

Serving Individuals and Families Experiencing Homelessness with Severe Service Needs

Southern Nevada Continuum of Care

Clark County Social Service, the collaborative applicant (NV-500), is committed to securing additional dollars to support the implementation of this community plan and its identified priorities. To effectively reduce and prevent unsheltered homelessness in Southern Nevada, innovative strategies and flexible resources are required. Not all strategies within this document will be eligible expenses under the Continuum of Care Supplemental to Address Unsheltered Homelessness Notice of Funding Opportunity but is rather a true reflection of community need.

A. Leveraging Housing Resources Demonstrate that the CoC has applied for PH projects that provide housing units outside of CoC or ESG funding.

1. Development of new units and creation of housing opportunities

Inventory shortages have been cited as a primary barrier to permanent housing across stakeholders. Service providers struggle to meet performance metrics as rental units simply are not available. Southern Nevada Housing Authority experiences lower utilization of vouchers because clients cannot secure a rental property. The development and rehabilitation of affordable housing is a need felt across stakeholders. Temporary housing has limited availability because housing shortages create a bottleneck into permanent housing.

Clark County's Community Resource Management unit (CRM) works strategically with the other municipalities, State of Nevada's Housing Division, and the Nevada Housing Coalition to increase access to affordable housing. The Community Development Advisory Committee manages the County's HOME funding as well as Nevada's state-issued Account for Affordable Housing Trust Fund. This committee supports development of affordable housing by leveraging dollars as gap financing for new development of rehabilitation projects. Funds are distributed annually. In Fall 2022, the HOME-ARP funds are expected to be allocated to build permanent supportive housing to house the very low-income populations.

In recognition of the severe shortage of units and to encourage building affordable housing, Clark County is discounting their fees for building permits, sewage hookups, etc. Units developed for 61-80% AMI receive a 50% discount and at/below 60% AMI receive 75% discount. To date, four projects have been approved for discounted rates for a total of 644 units, 602 of which will be 60% AMI or below. In May 2022, CRM launched the \$140 million Community Housing Fund project that will leverage up to 4,000 new affordable housing units. 60-80% AMI.

CRM and Nevada Housing Division are working together on the \$500 million Home Means Nevada funding opportunity. The majority of these funds, \$300 million, will be dedicated to multi-family development. \$130 million will go towards the preservation of existing affordable units, \$40 million is earmarked for land acquisition, and \$30 million for home ownership opportunities and rehabilitation. Funding under Home Means Nevada must be allocated no later than 2024 and expended by 2026.

NV-500, Child Welfare and Southern Nevada Housing Authority meets together bi-weekly to monitor available Family Unification Program, Emergency Housing, and Housing Choice Vouchers. The Southern Nevada Housing Authority has been recognized nationally for their management of the Emergency Housing Vouchers. NV-500 was awarded 586 vouchers and through barrier-removal efforts have been able to connect **363 households (as of 8/17/22)** to permanent housing. This partnership has prioritized individuals exiting the jails, those fleeing domestic violence, households at risk of re-entering the homeless system, and households at high risk for complications from exposure to the COVID-19 virus. In addition to supporting these clients with case

management services, landlord incentives, have supported this population that often faces challenges during the leasing process.

The NV-500 local application process prioritizes projects that:

- Focus on policy-level solutions to increase the number of affordable housing units available in Southern Nevada.
- Connect individuals and families with a history of unsheltered homelessness to shallow subsidies to maintain housing stability and prevent reentry into homelessness as a Moving On strategy from housing projects

Related SNH CoC Local Priority: 6a. Promote housing supports for families and individuals on a fixed income to help sustain housing.

2. Landlord Recruitment

Describe the current strategy used to recruit landlords and show how well it works at identifying units across their entire geographic area, including areas where the CoC has historically not been able to identify units; Identify any new practices it has implemented to recruit landlords in the past three years and the lessons learned from implementing those practices; and Describe how they will use data to update their landlord recruitment strategy.

NV-500 recruits landlords across the entire geographic area of Southern Nevada which encompasses both urban and rural areas. According to the national gaps report, the State of Nevada continues to be one of the fastest growing states in the nation and from a housing perspective, there is a significant shortage of affordable housing. Because Southern Nevada has less than 15 affordable homes available per 100 extremely low-income renter households along with a vacancy rate of less than 3%, landlords need education, financial incentives, and ongoing support to provide housing units to persons experiencing homelessness. Concerns related to timely rent payments, unit damage protection and tenant stabilization were identified, and the Clark County Social Service Landlord Engagement and Property Services (LEAPS) team implemented several best practice measures to address these concerns. The pervasive stigma attached to those experiencing homelessness creates fear and uncertainty to property partners. Since 2021, monthly landlord webinars and quarterly in-person events take place to engage and recruit partners while humanizing the tenants we serve, and to demonstrate that they are nearly identical to the tenants they are already serving. The meetings with the Nevada Real Estate Division and participation with the Nevada State Apartment Association (NSAA) trade show have provided 350 realtors, 35 private owners/investors, 46 property management companies, and 51 developers/investors the information and benefits of partnering with NV-500. Through these educational meetings, NV-500 has been able to form partnerships with 8 companies and two local landlords now accept flexible eligibility documents, like Clarity Cards, as opposed to the previous standard of state issued identification.

Landlord recruitment is culturally appropriate by addressing the disparities that people of color face in accessing and maintaining stable housing by utilizing translation services, soliciting feedback from people with lived experience and engaging multi-cultural service providers. Recruitment efforts in Southern Nevada are driven by Fair Market Rent and access to available services such as transportation lines, doctors, and access to grocery stores to ensure that clients that may be harder to place, have access to more options and services available in areas that they need to be in. In March 2020, LEAPS and Operation Home! efforts creatively used local and federal funding to create a Landlord Risk Mitigation Fund to reimburse and support landlords partnering with NV-500 and their subsidized rent supportive housing programs to reimburse landlords when tenant damages to the units that exceed HUD allowances and/or security deposits. To recruit and retain landlords, the ability to cover damages to units and rehabilitation costs are an essential tool used to stabilize relationships with landlords who may have had a tenant damage a unit or are concerned that is a possibility. Landlords may be reimbursed up to \$3,000 for damages to restore a unit following tenant exit. Landlords may

