

**SOUTHERN NEVADA REGIONAL PLANNING COALITION  
SOUTHERN NEVADA HOMELESSNESS CONTINUUM OF CARE BOARD  
MEETING MINUTES  
May 14, 2015**

**In attendance:** Julie Calloway, Co-Chair, City of Boulder City  
Nick Spriggs, Co-Chair, Briggs & Spriggs  
Tim Burch, Vice Co-Chair, Clark County  
Arash Ghafoori, Vice Co-Chair, Nevada Partnership for Homeless Youth  
Barbara Geach, City of Henderson  
Kathi Thomas-Gibson, alternate, City of Las Vegas  
Terri Thompson, alternate, Clark County School District  
Deborah Kamprath, alternate, Nevada HAND  
Ellen Richardson-Adams, Southern Nevada Adult Mental Health Services  
Stacy Sutton Pollard, Nevada Homeless Alliance  
Heather DeSart, Workforce Connections  
Shalimar Cabrera, U.S. Vets – Las Vegas  
Trina Robinson, alternate, Las Vegas Fire & Rescue  
Geoff Spataro, United Way of Southern Nevada  
Melissa Clary, Huntridge Neighborhood Association  
Angela Marshall, Second Chance Christian Ministries  
Deacon Thomas Roberts, Catholic Charities of Southern Nevada  
Terry Murphy, Fremont Street Experience  
Kena Adams, Moapa Band of Paiutes  
Pastor Rand Marshall, alternate, U.S. Army Veteran  
Jesse Robinson, HELP of Southern Nevada  
Linda Lynn Chapman, alternate, S.A.F.E. Nest  
Ivan Rubio, alternate, The Church LV  
Vicki Chan-Padgett, Touro University Nevada  
Joshua Brown, Veterans Administration  
Kevin Morss, alternate, WestCare, Inc.

**Absent:**  
Cass Palmer, City of North Las Vegas  
David Schofield, Las Vegas Metro Police Department  
Nancy Menzel, UNLV  
John Hill, Southern Nevada Regional Housing Authority

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**Agenda Item 1. Call to order, notice of agenda compliance with the Nevada Open Meeting Law.**

A meeting of the Southern Nevada Regional Planning Coalition's Southern Nevada Homelessness Continuum of Care Board was called to order at 2:06 p.m., on Thursday, May 14, 2015, at United Way of Southern Nevada, 5830 W. Flamingo Road, Las Vegas, Nevada, 89103. The agenda was duly posted in compliance with the Nevada Open Meeting Law requirements.

**Agenda Item 2. Public Comment.**

No public comment was given.

**Agenda Item 3. Approval of the Agenda for May 14, 2015.**

A motion was made to approve the agenda. The motion was approved unanimously.

**Agenda Item 4. Approval of the Minutes from the April 9, 2015 meeting.**

A motion was made to approve the Minutes. The motion was approved.

**Agenda Item 5. Receive the final report of the 2015 Southern Nevada Homeless Census; for possible action.**

Michele Fuller-Hallauer, Continuum of Care Coordinator, presented the results of the 2015 comprehensive Homeless Census report and survey. The results of this year's census were collected on the early morning of January 8<sup>th</sup> and into January 9<sup>th</sup>, 2015. The Department of Housing and Urban Development (HUD) mandates that communities which receive federal housing dollars conduct a yearly Point in Time (PIT) Sheltered and Unsheltered Census and Survey each year. The annual PIT count assists with tracking the progress toward ending homelessness in Southern Nevada and provides details necessary for

providers to assist with planning efforts to meet the needs of our homeless population. The methodology used for the census process has remained static since 2009 with just a few minor tweaks. The methodology used is HUD approved. It includes the shelter, emergency shelter, transitional housing and unsheltered canvassing. The process involves bringing together all volunteers to canvas by foot and by vehicle each identified track. Each year approximately 80% of Southern Nevada census tracks are canvassed. Each year previous census tracks are reviewed and any areas in which homeless individuals have not been counted are excluded from being counted. This data is overlaid with emergency call data for emergency responders. Any areas in which homeless individuals have not been counted and emergency response data indicates no contact are considered safe areas to be eliminated from the count process. However, if emergency response is called out to anyone of these areas they once again become included in the PIT count. The count process is conducted in Clark County (Urban Core) and all other rural areas included in this service area. Southern Nevada also has specialized teams that deploy out to the tunnels and we have special youth teams that assist in the teen homeless count. Youth canvassing is conducted during the day and during this process the school district works in collaboration with the census team to update their information on homeless children enrolled in school. This information is then shared with the census team to be included in the final count census data. The census data is entered into the local data base. Once the PIT count is conducted and data is entered volunteers assist with the survey process. The survey is a 10% statistical sampling. Southern Nevada strives to reach a 15% statistical sampling to provide a little bit higher survey coverage. Surveys are conducted with sheltered and unsheltered and are conducted strategically so that we are able to accomplish a true sampling of our homeless in the community. Ms. Fuller-Hallauer shared an important note that up until this year this community has included a hidden homeless survey. The hidden homeless are those folks living on the property of another but not related and not living in the main housing structure. At the beginning of 2014 our community received notice that HUD is no longer receiving homeless surveys as part of the annual homeless count. Reports back to 2007 have been adjusted to reflect the removal of the hidden homeless census data. As you look through your report data you will see that adjustments have been made to our local data to reflect removal of the hidden homeless count data. The following are key findings of the 2015 Homeless Census: This year the census indicated there are 7,509 homeless people in our community. Southern Nevada's homeless number increased by 66 persons since 2014 a 0.89% increase. From 2011 to 2015 Southern Nevada has seen a 6.2% decrease in homeless individuals. Of those counted 53.8% was experiencing homelessness for the first time. Southern Nevada has seen a 43.7% decrease in Veteran homelessness. Southern Nevada has seen a 44.5% decrease in Family homelessness. Unaccompanied Youth (under age 18) have experienced an 8.5% increase in homelessness. However, youth homelessness among 18-24 has decreased by 12.2%.

