

State of Nevada

2020-2024
Consolidated Plan

STATE OF NEVADA

2020-2024 CONSOLIDATED PLAN

Prepared for:
Nevada Housing Division

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EXECUTIVE SUMMARY

ES-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

In 1994, the U.S. Department of Housing and Urban Development (HUD) issued new rules consolidating the planning, application, reporting and citizen participation processes to the Community Development Block Grants (CDBG), Emergency Solutions Grant (ESG), Housing Opportunities for Persons with AIDS (HOPWA), HOME Investment Partnership (HOME), and the Housing Trust Fund (HTF). The new single-planning process was intended to more comprehensively fulfill three basic goals: to provide decent housing, to provide a suitable living environment and to expand economic opportunities. It was termed the Consolidated Plan for Housing and Community Development.

According to HUD, the Consolidated Plan is designed to be a collaborative process whereby a community establishes a unified vision for housing and community development actions. It offers entitlement communities the opportunity to shape these housing and community development programs into effective, coordinated neighborhood and community development strategies. It also allows for strategic planning and citizen participation to occur in a comprehensive context, thereby reducing duplication of effort.

As the lead agency for the Consolidated Plan, the Nevada Housing Division hereby follows HUD's guidelines for citizen and community involvement. Furthermore, it is responsible for overseeing citizen participation requirements that accompany the Consolidated Plan.

The State of Nevada has prepared this Consolidated Plan to meet the guidelines as set forth by HUD and is broken into five sections: The Process, Needs Assessment, Market Analysis, Strategic Plan, and Annual Action Plan.

Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

HUD's objectives for its formula programs are to provide to provide decent housing, a suitable living environment, and economic opportunities for low-moderate income residents. The State strives to accomplish these goals by maximizing and effectively utilizing all available funding resources to conduct housing and community development activities. These objectives are further explained as follows:

- Providing decent housing means helping homeless persons obtain appropriate housing and assisting those at risk of homelessness; preserving the affordable housing stock; increasing availability of permanent housing that is affordable to low- and moderate-income persons without discrimination; and increasing the supply of supportive housing, making down payment and closing cost assistance available for low- and moderate-income persons;
- Providing a suitable living environment entails improving the safety and livability of neighborhoods; increasing access to quality facilities and services; and reducing the isolation of income groups within an area through integration of low-income housing opportunities.

- Expanding economic opportunities involves creating jobs that are accessible to low- and moderate-income persons; promoting long-term economic and social viability; and empowering low-income persons to achieve self-sufficiency.

In order to fulfill these objectives for housing, homeless, and community and economic development programs, the 2020-2024 Consolidated Plan establishes seven goals. In pursuing these goals, the State of Nevada has established priorities for the use of its resources. The priorities emphasize targeting of activities, leveraging other resources and public investments, and promoting community changing impact.

The Action Plan for fiscal year 2020 continues allocating the state's resources toward these priorities and achieving the goals set forth in the Consolidated Plan.

- I. Affordable Housing
 - a. Improve access to the full spectrum of quality affordable housing for Nevadans in non-entitlement areas.
 - b. Increase the supply of affordable housing opportunities through development of new housing units for rental or homeownership opportunities and preserve the long-term affordability of homes through rehabilitation of existing vacant or owner-occupied units.
 - c. Provide direct housing assistance to assist potential buyers to purchase a home, rapidly house those who are homeless or prevent or divert homelessness or provide decent, affordable housing to persons living with HIV/AIDS.
 - d. Provide housing services and supports in the form of counseling – homebuyer or rental and case management services to ensure persons are and remain stably housed.
 - e. To expand housing and supportive services for people with disabilities.
- II. Community Stabilization & Development
 - a. Prevent and arrest the decline of Nevada neighborhoods and promote revitalization.
 - b. Support targeted code enforcement.
 - c. Demolish vacant, blighted buildings.
 - d. Cleanup of contaminated properties.
 - e. Support strategic acquisition and disposition activities.
 - f. Support development and maintenance of the affordable housing stock throughout Nevada.
- III. Public Facility and Infrastructure
 - a. Acquisition, construction, installation, rehabilitation, or improvement of facilities to support safe, sustainable, resilient communities.
 - b. Water/Sewer/Storm Systems.
 - c. Park, recreation, youth, senior facilities.
 - d. Streets and sidewalk improvements.
 - e. Health and safety facilities.
 - f. Increase access to broadband infrastructure.
- IV. Public Services
 - a. Provide public services to ensure all Nevadans have access to opportunities to improve their quality of life (homeless).
 - b. Support public services to ensure low income households and vulnerable populations have access to appropriate and needed resources.

- V. Economic Development
 - a. Develop opportunities to improve the economic environment by creating or retaining business and employment opportunities for low income and diverse Nevadans Create and retain jobs.
 - b. Create and expand businesses.
- VI. Community Planning and Capacity Building
 - a. Encourage local and regional planning activity to facilitate understanding of current housing, community development, and resiliency needs and develop a plan for their sustainable future.
 - b. Provide training and technical assistance to communities to build their capacity to address housing and community development need.
 - c. Assist communities to identify achievable goals to further community needs.
 - d. Align community goals with funding opportunities to meet those goal
- VII. Homelessness
 - a. Provide Rapid Re-housing services & financial supports.
 - b. Homeless supports and prevention.
 - c. Support shelter operations.
 - d. Increase and maintain supply & access of affordable and supportive housing.
 - e. Outreach.

Evaluation of past performance

At the conclusion of the 2015-2019 Consolidated Plan funding period, Nevada can report that the goals for the five years were primarily met. Please refer to the 2018 NV Consolidated Annual Performance Evaluation Report (CAPER), that can be found on the GOED website.

1. The CDBG program allocated \$14,993,664 over the 2015-2019 time period. Another \$20,669,625 was leveraged by the local communities. The beneficiary goals for the CDBG program were exceeded by 31.58 percent. Public Facilities and Infrastructure represented 66.43 of the total investments (grant funds and leveraged funds); Planning and Capacity Building represented 8.08 percent; Slum and Blight Projects represented 4.97 percent; Public Services represented 15.53 percent; Housing Rehabilitation totaled 3.73 percent and Economic Development represented 1.26 percent. Economic Development, for CDBG, is a lower percentage because other divisions of the Governor's Office of Economic Development have more appropriate tools to help small and large companies move to or expand in Nevada. GOED also works collaboratively with other agencies, colleges and universities, communities and non-profits to enhance workforce development.
2. Over the last five years, a priority of the Governor's Office of Economic Development was to integrate the CDBG program into the newly created cabinet office. The goal was to align the priorities more closely with the priorities of GOED and to fund fewer but larger projects in the rural regions that would have greater impact for the communities and regions. The CDBG program implemented an electronic application system with ZoomGrants, streamlining the application process for the subgrantee and CDBG administration. In 2017, the state also integrated Carson City, an entitlement, into the state program at Carson City's request, bringing the Eligible Entities to 27 cities and counties. The CDBG office continues to collaborate with other state and federal funding agencies, such as Nevada Department of

Environmental Protection (NDEP) and USDA, to provide multiple funding streams for the rural communities served. Those agencies and others belong to INC (Infrastructure for Nevada Communities) and meet quarterly to discuss and review potential infrastructure projects.

NHD aligned projects to meet the housing priorities of increasing the availability of rental housing for low-income households and increasing preserving and improving the long-term life of existing affordable rental stock. Through partnerships and investments, HOME funds provided over 139 units for long-term low income rental housing. It is important to indicate that while over 139 units were designated as HOME restricted units, the HOME funds contributed to the overall development of several affordable housing properties that but for the HOME funds would have not been able to be financed or constructed. The Homeless priorities were met with ESG and AAHTF to provide Tenant Based Rental Assistance and one time emergency utility assistance and deposit assistance for individuals and families facing homelessness. Emergency Shelters and Rapid Rehousing programs were supported in rural areas with over 2/3 of the 2.1 million dollars of ESG funds awarded to NHD.

3. Through partnerships with local governments and citizens, state agencies and Nevada Emergency Management Agency, the State of Nevada continues to implement its goals and strategies to address the effects of the severe weather that impacts Nevada communities. All divisions continue to revise priorities by evaluating unmet needs. Nevada focuses funding priorities on projects that enhance long-term resiliency and readiness in communities. Although Nevada has not received CDBG-Disaster Recovery Resources, CDBG staff has attended training to understand the planning effort required to complement the State Hazard Mitigation Plan with a focus on pre-disaster planning modeled after the FEMA National Disaster Recovery Framework. The Pre-disaster recovery plan would equip the state with the structure, process and roles and policies to be well prepared to meet the needs of recovery in our communities.

Summary of citizen participation process and consultation process PR-15

A variety of public outreach and citizen participation was used to develop this Consolidated Plan. The Housing and Community Development survey was used to help establish priorities throughout the State by gathering feedback on the level of need for housing and community development categories. A series of public meetings were held prior to the release of the draft plan to garner feedback on preliminary findings. The Plan was released for public review and a public hearing, via webinar (because of COVID-19) was held to offer residents and stakeholders the opportunity to comment on the plans prior to the Public Comment period for the month of July.

Summary of public comments

Comments made during the public review meetings and from the surveys are included in the form of transcripts in the Appendices. Some comments received during the public input meetings are summarized below:

- Need for affordable housing
- Seniors are in need of housing options

- Not enough funds to meet all the need

Summary of comments or views not accepted and the reasons for not accepting them

All comments were accepted.

Summary

The Needs Assessment and Market Analysis, which has been guided by the Housing and Community Development Survey and public input, identified priority needs and goals. These are described below:

AFFORDABLE HOUSING

- Increase and maintain supply & access
- Provide housing assistance
- Provide housing services & supports
- Homeless supports and prevention for persons with disabilities

COMMUNITY STABILIZATION/DEVELOPMENT

- Code enforcement
- Slum/blight
- Environmental/cleanup
- Strategic acquisition & clearance
- Development and maintenance of the affordable housing stock throughout Nevada

PUBLIC FACILITIES & INFRASTRUCTURE

- Water/sewer
- Parks/recreation/youth & senior (community) facilities
- Streets & sidewalks
- Health & safety
- Increase broadband access

PUBLIC SERVICES

- Non-homeless services
- Shelters
- Affordable housing services

ECONOMIC DEVELOPMENT/ENVIRONMENT

- Create/retain jobs
- Create/expand businesses

COMMUNITY PLANNING & CAPACITY BUILDING

- Training & technical assistance
- Assist Units of Governments and Units of Local Government (UGLG) UGLGs in identifying achievable goals
- Align goals with funding and community partners

HOMELESSNESS

- Provide Rapid Re-housing services & financial supports.
- Homeless supports and prevention.
- Support shelter operations.
- Increase and maintain supply & access of affordable and supportive housing.
- Outreach.

THE PROCESS

PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Table 1 – Responsible Agencies

Agency Role	Name	Department/Agency
CDBG Administrator	NEVADA	Rural Community & Economic Development
HOPWA Administrator	NEVADA	Department of Health and Human Services, Office of HIV
HOME Administrator	NEVADA	Nevada Housing Division
ESG Administrator	NEVADA	Nevada Housing Division
HTF Administrator	NEVADA	Nevada Housing Division

Narrative

The Governor's Office of Economic Development: Division of Rural Community & Economic Development Division is the lead agency for overseeing the development of the 2020-2024 Consolidated Plan and subsequent Annual Action Plans and CAPERs. Partnering agencies are: Governor's Office of Economic Development: Division of Rural Community & Economic Development Division [Responsible for CDBG]; the Department of Business & Industry,; Nevada Housing Division [responsible for HOME, HTF and ESG]; the Department of Health and Human Services: Division of Public and Behavioral Health, Office of HIV [responsible for the HOPWA and Special Needs of Non-Homeless activities]

Consolidated Plan Public Contact Information

The State of Nevada's HUD-funded programs have established procedures for consultation with local governments, advisory groups, program stakeholders, Continuum of Care, community leaders and businesses, public institutions, faith based organizations, other state agencies and interested citizens are consulted during preliminary development of the Consolidated and Action Plans. All are consulted in the event amendments are necessary to the Consolidated or Annual Action Plan. Consultation may occur in a variety of methods: surveys and/or meetings, Public Notices, mail, and/or by publication in one or more newspapers of general circulation.

PR-10 Consultation - 91.100, 91.200(b), 91.215(l)

Introduction

The State of Nevada's HUD-funded programs have established procedures for consultation with local governments, advisory groups, program stakeholders, Continuum of Care, community leaders, businesses, public institutions, faith based organizations, other state agencies and interested citizens. These groups are consulted during the preliminary development of the Consolidated and Annual Action Plans. Furthermore, all are consulted in the event that amendments are necessary to the Consolidated or Annual Action Plan. Consultation may occur in a variety of methods: surveys and/or meetings, Public Notices, mail, e-mail, and/or by publication in one or more newspapers of general circulation.

CDBG, ESG, HOPWA, HOME and HTF program staff actively engage housing and homeless providers, community leaders, and other stakeholders and interested parties throughout rural Nevada by conducting or participating in forums, community coalitions and planning meetings to gather input on housing, homeless, and community needs in rural communities. ESG and HOME staff collaborate with the Rural Nevada Continuum of Care (RNCOC), Southern Nevada CoC (SNCoC), and the Northern Nevada Continuum of Care (RAH).

Provide a concise summary of the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(l)).

The State has a strong working relationship with the Nevada Rural Housing Authority and provides AAHTF for tenant-based rental assistance, emergency assistance, and security deposit programs.

The State provides funding from the ESG Program and the State Affordable Housing Trust Fund Program to a number of county social services agencies throughout Nevada. Funded activities include: providing eligible households with tenant-based rental assistance, emergency rent and/or utility assistance; outreach; homeless prevention; emergency shelter; and rapid re-housing programs.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

Not Applicable. This is a State plan. Refer to the following section.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

NHD has actively participated in the RNCOC for the past 15 years, and the NHD's ESG Program Manager is a member of the RNCOC Steering Committee. Funding priorities and allocations for the ESG program are presented to the RNCOC through both the Steering Committee meetings and Technical Assistance meetings. RNCOC members and Steering Committee members are encouraged to comment and make suggestions regarding the ESG funding allocations and priorities. ESG program staff have worked in conjunction with the RNCOC to develop performance standards for

projects and activities funded through the ESG and other CoC programs. All changes to ESG policies and standards are presented to the RNCoC. RNCoC and NHD have been discussing the CoC monitoring procedure and responsibility for monitoring the ESG programs is subject to change based on final determination of procedures and agency capacity.

State ESG funds will not be provided to agencies in Southern Nevada other than HMIS funds. The NHD allocates funds to Clark County to serve as the HMIS Lead Agency for northern and rural Nevada to support the costs of the HMIS database. Clark County receives CoC funds from the other CoC's statewide as well to support their ESG projects. The State regularly engages with the SNHCoC to gather information regarding other types of programs and services needed in the Clark County area.

Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Table 2 – Agencies, groups, organizations who participated

1	Agency/Group/Organization	NEVADA RURAL HOUSING AUTHORITY
	Agency/Group/Organization Type	Housing PHA
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
2	Agency/Group/Organization	Carson City Health and Human Services
	Agency/Group/Organization Type	Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless Services-Health Services-Education Services-Employment Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Anti-poverty Strategy

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
3	Agency/Group/Organization	Churchill County Social Services
	Agency/Group/Organization Type	Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless Services-Health Services-Education Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Economic Development Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
4	Agency/Group/Organization	CARSON CITY FRIENDS IN SERVICE HELPING
	Agency/Group/Organization Type	Housing Services-homeless Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

5	Agency/Group/Organization	DOUGLAS COUNTY SOCIAL SERVICES
	Agency/Group/Organization Type	Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless Services-Health Services-Employment Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Economic Development Anti-poverty Strategy
6	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
	Agency/Group/Organization	Consolidated Agencies for Health Services
	Agency/Group/Organization Type	Housing Services-Children Services-Persons with Disabilities Services-Victims of Domestic Violence Services-homeless Services-Education Services-Employment
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs
7	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
	Agency/Group/Organization	CARSON CITY ADVOCATES TO END DOMESTIC VIOLENCE
	Agency/Group/Organization Type	Housing Services-Victims of Domestic Violence Services-homeless
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Families with children Non-Homeless Special Needs Anti-poverty Strategy

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
8	Agency/Group/Organization	Winnemucca Domestic Violence Services
	Agency/Group/Organization Type	Services-Victims of Domestic Violence
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Homeless Needs - Families with children Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
9	Agency/Group/Organization	ELKO COUNTY
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-homeless Services-Health Services-Education Services-Employment Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Economic Development
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
10	Agency/Group/Organization	ELKO FRIENDS IN SERVICE HELPING
	Agency/Group/Organization Type	Services - Housing
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

11	Agency/Group/Organization	HUMBOLDT COUNTY INDIGENT SERVICES
	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
12	Agency/Group/Organization	Lyon County Human Services
	Agency/Group/Organization Type	Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless Services-Health Services-Education Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Non-Homeless Special Needs Economic Development Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
13	Agency/Group/Organization	WHITE PINE COUNTY SOCIAL SERVICES
	Agency/Group/Organization Type	Services-homeless Other government - County

	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Economic Development Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
14	Agency/Group/Organization	State of Nevada Dept. of Rural Services
	Agency/Group/Organization Type	Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless Other government - State
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Non-Homeless Special Needs Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
15	Agency/Group/Organization	PACE Coalition
	Agency/Group/Organization Type	Services-Children Services-homeless Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

16	Agency/Group/Organization	Nye County Health and Human Services
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-Persons with HIV/AIDS Services-Victims of Domestic Violence Services-homeless Services-Health Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Economic Development Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
17	Agency/Group/Organization	Nye Communities Coalition
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Health Services-Education Services-Employment Regional organization
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
18	Agency/Group/Organization	Division of Child and Family Services
	Agency/Group/Organization Type	Services-Education Other government - State

	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Families with children Homelessness Needs - Unaccompanied youth Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
19	Agency/Group/Organization	State of Nevada Dept. of Education
	Agency/Group/Organization Type	Services-Education Other government - State
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Families with children Homelessness Needs - Unaccompanied youth Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
20	Agency/Group/Organization	State of Nevada Office of Veteran's Services
	Agency/Group/Organization Type	Housing Other government - State
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Chronically homeless Homelessness Needs - Veterans
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
21	Agency/Group/Organization	State of Nevada Dept. of Health and Human Services
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-Persons with HIV/AIDS Services-homeless Services-Health Services-Education Services-Employment Other government - State
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Anti-poverty Strategy

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
22	Agency/Group/Organization	LANDER COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Economic Development CDBG Eligible entity
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
23	Agency/Group/Organization	Mineral County Economic Development Authority
	Agency/Group/Organization Type	Services-Employment Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
24	Agency/Group/Organization	Family Resource Centers of Northeastern Nevada
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Families with children Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Elko County's family resource center participated in a homeless housing and needs assessment survey, identifying a need for longer term emergency shelter beds, transitional housing, and permanent housing for low-income families with children. Limited or lack of resources has made it challenging to provide housing and services to residents in this community. This agency participates in local Community Coalition meetings and states that agencies work closely to refer clients to other agencies for access to available resources.

25	Agency/Group/Organization	CLARK COUNTY SOCIAL SERVICES
	Agency/Group/Organization Type	Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless Services-Health Services-Education Other government - County Planning organization
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
26	Agency/Group/Organization	The Bridge Church
	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
27	Agency/Group/Organization	Jo Opportunities of Nevada JOIN
	Agency/Group/Organization Type	Services-Employment Regional organization
	What section of the Plan was addressed by Consultation?	Economic Development Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
28	Agency/Group/Organization	Northern Nevada Veterans Resource Center
	Agency/Group/Organization Type	Regional organization
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Needs - Veterans

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
29	Agency/Group/Organization	Job Connect
	Agency/Group/Organization Type	Services-Employment Regional organization
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Economic Development Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
30	Agency/Group/Organization	Nevada State Welfare
	Agency/Group/Organization Type	Other government - State
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
31	Agency/Group/Organization	Helping Veterans Today
	Agency/Group/Organization Type	Regional organization
	What section of the Plan was addressed by Consultation?	Homelessness Needs - Veterans
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
32	Agency/Group/Organization	Food Bank of Northern Nevada
	Agency/Group/Organization Type	Services-homeless Regional organization
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
33	Agency/Group/Organization	Carson City Circles Initiative
	Agency/Group/Organization Type	Regional organization

	What section of the Plan was addressed by Consultation?	Homelessness Strategy Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
34	Agency/Group/Organization	The Children's Cabinet, Inc.
	Agency/Group/Organization Type	Services-Children
	What section of the Plan was addressed by Consultation?	Homeless Needs - Families with children Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
35	Agency/Group/Organization	Nevada Hispanic Services
	Agency/Group/Organization Type	Regional organization
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
36	Agency/Group/Organization	Center for Independent Living
	Agency/Group/Organization Type	Services-Elderly Persons Services-Persons with Disabilities
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
37	Agency/Group/Organization	Nevada Legal Services
	Agency/Group/Organization Type	Service-Fair Housing Regional organization Counseling/Legal
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

38	Agency/Group/Organization	Veteran's Administration
	Agency/Group/Organization Type	Housing Services-Health Other government - Federal
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Needs - Veterans
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
39	Agency/Group/Organization	Volunteer Attorneys for Rural Nevada
	Agency/Group/Organization Type	Counseling/Legal
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
40	Agency/Group/Organization	Ron Wood Family Resource Center
	Agency/Group/Organization Type	Services-Children Services-homeless Regional organization
	What section of the Plan was addressed by Consultation?	Homelessness Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
41	Agency/Group/Organization	Volunteers of America
	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

42	Agency/Group/Organization	Washoe County Social Services
	Agency/Group/Organization Type	Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless Services-Health Child Welfare Agency Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
43	Agency/Group/Organization	Help of Southern Nevada
	Agency/Group/Organization Type	Housing Services - Housing Services-homeless
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
44	Agency/Group/Organization	Crisis Call Center
	Agency/Group/Organization Type	Services-Victims of Domestic Violence
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Chronically homeless Homeless Needs - Families with children
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
45	Agency/Group/Organization	Southern Nevada Regional Housing Authority
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Housing Need Assessment

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
46	Agency/Group/Organization	Reno Housing Authority
	Agency/Group/Organization Type	Housing PHA
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
47	Agency/Group/Organization	Nevada Community Associates
	Agency/Group/Organization Type	Housing Services - Housing
	What section of the Plan was addressed by Consultation?	Homelessness Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
48	Agency/Group/Organization	Nevada Rural Development
	Agency/Group/Organization Type	Housing Other government - Federal Regional organization Planning organization
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Economic Development
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
49	Agency/Group/Organization	Governor's Council on Developmental Disabilities
	Agency/Group/Organization Type	Other government - State
	What section of the Plan was addressed by Consultation?	Public Housing Needs Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

50	Agency/Group/Organization	COMMUNITY DEVELOPMENT PROGRAMS CENTER OF NEVADA
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Housing Need Assessment
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
51	Agency/Group/Organization	Rural Nevada Development Corporation
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Housing Need Assessment
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
52	Agency/Group/Organization	CITY OF CALIENTE
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis CDBG Eligible Entity
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
53	Agency/Group/Organization	CARLIN
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	CDBG Eligible Entity
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
54	Agency/Group/Organization	Churchill County
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
55	Agency/Group/Organization	DOUGLAS COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
56	Agency/Group/Organization	CITY OF ELKO
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
57	Agency/Group/Organization	CITY OF ELY
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Economic Development
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
58	Agency/Group/Organization	ESMERALDA COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
59	Agency/Group/Organization	EUREKA COUNTY
	Agency/Group/Organization Type	Other government - County

	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
60	Agency/Group/Organization	CITY OF FALLON
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
61	Agency/Group/Organization	CITY OF FERNLEY
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
62	Agency/Group/Organization	HUMBOLDT COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
63	Agency/Group/Organization	LINCOLN COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
64	Agency/Group/Organization	CITY OF LOVELOCK
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
65	Agency/Group/Organization	LYON COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
66	Agency/Group/Organization	MINERAL COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
67	Agency/Group/Organization	Nye County
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
68	Agency/Group/Organization	PERSHING COUNTY
	Agency/Group/Organization Type	Other government - County

	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
69	Agency/Group/Organization	STOREY COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
70	Agency/Group/Organization	City of Wells
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
71	Agency/Group/Organization	WASHOE COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
72	Agency/Group/Organization	CITY OF WEST WENDOVER
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
73	Agency/Group/Organization	WHITE PINE COUNTY
	Agency/Group/Organization Type	Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
74	Agency/Group/Organization	CITY OF YERINGTON
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
75	Agency/Group/Organization	WINNEMUCCA
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Non-Homeless Special Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
76	Agency/Group/Organization	NORTHERN NEVADA HOPES
	Agency/Group/Organization Type	Housing Services-Persons with HIV/AIDS Services-Health
	What section of the Plan was addressed by Consultation?	HOPWA Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

77	Agency/Group/Organization	NEVADA BROADBAND TASK FORCE
	Agency/Group/Organization Type	Services - Broadband Internet Service Providers Services - Narrowing the Digital Divide
	What section of the Plan was addressed by Consultation?	Broadband
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.
78	Agency/Group/Organization	Nevada Division of Emergency Management
	Agency/Group/Organization Type	Agency - Managing Flood Prone Areas Agency - Management of Public Land or Water Resources Agency - Emergency Management
	What section of the Plan was addressed by Consultation?	Disaster Preparedness, Hazard Mitigation
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Invited to participate in survey and public input meetings.

Identify any Agency Types not consulted and provide rationale for not consulting

The State made every attempt to be inclusive in its outreach efforts.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care	RNCoC Steering Committee	The goals of the RNCoC Strategic Plan are aligned with the Strategic Plan for ESG funds. Grantees will be funded for activities that align with the CoC Strategic Plan. ESG grantees are to be monitored for compliance with CoC .

Table 3 – Other local / regional / federal planning efforts

Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(l))

The State included local governments in various input opportunities including focus groups, outreach groups and surveys throughout the planning process.

Narrative (optional):

The agencies identified above, and other interested stakeholders are consulted through the various methods of communication noted in other sections. The anticipated outcomes of the consultation or areas for improved coordination are to have grantees that are better informed of activities of other organizations in order to avoid duplication of services and/or projects. The ultimate outcome is to operate Four HUD Formula programs and HTF for the State of Nevada depends on and begins with consulting the UGLG and their constituents. This is a very bottom-up approach and decentralized approach to project development. All divisions believe this is the best method by which to achieve success.

PR-15 Citizen Participation

Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The State has undertaken a series of steps to engage citizens and stakeholders in the development of this Consolidated Plan. These included the Housing and Community Development Survey in English and Spanish, a public input meetings, and a public review meetings after the release of the draft plan. Input from these efforts were a part of the Needs Assessment and Market Analysis, and ultimately helped shape the outcome of the Plan's Five Year Goals and Objectives.

Table 4 – Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of Comments received	Summary of comments not accepted and reasons	URL (If applicable)
1	Internet outreach	Non-targeted/broad community	A total of 827 surveys were received throughout the State.	The results are available as part of the Needs Assessment and Market Analysis.	In appendices	
2	Public Meeting	Non-targeted/broad community	A public input meeting was held on October 29, 2019.	A complete set of transcripts from the meeting is included in the Appendices.	In appendices	
3	Public Hearing	Non-targeted/broad community Stakeholders	A public hearing was be held during the public review period on June 30th via webinar.	A complete set of transcripts from the meeting is included in the Appendices	In appendices	

NEEDS ASSESSMENT

NA-05 Overview

Needs Assessment Overview

The following section will describe the socio-economic and housing situation in the State of Nevada Non-Entitlement. The Entitlement Cities include Henderson, Las Vegas, North Las Vegas, Reno/Sparks and Clark County. Through the consortia- Reno/Sparks and Washoe County receive entitlement funds. The State of Nevada Non-Entitlement is the entirety of the State outside of these areas. A majority of the data presented in this study refers to the State of Nevada Non-Entitlement. The population in the State of Nevada Non-Entitlement grew from 433,797 persons in 2010 to 438,771 persons in 2017. There has not been a significant change in the racial or ethnic makeup of the Area. Households with income over \$100,000 have grown as a proportion of the population, while conversely, poverty has also grown. The proportion of persons in poverty has grown from 8.8 percent in 2000 to 12.9 percent in 2018.

A significant proportion of households have housing problems, particularly cost burdens, with 26.9 percent of households experiencing cost burdens. Renter households are particularly impacted by cost burdens, at a rate of 37.2 percent. In addition, Black, Pacific Islander, and Hispanic households face housing problems at a disproportionate rate .

The homeless population continues to need a variety of services, as the homeless population remained steady since 2014, from 370 persons in non-entitlement areas of the state to 383 persons in 2019, according to Point-in-Time counts. In addition, there are a variety of non-homeless special needs populations in the Area. This includes the elderly population, which has grown by 14.0 percent since 2010.

The following Needs Assessment and Market Analysis include two different table types. The first is the default data sets that come from the eCon Planning Suite. These tables are blue. The second is a set of tables that has the most up-to-date data available for Nevada. These tables are brown. Most of the narrative in the following sections will reference the brown tables by table number.

NA-10 Housing Needs Assessment - 24 CFR 91.205 (a,b,c)

Demographics	Base Year: 2009	Most Recent Year: 2015	% Change
Population	2,700,551	2,798,636	4%
Households	944,178	1,016,709	8%
Median Income	\$55,585.00	\$51,847.00	-7%

Table 5 - Housing Needs Assessment Demographics

Data Source: 2005-2009 ACS (Base Year), 2011-2015 ACS (Most Recent Year)

Population Estimates

The State of Nevada Non-Entitlement population by race and ethnicity is shown in NA-10.1. The White population represented 85.4 percent of the population in 2017, compared with the Black population, which accounted for 1.5 percent of the population. The Hispanic population represented 18.0 percent of the population in 2017, compared to 16.0 percent in 2010.

Table NA-10 1 Population by Race and Ethnicity State of Nevada Non-Entitlement 2010 Census & 2017 Five-Year ACS				
Race	2010 Census		2017 Five-Year ACS	
	Population	% of Total	Population	% of Total
White	364,192	84.0%	374,910	85.4%
Black	5,456	1.3%	6,671	1.5%
American Indian	13,684	3.2%	14,708	3.4%
Asian	7,090	1.6%	7,563	1.7%
Native Hawaiian/ Pacific Islander	1,033	0.2%	1,138	0.3%
Other	28,602	6.6%	20,884	4.8%
Two or More Races	13,740	3.2%	12,897	2.9%
Total	433,797	100.0%	438,771	100.0%
Non-Hispanic	364,278	84.0%	359,842	82.0%
Hispanic	69,519	16.0%	78,929	18.0%

The change in race and ethnicity between 2010 and 2017 is shown in Table NA-10.2. During this time, the total non-Hispanic population was 359,842 persons in 2017. The Hispanic population was 78,929.

Table NA-10 2 Population by Race and Ethnicity State of Nevada Non-Entitlement 2010 Census & 2017 Five-Year ACS				
Race	2010 Census		2017 Five-Year ACS	
	Population	% of Total	Population	% of Total
Non-Hispanic				
White	329,964	90.6%	321,942	89.5%
Black	5,096	1.4%	6,332	1.8%
American Indian	11,862	3.3%	12,869	3.6%
Asian	6,844	1.9%	7,219	2.0%
Native Hawaiian/ Pacific Islander	933	0.3%	1,019	0.3%
Other	477	0.1%	523	0.1%
Two or More Races	9,102	2.5%	9,938	2.8%
Total Non-Hispanic	364,278	100.0%	359,842	100.0%
Hispanic				
White	34,228	49.2%	52,968	67.1%
Black	360	0.5%	339	0.4%
American Indian	1,822	2.6%	1,839	2.3%
Asian	246	0.4%	344	0.4%
Native Hawaiian/ Pacific Islander	100	0.1%	119	0.2%
Other	28,125	40.5%	20,361	25.8%
Two or More Races	4,638	6.7%	2,959	3.7%
Total Hispanic	69,519	100.0	78,929	100.0%
Total Population	433,797	100.0%	438,771	100.0%

The group quarters population includes the institutionalized population, who live in correctional institutions, juvenile facilities, nursing homes, and other institutions, and the non-institutionalized population, who live in college dormitories, military quarters, and other group living situations. As seen in Table NA-10.3, between 2000 and 2010, the institutionalized population changed 3.6 percent in the State of Nevada Non-Entitlement, from 8,070 people in 2000 to 8,360 in 2010. The non-institutionalized population changed by -16.2%, from 1,071 in 2000 to 898 in 2010.

Table NA-10 3 Group Quarters Population State of Nevada Non-Entitlement 2000 & 2010 Census SF1 Data					
Group Quarters Type	2000 Census		2010 Census		% Change 00–10
	Population	% of Total	Population	% of Total	
Institutionalized					
Correctional Institutions	6,821	84.5%	7,112	85.1%	4.3%
Juvenile Facilities	.	.	300.0	3.6%	.
Nursing Homes	892	11.1%	938	11.2%	5.2%
Other Institutions	357	4.4%	10.0	0.1%	-97.2%
Total	8,070	100.0%	8,360	100.0%	3.6%
Non-institutionalized					
College Dormitories	116	10.8%	245	27.3%	111.2%
Military Quarters	238	22.2%	166	18.5%	-30.3%
Other Non-institutionalized	717	66.9%	487	54.2%	-32.1%
Total	1,071	100.0%	898	100.0%	-16.2%
Group Quarters Population	9,141	100.0%	9,258	100.0%	1.3%

Households by type and tenure are shown in Table NA-10.4. Family households represented 67.5 percent of households, while non-family households accounted for 32.5 percent. These changed from 69.1 and 30.9 percent, respectively.

