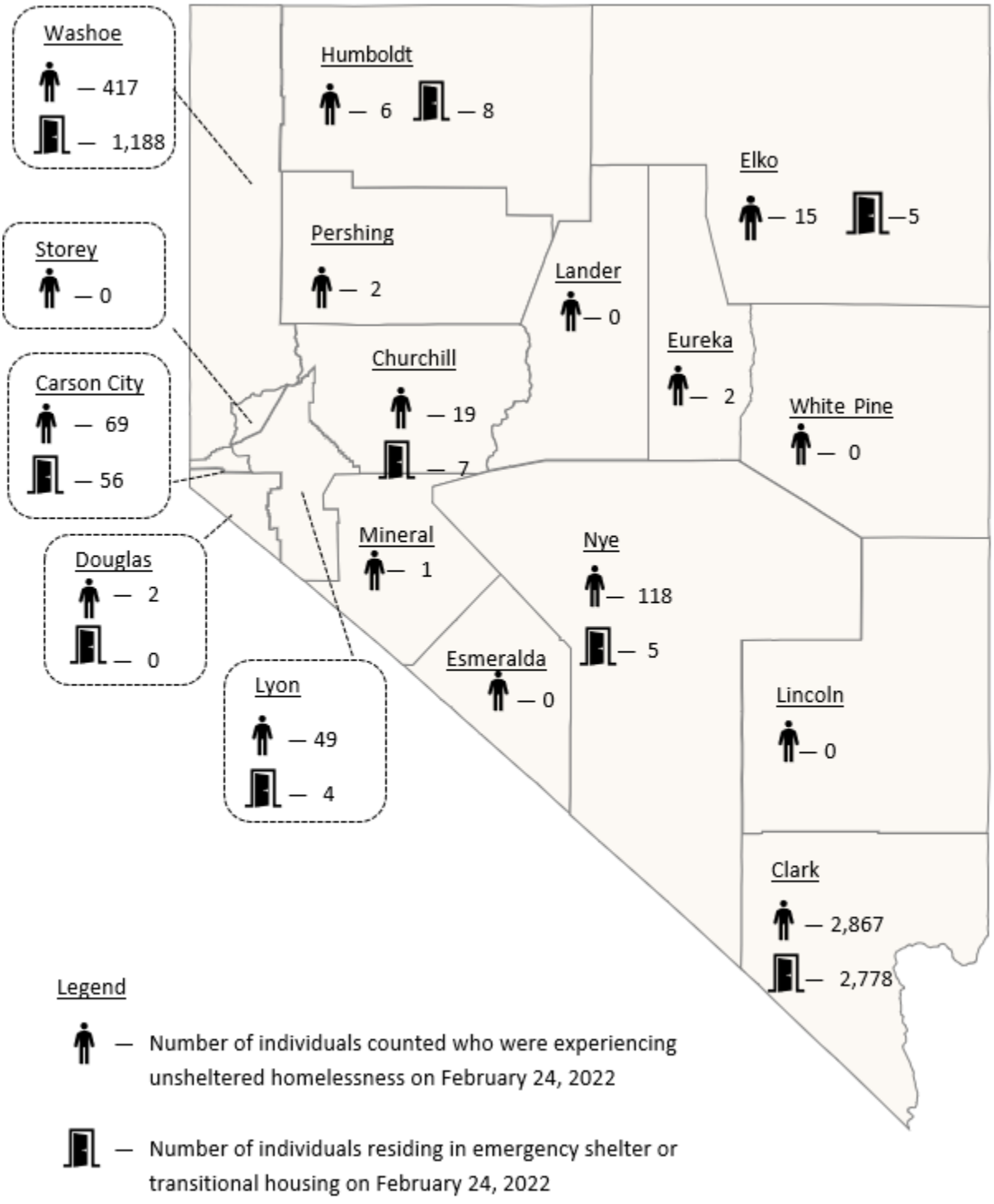
Certain groups of people experience homelessness at disproportional rates and are at great risk for adverse outcomes. Many minority groups are overrepresented in the homelessness system. The chart below shows 2022 PIT racial demographic data compared against Nevada's general population.

Beyond racial disparities there are sub-groups of people who experience homelessness at higher rates. Nationally, Veterans are more at-risk for homelessness. The PIT count found there were 752 Veterans experiencing homelessness across Nevada. There were also 455 survivors of domestic violence, another sub-group who is more at-risk for homelessness. In 2020, the National Institute on Mental Health cited 5.6 percent of adult Americans live with a serious mental illness; however, 29.3 percent of Nevada's homeless population report having a serious mental illness (National Institute of Mental Health, 2022). Another factor that increases a person's risk of homelessness is substance use disorder, which 2,334 self-reported.