Ms. Fuller-Hallauer went on to explain that 197 homeless families were identified this year (2015) which represents 631 individuals. Only one family was found on the street. All others were counted in shelter or permanent supported housing situations. Also, 832 unaccompanied homeless children under the age of 18 were counted in the street and shelter count and there were an additional 1,475 homeless youth (18-24) identified. This is a reduction in number from 2014 to 2015. Census data reflects that Caucasian (48.2%) and African American (36.0%) race groups continue to be most likely to experience homelessness in Southern Nevada. An increase within our Asian population was seen in 2015 from 1.4% to 4.8%. The following are the top six reported causes of homelessness; lost job, other, alcohol/drug use, illness or medical problems, mental health issues, argument that resulted in being asked to leave. During this 2015 Census process the reporting of "Other" events leading to homelessness saw an increase. This category reports situations that were outside of the other reporting categories. General survey results indicated that 84% of respondents reported experiencing unemployment. This year 73.7% of respondents claimed not to be receiving money from other sources (any source to include panhandling etc.). A 3.2% increase from 2014. However, respondents reported an increase in receipt of food stamps from 62.4% in 2014 to 70.3% in 2015. During this census reporting period the majority of respondents 57.3% reported that they do not have a disabling condition. 31.7% of respondents reported having a physical disability (1.2% increase) and 8.7% reported having a developmental disability (2.4% increase) since 2014. This census identified 455 chronically homeless non-veteran individuals to include one chronically homeless family unit that included three people. Other homeless subpopulations identified included: adults with serious mental illness (1,064) a decrease of 18.9%, adults with substance use disorders (798) an increase of 35.5%, adults with HIV/AIDS (33) an increase of 86.8% and victims of domestic violence (735) an increase of 30.1%. Of those surveyed 50.2% reported experiencing mental illness, depression, or PTSD. This is a 44.9% increase in report from 2014. Of those reporting mental illness with co-occurring disorders reported mental illness/substance abuse at 8.7%, depression/substance abuse at 12.5% and PTSD/substance abuse at 5.3% all areas experiencing an increase from the 2014 census report. Data reported for the homeless veteran subpopulation counted 692 individuals. A 43.7% decrease from 2014 which totals 538 less people. Of the 692 counted 98 were female, 594 male, and zero transgender identified. The majority or 384 were Caucasian, and 617 Non-Hispanic/Non-Latino. One veteran family unit was identified that included two people. This family was residing in emergency shelter at the time of the PIT count. During the survey process 119 veterans participated in the survey. At the time 56 were unsheltered. Of the 119 surveyed 7 were female, 112 were male and zero were transgender. 58% were White/Caucasian, 35.2% were Black/African American and 92.3% were Non-Hispanic/Non-Latino. 74.5% reported having honorable discharge and 7.5% reported other than honorable discharge. Zero reported having dishonorable discharge. Of those surveyed 29.4% reported having three or more disabling conditions. This is a decrease of 37.5% from the 2014 survey. The homeless family census data indicated that 197 families (631 individuals) were experiencing homelessness during the point in time count. Of the 631 individuals counted 408 were children. This

census is a 44.5% decrease from the 2014 count. Data indicated that among the Unaccompanied Youth (under age 18) subpopulation there were 832 youth experiencing homelessness. This count is an 8.5% increase (65 children) from the 2014 count. Homeless Youth (Transition) age 18-24 included 1,475 youth. This number decreased from 2014 by 12.2% or 204 youth. Youth survey demographics indicated the following: 57.8% identified as Black/African American, 40% identified as White/Caucasian, 71.1% identified as Non-Hispanic/Non-Latino. 68 unaccompanied youth 18-24 years old were surveyed. Of the 68 surveyed 44.4% were male, 55.6% were female and zero identified as transgender. Of the females surveyed 16% reported being pregnant and 13.3% of youth surveyed reported a bisexual orientation. The youth survey results indicated the following primary causes of youth homelessness: kicked out of the house, fight or conflict with parents or guardian, emotional abuse, violence at home between family members, financial issues and or ran away from family home, group home, or foster home. Included in the conditions of homelessness, youth surveyed reported that 51.1% were between the ages of 18-21 when they first became homeless. The majority of them (41.8%) had been couch surfing for 2-6 months at the time of the 2015 survey. Youth identified the following needs/support as helpful to prevent homelessness: job training/employment, housing assistance, education, and support from friends/family. The majority of those surveyed (73.3%) were still in contact with family and 81.8% had had contact within 7 days or less of this survey. This survey indicated that youth reported that 26.7% have earned a high school diploma, 31.1% have reached 11<sup>th</sup> grade and that 82.2% are interested in receiving educational services. Youth reported that the following are barriers to utilization of services: 25.6% reported trust issues, 20.5% reported having no access to transportation, 7.7% reported being fearful that parents will be contacted and 2.6% fear being placed into Child Protective Services. Youth are asked to complete the survey questionnaire which provides the demographic type of data described previously. The ability to utilize a youth specific survey process was made possible by the Youth at Risk of Homelessness (YARH) planning grant that Clark County has received from the Department of Family Services. Each department works closely together to assure that what Clark County to make sure that data is being captured accurately and effectively to assist with youth planning purposes. Ms. Fuller-Hallauer reminded SNH CoC members and the audience that the full Homeless Census Report can be found on the Help Hope Home website. Catherine Huang Hara, Clark County Social Service, acknowledged and thanked all of the individuals that help to make the 2015 Homeless Census possible and extended special thanks to the staff of Bitfocus and Rob Herdzik, data analyst and research staff. Ms. Huang Hara also referred to the last three slides of the PowerPoint which outline all other community partners. Acknowledgement was made for the work of all partners city, county and non-profit that came out to assist with canvassing, planning, counting and all other aspects of the census data collection and implementation process. The census report is live on the help hope home website and the slides of the PowerPoint presented today will be available there also. Josh Brown, United States Veterans Administration, clarified that the slide presentation will be available on the website later on. Ms. Huang Hara confirmed the availability of the presentation. Also, Mr. Brown inquired about the margin of error in regards to HUD and expressed interest in what HUD uses as the margin of error based on this census information gathered from Southern Nevada. Rob Herdzik, Bitfocus, clarified that the data within the document has a 95% accuracy rate with 3.4% margin of error. However, would have to double check the numbers in order to provide a definite error rate. Mr. Brown was interested in clarifying that the data is reliable in the sense that Southern Nevada can confirm that the rate of homelessness has decreased from 2014 to 2015 in all areas of subpopulation with the exception of the youth homeless numbers. Mr. Herdzik confirmed that everything that Bitfocus collects and reports back out is in compliance with the HUD methodology and consistent with data collection across the nation. Last question for Mr. Brown was directed to Ms. Fuller-Hallauer in regards to the take down number for veterans so that six months from now to be able to say that the VA has reached the functional zero in ending veteran homelessness. Mr. Brown asked if she knows what that number is as of today. Ms. Fuller-Hallauer reported that the group will be speaking to that number later today in the 25 Cities update. Ms. Fuller-Hallauer shared that in the back of the report the methodology is spelled out for further review. Terry Murphy, Fremont Street Experience, asked a question in regard to youth. She wanted to clarify if during the survey process the youth are asked for specifics on how long they have been homeless. Ms. Fuller-Hallauer referred members to the youth section of the presentation where on page 28 the data indicates total length of time homeless as reported by youth. Josh Brown, United States Veterans Administration, as a question in regards to the PIT count number of 2014 and 2015. He observed that the numbers seem to have remained fairly steady and inquired as to the opinion of why that is. Ms. Fuller-Hallauer stated that while analyzing data she discovered that according to survey reports 53% of those surveyed reported that this was their first time being homeless which indicates that this community has seen an influx of new individuals experiencing homelessness. However, since we have been able to remain steady we as a community have been doing something right in regards to housing folks in permanent housing because those that are in permanent housing or rapid rehousing are not identified as still being homeless because they are permanently housed. This steadiness indicated that we are doing a good job of moving individuals into permanent housing since more than half of those coming into the system are first time homeless. Mr. Brown stated that he was sure that Ms. Fuller-Hallauer was going to address how we are going to move forward in the 25 Cities presentation. Ms. Fuller-Hallauer shared that this discussion was not intended to be part of today's 25 Cities presentation but stated that she will continue to analyze the data and come back next month with recommendations if he would like her to do that. Mr. Brown requested to make a motion to include this report as part of the June presentation. Ms. Huang Hara stated that the 25 Cities update is a standing update and that this report back can be rolled into that standing presentation for next month.