Table NA-10 4 Household Type by Tenure State of Nevada Non-Entitlement 2010 Census SF1 & 2017 Five-Year ACS Data				
Household Type	2010 Census		2017 Five-Year ACS	
	Households	Households	Households	% of Total
Family Households	114,995	69.1%	114,016	67.5%
Married-Couple Family	89,874	78.2%	89,699	78.7%
Owner-Occupied	73,525	81.8%	72,724	81.1%
Renter-Occupied	16,349	18.2%	16,975	18.9%
Other Family	25,121	21.8%	24,317	22.0%
Male Householder, No Spouse Present	9,272	36.9%	8,362	38.1%
Owner-Occupied	5,433	58.6%	4,744	56.7%
Renter-Occupied	3,839	41.4%	3,618	43.3%
Female Householder, No Spouse Present	15,849	63.1%	15,955	65.2%
Owner-Occupied	8,717	55.0%	8,241	51.7%
Renter-Occupied	7,132	45.0%	7,714	48.3%
Non-Family Households	51,464	30.9%	54,934	32.5%
Owner-Occupied	32,338	62.8%	34,831	63.4%
Renter-Occupied	19,126	37.2%	20,103	36.6%
Total	166,459	100.0%	168,950	100.0%

Household Income and Poverty

Households by income for the 2010 and 2017 5-year ACS are shown in Table NA-10.5. Households earning more than 100,000 dollars per year represented 25.0 percent of households in 2017, compared to 21.3 percent in 2010. Meanwhile, households earning less than 15,000 dollars accounted for 9.5 percent of households in 2017, compared to 9.6 percent in 2010.

Table NA-10 5 Households by Income State of Nevada Non-Entitlement 2010 & 2017 Five-Year ACS Data				
Income	2010 Five-Year ACS		2017 Five-Year ACS	
	Households	% of Total	Households	% of Total
Less than \$15,000	15,571	9.6%	16,130	9.5%
\$15,000 to \$19,999	8,411	5.2%	7,171	4.2%
\$20,000 to \$24,999	7,653	4.7%	8,686	5.1%
\$25,000 to \$34,999	15,745	9.7%	15,685	9.3%
\$35,000 to \$49,999	22,546	13.9%	23,215	13.7%
\$50,000 to \$74,999	33,823	20.9%	32,917	19.5%
\$75,000 to \$99,999	23,481	14.5%	22,909	13.6%
\$100,000 or More	34,524	21.3%	42,237	25.0%
Total	161,754	100.0%	168,950	100.0%

The rate of poverty for the State of Nevada Non-Entitlement is shown in Table NA-10.6. In 2017, there were an estimated 52,081 people or 12.1 percent living in poverty, compared to 8.8 percent living in poverty in 2000. In 2017, some 11.1 percent of those in poverty were under age 6 and 12.5 percent were 65 or older.

Table NA-10 6 Poverty by Age State of Nevada Non-Entitlement 2000 Census SF3 & 2017 Five-Year ACS Data				
Age	2000 Census		2017 Five-Year ACS	
	Persons in Poverty	% of Total	Persons in Poverty	% of Total
Under 6	3,736	11.6%	5,777	11.1%
6 to 17	7,246	22.4%	10,239	19.7%
18 to 64	18,363	56.8%	29,529	56.7%
65 or Older	2,963	9.2%	6,536	12.5%
Total	32,308	100.0%	52,081	100.0%
Poverty Rate	8.8%	.	12.1%	.

Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households	116,235	118,430	176,945	110,710	494,390
Small Family Households	35,720	37,730	62,860	44,720	234,470
Large Family Households	9,500	12,855	19,255	12,415	42,600
Household contains at least one person 62-74 years of age	21,275	26,355	39,680	24,375	114,835
Household contains at least one person age 75 or older	11,250	18,495	21,430	9,705	36,425
Households with one or more children 6 years old or younger	21,900	23,905	32,295	20,355	62,485

Table 6 - Total Households Table

Data Source: 2011-2015 CHAS

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	1,935	1,680	1,455	625	5,695	390	310	590	250	1,540
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	2,430	1,995	2,305	730	7,460	260	240	450	420	1,370
Overcrowded - With 1.01- 1.5 people per room (and none of the above problems)	4,840	6,065	5,655	2,415	18,975	720	980	2,455	1,500	5,655
Housing cost burden greater than 50% of income (and none of the above problems)	53,090	29,685	8,955	795	92,525	19,645	17,380	14,465	4,195	55,685
Housing cost burden greater than 30% of income (and none of the above problems)	4,315	26,415	44,280	13,150	88,160	4,100	10,100	24,650	15,765	54,615
Zero/negative Income (and none of the above problems)	9,990	0	0	0	9,990	4,895	0	0	0	4,895

Table 7 – Housing Problems Table

Data Source: 2011-2015 CHAS

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	62,295	39,425	18,370	4,565	124,655	21,015	18,910	17,960	6,370	64,255
Having none of four housing problems	10,120	33,965	77,215	48,215	169,515	7,920	26,125	63,400	51,565	149,010
Household has negative income, but none of the other housing problems	9,990	0	0	0	9,990	4,895	0	0	0	4,895

Table 8 – Housing Problems 2

Data Source: 2011-2015 CHAS

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	23,115	23,100	22,465	68,680	6,460	8,190	13,925	28,575
Large Related	6,730	7,290	5,210	19,230	1,455	2,995	3,920	8,370
Elderly	12,575	13,995	10,180	36,750	10,370	12,770	14,650	37,790
Other	23,105	19,195	18,285	60,585	6,390	4,350	7,630	18,370
Total need by income	65,525	63,580	56,140	185,245	24,675	28,305	40,125	93,105

Table 9 – Cost Burden > 30%

Data Source: 2011-2015 CHAS

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	21,225	10,865	3,605	35,695	5,585	5,510	4,795	15,890
Large Related	5,930	2,905	375	9,210	1,185	1,745	835	3,765
Elderly	10,915	7,755	2,330	21,000	8,115	7,305	5,660	21,080
Other	21,695	10,260	3,100	35,055	5,510	3,185	3,340	12,035
Total need by income	59,765	31,785	9,410	100,960	20,395	17,745	14,630	52,770

Table 10 – Cost Burden > 50%

Data Source: 2011-2015 CHAS

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	6,305	7,035	6,540	2,560	22,440	775	1,015	2,110	1,300	5,200
Multiple, unrelated family households	635	805	1,165	595	3,200	205	205	735	635	1,780
Other, non-family households	480	345	445	19	1,289	0	4	70	20	94
Total need by income	7,420	8,185	8,150	3,174	26,929	980	1,224	2,915	1,955	7,074

Table 11 – Crowding Information - 1/2

Data Source: 2011-2015 CHAS

Housing Problems

The Census identified the following four housing problems in the CHAS data. Households are considered to have housing problems if they have one of more of the four problems.

1. Housing unit lacks complete kitchen facilities;
2. Housing unit lacks complete plumbing facilities;
3. Household is overcrowded; and
4. Household is cost burdened.

Overcrowding is defined as having from 1.1 to 1.5 people per room per residence, with severe overcrowding defined as having more than 1.5 people per room.¹ Households with overcrowding are shown in Table NA-10.7. In 2017, an estimated 2.3 percent of households were overcrowded, and an additional 0.9 percent were severely overcrowded.

¹ https://www.huduser.gov/publications/pdf/measuring_overcrowding_in_hsg.pdf

Table NA-10 7
Overcrowding and Severe Overcrowding
 State of Nevada Non-Entitlement
 2010 & 2017 Five-Year ACS Data

Data Source	No Overcrowding		Overcrowding		Severe Overcrowding		Total
	Households	% of Total	Households	% of Total	Households	% of Total	
Owner							
2010 Five-Year ACS	118,239	98.4%	1,394	1.2%	484	0.4%	120,117
2017 Five-Year ACS	118,371	98.2%	1,765	1.5%	404	0.3%	120,540
Renter							
2010 Five-Year ACS	39,717	95.4%	1,596	3.8%	324	0.8%	41,637
2017 Five-Year ACS	45,149	93.3%	2,153	4.4%	1,108	2.3%	48,410
Total							
2010 Five-Year ACS	157,956	97.7%	2,990	1.8%	808	0.5%	161,754
2017 Five-Year ACS	163,520	96.8%	3,918	2.3%	1,512	0.9%	168,950

Incomplete plumbing and kitchen facilities are another indicator of potential housing problems. According to the Census Bureau, a housing unit is classified as lacking complete plumbing facilities when any of the following are not present: piped hot and cold water, a flush toilet, and a bathtub or shower. Likewise, a unit is categorized as deficient when any of the following are missing from the kitchen: a sink with piped hot and cold water, a range or cook top and oven, and a refrigerator. This data is displayed in Table NA-10.8 and Table NA-10.9, below.

There were a total of 781 households with incomplete plumbing facilities in 2017, representing 0.5 percent of households in the State of Nevada Non-Entitlement. This is compared to 0.6 percent of households lacking complete plumbing facilities in 2010.

Table NA-10 8
Households with Incomplete Plumbing Facilities
 2010 and 2017 Five-Year ACS Data

Households	2010 Five-Year ACS	2017 Five-Year ACS
With Complete Plumbing Facilities	160,812	168,169
Lacking Complete Plumbing Facilities	942	781
Total Households	161,754	168,950
Percent Lacking	0.6%	0.5%

There were 1,780 households lacking complete kitchen facilities in 2017, compared to 1,684 households in 2010. This was a change from 1.0 percent of households in 2010 to 1.1 percent in 2017.

Table NA-10 9
Households with Incomplete Kitchen Facilities
 State of Nevada Non-Entitlement
 2010 and 2017 Five-Year ACS Data

Households	2010 Five-Year ACS	2017 Five-Year ACS
With Complete Kitchen Facilities	160,070	167,170
Lacking Complete Kitchen Facilities	1,684	1,780
Total Households	161,754	168,950
Percent Lacking	1.0%	1.1%

Cost burden is defined as gross housing costs that range from 30.0 to 50.0 percent of gross household income; severe cost burden is defined as gross housing costs that exceed 50.0 percent of gross household income. For homeowners, gross housing costs include property taxes, insurance,

energy payments, water and sewer service, and refuse collection. If the homeowner has a mortgage, the determination also includes principal and interest payments on the mortgage loan. For renters, this figure represents monthly rent and selected electricity and natural gas energy charges.

As seen in Table NA-10.10, in the State of Nevada Non-Entitlement, 16.0 percent of households had a cost burden and 10.9 percent had a severe cost burden. Some 20.7 percent of renters were cost burdened, and 16.5 percent were severely cost burdened. Owner-occupied households without a mortgage had a cost burden rate of 6.7 percent and a severe cost burden rate of 4.7 percent. Owner occupied households with a mortgage had a cost burden rate of 18.9 percent, and severe cost burden at 11.2 percent.

Table NA-10 10 Cost Burden and Severe Cost Burden by Tenure State of Nevada Non-Entitlement 2010 & 2017 Five-Year ACS Data									
Data Source	Less Than 30%		31%-50%		Above 50%		Not Computed		Total
	Households	% of Total	Households	% of Total	Households	% of Total	Households	% of Total	
Owner With a Mortgage									
2010 Five-Year ACS	47,577	58.6%	20,682	25.5%	12,457	15.3%	474	0.6%	81,190
2017 Five-Year ACS	50,712	69.3%	13,866	18.9%	8,178	11.2%	474	0.6%	73,230
Owner Without a Mortgage									
2010 Five-Year ACS	32,789	84.2%	3,323	8.5%	2,367	6.1%	448	1.2%	38,927
2017 Five-Year ACS	41,296	87.3%	3,178	6.7%	2,219	4.7%	617	1.3%	47,310
Renter									
2010 Five-Year ACS	20,456	49.1%	9,088	21.8%	8,433	20.3%	3,660	8.8%	41,637
2017 Five-Year ACS	26,407	54.5%	10,038	20.7%	7,992	16.5%	3,973	8.2%	48,410
Total									
2010 Five-Year ACS	100,822	62.3%	33,093	20.5%	23,257	14.4%	4,582	2.8%	161,754
2017 Five-Year ACS	118,415	70.1%	27,082	16.0%	18,389	10.9%	5,064	3.0%	168,950

Describe the number and type of single person households in need of housing assistance.

There are over 54,000 one-person households in the non-entitlement areas of Nevada in 2017. These one-person households that are below 30 percent HUD Area Median Family Income (HAMFI) are the most likely to need housing assistance in the area.

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

Disability by age, as estimated by the 2017 ACS, is shown in Table NA-10.12. The disability rate for females was 15.7 percent, compared to 17.5 percent for males. The disability rate grew precipitously higher with age, with 48.6 percent of those over 75 experiencing a disability.

Table NA-10 12 Disability by Age State of Nevada Non-Entitlement 2017 Five-Year ACS Data						
Age	Male		Female		Total	
	Disabled Population	Disability Rate	Disabled Population	Disability Rate	Disabled Population	Disability Rate
Under 5	492	4.0%	330	2.9%	822	3.5%
5 to 17	3,168	8.8%	1,921	5.5%	5,089	7.2%
18 to 34	4,920	11.9%	3,322	8.8%	8,242	10.4%
35 to 64	13,671	15.8%	13,961	16.0%	27,632	15.9%
65 to 74	8,396	31.6%	6,589	25.6%	14,985	28.7%
75 or Older	7,391	50.6%	7,339	46.7%	14,730	48.6%
Total	38,038	17.5%	33,462	15.7%	71,500	16.6%

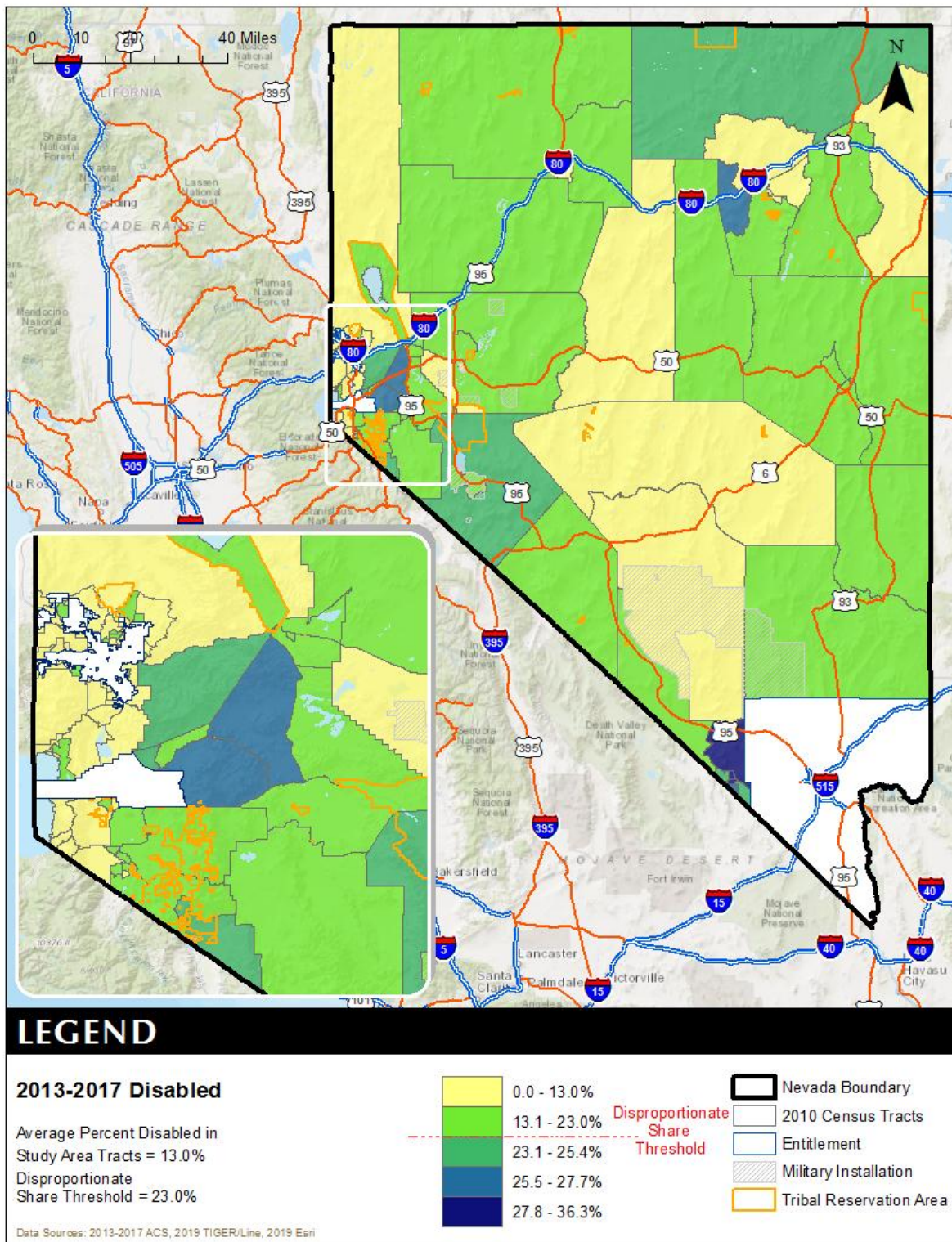
The number of disabilities by type, as estimated by the 2017 ACS, is shown in Table NA-10.13. Some 9.5 percent have an ambulatory disability, 6.9 have an independent living disability, and 4.1 percent have a self-care disability.

Table NA-10 13 Total Disabilities Tallied: Aged 5 and Older State of Nevada Non-Entitlement 2017 Five-Year ACS		
Disability Type	Population with Disability	Percent with Disability
Hearing disability	29,581	6.9%
Vision disability	18,932	4.4%
Cognitive disability	26,203	6.5%
Ambulatory disability	38,760	9.5%
Self-Care disability	16,460	4.1%
Independent living disability	23,275	6.9%

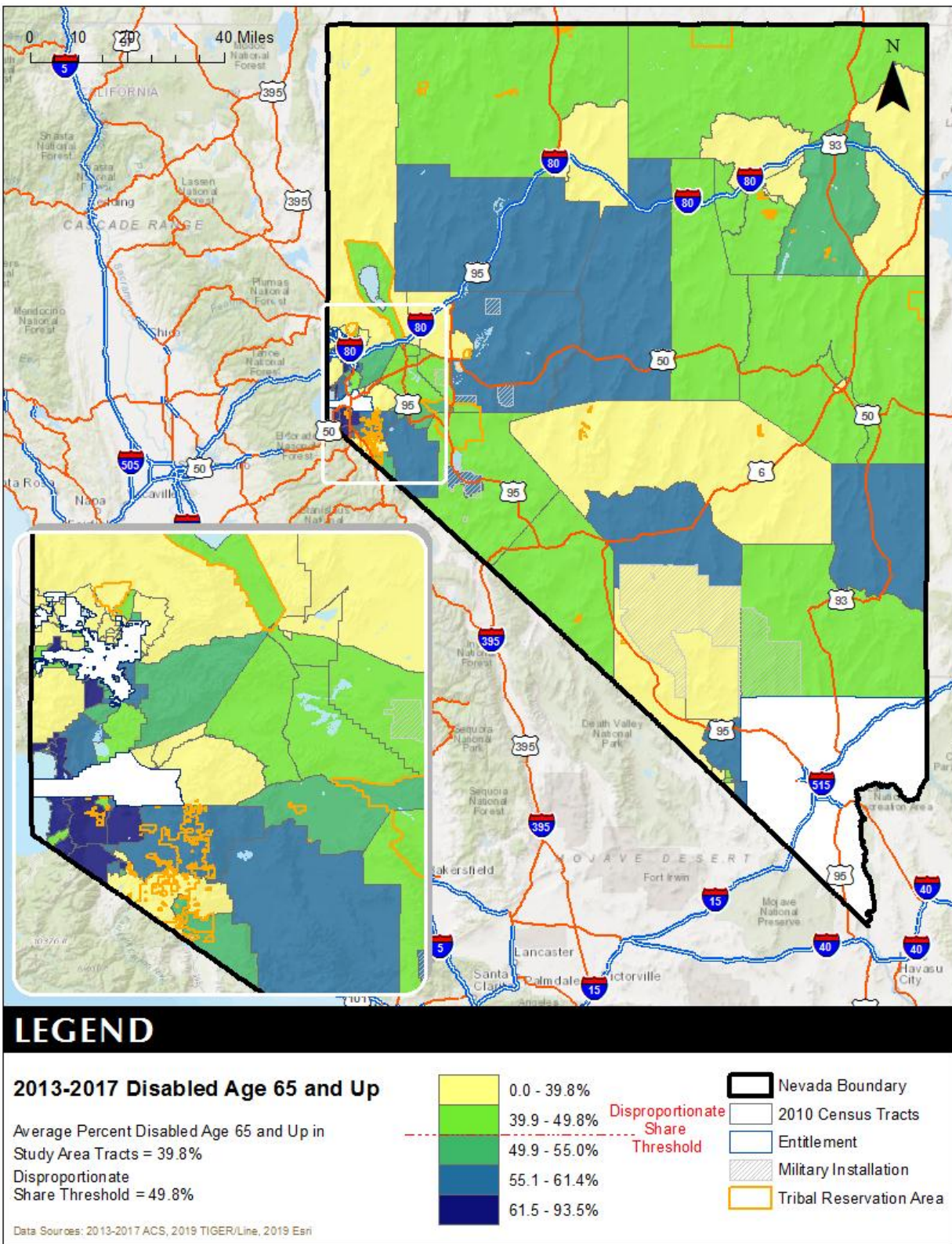
Pinpointing specific numbers of domestic violence victims is difficult due to the lack of reporting and other mitigating factors. According to the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV), they were served 44,673 persons in 2018. This included 13,397 females and 508 males.²

²<https://www.ncedsv.org/wp-content/uploads/2020/01/2018-CY-yr-QSR-Totals.pdf>

Map NA-10.1
2017 Persons with Disabilities
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Map NA-10.2
2017 Persons with Disabilities Age 65 and Older
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



What are the most common housing problems?

Cost burdens are the most common housing problem in the non-entitlement areas of the State, by far. Housing cost burdens between 31 and 50 percent of income impact 16.0 percent of households in the non-entitlement areas of the State. Severe cost burdens over 50 percent of income impact 10.9 percent of households. These housing problems impact 26.9 percent of the total population in the non-entitlement areas of the State.

Table NA-10 14
Cost Burden and Severe Cost Burden by Tenure
 State of Nevada Non-Entitlement
 2010 & 2017 Five-Year ACS Data

Data Source	Less Than 30%		31%-50%		Above 50%		Not Computed		Total
	Households	% of Total	Households	% of Total	Households	% of Total	Households	% of Total	
Owner With a Mortgage									
2010 Five-Year ACS	47,577	58.6%	20,682	25.5%	12,457	15.3%	474	0.6%	81,190
2017 Five-Year ACS	50,712	69.3%	13,866	18.9%	8,178	11.2%	474	0.6%	73,230
Owner Without a Mortgage									
2010 Five-Year ACS	32,789	84.2%	3,323	8.5%	2,367	6.1%	448	1.2%	38,927
2017 Five-Year ACS	41,296	87.3%	3,178	6.7%	2,219	4.7%	617	1.3%	47,310
Renter									
2010 Five-Year ACS	20,456	49.1%	9,088	21.8%	8,433	20.3%	3,660	8.8%	41,637
2017 Five-Year ACS	26,407	54.5%	10,038	20.7%	7,992	16.5%	3,973	8.2%	48,410
Total									
2010 Five-Year ACS	100,822	62.3%	33,093	20.5%	23,257	14.4%	4,582	2.8%	161,754
2017 Five-Year ACS	118,415	70.1%	27,082	16.0%	18,389	10.9%	5,064	3.0%	168,950

Are any populations/household types more affected than others by these problems?

For homeowners, an estimated 22.7 percent face cost burdens or severe cost burdens. Elderly non-family households experience cost burdens at a higher rate, at 33.5 percent. At lower income levels, small families experience cost burdens at a higher rate. Below 30 percent HAMFI, small families face housing problems at a rate of 72.3 percent. These data are shown in Table NA-10.14.

Renters are more likely to experience cost burdens than owner households, at a rate of 36.4 percent for all renter households in the non-entitlement areas of the State. Elderly non-family households experience the highest rate of cost burdens overall, for renter households, at 49.0 percent. As seen with owner households, lower income large family and small family renter households experience cost burdens at the highest rate. Small families below 30 percent HAMFI experience cost burdens at a rate of 84.2 percent. Large families with incomes below 30 percent HAMFI experience cost burdens at a rate of 83.3 percent. These data are shown in Table NA-10.15.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

Households most likely to be at risk of becoming unsheltered are those that with extremely low incomes that are severely cost-burdened. There are 10,150 households in the non-entitlement areas

of the State that are below 30 percent HAMFI with severe cost burdens. These 4,225 homeowner households and 5,925 renter households are the most at-risk of becoming homeless. The needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of assistance include but are not limited to: housing stability case management, basic skills training, a unit that accepts Section 8 vouchers or another form of assistance, and other supportive services.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

Not applicable.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

According to the National Alliance to End Homelessness, there are various factors that contribute to an increased risk of homelessness. These housing characteristics include households that are doubled up, or living with friends or family, persons recently released from prison, and young adults out of foster care. Economic factors include households with severe cost burden and households facing unemployment. As described here and in the following sections, there are a large number of households facing cost burdens and other housing problems that create instability and increase their risk of homelessness.

Discussion

The population in the State of Nevada Non-Entitlement grew slightly between 2010 and 2017. However, there has not been significant changes in the racial and ethnic makeup of the area. Income disparity is growing, with households earning more than \$100,000 a year growing to account for 25.0 percent of the population in 2017. Meanwhile, persons in poverty grew slightly from 8.8 percent of the population in 2000 to 12.0 percent of the population in 2017.

Over a fifth of all households have housing problems, particularly cost burdens, with 26.9 percent of households experiencing cost burdens. Renter households are particularly impacted by cost burdens, at a rate of 36.4 percent.

The growth of various economic industries in the State has exacerbated the inequitable access to housing. As income grows for certain households, there is still continued growth in poverty. Those households that are in industries without growing wages, such as the service industry, have limited access to housing that is affordable to them. Households within these lower income ranges have much higher rates of cost burdens and housing problems.

Table NA-10 15
Owner-Occupied Households by Income and Family Status and Cost Burden
 State of Nevada Non-Entitlement
 2012–2016 HUD CHAS Data

Income	Elderly Family	Small Family	Large Family	Elderly Non-Family	Other Household	Total
Cost Burden						
\$0 to \$20,850	205	265	45	720	185	1,420
\$20,851 to \$34,750	440	695	265	845	215	2,460
\$34,751 to \$55,600	865	1,490	280	935	805	4,375
\$55,601 to \$69,500	570	1,050	115	410	485	2,630
Above \$69,500	1,360	2,260	210	455	860	5,145
Total	3,440	5,760	915	3,365	2,550	16,030
Severe Cost Burden						
\$0 to \$20,850	655	1,055	160	1,250	1,105	4,225
\$20,851 to \$34,750	635	775	280	775	355	2,820
\$34,751 to \$55,600	615	515	90	435	345	2,000
\$55,601 to \$69,500	105	210	5	105	35	460
Above \$69,500	260	355	15	161	125	916
Total	2,270	2,910	550	2,726	1,965	10,421
Total						
\$0 to \$20,850	1,305	1,825	380	3,135	2,165	8,810
\$20,851 to \$34,750	2,535	2,330	890	3,640	1,185	10,580
\$34,751 to \$55,600	4,920	4,910	1,335	4,160	2,370	17,695
\$55,601 to \$69,500	3,175	4,780	1,280	1,890	1,330	12,455
Above \$69,500	17,680	31,720	4,605	5,326	7,690	67,021
Total	29,615	45,565	8,490	18,151	14,740	116,561

Table NA-10 16
Renter-Occupied Households by Income and Family Status and Cost Burden
 State of Nevada Non-Entitlement
 2012–2016 HUD CHAS Data

Income	Elderly Family	Small Family	Large Family	Elderly Non-Family	Other Household	Total
Cost Burden						
\$0 to \$20,850	55	360	240	405	305	1,365
\$20,851 to \$34,750	320	1,430	540	730	720	3,740
\$34,751 to \$55,600	215	1,565	300	400	855	3,335
\$55,601 to \$69,500	85	225	50	40	275	675
Above \$69,500	0	80	5	85	60	230
Total	675	3,660	1,135	1,660	2,215	9,345
Severe Cost Burden						
\$0 to \$20,850	65	2,390	585	1,100	1,785	5,925
\$20,851 to \$34,750	185	765	160	375	490	1,975
\$34,751 to \$55,600	50	110	-5	175	140	470
\$55,601 to \$69,500	0	15	0	15	10	40
Above \$69,500	-5	35	0	30	0	60
Total	295	3,315	740	1,695	2,425	8,470
Total						
\$0 to \$20,850	175	3,265	990	2,345	2,995	9,770
\$20,851 to \$34,750	725	3,100	1,020	1,710	1,651	8,206
\$34,751 to \$55,600	765	4,400	1,200	1,360	2,475	10,200
\$55,601 to \$69,500	375	2,375	760	340	1,755	5,605
Above \$69,500	1,235	7,390	1,150	1,095	4,280	15,150
Total	3,275	20,530	5,120	6,850	13,156	48,931

NA-15 Disproportionately Greater Need: Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Disproportionate housing needs are found when any one racial or ethnic group faces housing problems at a rate of at least ten (10) percentage points higher than the jurisdiction average.

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	91,720	9,557	14,879
White	45,536	5,306	7,596
Black/ African American	13,837	763	2,765
Asian	3,615	772	1,847
American Indian, Alaska Native	1,354	554	107
Pacific Islander	624	65	44
Hispanic	24,207	1,879	2,212

Table 13 - Disproportionally Greater Need 0 - 30% AMI

Data Source: 2011-2015 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	94,819	23,549	0
White	48,460	15,169	0
Black/ African American	10,502	1,113	0
Asian	4,576	1,383	0
American Indian, Alaska Native	650	561	0
Pacific Islander	798	12	0
Hispanic	27,875	5,020	0

Table 14 - Disproportionally Greater Need 30 - 50% AMI

Data Source: 2011-2015 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	105,255	71,525	0
White	55,769	42,793	0
Black/ African American	10,900	4,576	0
Asian	6,650	4,290	0
American Indian, Alaska Native	514	800	0
Pacific Islander	706	300	0
Hispanic	28,149	17,390	0

Table 15 - Disproportionally Greater Need 50 - 80% AMI

Data Source: 2011-2015 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	39,832	70,861	0
White	23,273	39,988	0
Black/ African American	3,943	5,508	0
Asian	2,427	4,864	0
American Indian, Alaska Native	206	777	0
Pacific Islander	247	320	0
Hispanic	8,806	17,673	0

Table 16 - Disproportionally Greater Need 80 - 100% AMI

Data Source: 2011-2015 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

Discussion Discussed in NA-30.

According to the tables above, Pacific Islander households with incomes between 30 and 80 percent HAMFI have a disproportionate share of housing problems. Black households with incomes between 50 and 80 percent HAMFI have disproportionate shares of housing problems.

NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Disproportionate housing needs are found when any one racial or ethnic group faces severe housing problems at a rate of at least ten (10) percentage points higher than the jurisdiction average.

0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	83,293	17,971	14,879
White	40,393	10,479	7,596
Black/ African American	13,142	1,460	2,765
Asian	3,266	1,116	1,847
American Indian, Alaska Native	1,075	813	107
Pacific Islander	609	80	44
Hispanic	22,457	3,613	2,212

Table 17 – Severe Housing Problems 0 - 30% AMI

Data Source: 2011-2015 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	58,353	60,062	0
White	29,429	34,182	0
Black/ African American	6,761	4,850	0
Asian	2,780	3,176	0
American Indian, Alaska Native	527	698	0
Pacific Islander	500	309	0
Hispanic	17,137	15,711	0

Table 18 – Severe Housing Problems 30 - 50% AMI

Data Source: 2011-2015 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	36,339	140,439	0
White	18,427	80,081	0
Black/ African American	3,534	11,934	0
Asian	2,524	8,404	0
American Indian, Alaska Native	226	1,086	0
Pacific Islander	318	679	0
Hispanic	10,586	34,981	0

Table 19 – Severe Housing Problems 50 - 80% AMI

Data Source: 2011-2015 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	10,979	99,773	0
White	5,355	57,921	0
Black/ African American	856	8,603	0
Asian	820	6,453	0
American Indian, Alaska Native	118	857	0
Pacific Islander	130	434	0
Hispanic	3,436	23,036	0

Table 20 – Severe Housing Problems 80 - 100% AMI

Data Source: 2011-2015 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

Discussion

According to the tables above, Pacific Islander households, in all income levels, have a disproportionate share of severe housing problems.

NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Disproportionate cost burdens are found when any one racial or ethnic group faces cost burdens at a rate of at least ten (10) percentage points higher than the jurisdiction average.

