Bird's Eye View: Homelessness in Nevada

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Opening

Homelessness is not caused by one issue, and it cannot be solved by one system. Over the last five years, Nevada has expanded outreach, strengthened shelter capacity, developed new programs, enhanced supportive services, improved coordination among providers, and received significant federal and state investments but many of the same challenges remain. Despite building a substantial response system, the broader systems surrounding it are producing conditions that the homeless services system can't solve by itself.

This is a question about whether the systems surrounding homelessness are producing more housing instability than our current response system can resolve. While all of these systems have a role, none of them can substitute for *housing* as the ultimate resolution to homelessness. Nevada must invest in affordable housing, prevention, strong discharge planning, a properly trained and adequately paid homeless services workforce, and policies that reduce the barriers people face when trying to obtain and maintain housing.

Part I: The State of Homelessness in Nevada (2021–Present)

To understand where Nevada is today, we have to look at where we've been. From 2021 through the present, the data reveals a complicated story. The Point in Time (PIT) count gives us an important snapshot of homelessness, capturing a likely undercount of how many people are experiencing homelessness on a given night but these numbers should not be interpreted as a complete count of everyone who experiences homelessness over the course of a year. Someone who enters and exits homelessness between PIT counts may not appear in the one night snapshot at all. For that reason, PIT data should be used alongside other measures including annualized homelessness data, shelter utilization, HMIS data, housing placements, and returns to homelessness to understand the full scope and duration of homelessness.

Nevada's 2026 Point in Time data saw at least **10,646** people counted in Clark and Washoe counties alone, with Rural Nevada's final count bringing the statewide total to a **13.2%** increase of **11,437** from the previous Point-in-Time count. Clark County counted **8,859** people, a **12%** increase from **7,906** in 2024. Washoe County reported a count of **1,787** people, a **1.5%** increase from **1,760** in 2024. Rural Nevada's final count was **791** people, an **80%** increase from **439** in 2024. These increases must be taken seriously though the number fluctuations may reflect changes in homelessness itself as well as changes in methodology, outreach, identification, data collection, weather, and participation. While an increased number of people experiencing homelessness on a given night doesn't necessarily mean that every aspect of homelessness has gotten worse, it may indicate that we're doing a better job of finding and engaging with people experiencing homelessness.

Regardless of how we interpret the Point in Time count of a particular year, the broader picture remains complex. Nevada continues to experience significant unsheltered homelessness and chronic homelessness, with people staying in vehicles, encampments, on sidewalks, and other places not meant for human habitation. At the same time, people are exiting homelessness to stable housing through pathways such as rapid re-housing, permanent supportive housing, recovery programs, and housing vouchers. During the most recent Housing Inventory Count, conducted the same day as the PIT count, Southern Nevada identified **5,017** unsheltered individuals, **3,293** people staying in emergency shelter, and **549**

enrolled in transitional housing (TH). Alongside these numbers, Clark County also identified **2,279** people enrolled in permanent supportive housing (PSH), **1,702** in rapid re-housing, and **834** enrolled in other permanent housing. Regional system performance measures represent all individuals who exited to permanent housing within specific timeframes. In 2025, Southern Nevada saw **3,499** people exit to permanent housing from emergency shelter, TH, and RRH with **1,806** who exited from or maintained permanent housing from permanent housing subsidies. It's important to note that these figures do not reference how long someone was in the system prior to exiting to permanent housing and that people enrolled in PSH tend to remain in those programs for extended periods of time due to the intensive case management that they may require.

However, homelessness itself can still create additional barriers as people may lose employment, vital documents, personal belongings, or connections to family and support networks. The longer someone remains homeless, the more difficult it is to reconnect to employment, vital resources, and permanent housing. What began as a housing crisis can develop into a much more complicated set of challenges requiring assistance from multiple systems.

The inherent trauma that comes with homelessness also cannot be understated. Homelessness can expose people to violence, extreme weather, sleep deprivation, displacement, criminalization, and a constant uncertainty of what the next moment will bring. These conditions can contribute to worsened physical and mental health, substance use, and even death. It's important to note that mental health challenges and substance use may be causes, consequences, or complicating factors in homelessness but are not universal explanations for homelessness.

Homelessness can also begin a number of ways including loss of employment, an eviction, rising rent, a family crisis, or any unexpected financial emergency. Others experience homelessness after leaving hospitals, treatment facilities, foster care, jail, or prison without adequate housing or discharge planning. These pathways demonstrate that homelessness doesn't occur in isolation and that people can move into homelessness as a result of gaps across multiple systems. Nevada has made meaningful progress but our ability to respond to homelessness doesn't necessarily mean progress in the conditions that cause people to become homeless or contribute to prolonged homelessness. A strong homeless response system must be able to help people who are homeless today while also reducing the number of people who become homeless tomorrow.

Overall, many people *are* exiting homelessness with successful outcomes but challenge is that the number of people experiencing homelessness remains high despite the system's efforts to help people exit the homeless response system. If people are entering homelessness faster than the system can adequately respond, expanding the response without addressing underlying conditions will only continue to overwhelm the system. We must look beyond building a larger system for managing homelessness to addressing what leads to homelessness and how many people are entering homelessness in the first place.