also be reimbursed up to \$3,000 after an initial deductible of \$500 to rehabilitate units that would not have met HQS standards if the unit is committed and used for permanent housing. Southern Nevada elected to use \$300,000 of its Emergency Solutions Grant-Coronavirus (ESG-CV) funds for landlord incentives. In August 2021, the community instituted a signing bonus of \$500 for any unit leased to an Operation Home! Rapid Rehousing participant. The incentive was a reasonable amount for landlords in a tight housing market, as it is less than one month's Fair Market Rent for all bedroom sizes in the community. Operation Home! case managers, housing navigators, the LEAPS team, or any person in the community trying to secure available units for Operation Home! clients may offer the landlord incentive bonus to a landlord or property manager. The bonus is paid after the Operation Home! client signs a lease on the unit. In March 2022, the signing bonus increased to \$1000, and the incentive expanded to be available to every homeless services client that signed a new lease on a unit. LEAPS provides landlords with education, advocacy, and support to resolve payment and tenant concerns, and coordinate resolutions with the agencies and case managers serving the tenants on a 24/7 basis. The support has been well received and provides landlords with additional security that they can get assistance they need when they need it. The other benefit of partnering with Clark County is being able to access and utilize a software program called Padmission. Padmission went active in June 2021, and it allows landlords to list and market their properties and available units for free. The Landlord Engagement Project (LEP) follows nationwide best practices to secure landlords to increase community's scattered site housing inventory available to homeless service programs. Padmission is also available for clients and case managers to search for available units. Twenty-seven agencies have access to Padmission landlord posts in have increased from 47 properties in June 2021 to 239 properties in August 2022 (a 400% increase in just over a year) spanning across the City of Las Vegas, City of North Las Vegas and in the City of Henderson with various unit sizes to accommodate all clients/families. Padmission currently has 198 case managers and 119 property management companies registered in the system with an average of 105 users logged in each day. Utilizing this system lowers the amount of time a unit remains vacant and creates a universal program for all providers and clients to access the same information.

LEAPS provides landlord support and case manager response 24/7. Through the Operation Home! Initiative and other landlord recruitment efforts, Clark County has been able to increase its partnership from 50 landlords that rent to homeless services clients to now 104 landlords. Costar provides updates on going rates for vacancies and which part of town is more affordable. These rates are compiled with FMR along with reviewing where needed services are located at and access to those services to bridge gaps and to house clients. FMR is a challenge because it does not reflect the current market. In order to successfully house clients, the community is looking at landlords who are willing to participate in shared housing because people are able to pull funds together to be in an economically stable or not historically disadvantaged area. NV-500's landlord recruitment strategy will continue to be reviewed and modified to be in line with best practices to recruit and retain more landlords across all areas of Southern Nevada. Efforts to have consistent messaging across agencies, increased access to fact sheets, educational resources, training programs and workshops for landlords and agencies will help to continue to grow our landlord partnership in both rural and urban areas across Southern Nevada.

The NV-500 local application process prioritizes projects that:

- Identify a lead agency to direct community-wide landlord engagement efforts through the development of a recruitment plan that outlines recruitment/retention strategy, messaging, education, and training for a centralized, coordinated approach to maximize resources and eliminate disparities across subpopulations experiencing homelessness.

B. Leveraging Healthcare Resources Demonstrate that the CoC has partnered with health care providers to offer medical services households experiencing homelessness.

NV-500 has multiple medical and behavioral health care programs for individuals experiencing homelessness but struggles to meet the need of everyone experiencing homelessness as the need continues to grow in the community. Along with not having enough beds in the programs, health insurance is another barrier, and it creates a gap in services for homeless service clients. These clients need access to behavioral and medical health services without barriers so they can work on both their health and housing needs at the same time. In order to bridge the gaps, NV-500 formed a working group in June 2022 with the Clark Regional Behavioral Health Policy Board to focus on system-level planning to best support individuals and families experiencing unsheltered homelessness.

Through the Crisis Stabilization program, CrossRoads launched in 2019 and Bridge and SNVCHIPS launched in 2020. CrossRoads and Bridge provide crisis stabilization to serve individuals experiencing homelessness who are in an active mental health or substance abuse crisis. The programs provide medical care and supports 24 hours a day for 7-10 days with the goal to provide wrap around services to assist in transitioning clients from crisis to permanent or stable housing. CrossRoads also provides TH to these clients. SNVCHIPS provides TH, RRH/PH. Some individuals that are provided services in this program meet the definition of chronically homeless, suffer from mental illness, and/or have substance use disorders. CrossRoads has 10 crisis stabilization beds and are exceeding capacity trifold. They also have 25 transitional housing beds. In 2021, CrossRoads served 1,086 clients in their crisis stabilization program and 305 clients in transitional housing. Of those clients served, 113 exited to permanent housing. Hospital to Home is another healthcare program that provides rapid rehousing services to medically fragile, non-chronically homeless households discharged from local hospitals. Hospital to Home places individuals experiencing homelessness, and their families in rapid rehousing units, providing intensive case management and access to addiction and mental health counseling and medical case management and supports.

During the peak of COVID, NV-500 had contracts with providers in the community for non-congregate shelter programs to assist clients experiencing homelessness that also tested positive for COVID. Each program has a different population and bed availability with CrossRoads focusing on those that are COVID +; Liberty Wellness focusing on families with and without child welfare involvement; WellCare Behavioral focusing on those that are COVID +; WellCare Americana focusing on the high risk populations as determined by coordinated entry and clients requiring long term care (seniors and medically fragile individuals that require a higher level of care than is provided at the other NCS programs; WellCare New Hope which focuses on the high risk populations as determined by coordinated entry; and Rita Suites also providing NCS to minimize the spread of COVID-19. Between these programs, there were 776 beds for those experiencing unsheltered homelessness and testing positive for COVID and 5,308 clients were served between 3/15/2020-8/25/2022.

Since 2014, NV-500 has served medically fragile individuals experiencing chronic homelessness with intensive case management and permanent supportive housing through the Healthy Living program. Healthy Living is a collaboration between the local government, a service provider and three managed care organizations, ensuring that frequent users of emergency health care services who are experiencing homelessness and unable to utilize public emergency shelters or return to the streets due to their medical fragility are connected to permanent housing upon discharge to improve quality of life and reduce public costs. Healthy Living provides a full range of services to 133 of the most vulnerable clients on the community queue as they transition to self-sufficiency using a Housing First model. Receiving referrals from the community queue via HMIS entries by Managed Care Organizations, the program addresses the housing and medical needs of clients with acute medical conditions who are in need of follow-up medical services that would otherwise require them to remain in care at a hospital or use outpatient clinical services and are unable to complete a course of treatment because of transiency and lack of stable housing. The collaboration between the service provider and the partnering health care organizations has led to a high rate of stability and a return to health for these clients. In the past year, 42

clients have exited to self-sufficiency through the Emergency Housing Voucher program. In a random sample of 30 clients, emergency room visits decreased from a collective total of 305 visits and 157 admits in the preceding 180 days prior to program enrollment to 122 visits and 71 admits in the 180 days post program enrollment. Furthermore, length of stays in the hospital for these clients was reduced dramatically from 1,149 days pre-program enrollment to 418 days post-program enrollment.