Housing Cost Burden

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	638,005	197,166	165,217	15,618
White	417,232	112,316	90,383	7,971
Black/ African American	38,902	18,905	22,265	2,860
Asian	45,175	12,020	8,104	1,877
American Indian, Alaska Native	6,061	1,103	1,395	131
Pacific Islander	2,414	1,276	1,065	44
Hispanic	114,179	46,952	37,771	2,423

Table 21 – Greater Need: Housing Cost Burdens AMI

Data Source: 2011-2015 CHAS

Discussion

According to the table above, no racial or ethnic group faces cost burdens at a disproportionate rate.

NA-30 Disproportionately Greater Need: Discussion – 91.205(b)(2)

Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

The following tables show households with housing problems by race/ethnicity. These tables can be used to determine if there is a disproportionate housing need for any racial or ethnic groups. If any racial/ethnic group faces housing problems at a rate of ten percentage points or high than the jurisdiction average, then they have a disproportionate share of housing problems. Housing problems are defined as any household that has overcrowding, inadequate kitchen or plumbing facilities, or are cost burdened who pay more than 30 percent of their income on housing.

Overall, there are 49,147 households, or 29.7 percent of households with housing problems in the State of Nevada Non-Entitlement. This includes 36,955 White households, 740 Black households, 810 Asian households, 1,202 American Indian, 153 Pacific Islander, and 937 “other” race households with housing problems. In addition, there are 8,350 Hispanic households with housing problems. This is shown in Table NA-30.1, Black, Pacific Islander, and Hispanic households face a disproportionate share of housing problems, at rates of 46.8 percent, 56.7 percent, and 41.0 percent, respectively. This is compared to the study area average of 29.7 percent.

Table NA-30.1 Percent of Total Households with Housing Problems by Income and Race State of Nevada Non-Entitlement 2012–2016 HUD CHAS Data								
Income	Non-Hispanic by Race						Hispanic (Any Race)	Total
	White	Black	Asian	American Indian	Pacific Islander	Other Race		
With Housing Problems								
\$0 to \$20,850	70.7%	90.0%	68.6%	57.4%	100.0%	69.1%	80.2%	71.5%
\$20,851 to \$34,750	62.8%	76.3%	54.5%	25.5%	94.8%	56.8%	65.3%	62.1%
\$34,751 to \$55,600	39.2%	81.8%	47.9%	18.9%	16.2%	64.5%	46.5%	40.8%
\$55,601 to \$69,500	26.7%	19.1%	19.3%	11.9%	61.5%	34.1%	21.8%	25.6%
Above \$69,500	9.4%	11.4%	12.1%	7.9%	0.0%	7.4%	15.4%	9.9%
Total	27.7%	46.8%	29.6%	26.5%	56.7%	37.3%	41.0%	29.7%
Without Housing Problems								
\$0 to \$20,850	19.0%	6.7%	28.1%	35.8%	0.0%	8.8%	14.6%	19.2%
\$20,851 to \$34,750	37.2%	23.7%	45.5%	74.5%	5.2%	43.2%	34.7%	37.9%
\$34,751 to \$55,600	60.8%	18.2%	52.1%	81.1%	83.8%	35.5%	53.5%	59.2%
\$55,601 to \$69,500	73.3%	80.9%	80.7%	88.1%	38.5%	65.9%	78.2%	74.4%
Above \$69,500	90.6%	88.6%	87.9%	92.1%	100.0%	92.6%	84.6%	90.1%
Total	71.3%	52.8%	70.0%	71.7%	43.3%	59.7%	58.2%	69.3%

If they have needs not identified above, what are those needs?

The Housing and Community Development survey identified the need for additional housing options, including affordable ownership and rental opportunities, and rental assistance.

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

Native American and Hispanic households are seen in higher concentrations in parts of Nevada. This is discussed further in section MA-50.

Table NA-30 2
Total Households with Housing Problems by Income and Race
 State of Nevada Non-Entitlement
 2012–2016 HUD CHAS Data

Income	Non-Hispanic by Race						Hispanic (Any Race)	Total
	White	Black	Asian	American Indian	Pacific Islander	Other Race		
With Housing Problems								
\$0 to \$20,850	9,530	135	210	715	21	235	2,450	13,296
\$20,851 to \$34,750	8,620	225	150	170	110	166	2,235	11,676
\$34,751 to \$55,600	8,345	270	225	160	6	355	2,040	11,401
\$55,601 to \$69,500	3,785	45	55	50	16	106	570	4,627
Above \$69,500	6,675	65	170	107	0	75	1,055	8,147
Total	36,955	740	810	1,202	153	937	8,350	49,147
Total								
\$0 to \$20,850	13,475	150	306	1,246	21	340	3,055	18,593
\$20,851 to \$34,750	13,730	295	275	666	116	292	3,425	18,799
\$34,751 to \$55,600	21,315	330	470	847	37	550	4,390	27,939
\$55,601 to \$69,500	14,190	235	285	420	26	311	2,615	18,082
Above \$69,500	70,895	570	1,400	1,362	70	1,020	6,860	82,177
Total	133,605	1,580	2,736	4,541	270	2,513	20,345	165,590

NA-35 Public Housing – 91.205(b)

Introduction

NHD works closely with the public housing agencies across the state to provide various housing and homeless prevention programs including tenant-based rental assistance vouchers, rental unit development, and emergency assistance. Various structures of partnerships exist between NHD and the Reno Housing Authority, the Nevada Rural Housing Authority, and the Southern Nevada Regional Housing Authority. Furthermore, NHD regularly works with all agencies to collaborate on affordable housing efforts through the state's Rural Nevada CoC group.

Totals in Use

Program Type									
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	0	0	1,534	48	1,467	13	0	0

Table 22 - Public Housing by Program Type

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Data Source: PIC (PIH Information Center)

Characteristics of Residents

Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers				
				Total	Project-based	Tenant-based	Special Purpose Voucher	
							Veterans Affairs Supportive Housing	Family Unification Program
# Homeless at admission	0	0	0	0	0	0	0	0
# of Elderly Program Participants (>62)	0	0	0	404	39	362	2	0
# of Disabled Families	0	0	0	516	9	498	8	0

Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers				
				Total	Project-based	Tenant-based	Special Purpose Voucher	
							Veterans Affairs Supportive Housing	Family Unification Program
# of Families requesting accessibility features	0	0	0	1,534	48	1,467	13	0
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

Table 23 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Race of Residents

Program Type									
Race	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	0	0	1,412	45	1,348	13	0	0
Black/African American	0	0	0	57	0	57	0	0	0
Asian	0	0	0	6	0	6	0	0	0
American Indian/Alaska Native	0	0	0	56	3	53	0	0	0
Pacific Islander	0	0	0	3	0	3	0	0	0
Other	0	0	0	0	0	0	0	0	0

includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition*Table 24 – Race of Public Housing Residents by Program Type**

Data Source: PIC (PIH Information Center)

Ethnicity of Residents

Program Type									
Ethnicity	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	0	0	148	2	145	1	0	0
Not Hispanic	0	0	0	1,386	46	1,322	12	0	0

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Table 25 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

NA-40 Homeless Needs Assessment – 91.205(c)

Introduction:

There are three Continua of Care in the State of Nevada, the Las Vegas/Clark County CoC, the Reno/Sparks/Washoe County CoC, and the Balance of State CoC. The non-entitlement area of Nevada is served by the Balance of State CoC. The Rural Nevada Continuum of Care (RNCoC) is a large geographic group of providers that work together to address homelessness. Even without funding, providers from counties continue to participate, conduct the Point-in-Time counts in their area, and help with the annual grant application. The strength of this planning group is the result of providers from around the state expending time and effort to reduce homelessness and alleviate the poverty that many residents experience each day. The HUD funding for the CoC, along with the CDBG funding received for the coordination of the CoC, allows for increased collaboration, capacity-building, and the ability to leverage knowledge, funding, and best practices across the rural counties for a variety of issues.

Homelessness in the Rural Nevada CoC has remained fairly steady during the Point-in-Time counts from 2014 through 2019. The homeless population was counted at 370 in 2014 and 383 in 2019. The following narrative discusses the 2019 count in additional detail.

Table NA-40 1 Homeless Persons State of Nevada Balance of State CoC Point-in-Time Counts						
	2014	2015	2016	2017	2018	2019
Total Homeless Count	370	327	201	237	269	383
Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	33	9	0	0	0	0
Persons in Households with Only Children	0	0	0	0	0	0
Persons in Households with Only Adults	86	239	0	0	0	0

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Chronically Homeless Individuals	9	0	0	0	0	0
Chronically Homeless Families	8	0	0	0	0	0
Veterans	4	10		0	0	0
Unaccompanied Child	0	0	0	0	0	0
Persons with HIV	0	1	0	0	0	0

Nature and Extent of Homelessness: (Optional)

Race:	Sheltered:	Unsheltered (optional)
White	115	256
Black or African American	3	0
Asian	0	0
American Indian or Alaska Native	0	3
Pacific Islander	0	0
Ethnicity:	Sheltered:	Unsheltered (optional)
Hispanic	11	5
Not Hispanic	108	259

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

During the 2019 count, there were 16 households with at least one adult and one child. This includes a total of 58 persons, with 30 children under the age of 18. Of these households, some nine were sheltered and seven were unsheltered at the time of the count. There were 14 veterans counted in 2019. Some four of these veterans were sheltered and ten were unsheltered.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

The vast majority of the homeless persons counted in 2019 were White, accounting for 371 of the 383 persons counted. Some three persons were Black, and three were American Indian or Alaskan Native. In terms of ethnicity, some 16 were Hispanic.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

During the 2019 count, some 31.1 percent of people counted were sheltered. For those with severe mental illness, an estimated 28.3 percent were sheltered. Persons with chronic substance abuse were sheltered at a rate of 40.9 percent. Victims of domestic violence were sheltered at a rate of 50.0 percent.

Discussion:

The homeless population for the Balance of State CoC has remained steady between 2014 and 2019. As such, the need for housing and service options continues to be prevalent. In addition, the number of households in the area who are at risk of homelessness continue to be a high priority to keep the number of homeless households from increasing.

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)

Introduction:

The following section describes the non-homeless special needs populations in the State of Nevada Non-Entitlement. These non-homeless special needs population include the elderly, persons with disabilities, people with drug and alcohol addictions, victims of domestic violence, and persons with HIV/AIDS.

HOPWA

Current HOPWA formula use:	
Cumulative cases of AIDS reported	8,378
Area incidence of AIDS	6.8
Rate per population	6.8
Number of new cases prior year (3 years of data)	206
Rate per population (3 years of data)	
Current HIV surveillance data:	
Number of Persons living with HIV (PLWH)	9,609
Area Prevalence (PLWH per population)	387.4
Number of new HIV cases reported last year	

Table 26 – HOPWA Data

Data Source: CDC HIV Surveillance

HIV Housing Need (HOPWA Grantees Only)

Type of HOPWA Assistance	Estimates of Unmet Need
Tenant based rental assistance	0
Short-term Rent, Mortgage, and Utility	0
Facility Based Housing (Permanent, short-term or transitional)	0

Table 27 – HIV Housing Need

Data Source: HOPWA CAPER and HOPWA Beneficiary Verification Worksheet

Describe the characteristics of special needs populations in your community:

Elderly and Frail Elderly

Table NA-45.1, presents the population of the State of Nevada Non-Entitlement by age and gender from the 2010 Census and 2017 current census estimates. The 2010 Census count showed a total of 1,363,616 males, who accounted for 50.5 percent of the population, and the remaining 49.5 percent, or 1,336,935 persons, were female. In 2017, the number of males rose to 1,521,555 persons, and accounted for 50.1 percent of the population, with the remaining 49.9 percent, or 1,512,837 persons being female.

Table NA-45 1 Population by Age and Gender State of Nevada Non-Entitlement 2010 Census and Current Census Estimates							
Age	2010 Census			2018 Current Census Estimates			% Change 10-18
	Male	Female	Total	Male	Female	Total	
Under 14 years	283,217	270,511	553,728	293,500	281,124	574,624	3.8%
15 to 24 years	185,221	174,888	360,109	186,608	176,554	363,162	0.8%
25 to 44 years	198,103	189,183	387,286	227,282	218,090	445,372	15.0%
45 to 54 years	197,190	185,853	383,043	203,505	199,648	403,153	5.3%
55 to 64 years	191,660	184,867	376,527	200,243	195,096	395,339	5.0%
65 and Over	155,238	160,261	315,499	185,719	190,842	376,561	19.4%
Total	1,363,616	1,336,935	2,700,551	1,521,555	1,512,837	3,034,392	12.4%
% of Total	50.5%	49.5%	.	50.1%	49.9%	.	

People with Disabilities

Disability by age, as estimated by the 2017 ACS, is shown in Table NA-45.2. The disability rate for females was 15.7 percent, compared to 17.5 percent for males. The disability rate grew precipitously higher with age, with 48.6 percent of those over 75 experiencing a disability.

Table NA-45 2 Disability by Age State of Nevada Non-Entitlement 2017 Five-Year ACS Data						
Age	Male		Female		Total	
	Disabled Population	Disability Rate	Disabled Population	Disability Rate	Disabled Population	Disability Rate
Under 5	492	4.0%	330	2.9%	822	3.5%
5 to 17	3,168	8.8%	1,921	5.5%	5,089	7.2%
18 to 34	4,920	11.9%	3,322	8.8%	8,242	10.4%
35 to 64	13,671	15.8%	13,961	16.0%	27,632	15.9%
65 to 74	8,396	31.6%	6,589	25.6%	14,985	28.7%
75 or Older	7,391	50.6%	7,339	46.7%	14,730	48.6%
Total	38,038	17.5%	33,462	15.7%	71,500	16.6%

The number of disabilities by type, as estimated by the 2017 ACS, is shown in Table NA-45.3. Some 9.5 percent have an ambulatory disability, 6.9 have an independent living disability, and 4.1 percent have a self-care disability.

Table NA-45 3 Total Disabilities Tallied: Aged 5 and Older State of Nevada Non-Entitlement 2017 Five-Year ACS		
Disability Type	Population with Disability	Percent with Disability
Hearing disability	29,581	6.9%
Vision disability	18,932	4.4%
Cognitive disability	26,203	6.5%
Ambulatory disability	38,760	9.5%
Self-Care disability	16,460	4.1%
Independent living disability	23,275	6.9%

People with Alcohol and Drug Addictions

According to the National Institute on Drug Abuse, in 2017, there were 412 overdose deaths in Nevada involving opioids, at a rate of 13.3 per 100,000.³ The US Department of Health and Human Services found that 37 percent of Nevada high schools students reported using Marijuana, some seven percent reported using inhalants, five percent used cocaine, and two percent misused pain relievers.⁴

Victims of Domestic Violence

Pinpointing specific numbers of domestic violence victims is difficult due to the lack of reporting and other mitigating factors. According to the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV), they were served 44,673 persons in 2018. This included 13,397 females and 508 males.⁵

What are the housing and supportive service needs of these populations and how are these needs determined?

The housing needs for these populations are determined through the data collected and the feedback of the agencies involved in providing services to the respective populations. NHD is involved in the RNCoC and receives up to date information from agencies within the RNCoC regarding aforementioned populations. Through this process needs and priorities are determined. Currently these needs include access to affordable and long term housing, case management, supportive housing, and easy access to supportive services.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

In the State of Nevada, there were 506 new HIV diagnoses in 2019. There were 185 new AIDS cases in the State, including 154 males and 31 females. There are a total of 11,769 persons living with HIV/AIDS in 2019. Of these, 4,839 were White non-Hispanic, 3,249 were Black non-Hispanic, 2,944 were Hispanic, 467 were Asian/Hawaiian/Pacific Islander, and 74 were American Indian/Alaska Native.

³ <https://www.drugabuse.gov/opioid-summaries-by-state/nevada-opioid-summary>

⁴ <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescents-and-substance-abuse/nevada/index.html>

⁵ <https://www.ncedsv.org/wp-content/uploads/2020/01/2018-CY-yr-QSR-Totals.pdf>

Discussion:

The special needs populations in Nevada include the elderly and frail elderly, whom are growing at the fastest rate of any age group in the State. It also includes persons with disabilities, which account for 16.6 percent of the population and 48.6 percent of those aged 75 and older. In addition, there are other special needs population, such as veterans, persons with alcohol and drug abuse disorders, victims of domestic violence, and persons with HIV/AIDS that are in need of services in the State.

NA-50 Non-Housing Community Development Needs – 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

The most highly rated needs are childcare facilities, healthcare facilities, and residential treatment centers, according to the Housing and Community Development Survey. This was followed by youth centers and senior centers.

Table NA-50.1 Providing a Suitable Living Environment State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following COMMUNITY AND PUBLIC FACILITIES in Nevada:						
Childcare facilities	13	52	174	267	321	827
Healthcare facilities	11	58	175	258	325	827
Residential treatment centers	23	61	177	238	328	827
Youth centers	18	63	203	226	317	827
Community centers	16	84	219	185	323	827
Senior centers	21	84	214	183	325	827
Parks and recreational centers	16	108	211	172	320	827
Public buildings with improved accessibility	39	144	162	109	373	827

How were these needs determined?

These needs were determined by the Housing and Community Development survey and public meetings.

Describe the jurisdiction's need for Public Improvements:

The most highly rated needs are street and road improvements, water system capacity improvements, and flood drainage improvements, according to the Housing and Community Development Survey. This was followed by bicycle and walking paths and water quality improvements.

Table NA-50.2 Providing a Suitable Living Environment State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following INFRASTRUCTURE activities:						
Street and road improvements	5	54	201	249	318	827
Water system capacity improvements	8	88	171	233	327	827
Flood drainage improvements	12	106	177	210	322	827
Bicycle and walking paths	36	111	171	191	318	827
Water quality improvements	18	131	164	190	324	827
Sidewalk improvements	13	110	202	182	320	827
Storm sewer system improvements	13	117	190	180	327	827
Sewer system improvements	17	125	191	170	324	827
Solid waste facility improvements	19	133	197	153	325	827
Bridge improvements	49	159	191	99	329	827
Other	18	2	7	31	769	827

How were these needs determined?

These needs were determined by the Housing and Community Development survey and public meetings.

Describe the jurisdiction's need for Public Services:

The most highly rated needs are mental health/chemical dependency services, healthcare services, transportation services and youth services, according to the Housing and Community Development Survey. This was followed by childcare services and senior services.

Table NA-50.3 Providing a Suitable Living Environment State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HUMAN AND PUBLIC SERVICES in Nevada.						
Mental health/chemical dependency services	8	34	119	351	315	827
Healthcare services	7	30	160	312	318	827
Transportation services	11	52	168	280	316	827
Youth services	6	47	180	277	317	827
Childcare services	12	50	167	277	321	827
Senior services	9	52	179	268	319	827
Employment services	12	75	192	229	319	827
Fair housing activities	25	100	165	216	321	827
Fair housing education	25	106	164	214	318	827
Tenant/Landlord counseling	19	113	182	194	319	827
Homebuyer education	12	96	204	192	323	827
Crime awareness education	16	125	198	162	326	827
Mitigation of asbestos hazards	47	240	139	69	332	827
Mitigation of radon hazards	64	231	144	60	328	827
Mitigation of lead-based paint hazards	71	240	131	58	327	827
Other	12	1	4	22	788	827

How were these needs determined?

These needs were determined by the Housing and Community Development survey public meetings.

HOUSING MARKET ANALYSIS

MA-05 Overview

Housing Market Analysis Overview:

Between 2010 and 2017, the number of housing units in the non-entitlement areas increased by 3.5 percent. The housing market has seen a decrease in housing production during the recent recession, but has since increased in both single-family and multi-family production. Meanwhile, housing costs have continued to rise. The non-entitlement areas have seen a slight increase in the number of vacant units between 2010 and 2017, with an increase in the proportion of “other” vacant units and vacant units for seasonal, recreational, or occasional use.

MA-10 Number of Housing Units – 91.210(a)&(b)(2)

Introduction

Table MA-10.1, below, shows housing units by type in 2010 and 2017. In 2010, there were 191,553 housing units, compared with 198,344 in 2017. Single-family units accounted for 69.9 percent of units in 2017, compared to 67.8 in 2010. Apartment units accounted for 6.9 percent in 2017, compared to 5.5 percent in 2010.

All residential properties by number of units

Property Type	Number	%
1-unit detached structure	707,193	59%
1-unit, attached structure	54,248	5%
2-4 units	88,697	7%
5-19 units	170,905	14%
20 or more units	102,908	9%
Mobile Home, boat, RV, van, etc.	68,132	6%
Total	1,192,083	100%

Table 28 – Residential Properties by Unit Number

Data Source: 2011-2015 ACS

Table MA-10 1 Housing Units by Type State of Nevada Non-Entitlement 2010 & 2017 Five-Year ACS Data				
Unit Type	2010 Five-Year ACS		2017 Five-Year ACS	
	Units	% of Total	Units	% of Total
Single-Family	129,810	67.8%	138,672	69.9%
Duplex	4,408	2.3%	3,905	2.0%
Tri- or Four-Plex	7,626	4.0%	6,838	3.4%
Apartment	10,440	5.5%	13,603	6.9%
Mobile Home	38,629	20.2%	34,849	17.6%
Boat, RV, Van, Etc.	640	0.3%	477	0.2%
Total	191,553	100.0%	198,344	100.0%

Table MA-10.2 shows housing units by tenure from 2010 to 2017. By 2017, there were 198,344 housing units. An estimated 71.3 percent were owner-occupied, and 14.8 percent were vacant.

Table MA-10 2 Housing Units by Tenure State of Nevada Non-Entitlement 2010 Census & 2017 Five-Year ACS Data				
Tenure	2010 Census		2017 Five-Year ACS	
	Units	% of Total	Units	% of Total
Occupied Housing Units	166,459	85.6%	168,950	85.2%
Owner-Occupied	120,013	72.1%	120,540	71.3%
Renter-Occupied	46,446	27.9%	48,410	28.7%
Vacant Housing Units	27,975	14.4%	29,394	14.8%
Total Housing Units	194,434	100.0%	198,344	100.0%

The distribution of unit types by race are shown in Table MA-10.3. An estimated 72.9 percent of White households occupy single-family homes, while 62.3 percent of Black households do. Some 5.6 percent of White households occupied apartments, while 15.0 percent of Black households do. An estimated 72.5 percent of Asian, and 79.4 percent of American Indian households occupy single-family homes.

Table MA-10 3 Distribution of Units in Structure by Race State of Nevada Non-Entitlement 2017 Five-Year ACS Data							
Unit Type	White	Black	American Indian	Asian	Native Hawaiian/Pacific Islanders	Other	Two or More Races
Single-Family	72.9%	62.3%	79.4%	72.5%	63.7%	52.1%	66.6%
Duplex	1.6%	3.7%	1.0%	1.6%	16.8%	4.0%	4.5%
Tri- or Four-Plex	2.9%	8.7%	1.5%	2.7%	4.7%	3.5%	5.3%
Apartment	5.6%	15.0%	4.3%	13.7%	14.0%	12.1%	4.2%
Mobile Home	16.7%	10.3%	13.7%	9.5%	0.9%	27.8%	18.4%
Boat, RV, Van, Etc.	0.3%	0.0%	0.1%	0.0%	0.0%	0.5%	0.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table MA-10.4 shows households by year home built for the 2010 and 2017 5-year ACS data. Housing units built between 2000 and 2009, account for 16.9 percent of households in 2010 and 21.9 percent of households in 2017. Housing units built in 1939 or earlier represented 2.6 percent of households in 2017 and 2.9 percent of households in 2010.

Table MA-10 4 Households by Year Home Built State of Nevada Non-Entitlement 2010 & 2017 Five-Year ACS Data				
Year Built	2010 Five-Year ACS		2017 Five-Year ACS	
	Households	% of Total	Households	% of Total
1939 or Earlier	4,715	2.9%	4,460	2.6%
1940 to 1949	3,276	2.0%	2,778	1.6%
1950 to 1959	4,759	2.9%	4,776	2.8%
1960 to 1969	10,388	6.4%	10,693	6.3%
1970 to 1979	31,420	19.4%	31,212	18.5%
1980 to 1989	33,151	20.5%	31,240	18.5%
1990 to 1999	46,633	28.8%	42,537	25.2%
2000 to 2009	27,412	16.9%	37,058	21.9%
2010 or Later	.	.	4,196	2.5%
Total	161,754	100.0%	168,950	100.0%

Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	2,524	0%	18,896	4%
1 bedroom	9,473	2%	90,581	20%
2 bedrooms	92,155	16%	165,625	36%
3 or more bedrooms	455,641	81%	181,814	40%
Total	559,793	99%	456,916	100%

Table 29 – Unit Size by Tenure

Data Source: 2011-2015 ACS

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

Programs will target households that have housing problems in the State of Nevada Non-Entitlement. This includes over 51,000 households in the non-entitlement area of the State, some 28,946 of which are owner households, and 21,195 of which are renter households.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

Map MA-10.1 shows the number of Section 8 contracts that are set to expire. In the range of this Consolidated Plan, there are numerous contracts that are set to expire over the next five years.

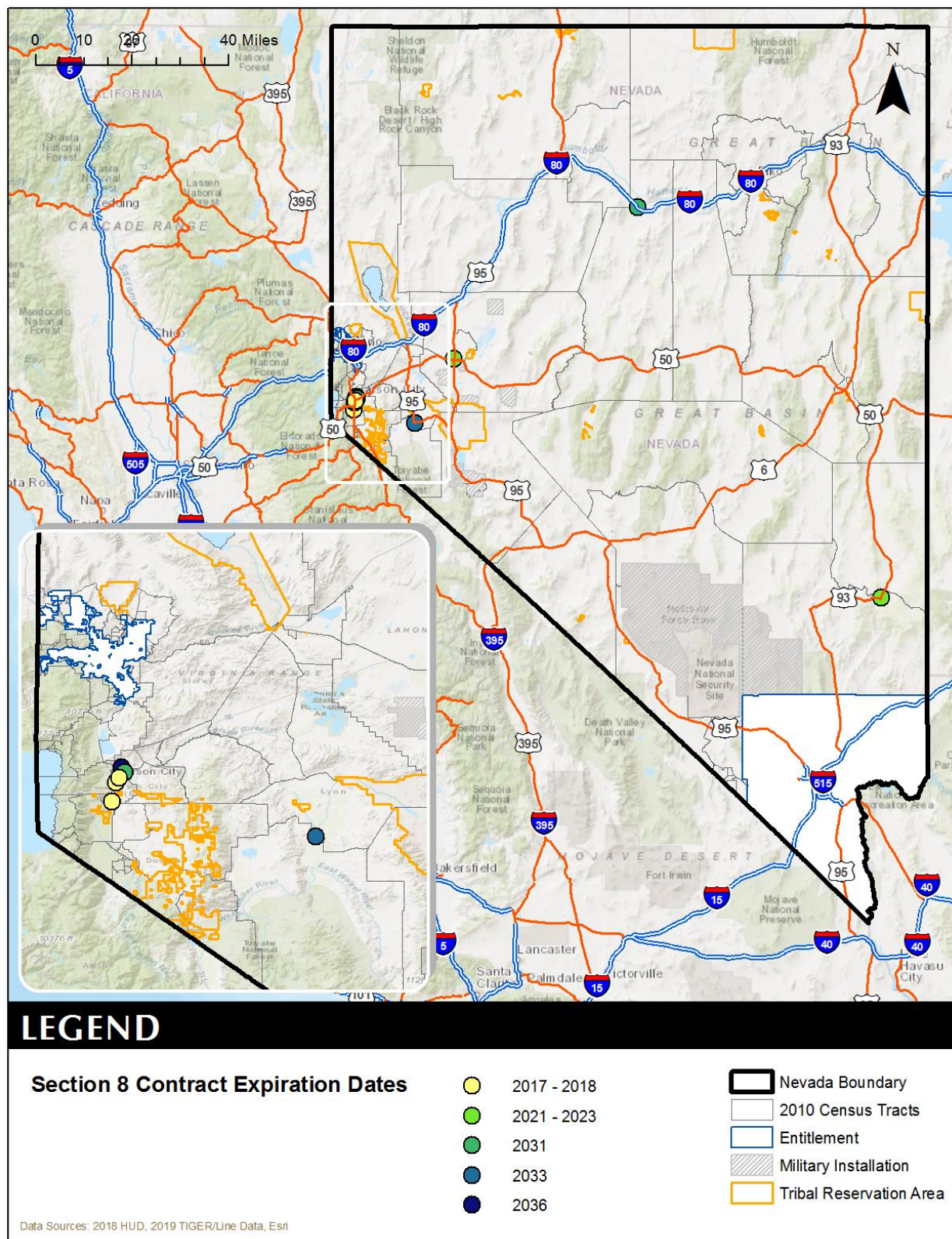
Does the availability of housing units meet the needs of the population?

As seen in the Needs Assessment section, as well as information gathered from public input, current housing does not meet the needs of the population. This is seen most readily in the rate of cost burdens in the non-entitlement areas of the State, especially for lower income households. Renter households are more likely to be impacted by cost burdens, and are therefore most likely to not have housing units that meet their needs.

Table MA-10 5
Housing Problems by Income and Tenure
 State of Nevada Non-Entitlement
 2012–2016 HUD CHAS Data

Housing Problem	\$0 to \$20,850	\$20,851 to \$34,750	\$34,751 to \$55,600	\$55,601 to \$69,500	Above \$69,500	Total
Owner-Occupied						
Lacking complete plumbing or kitchen facilities	80	190	170	70	375	885
Severely Overcrowded with > 1.51 people per room (and complete kitchen and plumbing)	45	35	20	75	125	300
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	135	150	440	326	640	1,691
Housing cost burden greater than 50% of income (and none of the above problems)	4,135	2,765	1,965	460	915	10,240
Housing cost burden greater than 30% of income (and none of the above problems)	1,385	2,405	4,275	2,640	5,125	15,830
Zero/negative income (and none of the above problems)	1,065	0	0	0	0	1,065
Has none of the 4 housing problems	1,960	5,025	10,825	8,895	59,850	86,555
Total	8,805	10,570	17,695	12,466	67,030	116,566
Renter-Occupied						
Lacking complete plumbing or kitchen facilities	380	270	185	50	270	1,155
Severely Overcrowded with > 1.51 people per room (and complete kitchen and plumbing)	270	165	225	40	95	795
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	470	495	460	240	345	2,010
Housing cost burden greater than 50% of income (and none of the above problems)	5,250	1,770	440	40	65	7,565
Housing cost burden greater than 30% of income (and none of the above problems)	1,135	3,415	3,215	690	215	8,670
Zero/negative income (and none of the above problems)	645	0	0	0	0	645
Has none of the 4 housing problems	1,615	2,085	5,695	4,570	14,180	28,145
Total	9,765	8,200	10,220	5,630	15,170	48,985
Total						
Lacking complete plumbing or kitchen facilities	460	460	355	120	645	2,040
Severely Overcrowded with > 1.51 people per room (and complete kitchen and plumbing)	315	200	245	115	220	1,095
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	605	645	900	566	985	3,701
Housing cost burden greater than 50% of income (and none of the above problems)	9,385	4,535	2,405	500	980	17,805
Housing cost burden greater than 30% of income (and none of the above problems)	2,520	5,820	7,490	3,330	5,340	24,500
Zero/negative income (and none of the above problems)	1,710	0	0	0	0	1,710
Has none of the 4 housing problems	3,575	7,110	16,520	13,465	74,030	114,700
Total	18,570	18,770	27,915	18,096	82,200	165,551

Map MA-10.1
Expiring Section 8 Contracts
 State of Nevada Non-Entitlement
 2018 HUD, Tigerline



Describe the need for specific types of housing:

Table MA-10.6 shows the results of the Housing and Community Development Survey as it rated various housing needs. The top rated needs for housing include construction of new affordable rental housing, construction of new affordable for-sale housing, and rental housing for very low-income households. This was followed by supportive housing for people who are homeless or disabled, first-time home-buyer assistance, and senior-friendly housing.

Table MA-10.6 Providing Decent and Affordable Housing State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HOUSING activities in the state:						
Construction of new affordable rental housing	23	44	134	376	250	827
Construction of new affordable for-sale housing	19	44	147	370	247	827
Rental housing for very low-income households	25	70	135	344	253	827
Supportive housing for people who are homeless or disabled	21	77	159	321	249	827
First-time home-buyer assistance	15	53	196	309	254	827
Senior-friendly housing	20	72	173	307	255	827
Rental assistance	36	94	170	271	256	827
Retrofitting existing housing to meet seniors' needs	21	93	231	226	256	827
Preservation of federal subsidized housing	48	108	188	225	258	827
Energy efficient retrofits	27	126	213	198	263	827
Mixed income housing	52	125	196	188	266	827
Rental housing rehabilitation	38	132	212	183	262	827
Homeownership in communities of color	63	120	196	183	265	827
Homeowner housing rehabilitation	26	133	234	163	271	827
Mixed use housing	44	165	208	150	260	827
Downtown housing	48	187	206	125	261	827
Housing demolition	97	292	114	64	260	827
Other	35	6	11	61	714	827

Discussion

The current housing stock may not be meeting the needs of the population in the non-entitlement area of the State, especially those in lower income levels. While the rate and type of market housing production, as described in the following section, may be providing additional housing options, they may not be meeting the needs of a large proportion of households in the State.