Arash Ghafoori, Nevada Partnership for Homeless Youth, asked if there is any thought on how we can improve the survey process that we have within our control based on the reality that much of the data collected is based on HUD methodology and collection requirements with the intention of improving the overall consistency of the data from year to year. Ms. Fuller-Hallauer stated that we cannot go back to past years to redo what we have already done however believes there are a few things that can be considered for modification moving forward. First would be insuring that names of individuals being surveyed is collected, and increase the number of individuals that are being surveyed especially those that are unsheltered. Also consider working on doing an extrapolation of the survey results for those that are unsheltered versus those that are sheltered. Ms. Fuller-Hallauer shared that she is not sure that the responses would be any different but believes this would be an interesting concept to look more closely at. Also to work toward going electronic for the census tally sheets. This year the surveys were completed electronically and streamlining the tally sheet could make it possible for canvassing and survey completion to be done in tandem as is being done in other areas of the country that have successfully declared function zero. This makes it possible to do the survey, tally and collect names for those being encountered on the streets. This practice requires a great deal of man power because it takes time to do the survey. The need for increased man power is something that would need to be considered if we were to implement this practice. These are Ms. Fuller-Hallauer's recommendations of ways to possibly improve the data and to get a better sense of who is still homeless. The census collection process is reliant on the community and debriefing with the homeless census teams which come together each year to identify where improvements can be made to strengthen data collection from previous years and to effectively determine the needs are of our homeless population.

Nick Spriggs, Briggs & Spriggs, asked if we have a sense of how many of these folks are in HMIS or how many we lack and need to get entered into HMIS. Ms. Fuller-Hallauer shared that every one of our sheltered homeless are entered into HMIS. Those unsheltered are counted during the census process. Ms. Fuller-Hallauer referred all members to the back of the report to view snapshots of the actual survey. In this location there is also a breakdown of how many individuals answered each question and the subcomponents of each question.

Catherine Huang Hara, Clark County Social Service, clarified that what each member has in front of them today is the executive summary of the final report which is 14 pages. Copies of the entire report were not printed for distribution because it is 222 pages. Also the full report from last year is available on the website for those that are interested in doing comparisons.

Terri Thompson, Clark County School District, clarified with Ms. Fuller-Hallauer that 53% of respondents reported that this was their first time being homeless. Ms. Thompson asked if there is anything in the survey that indicates if these respondents are new to Southern Nevada. Ms. Huang Hara stated that there is a table in the report that provides a breakdown of what their reported residence was. This includes a large portion that were already here in Southern Nevada and a smaller portion which came from other parts of Nevada and an even smaller portion that came from out of state.

Arash Ghafoori, Nevada Partnership for Homeless Youth stated that since we did the youth count separately how are we counting 18-25. Mr. Ghafoori is wondering if these 18-25 are also counted elsewhere. Therefore, when we are reporting 56% are we including the youth up to 25 in this count? Ms. Fuller-Hallauer reported that every person that was surveyed filled out the general survey. That is what gave us the overarching numbers. The youth specific survey was an adjunct survey. Youth were identified during the general survey and at that time they were asked to complete the youth survey.

Stacy Sutton Pollard, Nevada Homeless Alliance, asked if we know how our results compare with the rest of the state of Nevada. Ms. Fuller-Hallauer reported that as of last Friday the other two Continuums of Care (CoCs) were still crunching their numbers therefore they hadn't released their information. Ms. Huang Hara stated that HUD extended the deadline for submission of the Housing Inventory Charts and the Point in Time (PIT) counts into HDX until tomorrow (5/15). HUD will soon begin broadcasting nationwide data and trends. Some other cities and specifically Los Angeles posted their data on Tuesday so large reports such as Southern Nevada's are beginning to trickle through as communities are releasing them.

Kena Adams, Moapa Band of Paiutes, asked if these reports will be reported to the various local governments and agencies, such as elected officials. Ms. Fuller-Hallauer reported that each of the jurisdictions that sit at the table of the SNH CoC reports the results back to their respective boards or councils.

#### **Agenda Item 6. Receive an update from the Evaluation Working Group; for possible action.**

Tim Burch, Clark County Social Service, reported on the activities of the Evaluation Working group last meeting to now. During this time the group worked to develop a funding time table for when the group expects the application to come out. There is strong indication that the NOFA is likely going to come out while the local application is in process. This is not confirmed. However, there are signs that are leaning in this direction. It is going to be critical that due to the short timeline we work diligently so that the process can be done right the first time and that folks are committed to being at the table to be at meetings they need to be at to get the necessary work done so that roll out of two processes at once. The application will be out by this Monday 5/18/15 on the website. Mr. Burch clarified with staff that the local application release date is close of business on Friday 5/15/15. Mandatory technical assistance training will be provided. All applicants are required to attend technical assistance training. Training is May 26<sup>th</sup> from 9 to 11:30 and May 27<sup>th</sup> from 1 to 3:30. Both sessions will be held at Clark County Social Service at 1600 Pinto Lane. All of this information is available to you as you download the application. Local applications will be due by June 15<sup>th</sup>. This application period is a somewhat shorter window than we had last year.