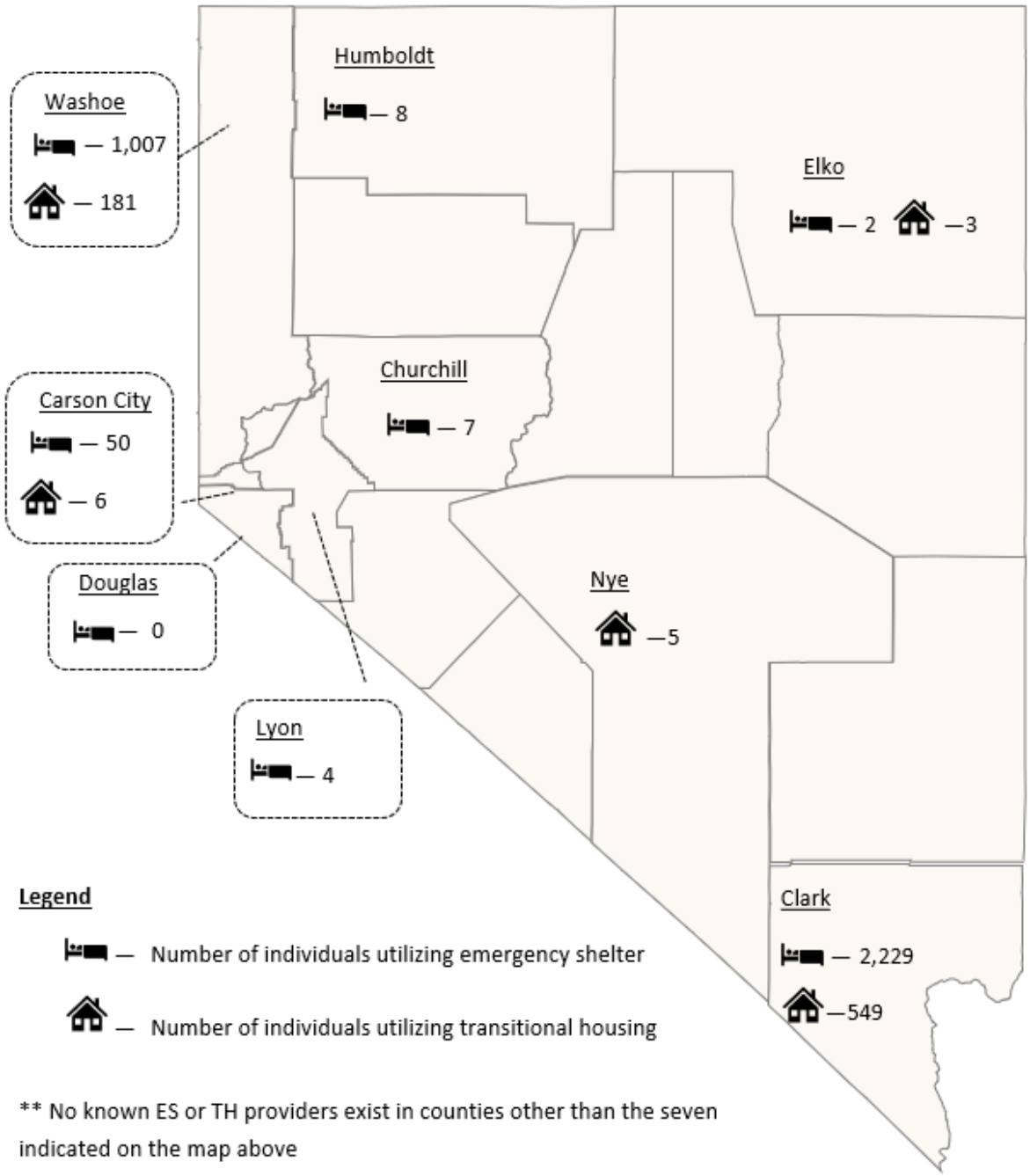
To end homelessness for all populations there must be equity across the homeless continuum of care. Patterns of inequities must be broken, and disparities removed. Homeless service providers need strong partnerships with adult and juvenile justice, child welfare, Veteran services, LGBTQ+ providers, hospitals, psychiatric facilities to prevent people from entering the homeless system of care at disproportion rates. Cross-system collaborations are needed to make the experience of homelessness rare, brief and non-reoccurring.



Results of 2022 PIT Count by County



Results of 2022 Emergency Shelter and Transitional Housing Sheltered PIT County by County



Strategic Issues

Strategic Issue #1 Housing

At its root, homelessness is the result of the inability to afford and maintain housing. Two trends are largely responsible for the rise in homelessness: a growing shortage of affordable housing and stagnant wages. Proven housing-based policies include federal housing assistance which includes public housing and federal housing vouchers, supportive housing which combines affordable housing assistance with supportive services, and Housing First, a philosophy to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. The Housing First philosophy focuses on simplifying the process of accessing housing through streamlining the application process and removing unnecessary documentation or site visits. It also ensures that supportive housing tenants are not subject to conditions of tenancy exceeding that of a normal leaseholder, including participation in treatment or other services. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve.

"Homelessness is not the simplest problem, but it is also not that complicated. Housing ends homelessness. It also helps people get on with all the other things that will allow them to achieve well-being and self-fulfillment. The first step is ending homelessness. The solutions to homelessness are not all that complex but implementing them can be. Political will, your skill and resources are what is needed." (NAEH, 2016b).

Housing First programs share critical elements:

- A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible without time limits.
- A variety of services delivered to promote housing stability and individual well-being on an as-needed basis; and
- A standard lease agreement to housing – as opposed to mandated therapy or services compliance.
- Provide housing first but not housing only. Programs engage tenants in flexible, voluntary and tenant-centered service enriched engagements to support tenants with ongoing tenancy and stability.

The vast majority of people who fall into homelessness do so after a housing or personal crisis leading them to seek help from the homeless assistance system. For these families and individuals, the Housing First approach is ideal, as it provides them with assistance to find permanent housing quickly and without conditions. In turn, such clients of the homeless assistance networks need surprisingly little support or assistance to achieve independence, saving the system considerable costs (National Alliance to End Homelessness, 2016).

Making housing stability the center of a homelessness system helps bring other mainstream resources to bear, including benefits and cash assistance, supportive services, housing assistance, health care, job training, and food and nutrition services. This emphasis helps spread the responsibility of preventing and ending homelessness across the community, and not just leaving it on the backs of homelessness assistance providers and shelters.

The data on the average life expectancy of people experiencing homelessness is around fifty years of age, twenty years lower than their housed counterparts (National Coalition for the Homeless, 2018). People experiencing homelessness are more vulnerable to violence and chronic illness, this is why we believe housing is healthcare. Housing First is a low barrier model that is person-centered and does not place mandates on individuals to engage in programming, services, and sobriety to access housing, yet makes supportive services accessible when the individual is ready to engage (National Alliance to End Homelessness, 2016a). Housing First is recognized as a national goal by the United States Interagency Council on Homelessness (2018). For Housing First programs to be successful, an integrated and

collaborative network of providers is required to work comprehensively and holistically—from street outreach, emergency shelters, data management, housing providers, community leaders, and policies and regulations.

In addition, communities who have embraced innovative housing solutions such as sanctioned safe encampments, tiny homes, Conestoga huts, pallet shelters, and container homes have shown some success at housing individuals who may not have success in accessing more traditional forms of emergency shelter and permanent housing. It is important to note that these innovations should be considered interim solutions, the goal is to end homelessness by providing pathways to permanent housing solutions.

A recent report from The Trevor Project suggests that more funding should be allocated for safe, low-barrier housing programs that decrease or eliminate bureaucratic challenges that a young person must go through to access services. One example would be removing age requirements that arbitrary force young adults out of youth-focused services at age 21; this can have an immediate positive impact on LGBTQ youth experiencing homelessness.

The Center for Evidence-based Solutions to Homelessness (n.d.) notes,

> "Whatever the policy, the data tells us that a collaborative, thoughtful approach to supporting encampment residents will result in more people finding housing, even if that response includes clearing encampments. To have that level of collaboration, solutions need to be developed locally, responsive to the specific needs of each community while maximizing and adapting the resources that are available. A reactionary approach that fails to address the needs of people experiencing homelessness—and disperses this highly vulnerable population without a follow-up plan—makes the challenge that much harder to resolve."

Homelessness is expensive. Hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses can add up quickly, making homelessness surprisingly expensive for municipalities and taxpayers. People experiencing homelessness are more likely to access the most costly health care services. Homelessness both causes and results from serious health care issues, including addiction, psychological disorders, HIV/AIDS, and a host of order ailments that require long-term, consistent care. Homelessness inhibits this care, as housing instability often detracts from regular medical attention, access to treatment, and recuperation. This inability to treat medical problems can aggravate these problems, making them both more dangerous and more costly. Studies have shown that providing people experiencing chronic homelessness with permanent supportive housing saves money (Coalition for the Homeless, n.d.)