MA-15 Housing Market Analysis: Cost of Housing - 91.210(a)

Cost of Housing

	Base Year: 2009	Most Recent Year: 2015	% Change
Median Home Value	275,300	173,700	(37%)
Median Contract Rent	843	826	(2%)

Table 30 – Cost of Housing

Data Source: 2005-2009 ACS (Base Year), 2011-2015 ACS (Most Recent Year)

Housing Production

The Census Bureau reports building permit authorizations and “per unit” valuation of building permits by county annually. Single-family construction usually represents most residential development in the county. Single-family building permit authorizations in the State of Nevada Non-Entitlement increased from 1,228 authorizations in 2017 to 1,566 authorizations in 2018.

The real value of single-family building permits increased from 279,142 dollars in 2017 to 279,171 dollars in 2018. This compares to an increase in permit value statewide, with values rising from 174,609 dollars in 2017 to 228,072 dollars in 2018.

The concentration of homeowner households are shown in Map MA-15.1. The highest rates of homeownership were seen outside the larger cities of Carson City and Elko, with some areas exceeding 81.9 percent homeownership rates. In some of the more rural areas of the State, homeownership rates were lower than 58.8 percent. Renter concentrations were spread throughout the non-entitlement areas of the State. This is shown in Map MA-15.2.

Median home values and median contract rents were both highest in the areas adjacent to the more urban areas in the State. The median home value exceeded \$285,100 in these higher cost areas. They were lowest, below \$115,800, in the central and rural parts of the State. A similar pattern was true for median contract rents.

Table MA-15 1
Building Permits and Valuation
 State of Nevada Non-Entitlement
 Census Bureau Data, 1980–2018

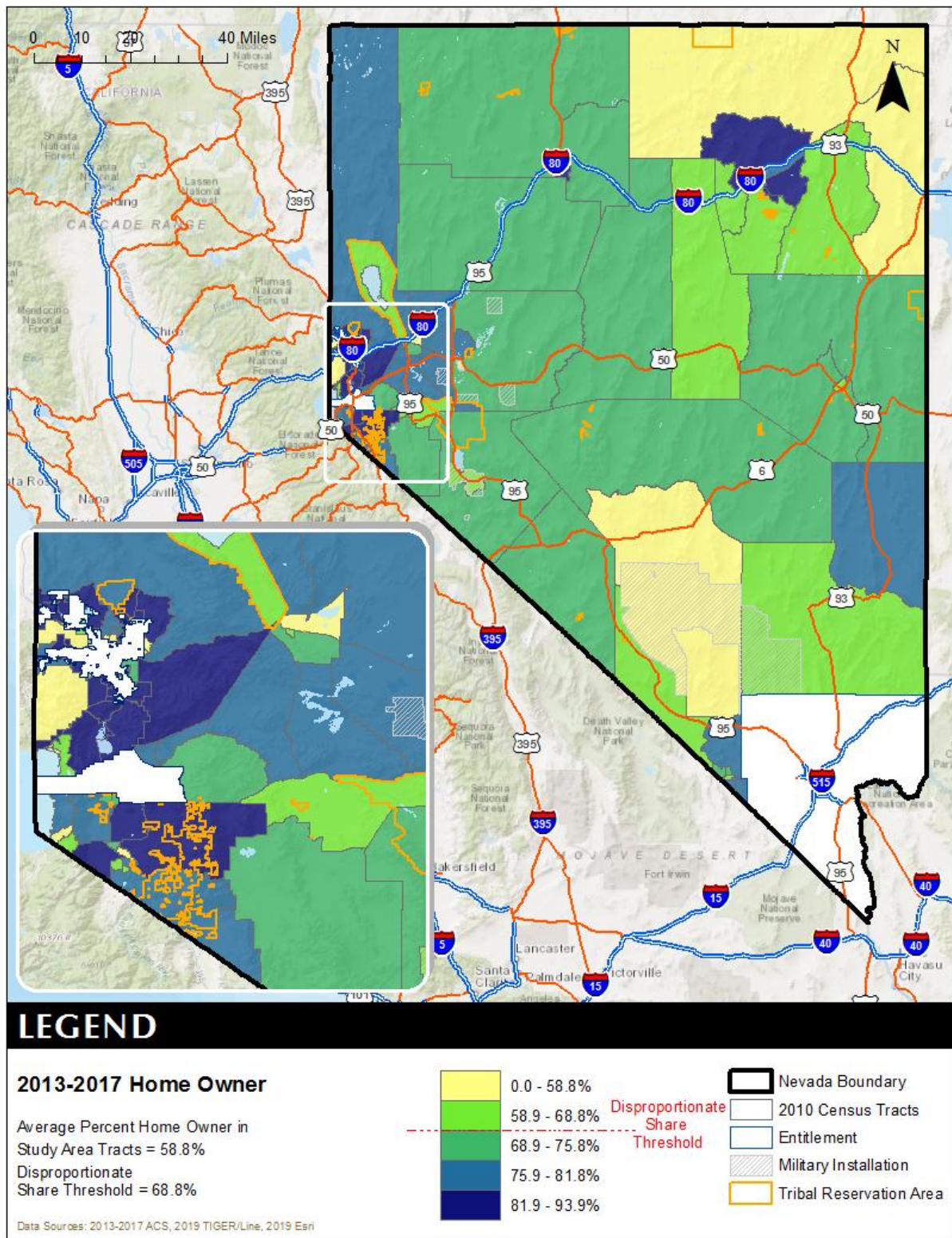
Year	Authorized Construction in Permit Issuing Areas					Per Unit Valuation, (Real 2017\$)	
	Single-Family	Duplex Units	Tri- and Four-Plex	Multi-Family Units	Total Units	Single-Family Units	Multi-Family Units
1980	1,550	54	489	440	2,533	179,044	97,428
1981	1,092	42	257	291	1,682	166,843	96,555
1982	908	10	62	217	1,197	165,932	125,568
1983	1,328	36	95	91	1,550	153,252	33,200
1984	1,446	88	215	113	1,862	175,369	58,005
1985	1,502	98	104	189	1,893	159,572	52,997
1986	1,694	162	54	84	1,994	156,571	46,268
1987	1,747	100	124	191	2,162	159,287	63,884
1988	2,016	70	103	173	2,362	156,328	53,373
1989	2,318	112	65	373	2,868	158,341	55,586
1990	2,018	112	55	179	2,364	175,797	50,184
1991	1,827	36	78	161	2,102	175,274	48,013
1992	2,126	84	12	277	2,499	176,310	88,846
1993	2,550	68	52	85	2,755	170,757	47,174
1994	3,118	54	115	149	3,436	170,267	56,073
1995	2,686	88	200	47	3,021	169,567	59,204
1996	3,000	94	46	65	3,205	164,874	70,093
1997	2,627	50	112	425	3,214	162,479	72,466
1998	2,419	16	34	180	2,649	178,445	85,359
1999	2,387	4	37	36	2,464	182,925	80,663
2000	2,300	0	13	243	2,556	190,733	83,511
2001	2,597	12	31	172	2,812	197,356	72,688
2002	3,035	4	18	36	3,093	232,347	96,767
2003	2,565	34	75	27	2,701	236,790	68,588
2004	3,343	22	78	156	3,599	226,393	66,009
2005	2,893	12	73	168	3,146	247,922	77,513
2006	2,509	34	67	183	2,793	236,311	73,733
2007	1,339	18	4	69	1,430	240,869	88,968
2008	499	8	38	49	594	262,793	67,327
2009	346	8	0	24	378	245,956	107,212
2010	299	18	3	76	396	247,521	137,423
2011	415	14	4	112	545	240,495	109,029
2012	679	30	9	258	976	220,765	105,795
2013	885	16	69	138	1,108	252,170	93,187
2014	852	6	4	184	1,046	280,454	107,970
2015	899	2	12	60	973	268,459	93,552
2016	1,020	2	0	72	1,094	288,160	117,342
2017	1,228	0	23	42	1,293	279,142	204,194
2018	1,566	2	0	135	1,703	279,171	98,342

Rent Paid	Number	%
Less than \$500	55,799	12.2%
\$500-999	264,361	57.9%
\$1,000-1,499	111,758	24.5%
\$1,500-1,999	18,012	3.9%
\$2,000 or more	6,986	1.5%
Total	456,916	100.0%

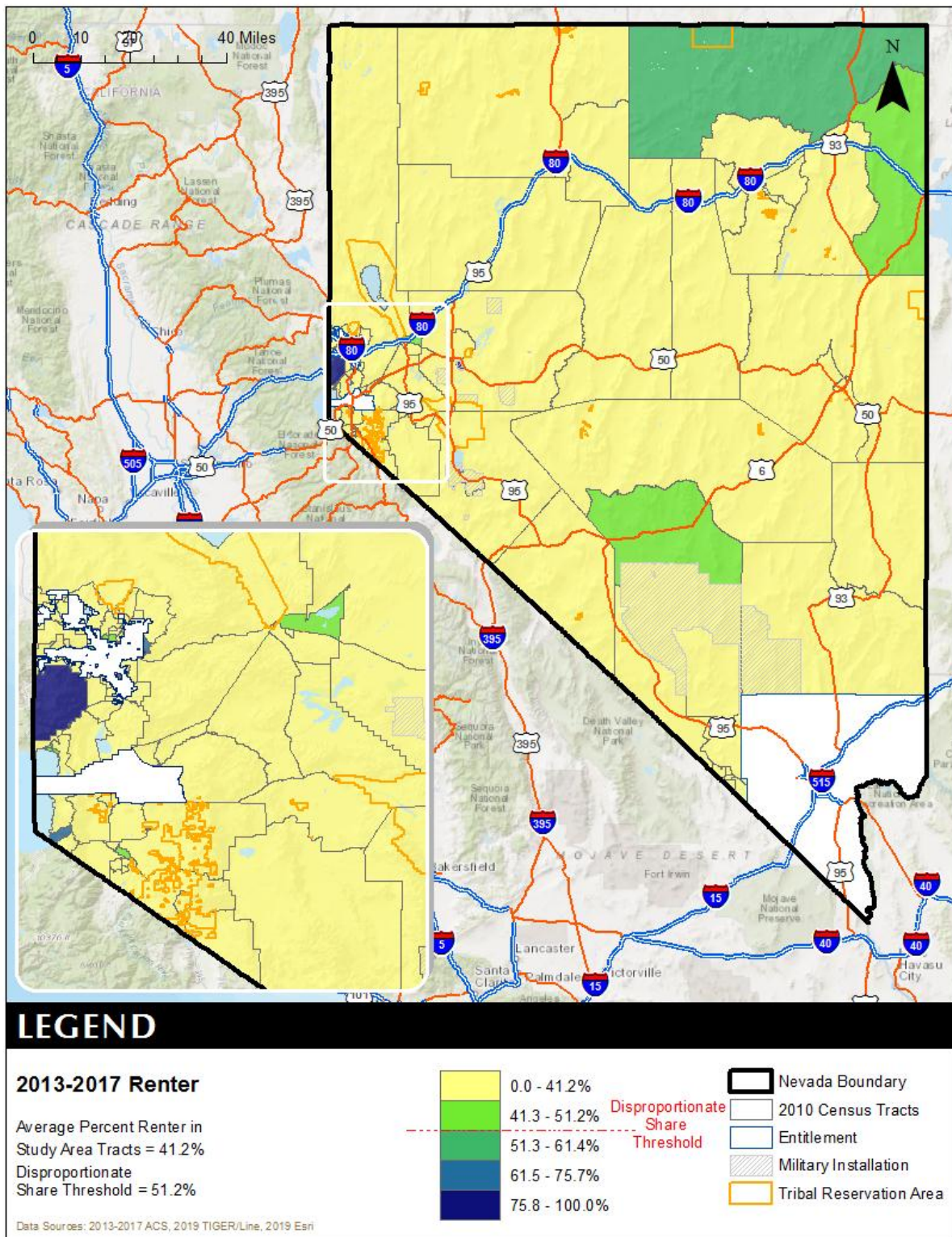
Table 31 - Rent Paid

Data Source: 2011-2015 ACS

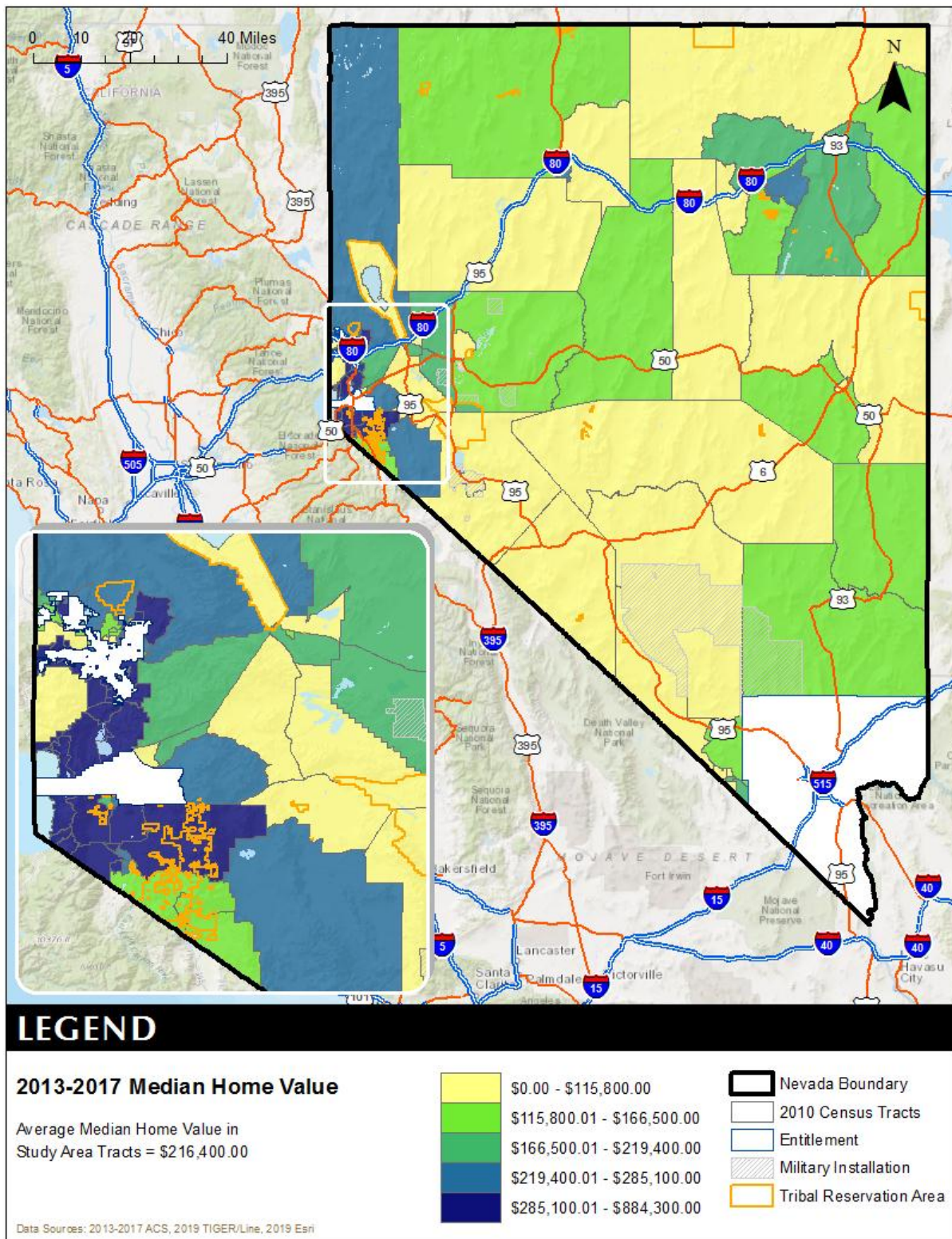
Map MA-15.1
2017 Homeowner Households
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



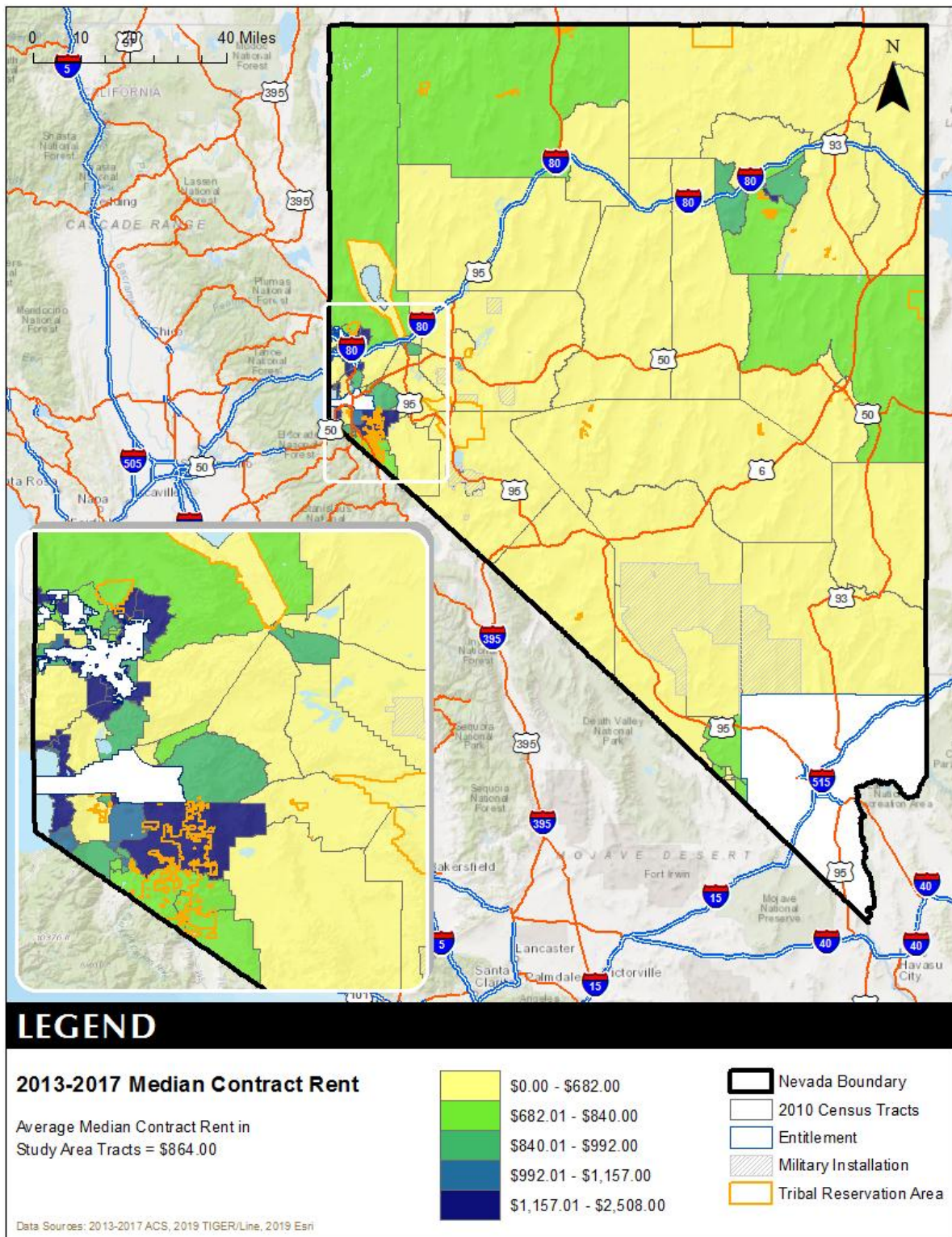
Map MA-15.2
2017 Renter Households
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Map MA-15.3
2017 Median Home Value
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Map MA-15.4
2017 Median Contract Rent
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Housing Affordability

% Units affordable to Households earning	Renter	Owner
30% HAMFI	12,410	No Data
50% HAMFI	64,035	38,805
80% HAMFI	244,795	116,680
100% HAMFI	No Data	181,240
Total	321,240	336,725

Table 32 – Housing Affordability

Data Source: 2011-2015 CHAS

Is there sufficient housing for households at all income levels?

As demonstrated by the housing needs and cost burden sections in the Needs Assessment, there is a significant amount of the population that faces housing challenges. Low income households are particularly prone to facing cost burdens. This points to the fact that there is not sufficient housing options for all households, especially those at lower income levels. Additionally, public input comments indicated there is a significant need for affordable housing options for lower income households.

How is affordability of housing likely to change considering changes to home values and/or rents?

The State of Nevada Non-Entitlement saw a significant increase in housing prices in recent years. If trends continue, the area will see increasing rent and home values. This would lead to additional households facing cost burdens.

How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?

All though there are no single set of statewide HOME or Fair Market Rents, there are HOME and Fair Market rents that vary depending on the city or county. Currently, the majority of the fair market rents are below the area median rents. We believe this is due to a population boom being seen in some counties throughout Nevada which is driving the rents up in the private housing market and putting strain on the affordable housing stock. Furthermore, the Area Median Rental (AMR) takes into consideration the rental price of all units. With a low rental vacancy rate throughout the state, rental rates of unoccupied units available for rent tend to be higher than both the AMRs and the HUD FMR rates. To combat these issues Nevada is using its HUD funding to prioritize new construction and rehabilitation of affordable multifamily rental housing in order to grow and maintain the affordable housing stock. In most rural communities emphasis has been placed on rehabilitating existing affordable units due to the age of the properties. Furthermore, costs of new construction in specific rural areas is increasing, requiring local city and county innovative interventions.

Discussion

The cost of housing in the non-entitlement areas continues to be out of reach for many low to moderate income households. This is reflected in the proportion of lower income households facing cost burdens and other housing problems. It is anticipated that housing cost burdens will continue to be a major factor for many households in the area and demonstrates the need for additional affordable housing options.

MA-20 Housing Market Analysis: Condition of Housing – 91.210(a)

Introduction

The following section will describe the condition of housing in the State of Nevada Non-Entitlement. Many of the already existing affordable rental properties located throughout rural Nevada are older and require rehabilitation to maintain the comfort and safety of low income households. NHD is prioritizing Multi-Family rehabilitation in the rural areas due to the age of affordable units in the existing housing stock.

Definitions

Substandard Condition and not Suitable for Rehab: By local definition, dwelling units that are in such poor condition as to be neither structurally nor financially feasible for rehabilitation.

Substandard Condition but Suitable for Rehab: By local definition, dwelling units that do not meet standard conditions but are both financially and structurally feasible for rehabilitation. This does not include units that require only cosmetic work, correction or minor livability problems or maintenance work.

Substantial Amendment: A major change in an approved housing strategy. It involves a change to the five- year strategy, which may be occasioned by a decision to undertake activities or programs inconsistent with that strategy.

Substantial Rehabilitation: Rehabilitation of residential property at an average cost for the project in excess of \$25,000 per dwelling unit.

Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	160,234	29%	208,394	46%
With two selected Conditions	3,968	1%	19,397	4%
With three selected Conditions	254	0%	929	0%
With four selected Conditions	32	0%	30	0%
No selected Conditions	395,305	71%	228,166	50%
Total	559,793	101%	456,916	100%

Table 34 - Condition of Units

Data Source: 2011-2015 ACS

Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	194,045	35%	132,534	29%
1980-1999	239,138	43%	196,721	43%
1950-1979	115,571	21%	115,782	25%
Before 1950	11,039	2%	11,879	3%
Total	559,793	101%	456,916	100%

Table 35 – Year Unit Built

Data Source: 2011-2015 CHAS

Table MA-20.1 shows households by year home built for the 2010 and 2017 5-year ACS data. Housing units built between 2000 and 2009, account for 16.9 percent of households in 2010 and 21.9 percent of households in 2017. Housing units built in 1939 or earlier represented 2.6 percent of households in 2017 and 2.9 percent of households in 2010.

Table MA-20 1 Households by Year Home Built State of Nevada Non-Entitlement 2010 & 2017 Five-Year ACS Data				
Year Built	2010 Five-Year ACS		2017 Five-Year ACS	
	Households	% of Total	Households	% of Total
1939 or Earlier	4,715	2.9%	4,460	2.6%
1940 to 1949	3,276	2.0%	2,778	1.6%
1950 to 1959	4,759	2.9%	4,776	2.8%
1960 to 1969	10,388	6.4%	10,693	6.3%
1970 to 1979	31,420	19.4%	31,212	18.5%
1980 to 1989	33,151	20.5%	31,240	18.5%
1990 to 1999	46,633	28.8%	42,537	25.2%
2000 to 2009	27,412	16.9%	37,058	21.9%
2010 or Later	.	.	4,196	2.5%
Total	161,754	100.0%	168,950	100.0%

Risk of Lead-Based Paint Hazard

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	126,610	23%	127,661	28%
Housing Units build before 1980 with children present	126,480	23%	57,475	13%

Table 36 – Risk of Lead-Based Paint

Data Source: 2011-2015 ACS (Total Units) 2011-2015 CHAS (Units with Children present)

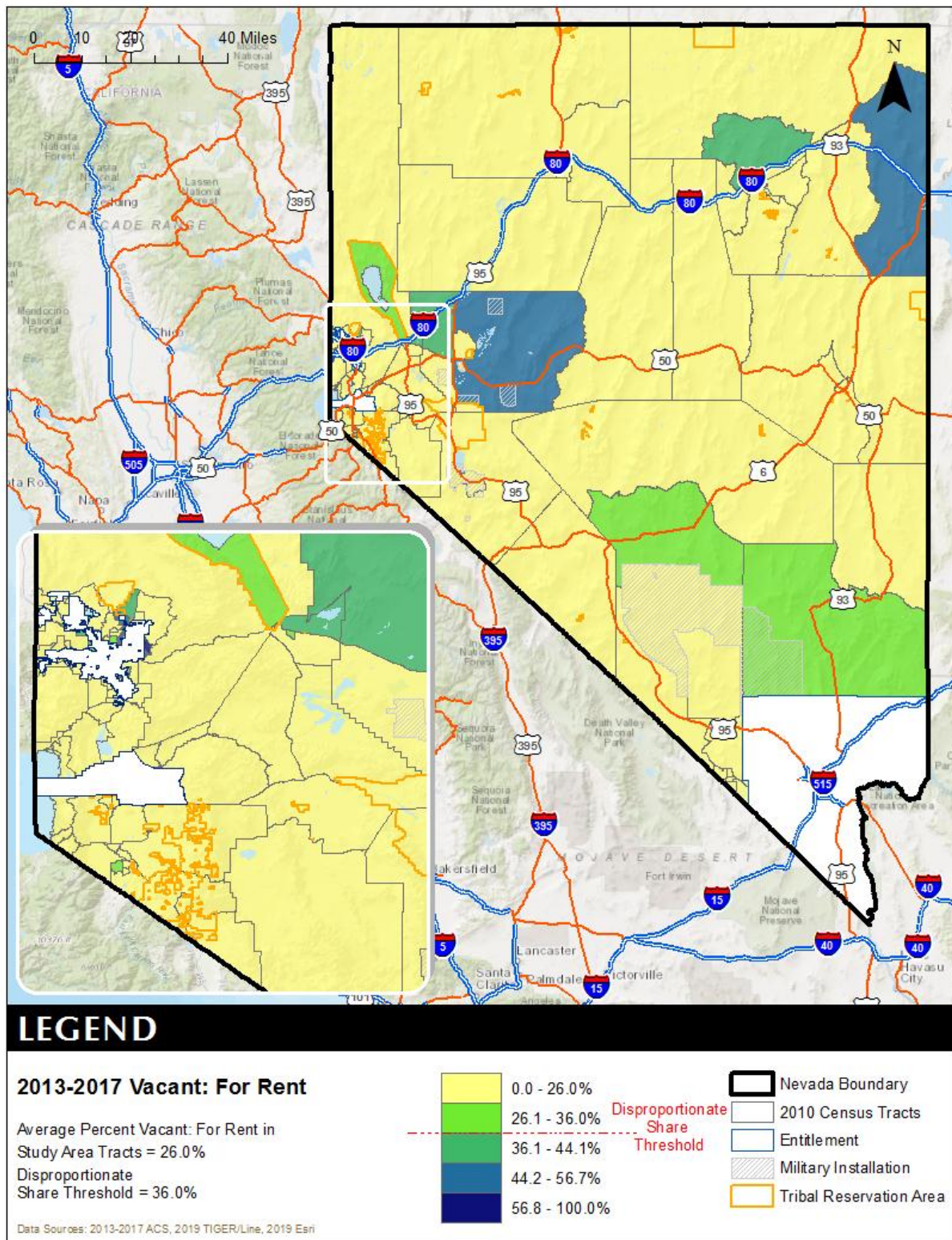
By 2017, for rent units accounted for 11.0 percent of vacant units, while for sale units accounted for 6.9 percent. “Other” vacant units accounted for 33.7 percent of vacant units, representing a total of 9,903 “other” vacant units.

Table MA-20 2 Disposition of Vacant Housing Units State of Nevada Non-Entitlement 2010 Census & 2017 Five-Year ACS Data				
Disposition	2010 Census		2017 Five-Year ACS	
	Units	% of Total	Units	% of Total
For Rent	6,336	22.6%	3,240	11.0%
For Sale	3,631	13.0%	2,031	6.9%
Rented Not Occupied	304	1.1%	412	1.4%
Sold Not Occupied	835	3.0%	1,086	3.7%
For Seasonal, Recreational, or Occasional Use	9,443	33.8%	12,590	42.8%
For Migrant Workers	197	0.7%	132	0.4%
Other Vacant	7,229	25.8%	9,903	33.7%
Total	27,975	100.0%	29,394	100.0%

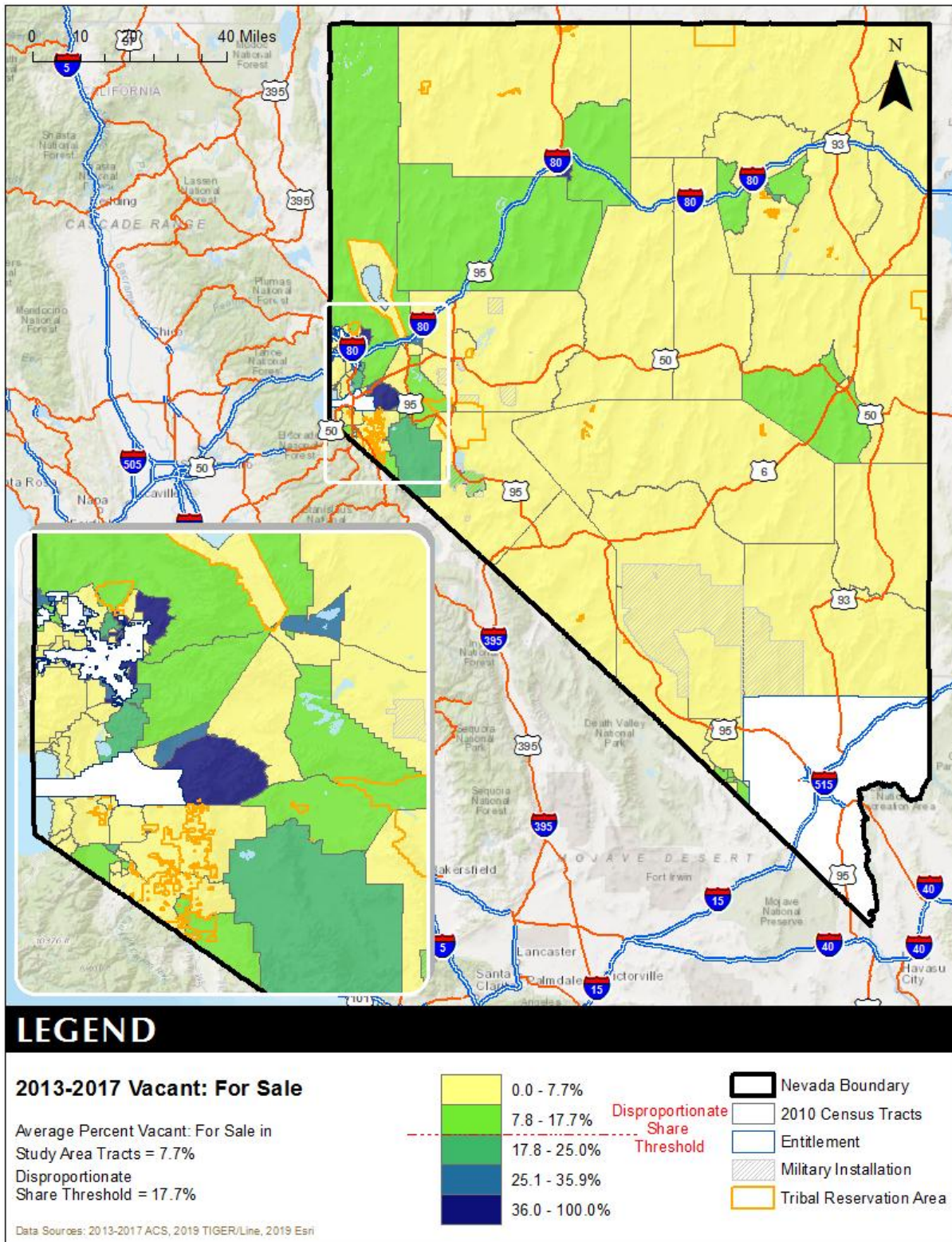
Map MA-20.1 shows the concentration of vacant units for rent, according to 2017 American Community Survey (ACS) data. While there were pockets of these units in various parts of the state, there tended to more in the eastern and central part of Nevada. The same was true for vacant for

sale units, as seen in Map MA-20.2. “Other” vacant units are shown for both 2010 and 2017. The concentration of these units shifted somewhat between 2010 and 2017. By 2017, these units tended to be found in central Nevada at the highest rate. “Other” vacant units are not for sale or for rent and are not otherwise available to the marketplace. These units can become problematic if concentrated in certain areas and may create a “blighting” effect.