Part II: The Housing Problem We Can't Ignore

Nevada's housing shortage affects people across income thresholds but the consequences are most severe for people with the fewest resources. The National Low Income Housing Coalition's (NLIHC) *The Gap* report measures the supply of affordable and available rental homes across the country amongst different income levels. The report defines extremely low income (ELI) households as those with incomes at or below the federal poverty level or 30% Area Median Income (AMI), whichever is greater. NLIHC defines a household as housing cost burdened when it spends over 30% of its income on housing costs, with households spending more than 50% considered severely cost burdened.

Over the past six years, Nevada's had the lowest amount of available, affordable units for its lowest income households in the country. The most recent data shows only **16 units for every 100** ELI households while **88%** of ELI renters are severely cost burdened. This deficiency of **over 78,000** homes demonstrates a persistent and worsening shortage of affordable housing for Nevada's most vulnerable renters. The shortage is not limited to the lowest income households. NLIHC's *Out of Reach* report demonstrates the growing difficulty Nevada workers face in affording a modest two bedroom apartment. In 2021, a Nevada worker needed to earn **$21.83** per hour to afford a two bedroom rental. By 2026, the figure increased to **$33.33** an hour, a rise of **over 50%** in five years. Nevada's national ranking also climbed from the 22nd highest housing wage in 2021 to the 16th highest in 2026.

The gap between wages and housing costs is even greater for minimum wage workers. In 2021 and 2022, a person making minimum wage would have needed to work approximately **90 hours a week** to afford a two bedroom apartment. By 2023, the number increased to **100 per week**, followed by **103 hours** in 2024, and **110 hours** in 2025. In 2026, this number has continued to climb to **111 hours per week**. Meaning, a minimum wage worker would need to work nearly three 40 hour workweeks every week, or three full time jobs, to afford a two bedroom rental.

These figures illustrate that Nevada's housing crisis stretches beyond a shortage of luxury units or a temporary mismatch between supply and demand. This is a fundamental affordability crisis characterized by a lack of affordable housing units and rents that increasingly outpace what low and moderate income workers can reasonably afford. A household does not have to be unemployed to be at risk of homelessness. An increase in our housing supply is not enough without ensuring affordability at the lowest income levels.

Housing stability is also affected by the protections available to renters. Households living on a limited income may be able to remain housed under ordinary circumstances but have little ability to absorb a rent increase, unexpected expense, loss of income, or dispute with a landlord. When renters have limited protections or face difficulty enforcing their existing rights, a temporary financial or housing problem can become displacement. This is particularly significant in a market where affordable alternatives are already scarce. Tenant protections can't substitute for the construction of deeply affordable housing but they can help prevent housing instability from becoming homelessness.

People are being priced out of their homes. Without a substantial expansion of deeply affordable housing, Nevada's most economically vulnerable residents will continue to face impossible choices between paying rent and meeting other basic needs.

Part III: Shelter is Not Housing

A shelter bed can provide temporary, lifesaving relief from the dangers of sleeping outside but it's not a permanent solution and it's not the right solution for every person experiencing homelessness. We should not confuse having a place to sleep tonight with having a place to call home tomorrow.

Many shelters operate primarily overnight, requiring people to arrive at a certain time in the evening and leave the following morning. When that happens, people may return to encampments, parks, libraries, or other public spaces where they could later be asked to move along. In other words, someone can sleep indoors at night while remaining homeless throughout the day. Shelters don't necessarily address why someone became homeless and they're not designed to provide the stability that housing can. In addition, shelters are not accessible or appropriate for every person experiencing homelessness. People may be unable or unwilling to enter a particular shelter because of physical or medical needs, work schedules and curfews, pet restrictions, lack of privacy, separation of couples or families, substance use policies, or

previous experiences that made them feel unsafe. Declining shelter is not intrinsically "service resistant" and is not the same as choosing homelessness.

The experience of people staying in shelter also demonstrates why shelter should be understood as an emergency intervention rather than a housing solution. Between November 2025 and January 2026, the Southern Nevada Lived X Team surveyed 102 individuals staying in congregate shelters about their experiences, needs, and barriers to obtaining stable housing. More than half of the respondents had been in shelter for over three months and **57.8%** had experienced homelessness for over a year. These findings suggest that, for many people, shelter is becoming part of a prolonged homelessness episode. The survey identified housing navigation as the most significant service gap with **43%** of respondents reporting that it was difficult to access or missing entirely. Case management was also an unmet need: only **33.3%** reported that case management was available when they needed it and **25.5%** stated it was unavailable or difficult to access. A shelter system cannot effectively function as an avenue to housing if residents lack consistent assistance navigating the necessary requirements to secure a home.

Employment and income are also part of this challenge. **45%** of respondents identified loss of employment or income as a contributing factor to their homelessness while another **45%** identified lack of employment opportunities as a challenge to finding stable housing. This demonstrates how housing instability and economic instability can reinforce one another. Effective stabilization services should therefore include connections to workforce development, assistance obtaining vital documents, transportation, and other supports that help people increase or maintain income.