The transformation to a housing stability approach builds on research and successful community practices, which demonstrate that focusing resources on quickly stabilizing people in housing diminishes the chaos in their lives and enables programs to address longer-term service needs. While shelter is a critical form of emergency assistance, it should only be used for crisis. Focusing on housing stability affords greater opportunity for homelessness assistance and mainstream systems to succeed. Making housing stability the center of a homelessness system helps bring other mainstream resources to bear, including benefits and cash assistance, supportive services, housing assistance, health care, job training, and food and nutrition services (United States Interagency Council on Homelessness (USICH, 2019)).

Goals:

1: Preserve the existing affordable and low-income housing stock.

2: Promote equitable access to housing by addressing discrimination on the basis of prior justice-involvement, source of income, mental health status, or involvement in a housing program.

3: Establish the infrastructure for a work group on supportive housing to create accountability to guide

state policy on permanent housing solutions to address homelessness and housing insecurity for people with complex needs comprised of housing providers, advocates, people with lived experience along with specialized subpopulation experts.

4: Provide the resources and support necessary to further expand and develop the inventory for supportive housing of:

- Extremely low-income (30% or below area median income),
- Very low income and low income (30-60% area median income) and
- Workforce housing (60-120% of area median income).

5: Provide support to local communities and Continuum of Care to maximize funding opportunities and ensure mainstream resources are leveraged to provide housing programs and supports.

6: Promote innovative opportunities for use of housing vouchers, such as shared housing, roommates, or multi-family shared housing.

Strategic Issue #2 Homelessness Prevention and Intervention

Communities throughout Nevada work tirelessly to offer a range of activities to prevent homelessness. The most widespread activities help avert housing loss for households facing eviction.

Housing Problem Solving is a key lever in reducing the flow in the homeless service system. Drawing upon natural support networks, individual and community strengths, and community resources can assist individuals in locating appropriate housing. Prevention, diversion, and rapid exit strategies are essential to systems of coordinated entry and offer potential housing pathways. Additionally, homelessness prevention, diversion, and rapid exit are outcomes of the same intervention or services that are provided to an individual or family at different periods of time in their housing crisis utilizing the housing problem-solving conversation.

Prevention—preventing a housing crisis from occurring by providing resources to individuals and families in an effort to maintain their existing housing situation.

Diversion—assisting with locating alternative housing options to prevent them from entering the homelessness service system; and

Rapid exit strategies—providing housing services as quickly as possible to resolve their episode of homelessness.

Sustainable, flexible resources are necessary to ensure creative housing problem-solving solutions and subsequent interventions are supported so they can significantly prevent and reduce homelessness in our communities.

Goals:

1: Support housing programs and agencies to provide housing problem solving that centers on strategies of homeless prevention, diversion, and rapid exit and timely linkage to appropriate resources.

2: Promote the leveraging of public benefits to improve services to divert from or prevent homelessness and provide opportunities for people to maintain their current housing or rapidly exit into housing.

3: Break the cycle of incarceration that leads to disrupted families, limited economic prospects, barriers to housing, intergenerational poverty, housing instability, and continued criminal activity.

4: Promote targeted outreach and education opportunities to the public to create awareness of resources to prevent homelessness by effectively collaborating with community partners and efficiently using available funds.

Strategic Issue #3 Wraparound Services

There is a significant need for the funding and provision of wraparound services for people experiencing homelessness in Nevada. Wraparound services provide people experiencing homelessness and families with a number of services they may need to stabilize their lives. The most successful approach to ending homelessness is to combine person-centered, client-driven, wraparound services with permanent housing.

Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams. Since the term was first coined in the 1980s, "wraparound" has been defined in different ways. It has been described as a philosophy, an approach, and a service. In recent years, wraparound has been most commonly conceived of as an intensive, individualized care planning and management process. Wraparound is not a treatment per se. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family.

Wraparound is a key component to the Housing First model. Without providing all necessary resources and supports, permanent housing and Housing First are not nearly as effective. One key to ensuring that wraparound is provided is to ensure there is sufficient case management staff. One known issue in Nevada is the lack of service providers and case managers to support the homeless population. In addition, there are a lack of services for special populations that are particularly vulnerable such as single men who have custody of their children, lesbian, gay, bi-sexual, transgender, and queer (LGBTQ+) individuals, transition age youth, unaccompanied minors, individuals with co-occurring disorders, and individuals who are medically fragile. For example, experiencing homelessness exacerbates health problems and the ability to access appropriate care. Residential instability and insecurity, including doubling up and overcrowding, creates substantial risks to child health, development, and educational outcomes. Housing instability and living in lower socioeconomic neighborhoods can lead to significant stress, mental health problems, obesity, and diabetes. Patients with multiple and chronic health needs often find navigating a complex and fragmented healthcare system overwhelming, making wraparound supportive services an essential component of linking health care, human services, and housing.

Much needed access to wraparound services that are inclusive of mental health care is critical for lesbian, gay, and bisexual (LGB) youth experiencing homelessness as they report higher rates of depression, post-traumatic stress disorder (PTSD), self-harm, suicidal ideation, or suicide attempts than their straight, cisgender peers experiencing homelessness (Ecker, 2016; Gattis & Larson, 2017; Gattis, 2013, Moskowitz et al., 2012; Saewyc et al, 2017).

There are limited resources to provide services to those who are most in need; many communities have adopted a paradigm shift to the utilization of progressive engagement case management approach. Progressive Engagement is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance. Progressive Engagement recognizes that each household has strengths and needs that change over time. Each person/household experiencing homelessness faces difference needs and obstacles. Progressive Engagement targets resources to the individualized client-centered needs and flexes up supports as greater needs are identified. Thus, allowing for the most intensive - and costly – resources to remain available to those with the greatest needs. Moreover, it is important that service providers are trained and prepared to serve LGBTQ+ persons with the support of inclusive organizational policies and procedures. There is a particular need for service providers to be able to serve people who identify as transgender and ensure that resources are available.

Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) is one wraparound strategy to help states increase access to mainstream benefits. SOAR is an effective strategy to assist people experiencing homelessness with a disability to access benefits expeditiously. Nevada previously benefited from a Statewide SOAR Coordinator, however, currently there are no trainings or coordination of data (including claim approval data). Best practices indicate that dedicated SOAR case managers yield optimal outcomes in benefit acquisition for clients.