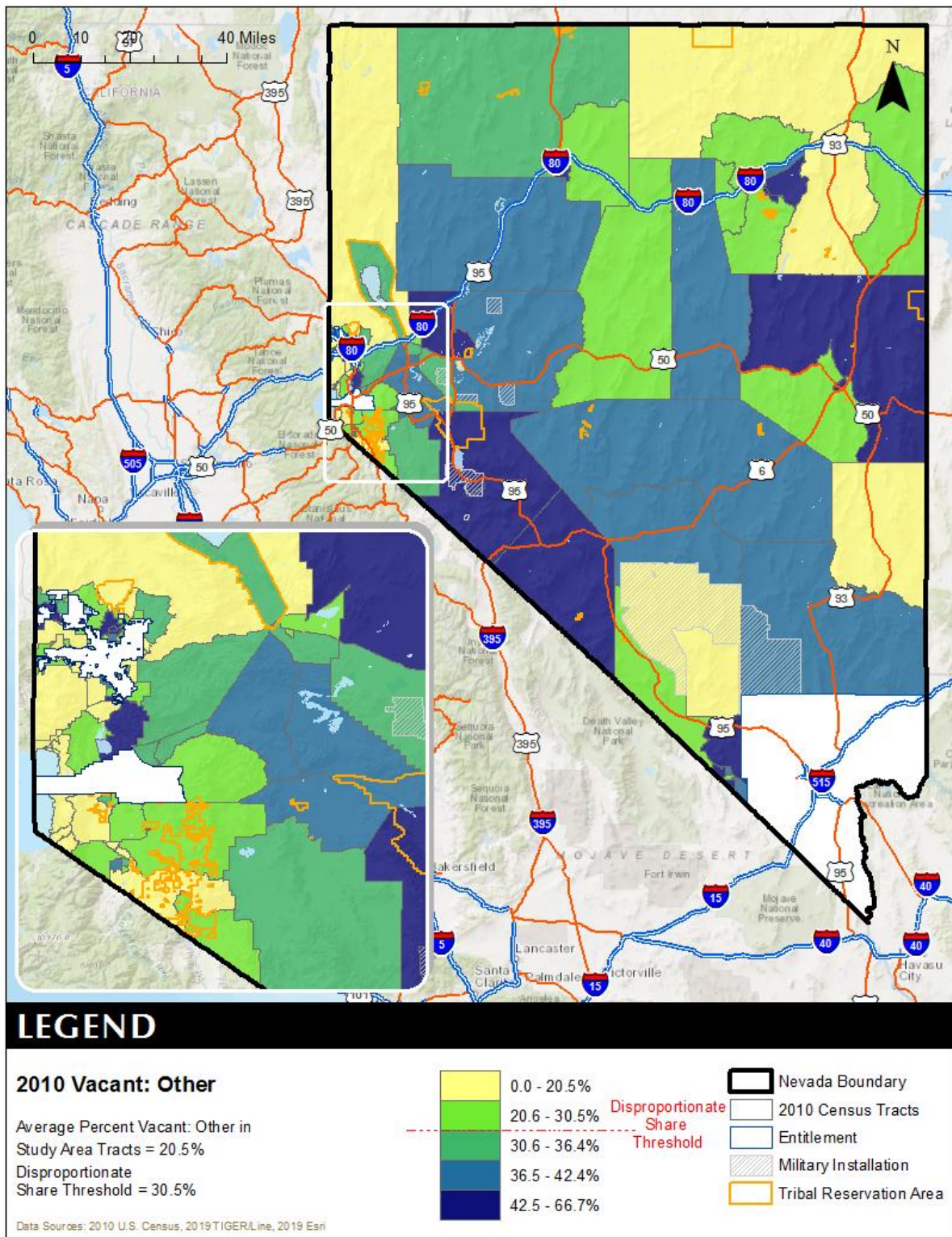
Map MA-20.1
2017 Vacant for Rent
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



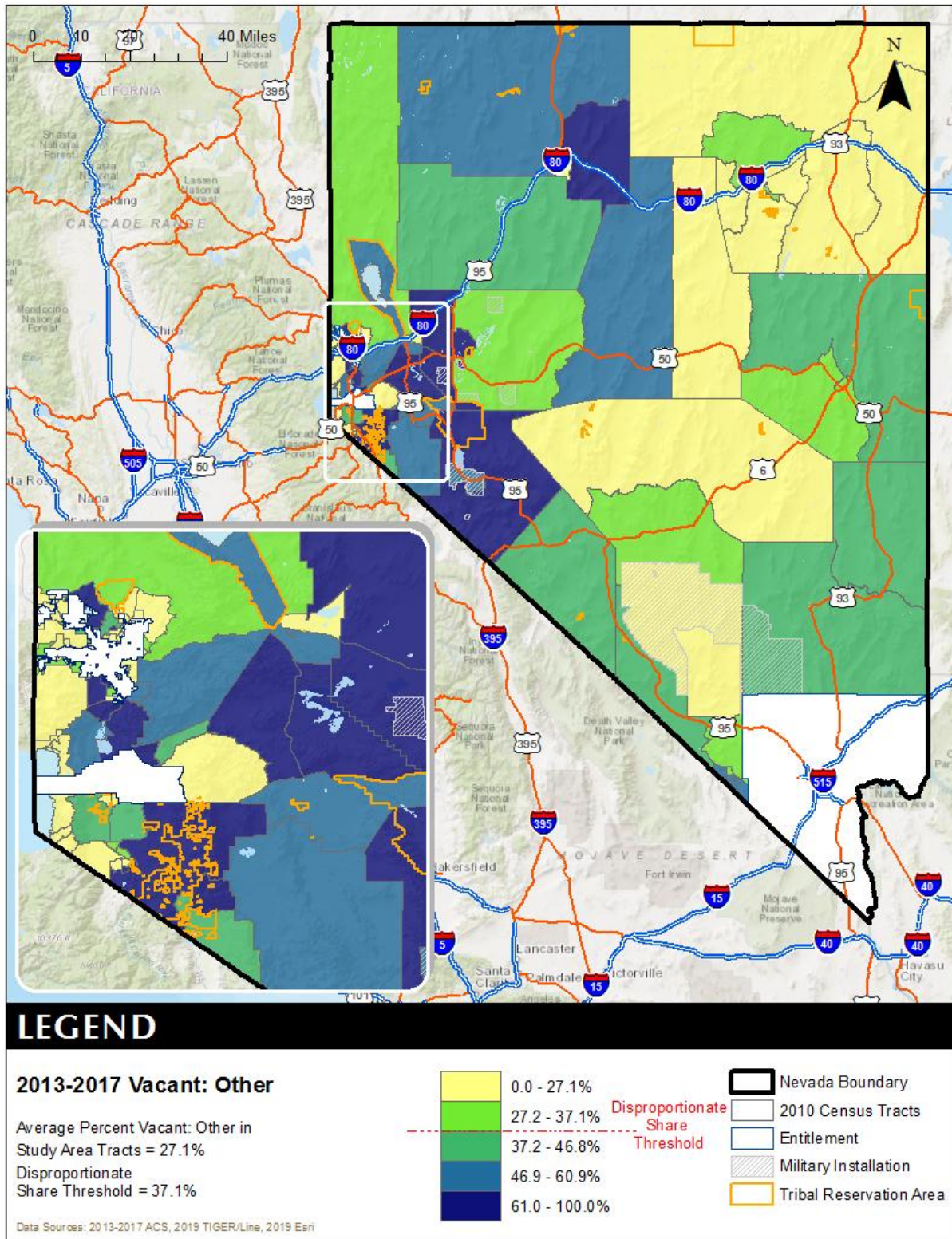
Map MA-20.2
2017 Vacant for Sale
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Map MA-20.3
2010 “Other” Vacant
 State of Nevada Non-Entitlement
 2010 Census, Tigerline



Map MA-20.4
2017 “Other” Vacant
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Need for Owner and Rental Rehabilitation

As seen in Section MA-10, Table MA-10.4, there is a high need for owner rehabilitation. Rental rehabilitation is seen as a slightly higher need than owner rehabilitation only due to number of units. The age of the housing stock does may not indicate a high level of need for rehabilitation for units on a large scale, but the need is eminent as many houses in the rural areas of the state are very old and in dire need of rehabilitation to remain livable. Multi-unit construction is not generally viable in the frontier areas of the state, and rehabilitation of all units remains priority in those areas. Homeowner rehabilitation is funded by the AAHTF.

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

Table MA-20.3 shows the risk of lead-based paint for households with young children present. As seen therein, there are an estimated 6,530 households built between 1940 and 1979 with young children present, and 521 built prior to 1939.

Table MA-20 3 Vintage of Households by Income and Presence of Young Children State of Nevada Non-Entitlement 2012–2016 HUD CHAS Data			
Income	One or more children age 6 or younger	No children age 6 or younger	Total
Built 1939 or Earlier			
\$0 to \$20,850	30	575	605
\$20,851 to \$34,750	85	570	655
\$34,751 to \$55,600	175	760	935
\$55,601 to \$69,500	41	345	386
Above \$69,500	190	1,720	1,910
Total	521	3,970	4,491
Built 1940 to 1979			
\$0 to \$20,850	1,015	5,905	6,920
\$20,851 to \$34,750	1,225	5,885	7,110
\$34,751 to \$55,600	1,550	8,265	9,815
\$55,601 to \$69,500	735	4,370	5,105
Above \$69,500	2,005	18,760	20,765
Total	6,530	43,185	49,715
Built 1980 or Later			
\$0 to \$20,850	1,845	9,210	11,055
\$20,851 to \$34,750	1,915	9,115	11,030
\$34,751 to \$55,600	2,890	14,260	17,150
\$55,601 to \$69,500	2,320	10,270	12,590
Above \$69,500	6,745	52,780	59,525
Total	15,715	95,635	111,350
Total			
\$0 to \$20,850	2,890	15,690	18,580
\$20,851 to \$34,750	3,225	15,570	18,795
\$34,751 to \$55,600	4,615	23,285	27,900
\$55,601 to \$69,500	3,096	14,985	18,081
Above \$69,500	8,940	73,260	82,200
Total	22,766	142,790	165,556

MA-25 Public and Assisted Housing – 91.210(b)

Introduction

The State of Nevada does not directly operate public and assisted housing properties but supports the efforts of public housing authorities across the state. Public housing agencies in the state include the Reno Housing Authority (RHA), the Rural Nevada Housing Authority (RNHA), and the Southern Nevada Housing Authority (SNHA). Nevada Housing Division (NHD) partners closely with these agencies to fund and provide tenant-based voucher programs and other housing assistance to low-income households.

Program Type									
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available	0	0		1,463	47	1,416	579	0	1,319
# of accessible units									

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Table 38 – Total Number of Units by Program Type

Data Source: PIC (PIH Information Center)

Describe the supply of public housing developments:

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

The Nevada state agencies involved in the creation of this plan do not directly operate or maintain public housing units however they work closely with the public housing agencies who do have public housing developments and are responsible for maintaining the number and physical condition of these rental units.

Public Housing Condition

Table 39 - Public Housing Condition

Describe the restoration and revitalization needs of public housing units in the jurisdiction:

While the State of Nevada is not directly involved in these activities, NHD does work with the public housing authorities to fund some restoration and revitalization of their units.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

While the State of Nevada does not directly maintain or provide public housing units or the maintenance of these units, it supports the public housing agencies across the state and their effort to maintain and improve the living environments of low and moderate income families who are residing at their public housing properties.

Discussion:

Not applicable to a Statewide plan.

MA-30 Homeless Facilities and Services – 91.210(c)

Introduction

The following section describes the facilities and services available in the Nevada Balance of State (RNCOC) service area.

Facilities Targeted to Homeless Persons

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Current & New	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	95		11	83	
Households with Only Adults	49		0	150	
Chronically Homeless Households				20	
Veterans				101	
Unaccompanied Youth	4				

Table 40 - Facilities Targeted to Homeless Persons

Describe mainstream services, such as health, mental health, and employment services to the extent those services are to complement services targeted to homeless persons

There are currently a number of organizations in the State of Nevada that offer a variety of services to both aid those who have become homeless and to prevent persons from becoming homeless. A partial list of the organizations providing services to the homeless population is provided in Table NA-30.1. Services to aid the homeless include: health clinics, housing referrals, addiction aid, employment readiness skills training, domestic/sexual abuse support, and veteran support.

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

According to information from the RNCOC and the US Department of Housing and Urban Development, there are a number of facilities within the state that offer shelter and facilities to homeless persons in Nevada. A partial List of organizations offering shelter facilities to homeless persons are listed in Table MA-20.4.

Table MA-30.1 Homeless Service Providers State of Nevada Rural Nevada CoC (Balance of State) 2019 HIC
Homeless Service Providers
Carson Advocates to End Domestic Violence (AEDV) Carson Friends In Service Helping (FISH) Churchill County Douglas County Elko County White Pine County Mineral County Nye County Social Services Lyon County Human Services First Presbyterian Church of Carson City Elko Friends In Service Helping (FISH) Humboldt County Human Services Nevada Rural Housing Authority Northern Nevada Veterans Resource Center Winnemucca Domestic Violence Services

Narrative: Service Providers within the RNCOC work collaboratively to provide services and links to other providers statewide. These services include health, mental health, and employment services, education and legal service that complement services targeted to homeless persons, and include services targeted to homeless persons. Though the table above does not list all collaborators, all services mentioned are offered statewide.

MA-35 Special Needs Facilities and Services – 91.210(d)

Introduction

There are a variety of services available in the State for special needs populations, including at-risk youth, seniors, substance abuse, and persons with disabilities.

HOPWA Assistance Baseline Table

Type of HOWA Assistance	Number of Units Designated or Available for People with HIV/AIDS and their families
TBRA	21
PH in facilities	35
STRMU	30
ST or TH facilities	5
PH placement	0

Table 41 – HOPWA Assistance Baseline

Data Source: HOPWA CAPER and HOPWA Beneficiary Verification Worksheet

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs

ELDERLY AND FRAIL ELDERLY PERSONS

In Nevada, support for the elderly population is provided by the Aging and Disability Services Division, within the State's Department of Health and Human Services. This Division administers a wide variety of senior based services with the mission to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent meaningful and dignified lives. Some of the programs for seniors include advocacy, resource centers, health services, and caregiver resources.

PEOPLE WITH DISABILITIES (MENTAL, PHYSICAL, DEVELOPMENTAL)

The State's Aging and Disability Services Division (ADSD) has a variety of services for persons with disabilities. Programs include those for infants and toddlers with disabilities, persons with intellectual disabilities, and persons with physical disabilities. Services offered include access to Aging and Disability Resource Center, behavioral consultations, counseling, family support services, and nutrition, among others. The ADSD works under the philosophy of accessibility, accountability, culturally and linguistically appropriate services, ethics, mutual respect, timeliness, and transparency.

PEOPLE WITH ALCOHOL OR OTHER DRUG ADDICTIONS

The Substance Abuse Prevention and Treatment Agency is a part of Nevada Division of Public and Behavioral Health, a division of the Nevada Department of Health and Human Services. The

Substance Abuse Prevention and Treatment Agency (SAPTA) administers programs and activities that provide community-based prevention and treatment. SAPTA manages the Substance Abuse Prevention and Treatment Block Grant (SAPT Block Grant), which consists of federal dollars provided to states for specific alcohol and drug abuse programs. The program receives community input and recommendations through the Substance Abuse Advisory Board.

The State of Nevada has been allocated \$847,000 for the Recovery Housing Program (RHP) and will co-ordinate with SAPTA and other appropriate agencies and non-profits when further details are forthcoming. An amendment to the 2020-2024 and the 2020 Annual Action Plan will be required to include the construction project.

VICTIMS OF DOMESTIC VIOLENCE

The Nevada Network against Domestic Violence provides statewide advocacy, education and support for service organizations. The Network's mission is to promote social change and empower women and all persons affected by domestic violence, NNADV is an inclusive network which supports member programs, communities, and individuals to work on the elimination of domestic violence and the core issues of societal oppression.

Services for victims of domestic abuse are provided by a variety of non-profit and faith-based organizations across the state. Many of the shelters have 24-hour crisis lines and offer temporary housing, advocacy, referral programs, counseling, and transportation, as well as many other services.

PEOPLE WITH HIV/AIDS AND THEIR FAMILIES

A combination of private non-profit providers and the Department of Health and Human Services provide HIV/AIDS services in Nevada. As part of the effort to combat HIV in the state, the Department orchestrates the HIV/AIDS Prevention and Care Programs.

HIV testing and services are provided by numerous public health clinics throughout the state. Free HIV testing is also provided by many non-profit organizations along with a bevy of other services, such as case management, transitional housing, housing referrals, food pantries, direct financial assistance, support groups and mental health counseling.

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

Each county in rural Nevada participates in their local coordinated intake and assessment system, which ensures persons who do not have adequate housing are referred to available services.

Many of these agencies participate in the Rural Nevada Continuum of Care (RNCOC), which governs service provisions and standards. Intake agencies utilize the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) and the Family VI-SPDAT provided by the RNCOC to prioritize people who are considered high priority for housing and services. The Nevada Rural Housing Authority (NRHA) provides housing vouchers funded with the state's Account for Affordable Housing Trust Funds (AAHTF) to persons who score highest in the VI-SPDAT and Family VI-SPDAT until a Section 8 Housing Choice Voucher is made available. Households receiving these

vouchers are case managed by county social services agencies and other homeless service providers to ensure long term stability. Many agencies utilize ESG and Community Services Block Grant (CSBG) funds to pay for case management and other housing stabilization services. The Nevada Housing Division (NHD) has also partnered with the state's Medicaid agency, Money Follows the Person, and with local tax credit rental properties to launch a new HUD funded 811 PRA program. The 811 program focuses on providing unit-based subsidies for the provision of rental units to low-income individuals living with disabilities across the state.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

HOME and HTF funds prioritize new construction and rehabilitation of multifamily rental properties that have preferences for special needs households, veterans etc. HOME funds support housing assistance to households at 80% AMI and below and HTF support housing assistance to households at 30% AMI and below.

The State of Nevada will continue to fund ESG programs to serve homeless clients with housing and appropriate supportive services. The State's one year goals for FY 2020 include supporting efforts to provide housing in the form of emergency shelters, permanent supportive housing and rapid re-housing, homeless outreach, as well as funding services and homeless prevention activities. ESG funds will also support HMIS data entry system and administration of the activities.

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))

This question is not applicable as this Con Pan is for the State of Nevada which does not fall under the definition of an Entitlement or Consortia. However, NHD staff, specifically the ESG, HOME, HTF and AAHTF administrators, attend all RNCoC meetings and are in regular communication with the SNCoC and NNCoC. These relationships between the Nevada CoC's and the State of Nevada are crucial in determining funding priorities and understanding each grantee's specific needs and barriers.

MA-40 Barriers to Affordable Housing – 91.210(e)

Negative Effects of Public Policies on Affordable Housing and Residential Investment

The Housing and Community Development survey found that the biggest barriers to the development of affordable housing include the cost of lot or land, the cost of materials, the cost of labor, and the Not In My Back Yard (NIMBY) mentality.

Table MA-40.1 Providing Decent and Affordable Housing State of Nevada Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Cost of land or lot	357
Cost of materials	295
Cost of labor	293
Not In My Back Yard (NIMBY) mentality	272
Lack of affordable housing development policies	255
Construction fees	216
Permitting process	214
Lack of qualified contractors or builders	195
Permitting fees	194
Lack of available land	175
Impact fees	172
Density or other zoning requirements	172
Lack of water	143
Lack of other infrastructure	141
Lack of sewer system	101
Lack of water system	97
Building codes	90
Lot size	74
ADA codes	56

In addition, the State conducted its 2020 Analysis of Impediments to Fair Housing Choice and identified several contributing factors and fair housing issues. These are described in further detail in section SP-55.

MA-45 Non-Housing Community Development Assets – 91.215 (f)

Introduction

The following section describes the economic atmosphere in the non-entitlement areas of Nevada. This section utilizes, along with other sources, Bureau of Economic Analysis (BEA) and Bureau of Labor Statics (BLS) data. BLS data can be calculated down to the city level, and therefore, is shown in this section to represent the non-entitlement areas. BEA data is only available at the County level and reflects the entirety of the State of Nevada.

Economic Development Market Analysis

Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	13,842	15,714	10	15	5
Arts, Entertainment, Accommodations	27,391	24,079	19	22	3
Construction	10,452	7,890	7	7	0
Education and Health Care Services	16,144	10,233	11	10	-2
Finance, Insurance, and Real Estate	6,133	3,683	4	3	-1
Information	1,634	1,031	1	1	0
Manufacturing	10,790	8,514	8	8	0
Other Services	4,365	3,277	3	3	0
Professional, Scientific, Management Services	8,508	4,861	6	5	-1
Public Administration	0	0	0	0	0
Retail Trade	18,929	13,125	13	12	-1
Transportation and Warehousing	8,009	5,248	6	5	-1
Wholesale Trade	5,544	3,157	4	3	-1
Total	131,741	100,812	--	--	--

Table 42 - Business Activity

Data Source: 2011-2015 ACS (Workers), 2015 Longitudinal Employer-Household Dynamics (Jobs)

Labor Force

Total Population in the Civilian Labor Force	206,443
Civilian Employed Population 16 years and over	185,834
Unemployment Rate	10.02
Unemployment Rate for Ages 16-24	25.28
Unemployment Rate for Ages 25-65	6.25

Table 43 - Labor Force

Data Source: 2011-2015 ACS

Table MA-45.1 shows labor force statistics for State of Nevada Non-Entitlement between 1990 and 2018. The unemployment rate in the State of Nevada Non-Entitlement was 4.7 percent in 2018, with 61,605 unemployed persons and 1,310,366 in the labor force. The statewide unemployment rate in 2018 was 4.6 percent. In 2017, 1,210,899 people were employed, 66,213 were unemployed, and the labor force totaled 1,277,112 people.

Table MA-45 1 Labor Force Statistics State of Nevada Non-Entitlement 1990 - 2018 BLS Data					
Year	State of Nevada Non-Entitlement				Statewide Unemployment Rate
	Unemployment	Employment	Labor Force	Unemployment Rate	
1990	25,954	532,260	558,214	4.6%	4.7%
1991	34,760	553,856	588,616	5.9%	5.8%
1992	41,002	571,598	612,600	6.7%	6.7%
1993	45,107	600,668	645,775	7.0%	6.8%
1994	43,392	643,698	687,090	6.3%	6.2%
1995	40,447	675,698	716,145	5.6%	5.6%
1996	38,779	721,461	760,240	5.1%	5.0%
1997	35,793	769,099	804,892	4.4%	4.4%
1998	36,000	804,139	840,139	4.3%	4.2%
1999	35,834	845,413	881,247	4.1%	4.0%
2000	39,442	885,854	925,296	4.3%	4.2%
2001	51,174	914,089	965,263	5.3%	5.2%
2002	56,013	926,335	982,348	5.7%	5.6%
2003	51,381	947,999	999,380	5.1%	5.1%
2004	44,521	983,759	1,028,280	4.3%	4.3%
2005	44,267	1,027,485	1,071,752	4.1%	4.1%
2006	45,943	1,079,134	1,125,077	4.1%	4.0%
2007	53,114	1,112,739	1,165,853	4.6%	4.5%
2008	80,340	1,116,961	1,197,301	6.7%	6.7%
2009	134,720	1,050,999	1,185,719	11.4%	11.3%
2010	162,690	1,030,233	1,192,923	13.6%	13.5%
2011	157,468	1,048,420	1,205,888	13.1%	13.0%
2012	135,156	1,074,506	1,209,662	11.2%	11.2%
2013	116,978	1,097,042	1,214,020	9.6%	9.6%
2014	97,162	1,124,115	1,221,277	8.0%	7.9%
2015	84,630	1,152,632	1,237,262	6.8%	6.8%
2016	72,954	1,177,290	1,250,244	5.8%	5.7%
2017	66,213	1,210,899	1,277,112	5.2%	5.1%
2018	61,605	1,248,761	1,310,366	4.7%	4.6%

Diagram NA-45.1 shows the unemployment rate for both the State and the State of Nevada Non-Entitlement. During the 1990's the average rate for the State of Nevada Non-Entitlement was 5.3 percent, which compared to 5.3 percent statewide. Between 2000 and 2010 the unemployment rate had an average of 5.6 percent, which compared to 5.6 percent statewide. Since 2010, the average unemployment rate was 8.6 percent. Over the course of the entire period the State of Nevada Non-Entitlement had an average unemployment rate of 6.7, which was higher than the State rate of 6.6 percent.

Diagram MA-45.1
Annual Unemployment Rate
State of Nevada Non-Entitlement
1990 – 2018 BLS Data

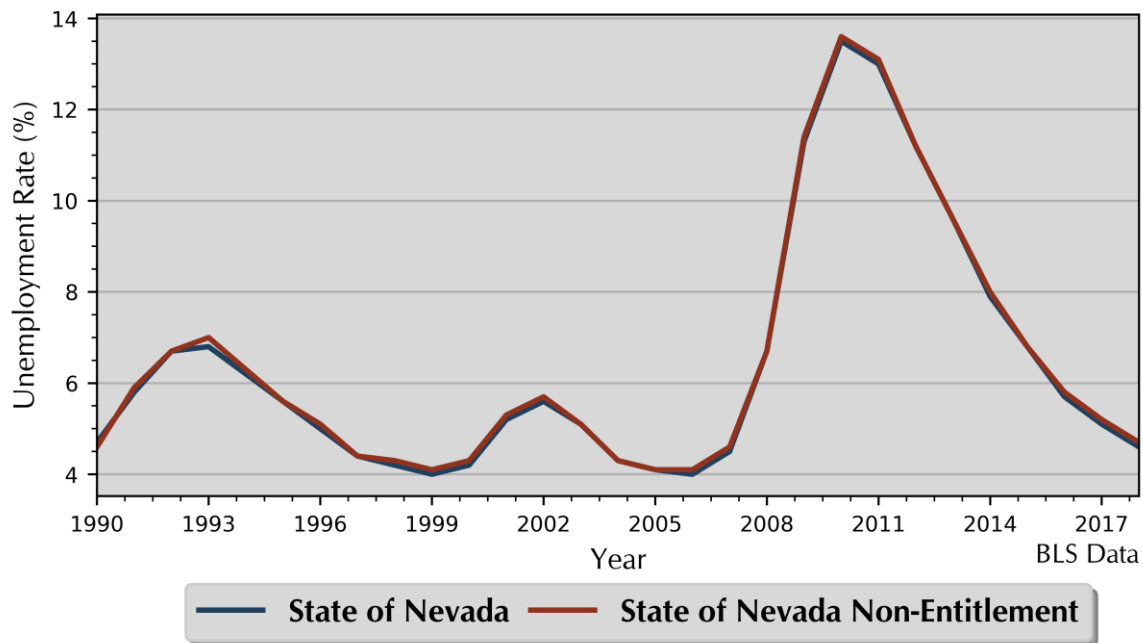
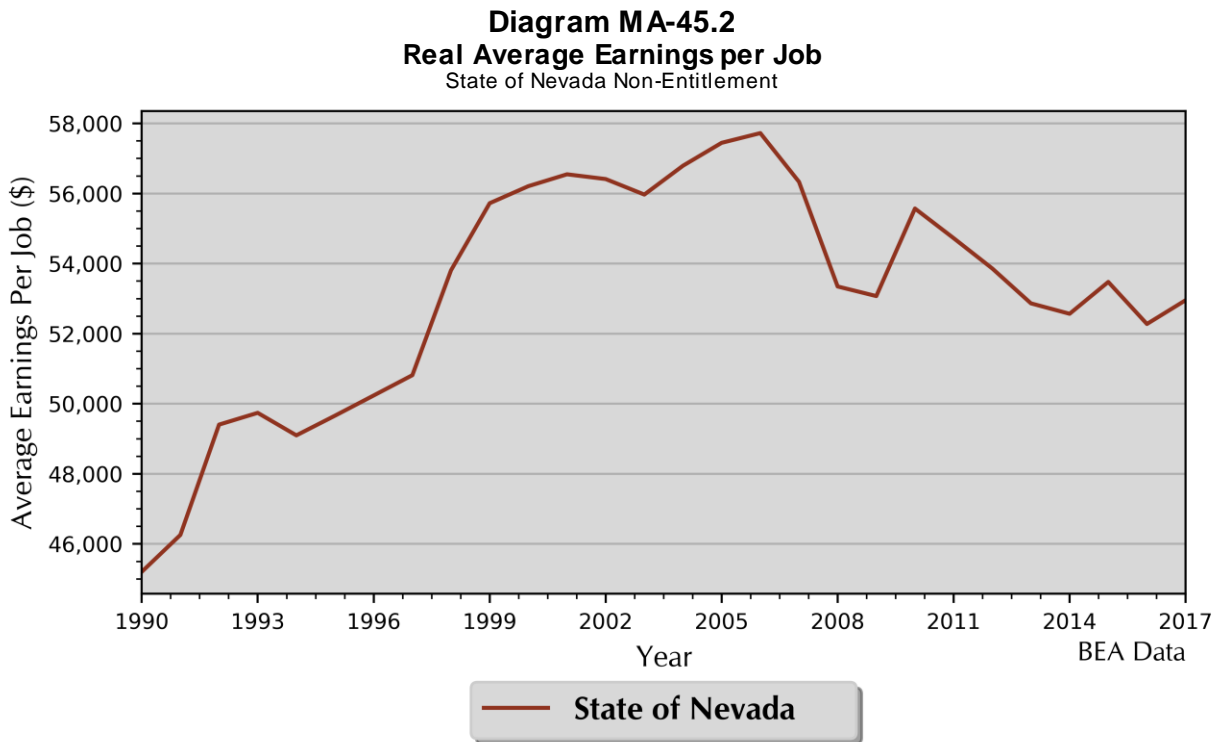


Diagram MA-45.2 shows real average earnings per job for the State of Nevada Non-Entitlement from 1990 to 2017. Over this period the average earning per job for the State of Nevada Non-Entitlement was 53,147 dollars.



Occupations by Sector	Number of People Median Income
Management, business and financial	37,533
Farming, fisheries and forestry occupations	7,737
Service	21,478
Sales and office	43,681
Construction, extraction, maintenance and repair	25,634
Production, transportation and material moving	13,624

Table 44 – Occupations by Sector

Data Source: 2011-2015 ACS

Travel Time

Travel Time	Number	Percentage
< 30 Minutes	120,601	69%
30-59 Minutes	35,968	20%
60 or More Minutes	19,231	11%
Total	175,800	100%

Table 45 - Travel Time

Data Source: 2011-2015 ACS

Education:

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	16,374	2,318	9,689
High school graduate (includes equivalency)	41,719	5,402	18,362
Some college or Associate's degree	58,872	5,129	22,181
Bachelor's degree or higher	36,253	1,394	9,500

Table 46 - Educational Attainment by Employment Status

Data Source: 2011-2015 ACS

Educational Attainment by Age

	Age				
	1824 yrs.	2534 yrs.	3544 yrs.	4565 yrs.	65+ yrs.
Less than 9th grade	510	1,664	3,266	5,024	3,462
9th to 12th grade, no diploma	6,878	5,449	4,159	8,872	6,689
High school graduate, GED, or alternative	12,266	14,482	13,997	37,179	22,547
Some college, no degree	10,988	14,314	13,616	38,160	21,539
Associate's degree	1,793	4,130	4,943	11,339	5,935
Bachelor's degree	1,325	6,147	6,650	18,284	10,304
Graduate or professional degree	134	2,284	3,154	10,968	6,242

Table 47 - Educational Attainment by Age

Data Source: 2011-2015 ACS

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	1,861,255
High school graduate (includes equivalency)	3,647,444
Some college or Associate's degree	4,247,496
Bachelor's degree	4,266,738
Graduate or professional degree	4,805,912

Table 48 – Median Earnings in the Past 12 Months

Data Source: 2011-2015 ACS

Education

Education and employment data from the State of Nevada Non-Entitlement 2017 Five-Year ACS is presented in Table MA-45.2, Table MA-45.3, and Table MA-45.4. In 2017, 205,912 people were in the labor force, including 190,857 employed and 15,055 unemployed people. The unemployment rate for State of Nevada Non-Entitlement was estimated at 7.3 percent in 2017.

Table MA-45 2 Employment, Labor Force and Unemployment State of Nevada Non-Entitlement 2017 Five-Year ACS Data	
Employment Status	2017 Five-Year ACS
Employed	190,857
Unemployed	15,055
Labor Force	205,912
Unemployment Rate	7.3%

Table MA-45.3, and Table MA-45.4 show educational attainment in the State of Nevada Non-Entitlement. In 2017, 89.1 percent of households had a high school education or greater, including 30.1 percent with a high school diploma or equivalent, 37.0 percent with some college, 12.5 percent with a Bachelor's Degree, and 7.2 percent with a graduate or professional degree.