NV-500 also has clients experiencing unsheltered homelessness that have HIV/AIDS that need to be prioritized for housing placements within the CoC. Living on the streets, they are often unable to maintain their medication regimen and medical care leading to high viral loads and increased medical care costs, including emergency room visits and hospitalizations. NV-500 needs to support these clients with housing to reach and maintain viral suppression. When a person is virally suppressed, also referred to as undetectable, they are unable to pass the virus on to sexual partners. (Undetectable = Un-transmittable). Failure to do so has a negative impact on public health, HIV and AIDS incidence and prevalence, leading to more cases of HIV across the community and high costs of healthcare. Housing Opportunities for Persons with Aids (HOPWA) is only available to people with a steady income. This leaves out a substantial percentage of people living with HIV who are experiencing homelessness or housing instability. There is a two-path solution to this problem, and they both start with dedicated temporary housing for people living with HIV who do not have income. From there, the people who are unable to work due to disability need increased access to Social Security Disability Insurance Program (SSDI) through a robust public SSI/SSDI Outreach, Access, and Recovery (SOAR) program. The people who can and want to work can better engage with work-training programs where they are safe and not dealing with threat of assault and/or their belongings and medications being stolen or destroyed by heat, wind, and floods. By providing assistance to the most vulnerable members of our community living with HIV, we have the opportunity to provide essential comprehensive public health to this population and our community at large.

NV-500 is working toward expanding the availability of post-surgery beds and to enhance discharge planning from hospitals, so clients do not leave the hospital and go right back into homelessness. The City of Las Vegas has a Recuperative Care Center which is a medical respite program that maintains 40 beds and provides medical care 24/7, safe shelter, case management and other stabilization services to individuals experiencing homelessness who are too ill/frail to be on the streets but are not ill/frail enough to remain in the hospital (to include pre/post-surgical procedures). This is short-term care for non-chronic medical conditions that would be exacerbated by living on the street, in shelters or places not meant for human habitation. Referrals come from hospitals/clinics, shelters and outreach teams.

Local Competition Priorities:

- Build equity through the implementation of specific outreach strategies, including licensed mental health outreach workers, to identify, shelter, and house sub-populations that experience severe service needs.
- Integrate comprehensive supportive service supports into emergency shelter and temporary housing to meet severe service needs.
- Establish well-being respite plus programs to serve individuals and families experiencing severe service needs.
- Expand the crisis stabilization services to create a robust continuum of care that aligns with housing first principles.
- Expand non-congregate shelters for individuals and families experiencing unsheltered homelessness with severe service needs and establish partnerships with medical and/or behavioral health providers.

Related SNH CoC Local Priority: 1b. Increase housing that integrates behavioral health and treatment services into the design for the segment of the homeless population that experiences substance use disorder. 1d. Provide a holistic client-centered approach by increasing access to additional supports, including behavioral health and insurance.

2022 NV-500 Priorities:

- 1b. Increase housing that integrates behavioral health and treatment services into the design for the segment of the homeless population that experiences substance use disorder.
- 1d. Provide a holistic client-centered approach by increasing access to additional supports, including behavioral health and insurance.

C. Strategy to Identify, Shelter and House Individuals and Families Experiencing Unsheltered Homelessness

1. **Current Street Outreach Strategy** The extent to which they have a street outreach strategy that regularly engages individuals and families experiencing unsheltered homelessness in the locations where they reside, including a specific strategy for engaging those with the highest vulnerabilities.

ensure that outreach teams are coordinated; Coordinated: NV-500 hosts a monthly Coordinated Outreach Working Group to ensure a coordinated approach at the system-level, including development of “Homeless Encampment Response Strategy” written standards. Ten outreach teams coordinate to cover different zones within the Las Vegas Valley, two of these teams also dispatch to the outlying rural communities as needed. There are over 500 miles of tunnels and washes in Southern Nevada. Outreach teams focus on roughly 100 miles of occupied areas of the tunnels and washes. The outreach teams consist of Las Vegas Metropolitan Police Department’s Homeless Outreach Team (HOT), five Multi-Organizational Response Efforts, two Mobile-Crisis Intervention Teams, and two jurisdictional teams. Additionally, there is a specialized team, Homeless Arrestees Recidivism and Transition, to prevent incarceration through the provision of services.

ensure that outreach is frequent, by describing the days and times outreach is conducted each week; Frequency: Currently, outreach occurs 7 days a week from 7:00 AM to 5:00 PM with HELP of Southern Nevada (HELP) providing after-hour support to law enforcement for emergency situations. Over the last 12-months, there were 307 responses to callouts. Specialized youth outreach occurs through “Feel Good Friday” where one youth provider targets low-income zip codes that often have an attraction, like a recreation center, to draw in young people experiencing homelessness.

help people exit homelessness and unsheltered homelessness; Exits: Through housing problem solving conversations, linkages and early exits from unsheltered homelessness are accomplished by engaging the client in solution-focused conversations. Bus passes and plane tickets are available for family reunification. Transportation is primarily provided to address crisis stabilization, medical needs, and solutions to resolve unsheltered homelessness.

ensure specific engagement strategies will engage individuals and families experiencing homelessness with the highest vulnerabilities and will use culturally appropriate strategies; Highest Vulnerable: The Regional Outreach Coordinator coordinates across outreach teams and deploys to high-need areas (determined by population density and vulnerability indicators) to engage individuals and families with the highest vulnerabilities through data and trend tracking, including visual mapping. Since the pandemic started in March 2020, outreach teams report increases in individuals and families experiencing unsheltered homelessness for the first time. Typical outreach is difficult to provide this group due to their access to vehicles and general mobility. HELP’s weekly, “Walk-In Wednesday” has proven an effective service strategy for this population, reaching 20 families in July. Outreach for large encampments, known as Pop-Ups, occur the third Thursday of each month and services are tailored to the unique needs and culture of this community. These events bring a consortium of providers together to deliver a wide array of services meet the diverse needs.