The survey also highlights that having a service available doesn't necessarily mean that people can access it. Respondents identified long wait times (**31.3%**), lack of information (**25.3%**), and transportation (**25.3%**) as frequent barriers to accessing services. Emergency shelter, food, and showers may be available but people still need to know where to go, understand eligibility requirements, reach the service, and wait a reasonable amount of time to receive assistance. Continued improvement of the homeless response system requires attention to the existence of services as much as their accessibility levels.

At the same time, despite shelter workers being essential to the homeless response system they are often underpaid, inadequately trained, or overwhelmed. Turnover and burnout persist while they manage high caseloads, staffing shortages, and some of the most difficult circumstances in human services. The survey found that **54%** of respondents said staff were available when needed, meaning **46%** reported that staff were not always available. Given the need for housing navigation, case management, conflict resolution, and service referrals, limited staff availability can affect whether residents receive the support necessary to move toward housing.

Investing in shelter includes investing in the people operating it. Frontline workers need living wages, ongoing training, meaningful accountability, and balanced caseloads. Assessing case manager-to-client ratios, identifying periods when residents have the most difficulty accessing staff, and establishing clear procedures for urgent concerns can help ensure that staffing limitations do not become barriers to housing stability.

Staffing challenges, however, are not excuses for harmful or inappropriate treatment of people staying in shelters. People experiencing homelessness deserve to be treated with dignity regardless of their circumstances. The survey found mixed experiences with shelter staff: nearly half of respondents rated staff as respectful or very respectful while **27.7%** rated staff as disrespectful or very disrespectful. Similarly, **60.8%** stated that staff usually or always responded positively to conflicts, issues, or concerns, while others reported that staff rarely or never responded appropriately. These findings

suggest that staff interactions are inconsistent and shelter systems should have meaningful accountability mechanisms and confidential ways for residents to report concerns.

Safety must also be treated as a fundamental requirement of shelter. In the survey, **63.8%** reported experiencing or witnessing violence, theft, or harassment, with **27.5%** reporting encounters involving both. The survey did not establish the frequency, severity, or circumstances of these incidents, so additional research is needed. Nevertheless, these responses demonstrate the importance of regularly reviewing safety conditions, identifying when and where incidents occur, ensuring adequate staffing during higher risk periods, and making sure residents can report concerns without fear of retaliation. There were also reported concerns about discrimination, privacy, shelter rules, and cleanliness. About a third disclosed experiencing discrimination in shelter. Only **44.1%** said shelter rules were fair while **26.5%** said rules were unfair or unclear. There's a clear need for transparent communication, resident input into programmatic rules, and accessible processes for challenging or appealing decisions. Cleanliness was similarly divided and regular inspections, adequate sanitation staffing, and increased cleaning in high traffic areas can help address these quality of life concerns.

These conditions matter because shelter should not require people to sacrifice dignity or safety in exchange for a bed. People experiencing homelessness should not have to choose between sleeping outside and entering an environment where they feel unsafe. At the same time, shelter providers need resources, staffing, training, and accountability structures necessary to maintain effective programs.

Nevada needs an emergency response because people are experiencing homelessness today. We need effective stabilization services because housing alone may not resolve the circumstances that contributed to or were caused by someone's homelessness. For people staying in shelter, that means developing individualized housing exit plans with measurable milestones, identifying the reasons residents remain in shelter for extended periods, and addressing administrative or systemic barriers that delay housing placement.

Nevada needs adequate emergency shelter capacity for people who need it now but it also needs a sufficient supply of affordable housing and supportive services to help people obtain and retain it. The purpose of the homeless response system shouldn't be to create a more efficient way for people to remain homeless indoors or out of sight. It should be to help people move from crisis to stability. If we allow shelter to become the destination, we risk building a system that manages homelessness instead of resolving it.

Part IV: Criminalization vs. Resolution

Nevada cannot arrest its way out of homelessness. If someone doesn't have anywhere lawful or affordable to live, enforcement may change where they are without improving the circumstances that caused them to lose housing in the first place. This isn't about criticizing law enforcement, it's about evaluating whether policies achieve their intended outcomes or if they determine where homelessness is allowed to be visible.

Camping ordinances are often enacted in response to concerns about public health and safety but enforcement can have consequences that extend well beyond the immediate interaction. An encampment clearance can disrupt relationships that outreach workers have spent months building. People may lose continuity of care as well as identification, medications, and personal belongings. Instead of moving closer to housing, another layer of instability is created and progress is lost. People experiencing homelessness may also receive citations for trespassing and loitering even when they have few or no realistic alternatives. Fines, an outstanding warrant, or a record that creates additional barriers to employment and housing can compound an already unstable situation. If an encampment or public space intervention is necessary, it should be

connected to a broader housing and services strategy led by outreach workers, housing providers, and people experiencing homelessness.