Upon close of the application period we will have presentations on June 24<sup>th</sup>. Two weeks after applications are due. All ranking and scoring will be done immediately after presentations with working groups coming together on June 25<sup>th</sup> and again June 29<sup>th</sup> to complete the process. Notifications will be made back to all applicants by June 30<sup>th</sup> through Zoomgrants. A mandatory appeal process will be available the first week in July and is available to any applicants wishing to exercise the appeals process. Once the appeals process is complete preparation will be done to present grant applicants to the SNH CoC on July 9<sup>th</sup>. This process and the shorter than usual timelines for this process are all done in consideration of staying within the mandatory timelines set forth in the release of the NOFA. The Evaluation Working Group was busy at the last meeting making sure that the structure was set to get this process going through. Mr. Burch expressed gratitude to the new CoC members that have been asking questions and informing the process. There have been some process improvements this year. The instructions document has been imbedded into the application document. Some questions will be asked in a slightly different order than last year. Mr. Burch reminded potential applicants to please pay attending during the completion of the application because options have changed. If applicants just cut and paste answers from last year's application into the new application you may miss answering the question. All applicants are strongly encouraged to make sure when attending the mandatory technical assistance training that each agency has the right people attending training.

Michele Fuller-Hallauer, Continuum of Care Coordinator, invited all on the board to attend either of the technical assistance training meetings. Both meetings are the same so it is not necessary to attend both. Ms. Fuller-Hallauer also invited all board members to attend the application presentations on June 25<sup>th</sup> and 29 and to attend the ranking and scoring process. For board members that are new to the process this is an opportunity to experience the robust discussions that take place during the ranking and observe the amount of detail that the Evaluation Working Group goes into when considering who is ranked in the application and where they are ranked. That will help to inform you as you make decisions on whether to approve or deny the recommendations that are put forward by the Evaluation Working Group. Detailed information for each of these activities is located on the help hope home website. Mr. Burch announced that Clark County staff will make sure that notices for each date and time will go out by email.

Kathi Thomas-Gibson, City of Las Vegas, asked Mr. Burch if he had done a quick orientation for new members of the working group and if so could that be condensed into a one sheet handout to be given out to others who didn't participate to provide a working knowledge of the process. Mr. Burch responded that the Evaluation Working Group did a very short walk through. They talked about what the Evaluation Working Group does, walked through the process and the application to pull that apart for a deeper understanding of what is included in the application and took time along the way to answer questions about why things were done a certain way and identifying what process things are available for reconsideration or what is just put in for us as part of the process and is unable to be negotiated or changed. Mr. Burch reiterated that for those that did not attend the Evaluation Working Group the presentation items presented two meetings ago is a good resource. Also, Mr. Burch is available to set up a time to go through the process as needed.

Arash Ghafoori, Nevada Partnership for Homeless Youth, asked who new members of the board can discuss conflicts of interests with which may arise as this process moves forward if their agencies are being considered for funding. Mr. Burch acknowledged that this is a good question. There are folks who sit on the review committee and this issue was talked about a little bit. This is an area where they expect as a general rule that public meeting rules are followed and for those that need to abstain. As part of the larger group those that are doing the scoring and ranking are not going to be those receiving funds. For clarification Mr. Burch stated that on a higher level when it comes to ratifying the package through the larger CoC board perhaps a quick tutorial can be done for those individuals which need to abstain from voting because they are an applicant. Mr. Burch assured Mr. Ghafoori that staff will get on making sure that this is an introduction item to remind new folks that nothing goes down the way it shouldn't in regards to applicant decisions making.

#### **Agenda Item 7. Receive an update from WestCare on the Community Triage Center; for possible action.**

Kevin Morris, WestCare, presented on new projects for WestCare. Renovations are underway for the Maryland Parkway facility. Renovations are expected to be completed by June. This is a 52 bed community medical triage center. The only thing that might hold up the opening of this facility is licensing from the Fire Marshall to get the kitchen approved. However, if everything goes smoothly they should be open by June. With the opening of this facility the Fourth Street location will be taking a step down to a wet shelter, social model detox and for anyone who goes through the community triage center and doesn't need to be there will be moved over to the fourth street facility. Mr. Morris presented census data and pointed out that in the first quarter WestCare saw 832 clients with only 32 beds. In the second quarter their programming expanded to 50 beds and their census for that quarter jumped up to 967. During the whole third quarter of 2014-2015 WestCare has been at 50 beds and has served 1163 individuals. The average length of stay in this program is 2 to 2 ½ days which is very similar to services totals provided last year. WestCare is looking forward to the opening of their new facility to increase service capacity. Currently, the facility is going to be licensed for 50 beds. Census information indicates that during the quarters of 2014-2015 WestCare served 456 clients two or more times. Of these 456 clients 312 had 2 admissions, 92 had 3 admissions, 33 had 4 admissions and 19 had 5 or more admissions. Mr. Morris shared that this data indicates that staff are doing a really good job of referring clients out to other services. The staff of WestCare work hard not to release anyone out of their services back to the streets. Unfortunately, there are a number of people that once they start feeling better they decide on their own to release themselves back out to the streets. For those individuals that truly want help the case managers are doing a really

good job of getting them into services. The age of the population being served indicates that the age group from 28-37 is the largest service group. Over the last couple of years WestCare has been seeing an increase in the 18-27 year olds. Much of the increase in this age group is associated with opiate usage. Mr. Morris shared that he does not see this decreasing anytime soon. WestCare is expecting this age group to continue to rise. On average the income level of folks coming for treatment is \$9,000 annually. From 2014 to 2015 WestCare provided 179 veterans services. This number is a count of unduplicated clients. Their veteran status is determined by self-report and WestCare believes that they likely serve many others that fail to report themselves as having veteran status. Of these veterans 79 received services and were connected to benefits and the other 100 were counted as not connecting to benefits. Statistics reporting family structure indicate that 79% are single parents while 7% reported having two or more people in their family. The zip code area most served by WestCare is 89101. However, 89106 and 89102 are becoming close contenders for client service needs. Typically the zip code service area data remains the same with services being provided to individuals in the same ten zip code areas. Service location definitely influences the zip code areas being served. Services are very convenient for those residing in the area of the downtown corridor. WestCare receives a large number of walk-in clients. According to socio-economic census reports approximately 33% of clients are homeless, 92% are unemployed and 88% are living below the federal poverty level. In regards to referral sources the mission for the last couple of years has been to build trust with clients so that if they need treatment they come on their own instead of presenting at the hospital and to reduce the number of individuals being dropped off by police or emergency responders. WestCare recently had a meeting with the North Las Vegas police department in order to work on collaboration of referrals. Hospital referrals remain significant with UMC having the most at 20%. Hospital referral numbers typically are fairly steady throughout the year. Discharge reasons reported through census data indicate four scenarios. First is program completion at 56%, left against medical advice 30%, discharge to a medical facility 4% and non-compliance with program requirements at 4% during the 3<sup>rd</sup> quarter of 2014-2015. In the third quarter of 2014/2015 WestCare discharged 1,163 program participants to the following locations: private residence 34%, sober living 12%, treatment program 11%, streets/unknown 30%, shelter 6%, hospital 4%, and jail 0%. Mr. Morris projects that WestCare will experience an increase in inpatient psychiatric facility placements with the recent availability of insurance benefits through the Affordable Care Act. Many insurance companies have their own crisis intervention teams that go to the hospitals to complete assessments and move those folks into psychiatric facilities. WestCare is currently having conversations with many of these teams to collaborate on having these teams come to the community triage center to complete assessments and then get potential clients into psychiatric hospitals. The Community Triage Center is currently working toward implementation of telehealth services which allow the crisis intervention team to be anywhere in the city, log on to the computer, see the client through telehealth and then determine the need for psychiatric hospitalization. WestCare would then assist with transportation to the psychiatric facility. Participation numbers are currently low in this area however, it is anticipated that over the course of the next few years these numbers likely will increase. Mr. Morris goes on to highlight the primary drugs of choice for Southern Nevada as: Alcohol, Heroin and Methamphetamine. The third quarter accounts for 98 completed Psychiatric Evaluations compared to 100 in the second quarter. Mr. Morris stated that WestCare is working toward improving the psychiatric evaluation referral process by way of more intense pre-screening to eliminate the psychiatric referral unless necessary. Client reports indicated that 177 individuals have a current connection with Southern Nevada Adult Mental Health Services (SNAMHS). Mr. Morris reported that 6 clients were placed on legal holds in the 3<sup>rd</sup> quarter and the number discharged from legal hold totaled 85 for this last quarter. Once the client is able to receive medical clearance and released from legal hold WestCare is able to pick the client up and bring them into the Community Triage Center for services.