Culturally Appropriate: Outreach teams are trained in trauma-informed care and culturally appropriate outreach strategies, including tunnels, encampments, and populations that have experienced victimization. Workers are trained to have pre-engagement conversations to quickly identify people fleeing domestic violence or human trafficking situations so a safety plan can be established. If a person experiencing unsheltered homelessness seems more comfortable with a specific worker, outreach teams make note and

follow the client's preference. Two youth providers operate youth-specific drop-in centers where young people are linked to services and can access coordinated entry. Inclusivity is a key consideration and signage like, "No Hate Zone" are posted. **use the outreach teams to connect individuals and families experiencing unsheltered homelessness to permanent housing** **Permanent Housing:** Outreach teams follow the evidence-based multiple engagement paradigm model and expect an average of eight contacts before a person is open to receiving services. Building rapport with a client is a critical first step to connect them to permanent housing. In the first five months of 2022, 7,027 individuals experiencing unsheltered homelessness received outreach, 62% reported struggling with mental health, 24% substance use disorder and 29% a developmental disability. Outreach workers request that licensed behavioral health professionals are integrated into teams to support the subpopulation that struggles with serious mental illness. Partnerships with health care providers to increase the available mental health resources are needed. Workers are equipped with tablets and housing assessments are completed in the field, immediately connecting a person to coordinated entry and ultimately permanent housing. **hire people with lived expertise of unsheltered homelessness to conduct outreach** **HIRE:** Outreach teams work to hire people who have lived expertise of unsheltered homelessness. This level of expertise helps to identify areas of concern and provides peer support to individuals on the streets.

identify evidence-based practices used to conduct street outreach and local strategies used that are based on data and performance: Street outreach teams utilize the following evidence-based practices to conduct outreach: multiple engagement paradigm model, trauma-informed care, and motivational interviewing. The Regional Outreach Coordinator coordinates outreach efforts and is guided primarily geo-mapped data and trend data reported by workers and diverse partnership for desert areas/parklands.

The NV-500 local application process prioritizes projects that:

- Expand unsheltered outreach efforts, including drop-in centers, to target individuals and families living in vehicles, rural areas and/or areas with high activity at night (Las Vegas Boulevard, Downtown, and Fremont)
- Increase outreach targeting encampments, tunnels, and washes, following best practices and a data-driven approach to target the highest vulnerable persons experiencing unsheltered homelessness.

Related SNH CoC Local Priority: 7a. Expand Street outreach efforts to increase awareness and referrals for housing services and other supports.

- 2. Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness** **CoCs must describe the current strategy and show how well it performs at providing low-barrier culturally appropriate access to temporary accommodations (e.g., emergency shelter, especially non-congregate shelter, transitional housing) to all individuals and families experiencing unsheltered homelessness. The CoC must identify any new practices it has implemented in the geographic area over the past three years and the lessons learned from implementing those practices.**

NV-500 requires all jurisdictional-funded housing projects to adhere to housing first principles. **Emergency shelter:** In 2018, NV-500 began the Emergency Shelter Learning Collaborative to convene shelter providers and their implementation of low-barrier culturally appropriate accommodations. Rather than focus on implementation barriers, providers focused on successes, best practices, access and equity. Breathalyzers became obsolete as providers adopted harm reduction strategies. One shelter created space for mobility aids and charging stations for electric wheelchairs. In 2020, the largest emergency shelter extended case management from 4:00 PM to 11:00 PM by adding a swing shift of coordinators instead of the historical security staff. The youth shelter providers established gender neutral services and provided placement on gender identity. Across NV-500, providers embrace low-barrier, housing first practices and have shifted the culture to value client-centered services. **Non-congregate shelters:** Leveraging lessons learned from the Emergency Shelter Learning

Collaborative, NV-500 established low-barrier non-congregate shelters in March 2020. This housing type provides shelter to medically fragile individuals and families at-risk for complications due to exposure to COVID-19. Relationships with healthcare providers continue to be expanded to meet the needs of this highly vulnerable group.

Recently, HELP began to review program discharges with staff, focusing on unsuccessful exits. The referral process to mental health services were adjusted and more people connected to a provider increasing the number of successful exits to permanent housing to 38 families in July 2022. **Bridge housing:** NV-500 experiences a bottleneck in coordinated entry when a client is referred to permanent housing but cannot be located due to their unsheltered status. Since 2017, bridge housing helps to circumvent street case management and improve system flow by placing individuals and families experiencing unsheltered homelessness into temporary hotel/motel units. Bridge housing prepares a person for permanent housing and the quick referrals lead to shorter wait times.

New Practices: In the past three years, shelter environments have shifted as low-barrier accommodations are offered. As providers work alongside clients to develop policies the buy-in and client commitment is clear. The most medically vulnerable within the unsheltered population are being provided a better level of care that continues to be improved upon as additional healthcare partners are identified. System flow concerns from street case management is corrected through the expansion of bridge housing. Since 2021, housing navigators focus on eliminating disparities across underserved communities and encourage landlords to waive burdensome eligibility requirements, including state-issued identification. Like many landlords, the Public Housing Authority now accepts HMIS Clarity cards as an approved form of identification. **Lessons Learned:** Temporary housing providers reports that implementing low-barrier, culturally responsive practices that incorporates a client's feedback has transformed relationships across providers and their clients and allowed for client-centered service and increase of successful exits to permanent housing.

3. Current Strategy to Provide Immediate Access to Low-Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness CoCs must describe the current strategy, including their use of a Housing First Approach, and demonstrate how well it performs at providing low-barrier and culturally appropriate access to permanent housing to individuals and families who have histories of unsheltered homelessness and the evidence that supports that strategy. The CoC must identify any new practices it has implemented in the geographic area over the past three years and the lessons learned from implementing those practices.