Additionally, peer recovery support services are a nationally recognized evidence-based practice in which people with lived experience in recovery from a substance use, mental health, or co- occurring disorder assist others who are seeking or in recovery (SAMHSA, 2020). In Nevada, peer recovery support specialists (PRSS) are trained and certified to national standards of peer support. Many PRSSs have personally experienced homelessness and are a natural fit for careers helping others within homeless services. Hiring people with lived experience to be part of wraparound services empowers others and offers hope that people can exit homelessness.

Goals:

1: Increase access to matching of funds from state agencies to the Continuum of Care providers to improve wraparound services.

2: Provide materials to potential funders regarding best practices, strategies, and interventions in Nevada's communities for strategic investment to prevent and end homelessness.

3: Leverage existing state resources such as Medicaid, managed care organizations, community health centers, behavioral health providers, and others to maximize opportunities for wraparound care.

4: Advocate for the renewal of a statewide SOAR program that assists in training and coordination of additional SOAR case managers.

5: Advance opportunities for workforce development of formerly homeless individuals in recovery to become PRSS working in the field of ending homelessness and pursue funding opportunities for PRSS positions.

6: Support training and education initiatives on Progressive Engagement which targets resources based on individual needs and Housing First which promotes housing individuals as quickly as possible without forcing program participation, sobriety, or other barriers to housing.

7: Adopt and implement law enforcement programs that decriminalize homelessness through successful linkage to services and housing supports. Adopt and implement justice programs that divert people experiencing homelessness from jail to appropriate housing supports and community resources.

Strategic Issue #4 Education and Workforce Development

Education and workforce support are a key component of the service array necessary to move people out of homelessness and into financial and housing stability. This includes basic life skills training, early childhood education, workforce development and redevelopment, education completion and continuation. Life skills are the skills that many people take for granted, like managing money, shopping, cooking, running a home and maintaining social networks. They are essential for living independently. Some people experiencing homelessness do not have all of these skills, either because they never acquired them or because they lost them through extended periods of homelessness. Helping people experiencing homelessness acquire life skills can help them recover from homelessness and transition back into the community. Life skills training is different from support, help, or assistance in that the aim is to promote self-sufficiency.

Many factors combine to force so many to subsist without permanent housing, and too often without even basic shelter. Not only is there a shortage of affordable housing, but also wage and public benefits often yield incomes insufficient to obtain and maintain housing while simultaneously meeting the high costs of health care, childcare, and other support services. Although some people who experience homelessness are employed, they have jobs that pay wages too low to afford permanent housing. Others are not working due to job loss, child-caretaking responsibilities, age, disability, trauma, incomplete education or insufficient occupational skills (National Coalition for the Homeless, 2009b).

Ending homelessness is virtually impossible for those without income. For those with limited skills or experience, opportunities for jobs that pay a living wage are very limited. Additionally, many members of the homeless population must combat barriers such as limited transportation and reduced access to educational and training programs (Long, Rio, & Rosen, 2007). Furthermore, many struggles with holding on to or regaining access to documents such as birth certificates, state identification, and social security cards. In such a competitive environment, the difficulties of job seeking as a person experiencing homelessness can be almost insurmountable barriers to employment.

According to the Washoe County School District's Children in Transition (CIT) program, there were 2,786 students experiencing homelessness and/or housing instability identified in the 2018- 2019 school year and 2,550 in 2019-2020. The COVID-19 pandemic has impacted CIT's ability to locate students, as the numbers reflect 1,888 students identified in 2020-2021 and 640 students identified (so far, between 7/1/21 and 8/25/21). Clark County School District Title I HOPE program had 13,844 students experiencing homeless and/or housing stability in the 2018-2019 school year and 13,020 in 2019-2020, with preliminary data indicating 10,586 for the 2020-2021 school year. It must be noted that like Washoe County, Clark has also been impacted by the COVDI-19 pandemic in locating students. We have yet to understand the full impact the pandemic will bear upon children experiencing homelessness or at risk of homelessness. During the COVID-19 pandemic, many individuals experienced distress related to financial insecurity and isolation. Many initiated or returned to alcohol and substance use or engaged in riskier use, and depression and anxiety increased (Schencker, 2021; The Standard, 2020). Subsequently, as people return to the workforce, workplaces may struggle with workers' addictions and mental health. Nevada has long struggled with behavioral health, Nevada ranked 51st in the nation for behavioral health in the Mental Health America (n.d.) 2020 State of Mental Health in America report. Additionally, the shift in the drug supply during the pandemic, mixed with distress and substance use has elevated risk of fatal overdose (United Nations Office on Drugs and Crime, n.d.). Increasing access to evidence-based behavioral health treatment, medication-assisted treatment, and recovery supports will be essential to supporting people experiencing homelessness in returning to the workforce, as well as supporting workplaces in retaining workers. Additionally, Nevada is expected to be a minority-majority state by 2023 and racial justice as well as providing culturally and linguistically appropriate services needs to be prioritized.

Success in school and being a part of the workforce begin early. Over 50 percent of children living in federally funded homeless shelters are under the age of 5. Infants, toddlers, and preschoolers who are experiencing homelessness are at grave risk of developmental delays due to a variety of physical and mental health factors such as a lack of prenatal and early health care, crowded and unsanitary living conditions, environmental contaminants like lead, and the trauma caused by severe poverty and instability. Quality early education for children under the age of 5 who are homeless is essential, as well as educational and social supports which act as protective factors to alleviate life-long issues associated with adverse childhood experiences (ACEs) (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016).

Many families who are homeless have difficulty accessing education and training programs. Lack of transportation and access to phones, email, and a reliable mailing address are among the challenges. Additionally, some homeless shelters require residents to be on the premises during certain hours which may not coincide with the requirements of a training program or job. Lack of childcare is another large barrier to entering a job training program; parents who are homeless often do not have a reliable place to leave their children during the day. Families experiencing homelessness often have limited access to technology which impedes searching for, applying for, and maintaining employment. Additionally, the Workforce Investment Act (WIA) holds states, communities, and service providers accountable for performance measures, such as success rates in placing people in jobs and improving earnings. This may discourage them from reaching out to hard to serve populations who may need more supports to find employment (National Coalition for the Homeless, 2009b).

The pandemic illuminated the reality of many women in the labor force as they struggled to juggle employment and caretaking obligations during the shutdown and were disproportionately affected by the shutdown. Karageorge (2020) states, "15 million single mothers in the United States will be the most severely affected." Additionally, the gender pay gap, especially for BIPOC women, continues to be a barrier for many families to achieving housing equity. Gender and race should be considered in policy and funding priorities for women and families at risk or experiencing homelessness and additional resources should be available to mitigate these barriers.

Goals:

1: Public outreach and education is conducted to create awareness to remove the stigma around homelessness.