Nick Spriggs, Briggs & Spriggs, asked about an estimated annual budget for the Community Triage Center. What percentage is funded by the CoC, matching, and cost per bed night is. Mr. Morris answered that the cost per bed is approximately \$150 per day. It is roughly about 2 million dollar budget which is funded in three parts. The county and local jurisdictions pay a third, hospitals pay a third and the state pays a third.

Lisa Lynn Chapman, Safe Nest, inquired about legislation that Mr. Morris mentioned in regards to legal 2000 holds. Ms. Chapman asked if this is legislation that will be addressed during this session or will it be coming up in future sessions. Mr. Morris responded that he isn't able to cite the exact bill. However, there are several issues in current legislation. First who is able to take individuals off legal hold? Currently only a doctor has the authority to take someone off legal hold. Legislation introduced is requesting that a Nurse Practitioner, Psychologist or Licensed Clinical Social Worker be able to take an individual off legal hold. Also, there is a bill that addresses medical paramedics being allowed to do medical clearances in the field making it possible for individuals to be taken directly to the Community Triage Center.

Angela Marshall, Second Chance Christian Ministry, asked if WestCare has a financial breakdown on the \$150 per day cost. Mr. Morris answered that cost is calculated by counting time of staff, rent, food and other costs divided by the number of beds filled and multiplied by 365 days per year operation which equates out to \$150 per day. All staff is 24 hour including doctors on call, nurse practitioners and nurses. Ms. Marshall asked about insurance coverage for all staff providing services within the facility. Mr. Morris answered that all full time employees are insured. He stated that WestCare has liability insurance. Ms. Marshall asked about facility bonding. Mr. Morris answered no to that question however he also stated that he is not sure about the bonding question.

Tim Burch, Clark County Social Service, stated that for everyone's edification this group needs to go back and provide a tutorial for all new members. This structure is a legislatively directed process that was setup by the state and local jurisdictions and the Nevada Hospital Association several years ago to decrease mental health and substance abuse catastrophe/state of emergency in our emergency rooms. For the record this Community Triage Center program is a detox model program that is expensive. However, this is because each client is monitored medically the entire time that they are there. Mr. Burch reiterated that this is not shelter as has been heard in other presentations. All of this has been vetted and as one of the funders of this process Mr. Burch recognizes their vendor "WestCare" has been operating at the same price per unit for several years. As we know medical costs have risen so we are very happy with the purchasing power that this service delivers to the community and they do meet all licensing requirements for both state and local jurisdiction as well as Hospital Association and has been around as a community service since 2006. Mr. Burch stated that this is a long standing program and if we need to provide background and history on that an archived article can be located to explain the program. This information will be located and distributed to the committee.

Barbara Geach, City of Henderson, mentioned that WestCare was going to keep the 4<sup>th</sup> street location open. Of the 50 beds opening up on Maryland Parkway and inquired if that meant that there will be 36 beds of wet shelter. Mr. Morris answered that there will also be 50 beds on 4<sup>th</sup> street. They are not going away and actually the Maryland Parkway location will end up being 52 beds instead of 50 as that is the number determined by licensing. The reimbursement for these two additional beds is hoped to be reimbursed by the expansion made possible by the Affordable Care Act which is allowing more incoming clients to be insured. Just this month WestCare is able to begin billing fee for service under Medicaid. The challenge has been that in Clark and Washoe county most folks don't have fee for service coverage. Instead they are under a managed care system either HPN or Amerigroup. HPN and HBO have been out to tour the triage facilities and each of the insurance providers are in the process of renegotiating their contracts to cover CTC. When the original contracts were written they did not include CTC. It's believed that at the time of initial contract these providers really didn't understand the Community Triage Center concept. It has been discovered that language and how services are identified between WestCare as a providers and Medicaid as a funder has been a barrier. WestCare is feeling confident that they have solved these issues and are better prepared to speak the same language to insure that service reimbursement is happening. The CTC is not technically funded by Medicaid. However, crisis services are.

Kathi Thomas-Gibson, City of Las Vegas, introduced a footnote. The Las Vegas City Council did approve the CTC application for the Wet Shelter and WestCare will be receiving a letter of notification soon. Ms. Thomas-Gibson will come back at a later meeting and inform the group about all that got funded through the CDBG process. This year's application provided bonus points to agencies willing to provide wet shelter and WestCare has been awarded the bonus project. This approval just came a week ago.

Melissa Clary, Huntridge Neighborhood Association, asked in regards to the City of Las Vegas stepping up to go through the wet shelter process and was curious if any of the other jurisdictions on the board are looking at wet shelter services for their cities. Barbara Geach, City of Henderson, answered that part of it has to do with whether or not Medicare will start picking up some of the charges that City of Henderson has been paying for in our interlocal. If Medicare starts to pick up those fees, then the City of Henderson can begin looking at shifting or repurposing the funds that they were spending for wet shelter services. They are also looking at possible satellite locations or a totally different model which has been tossed around. The idea would be to provide satellite locations strategically located where they most need to be and then explore how that funding would come about. Mr. Morris introduced the Oscar Model which was a model developed several years ago during the most intense mental health crisis time in this community. A gentleman name Dan Musgrove was the champion for this idea. WestCare is interested in opening up what they refer to as "Dan Centers" around the community. WestCare's belief is that if an individual is picked up downtown by first responders they are more likely to drop the individual at a hospital in order to keep to their route. They are exploring a store front type location where a first responder could drop off quick. There would be staff there to assess and determine what their needs are and then get the individual into the proper system. Henderson is definitely a location being looked at and maybe the Northwest.