Nevada has an opportunity to move from a cycle of crisis response toward a model focused on resolution. We must consider the cumulative cost of repeated crisis interventions through law enforcement and incarceration. Each interaction can further disrupt the stability necessary to secure housing. Public safety and housing are not competing goals. Communities are safer when people have somewhere stable to live and connections to support. Criminalization cannot substitute for housing or solve the economic and structural conditions that produce homelessness.

Part V: The Revolving Door

The accumulated consequences of moving people from one system to another can cause them to become trapped in a revolving door of systems that were never designed to work together. The cycle looks different for everyone and not every person will experience every system. The sequence also isn't always linear and many people enter or exit at different points. Without an effective pathway back to stable housing, people can move from one crisis to another increasing the risk of chronic homelessness. In practice, system fragmentation can mean that progress made in one setting is undermined by the absence of sufficient coordination in the next.

Breaking this cycle requires developing durable pathways between systems including stronger collaboration across agencies, clearer transition processes, and shared accountability for outcomes. It also requires reducing unnecessary administrative burdens and ensuring that individuals don't lose access to services simply because they move between programs or jurisdictions. Housing stability should be recognized as an outcome that depends on the interaction of multiple systems rather than the responsibility of any single institution.

Part VI: What Policies Could Move Nevada Forward?

Each system has its own funding structure, requirements, responsibilities, and measures of success but people are not experiencing them separately. Some of the most important gaps often occur at transition points between systems where someone can be discharged from the hospital without a place to recover, complete treatment without a place to sustain their recovery, receive a housing voucher without finding a landlord who will accept it, or fall behind on rent by a relatively small amount and lose their home. At each of these points, policy can either build a bridge back to stability or cause it to crumble altogether.

The recommendations in this section are intended as policy considerations rather than a finalized legislative package. Some would require additional funding, fiscal analysis, administrative capacity, or further study to determine whether they would be beneficial in Nevada. Many are ideas worth considering because they respond to system gaps that people and service providers encounter in practice and can ultimately lead to a reduction in homelessness. The goal is not to suggest that every recommendation should become law but to examine where existing policy may be contributing to housing instability and where the Legislature could assess doing something differently.

Housing

One of the most obvious places to begin is housing itself. Nevada needs more housing but increasing the number of units doesn't guarantee that the people most at risk of homelessness will be able to afford them. The state should pursue both

housing production and diversifying housing types at different price points to include multifamily housing, accessory dwelling units, smaller homes, and supportive housing while examining the barriers that make development difficult.

Local zoning plays a significant role in determining whether alternatives to traditional single family housing can actually be built. Nevada law gives cities and counties substantial authority over zoning and land use and many communities have historically allowed large areas to be used primarily for detached single family homes while lower cost housing options are limited to certain areas or require additional approval barriers. When a project needs a rezoning, special use permit, neighborhood meeting, or other discretionary approval, the process can add time and cost and ultimately result in a project being reduced or stopped altogether. It can also create opportunities for opposition to housing simply because people do not want it in their neighborhood. This doesn't mean every zoning requirement is unnecessary or that every community should be developed the same way but when most residential land is unavailable for apartments, duplexes, or supportive housing, the consequences are predictably fewer housing opportunities, higher development costs, and fewer options for people with lower incomes.

Nevada has already started addressing some of these barriers with AB241, passed in 2025, requiring cities and counties to adopt ordinances allowing certain multifamily or mixed use residential development by right on commercially zoned property. This step opens additional land to housing and can reduce the need for lengthy rezoning processes. However, excessive parking requirements, restrictive height limits, low density limits, expensive fees, and extended design-review processes can still make a project financially infeasible. Similarly, AB396 requires certain jurisdictions to allow accessory dwelling units, creating smaller rental units and giving older adults, caregivers, and families the ability to remain close to one another. The state can build on these successes by continuing to reduce unnecessary barriers to housing development, monitoring implementation of AB241 and AB396 to consider additional statewide standards, and establishing reasonable density standards near public transportation and other essential services.

In addition, we must distinguish between housing that's attainable for moderate income households and housing that's affordable to households at or below 30% area median income. Recent legislation, including AB540, recognizes housing needs across a broad range of incomes. The broader definition can be useful when thinking about Nevada's overall housing needs but affordability to a household earning 120% or 150% AMI is fundamentally different from someone receiving SSI, Social Security or disability benefits, minimum wage, or a household earning 30% AMI or less. For people experiencing homelessness, that distinction can be the difference between having a housing opportunity or not being able to find one at all. A deliberate effort has to be made to create and preserve housing for people at the lowest income levels. Density bonuses, inclusionary zoning, and development incentives already exist within Nevada law but many of these tools are optional or dependent on local implementation. The state could consider including deeper affordability options in publicly supported developments, requiring larger developments to contribute affordable units or resources to an affordable housing fund, and tying local housing plans to measurable production outcomes. Preserving existing housing is equally important and when an affordable unit is lost, a new unit doesn't necessarily appear to replace it. Housing policy that measures what remains available is possible through stronger preservation tools, acquisition and rehabilitation strategies, and incentives designed to maintain existing affordable housing before it's lost to redevelopment.