Housing First is a requirement for all programs regardless of funding under the CoC. Low barriers to entry are a threshold criterion for initial funding and are monitored annually as part of the local competition. In 2018, NV-500 established the Rapid Rehousing Learning Collaborative. The providers in this group utilize progressive engagement strategies and ultimately maximize the number of households being served. The dialogue is focused on the implementation gaps and successes in order to learn and adjust to best practices. Through the learning collaborative, NV-500 providers reduced and, in most cases, eliminated all barriers for clients to immediately access permanent housing. Due to the barriers being eliminated, more individuals and families can be housed without pre-requisites. HopeLink and HELP removed all their barriers by removing the identification requirement, but they help clients obtain documents while locating housing. The Just One Project connects clients to NV Homeless Alliance to also assist them with getting IDs, birth certificates and other documents as needed to reduce barriers. Identification has been a major barrier in getting clients permanent housing. NV-500 providers are able to produce Clarity cards on site, and with landlord education since 2021, 2 landlords now accept Clarity cards as identification when renting units which has resulted in more clients being successfully housed. NV-500 has learned how vital low barrier housing is and is continuing to review practices to ensure long-term success. In 2021, a Landlord Engagement Specialist role was established, and they have focused on building relationships with landlords, educating and reducing barriers. To remain culturally appropriate and to adapt to client needs, providers implemented pre and post surveys to keep practices and policy relevant and to have direct input from clients. Another provider ensures that families find housing in the area of their children's

schools, so they don't have to switch schools or find transportation each day. Translators, multi-lingual staff and paperwork are available across providers to ensure everyone feels comfortable and has access to services. The Just One Project collaborates between staff and client to determine how frequent they need to meet and regularly review their plan to meet the needs of the client. HopeLink has case managers that meet families monthly in home and have additional meetings as requested/needed. NV-500 staff meet monthly and have regular trainings to stay up to date on best practices and have check-ins to prevent staff burnout. NV-500's emergency shelter, including non-congregate and bridge beds, are utilized at 91 percent, as determined by the 2022 Housing Inventory Count. Rapid Rehousing is utilized at 100%, as determined by the 2022 HIC. A limitation of the HIC is that it does not account for all the beds available, only the beds filled.

The NV-500 local application process prioritizes projects that:

- Expand rapid-rehousing projects that utilizes strategies like dynamic prioritization from the coordinated entry queue and/or shared housing to build equitable outcomes to establish lasting affordability.
- Expand permanent supportive housing, using a peer-to-peer model, to meet the needs of individuals and families with severe service needs.

Related SNH CoC Local Priority: 2a. Increase the number of permanent supportive housing resources. 2b. Expand peer to peer support for a client-centered approach to help navigate services. 2c. Establish best practices to promote housemate pairing and expand the shared housing model.

D. Updating Strategy to Identify, Shelter, and House Individuals Experiencing Homelessness Unsheltered Homelessness with Data and Performance

Data & Best Practices: NV-500 Data and System Improvement Work Group builds a culture that utilizes data-driven decision-making in real-time. At the system-level and across working groups, regular data analysis allows for informed strategies throughout the homeless system of care. NV-500 and the priorities developed through the community plan utilize a participatory process to ensure the efficacy. Quantitative data reports include HMIS and coordinated entry level data. People with lived expertise, providers and the broader community provide input to ensure strategies address community-level barriers and emergent needs are met appropriately.

Description of participatory and inclusive process for development of community plan:

- Six virtual listening sessions were hosted August 1 and 2, 2022
 - Demographics
- 1st draft posted to collaborative applicants' website for public, August 8, 2022
- Presentation to the NV-500 Board, including developed priorities, August 11, 2022
- 2nd draft posted to collaboration applicants' website for public comment, August 18, 2022
- # client-level (PLE) discussions around system performance and gaps hosted August 23 and 24, 2022
 - Demographics
- 3rd draft posted to collaborative applicants' website, August 30, 2022
- Final community plan posted to collaborative applicants' website, DATE

CoCs must demonstrate how they will use data, that includes specific data points, performance, and best practices to expand and improve the performance of: Street outreach within the CoC's geographic area. To receive full points the CoC must demonstrate street outreach is connected to coordinated entry or HMIS and how it will incorporate new partners (e.g., business owners, law enforcement, healthcare providers) into its street outreach strategies

Outreach & Coordinated Entry: Street outreach will continue to connect unsheltered people with housing resources through real-time entry into HMIS and the coordinated entry system. Outreach workers are equipped

with the appropriate technology and training to complete housing assessments in the field as “mobile entry points” to coordinated entry. **Data & Best Practices:** The backbone evidence-based model outreach teams utilize is the multiple paradigm engagement model. In addition, evidence-based practices like trauma-informed care, motivational interviewing, and mental health first aid are followed. The Regional Outreach Coordinator is guided by a data-driven approach for coordinating outreach efforts. July 2021 to June 2022, the Regional Outreach Coordinator geo-mapped 1,016 encampments location and size to prioritize outreach and facilitate specific resources services unique to the specific needs of the encampment community. NV-500's *Homeless Encampment Response Strategy Written Standards* ensures a quality of care as appropriate intervention levels are explained through guidance from the U.S. Interagency Council on Homelessness. NV-500 has found people living in unsheltered tunnels/washes situations are a highly vulnerable subpopulation with severe service needs. In 2021, outreach workers began implementing strategies specific to tunnel/washes to eliminate inequities. Six-month findings indicate 44 percent of people served through equity building remain in permanent housing. While this outcome is encouraging additional steps to improve equity will continued to be evaluated. **Outreach Partners:** To best serve unsheltered populations experiencing homelessness cross-sector coordination is paramount. Law enforcement's, Homeless Outreach Team, is one of the 10 outreach teams. The Las Vegas Metropolitan Police Department has progressively supported a public health unit within their organizational structure that works to support diversion and referrals to housing programs. Officers also receive a 40-hour crisis intervention training. Monthly harm reduction, encampment and Pop-up outreach convenes diverse partners, including business owners, law enforcement, healthcare providers etc., to provide housing, mainstream, medical, basic needs, employment, and a variety of other services. The business community often will provide space to support these outreach events. Nevada Homelessness Alliance coordinates an annual, Project Homeless Connect that it raises awareness and engages new partners in planning and service delivery. Pop-ups are modeled after Project Homeless Connect and are scaled down for increased frequency. Services included but were not limited to, housing assessments (connected to coordinated entry), employment resources, vaccinations, medical, application support to federal assistance programs like SNAP, health insurance, legal aid, state-issued identification support, showers, hygiene kits, needle exchange, pet grooming and supplies, cell phones, food, and clothes. Outreach teams also partner with public health providers, including the Southern Nevada Health District, in the Multi-Agency Harm Reduction outreach the last Thursday of each month. The integration of mental health professionals into outreach efforts is a recognized need, particularly for unsheltered populations experiencing substance use disorder, seriously mentally ill, or with a disability. Given the large geographic area, NV-500 also prioritizes low barrier navigation centers as a new strategy and an opportunity to expand partnerships. This service enriched model integrates heavy case management to connect to mainstream service, barrier-busing activities, and placement into permanent housing based on individualized case plans. A network of providers would support navigation centers, a current gap in the NV-500 system of care. NV-500 reviews HMIS applications and agencies who identify interest in outreach activities receive follow-up. NV-500 holds a monthly Coordinated Outreach Working Group meeting that is open to the public. Any agencies who are interested in starting outreach are encouraged to connect here and learn best practices.