Table MA-45 3 High School or Greater Education State of Nevada Non-Entitlement 2017 Five-Year ACS Data	
Education Level	Households
High School or Greater	150,611
Total Households	168,950
Percent High School or Above	89.1%

Table MA-45 4 Educational Attainment State of Nevada Non-Entitlement 2017 Five-Year ACS Data		
Education Level	2017 5-year ACS	Percent
Less Than High School	45,061	13.1%
High School or Equivalent	103,662	30.1%
Some College or Associates Degree	127,383	37.0%
Bachelor's Degree	42,886	12.5%
Graduate or Professional Degree	24,923	7.2%
Total Population Above 18 years	343,915	100.0%

Based on the Business Activity table above, what are the major employment sectors within the state?

According to the Business Activity Table, the largest numbers of workers work in Arts, Entertainment, Accommodations and Agriculture, Mining, Oil & Gas Extraction. This is followed by Retail Trade and Education and Health Care Services.

Describe the workforce and infrastructure needs in the state:

The HCD survey found the highest rated needs for business and economic development include the provision of job training, the retention of existing businesses, and fostering businesses with higher paying jobs.

Table MA-45.5 Providing a Suitable Living Environment State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following BUSINESS AND ECONOMIC DEVELOPMENT activities in Nevada:						
Provision of job training	8	41	182	300	296	827
Retention of existing businesses	11	37	199	284	296	827
Foster businesses with higher paying jobs	17	48	190	270	302	827
Attraction of new businesses	17	73	194	246	297	827
Provision of job re-training, such as after plant or other closures	19	85	202	223	298	827
Expansion of existing businesses	11	70	241	194	311	827
Provision of working capital for businesses	19	106	230	168	304	827
Enhancement of businesses infrastructure	17	87	248	166	309	827
Provision of technical assistance for businesses	17	119	238	152	301	827
Provision of venture capital	37	130	211	134	315	827
Investment asequity partners	37	143	210	127	310	827
Development of business incubators	32	147	215	111	322	827
Development of business parks	51	193	174	93	316	827
Other	20	2	7	28	770	827

Describe any major changes that may have an economic impact, such as planned public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

COVID-19 pandemic caused state-wide shutdowns and stay-at-home orders and now, as parts of Nevada's strategy to start relaxing these strict measures, small businesses need to think about what's next and how they will adapt and move forward safely and sustainably. The State has a number of programs to promote business recovery, in addition to federal programs. These include:⁶

⁶ <https://www.diversifynevada.com/covid-19-reopening-guidance-and-assistance/>

Nevada's Collateral Support Program

Nevada's State Small Business Credit Initiative (SSBCI) is offering The Collateral Support Program. Program seeks to enable small businesses to acquire the necessary financing that might otherwise be unavailable due to a collateral shortfall. The program will supply pledged cash collateral accounts to lenders to achieve this goal for approved projects to enhance the collateral coverage of borrowers.

Nevada Opportunity Fund

Governor's Office of Economic Development (GOED) is offering this fund to Startup companies. Startups with business plans are welcome to apply and can borrow up to \$25,000. Existing small businesses can borrow up to \$50,000 unsecured or \$100,000 secured.

How do the skills and education of the current workforce correspond to employment opportunities in the state?

The Housing Community Development survey indicated that many people in the State have a high level of need for job training, including training opportunities for youth. These activities were the highly rated needs for business and economic development in the State.

Describe current workforce training initiatives supported by the state. Describe how these efforts will support the state's Consolidated Plan.

Learn & Earn Advanced-career Pathways (LEAP)

As the standard template for career pathway development in Nevada, LEAP integrates education, government and industry in a standardized process to ensure that workers have the skills they need to succeed in both the short – and long-term in the New Nevada, that education institutions know what they need to teach, and that companies have a qualified workforce. LEAP is designed to be a dynamic and responsive framework.⁷

Workforce Innovations for the New Nevada (WINN)

One of the opportunities for companies looking to expand or locate their business operation in Nevada is the State's ready and willing workforce, as well as Nevada's commitment to create training programs that will equip workers with the skills needed by our employers.⁸

WINN represents the first workforce development training program of its kind in Nevada and is a commitment to businesses to arm them with the skilled employees that they need. The program is administered by GOED in coordination Nevada System of Higher Education, the Governor's Office of Workforce Innovations, the Department of Employment, Training and Rehabilitation, and the Nevada Department of Education. Since its inception, WINN has made more than \$8 million in strategic investments to enable accelerated on-ramps to high-skill and high wage jobs in a New Nevada.

⁷ <https://www.diversifynevada.com/why-nevada/workforce-development/>

⁸ <https://www.diversifynevada.com/why-nevada/workforce-development/>

Describe any other state efforts to support economic growth.

The State of Nevada, through the Governor's Office of Economic Development, offers a variety of incentives to help qualifying companies make the decision to do business in the state, including sales tax abatements on capital equipment purchases, sales and use tax deferral on capital equipment purchases, abatements on personal and modified business taxes, real property tax abatements for recycling, assistance with the cost of intellectual property development, and employee training grants. The State now offers abatements on aviation parts and data centers, as well.⁹

Discussion

The economy in the State of Nevada Non-Entitlement showed an unemployment rate at 4.7 percent in 2018. The average earning per job had grown until the recent recession then stagnated. In 2017, some 89.1 percent of households had a high school education or greater, including 30.1 percent with a high school diploma or equivalent, 37.0 percent with some college, 12.5 percent with a Bachelor's Degree, and 7.2 percent with a graduate or professional degree.

⁹ <https://www.diversifynevada.com/programs/incentives/>

MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")

As seen in Map MA-50.1, there are concentrations of housing problems found on the western and eastern edges of the State. These areas have housing problems at a rate above 33.8 percent, compared to areas with rates below 25.1 percent in other parts of the State. In this map, the definition of "concentration" is any area that sees a disproportionate share of housing problems, counted as any area that experiences housing problems at a rate at least ten (10) percentage higher than the area average.

Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")

American Indian households were found to have a disproportionate share in the northern and western part of the State, primarily in areas in and adjacent to Native American Reservations. Hispanic households were also seen at a disproportionate rate in the northeastern corner and southwestern edge of the State in 2017. This is shown in Map MA-50.3.

Poverty is shown in Map MA-50.4. The highest concentrations of poverty were in western and northern Nevada.

What are the characteristics of the market in these areas/neighborhoods?

The housing markets in these area tended to have a higher proportion of renter households, as shown in Map MA-15.2. In addition, median home values and median contract rents tended to be lower in these areas than in other areas in the State. This is shown in Maps MA-15.3 and MA-15.4.

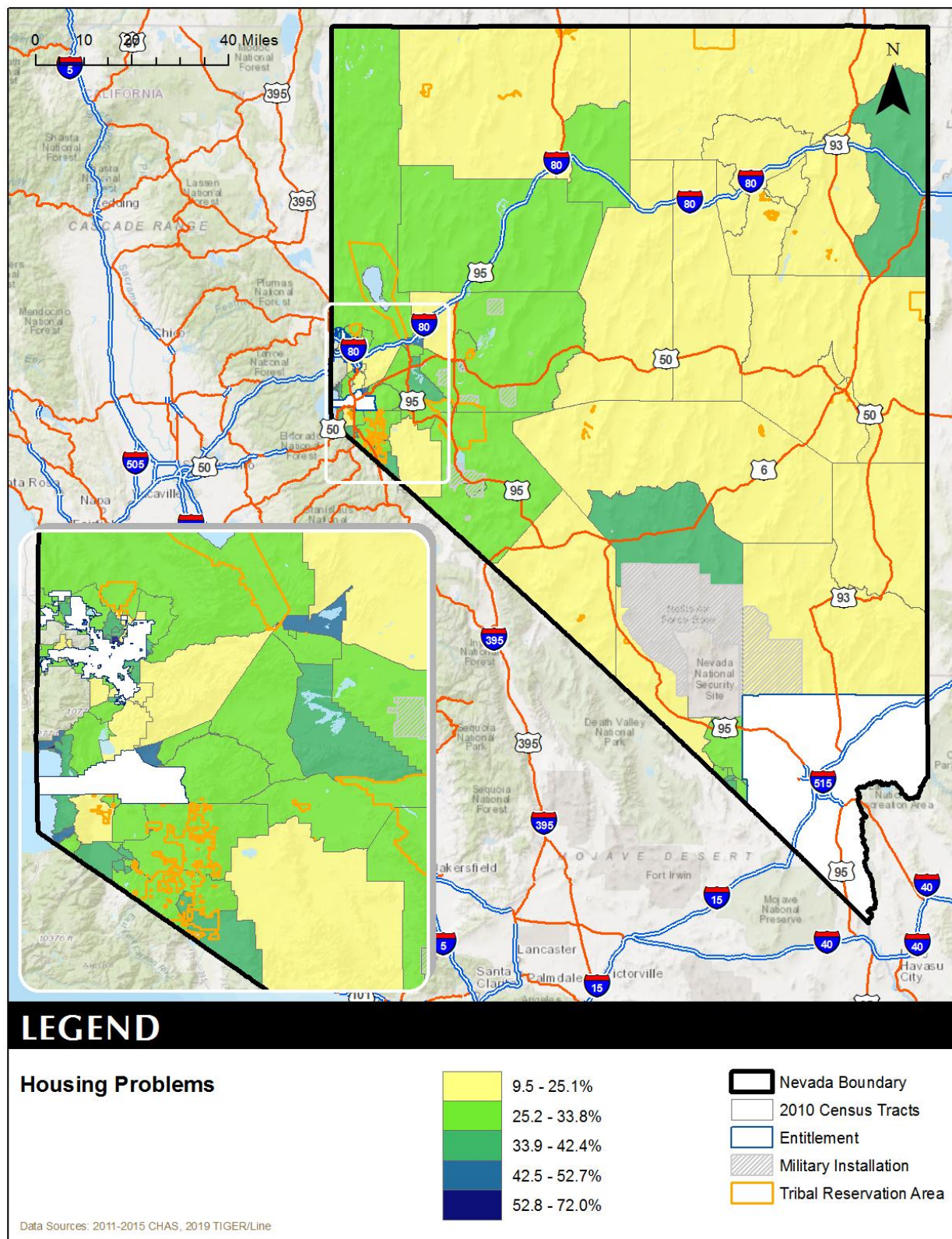
Are there any community assets in these areas/neighborhoods?

There are a variety of services and community assets throughout the State of Nevada, including access to city schools and parks, as well as grocery stores, and service providers.

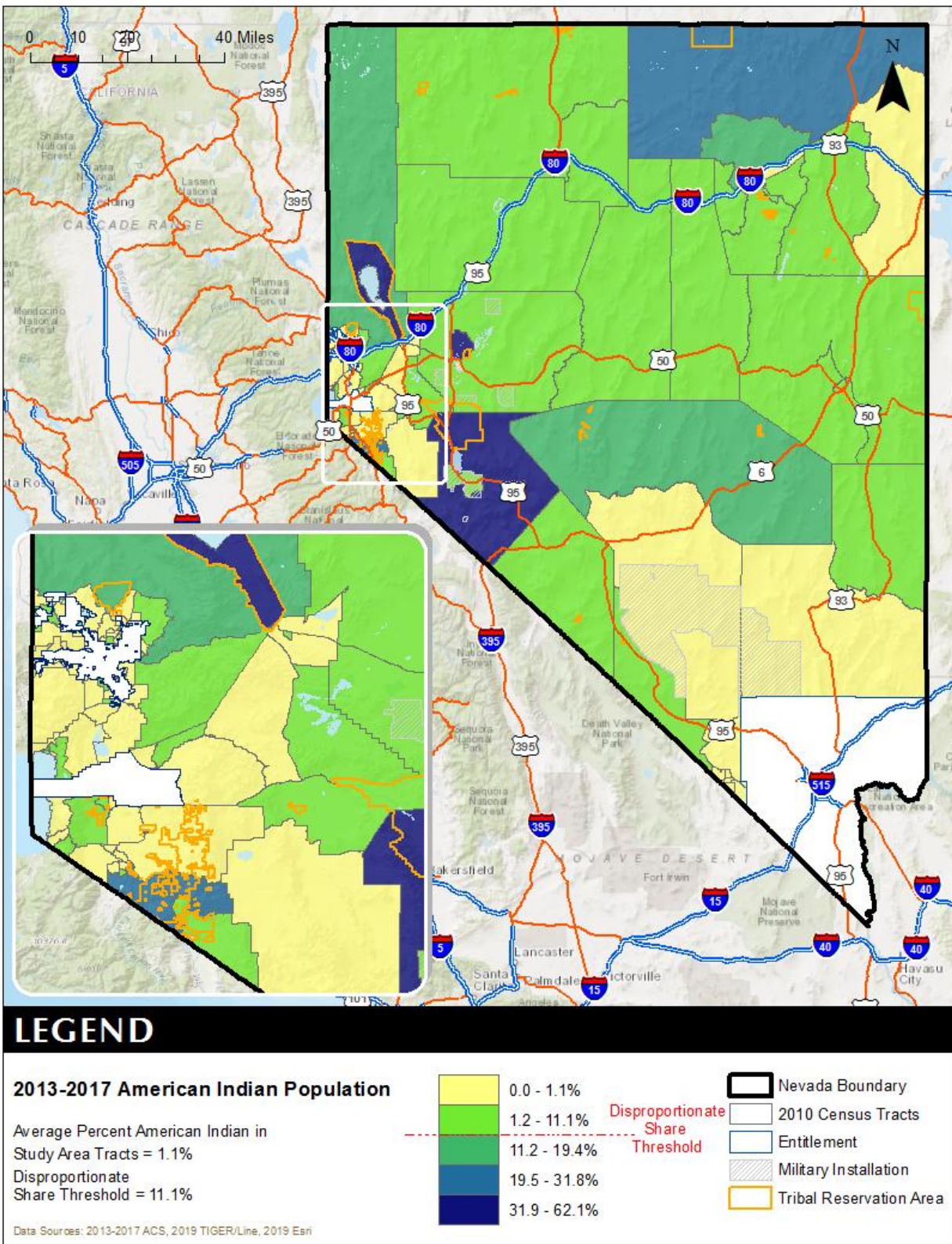
Are there other strategic opportunities in any of these areas?

Areas with high concentrations of low income and poverty level households may present an opportunity for investment through services and public facility funding.

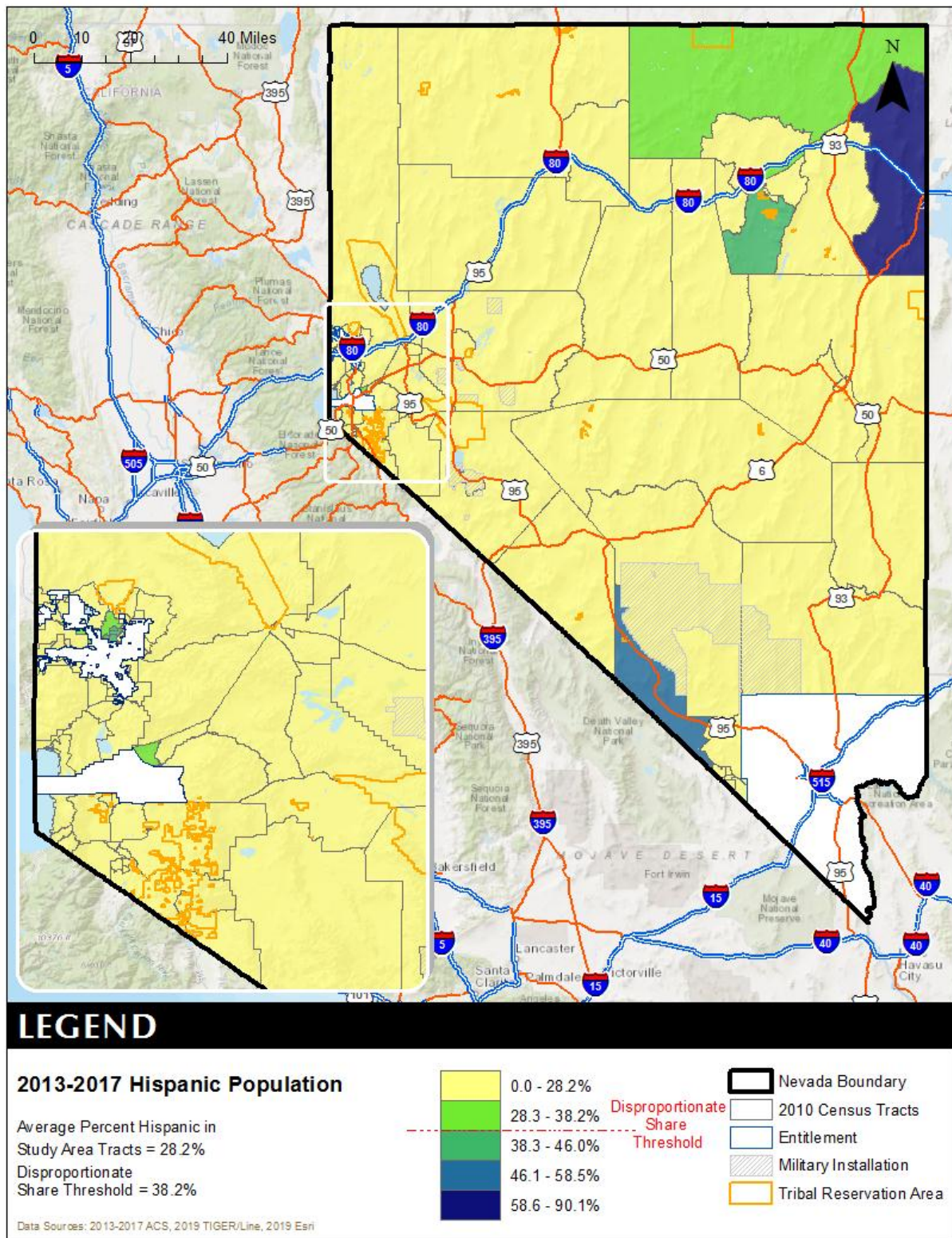
Map MA-50.1
Housing Problems
 State of Nevada Non-Entitlement
 2015 CHAS, Tigerline



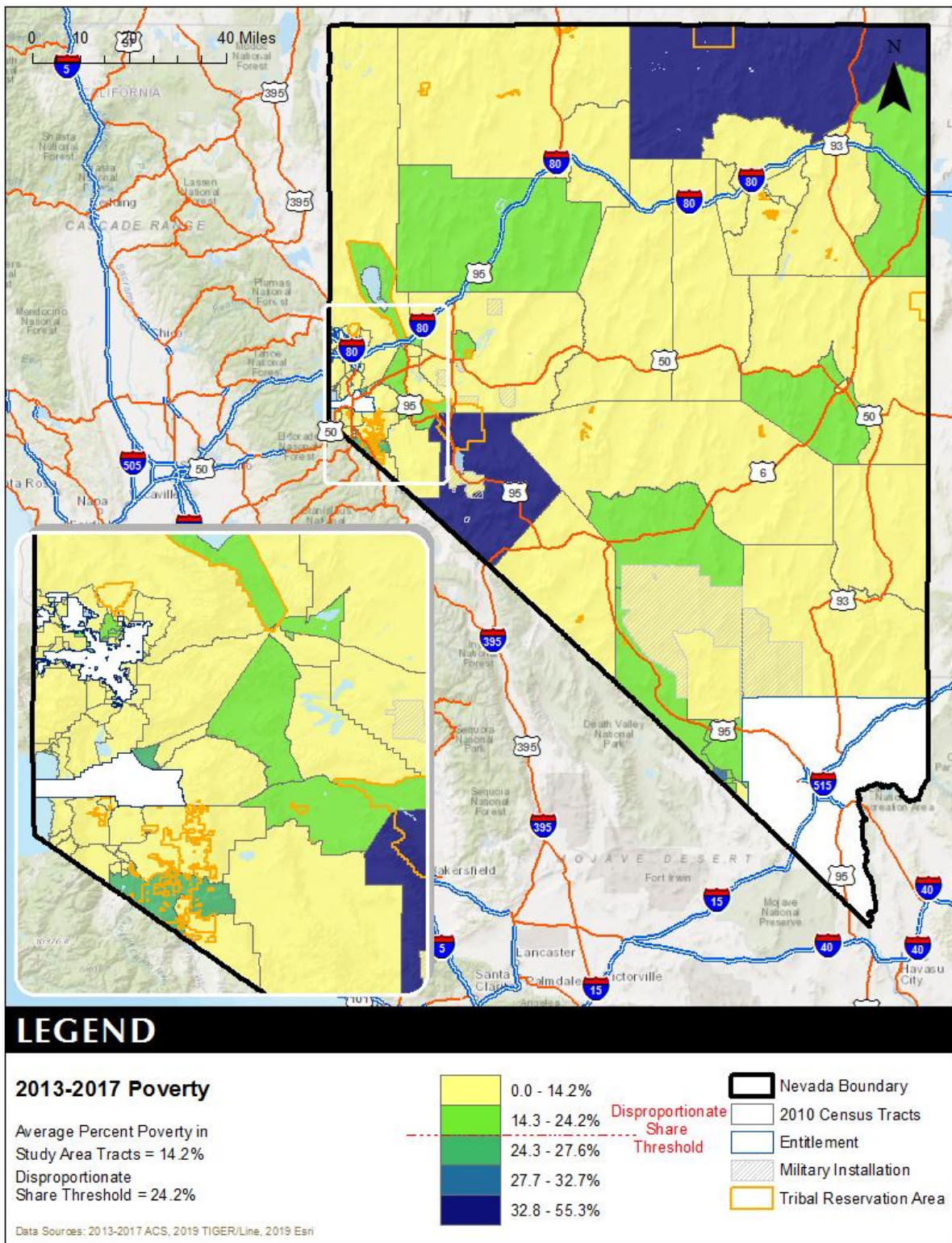
Map MA-50.2
2017 American Indian Households
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Map MA-50.3
2017 Hispanic Households
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



Map MA-50.4
2017 Poverty
 State of Nevada Non-Entitlement
 2017 ACS, Tigerline



MA-60 Broadband Needs of Housing occupied by Low- and Moderate-Income Households - 91.210(a)(4), 91.310(a)(2)

Describe the need for broadband wiring and connections for households, including low- and moderate-income households and neighborhoods.

Connect Nevada, the State Broadband Action Plan, found that low-income households and seniors are vulnerable populations in the State in accessing broadband services.¹⁰ The study also found that rural areas have less access to broadband services than the more urban areas of the State.

Describe the need for increased competition by having more than one broadband Internet service provider serve the jurisdiction.

While there are a number of broadband service providers in Nevada, there is a continued need for competition to promote affordability and access, as well as choice, in the community. According to the Information Technology and Innovation Foundation, competition is a crucial component of broadband policy in that it pressures providers to be efficient and innovative.¹¹

¹⁰ https://www.connectnv.org/sites/default/files/connected-nation/Nevada/files/nv_broadband_plan_final.pdf

¹¹ <https://itif.org/publications/2019/09/03/policymakers-guide-broadband-competition>

MA-65 Hazard Mitigation - 91.210(a)(5), 91.310(a)(3)

Describe the jurisdiction's increased natural hazard risks associated with climate change.

The State of Nevada Enhanced Hazard Mitigation Plan of 2018 found the following in regard to increased risks associated with climate change:¹²

- Research done by the NWS representative on our NHM Planning Subcommittee indicates that climate change could have some minor effects on the frequency of avalanches in the future. Snow levels, on average, may be higher in Nevada if climate change trends continue.
- Recent publications from the climate science community indicate that climate change may be expected to lead to more frequent, longer duration and more extreme drought conditions in the future.
- No significant impacts to the frequency or magnitude of earthquakes in Nevada are expected as a result of climate change.
- No significant impacts to the occurrence of expansive soils in Nevada are expected as a result of climate change.
- Based on the most recent long range simulations, climate change can be expected to lead to more episodes of extreme heat in Nevada, especially southern Nevada.
- Nevada will likely see more frequent flooding events under a warmer climate, as snow levels on average, will be higher during winter storms, resulting in more precipitation falling as rain over river basins. This will allow much larger portions of river basins to contribute to runoff, leading to higher flows resulting in more frequent flooding events.
- It is unknown how climate change will affect the frequency and intensity of Nevada severe thunderstorms. This is due to uncertainties in the future frequency of summertime moisture, instability, and wind shear in the atmosphere.
- It is unknown how climate change will affect the frequency of Nevada tornadoes. This is due to uncertainties in the future frequency of strong thunderstorms and sufficient wind shear in the atmosphere, the two main ingredients to create tornadoes.

Describe the vulnerability to these risks of housing occupied by low- and moderate-income households based on an analysis of data, findings, and methods.

There are increased risks or low income households that may not have the resources necessary to mitigate risks or recover from disasters. The State's mitigation plan directs resources too low to moderate income households through CDBG and HOME funds.

¹² <http://data.nbmng.unr.edu/Public/NEHMP/StateOfNevadaEnhancedHazardMitigationPlan2018.pdf>

STRATEGIC PLAN

SP-05 Overview

Strategic Plan Overview

The Needs Assessment and Market Analysis, which has been guided by the Housing and Community Development Survey and public input, identified priority needs and goals. These are described below:

AFFORDABLE HOUSING

- Increase and maintain supply & access
- Provide housing assistance
- Provide housing services & supports
- Homeless supports and prevention for persons with disabilities

COMMUNITY STABILIZATION/DEVELOPMENT

- Code enforcement
- Slum/blight
- Environmental/cleanup
- Strategic acquisition & clearance
- Development and maintenance of the affordable housing stock throughout Nevada.

PUBLIC FACILITIES & INFRASTRUCTURE

- Water/sewer
- Parks/recreation/youth & senior (community) facilities
- Streets & sidewalks
- Health & safety
- Increase broadband access

PUBLIC SERVICES

- Non-homeless services
- Shelters
- Affordable housing services

ECONOMIC DEVELOPMENT/ENVIRONMENT

- Create/retain jobs
- Create/expand businesses

COMMUNITY PLANNING & CAPACITY BUILDING

- Training & technical assistance
- Assist Units of Governments and Units of Local Government (UGLG) UGLGs in identifying achievable goals
- Align goals with funding and community partners

HOMELESSNESS

- Provide Rapid Re-housing services & financial supports
- Homeless supports and prevention
- Support shelter operations
- Increase and maintain supply & access of affordable and supportive housing
- Outreach

SP-10 Geographic Priorities – 91.215 (a)(1)

Geographic Area

Table 49 - Geographic Priority Areas

1	Area Name:	Non-Entitlement Jurisdictions
	Area Type:	The geographic area includes the non-entitlement cities and communities in Nevada.
	Other Target Area Description:	The geographic area includes the non-entitlement cities and communities in Nevada.
	HUD Approval Date:	
	% of Low/Mod:	
	Revital Type:	Commercial, Housing, Comprehensive, or Other
	Other Revital Description:	
	Identify the neighborhood boundaries for this target area.	All non-entitlement jurisdictions throughout the state, including Indian reservations.
	Include specific housing and commercial characteristics of this target area.	
	How did your consultation and citizen participation process help you to identify this neighborhood as a target area?	
	Identify the needs in this target area.	
	What are the opportunities for improvement in this target area?	
	Are there barriers to improvement in this target area?	
2	Area Name:	Non-Entitlement Plus Carson City
	Area Type:	Other
	Other Target Area Description:	Other
	HUD Approval Date:	
	% of Low/Mod:	
	Revital Type:	

	Other Revital Description:	
	Identify the neighborhood boundaries for this target area.	All non-entitlement areas in the state, plus Carson City, including Indian reservations.
	Include specific housing and commercial characteristics of this target area.	
	How did your consultation and citizen participation process help you to identify this neighborhood as a target area?	
	Identify the needs in this target area.	
	What are the opportunities for improvement in this target area?	
	Are there barriers to improvement in this target area?	
3	Area Name:	Statewide
	Area Type:	Funds are available statewide.
	Other Target Area Description:	Funds are available statewide.
	HUD Approval Date:	
	% of Low/Mod:	
	Revital Type:	
	Other Revital Description:	
	Identify the neighborhood boundaries for this target area.	Statewide
	Include specific housing and commercial characteristics of this target area.	
	How did your consultation and citizen participation process help you to identify this neighborhood as a target area?	
	Identify the needs in this target area.	
	What are the opportunities for improvement in this target area?	
	Are there barriers to improvement in this target area?	

General Allocation Priorities

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

Funds will be targeted to non-entitlement areas throughout the state. Homeless funds are available statewide. HOME funds are allocated annually statewide through a population distribution which takes into account how much funding each PJ is receiving directly from HUD. NHD then manages and distributes the activities funded throughout Rural Nevada. PI accrued through the PJs will be allocated back to the respective PJ in the subsequent year's funding agreement. PI, EN, of funds accrued by means of recapture that are remaining from the previous years can be redistributed statewide by NHD during the competitive allocation and are not limited to the rural areas. . CDBG Funds are available to non-entitlement areas. HTF funds are available statewide. ESG Funds are available for non-entitlement areas plus Carson City . For the new 2020 – 2024 Consolidated Plan period, the HOPWA grantee will be releasing a Request for Applications (RFA) or Request for Qualifications (RFQ) to interested stakeholders to provide HOPWA services, such as TBRA, STRMU, Supportive Services and Case Management. The current project sponsor subaward will be renewed for the 2020 performance period. The RFA or RFQ will be released late 2020, with a project period of July 1, 2021 – June 30, 2024.

SP-25 Priority Needs - 91.215(a)(2)

Priority Needs

Table 50 – Priority Needs Summary

1	Priority Need Name	Increase Supply and Access
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Affordable Housing
	Description	As shown throughout this Plan in data and public input, low to moderate income households is a high priority for the State of Nevada, particularly those facing housing problems and cost burdens, which account for almost a quarter of households in the non-entitlement areas of the State. Increasing the supply and access of affordable housing in the State is a high priority.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
2	Priority Need Name	Provide housing assistance
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly

	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Affordable Housing
	Description	As shown throughout this Plan in data and public input, low to moderate income households is a high priority for the State of Nevada, particularly those facing housing problems and cost burdens, which account for almost a quarter of households in the non-entitlement areas of the State. Providing households with housing assistance is a high priority.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
3	Priority Need Name	Provide housing services & supports
	Priority Level	High
	Population	Rural Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Persons with HIV/AIDS Victims of Domestic Violence Unaccompanied Youth
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Affordable Housing
	Description	As shown throughout this Plan in data and public input, low to moderate income households is a high priority for the State of Nevada, particularly those facing housing problems and cost burdens, which account for almost a quarter of households in the non-entitlement areas of the State. Providing housing services and support is a high priority.

	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
4	Priority Need Name	Homelessness
	Priority Level	High
	Population	Rural Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse Veterans Persons with HIV/AIDS Victims of Domestic Violence Unaccompanied Youth Physically or mentally disabled
	Geographic Areas Affected	Statewide
	Associated Goals	Homelessness
	Description	While the State places a high need on those households that are currently homeless, it also finds households at imminent risk of homeless are a high priority in order to further the effort to reduce homelessness throughout Nevada.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
5	Priority Need Name	Code enforcement
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly

	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Community Stabilization/Development
	Description	Providing suitable living environments through code enforcement is a high priority in the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
6	Priority Need Name	Slum/blight
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Affordable Housing
	Description	Providing suitable living environments through slum and blight removal is a high priority in the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
7	Priority Need Name	Environmental/Cleanup
	Priority Level	High

	Population	Extremely Low Low Moderate Large Families Families with Children Elderly
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Community Stabilization/Development
	Description	Providing suitable living environments through environmental cleanup is a high priority in the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
8	Priority Need Name	Strategic Acquisition and clearance
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Public Facilities and Infrastructure
	Description	Providing suitable living environments through strategic acquisition and clearance is a high priority in the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
9	Priority Need Name	Water/sewer
	Priority Level	High
	Population	Non-housing Community Development

	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Public Facilities and Infrastructure
	Description	Access to quality facilities, including water and sewer, to ensure the population throughout rural Nevada has a suitable living environment is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
10	Priority Need Name	Parks/recreations/youth & senior (community) facilities
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Public Facilities and Infrastructure
	Description	Access to quality facilities, including Parks/recreations/youth & senior (community) facilities, to ensure the population throughout rural Nevada has a suitable living environment is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
11	Priority Need Name	Streets and Sidewalks
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Public Facilities and Infrastructure

	Description	Access to quality facilities, including Streets and Sidewalks, to ensure the population throughout rural Nevada has a suitable living environment is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
12	Priority Need Name	Health & Safety
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Public Facilities and Infrastructure
	Description	Access to quality facilities, including health and safety, to ensure the population throughout rural Nevada has a suitable living environment is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
13	Priority Need Name	Increase Broadband Access
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Public Facilities and Infrastructure
	Description	Access to quality facilities, including broadband access, to ensure the population throughout rural Nevada has a suitable living environment is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.

14	Priority Need Name	Non-homeless services
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Public Services
	Description	Access to essential public services throughout rural Nevada has a suitable living environment is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
15	Priority Need Name	Create/Retain Jobs
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Economic Development / Environment
	Description	The creation and retention of jobs for low to moderate income households in Nevada is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
16	Priority Need Name	Create/expand businesses
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions

	Associated Goals	Economic Development / Environment
	Description	The creation and expansion of businesses to benefit low to moderate income households in Nevada is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
17	Priority Need Name	Training & technical assistance
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Community Planning & Capacity Building
	Description	Training and technical assistance is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
18	Priority Need Name	Assist UGLGs in identifying achievable goals
	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Community Planning & Capacity Building
	Description	Assisting UGLGs with identifying achievable goals is a high priority for the State.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.
19	Priority Need Name	Align goals with funding

	Priority Level	High
	Population	Non-housing Community Development
	Geographic Areas Affected	Non-Entitlement Jurisdictions
	Associated Goals	Community Planning & Capacity Building
	Description	The alignment of goals with funding options in the State are a high priority.
	Basis for Relative Priority	This priority is based on the Needs Assessment, Market Analysis, survey and public input.