Rent increases pose another challenge. Under NRS 118A.300, Nevada law generally requires landlords to provide 60 days notice before increasing rent but notice itself does not guarantee that a household can absorb the increase. For a senior living on Social Security, a person receiving disability income, or a family who may already be spending most of their income on rent have no realistic way to meet an additional $300 in monthly housing costs simply because of an advance notice. Housing instability can quickly turn into homelessness through the eviction process. Reasonable limits on the

frequency or size of rent increases, longer notice requirements for substantial increases, or enhanced protections for seniors and people with disabilities living on fixed incomes could bridge this significant gap in Nevada's current policy landscape. Any approach would need to consider its effect on landlords, housing supply, the rental market, and what happens when a household receives adequate notice but still cannot afford to remain housed. The same issue arises when someone has enough income to afford monthly rent but is unable to upfront the cost of obtaining a home. NRS 118A.242 states that a landlord may require a security deposit, including last month's rent, of up to three months' periodic rent. For a $1,400 apartment, that could mean as much as $4,200 before the first month's rent, application fees, utility deposits, and moving expenses. Potential solutions could include allowing security deposits to be paid in installments, reducing the maximum deposit, or creating deposit-assistance or guarantee programs. These policy choices would address relatively small financial barriers before they become much larger public costs.

The same principle applies to eviction. Nevada continues to authorize summary eviction under NRS 40.253 and 40.254. This process is designed to move cases quickly but the speed can be devastating for tenants with limited literacy, disabilities, transportation barriers, irregular work schedules, no access to legal assistance, and a limited understanding of how to navigate the process. Under the current framework, a tenant who doesn't contest the eviction within a short timeframe can face removal from their home. For a household that temporarily falls behind on rent, losing housing can turn a manageable financial crisis into homelessness. Once a household is displaced, the costs to the public system through shelter, outreach, emergency healthcare, child welfare, and law enforcement, can exceed the amount of rent originally owed. Beyond pre-eviction diversion, mediation, eviction defense, meaningful notice and opportunities to appear, repayment plans, and mechanisms that allow approved rental assistance before a household is removed, it's essential to reform Nevada's eviction process by requiring landlords to initiate eviction proceedings with the court.

Even when a household successfully avoids eviction, another barrier may prevent them from finding their next home. Nevada provides rental assistance through programs such as Housing Choice Vouchers, Veterans Affairs housing assistance, and Rapid Re-Housing but assistance only works if there's a landlord willing to rent. Nevada's Fair Housing Law prohibits discrimination based on characteristics such as race, disability, sex, familial status, sexual orientation, and gender identity. Lawful source of income, however, is not currently included as a statewide protected category, allowing landlords to refuse applicants even though the subsidy is specifically intended to provide rental support. We can celebrate an increase in vouchers while recognizing that a subsidy cannot end homelessness if a household can't find a unit that will accept it. Income screening can create another version of the same problem. Applicants can be denied for not earning two or three times the full contract rent. Repeated application fees can also make the search more expensive for people who are already struggling financially. The Legislature could require landlords to disclose screening criteria before collecting fees, limit excessive application fees, prohibit source of income discrimination, and examine whether screening requirements accurately measure a person's ability to sustain housing.

These barriers may appear reasonable when considered independently but together they can make the path from homelessness back to housing extraordinarily difficult and the culmination of these decisions can leave someone with nowhere else to go.

Behavioral Health

Beyond housing, behavioral health policy should strengthen the continuum between crisis response, treatment, recovery, and housing. Policymakers can implement statewide standards for timely access to care, increase treatment and detoxification capacity, strengthen support for the behavioral health workforce, and expand recovery housing. Programs

should be able to serve people with co-occurring mental health and substance use conditions rather than shifting responsibility between systems. Discharge planning should also begin when treatment begins instead of the moment someone's ready to leave. The same fragmentation occurs when individuals leave a hospital, jail, or prison. These institutions may respond to immediate reasons for admission or incarceration but discharge can become the point at which responsibility disappears. While the system may record the discharge as an administrative endpoint, for the person leaving it's the beginning of another crisis.

Nevada already has laws authorizing crisis services, detoxification facilities, residential treatment, behavioral health providers, and Medicaid behavioral health coverage. However, authorization doesn't guarantee capacity, adequate reimbursement, staffing, coordination, or access to the appropriate level of care. Our state's lack of access to mental healthcare reflects this more broadly. According to Mental Health America's latest Access to Care ranking, Nevada ranks 51st among the states and Washington, DC in access to mental healthcare. The ranking considers insurance coverage, access to treatment, workforce availability, affordability, and unmet need. Mental health services may technically exist without being available when needed, geographically accessible, accepting new patients, or being equipped to treat a person's specific needs.