CoCs must demonstrate how they will use data, that includes specific data points, performance, and best practices to expand and improve the performance of: Providing access to low-barrier shelter and temporary accommodations, including any new practices and activities that would be funded through an award under this NOFO; Shelter & Temporary Accommodations: NV-500 provides access to low-barrier and temporary accommodations:

- Emergency shelter, including non-congregate and bridge beds, are utilized at 91 percent, as determined by the 2022 Housing Inventory Count
- Transitional housing beds, are utilized at 71 percent determined by the 2022 Housing Inventory Count

New Practices: Through diverse funding, one shelter provider improved program outcomes, increasing the number of individuals with successful exits, with client progress toward their case plan rather than limiting services based on time restrictions governed by many traditional programs. Flexible dollars allow a tailored approach to meet individualized needs. Clark County Social Service, as the collaborative applicant, is working to secure additional local dollars to support this community plan and address unsheltered homelessness. In March 2020 and post-pandemic, NV-500 has partnered with hotel/motels to place medically fragile and individuals at-risk for COVID-19 into temporary housing. Partnerships with healthcare providers has been successful to meet clients' medical needs. This hotel/motel partnership originated from bridge housing. Permanent housing programs have been able to utilize bridge units to streamline housing placement and reduce length of time homeless. Not only does bridge housing allow access to more services earlier in the coordinated entry process but it allows people with higher vulnerabilities to adjust back into sheltered situations. In July 2022, 24 percent of people waiting on the coordinated entry queue are presumed to meet the definition of chronic homelessness. Expansion of bridge housing allows for people experiencing unsheltered homelessness earlier access to a fixed, indoor living, more robust case management, and provides better flow through the homeless system of care. Ultimately, bridge housing can be used as a strategy to build equity across subpopulations. Refer to **priorities** at the bottom of this section to see priorities that would be funded through the local application process.

CoCs must demonstrate how they will use data, that includes specific data points, performance, and best practices to expand and improve the performance of: Rapidly housing individuals and families who have histories of unsheltered homelessness in permanent housing

Rapidly House: NV-500 rapidly houses people experiencing unsheltered homelessness into permanent housing through a variety of supportive services based on client need. Case managers work to meet landlord eligibility requirements through barrier-busting activities like, government issued identification, income supports, mainstream programs, supplemental security income, SOAR and disability benefits, and other basic needs, including medica/behavioral health, as needed. Housing problem solving conversations help to client to inform the case manager the best approach. A specialized team, LINK, locates people in unsheltered situations and prepares them for permanent supportive housing. This team was formed in response to a system-wide challenge of long wait times for permanent supportive units due to staff locating the unsheltered client, proving chronicity, document-readiness, and securing the unit. LINK locates and places the client in a non-congregate/bridge unit for case management so when a permanent supportive housing unit opens the vacancy can be rapidly filled.

The NV-500 local application process prioritizes projects that:

- Mobilize low-barrier navigation centers that focus on placing persons experiencing unsheltered homelessness into permanent housing by providing case management and barrier-busting supportive services at one location.
- Establish a project structure that is not time limited but rather allows for flexibility as the client moves to self-sufficiency.
- Expand bridge housing with case management as a pre-support to permanent housing to help streamline placement and limit a person's length of time homeless.
- Expand the housing problem-solving model across emergency shelters and temporary housing projects, including a component for client follow-up support to prevent returns to homelessness.

Related SNH CoC Local Priority: 1c. Expand rapid rehousing projects. 5b. Expand housing problem solving conversations to help guide and support the client.

Funded Activities: To be completed after SRT Day 9/13/22.

- E. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness** CoCs must describe how they will ensure the resources awarded under this Special

NOFO will contribute to reducing unsheltered homelessness in their geographic area and how they will prioritize assistance for individuals and families who are currently unsheltered or have histories of unsheltered homelessness.

The CoC's strategy for ensuring that resources provided under this NOFO will reduce unsheltered homelessness; **Reducing Unsheltered:** The resources provided under this local application process will reduce unsheltered homelessness in Southern Nevada. It is important for both local funders and service providers to have a coordinated, multi-faceted approach as NV-500 strives to reduce and prevent homelessness. To ensure the homeless response system is healthy and has the capacity to place all individuals and families who have histories of unsheltered homelessness into permanent housing, NV-500 engaged in a system modeling exercise in 2019/20. By mapping the pathways people will move through to resolve their experience of unsheltered homelessness, NV-500 understands the resources and projects needed for an optimal continuum of care. The projections determined from this interactive process have informed identified priorities.

The collaborative applicant provides oversight of funded programs through an external and internal monitoring team, CoC grants coordinator, HMIS lead, and a data analyst. Throughout the three years of implementation of project funded under this opportunity, NV-500 will continue to ensure efficacy of programs through monitoring project performance and the impact to system performance measures. Additional local dollars and diverse partnerships will be secured to support the implementation of the community plan, address inequities, and reduce/end unsheltered homelessness. **How the CoC will adopt program eligibility and coordinated entry processes that reduce unsheltered homelessness; Program Eligibility & Coordinated Entry:** Coordinated entry was first launched in 2014, onboarding the family and youth components in October 2, 2017. NV-500 *Coordinated Entry System Policies and Procedures* promotes a "No Wrong Door" philosophy. While there are specialized access sites for subpopulations, all points of entry, including 19 brick and mortar locations and through street outreach teams, are able to complete housing assessments for populations experiencing homelessness. The system is low barrier and allows for mobile entry points through outreach efforts and remote access through an e-mail line maintained by the coordinated entry coordinator, HELP. Housing assessments prioritize the most vulnerable individuals and families as indicated by history of homelessness (number of sheltered/unsheltered episodes of homelessness), risks (domestic violence, human trafficking/exploitation, trauma-related emergency services), wellness (physical, mental, substance use). A team of community matchers refer people from the coordinated entry queue to appropriate housing programs. The coordinated entry system connects mainstream service providers and other unique partnerships to the clients. The coordinated entry process supports quick discharge planning into permanent housing situations, coordinating across multiple systems. The Coordinated Entry System Working Group meets monthly to monitor the performance of coordinated entry. Considering the current queue has a waitlist of 3,798 a priority of this funding is to conduct a complete analysis of the coordinated entry system to identify disparities and recommend steps to build equity. The Coordinated Entry System Working Group is committed to supporting this project to measure the outcomes and provide long-term oversight. **How the CoC will use street outreach to connect unsheltered people with housing resources; Street Outreach:** The NV-500 region, roughly the size of Connecticut and Delaware, is served by 10 street outreach teams. The Las Vegas Valley operates as the urban epicenter and is surrounded by vast desert and mountains, 90% of the land in Clark County is under federal oversight. Technology allows outreach teams to geo-track unsheltered homelessness while in the field, including location and size of encampments. The Regional Outreach Coordinator communicates with the Bureau of Land Management, Code Enforcement, and local law enforcement to cover vast desert areas. In combination with geo-tracking and daily homeless activity reports, teams are deployed to hotspot areas within their zones with the highest need. Prioritizing the highest vulnerable encampments is accomplished through a standardized assessment tool. Emergency encampment response occurs as serious public health concerns arise such as, 40 or more people or excessive amounts of waste. NV-500 experiences a monsoon season that has been deadly for people living in the tunnel and wash structures in the past; outreach pushes out flash flood warnings informed through geo-