Kena Adams, Moapa Band of Paiutes, asked the question in regards to WestCare providing services to the youth population and inquired at which age services are available to this population. Mr. Morris answered that at the CTC the age range begins at 18 and above. However, they do have an adolescent detox center that is located on Rancho and Gowen at their women and children's campus. This location serves youth 13 to 17 years old.

Angela Marshall, Second Chance Christian Ministry, asked if through their ministry they identify someone who is in need of detox but doesn't have a way to get to services is there transportation available. Mr. Morris answered that as of right now the answer is no. WestCare does have a transportation department but right now they only pickup at the hospitals and the jails. WestCare just doesn't have the resources to service the entire valley with the intention of picking people up on the street. However, they have been in conversations with AMR and first responders about the feasibility of transporting individuals to treatment from across the valley. To date it has been determined that it is still faster for AMR to pick folks up and transport them. By the time WestCare would be able to respond and get to the location they could have already taken them in.

**Agenda Item 8. Receive an update on the progress of the 25 Cities Initiative; for possible action.**

Dr. Cynthia Dodge, CRRC Program Manager, provided an update on veteran placement numbers and reiterated that this community's goal is to end veteran homelessness by the end of 2015. Dr. Dodge projects that Southern Nevada will meet the homeless goal prior to the end of the year. The monthly placement target today is 150 to 200 veteran placements per month for the remainder of the year. Dr. Dodge believes the range of 150-200 placements per month is a reasonable goal and gives staff the flexibility needed to meet the identified goal. The numbers presented on this month's PowerPoint from January to April represent the number of veterans that have been placed in permanent housing to date. These placements can include permanent supported housing, rapid rehousing and exits to permanent housing from shelters or transitional housing which are typically grant and per diem placements. Dr. Dodge notes that she is pleased with the increases being made in permanent placements for veterans between January and the end of April with increases by about 50%. The plan is to continue to move forward with permanent placements and increase placement numbers each month. Dr. Dodge presented the Point in Time (PIT) number comparisons from 2014 to 2015. The 2014 PIT count included 1,237 homeless veterans the night of the count. The 2015 count has seen significant reduction with the inclusion of 696 homeless veterans counted. In 2014 the projected "Take Down" target was projected to be 2,550 from the count in 2014 until the end time in 2015. Today the new "Take Down" target is set for 1,458 by end of 2015 to reach the "Take Down" target. To reach functional zero 110 veterans must be placed into permanent housing each month for the remainder of the year. Dr. Dodge highlighted the exciting news that with the recount of the placement numbers and the PIT count Southern Nevada is under 1,000 in number of veterans needing permanent housing. Dr. Dodge recognized that this work would not be possible without the work and dedication of so many different agencies working together to make all of this possible.

Bobby Gordon, Clark County Social Service, presented an update and presented outcomes to date as requested at the last meeting. Ms. Gordon reminded the group that as a community we did not just decide to provide Coordinated Intake. Instead Coordinated Intake is a HUD mandate. A significant part of Coordinated Intake is to collect and provide data to communities that will highlight the gaps in services and to help to identify the housing programs whether rapid rehousing, permanent supportive housing or transitional housing. The numbers Ms. Gordon presents today are not reflective of the numbers that Dr. Dodge just presented for the VA. These numbers come directly from the HMIS system which is Clark Counties system of record. The Veterans Administration does not report data to HMIS and therefore works at reporting out their own data findings. Ms. Gordon reminded meeting participants that Coordinated Intake has only been functional since July of 2014. To date Coordinated Intake has completed 1,652 housing assessments. This count includes data from all 5 hubs of Coordinated Intake and all community providers completing assessments in the field. An interesting outcome to date is the breakdown in terms of permanent supportive housing, rapid rehousing and transitional housing. Housing need is determined on a scored scale of 1-16 determined by the housing assessment. This scale is then used to determine service match based on scores within this range. A score of 9 to 5 indicates a need for rapid rehousing or transitional housing services while a score between 10 and 20 indicates a need for permanent supportive housing. Ms. Gordon reports that as of yet none of the hubs have reported a 20 score on a housing assessment. The highest score to date is a 16. Analysis of these scores indicates rapid rehousing and transitional housing are this community's highest housing need instead of permanent supportive housing as once believed. Ms. Gordon's report also indicates that from July of 2014 to now Coordinated Intake has worked to house a total of 2,209. Of the 2,209 housed 1,292 were placed in transitional housing, 612 went to rapid rehousing and 305 were placed in permanent supportive housing. Currently the Community Queue has 280 people awaiting placement for permanent supportive housing and 561 individuals needing rapid rehousing or transitional housing placements. The current (May 7) housing vacancies for households without children are: permanent supportive housing (0), rapid rehousing (0) and transitional housing (51). The Coordinated Intake team has been working with Bitfocus to improve placement opening data. These efforts have resulted in the creation of a Google Doc designed to track vacancies and with the intention of being used by housing providers and those staff making community matches. Bitfocus will be providing provider training on how to utilize the Google Doc and also how to remove referrals from the queue that have already been referred to a community matcher. Initially all staff were doing placement matching. However, the Coordinated Intake team has discovered that matches are better and quicker if they designate specific staff to do the matching. Also, as a reminder those that need to get in touch with Coordinated Intake to ask questions can send correspondence through the newly established Coordinated Intake email address listed on the attached PowerPoint. Emails will be addressed by Ms. Gordon or Ms. Fuller Hallauer. Ms. Gordon reiterated that the numbers presented in her presentation do not include veteran placement numbers as the VA does not report to the HMIS system. If veteran assessment numbers were included in this data the number of assessed would reach approximately 2,336 assessments completed to date. A member of the audience inquired of Dr. Dodge as to whether or not at a future presentation it would be possible to have data presented that represents the vulnerability and chronicity of the veteran population since the data presented from HMIS does not include these VA counts. Dr. Dodge replied that absolutely these numbers can be presented. So far the data outcomes of the housing assessments from the VA perspective numbers are matching the community numbers being collected with HMIS, and similarly indicate highest service needs as rapid rehousing and transitional housing. However, the numbers in relation to where veteran placements have happened is somewhat different and Dr. Dodge will have this data available at a future meeting for comparison.

Michele Fuller-Hallauer, Continuum of Care Coordinator, added to the discussion for clarification that the VA by federal statute is not allowed to enter data into HMIS by VA staff. However, if we were able to have some assistance from folks who



are already HMIS trained to enter the assessment scores into HMIS we would be able to generate these same charts across the whole system including our veterans.