People who are impacted by untreated mental health conditions and substance use disorders can encounter difficulties in maintaining employment, managing medications, keeping appointments, or maintaining leases. At the same time, homelessness can worsen mental health and substance use through trauma, exposure to violence, sleep deprivation, isolation, and the daily stress of trying to survive. The relationship works both ways, behavioral health conditions can contribute to housing instability and housing instability can cause behavioral health conditions to become more difficult to treat. For that reason, Nevada should consider measuring behavioral health access by whether people can actually receive care. Statewide standards could establish maximum wait times for routine and urgent mental health and substance use appointments, crisis response expectations, regional treatment capacity goals, and provider-to-population ratios. Annual reporting by county could show where shortages are most severe and whether access differs significantly between urban, rural, and frontier communities. Medicaid managed care organizations could also be required to report actual appointment availability instead of relying on provider directories that may include providers who aren't accepting new patients.

Additionally, when no appropriate crisis stabilization bed is available, someone can end up in an emergency department, jail, back on the street, or another community altogether. Being placed on a mental health hold without having a clear connection to treatment once the hold ends can create a cycle in which the system repeatedly responds to crises without addressing the needs that produced them. Nevada could expand 24 hour regional crisis stabilization centers and crisis receiving centers that accept walk-ins and referrals from outreach workers, families, emergency medical services, hospitals, and law enforcement. Mobile crisis teams and peer-led crisis response could provide additional options for people who need immediate intervention outside of an emergency department or law enforcement response.

With substance use, facilities are recognized for modified medical detoxification and provided a framework for withdrawal management under law. People experiencing homelessness are often told to "go to detox" as though the existence of licensed facilities guarantees a bed will always be available. In practice, people face long wait times or are excluded because of co-occurring mental illness, medical conditions, mobility limitations, medication needs, insurance status, or lack of identification. Minimum regional detoxification capacity should be established and based on population, overdose trends, and demonstrated need. Medicaid reimbursement for withdrawal management services could also be increased and transportation could be funded directly from hospitals, crisis programs, and outreach teams to available treatment. Real time information about available beds would allow providers to make actual placements as well.

The state should also examine whether its substance use treatment system is equipped to respond to the range of substances being used in Nevada. There's a larger focus on opioid and alcohol treatment but methamphetamine and polysubstance use also create significant behavioral and medical needs. A treatment system designed around a narrow set of substance use disorders can leave people without the appropriate level of care. Someone should not have to use the "right" substance or exhibit the "right" combination of symptoms to qualify for treatment. In terms of residential treatment, the Legislature could support short term residential stabilization programs for people who need more structure than outpatient treatment but don't require hospitalization. State funded facilities should report available beds, waitlists, admissions, and reasons for denial so policymakers can identify whether insufficient capacity is caused by eligibility restrictions, staffing, reimbursement, or a combination of factors.

Workforce shortages are another barrier throughout the behavioral health system. Behavioral health programs compete with other healthcare settings for social workers, counselors, psychologists, nurses, and substance use counselors. Publicly funded and nonprofit providers struggle to offer competitive wages when reimbursement rates don't reflect the actual cost of employing and retaining qualified staff. Rural and frontier communities face additional challenges because of an even greater shortage of available providers within a reasonable distance. Nevada could strengthen the behavioral health workforce by expanding paid internships and clinical supervision as well as providing tuition assistance and loan repayment programs to make it easier for new professionals to enter the field. Faster licensing timelines, appropriate interstate licensing compacts, and clearer application tracking could also reduce administrative burdens.

Treatment should also be understood as more than a single episode. Detoxification can address the immediate medical risks of withdrawal, residential treatment can provide structure and stabilization, and outpatient mental health care can help manage symptoms but it's difficult to sustain treatment without peer support, medication access, and a stable environment. Each level of care should lead to the next as opposed to functioning as separate endpoints. Recovery housing can be a critical part of that continuum but it shouldn't be confused with treatment. Treatment addresses clinical needs; recovery housing provides a stable environment in which someone can continue recovery. The state recognized recovery housing in land use statutes but Medicaid and private insurance generally don't pay for ordinary room and board. Establishing a recovery housing fund can help people leaving treatment with deposits, rent, and short term room and board. Nevada could establish evidence based standards to protect residents from exploitative fees, patient brokering, forced labor, retaliation, and inappropriate discharge practices. Rental assistance specifically designed for people transitioning out of treatment could also help bridge the period between residential care and permanent housing.

Mental health and substance use must also be treated together when they occur together. Many people experience both yet treatment systems still operate as though one condition has to be resolved before the other can be addressed. Publicly funded crisis, detoxification, residential, and outpatient programs should be expected to serve people with co-occurring mental health and substance use conditions unless there's a legitimate reason they cannot safely do so. Automatic exclusion based solely on the presence of both conditions shouldn't be the default. When a program cannot provide the necessary level of care, it should be responsible for facilitating a warm handoff instead of sending the person back into the community.

Nevada's behavioral health system should be designed around the needs of people rather than the boundaries between programs. We need a behavioral health system that people can enter when they need help, that can treat co-occurring conditions, and that remains connected through crisis, treatment, recovery, and transition back into the community. There must be coordination throughout the full behavioral health continuum that deviates from addressing each crisis as an isolated event.