2: Expand economic opportunities for people who are experiencing homeless or at risk of homelessness to achieve self-sufficiency and economic mobility by supporting collaboration with workforce development, education, and record-sealing initiatives.

3: Support access to and stability in education and supportive services for children and adults experiencing homelessness or housing instability by leveraging community-based and governmental services.

4: Leverage Medicaid and managed care organizations resources for basic skills training, educational supports, and workforce development opportunities.

5: Advocate for systems level change in policy that support ending the gender wage gap and increasing racial equity to support the stability of all families across generations.

6: Ensure that COVID related funding supports behavioral health and substance use treatment and prevention as well as community-based recovery supports to ensure a workforce readiness and wellness.

7: Support projects such as the Nevada Recovery Friendly Workplace Initiative and re-entry initiatives which facilitate employment and educational opportunities for people in recovery and people with past justice-involvement.

Strategic Issue #5 Coordination of Primary and Behavioral Health

Higher incidence, prevalence, and acuity of medical and behavioral problems among people who are homeless requires the availability of comprehensive medical and behavioral health services. Limited access to mental health specialists, stigma associated with mental illness, and negative health outcomes related to undiagnosed or untreated behavioral disorders make it incumbent on primary care providers to address their patients' mental health needs.

Traditionally, primary care, mental health care, and addictions treatment have been provided by different programs in various agencies scattered throughout the community. People who are homeless— particularly those with mental illnesses and co-occurring substance use disorders— have difficulty navigating these multiple service systems. Lack of time, training, experience, and resources makes fully integrated primary and behavioral health care difficult to accomplish in primary care settings. Referrals can also be problematic for indigent patients. Because of the number of barriers, the coordination of primary and behavioral health is an area of concern in Nevada.

The COVID-19 pandemic created an environment that necessitated collaboration in new and unique ways across the state, one of which includes the prioritization for housing of those who are at high risk for COVID-19 based on CDC guidelines. It is recommended that continued assessment and evaluation of medical and behavioral health risks be considered for coordinated entry and housing prioritization for the foreseeable future.

Nevada has the unique position of not only having strong Continua of Care who have diverse stakeholder groups and have strong collaboration with each other; it also has Regional Behavioral Health Policy Boards. Thus, providing strategic collaborative opportunities for the coordination of primary and behavioral health services to be connected with housing for those experiencing a housing crisis. Further, Nevada can leverage Medicaid managed care organizations (MCOs) to provide housing options for medically fragile members who are experiencing homelessness.

According to the National Alliance to End Homelessness (2021), there were 580,466 people experiencing homelessness in the 2020 Point in Time Count. The populations most at risk are explicitly tied to race, ethnicity, and gender, which also intersects with health outcomes. HUD (2021) states, "people of color are significantly over-represented among people experiencing homelessness." People with disabilities who are experiencing chronic homelessness account for 19 percent of the homeless population (NAEH, 2021). People living with behavioral health conditions are more susceptible to homelessness and vulnerability and homelessness exacerbates mental health disorders and substance use. The opioid crisis has disproportionately impacted people experiencing homelessness who face a greater risk of drug related harms such as soft tissue infections, HIV/AIDS, hepatitis C, and fatal overdose. People experiencing homelessness have a three to six times higher prevalence of chronic conditions than the general population (NAEH, n.d.).

When housing is a platform, people with a substance abuse disorder who are experiencing homelessness have the opportunity to engage in treatment fully without the additional stress of living on the streets. Housing stability is a key contributor to long-term recovery and reduces relapse for people who are homeless. For chronically homeless people, the intervention of permanent supportive housing provides stable housing coupled with supportive services as needed– a cost-effective solution to homelessness for those with the most severe health, mental health, and substance abuse challenges. (NAEH, n.d.).

Medically fragile is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled (nursing) intervention is medically necessary. Many individuals who are medically fragile are accessing hospital services for primary care.
Although their medical needs are not deemed acute enough to need more intensive care, they require long-term home care. An individual can be considered medically fragile if:

1. A physician specified that the patient is not suitable for a shelter based on medical condition.

2. There is a life-threatening condition characterized by a reasonably frequent period of acute exacerbation, which requires frequent medical supervision, and/or physician consultation, and which in the absence of such supervision or consultation, would require hospitalization.

3. The individual requires frequent time-consuming administration of specialized treatments, which are medically necessary.

4. The individual is dependent on medical technology such that without the technology, a reasonable level of health could not be maintained. Examples include but are not limited to intravenous therapy, wound care, enteral or parenteral nutrition support, feeding tube. (Clark County Social Services, 2016).

Medically fragile individuals are often discharged from medical settings to the streets or to emergency shelters. Unsheltered and sheltered homelessness present a safety and health concern to medically fragile individuals. Services such as medical respite and skilled nursing facilities continue to be a critical gap in the service continuum.

Goals:

1: Support integration/collaborative partnerships between primary and behavioral health care providers and homeless assistance programs, emergency shelters, and housing programs to enhance wellness, prevention, other governing bodies that are addressing behavioral health and chronic disease management and reduce susceptibility to health conditions related to homelessness.

2: Support effective care coordination between acute care facilities, psychiatric hospitals, and substance use treatment providers in safely discharging into community settings.

3: Leverage Medicaid and managed care organization resources to support the needs of medically fragile people experiencing homelessness.

Strategic Issue #6 Coordination of Data and Resources

A homeless management information system (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. HMIS can help provide a consistent and accurate snapshot of a region's homeless population, including a population count, information on service use, and a measurement of the effectiveness of homeless programs, as HMIS also helps track the number of chronically homeless clients and placements into permanent housing. This information can have important impacts on policy at the federal, state, and local levels.

Although HMIS is utilized by the three regional Continua of Care (CoCs) in Nevada, there is still a need for coordination of data and resources that are available to the homeless. Currently, most communities have fragmented systems for determining what kind of assistance people will receive when they become homeless. Much depends on where a person initially seeks help, which programs have open slots, and the specific eligibility criteria of different programs. In addition, there are a number of efforts underway across the country and the state that can impact how resources are deployed. Identifying and tracking new resources or changes to resources is essential to ensuring interagency collaboration and coordination. Fragmentation leads to inefficiency, because people with the highest level of need do not necessarily get directed to the most intensive programs, or those programs end up with longer waiting lists.

HMIS data collection should include sexual orientation and gender identity and expression (SOGIE), as required by government entities under Senate Bill 109 (2021) to better capture individuals who identify as LGBTQ+. Additionally, private service providers are encouraged to update their HMIS to be able to capture this data. By having this data, the CoCs and individual providers will have a better understanding of the prevalence of homelessness amongst LGBTQ+ people and what interventions are necessary to implement and/or scale up to end homelessness.