Kathi Thomas-Gibson, City of Las Vegas, presented an update of the activities of the Mayor's Challenge Group. She reminded the group that the Mayor's Challenge Group is made up of a combined group of individuals that previously represented the U.S. Conference of Mayors, and the 25 Cities Working Group. Many of the participants of this group were the same. Therefore, since each group shared the mission of ending veteran homelessness it was decided to combine this group under the umbrella of the Mayor's Challenge Group. Ms. Thomas-Gibson announced that in an effort to encourage employers from all the jurisdictions to hire veterans and be intentional in that process there is a veteran specific job fair scheduled for Thursday May 21 hosted by the City of Las Vegas. The job fair begins at 9 am at the East Las Vegas Community Center 250 Eastern. There will be 45 employers onsite ready to hire. Participants need to come with copies of their resumes. If an individual is homeless and needs assistance with copies folks are to reach Ms. Thomas-Gibson at the City of Las Vegas and she will assist with making copies of resumes. Also, Ms. Thomas-Gibson shared a conformation that all of the Mayor's will be coming together on June 2<sup>nd</sup> from 10 am to 1 pm. This meeting is an opportunity for those Mayors who have not yet signed onto the Mayor's Challenge Initiative to join in the conversation. This is a small group and not intended to be a public forum. This will be an opportunity for the Mayor's and key stakeholders to talk about our progress and what the Mayors can do, besides lending their names and faces to further this effort. Ms. Thomas-Gibson will come back to the group and report back on any specific outcomes from this meeting. This meeting will include participants from a number of national entities: Veterans Administration, National League of Cities, Council on Homelessness and others.

Merideth Spriggs, Caridad, provided an update of the Outreach accomplishments which included a definition of street outreach to be "teams that go out to meet people in the streets". Clients eligible for street outreach services include: anyone living in places not meant for human habitation. Agencies encountering those living on the streets will provide a card, resource referral or transportation to a facility or hub. Teams will continue to encounter and encourage the individual to connect with resources and pass off the client once they are connected with case management resources or housing. Ms. Spriggs also described a system which includes "Navigators". These are folks that have already gotten their VISPDAT and are being navigated by agencies. Agencies are helping them so we don't lose them in the cracks until the time that they get housed. One of the goals of the Outreach Group is to assign map tracks to cover specific areas. Each Outreach group has been assigned a point on the area map provided as part of this presentation. These locations are going to overlay emergency response data to determine where the gaps are in the system. Currently, HELP of Southern Nevada has a contract to cover the entire county. What the Outreach Group is trying to do is when they can't get to calls, during nights, weekends and holidays, work to come up with a backup plan and determine who the outreach folks are that will be going to that area. This process is in the development phase. The Outreach Group is launching a pilot on Memorial Day weekend as a part of this Coordinated Intake Outreach effort. The group has HELP of Southern Nevada, US Vets, Veterans Administration, Straight from the Streets and Caridad being on-call. It will be one phone number that first responders can call in the downtown area only. For the pilot project this is the specific area that the Outreach Group will be focusing on. As of right now Ms. Spriggs has Salvation Army, Shade Tree, Catholic Charities, The Rescue Mission and HopeLink. Each will provide a point person until midnight each day so that folks can be picked up and dropped off at locations. The team will flag veterans, complete assessments in the field. If anyone needs anything these agencies will let each person stay through the weekend until Tuesday morning and then be transported by the VA and HELP of Southern Nevada either to Clark County Social Service or to the VA. Ms. Spriggs reiterated that this is a really big deal and passed a BIG thank you to all the shelters who are participating in this pilot project. If this pilot works the hope is to launch this effort on a much larger scale and have this process available full time. The group wants to see how this weekend goes and work out the kinks before rolling this out on a larger scale. Ms. Spriggs asked first responders to please not share numbers with the communities until the time that the pilot can be evaluated. Also, there is just no capacity right now to help everyone in the city at least not yet. Also, the group is working on a master list and locating those folks on the master list. The group had training today on HMIS reporting with providers and non-providers to discuss data placement and how to more easily locate individuals to get them into housing.

Michele Fuller-Hallauer, Continuum of Care Coordinator, provided an update of the Shelter Working Group. The Shelter Working Group has defined Navigation as "to provide documents necessary to house veterans. This process starts during outreach, emergency shelters and then the VA". With emphasis on ending veteran homelessness and reaching functional zero the outreach emphasis for this population is concentrating on helping homeless veterans to access all necessary documentation needed to make it possible for them to access VA services as swiftly as possible. Ms. Fuller-Hallauer described Outreach for homeless veterans as a process that begins at outreach, assesses need and then makes arrangements for each individual to move through the system based on service need. An example is determine if the veteran is homeless with family, transfer the veteran to CRRC during the day and access to emergency shelter after hours. An audience member asked for clarification on the definition of "functional zero". Ms. Fuller-Hallauer responded that functional zero is having a system that is healthy enough to move folks who are experiencing homelessness into an appropriate housing situation as quickly as possible if they so choose. There is a matrix that is being developed by the VA and the United States Interagency Council on Homelessness, HUD and the National Alliance to End Homelessness to help every community identify the key components so that each community can say specifically that "We have met A, B, C and D and now we have met functional zero". Dr. Cynthia Dodge, CRRC Program Manager, responded that as Ms. Fuller-Hallauer had described it very well. We

have the full system and capability of grabbing folks within thirty days who fall into homelessness and get them back into housing and that we have also identified all of the veterans in our community by name who are choosing to still stay on the streets. We will continue to stay in touch with them and will be able to provide a number and names and be able to say that we will continue to engage these folks and still report we are at functional zero. Kathi Thomas-Gibson, City of Las Vegas, also added and asked for clarification that function zero includes everyone who wants a house and wants to come indoors can come indoors.

**Agenda Item 9. Receive a presentation from U.S. Housing and Urban Development on fair housing; for possible action.**

Nancy McCloskey, HUD Office of Fair Housing, provided a presentation. The Office of Fair Housing is a U.S. government agency that was created in 1965 to support community development and increase home ownership. HUD does this by improving affordable home-ownership opportunities, increasing safe and affordable rental options, reducing chronic homelessness, fighting housing discrimination by ensuring equal opportunity in both the rental and purchase markets, and supporting vulnerable populations. The Fair Housing Act prohibits discrimination for any reason to include the following: race, color, religion, national origin, sex, familial status or disability. Discrimination in the areas of National Origin relates to any form of discrimination related to a person's immigration status (birth place, ancestry, culture or language). Familial status relates to a renter or buyer on maternity leave, children under the age of 18 in the home or the parenting status of any prospective tenant or home buyer. The following agencies and entities are required to comply with The Fair Housing Act: recipients of HUD federal financial assistance, property managers, property owners, property maintenance staff, real estate brokers or agents, home owners associations, housing authority staff, housing developers/contractors, mortgage lenders/financial institutions and activities funded by CDBG grants. During the investigative process of a fair housing claim investigators do not represent either party. Instead they are there to conduct an impartial and objective investigation with the intention of attempting conciliation in every reported case. During the investigative process all parties will be interviewed. All emails, case notes, phone records, caseworker logs, police reports, other tenant complaints, repair records and random tenant contacts will be examined. If there is a determined violation of the Fair Housing Act the following penalties may apply: \$16,000 no prior violations, \$37,000 previous violation within 5 years and \$65,000 if two or more violations have occurred within the past 7 years. Overall, the Fair Housing Act is in effect to insure that reasonable accommodations are provided to any individual with a disability so that they have the "opportunity to use and enjoy a dwelling".