mapping efforts. With tablets, every worker uses HMIS and can complete on the spot housing assessments to connect individuals and families experiencing unsheltered homelessness to coordinated entry. Providers put out “Be On the Look Out” (BOLO) alerts through HMIS when clients are in unsheltered situations and need to be found by outreach teams for a housing placement, document recovery or other services. The Pop-Up events supported by outreach teams and Nevada Homeless Alliance has proven an effective strategy to incorporate new partners in outreach. In addition to large encampments, Nevada Homeless Alliance coordinates Pop-Up events across the Southern Nevada region. In the past 12-months, ** Pop-Ups were conducted, serving 1,813 individuals experiencing unsheltered homelessness. There are three specific priorities targeting outreach efforts to connect people experiencing unsheltered homelessness with permanent housing resources (Sections B and C. 1) **Additional steps the CoC is taking to ensure that people who are unsheltered or have histories of unsheltered homelessness are able to access housing and other resources in the community, including steps to increase access to identification, providing housing navigation services, and providing access to health care and other supportive services.** **Increased Access:** NV-500 recognizes the need for barrier-busting services to increase access to identification, insurance healthcare, and other supportive services. Many priorities look to integrate robust case management across programs to expand agency capacity. Through these capacity building efforts case managers can have smaller caseloads, fewer clients and provide more frequent one-on-one support. Housing Navigators have been recently integrated into the NV-500 continuum; however, listening sessions prove time is diverted from navigation duties to building landlord relationships. One priority looks to centralize landlord engagement and help to remove this burden from direct service providers so more time can be dedicated to service navigation. This community plan strategically approaches the placement of people from unsheltered to sheltered situations. As all components of the plan work together NV-500 expects to reduce unsheltered homelessness.

The NV-500 local application process prioritizes projects that:

- In collaboration with the appropriate Continuum of Care working groups, conduct an analysis of the coordinated entry system, housing assessments, policies, procedures, minimum standards, and specific pilot strategies, like dynamic prioritization, to connect individuals and families experiencing homelessness to permanent housing, creating a strategic plan to implement recommendations.

Related SNH CoC Local Priority: 1a. Expand short-term housing for individuals who have a lower vulnerability score on the community queue for shorter wait times through engaging in dynamic prioritization.

F. Involving Individuals with Lived Experience of Homelessness in (Service Delivery &) Decision Making

meaningfully and intentionally integrated into the CoC decision-making structure. Additionally, CoCs must demonstrate how they encourage projects to involve individuals and families with lived experience of unsheltered homelessness in the delivery of services **Integrated Decision-Making:** The NV-500 Board is composed in accordance with the HEARTH Act. There are two seats earmarked for PLE, which includes one for members of the Youth Action Board. There are 17 groups to support the operational needs of NV-500 and provide recommendations to the Board. These meetings are open to public participation and observation. A NV-500 membership form is available on the NV-500 website (HelpHopeHome.org). All NV-500 members have voting privileges and consensus building conversations are encouraged for agreement. The public and membership is invited to participate in all working groups. In accordance with Youth Homelessness Demonstration Program, NV-500 has supported a Youth Action Board since 2017. This is the only work group specific to PLE as NV-500 works to integrate PLE into existing working group structure allows the voice of lived expertise to be centered from the start of system planning and avoid the pitfall of tokenism that can be associated with advisory groups. NV-500 will continue to integrate PLE into the decision-making process. Compensation of PLE has been in place since 2020, recommendations guided by the Youth Action Board. PLE