Healthcare

Hospitals are intended to treat an immediate medical crisis, stabilize patients, and discharge them once inpatient care is no longer medically necessary. They're not designed or funded to resolve homelessness but when someone is discharged without a safe and stable place to recover, the medical care they just received can be undermined almost immediately. In those circumstances, similar to release from the behavioral health system, discharge can become less of an endpoint to treatment and more of the beginning of another medical crisis.

Nevada law already recognizes that discharge planning should involve the people who help care for patients. The Caregiver Advise, Record, and Enable provisions require hospitals to allow certain patients to identify a caregiver and, when the patient provides consent, require the hospital to attempt to notify and consult with that caregiver on the patient's discharge plan. However, these provisions have limitations for people experiencing homelessness. They depend on a patient having an identified caregiver, generally require hospitals to attempt contact without guaranteeing that contact occurs, and do not establish a specific safe discharge standard for someone who has nowhere to live. They also don't require hospitals to obtain an actual placement before discharge or prohibit discharge to the street. Providing third-party transportation or a list of shelters doesn't mean the shelter has a bed, can accommodate medical needs, or has agreed to accept them.

The state should establish safe discharge standards for patients experiencing homelessness and require hospitals to screen for housing instability at admission and prior to discharge. With the patient's consent, discharge planning should allow hospitals to engage homeless service providers, medical respite programs, and community health workers while patients are still receiving care. When patients cannot safely complete their medical recovery plan externally, discharge should require a confirmed handoff to another setting capable of meeting their needs. Hospitals should also ensure that patients leave with the medications, wound care supplies, durable medical equipment, transportation arrangements, and written follow up instructions necessary to carry out the treatment plan. It's imperative that discharge planning teams understand what will happen after patients experiencing homelessness leave the hospital. Because homelessness can exacerbate manageable medical conditions, the healthcare system repeatedly pays to respond to preventable deterioration without having the tools to address the underlying housing instability. Therefore, deliberate examination is required to see the connection between homelessness, emergency department utilization, hospital readmissions, ambulance use, and prolonged hospital stays.

Medical respite can close the gap between recovery and worsened medical conditions by providing a way for people who no longer require hospitalization a place to safely recover. In 2025, the Legislature made progress by creating a Medicaid medical respite benefit for people experiencing homelessness when federal financial participation is available with SB54. The benefit, codified at NRS 422.272426 and effective July 1, 2027, may cover up to 90 days of medical respite during a 12 month period and includes services such as case management and care coordination. Nevada can build on this by pairing the new Medicaid benefit with state investment in the infrastructure necessary to make it usable. The state could provide capital funding to build or renovate medical respite facilities, fund room and board costs that Medicaid can't cover, and establish sufficient regional capacity. Programs should be equipped to serve people with behavioral health conditions, mobility limitations, and complex medical needs to avoid creating narrow eligibility that excludes the people most likely to need the service. Housing navigation should also begin when someone enters respite so that the program can function towards stability. Nevada can also reduce the siloed operations between Medicaid and the homeless response system by requiring managed care organizations to develop formal partnerships with Continuums of Care, housing authorities, medical respite programs, and homeless service providers. Managed care contracts could also incorporate

housing stability outcomes for members with complex needs and create mechanisms for documented healthcare savings to be reinvested into interventions that reduce repeated crisis utilization such as supportive housing and medical respite. The state can build an evidence base for these investments to evaluate potential strategies for using resources more effectively.

Policymakers shouldn't have to choose between housing and healthcare based on assumptions. Nevada should measure what it costs to repeatedly respond to homelessness through crisis services and compare that with the cost of providing the housing and supportive services people need to stabilize. Housing should also be understood as part of the healthcare infrastructure when medical conditions are directly affected by where and how people live. Healthcare policy should reflect that connection by treating housing and healthcare as complementary investments not as separate systems competing for limited resources.

Economic Stability

Employment and economic stability are also part of homelessness prevention. Nevada's $12 minimum wage provides a baseline but there are few places where a household who makes an annual $24,960 before taxes can reasonably obtain safe, stable housing when landlords require income equal to two or three times the rent. Applying the traditional standard that a household should spend no more than 30% of its income on housing leaves approximately $624 for monthly rent. Someone can work full time and still be experiencing a homelessness crisis because of the gap between what people can earn and what it costs to remain housed. Minimum wage should be evaluated against the actual cost of living instead of a fixed floor. The Legislature should establish a higher minimum wage and implement regular cost of living adjustments. For people living on fixed incomes, the challenge is different with little ability to increase their earnings even as rent and other living expenses rise. Economic stability strategies should account for fixed income and connect to supports that help preserve the limited income they have.

Nevada should also take a closer look at employment and occupational licensing barriers related to criminal records. Those barriers can make reentry more difficult by preventing people from using existing skills or pursuing occupations that provide better wages and long term employment. Licensing requirements should be reviewed to determine whether restrictions based on criminal history are related to the duties of the occupation and necessary for public safety. Beyond traditional employment, licensing and permitting requirements create unnecessary obstacles for people earning income through art, street performance, and vending. For someone experiencing homelessness or trying to rebuild their life after incarceration, independent work may represent some of the few immediate opportunities to generate income. Employment protections are another part of economic stability. Workers living paycheck to paycheck can lose housing after a relatively short disruption in employment. Policies that support predictable scheduling, access to earned wages, reasonable leave, and protection from unlawful discrimination can prevent temporary employment disruptions from becoming housing crises.