Coordinated Entry is key to successful housing programs and allows the community to prioritize and house those who are most vulnerable. Coordinated Entry can enhance the quality of client screening and assessment, and better target program assistance to where it can be most effective. As a result, the system for preventing and ending homelessness is less fragmented and scarce resources are used more efficiently. Coordinated Entry provides streamlined access to the homeless services system thereby allowing households facing housing loss to quickly access the services they need and for which they are eligible without having to call multiple social service programs.

Throughout the state there are various systems of care that serve those who are at risk of, or are experiencing homelessness, most of whom use different data systems. Within the state of Nevada, the inability to disaggregate data prevents providers and policy makers from identifying disparate impacts of programs and providing services to different populations in a variety of areas including physical and behavioral health, education, criminal justice, workforce, and housing. Whenever possible, agencies should be working collaboratively to integrate or share their data to provide services to those in need in the most efficient, expeditious manner as possible.

The ICHH should support and expand the efforts to map and integrate data across all systems of care that serve low-income clients to provide a more comprehensive, coordinated, client- centered, whole-person, system of care in Nevada. This would provide a means to gather information that could be used by ICH, CoCs, Mayor's Challenges to End Veterans Homelessness and other entities to use for purposes of obtaining funding and ensuring that all agencies are working together to assist in reducing homelessness. This includes homeless seniors, Veterans, racial demographics, etc. Most state agencies work with federal partners. Grants may be available for the purpose of eliminating homelessness with an emphasis on a specific demographic, i.e., women veterans or Native American veterans.

Goals:

1: The ICHH should support and expand the efforts to map and integrate data across all systems of care that serve low-income/no-income clients to provide a more comprehensive, coordinated, client-centered, whole-person, system of care in Nevada

2: Encourage all providers & systems of care across the state to work with the University of Nevada, Las Vegas (UNLV) on the data system mapping project.

Strategic Issue #7 Policies

Partnerships and collaboration in communities cannot go the whole distance to end homelessness. In an era of strained public budgets across all layers of government, effective interagency coordination is required to make progress on ending homelessness. Leadership and improved cooperation at the state level is needed to streamline and target resources to achieve a shared goal of re-housing people and offering the right amount of the right type of interventions to keep people housed.

Policies that can impact homelessness include addressing discharge planning and practices from state institutions or systems including prisons, hospitals and foster care, strategically allocating resources to prevent and end homelessness, promoting the sharing of data to quantify the issue and unmet need and measure progress over time, removing barriers to securing housing because of past substance use or criminal record, ensuring coordination of services and supports across state agencies, promotion of livable wage for the community in which people reside, streamlining application processes for mainstream resources, and promoting prevention activities based on risk. Because of the impact it has on homelessness, policies are a key factor in successfully implementing the strategic plan.

In the 2019 Annual Homeless Assessment Report (AHAR), African Americans have remained considerably overrepresented among the homeless population compared to the U.S. population. African Americans accounted for 40 percent of all people experiencing homelessness in 2019 and 52 percent of people experiencing homelessness as members of families with children, despite being 13 percent of the U.S. population. In contrast, 48 percent of all people experiencing homelessness were white compared with 77 percent of the U.S. population. People identifying as Hispanic or Latino (who can be of any race) are about 22 percent of the homeless population but only 18 percent of the population overall (HUD Exchange, n.d.).

According to the Williams Institute, 17 percent of LGB people reported they experienced homelessness in their lifetime, which is more than twice that found in a study of the general population. An estimated 20-40 percent of youth experiencing homelessness self-identify as LGBTQ+ (NAEH). Moreover, 6.8 percent of youth serviced by Runaway and Homeless Youth (RHY) Street Outreach grantees identified as transgender.

As of January 2020, Nevada had an estimated 6,900 people experiencing homelessness on any given day, as reported by Continua of Care to HUD. Of that Total, 159 were family households, 924 were Veterans, 570 were unaccompanied young adults (aged 18-24), and 1,369 were individuals experiencing chronic homelessness.

Black/African Americans account for 27% of all the people experiencing homelessness in Nevada despite being 9% of the general population. Likewise, Native Americans and Pacific Islanders each experience homelessness at a rate of 2% of the homeless population versus representing 1% each of the general state population. Conversely, persons identifying as the Hispanic/Latinx (15%) and Asian (2%) experience homelessness at lower rates than the general population (29% and 8% respectively). Statewide, those identifying as white experienced homelessness just slightly lower than the general population at 64% percent versus 66%.

It is our moral responsibility to ensure racial inequities are addressed within homeless programs and that all prevention and services needed by persons experiencing a housing crisis, including those who have been long term homeless, have equal access regardless of race and ethnicity. Resources and education for service providers is critical to effectively achieve this goal.

The need for affordable housing, particularly for those on the lower end of the economic spectrum at 30% AMI (Extremely Low-Income) and below, has never been more acute. According to the National Low Income Housing Coalition, 21% of all renters in Nevada are Extremely Low Income (at or below 30%

AMI) with 81% of those renters severely rent burdened, meaning they are spending more than 50% of their monthly income on housing (National Low Income Housing Coalition, n.d.). This disparity results in those at this end of the economic spectrum to abandon spending for other essential needs to afford rent, thus exposing themselves to food insecurity, health and safety instability and reduces the capacity to ascend up the economic ladder to self- sufficiency.

The demand for housing in the state continues to escalate at record levels driving both rental and home ownership prices to all-time highs in 2021, while the supply of housing has not increased proportionally to the needs of Nevadans. Apartment rents in both Las Vegas and Reno increased by 15% in the last year and now exceeds, $1250 per month in Las Vegas and, $1450 per month in Reno/Sparks (Rent Café, n.d.a., n.d.b.). In addition, most renters will be required to obtain both first and last month's rent, along with a substantial cleaning deposit, creating a financial burden of several thousand dollars prior to even moving into an apartment. While this demonstrates the difficulty of navigating our current market rate situation, it should be noted that it is estimated that the state of Nevada needs an additional 85,000-185,000 affordable units in the state and that only 1 household is assisted compared to 4 others in need of affordable housing (State of Nevada, Department of Business & Industry Housing Division, 2021).

To achieve some level of success in housing those who are Extremely Low Income, a number of policies will need to be enacted. Using existing affordable housing funding provided by the federal government only begins to scratch the surface of the need for these households.

The expansion of the resources must begin on a federal level, increasing the amount of funding used to construct and preserve affordable housing units. The ability to combine these expanded resources with new funding sources coming via the federal government, potentially through American Rescue Plan funds or pending Infrastructure legislation, needs to be prioritized at the state and local level. In addition, local decisions must be made regarding the modification or expansion of zoning to create affordable housing, the land use policies for housing, the creation of transit-oriented communities and the ability of the local jurisdictions to support wrap around services. These decisions need to be made with input from stakeholders and collaboration from existing and new partnerships between the non-profit community, social service agencies, and other federal, state, and community agencies.