Narrative (Optional)

The State's Priority Needs are a product of the Needs Assessment, Housing Market Analysis, public input, and survey. These efforts resulted in the priority needs that will be addressed over five years with the goals outlined in Section SP-45.

SP-30 Influence of Market Conditions – 91.215 (b)

Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	As shown by the previous sections, the demand for rental has increased and is expected to continue to increase throughout the course of this Plan. This state expects to see the need for TBRA to continue as the number of cost-burdened families continues to grow. The HCD survey also indicates a high level of need for rental assistance.
TBRA for Non-Homeless Special Needs	The Non-Homeless Special Needs populations within the state have a variety of housing needs throughout the state. The increase in demand for rentals and the increase in the price of rentals will place a high need for special need populations within the state. These increases make rentals unaffordable to many special needs populations. Special needs populations, also face a number of barriers to finding affordable units that meet their accessibility and supportive housing needs.
New Unit Production	As shown by this Market Analysis section, housing production has not been keeping pace with demand, resulting in an increase in price. New unit production will increase the number of affordable units available to Nevada households. The Housing and Community Development Survey results indicated a high level of need for new unit production, especially for rental housing. The cost of new unit production, however, is often a major limitation in the production of new units due to the limitation of available funding.
Rehabilitation	Nevada has seen a slowdown in housing production, and an increase in demand for rental units. This combination calls for rehabilitation of existing units, both rental and homeowner, in order to meet the needs of households throughout the state. The results of the Housing and Community Development Survey also indicated a high level of need for unit rehabilitation for both rental units and homeowner units. Rehabilitation is often a more feasible funding prospect due to the cost of unit production and acquisition. However, it is limited by the cost of labor and materials.
Acquisition, including preservation	As shown previously in this Plan, there are a number of subsidized units at risk of expiring. As the demand for affordable rental units continues to increase, the loss of these units will place additional households in need. This, in addition to survey results, has indicated a high level of need for preservation of affordable units. However, the cost of acquisition is a barrier to the number of units available due to limited funds.

Table 51 – Influence of Market Conditions

SP-35 Anticipated Resources - 91.215(a)(4), 91.220(c)(1,2)

Introduction

Expected resources for the five formula programs remain relatively level, with the exception of the Housing Trust Fund and Carson City, an entitlement, reverting to the state program. For the CDBG program, additional funds are committed each year to newly funded projects by cities and counties, other state and federal funds, and/or other funding sources. Those leveraged dollars are difficult to project, as they vary greatly each year.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	<ul style="list-style-type: none"> • Acquisition • Admin and Planning • Economic Development • Housing • Public Improvements • Public Services 	\$3,488,537	0	0	\$3,488,537	\$13,954,148	2020 is the first year of the 2020-2024 Consolidated Plan.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	<ul style="list-style-type: none"> • Acquisition • Homebuyer assistance • Homeowner rehab • Multifamilyrental new construction • Multifamilyrental rehab • New construction for ownership • TBRA 	\$3,000,000	\$800,000	\$3,000,000	\$3,800,000	\$12,000,000	The HOME Program, administered by the NHD, is expected to receive \$3,000,000 in HUD funds for the plan year beginning July 1, 2020. Additionally, the State HOME Program expects that grantees will generate approximately \$800,000 of program income and/or recaptured funds from previously awarded grants. HOME funds will be allocated throughout Nevada using a formula allocation. PI and HOME funds remaining from the previous year will be allocated throughout Nevada.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOPWA	public - federal	<ul style="list-style-type: none"> • Permanent housing in facilities • Permanent housing placement • Short term or transitional housing facilities • STRMU • Supportive services • TBRA 	\$416,146	0		\$416,146	\$1,664,584	
ESG	public - federal	<ul style="list-style-type: none"> • Financial Assistance • Overnight shelter • Rapid re-housing (rental assistance) • Homeless Prevention • Homeless Outreach • Rental Assistance Services • Transitional housing • HMIS • Administration 	\$478,132	0	\$457,812	\$478,132	\$1,912,528	Agencies receiving ESG allocations must match 100% of their award.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
Housing Trust Fund	public - federal	<ul style="list-style-type: none"> • Acquisition • Housing • Multifamily rental new construction • Multifamily rental rehab 	\$3,000,000	0	\$3,000,000	\$3,000,000	\$12,000,000	HTF funds will be allocated to one or more projects in the State. NHD will consider projects proposed statewide. 2020 is the first year of the 2020-2024 Consolidated Plan.
Other	public - state	<ul style="list-style-type: none"> • Acquisition • Admin and Planning • Homeowner rehab • Housing • Multifamily rental new construction • Multifamily rental rehab • New construction for ownership • Overnight shelter • Rapid re-housing (rental assistance) • Rental Assistance • TBRA • Transitional housing 	\$7,000,000	0	\$7,800,000	\$7,000,000	\$28,000,000	State Account for Affordable Housing Trust funds (AAHTF) that can be used for the following purposes: new and rehabilitation of multi-family projects, down payment assistance, homeowner rehabilitation, tenant-based rental assistance, and homeless prevention assistance. It is estimated that \$7,000,000 will be available for FY 2020.

Table 52 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied**ESG:**

Some ESG sub-recipients will be allocated State Account for Affordable Housing Trust Funds (AAHTF) as match to the ESG program, which allows for more ESG funding to be allocated for case management, shelter operations, and data collection activities. In addition, AAHTF will be allocated to local housing authorities to provide Tenant-Based Rental Assistance, Emergency Assistance, and Security Deposit funding to the most vulnerable homeless clients and those who are at risk of becoming homeless, who are part of the coordinated entry process. Finally, local county and city funds, along with other federal program funds such as the Community Services Block Grant program, will be used to pay for staff and other eligible ESG activities. 100% of the match obligation will be provided with these other funding sources.

HOME:

NHD will leverage funds from the Low-Income Housing Tax Credit (LIHTC) program and funds from Rural Development with regard to affordable housing projects. Match requirements for the HOME program are fulfilled using property tax exemptions, LIHTCs, and AAHTF.

HTF:

NHD will leverage funds from the Low-Income Tax Credit program. No matching funds are required for this program.

CDBG:

Jurisdictions recommended for 2020 CDBG projects intend to commit \$2,307,695 cash contributions from other Federal, State or local funding sources and an estimated \$133,571 in-kind. Additionally, Carson City is working on a system to capture and report matching funds/leverage.

Housing Opportunities for Persons With AIDS:

No matching funds required. The Ryan White Part B program does complement HOPWA activities with Housing Services to assist Ryan White clients with short-term or emergency housing assistance to enable an individual or family to gain or maintain access to core medical and supportive care.

If appropriate, describe publicly owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

The NHD is proposing to use discounted Bureau of Land Management (BLM) land under the Southern Nevada Public Lands Management Act (SNPLMA) for affordable housing purposes. Between FY 2020-2024 NHD plans to put at least one Request for Proposal out for a multifamily housing development using land reserved through SNPLMA. NHD will also explore partnerships with local jurisdiction(s) Clark County, Washoe County, City of Las Vegas, North Las Vegas, and

Henderson to identify tax foreclosed properties or donated land that can be transferred for affordable housing projects.

Discussion

The National Housing Trust Fund

The NHD will seek to leverage HOME funds, HTF, VASH vouchers and other funding sources while collaborating with the Southern Nevada Regional Housing Authority and other agencies.

CDBG:

When recommending projects for funding, the CDBG Advisory Committee takes into consideration the collaborative nature of the project. Projects with community support and/or public-private funding are encouraged. The Program is striving to increase the number of these partnerships and to collaboration across jurisdictions and regions.

SP-40 Institutional Delivery Structure – 91.215(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
Nevada Housing Division	Government	Partners with local governmental entities, non-profit organizations and private entities to provide: <ul style="list-style-type: none"> - Home Ownership Programs - Rental Assistance Programs - Homeless Outreach and Prevention Services -Affordable Emergency Housing Assistance 	Non-jurisdictions areas across the State
Rural Community & Economic Development	Government	Economic Development neighborhood improvements public facilities public services	Non-Entitlement
State of Nevada Dept. of Health and Human Services	Government	Non-homeless special needs	State

Table 53 - Institutional Delivery Structure
Assess of Strengths and Gaps in the Institutional Delivery System

The State of Nevada is committed to continuing its participation and coordination with federal, state, county, local agencies, and the private and nonprofit sectors in order to serve the needs of low-income individuals and families across Nevada. The Governor's Office of Economic Development, Department of Business and Industry, and the Department of Health and Human Services collaborate with various entities to continually improve coordination.

The Governor's Office of Economic Development, Department of Business and Industry, and the Department of Health & Human Services all have individual institutional structures. Within each Office or Department, there are divisions that administer HUD programs. The Community Development Block Grant is managed by the Rural Community Development Division/CDBG of the Governor's Office of Economic Development. The HOME, HTF, ESG, and NSP programs are managed the Nevada Housing Division of the Department of Business and Industry. The HOPWA program is managed by the Division of Public and Behavioral Health of the Department of Health and Human Services. Each Division has its institutional structure.

HUD funds pass through to local governments and other entities that are eligible to receive HUD program funding. These entities, when funded, are part of the institutional structure for each program. The scope of the institutional structure is from the state level to those at the community level where projects are implemented and/or managed.

The State of Nevada makes every effort to monitor and maintain the institutional delivery structure through the use of monitoring procedures. Continued efforts to strengthen the institutional structure include efforts to maintain regular meeting among various players to remit vital information and voice any issues that may appear.

Availability of services targeted to homeless persons and persons with HIV and mainstream services

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Counseling/Advocacy	X	X	
Legal Assistance	X		
Mortgage Assistance	X		X
Rental Assistance	X	X	X
Utilities Assistance	X	X	X
Street Outreach Services			
Law Enforcement	X	X	
Mobile Clinics	X		
Other Street Outreach Services	X		
Supportive Services			
Alcohol & Drug Abuse	X	X	
Child Care	X	X	
Education	X	X	
Employment and Employment Training	X	X	
Healthcare	X	X	X
HIV/AIDS	X	X	X
Life Skills	X	X	
Mental Health Counseling	X	X	

Supportive Services			
Transportation	X	X	
Other			

Table 54 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth)

Services targeted to persons experiencing homelessness are delivered by homeless service providers throughout the state. Each county in rural Nevada participates in their local coordinated intake and assessment system, which ensures homeless persons, including chronically homeless individuals and families, families with children, veterans and their families, and any unaccompanied youth, are referred to available resources.

Many of these agencies participate in the rural Continuum of Care (CoC), which governs service provisions and standards. Intake agencies utilize the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) and the Family VI-SPDAT provided by the CoC to prioritize people who are considered high priority for housing and services. The Nevada Rural Housing Authority (NRHA) provides housing vouchers funded with AAHTF to persons who score highest in the VI-SPDAT until a Section 8 Housing Choice Voucher is made available. Households receiving these vouchers are case managed by county social services agencies and other homeless providers to ensure long term stability. Many agencies utilize ESG and Community Services Block Grant (CSBG) funds to pay for case management and other housing stabilization services.

All agencies receiving allocations through ESG and RNCOC funded programs are expected to assist homeless clients with obtaining long-term housing stability, appropriate supportive services (including medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living), mainstream services, and other federal, state, local, and private assistance available for such individuals. RNCOC and ESG Performance Standards include measures to encourage agencies to make every effort to ensure households obtain and maintain transitional or permanent housing, employment, increase or maintain earned income and other cash income, and increase access to mainstream benefits.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

In many rural areas of the state resources are limited for special needs populations, including frail elderly, persons with mental or physical disabilities, and other special needs populations. Transportation to and from appointments, medical treatment, and other service providers can be challenging, especially when required to travel long distance because a rural community is lacking available resources.

Throughout rural Nevada, communities often face challenges with low vacancy rates, higher rents, and higher costs of products and services. When funding for rental assistance is made available it is

often challenging for homeless persons and providers to find eligible units. However, in 2019 due to a change in ownership of several mines in rural Nevada, there are less jobs, people are leaving the area. Loss of jobs created more need for assistance. The only shelter in the area is several hours from any other services outside that community.

A strength in the service delivery system is a direct result of local participation of agencies in the RNCoC Steering Committee meetings, Technical Assistance meetings and the Coordinated Entry meetings. The sharing and education of what is available in local communities has resulted in agencies partnering together to address challenges of homelessness and poverty within their towns and connecting to agencies in their neighboring counties.

Another strength in the service delivery system is the utilization of the Homeless Management Information System database at a statewide level. Agencies have the ability to view a client's housing and service history, which should reduce duplication of services across the state.

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

The State will continue to work with local Continuum's of Care and other stakeholders to address gaps in the institutional delivery structure. The continued implementation of coordinated intakes, vulnerability indexing and assessment at the community level will help those experiencing homelessness in accessing multiple parts of the institutional delivery structure. ESG recipients will be required to participate in the Rural Continuum of Care, participate in local coordinated intake and assessment systems, and collaborate with other federal, state, and local programs to ensure the long-term success of clients served.

SP-45 Goals Summary – 91.215(a)(4)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Affordable Housing	2020	2024	Affordable Housing	Non-Entitlement Plus Carson City	Increase supply & access Provide housing services & supports	HOME: \$5,600,00 CDBG: \$5,232,805 HTF: \$15,000,000(this funding is available statewide) Account for Affordable Housing Trust Funds: \$150,000	Rental units constructed: 40 Household Housing Units Rental units rehabilitated: 50 Household Housing Unit Direct Financial Assistance to Homebuyers: 60 Households Assisted
2	Community Stabilization/ Development	2020	2024		Non-Entitlement Jurisdictions	Code enforcement Slum/blight Environmental/cleanup Strategic acquisition & clearance	CDBG: \$2,256,746	

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
3	Public Facilities and Infrastructure	2020	2024		Non-Entitlement Jurisdictions	Water/sewer Parks/recreation/youth & senior (community) facilities Streets & sidewalks Health & safety Increase broadband access	CDBG: \$7,163,310	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 50,000 Persons Assisted
4	Public Services	2020	2024	Homeless	Non-Entitlement Jurisdictions	Non-homeless services	CDBG: \$1,744,268 HOPWA: \$2,080,730	Public service activities other than Low/Moderate Income Housing Benefit: 250 Persons Assisted HIV/AIDS Housing Operations: 150 Household Housing Unit
5	Economic Development / Environment	2020	2024	Non-Homeless Special Needs	Non-Entitlement Jurisdictions	Create/retain jobs Create/expand businesses	CDBG: \$872,130	Businesses assisted: 625 Businesses Assisted Jobs created/retained: 125 Jobs

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
6	Community Planning and Capacity Building	2020	2024	Non-Housing Community Development	Non-Entitlement Jurisdictions	Training & technical assistance Assist UGLGs in identifying achievable goals Align goals with funding	CDBG: \$1,046,556	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 1,000 Persons Assisted Other: 5 other
7	Homelessness	2020	2024	Non-Housing Community Development	Statewide	Homelessness	ESG: \$2,289,060	Homeless Person Overnight Shelter: 3,000 Persons Assisted Tenant-based rental assistance / Rapid Rehousing: 500 Households Assisted Homelessness Prevention: 2,500 Persons Assisted

Table 55 – Goals Summary

Goal Descriptions

1	Goal Name	Affordable Housing
	Goal Description	The State will use HOME, CDBG, HTF, and AAHTF to increase affordable housing through the construction of new rental housing, the rehabilitations of rental housing and the rehabilitation of owner housing.

2	Goal Name	Community Stabilization/ Development Support Efforts to Combat Homelessness
	Goal Description	Support community stabilization through Code enforcement, Slum/blight removal, Environmental/cleanup, and Strategic acquisition & clearance.
3	Goal Name	Public Facilities and Infrastructure
	Goal Description	The State will fund public facility and infrastructure improvements, including Water/sewer, Parks/recreation/youth & senior (community) facilities, Streets & sidewalks, Health & safety, and Increase broadband access.
4	Goal Name	Public Services
	Goal Description	This is a public service goal to provide access to needed services.
5	Goal Name	Economic Development / Environment
	Goal Description	This goal provides employment opportunities for low- and moderate-income people and promote businesses in the State.
6	Goal Name	Community Planning and Capacity Building
	Goal Description	This goal is to provide infrastructure and other planning support for units of local government or sub-recipients.
7	Goal Name	Homelessness
	Goal Description	<p>ESG and AAHTF will be allocated to agencies to pay for homeless outreach, homeless prevention, rapid re-housing assistance for up to 24 months, along with tenant based rental assistance vouchers for homeless who are referred by the coordinated entry lead agencies.</p> <p>ESG and AAHTF will be provided to emergency and domestic violence shelters to offset the costs of operating their shelters. Funding will also be allocated for essential services to residents of these shelters. In communities without access to a shelter, funds will be allocated to pay for motel/hotel vouchers that are used as an emergency shelter.</p> <p>ESG funds will provide funding to offset costs of the Homeless Management Information System (HMIS) and Administration of the programs. Goal is 95% data quality</p>

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

The State estimates it will provide affordable housing for 150 households throughout rural Nevada for the duration of this consolidated plan using the above indicated funding sources.

SP-50 Public Housing Accessibility and Involvement – 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

Not applicable. The state of Nevada does not directly operate or maintain public housing units. The state's housing agencies: Reno Housing Authority (RHA), Nevada Rural Housing Authority (NRHA), and the Southern Nevada Rural Housing Authority (SNRHA) are responsible for increasing the number of accessible units. The Nevada Housing Division supports the effort of these agencies to increase the number of accessible units in the public housing inventory.

Activities to Increase Resident Involvements

The RHA, NRHA and the SNRHA are responsible for assessing the need for activities to increase resident involvement. The state of Nevada supports their efforts, but is not directly involved in this activity.

Is the public housing agency designated as troubled under 24 CFR part 902?

Plan to remove the 'troubled' designation

Not applicable. The State of Nevada is not a designated public housing agency and therefore is not designated as a 'troubled' designation under 24 CFR part 902.

SP-55 Barriers to affordable housing – 91.215(h)

Barriers to Affordable Housing

The Housing and Community Development survey found that the biggest barriers to the development of affordable housing include the cost of lot or land, the cost of materials, the cost of labor, and the Not In My Back Yard (NIMBY) mentality.

Table MA-40.1 Providing Decent and Affordable Housing State of Nevada Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Cost of land or lot	349
Cost of materials	289
Cost of labor	287
Not In My Back Yard (NIMBY) mentality	269
Lack of affordable housing development policies	250
Construction fees	211
Permitting process	209
Lack of qualified contractors or builders	188
Permitting fees	188
Lack of available land	170
Impact fees	170
Density or other zoning requirements	168
Lack of water	140
Lack of other infrastructure	138
Lack of sewer system	98
Lack of water system	94
Building codes	87
Lot size	71
ADA codes	55

In addition, the State conducted its 2020 Analysis of Impediments to Fair Housing Choice and identified several contributing factors and fair housing issues. These are described in further detail in section SP-55.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing

The State's strategy to remove barriers to affordable housing are shown in the Table SP-55.2, on the following page.

Table SP-55.2

Fair Housing Goal	Impediments to Fair Housing Choice/ Contributing Factors	Fair Housing Issue	Recommended Actions
Promote homeownership and rental opportunities in high opportunity areas	<p>Moderate to high levels of segregation</p> <p>Access to low poverty areas</p> <p>Insufficient affordable housing in a range of unit sizes</p> <p>Black, Pacific Islander, American Indian, and Hispanic households have disproportionate rates of housing problems</p> <p>Discriminatory patterns in Lending</p>	<p>Segregation</p> <p>R/ECAPs</p> <p>Disproportionate Housing Need</p>	<p>Continue to promote homeownership and affordable rental opportunities in high opportunity areas with the use of CDBG, HOME, and HTF funds. Over the next five (5) years:</p> <p>40 rental units added</p> <p>50 rental units rehabilitated</p> <p>60 households receive homeowner down payment assistance</p> <p>Homeowner rehabilitation programs will no longer be funded through HOME funds but with AAHTF.</p> <p>Track activities annually in the State's PER</p>
Promote community and service provider knowledge of ADA laws	<p>Insufficient accessible affordable housing</p>	<p>Disability and Access</p>	<p>Increase outreach and education for housing providers in the state, focusing on legal requirements concerning reasonable accommodation, in coordination with local disability advocate organizations. Record activities annually.</p>
Enhance community services in R/ECAPs	<p>Access to low poverty areas</p> <p>Access to job proximity</p> <p>Access to school proficiency</p>	<p>Disparities in Access to Opportunity</p>	<p>Encourage increased public services and public investment in poverty areas in the State. Record activities annually.</p>
Increase outreach and education for housing providers in the state	<p>Moderate to high levels of segregation</p> <p>Access to low poverty areas and concentrations of poverty</p> <p>Moderate to high levels of segregation</p> <p>Discriminatory patterns in Lending</p>	<p>Fair Housing Enforcement and Outreach</p>	<p>Continue to raise awareness and educate buyers through enhanced home purchase and credit education, through seminars, webinars and other outreach efforts. Record activities annually.</p> <p>Enhance outreach and education to units of local government, as well as housing consumers, as it relates to affirmatively furthering fair housing and the duty to affirmatively further fair housing. Record activities annually.</p> <p>Conduct outreach and education of prospective housing consumers on how to acquire and keep good credit, in partnership with local civic organizations (i.e., churches, schools, etc.) Record activities annually.</p> <p>Continue to partner with the Silver State Fair Housing Council, conduct outreach and education with managers of new and existing rental housing complexes. Record activities annually.</p>

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The NHD does provide ESG funds for outreach to homeless providers, the NHD requires agencies to engage homeless persons within a community so that they have access to available resources through Homeless Connect activities, veteran outreach functions, and by engaging households who have children in the programs at local schools. A number of communities have created a coalition of agencies, including social services agencies, hospitals, police, fire, and mental health providers, who are meeting monthly or quarterly in order to identify the most frequent users of community emergency services and collaborates in shared case management to meet the most urgent needs of the individuals identified. Clients are then engaged and are provided access to available housing and services. Many ESG sub-recipients also receive other HUD Homeless funding and act as lead agencies for this process.

A number of rural ESG sub-recipients are also the local Coordinated Entry Lead Agency and are working with community providers to access available programs and services for homeless clients. As part of the coordinated entry process agencies complete an assessment in the Homeless Management Information System (HMIS) database which will provide information on the client's vulnerability. As part of the process clients are referred to Nevada Rural Housing Authority to see if they are eligible to receive a limited number of Tenant-Based Rental Assistance vouchers funded with AAHTF. If accepted, the client will receive up to 24 months of rental subsidy and will be "fast-tracked" into the Housing Choice Voucher program once a voucher is available. The Housing Authority has made the homeless population a priority to receive assistance in their HCV program as part of the coordinated entry process.

Addressing the emergency and transitional housing needs of homeless persons

The NHD continues to provide allocations to rural emergency and domestic violence shelters since communities have indicated that there is still a need for these types of programs. In communities that do not have access to shelters, ESG and AAHTF pay for motel vouchers so that homeless individuals and families have access to a safe and secure place to stay. Shelters provide case management to clients residing in the shelter, or who are accessing services offered by the provider, and will issue referrals to transitional and permanent housing programs. The NHD will allocate no more than 60% of its annual allocation to emergency shelter and essential services activities, as mandated by program regulations. It is anticipated that 300 homeless persons will have access to emergency and domestic violence shelters supported through the NHD's ESG program.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

The Rural Nevada Continuum of Care has developed a Coordinated Entry process that requires lead agencies to utilize the VI-SPDAT assessment tool to determine the most vulnerable residents. Applicants who are “harder to serve” will score higher on the VI-SPDAT and will receive priority access to available housing and mainstream resources. Agencies with staff trained in SOAR practices will assist clients applying for Social Security Disability.

Agencies are encouraged to reduce lengths of homelessness episodes, and new and returned entries into homelessness. Recipients of ESG and CoC funds shall also be required to increase jobs, income and self-sufficiency of program participants, and shall be measured annually to ensure that these objectives are met.

The State ESG Program has also encouraged agencies to increase the number of veterans provided access to permanent housing, and to increase the number of families with access to rapid rehousing and homeless prevention assistance.

Funding for case management to ensure the long-term stability of program participants will be provided with ESG.

Finally, Coordinated Entry Lead Agencies will facilitate access for homeless individuals and families to available affordable housing units. Databases such as the one located at NVHousingSearch.org offers free access to a rental database that matches units with the needs of the clients. Case managers are able to access a portal for social services agencies that provides information about landlords who have asked to be connected to agencies working with special needs groups such as veterans, frail and elderly, physically disabled and more.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

Service providers in local communities are working closely with each other to ensure low-income individuals and families avoid becoming homeless. Communities have implemented informal and formal Memorandums of Understanding with local jails, health care facilities, mental health providers, Division of Child and Family Services (DCFS), Child Protective Services, (CPS) schools, and other facilities and programs so that providers are engaged when a homeless or at-risk of homeless person or family has been identified.

Community Coalition meetings are held throughout the year as the forum to develop protocols to ensure the homeless and low-income households have access to programs and services, including housing if available. Participants include local hospital staff, Sheriff’s deputies, Fire Department

Emergency management Systems staff, emergency shelter staff, behavioral health, family resource centers, and public guardians. The coalitions work together to identify the most vulnerable residents that are repeatedly using emergency services without a long-term plan

Homeless liaisons at local school districts are also working closely with providers to help families gain access to housing and supportive services. Community meetings have identified the need for at-risk of homelessness assistance. Agencies will utilize funding sources such as ESG and AAHTF to insure individual and families at most risk of homelessness are assisted.

SP-65 Lead based paint Hazards – 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

HOME:

All units funded that were built prior to 1978 are tested. NHD will continue to ensure that all housing projects funded with HOME funds will comply with the Federal guidelines regarding notification and abatement requirements.

HTF:

NHD ensures that all units built prior to 1978 are tested. In the event that HTF are used for new construction lead-based hazards should be mitigated.

CDBG:

The Governor's Office of Economic Development: Rural Community Development/CDBG ensures that homes built prior to 1978 that are rehabilitated with CDBG funds are tested for lead-based paint hazard by the Rural Nevada Development Corporation (RNDC) staff. Any chipped, peeling, or flaking paint is tested with an XRF analyzer. If lead-based paint is present, the contractor is tasked with setting up proper containment areas during construction and with proper clean up. Any hazardous lead paint areas must be encapsulated. In some instances, the components, such as door and window frames, are replaced. Other times the peeling paint is scraped and peeled away, and a special paint is used to seal the area. One hundred percent of the homes rehabilitated with CDBG funds are LMI households.

How are the actions listed above related to the extent of lead poisoning and hazards?

How are the actions listed above integrated into housing policies and procedures?

Lead based paint requirements are integrated into HOME and CDBG requirements to help ensure that follow all procedures relating to lead-based paint testing and abatement.

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

Nevada's anti-poverty strategy is based on helping families to move to economic self-sufficiency. Providing low-income households with assistance through the CDBG and HOME, ESG and AAHTF programs allows them to live in safe, decent, attractive housing. This helps to provide a base for them to maintain employment, provides a nurturing environment to raise children, and helps them become a part of the community where they work.

NHD continues to fund projects that support emergency shelters, transitional housing, and supportive programs. There are several nonprofit organizations that have and continue to develop services and facilities to move very low-income and homeless persons to self-sufficiency.

Other continued efforts to move lower-income, poverty-level, and homeless households into self-sufficiency include improvements to transportation services that provide access to job training, employment opportunities, and counseling services. The State of Nevada continues to integrate additional services into the welfare to work program. The State of Nevada also offers family resource centers. These centers are located throughout the state in most of the larger communities and provide a variety of support services to lower-income families. The family resource centers, in conjunction with local social service offices, are generally the initial point of contact for many persons and families seeking assistance.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan

The State of Nevada integrates housing services and social services by working closely with local jurisdictions, non-profits, and services agencies. Many programs meet the needs of low and moderate-income households, and those with special needs. The State is involved in planning and prioritizing needs to ensure that households have adequate access to services. This plan serves as a guide to implement strategies to help alleviate poverty and coordinate efforts to combat poverty for households within the State.

SP-80 Monitoring – 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

Overview To ensure that all statutory and regulatory requirements are being met for activities with HUD funds, the State uses various monitoring standards and procedures. Following are Program Specific Monitoring Standards and Procedures.

HOME, HTF, & ESG Program Monitoring Plans NHD will monitor recipients for compliance with applicable HOME, HTF, and ESG regulations based on the following processes annually or once every three years (ESG), unless risk assessments require more frequent on site reviews: Application Process, Contractual Agreement, Draw Process, On-Site Review, Financial Monitoring, and Programmatic Monitoring. Development projects funded with HOME and HTF will be monitored during LIHTC monitors which will be annually to meet all program requirements. Annual monitors are subject to change due to changes in program requirements or depending on level of risk.

HOPWA Monitoring Plan Annual monitoring occurs to ensure that programmatic and fiscal guidelines are followed. Monthly fiscal reconciliations are submitted to, and reviewed by the state of Nevada. The current project sponsor ensures eligibility criteria and completes all required documentation prior to providing housing services to any individual. Eligibility to other local housing resources is conducted prior to a client being placed on the program. Case files are maintained per regulations and project sponsor policy and procedures. DHHS and project sponsor receives technical assistance when needed and remain up to date on all regulations and policies related to the HOPWA program.

CDBG Program Monitoring Plan To ensure that all Federal and State statutory and regulatory requirements are met for activities with HUD/CDBG funds, the Rural Community Development Division/CDBG has established the following monitoring standards and procedures.

The formal CDBG Monitoring Plan is a three-step process: 1) Risk Analysis, 2) Desk Monitoring, 3) On-Site Monitoring. Risk Analysis is conducted annually on all grantees and open files. The second step of monitoring is Desk Monitoring, which occurs throughout the life of the grant. Daily, weekly, and on-going technical assistance is offered prior to application submission, during project implementation, and through close out of the grant.

All projects have an Environmental Review.

Monitoring continues with the Draw Down Process. All requests must have the correct supporting documentation; requests are reviewed by two staff members.

Monthly and Quarterly Reports provide additional updates on the progress of each project.

The CDBG Program Administrator conducts reviews of the single audits to determine compliance with applicable accounting regulations.

On-Site Monitoring is a structured review conducted at the location where the project activities are carried out or where project records are maintained.

Close-Out of Grants: Once a grant file has been monitored for closing, it is closed in IDIS.

Grant Maintenance: In addition to monitoring, CDBG staff review reporting formats used by sub-recipients to ensure ease of use, while gathering the required data and information.

To avoid future problems with projects, the CDBG Advisory Committee members were advised to give priority in the allocation of funds to communities that were clearly “project ready.”

2020 ANNUAL ACTION PLAN

AP-15 Expected Resources – 91.220(c)(1,2)

Expected resources for the four formula programs remain relatively level, with the exception of the new Housing Trust Fund and Carson City, an entitlement, reverting to the state program. For the CDBG program, additional funds are committed each year to newly funded projects by cities and counties, other state and federal funds, and/or other funding sources. Those leveraged dollars are difficult to project, as they vary greatly each year.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	\$3,488,537	0	0	\$3,488,537		2020 is the first year of the 2020-2024 Consolidated Plan.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	<ul style="list-style-type: none"> • Acquisition • Homebuyer assistance • Homeowner rehab • Multifamily rental new construction • Multifamily rental rehab • New construction for ownership • TBRA 	\$3,000,000	\$800,000	\$3,000,000	3,800,000		The HOME Program, administered by NHD, is expected to receive \$3,000,000.00 in HUD funds for the plan year beginning July 1, 2020. Additionally, the State HOME Program expects that grantees will generate approximately \$800,000 of program income and/or recaptured funds from previously awarded grants. HOME funds will be allocated throughout Nevada using a formula allocation. PI and HOME funds remaining from the previous years will be allocated throughout Nevada.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOPWA	public - federal	<ul style="list-style-type: none"> • Permanent housing in facilities • Permanent housing placement • Short term or transitional housing facilities • STRMU • Supportive services • TBRA 	\$416,146	0		\$416,146		

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
ESG	public - federal	<ul style="list-style-type: none"> Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Rental Assistance Services Transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Homeless Prevention Homeless Outreach Rental Assistance Services Transitional housing HMIS Administration 	\$478,132	0	\$457,812	\$478,132	\$2,300,000 (Depending on HUD allocation)	Agencies receiving ESG allocations must match 100% of their award.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
Housing Trust Fund	public - federal	<ul style="list-style-type: none"> Acquisition Housing Multifamily rental new construction Multifamily rental rehab 	3,000,000	0	\$3,000,0000	3,000,000	\$15,000,000 (Depending on HUD funding)	HTF funds will be allocated to one or more projects in the State. NHD will consider projects proposed statewide. 2020 is the first year of the 2020-2024 Consolidated Plan.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
Other	public - state	<ul style="list-style-type: none"> • Acquisition • Admin and Planning • Homeowner rehab • Housing • Multifamily rental new construction • Multifamily rental rehab • New construction for ownership • Overnight shelter • Rapid re-housing (rental assistance) • Rental Assistance • TBRA • Transitional housing 	7,000,000	0	\$7,800,0000	7,000,000		<p>State Account for Affordable Housing Trust funds (AAHTF) that can be used for the following purposes: new and rehabilitation of multi-family projects, down payment assistance, homeowner rehabilitation, tenant-based rental assistance, and homeless prevention assistance. It is estimated that \$7,000,000 will be available for FY 2020.</p>

Table 52 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied**ESG:**

ESG sub-recipients are often allocated State Account for Affordable Housing Trust Funds (AAHTF) to be used as match to the ESG program, which allows for more ESG funding to be allocated for case management, shelter operations, and data collection activities. In addition, Account for Affordable Housing Trust funds (AAHTF) will be allocated to local housing authorities to provide Tenant-Based Rental Assistance for the most vulnerable homeless clients who are part of the coordinated entry process. Finally, local county and city funds, along with other federal program funds such as the Community Services Block Grant program, is used to pay for staff and other eligible ESG activities. 100% of the match obligation will be provided with these and other funding sources including in-kind and donations.