Justice Involvement

Nevada's reentry requirements for people leaving prison on parole are not equally strong for people who complete their sentences or for people leaving city and county jails. The result is a system in which the quality of reentry planning depends on how someone leaves custody instead of the needs they have when they return to the community. The Nevada Department of Corrections must develop a reentry plan no later than six months before parole eligibility that addresses a proposed residence, employment or financial support, treatment and counseling, education and employment services, and Medicaid and Medicare eligibility. The Division of Parole and Probation then reviews the plan and coordinates with other

state agencies regarding housing or treatment. This is a useful framework but a plan isn't the same as placement. Recording that someone intends to stay with family or go to a shelter doesn't ensure that the family can safely receive them or that the shelter will have a bed available. Everyone leaving prison should have an opportunity to establish a verified housing plan, connect to healthcare and behavioral health services, obtain identification and benefits, and establish a source of income before release. When permanent housing is not immediately available, the state should have sufficient transitional and reentry housing capacity to prevent release from incarceration from becoming an entry point into homelessness. Nevada could establish reentry housing vouchers and landlord mitigation funds to make it easier for people leaving incarceration to obtain housing. Programs such as the Returning Home model developed by the Corporation for Supportive Housing provide examples of the connection between housing and reentry systems.

Community based navigators and peer support programs play an important role in this transition because they help people when the risk of housing loss and recidivism are particularly high. At least 90 days of post release navigation would provide a meaningful pathway to stability. The state has the ability to track where people are going when they leave custody and that information can be used to prevent homelessness before it occurs. This is an important part of the work that led to AB32 in 2023, which sought to improve the state's ability to identify housing outcomes for people exiting incarceration. If the state knows that someone is likely to leave prison without housing, it should be able to intervene before release as opposed to waiting for them to appear in the homeless services system. Preventing that inflow is more effective than waiting until someone has already become homeless and then attempting to reconnect them to housing. This approach is relevant to Nevada's efforts to reduce recidivism which is often discussed primarily through criminogenic factors but successful reentry also depends on social conditions. Remaining safely housed and connected to legitimate sources of income and care should be understood as part of the state's broader effort to reduce recidivism. Release practices should also account for the circumstances into which someone is being released. Overnight releases should be limited unless the individual requests it or a safe placement and transportation have been confirmed.

Healthcare coverage is an area where administrative coordination matters as much as statutory authority. Nevada should establish clear accountability for ensuring that coverage is usable on the day someone is released. Individuals should leave incarceration knowing that their coverage is active, how to access it, and where to obtain medications and follow up care. The Legislature should prioritize maintaining or suspending Medicaid eligibility during incarceration when permitted under federal law. When enrollment is necessary, applications and managed care enrollment should be completed before release, and there should be immediate electronic proof of coverage as well as an insurance card.

Criminal records can also create additional barriers long after someone has completed a sentence. Nevada law allows many criminal records to be sealed under NRS Chapter 179 but the process can still require someone to determine eligibility, obtain records, prepare documents, and navigate the court process. Records should be automatically sealed when statutory waiting periods are satisfied and dismissed charges or acquittals should be sealed without requiring someone to navigate a separate process. The state should also consider shorter waiting periods for lower level offenses and provide legal assistance for cases that genuinely require court involvement. There should be expanded opportunities for diversion before people become more deeply involved in the justice system. Statewide diversion options for appropriate low level offenses must include cases in which homelessness, mental illness, or substance use are contributing factors. Diversion shouldn't require a guilty plea as the price of receiving help and housing should be available as a core diversion service when housing instability is part of the problem.

Justice policy should ultimately recognize that release isn't the end of the state's responsibility for planning. Discharge from incarceration shouldn't be allowed to become a predictable pathway into homelessness. If Nevada wants to reduce

homelessness and recidivism, it should treat housing and community stability as part of successful reentry. We must acknowledge how these systems affect housing stability and whether their policies create additional barriers for people already facing economic or personal crises.

Closing

Homelessness exists within a much larger policy landscape and is often the result of multiple systems failing to intervene early enough. By the time someone loses their home, we're likely seeing the fallout from a series of interactions within structural intersections. Homeless services are designed to provide critical support and address particular needs but they can't control whether a person can afford their next place to call home, whether hospitals have appropriate discharge planning, whether treatment has a recovery destination, or whether someone leaving incarceration has the resources needed to start over.

The work ahead involves building a statewide system with housing stability prioritized across every system. These challenges are being lived everyday by people experiencing homelessness and witnessed by the people doing this work on the ground. The opportunity before us is to take what we already know and turn it into coordinated action.

Housing is a basic human right far exceeding any service or policy outcome. No one should have to jump through hoops or fall through systemic cracks to meet their fundamental need for housing. Everyone deserves a safe and stable place to call home.