It is imperative for the success of an individual or household exiting homelessness that safe, secure, and affordable housing needs to be procured prior to attempts to modify other behaviors or situations which may have had outsized influence in their becoming homeless. This "Housing First" policy has proven to be successful in communities across the country and once an individual or household achieves some level of housing stability, other issues are able to be dealt with accordingly.

It is also the responsibility of the ICHH to ensure a complete report of homeless veterans is addressed. Veterans make up about six percent of the population but eight percent of the homeless population. In 2019, there was a 2.1 percent decrease in the number of homeless veterans. From 2014 through 2019, there was a substantial decrease in the number of homeless veterans in Nevada. However, 2020 saw a 27 percent increase over 2019 erasing nearly all the progress made since 2014. 44 percent of these veterans were unsheltered.

While the resolution to end veterans homelessness relies on many of the same resources as all other homeless Nevadans, it is imperative to ensure we do not neglect our Nevada heroes. HUD/VASH needs to be included in any plan as a valuable resource for our homeless or near- homeless veterans. ICHH should ensure that all members of this Council are aware of programs to assist this population and their dependents.

Goals:

1: Support policies that address equitable access to housing by addressing discrimination based on source of income, prior justice-involvement, mental health status and participation in a housing program.

2: Support housing policies that prioritize funding used to construct and preserve low-income and affordable housing units. An emphasis should be placed on both the development of Permanent Supportive Housing and affordable units targeted to those households at 30% AMI or below who are at risk of homelessness.

3: Support local policies that modify or expand zoning to create affordable housing, the land use policies for housing, the creation of transit-oriented communities and the ability of the local jurisdictions to support wrap around services

4: Support policies that end veteran homelessness, including expanding HUD-VASH to support the growing number of sheltered and unsheltered veterans experiencing homelessness and programs that assist veterans and their dependents.

Strategic Issue #8 Long Term Planning

To supplement limited funding challenges additional long-term strategies such as leveraging excess public lands, reduce affordable housing development costs by subsidizing fees and reducing review times, incentives for the development of affordable housing and addressing community concerns to dispel myths about affordable housing may be researched and implemented.

Leverage excess public lands: Sell land owned by the city/county to developers exclusively for the development of affordable housing at not more than 10% of the appraised value of the land and require that any such savings, subsidy or reduction in price be passed to the purchaser of housing. Donate land owned by the city/county to a nonprofit organization to be used for the development of affordable housing.

Reduce affordable housing development costs by subsidizing fees and reducing review times: At the expense of the county, as applicable, subsidizing, in whole or in part, impact fees and fees for the issuance of building permits collected pursuant to NRS 278.580.

Use rezoning powers: When developing affordable housing on parcels reserved for that purpose under Southern Nevada Public Land Management Act (SNPLMA). Counties should use its rezoning powers to create opportunities for the construction of affordable housing. Counties should work to pre-zone BLM parcels in preparation for the development of the land into affordable housing developments.

Provide incentives for the development of affordable housing: Look at providing incentives for affordable housing such as shared parking opportunities, reduced parking requirements, tax abatements, density bonuses, flexible zoning and fee waivers that could make affordable housing more economically feasible to develop.

Address community concerns to dispel myths about affordable housing: The local governments and/or development trade groups could conduct educational programs to demonstrate the value of affordable housing for the Nevada economy. Such programs should address the concerns of low- income housing advocates and how affordable housing affects these issues. Community groups and public officials should be brought into the discussion.

Long term planning would ensure that Nevada has sufficient resources and is able to sustain them. Long term and sustainability planning is an ongoing process that will be continually evaluated and updated by the ICHH. Some considerations for long-term planning are:

- CARES funding showed that we could make a huge difference, but we need a way to sustain.
- Secure the naturally occurring low-income and affordable housing, to be rehabilitated and maintained in the affordable housing stock.
- Expand capacity of nonprofits to manage low-income and affordable housing.
- Expand providers that have the capacity to acquire and manage the naturally occurring low-income and affordable housing.
- Centering the voices of people experiencing homelessness in conversations about ending homelessness.
- Using a framework that is centered on justice, specifically racial, social, and economic justice.

Goals:

1: Support long term strategies such as leveraging excess public lands, reduce affordable housing development costs by subsidizing fees and reducing review times, incentives for the development of affordable housing and addressing community concerns to dispel myths about affordable housing may be researched and implemented.

2: Find opportunities to sustain services initiated with funding provided to respond to the coronavirus pandemic.

3: Support efforts to rehabilitate naturally occurring low-income and affordable housing.

4: Expand capacity of nonprofits to manage supportive and affordable housing.

5: Expand providers that have the capacity to acquire and manage the naturally occurring low-income and affordable housing.

6: Centering the voices of people experiencing homelessness in conversations about ending homelessness.

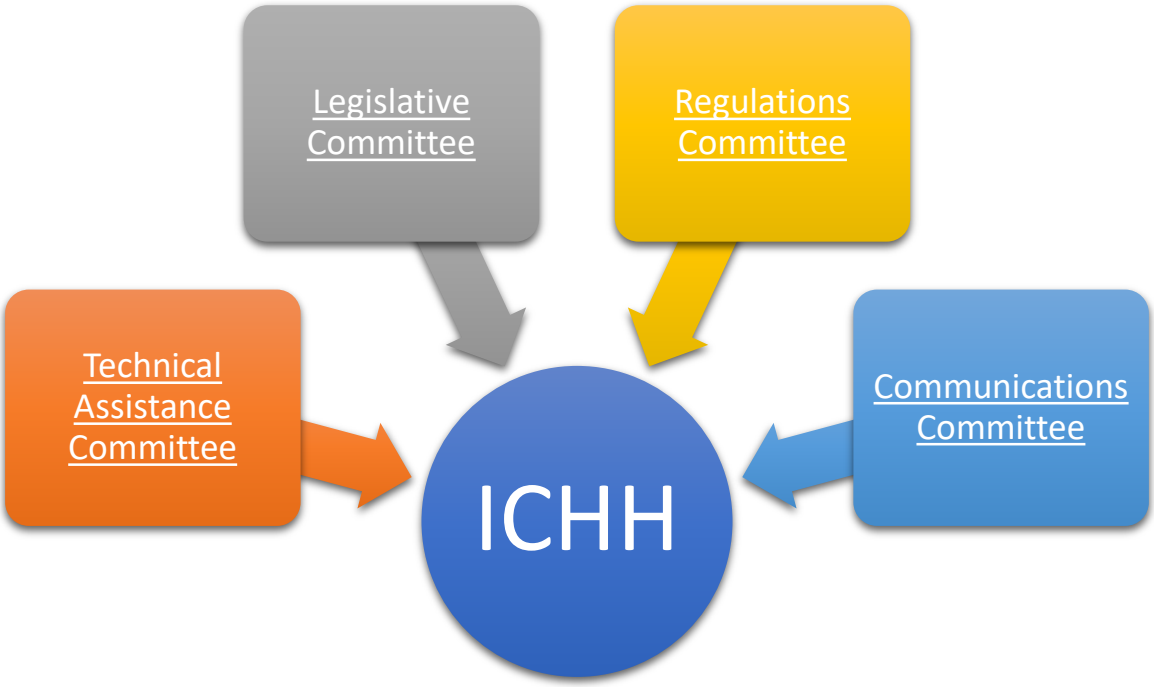
7: Using a framework that is centered on justice, specifically racial, social and economic justice.