**Agenda Item 10. Receive an update from each board member regarding relevant activities within their respective organizations relating to homelessness.**

Kathi Thomas-Gibson, City of Las Vegas, shared with the group some palm cards passed around the table. Ms. Thomas-Gibson reiterated that a large number, approximately 60%, of the homeless individuals within the urban core are experiencing first time homelessness. The palm cards are newly designed and were designed specifically with the first time homeless individuals in mind. These folks have no idea where to go for services. This lack of knowledge may keep them in a downward spiral much longer unless we can get them connected. One side of the card says community services which lists the assessment hubs where folks have access to coordinated intake. This also includes the CRRC veteran site information and the Cities office down in the Corridor of Hope. The flip side of the card is resources for immediate help. It is a list of community partners that feed three meals a day. They provide this service at staggered times so that those in need can access breakfast, lunch and dinner. These locations also provide opportunities for folks to connect to other services. Many partners in the community are assisting with distribution of the palm cards at public libraries, hotels, the school district and others. The City will provide any community partner with as many boxes of cards for distribution as needed at no cost to the agency. Ms. Thomas-Gibson asked agencies to report back to her how many cards they are seeing when folks come in to access services. The card is not intended to be a free pass to services. However, the City of Las Vegas is interested in seeing how effective the card is for leading folks to necessary services.

Nick Spriggs, Briggs & Spriggs, as champion of the monitoring group is asking anyone interested in participating with the monitoring group to please get with him. The group is going to try meeting the second Tuesday of each month. Please see him after the meeting if interested.

Merideth Spriggs, Caridad, presented on behalf of Nevada Homeless Alliance. Ms. Spriggs reminded the audience that Family Connect is coming up on Thursday May 21<sup>st</sup> at 3 pm at Rancho High School. Providers if you have already signed up you cannot get there and get in the doors before 2:30 pm. Setup needs to be accomplished by 3 pm. Stacy Sutton Pollard, Nevada Homeless Alliance, requests that providers not pack up to leave early. End time is 7 pm. Volunteers are still needed. Anyone interested in volunteering can do so on the Nevada Homeless Alliance website.

Terri Thompson, Clark County School District, presented that the new coordinator for the Title 1 Hope program is Kelly Jo Shobeck. Ms. Thompson will remain the alternate for Clark County School District and Ms. Shobeck will be taking the lead position. Ms. Shobeck starts in June.

**Agenda Item 11. Public Comment.**

Phillip Hollon, the Salvation Army, thanked the City of Las Vegas for the Public Service Announcement on community donations of clothing and goods to not for profit agencies versus street drop-off and giveaway. Also thank you to the City of Las Vegas for the Public Service announcement on community food donations to not for profit agencies versus street feeding. This is helping to educate the community how they can help our clients and keep our community clean of debris and trash. He also thanked them for coordinating community tours of local not-for profit agencies. The tour last month was fantastic and we were able to share program and information with many community leaders. They are looking forward to the next tour on May 28. He thanked Merideth Spriggs and Caridad for inviting The Salvation Army to participate in "Undie Sunday". The event provided many boxes of socks, undergarments and clothing items for our homeless shelter clients, including Mighty Tightly for helping our clients! Angelica Dominguez, Student Body President at Desert Pines High School asked her student council to complete a community service project before the end of the school year. They invited Gregson Elementary School student council to help complete a project to give back to our community. They decided to make peanut butter and jelly sandwiches for the homeless. The twenty student council members split into two groups to assemble more than 150 PB&J sandwiches in just one hour. Angelica Domingues stated, "Our group worked hard! Imagine how the world would be if people took one hour of their life to do something for someone else? For us, one hour helped feed 150 people. We believe giving is the key to being happy. By giving to just one person, it can cause a ripple effect and that is what makes the difference in the world." Mr. Hollon also gave a shout out to DIRECT TV for providing about 15 employees today to help with getting our homeless community room dining area ready for a complete transformation. Tomorrow they will be returning to the Salvation Army, along with ten United Airline employees, to paint our dining facility some bright, vibrant colors. Direct TV has been very involved in the community, recently participating in a 5K Autism run and volunteering at Three Square Food Bank. The Salvation Army has been very fortunate to work with DIRECT TV employees to complete painting projects and is working with them to schedule future projects to put together furniture for our 72 Lied Bridge Units, assembling door locks and getting our Lied Bridge Units ready for move in. We have been so excited to work with DIRECT TV all day today and look forward to them coming back again tomorrow and in the future.

Sharrel Maddox, Moon Project, an agency located at the Nucleus Plaza presented that the Moon Project receives referral from the CRRC. They report all data into HMIS. They currently have 25 veterans on their case load that are waiting for VASH vouchers for housing. All those waiting are honorably discharged. They also have a partnership the Metropolitan Police Department. Moon Project recently entered into an MOU which allows Metro to bring repeat offenders facing arrest, veterans and non-veterans, to their agency as a diversion for assessment and services. All of this information is reported into HMIS and is available to be shared upon request.

Ron Kaplin, Founder of the City Pack Project of Chicago, presented that the City Pack Project has distributed 15,000 custom made backpacks specifically designed for the homeless. They are in partnership with the High Sierra Company. The bag was designed by homeless individual focus group participants who assisted with designing a bag specific to their needs. By the end of 2015 Moon Project will have distributed more than 22,000 backpacks and plan to go international with distribution.

Merideth Spriggs, Caridad, thank everyone who participated in Undie Sunday. It was a huge success. Caridad plans to have another event in the fall. The event was Sunday April 12<sup>th</sup>. Collections included three boxes of women's clothing, two bags of men's shirts, two pairs of shoes, two pairs of jeans, two pairs of shorts, 102 bras, 847 pairs of underwear, and 1,784 pairs of socks. All items donated were distributed to Salvation Army, Catholic Charities and The Shade Tree.

The meeting adjourned at 4:15 p.m.