developed and presented a Diversity, Equity, and Inclusion statement adopted in 2019 by NV-500. PLE have participated in system-level activities like the Point-In-Time Count planning/navigation, development of needs assessments, strategy planning, local competition priority setting, scoring and ranking, and learning cohorts. PLE are key informants with valuable insights and unique perspectives regarding their situation and ways in which systems may be improved, and NV-500 is committed to continually prioritizing lived expertise. When it comes to reducing and preventing homelessness, PLE are the subject matter experts, and their insights allow for innovative solutions. To better understand and improve upon partnering with PLE five NV-500 members, including one PLE, completed *Partnering with Persons with Lived Experience Community Workshop* with Abt Associates in June 2022. Lessons learned, including how to build an inclusive environment, were presented to NV-500 Board in July 2022. Through this workshop, an implementation plan for more robust collaboration with PLE is under development and supported by NV-500 Board. As this process is still being established, the collaborative applicant has contracted with a non-profit partner to hire five PLE in support of the unsheltered funding opportunity. **Expand on role (and demographics) when PLE are hired (HUD email that talked about demographics/experience of homelessness)** clearly describe the meaningful outreach efforts (e.g., street outreach, social media announcements) to engage those with lived homelessness experience to develop a working group (e.g., advisory committee, subcommittee). **Integrated Service Delivery:** NV-500 prioritizes meaningful and intentional engagement of PLE. NV-500 encourages projects to involve PLE in the delivery of services promoting the peer-to-peer model and encouraging PLE to attend training, workshops, and learning collaboratives alongside project staff. One example, spring 2022 the collaborative applicant facilitated a shared housing learning collaborative and targeted outreach efforts for agencies to engage PLE in the training and systems development. One agency was able to establish their shared housing project alongside PLE. Service providers report convening weekly or monthly advisory groups of current clients to help inform the operations of the housing program. One example, HopeLink works alongside clients to update policies and procedures and through this collaboration clients led the development of a safety plan for visitors, ultimately opening the campus to visitors. HopeLink, and other providers, report that by integrating PLE in policy development there is more compliance. Providers report hiring PLE either while in the housing program or upon exit with high levels of success. Catholic Charities, the largest emergency shelter serving NV-500 reports posting open positions on campus billboards. NV-500 encourages the four local government jurisdictions to help support integration of PLE through local dollars and contract requirements. **PLE Outreach:** NV-500 has been eager to partner with PLE. Partnering with PLE has been more successful for project-based or ad-hoc groups; however, recruitment and retention in the NV-500 Board and working groups are the two biggest barriers. Historically, PLE have been recruited through homeless service providers, including current and past clients and staff. The Abt workshop provided new ideas for outreach and recruitment. One idea was a broader advertisement of (compensated) volunteer positions through workforce partners, job boards, and other recruitment platforms, like indeed, which includes the development of position descriptions. Also, recruitment should occur beyond homeless service providers to agencies who also serve culturally specific communities, including but not limited to, LGBTQ+, persons with disabilities, recovery communities, immigration-focused agencies, BIPOC/minority coalitions etc. **intentionally used in the CoC decision making process (i.e., what type of voting authority do the members have on policy, the ability to influence local policy, and priorities that impact those experiencing homelessness).** **HOW DID CATRINA PROMOTE?** **Letter of Support:** Please see attachments.

G. Supporting Underserved Communities and Supporting Equitable Community Development

Their current strategy to identify populations in the CoC's geography that have not been served by the homeless system at the same rate they are experiencing homelessness. **Current Strategy to Identify Disparate Subpopulations:** NV-500 strives to better understand the community factors and the role of other systems that impact homelessness.

1. Economic hardship – Nevada has one of the country’s most severe shortages of affordable housing units with only 20 available homes per 100 renter households. In fact, 81% of extremely low-income Nevadans pay more than half of their income on rent. PLE cited lack of employment opportunities, specifically paying a living wage, as a root cause of homelessness. The Nevada State Apartment Association reported rent in Las Vegas increased more than 20% in the first quarter of 2022.
2. Family Dysfunction, Rejection and Conflict – Young people experiencing homelessness often identify with this community factor. In 2019, 18.5% of high school students in Southern Nevada reported witnessing at least one form of domestic violence. In one listening session a LGBTQ+ youth shared feelings of “being caged (while living at home) and unable to spread their wings.”
3. System Involvement – Child welfare, the justice system and institutions of mental and physical health are all recognized as systems that impact homelessness in Southern Nevada.

How underserved communities in their geographic area interact with the homeless system, including a description of those populations

Underserved Communities: One current strategy to serve populations that have not been widely served by the homeless system involves coordinated discharge planning among multisector partners. Some examples of how discharge planning has been coordinated include:

1. Child Welfare- The Independent Living Program is designed to prepare and assist youth in foster care to transition successfully into adulthood. Youth who need additional supports are discharged to the Step Up program for former foster care youth, ages 18 to 21. Both programs actively participate in NV-500 through the Youth Working Group and serve as a coordinated entry site. Since Step Up started in 2015, 96.8% of participating youth have remained stably housed, a huge success.
2. Justice System- Juvenile justice involved youth receive discharge planning from Field Probation Officers who connect youth to stable housing in their family of origin, foster care system or other supportive programs. In 2016, The Harbor Juvenile Assessment Center (The Harbor) was created to divert justice-involved youth and prevent incarceration, a known disparate population in homeless populations. In 2021, The Harbor served 6,406 youth and families who were referred to or voluntarily accessed services. NV-500 receives quarterly jail-level data reports. One pilot project has been developed to address the high rates of overdose deaths for persons interacting with both the homeless system and detention center. Through this project, licensed professionals wrap a continuum of services to support clients in recovery as they exit into housing. In spring 2022, 14 specialty court staff were trained in the housing problem solving model to divert individuals being released from jail into safe, permanent housing situation.
3. Institutions of mental and physical health- Southern Nevada Health District, Southern Nevada Adult Mental Health Services and Anthem Blue Cross and Blue Shield Healthcare are engaged members of NV-500. Desert Willow Treatment Center, a youth psychiatric hospital, develops discharge plans through a multi-disciplinary team of child welfare and juvenile justice experts to ensure youth are not released into homelessness. Typical discharges involve youth being released to family or foster home with stabilization supports. The Healthy Living program, a collaboration between local government, a service provider and three managed care organizations, ensures that frequent users of emergency health care services who are experiencing homelessness are connected to permanent housing upon discharge to improve quality of life and reduce public costs. Program outcomes show that in the first six months of participation clients experienced a 60% reduction in emergency room visits, 55% reduction in hospital admissions and 64% reduction in days of hospitalization. City of Las Vegas maintains the Recuperative Care Center provides hospitals a place to release persons experiencing unsheltered homelessness into safe supportive services for the duration of recovery; unfortunately, beds are often at capacity. In June 2022, NV-500 formed a working group with the Clark Regional Behavioral Health Policy Board focused on system-level planning to best support individuals and families experiencing unsheltered homelessness who have behavioral health needs.

Clark County School District is the fifth largest school district with 387 schools. This past year, Title I Hope identified 12,214 students as experiencing homelessness under McKinney-Vento definition. 11,647 were unstably housed in doubled up situations, 1,727 lived in hotel/motel, 619 lived in shelter/transitional housing, and 194 in unsheltered homelessness. The McKinney-Vento Liaison is a member of the NV-500 and Youth Working Group and a referral system to youth providers has been established. A current needs assessment is underway and scheduled to be completed Fall 2022. This will determine if this population is being fully served and any gaps that need to be addressed.

In system planning, implementation, and evaluation NV-500 continuously works to reduce disparities and build equity. In an equity analysis of the coordinated queue areas to improve outcomes were identified.

Need demographic data of current system.

The current strategy to provide outreach, engagement, and housing interventions to serve populations experiencing homelessness that have not previously been served by the homeless system at the same rate they are experiencing homelessness. **Addressing Disparities:** To be completed once the first two sections are more flushed out.