INSERT ACTION PLAN CHART HERE

To be developed

Evaluating and Updating the Plan

The strategic plan is intended to be used as both a management and communication tool for action. It is intended to be a living document that guides the work of the ICHH. To implement the plan, the ICHH established Committees to complete the strategies within each goal area. The Technical Assistance Committee is tasked with annually updating the strategic plan and working with the Legislative, Regulations, and Communications committees to accomplish the goals and collaborate with statewide stakeholders. Each Committee will include a Chair and one voting member of the ICHH. Each of the Committees will be responsible for tracking and reporting progress. Four workgroups will be established and report back to the ICHH. They include:



Per NRS 232.4983 (b & c), the strategic plan will be reviewed in its entirety to remove strategies that have been accomplished or that no longer apply and to update the plan at least once every five years, revising timing and adding strategies that are identified as necessary to achieve the mission of the ICHH ("lead Nevada's efforts to prevent and end homelessness").

The human costs of homelessness are incalculable – trauma, despair, loss of family, job and community, illness, and injury. Homelessness is also costly for the state and local governing bodies and taking steps to address the problem is fiscally wise. In communities that have engaged actively in ending homelessness, public costs have been reduced – often substantially – in the areas of crisis response, public safety, and emergency services.

Glossary

Behavioral Health: as a discipline refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians. A behavioral health disorder is a condition that is characterized by alterations in thinking, mood, or behavior (or some combination thereof), that is mediated by the brain and associated with distress and/or impaired functioning.[51]

Chronic Homelessness: a chronically homeless individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability. A family with an adult member who meets this description would also be considered chronically homeless.

Cooperative Agreements to Benefit Homeless Individuals-States (CABHI-States): the Substance Abuse and Mental Health Services Administration program to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following: veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness

Department of Health and Human Services: The Nevada Department of Health and Human Services (DHHS) promotes the health and well-being of its residents through the delivery or facilitation of a multitude of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. The Department is the largest in Nevada state government comprised of five Divisions along with additional programs and offices overseen by the DHHS's Director's Office.

Department of Employment, Training and Rehabilitation: The Nevada Department of Employment, Training & Rehabilitation (DETR) consists of divisions that offer assistance in job training and placement, vocational rehabilitation, workplace discrimination and in collecting and analyzing workforce and economic data. Many of these services are provided through DETR's partnership with the Nevada Job Connect system.

Department of Education: The Nevada Department of Education (NDE)'s mission is to improve student achievement and educator effectiveness by ensuring opportunities, facilitating learning, and promoting excellence. The NDE oversees three divisions: the Business and Support Services Division, the Educator Effectiveness and Family Engagement Division, and the Student Achievement Division.

Division of Public and Behavioral Health: Formerly the Nevada State Health Division, the Nevada Division of Public and Behavioral Health (DPBH) was created due to the passage of Assembly Bill 488, which merged mental health and public health. Developmental Services was consolidated into the Division of Aging and Disability Services. Division operations consist of community health services, administrative services, clinical services, and regulatory and planning services.

[51] Retrieved on March 9, 2015 at http://www.businessgrouphealth.org/pub/f3139c4c-2354-d714-512d-355c09ddcbc4.

Homeless: as defined by HUD in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003) includes:

- An individual who lacks a fixed, regular, and adequate nighttime residence.
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing).
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided.
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Mainstream resources: Mainstream resources are federal and state benefit service programs that offer a wide range of supports to meet basic needs, such as housing, employment, income, childcare, food, health, and mental health. To use these programs, people must qualify based on criteria, such as income, disability, and family composition. Medicaid and Temporary Assistance for Needy Families (TANF) are the two largest mainstream programs that can help homeless individuals. Other examples of mainstream programs important to homeless individuals and families include nutrition programs like the Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), health and mental health programs (Community Health Centers and Medicare), Supplemental Security Income (SSI), employment supports from Workforce Investment Act programs, and housing subsidy programs (public housing and Housing Choice Vouchers).[52]

Nevada's Interagency Council on Homelessness to Housing: The Nevada Interagency Council on Homelessness to Housing was established via Executive Order 2013-20 to coordinate and focus the State's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides the opportunity for Nevada to engage in an integrated approach regarding the issue of homelessness and promote interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless.

[52] Retrieved February 17, 2015 at http://www.familyhomelessness.org/media/363.pdf.

Social Security Disability Insurance (SSDI): SSDI pays benefits to individuals and certain members of the individual's family if they are insured (meaning they have worked long enough and paid Social Security taxes).

Supplemental Security Income (SSI): the SSI program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. People who have worked long enough may also be able to receive Social Security disability or retirement benefits as well as SSI.

Supportive Housing: Supportive Housing is subsidized housing that prioritizes people who can benefit from comprehensive support services to retain tenancy and utilizes admission practices designed to lower barriers to entry than would be typical for other subsidized or unsubsidized rental housing, especially related to rental history, criminal history, and source of income. Supportive housing is paired with on-site or off-site voluntary and tenant-centered tenancy support services designed to a) support a person living with a disabling behavioral or physical health condition(s), who experienced homelessness or unnecessary institutionalization, or was at imminent risk of homelessness prior to moving into housing to retain their housing, and b) provides tenancy supports to assist with achieving successful tenancy, improving health status, and connects tenants with community-based services, health care, treatment, and/or employment services. Supportive housing is subject to all of the rights and responsibilities defined in NRS 118A.

Temporary Assistance for Needy Families (TANF): the TANF program is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program.

Transition Age Youth (TAY): transition age youth are those individuals between the ages of 18 to 24. They are also referred to as "youth in transition."

Unaccompanied Youth: HUD defines unaccompanied youth as any person under the age of 18 who receives homeless services or are counted as unsheltered who are not with their legal guardian(s).

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