HOME:

NHD will leverage funds from the Low-Income Housing Tax Credit program and funds from Rural Development with regard to home ownership projects. Match requirements for the HOME program are fulfilled using property tax exemptions and Low-Income Housing Trust Funds.

HTF:

No matching funds are required for this program.

CDBG:

Jurisdictions recommended for 2020 CDBG projects intend to commit \$2,307,695 cash contributions from other Federal, State or local funding sources and an estimated \$133,571 in-kind. Additionally, Carson City is working on a system to capture and report matching funds/leverage.

Housing Opportunities for Persons With AIDS:

No matching funds required. The Ryan White Part B program does complement HOPWA activities with Housing Services to assist Ryan White clients with short-term assistance to enable an individual or family to gain or maintain medical care.

If appropriate, describe publicly owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

NHD is proposing to use discounted Bureau of Land Management (BLM) land under the Southern Nevada Public Lands Management Act (SNPLMA) for affordable housing purposes. In FY 2018, NHD plans to put another Request for Proposal out for a multifamily housing development using land reserved through SNPLMA. NHD will also explore partnerships with local jurisdiction(s) Clark County, Washoe County, City of Las Vegas, North Las Vegas, and Henderson to identify tax foreclosed properties or donated land that can be transferred for affordable housing projects.

The National Housing Trust Fund

NHD will seek to leverage HOME funds, VASH vouchers and other funding sources while collaborating with the Southern Nevada Regional Housing Authority and other agencies.

CDBG:

When recommending projects for funding, the CDBG Advisory Committee takes into consideration the collaborative nature of the project. Projects with community support and/or public-private funding are encouraged. The Program is striving to increase the number of these partnerships and to collaboration across jurisdictions and regions.

AP-20 Annual Goals and Objectives

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Affordable Housing	2020	2024	Affordable Housing	Non-Entitlement Plus Carson City	<ul style="list-style-type: none"> • Increase supply & access • Provide housing assistance • Provide housing services & supports • Homeless supports and prevention for persons with disabilities 	<p>HOME: \$3,488,537 (includes the PJs portion)</p> <p>CDBG: \$1,046,561</p> <p>Housing Trust Fund: (funding available statewide)</p> <p>Nevada Housing Trust Fund: \$4,115,728.26 (funding available statewide)</p>	<p>Rental units constructed: 10 rental units newly constructed 18 Household Housing Unit Rental units rehabilitated: 10 Rental units rehabilitated Unit Homeowner Housing Rehabilitated: 5 Household Housing Unit Direct Financial Assistance to Homebuyers: 12 Households Assisted Rental Assistance</p>

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
2	Community Stabilization/Development	2020	2024	Non-Housing Community Development	Non-Entitlement Jurisdictions	<ul style="list-style-type: none"> • Code enforcement • Slum/blight • Environmental/cleanup • Strategic acquisition & clearance • Development and maintenance of the affordable housing stock throughout Nevada 	CDBG: \$451,349	
3	Public Facilities and Infrastructure	2020	2024	Non-Housing Community Development	Non-Entitlement Jurisdictions	<ul style="list-style-type: none"> • Water/sewer • Parks/recreation/youth & senior (community) facilities • Streets & sidewalks • Health & safety • Increase broadband access 	CDBG: \$1,432,662	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 10,000 Persons Assisted
4	Public Services	2020	2024	Non-Housing Community Development	Non-Entitlement Jurisdictions	<ul style="list-style-type: none"> • Non-homeless services • Shelters • Affordable housing services 	CDBG: \$348,853 HOPWA: \$416,146	Public service activities other than Low/Moderate Income Housing Benefit: 50 Persons Assisted HIV/AIDS Housing Operations: 30 Household Housing Unit

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
5	Economic Development / Environment	2020	2024	Non-Homeless Special Needs	Non-Entitlement Jurisdictions	<ul style="list-style-type: none"> Create/retain jobs Create/expand businesses 	CDBG: \$174,426	Businesses assisted: 125 Businesses Assisted Jobs created/retained: 25 Jobs
6	Community Planning and Capacity Building	2020	2024	Non-Housing Community Development	Non-Entitlement Jurisdictions	<ul style="list-style-type: none"> Training & technical assistance Assist UGLGs in identifying achievable goals Align goals with funding 	CDBG: \$209,311	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 200 Persons Assisted Other: 1 other

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
7	Homelessness	2020	2024	Homeless	Statewide	<ul style="list-style-type: none"> • Provide rapid re-housing services & financial supports • Homeless supports and prevention • Support shelter operations • Increase and maintain supply & access of affordable and supportive housing • Outreach 	ESG: \$478,132	Homeless Person Overnight Shelter: 60 Persons Assisted Tenant-based rental assistance / Rapid Rehousing: 100 Households Assisted Homelessness Prevention: 30 Persons Assisted

Table 55 – Goals Summary

Goal Descriptions

1	Goal Name	Affordable Housing
	Goal Description	The State will use HOME, CDBG, Housing Trust Fund, and Nevada AAHTF to increase affordable housing through the construction of new rental housing, the rehabilitations of rental housing and the rehabilitation of owner housing.
2	Goal Name	Community Stabilization/ Development Support Efforts to Combat Homelessness
	Goal Description	Support community stabilization through Code enforcement, Slum/blight removal, Environmental/cleanup, and Strategic acquisition & clearance.
3	Goal Name	Public Facilities and Infrastructure
	Goal Description	The State will fund public facility and infrastructure improvements, including Water/sewer, Parks/recreation/youth & senior (community) facilities, Streets & sidewalks, Health & safety, and Increase broadband access.

4	Goal Name	Public Services
	Goal Description	This is a public service goal to provide access to needed services.
5	Goal Name	Economic Development / Environment
	Goal Description	This goal provides employment opportunities for low- and moderate-income people and promote businesses in the State.
6	Goal Name	Community Planning and Capacity Building
	Goal Description	This goal is to provide infrastructure and other planning support for units of local government or sub-recipients.
7	Goal Name	Homelessness
	Goal Description	<p>ESG and AAHTF will be allocated to agencies to fund rapid re-housing assistance for up to 24 months, along with tenant based rental assistance for homeless who are referred by the coordinated entry lead agencies.</p> <p>ESG and AAHTF will be provided to emergency and domestic violence shelters to offset the costs of operating their shelters. Funding will also be allocated for essential services to residents of these shelters. In communities without access to a shelter, funds will be allocated to pay for motel/hotel vouchers that are used as emergency housing.</p> <p>ESG funds will provide funding to offset costs of the Homeless Management Information System (HMIS). Goal is 95% data quality</p>

Table 55 – Goals Summary

Introduction:**Funding Allocation Priorities**

	Increase Availability of Affordable Housing (%)	Support Efforts to Combat Homelessness (%)	Provide Support to Those at Risk of Homelessness (%)	Support Data Collection for Homeless Services (%)	Improve Infrastructure (%)	Improve Access to Public Services (%)	Provide Infrastructure and Planning Support (%)	Enhance Access to Quality Facilities (%)	Encourage Economic Development (%)	Increase availability rental housing for ELI (%)	Total (%)
CDBG	30	0	0	0	51	10	6	13	5	0	100
HOME	90		0	0	0	0	0	0	0	0	100
HOPWA	0	0	0	0	0	100	0	0	0	0	100
ESG	0	50	25	25	0	0	0	0	0	0	100
Housing Trust Fund	0		0	0	0	0	0	0	0	100	100
Other Nevada Housing Trust Fund	25	0	15	0	0	0	0	0	0	60	100

Table 1 – Funding Allocation Priorities

Reason for Allocation Priorities

ESG: Funding continues to be limited for homeless activities in rural Nevada. Communities believe that there is a need to fund emergency and domestic violence shelters to ensure that homeless individuals and families have access to safe shelter. Rapid re-housing is a category that is prioritized as the largest number of people on the community que regularly fall under the rapid re-housing category.

HOME: NHD chose to give Low Income Housing Tax Credit projects allocation priority because it ensures that the HOME funds are being leveraged to the greatest extent possible. NHD feels that Down Payment Assistance programs are important programs to have in the non-entitled areas where there is more housing stock in the rural areas.

HTF: NHD chose to give Low Income Housing Tax Credit projects allocation priorities because it ensures that the HTF funds are being leveraged to the greatest extent possible.

CDBG: As reflected in this table, the CDBG program primary focus is on improving and upgrading infrastructure. While not direct job creation projects, improved infrastructure enables communities to expand economic development opportunities through improved and expanded infrastructure.

HOPWA: As indicated in this table, HOPWA funds are used to assist HIV positive individuals at-risk of homelessness with rental, mortgage and utility assistance, also assistance with move-in costs associated with securing permanent housing.

How will the proposed distribution of funds will address the priority needs and specific objectives described in the Consolidated Plan?

ESG: The Consolidated Plan identified the need to support existing homeless and domestic violence shelters due to the limited amount of resources that are available for housing. There is also a need for homeless prevention activities, and the bulk of those programs will be funded through the AAHTF Welfare Set-Aside program. The State Consolidated Plan, local Continuum of Care Strategic Plans, and the Governor's Interagency Council on Homelessness identified the need for permanent housing, including rapid re-housing. As a result both ESG and AAHTF will have allocations primarily focused on those activities. Tenant-based rental assistance programs will be managed by counties, and the Nevada Rural Housing Authority as part of the Rural Nevada Coordinated Entry process.

HOME: The proposed distribution will address the need of multi-family housing by ensuring that affordable multi-family complexes will have the funding needed to be built. NHD will also be able to continue a down payment assistance program.

CDBG: Funding from CDBG supports CDBG priorities as noted in the Consolidated Plan for the State of Nevada.

HTF: The distribution from HTF will not change the priority needs and specific objectives described in the Consolidated Plan, however, the additional funding will enhance the current objectives and facilitate completion.

HOPWA: Funding for HOWPA supports the activities and priorities as noted in the Consolidated Plan for the State of Nevada.

AP-30 Methods of Distribution – 91.320(d)&(k)

Introduction:

Distribution Methods

Table 2 - Distribution Methods by State Program

1	State Program Name:	Community Development Block Grant Program
	Funding Sources:	CDBG

Describe the state program addressed by the Method of Distribution.	<p>CDBG: The Community Development Block Grant (CDBG) program is a flexible program that provides communities with resources to address a wide range of unique community and economic development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD. Through the CDBG program, HUD provides annual grants on a formula basis to 1,209 general units of local government and States.</p> <p>The CDBG entitlement program allocates annual grants to larger cities and urban counties to develop viable communities by providing decent housing, a suitable living environment, and opportunities to expand economic opportunities, principally for low- and moderate-income persons.</p> <p>The State of Nevada is a recipient of the State Administered CDBG program, also known as the Small Cities' CDBG program. States award grants to smaller units of general local government that carry out community development activities. Annually, each State develops funding priorities and criteria for selecting projects. Nevada's priorities are established by the consolidated planning process, state priorities, and the regional community and economic development needs of the communities.</p> <p>The State of Nevada's CDBG Program is designed to meet the priority needs that have been identified by the State and local communities.</p> <p>The 5-Year Consolidated Plan identified the following as priorities: Improve infrastructure by assisting with sidewalk/path, street, water and wastewater system upgrades and development projects; enhance access to quality facilities to serve the population throughout rural Nevada; Provide infrastructure and other planning support for units of local government; retain and expand existing businesses; support recruitment and attraction of new businesses to Nevada; provide employment opportunities for low- and moderate-income people. By funding these priorities, State CDBG funds will be allocated to support these priorities.</p>
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	<p>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</p>	<p>CDBG: The CDBG Program implemented a revised ranking criteria form for use by the CDBG Advisory Committee. The ranking form is reviewed during the CDBG Application Workshop for the current application cycle. Refer to hard copy of the Annual Action Plan for details of the Method of Distribution and criteria.</p>
	<p>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</p>	<p>CDBG: Potential applicants can access application manuals and the ranking criteria on the Governor's Office of Economic Development: CDBG web pages. Applicants also are encouraged to work with CDBG staff members in developing applications to ensure project eligibility and answer any questions applicants may have about the process.</p> <p>Non-profit organizations work with the 27 eligible CDBG cities and counties to develop applications to be sponsored by the city or county. Notices are posted and/or published in the various cities/counties to inform the non-profit organizations about CDBG and the application process. Sponsored organizations also are encouraged to attend the CDBG Grant Application Workshop in their area. For the 2017 Program Year, Carson City, an entitlement, chose to revert to the state CDBG program. Carson City has a separate but similar review and allocation process and is on the same timeline as the state program. For 2018, Carson City applications were submitted through the on-line system, ZoomGrants; reviewers also used the on-line system.</p>

<p>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</p>	<p>CDBG: Funds are awarded through a competitive application process that is reviewed during CDBG Application Workshops held in the spring and summer months each year. Applications are due in January or February and reviewed by CDBG staff members for eligibility. Once verified as eligible, applications are distributed to an Advisory Committee (AC) for ranking. The AC generally meets in March/April, in an open meeting process, to review and recommend applications for funding. During this open meeting process, external reviewers provide input regarding potential projects; project applicants also make presentations about the proposed projects. The AC recommendations are submitted to the GOED Director for review and approval before forwarding to the Governor for final approval of projects.</p>
<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	<p>HOPWA only. Not applicable to CDBG. However, projects from non-profits can be sponsored by a city/county for CDBG funding. A five-year Request for Applications (RFA) will be issued late 2020 for agencies interested in providing HOPWA services to clients. The four-year RFA will be in line with the next five-year Consolidated Plan.</p>
<p>Describe how resources will be allocated among funding categories.</p>	<p>CDBG: Resources are allocated among funding categories based on community need and responsiveness to the state's CDBG's program goals. Needs also reflect and respond to changes occurring at the local level.</p>
<p>Describe threshold factors and grant size limits.</p>	<p>CDBG: CDBG does not have a threshold factor or grant size limit.</p>

	What are the outcome measures expected as a result of the method of distribution?	The CDBG Outcome Measures are (1) Availability/Accessibility, (2) Affordability; and (3) Sustainability relating to (1) Suitable Living Environments; (2) Decent Housing; and (3) Economic Opportunity. An estimated 15,629 individuals will benefit from the 2017 projects recommended for funding.
2	State Program Name:	Emergency Solutions Grant
	Funding Sources:	ESG
	Describe the state program addressed by the Method of Distribution.	The State is allocated an annual distribution of ESG funds that are distributed and managed through NHD. The annual allocation of ESG funds for 2020 is estimated to be \$478,132. NHD will distribute these funds through a competitive application which opened in February 2020. Programs in non-entitled areas of the State are prioritized since the PJs throughout the State receive their own ESG distribution from HUD. In the event the state determines the City of Reno is in further need of ESG funds in addition to their allocation from HUD (determined through their competitive allocation) the state may fund the City of Reno ESG funds. The ESG funds will be mostly or entirely allocated to programs serving those in rural areas of the state.
	Describe all of the criteria that will be used to select applications and the relative importance of these criteria.	Programs in non-entitled areas of the State are prioritized. In the event the State determines the City of Reno is in further need of ESG funds in addition to their allocation from HUD (determined through their competitive allocation) the state may fund the City of Reno ESG funds. The ESG funds will be mostly or entirely allocated to programs serving those in rural areas of the state. In addition Rapid Re-housing programs will be prioritized for funding, however, all categories allowable under the ESG program will be considered.

If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)	This section is not applicable since ESG is not CDBG. All information on the ESG program is available through the NHD website and through contacting the ESG administrator.
Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)	The ESG funding is available to all units of local governments, non-profit organizations, including community and faith-based organizations with in the rural communities and the City of Reno through the competitive application process.
Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)	This section is not applicable since ESG is not HOPWA. ESG does not utilize sponsors but utilizes the CoC partnerships to strengthen their programs and impact.
Describe how resources will be allocated among funding categories.	Although ESG funding will be prioritized for Rapid rehousing programs, all ESG allowable categories will be considered for funding. To adhere with ESG requirements no more than 60% of the overall allocation will distributed to shelter programs and 10% of the overall allocation may be set aside for program administration.
Describe threshold factors and grant size limits.	Even though the 2020 allocation had an increase from the 2019 allocation, NHD normally receives applications from eligible programs that exceed our funding by \$200,000. ESG funding is very competitive and valuable to the programs located in the rural areas of the state and to the City of Reno.

	What are the outcome measures expected as a result of the method of distribution?	NHD expects to be able to fund all priority programs and existing programs in good standing, likely not for their full ask but in part.
3	State Program Name:	HOME Program
	Funding Sources:	HOME

Describe the state program addressed by the Method of Distribution.	<p>The HOME funds are allocated to all Participating Jurisdictions (PJ's) in the State. The State has decided to allocate the HOME funds based on population to ensure that each Nevadan receives an equitable amount of funding. If the State were to only distribute HOME funds in the non-entitled areas, they would receive approximately several times the amount of funding that other PJ's receive. Therefore, the State takes into consideration all of the HOME funds coming into the State and distributes the State funds based on a population formula. 10% of the award is used for administration of the grant.</p> <p>The allocation for other Participating Jurisdictions in the State are as follows:</p> <p>Clark County HOME Consortium-\$758,218</p> <p>City of Henderson-\$182,138</p> <p>City of Las Vegas-\$374,613</p> <p>Washoe County HOME Consortium-\$269,371</p> <p>Non-entitled area of the State-\$1,115,660</p> <p>PI received within each jurisdiction will be allocated back to the respective PJ in the subsequent year's funding agreement. Old PI, EN, and/or recaptured funds remaining from previous funding years originally slotted for a certain PJs or non-entitlement areas can be opened up through the normal application process for projects statewide.</p> <p>In the non-entitlement areas, NHD will facilitate a competitive application. In the event that older funds are released for statewide applications, these applications will go through the same competitive application process.</p>
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<p>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</p>	<p>The State will allocate the non-entitled portion of the HOME funds to non-entitled areas. We will make funding Low Income Housing Tax Credit projects as our first priority and will evaluate remaining projects and make selections based on need and funding remaining.</p>
<p>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</p>	<p>This is not applicable because this program is HOME not CDBG. Information on the HOME program is available on the NHD website and by contacting the HOME program administrator.</p>
<p>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</p>	<p>This is not applicable because this program is HOME not ESG. Details on the HOME allocation and distribution can be found in a section above.</p>
<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	<p>This is not applicable because this program is HOME not HOPWA. The HOME program does not involve sponsors but does utilize investors and partners. HOPWA grantee works with the University of Reno – School of Community Health Services, Nevada Public Health Training Center and the Nevada Faith & Health Coalition which is tasked with working with faith-based and other community-based organizations, when the next HOPWA funding proposal is released, it will be disseminated to this body as well.</p>

	Describe how resources will be allocated among funding categories.	HOME funds and Low Income Housing Tax Credits will prioritize multi-family rental projects whether they be new construction or rehabilitation. HOME funds will also be used for down payment assistance. The State will use the majority of its AAHTF for tenant based rental assistance, security deposit assistance, and emergency assistance in the non-entitled areas of the state.
	Describe threshold factors and grant size limits.	Threshold factors are mainly based on the amount of funding the State has for the project and how many projects are successful in obtaining Low Income Housing Tax Credits. The average amount of HOME funds that it takes to fund a tax credit project is usually about \$400,000.00. The State usually allocates \$300,000 to a down payment assistance program. Further, the State receives the State minimum allocation of HOME from HUD \$3,000,000.
	What are the outcome measures expected as a result of the method of distribution?	NHD expects that it will be able to fund all of its priorities using this method of distribution. We foresee funding multi-family new construction projects, multi-family rehabilitation projects and a down payment assistance program.
4	State Program Name:	HOPWA
	Funding Sources:	HOPWA
	Describe the state program addressed by the Method of Distribution.	The HOPWA program is designed to assist HIV positive individuals at-risk of homeless with rental, mortgage, and utility assistance; as well as assistance with move-in costs associated with securing permanent housing.

Describe all of the criteria that will be used to select applications and the relative importance of these criteria.	<p>The Request for Proposals for the HOPWA program have not been released since 2011, due to northern Nevada having limited organizations expressing interest in bidding on the project. Northern Nevada HOPES (NNHOPES) submitted a completed proposal due to their HIV/AIDS specialty services, proven track record and expertise in the field and was approved to be the sole HOPWA project sponsor. To fall in line with the current Con Plan, the HOPWA grantee has no plans to release a Request for Applications (RFA) until 2020, which will coincide with the drafting of the 2020-2024 Con Plan.</p> <p>Once the RFA is released and in the event that more than one agency submits a request for funding for the HOPWA program preference will be given to agencies that are current or past recipients of HOPWA funds; can demonstrate successful implementation of the HOPWA program; have chosen to utilize HOPWA funds on activities that will prevent homelessness amongst the HIV positive community, and are actively helping to meet the Objectives of NHD and HUD.</p> <p>Funds may be used in the following focus areas:</p> <ol style="list-style-type: none">1. Provide Short-Term Rental and Mortgage Assistance (STRMU) for 21 weeks out a 52 week calendar year;2. Provide Tenant Based Rental Assistance (TBRA) for individuals who will need long-term financial assistance in order to prevent homelessness and Project Based Rental Assistance (PBRA);3. Provide Supportive Services (SS) Assistance to individuals in need of financial help to obtain items that are required prior to being approved for a rental unit, such as a state issued ID;4. Provide Permanent Housing Placement (PHP) assistance to individuals who need financial assistance with unit move-in costs such as first month's rent and deposits.
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	If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)	N/A
	Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)	N/A

<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	<p>To apply for a subgrant from the DPBH, RWPB Program, an organization must be a 501(C)(3), a for-profit corporation (if services are not immediately available in a designated service area), educational institution, a state agency, a religiously affiliated organization, or a local governmental agency performing or anticipating performing a function relevant to program goals of the RWPB.</p> <p>Each proposal submitted must contain the following sections:</p> <p>PFS Application Cover Sheet: This page identifies the PFS and requires the applicant to fill in the basic information; this is to be signed by an organization staff with the authority to make a binding contract or agreement on behalf of that organization.</p> <p>Project Data Sheet: This section includes identifying information about the applicant; project information; project funding formula; contact information and signature authority.</p> <p>Project Outline: This section includes general information and a description of the project being proposed. The applicant will respond to a set of statements and provide responses that clearly states the goals and major activities of the proposed project and the impact it will have on fulfilling the goals and objectives of the RWPB; a description of the organization's qualifications to implement the proposed project; a detailed narrative about the proposed project including specific information on the methodology to be used, an overview of project activities, the expected accomplishments of the project, and a timeline for completion.</p> <p>In addition to the above criteria, please include in your project outline plans for community collaboration; identify any key organizations which may be involved in the coordination of services, interagency policy development, comprehensive networking, or system integration. Provide a brief summary of how your project would be sustained in future years if the project were to continue.</p> <p>Project Work Plan: This section details the Objectives, Activities, Benchmarks, Performance Measures and Evaluation for the project. Applicants should enter as many objectives and activities, including detailed performance measures, as necessary to support expected outcomes of the project.</p>
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<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	<p>Project Budget Request & Justification Form: This section includes a summary and itemized section containing projections of costs for personnel, travel, equipment, supplies, contractual, other direct costs and indirect costs.</p> <p>Successful applicants will be required to complete RWPB program forms, signed assurances of compliance with federal and state laws, and original signatures of individuals authorized to accept grants on behalf of the organization.</p> <p>Supplemental Information, Attachments: You can include “up to” 5 pages of <u>relevant</u> support materials, including samples of newspaper articles, letters of support, etc. In addition, any charts, graphs, statistical information or substantiating documentation of statements listed in the text of the proposal should be included in the list of attachments.</p> <p>Applicants shall be consistently evaluated and scored based upon a two-step evaluation process. Each application will be evaluated and scored using the following criteria:</p> <ul style="list-style-type: none"> • Applicant’s understanding of background, need for, and scope of services/project; • Adequacy of proposed project approach; • Adequacy of proposed plan of action; • Adequacy of proposed evaluation; • Qualification and experience with similar work; • Reasonableness of cost; and • Such other factors deemed relevant in determination of the best value for the State.
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	Describe how resources will be allocated among funding categories.	HOPWA funds will be passed through the State of Nevada Health and Human Services (DHHS): Division of Public & Behavioral Health and will be allocated to local for-profit and non-profit organizations in only Northern Nevada because Clark County (Las Vegas) receives funding for housing assistance from HUD HOPWA separately and Las Vegas TGA receives Ryan White Part A program, HOPWA funds are solely allocated to Northern Nevada and the rural areas. Northern Nevada HOPES, project sponsor, receives the entire HOPWA grant minus three percent that is retained for State Administration.
	Describe threshold factors and grant size limits.	The HOPWA program does not have formal Threshold Factors or Grant Size Limit. Threshold factors are mainly based on the amount of the State funding award. Size of the award to the project sponsor also depends on the quality of the application. The average amount awarded to the project sponsor is \$307,865.
	What are the outcome measures expected as a result of the method of distribution?	<p>The overarching outcome is to establish a seamless system to immediately link people diagnosed with HIV to continuous and coordinated quality care; enhance the number and diversity of available providers of clinical care and support services for people with HIV; and support people with HIV with co-occurring health conditions and those who have challenges meeting their basic needs.</p> <p>Specific outcomes to housing include:</p> <ul style="list-style-type: none"> • progress in carrying out its 1) local and 2) statewide strategic plan and initiatives set-forth by the Nevada Economic Development office, Annual Action Plan, Con Plan, HIV/AIDS Integrated Plan, • increase percentage of clients in stable housing, • increase percentage of clients retained in care.
5	State Program Name:	National Housing Trust Fund
	Funding Sources:	Housing Trust Fund

<p>Describe the state program addressed by the Method of Distribution.</p>	<p>The National Housing Trust Fund (HTF) is an affordable housing production program that will complement the existing Federal, State and local efforts to increase and preserve the supply of decent, safe and sanitary affordable housing for extremely low (ELI) and very low income (VLI) households, including families experiencing homelessness. Established under Title I of the Housing and Economic Recovery act of 2008, HTF will be distributed through the U.S. Department of Housing and Urban Development (HUD) on a formula basis to the states.</p> <p>The State of Nevada has appointed NHD as the State Designated Entity (SDE) to administer the program.</p> <p>NHD is expecting to receive \$3,000,000 in HTF. NHD opened a statewide competitive application for this funding in February 2020. WNHD anticipates receiving multiple HTF applications for this funding for rental projects located throughout the state of Nevada.</p>
<p>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</p>	<p>Selection of projects will be mirrored to the NHD QAP which sets forth selection criteria to be used to determine housing priorities and gives preference among selected projects to:</p> <ul style="list-style-type: none"> • Projects serving the lowest income tenants, • Projects obligated to serve qualified tenants for the longest periods, • Projects which are located in qualified census tracts and the development of which contributes to a concerted community revitalization plan. <p>And</p> <ul style="list-style-type: none"> • Includes the following selection criteria: Project location • Housing needs characteristics Project characteristics Applicant characteristics Tenant populations with special housing needs Public housing waiting lists Tenant populations of individuals with children The energy efficiency of projects

	<p>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</p>	<p>This is not applicable to this section since HTF is not CDBG. All HTF information and manuals are available through the NHD website and/or by contacting the HTF administrator.</p>
	<p>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</p>	<p>This is not applicable to this section since HTF is not ESG. Please see an above section for allocation and distribution details.</p>
	<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	<p>This is not applicable to this section since HTF is not HOPWA. HTF does not utilize sponsors as HOPWA does, HTF utilizes investors and partners.</p>

	<p>Describe how resources will be allocated among funding categories.</p>	<p>The State of Nevada will use HTF funds exclusively for the construction of rental housing to meet the priority housing needs as identified by the State's Consolidated plan. In accordance with HTF regulations, up to 10% of the State's HTF allocation will be used for administration.</p> <p>NHD has elected not to allow HTF funds to be used for homeownership activities given the extremely low-income targeting requirements of the program.</p> <p>NHD will not permit the refinancing of existing debt with HTF.</p>
	<p>Describe threshold factors and grant size limits.</p>	<p>Threshold factors are mainly based on the amount of funding the State has for the project and how many projects are successful in obtaining Low Income Housing Tax Credits.</p>
	<p>What are the outcome measures expected as a result of the method of distribution?</p>	<p>The State will measure its progress, consistent with the State's goals established in the Consolidate Plan. These "Housing Priorities" include the increased availability of rental housing for ELI and VLI households and improving housing accessibility and safety. It is currently anticipated that an additional 25 units will be added annually.</p>

Discussion:

No further discussion

AP-35 Projects – (Optional)

Introduction:

NHD is currently in the middle of the competitive application process for AAHTF, HOME, and ESG for the rural communities and the HTF competitive application process statewide. NHD should have funding determinations by June 2020. HOME funds that have already been allocated to the PJ's throughout the State will support new construction and rehabilitation of multifamily rental projects, homeowner down payment assistance and homeowner rehabilitation within the respective jurisdictions.

The projects below have been selected for the 2020 Program Year.

Projects

#	Project Name
1	Colorado Street ADA Compliance Improvement Project
2	FISH Transitional Housing Design Project
3	Nevada Health Center Medical Technology Project
4	Ron Woods Youth Absentee Reduction Project
5	RSVP Nevada Rural Counties Veterans' Project
6	Grant Management Project
7	Ely Fire Department Extrication Tool Project
8	Murry Street Sewer Upgrade Project, Phase II
9	Emergency Generator Project
10	Goldfield Historical Street Rehabilitation Project, Phase III
11	Pioche Airport Road Drainage Project
12	Walker River Economic Corridor Economic Development Project
13	Pahrump Fairgrounds Environmental Assessment Project
14	Pahrump Fairgrounds Water & Well System Project
15	McGill Sewer Pond Lining Project, Phase I
16	McGill Slag Ditch Study Project

Table 58 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

The funding priorities for HOME and HTF are to support new construction and rehabilitation of multifamily rental properties that support low income households, special needs population and veterans. One obstacle in the rural communities is the rising costs on construction costs and availability of resources and manpower in the rural and geographically isolated communities.

HOME: As stated prior to this section, the HOME funds administered directly to non-entitled areas of the state prioritize funding new construction and rehabilitation of multifamily rental projects throughout rural areas of the state which also receive LIHTCs and a down payment assistance program. Prioritizing funding for multifamily projects that also receive LIHTC's increases the impact of the funding and often results in producing higher quality affordable housing with larger amounts

of affordable units thus contributing the increase and maintenance of the affordable housing stock in Nevada.

HTF: Prioritizes funding projects reserving units for households earning 30% AMI or lower. These funds are crucial to meet the needs of Nevada's most vulnerable populations.

ESG: As stated above, the ESG funds prioritize programs in the rural areas of the State. Due to Nevada's geography the programs located in the rural areas of the state face extremely unique challenges which vary county to county. The distance between county and city services contributes to these issues. Rapid re-housing is a category that is prioritized as the largest number of people on the community que regularly fall under the rapid re-housing category.

AP-38 Project Summary

Project Summary Information

HOME: The allocation for the Participating Jurisdictions in the State are as follows:

Clark County HOME Consortium-\$758,218

City of Henderson-\$182,138

City of Las Vegas-\$374,613

Washoe County HOME Consortium-\$269,371

Non-entitled area of the State-\$1,115,660

All PJs and NHD prioritize funding for multifamily new construction and rehabilitation of rental properties. NHD will be able to expand on other projects receiving funding when the competitive application process is over and funding in the rural areas is determined.

HTF: NHD prioritizes funding the multifamily new construction and rehabilitation of rental properties receiving LIHTC. Details on the specific projects will be available after the competitive application process closes and the distribution is determined.

ESG: NHD prioritizes rapid re-housing programs, rural programs and NHD funds all ESG eligible categories. More details regarding the specific distribution will be available after the competitive application process.

NHD is currently in the middle of the competitive application process for AAHTF, HOME, and ESG for the rural communities and the HTF competitive application process statewide. NHD should have funding determinations by June 2020. HOME funds that have already been allocated to the PJ's throughout the State will support new construction and rehabilitation of multifamily rental projects, homeowner down payment assistance and homeowner rehabilitation within the respective jurisdictions.

The following CDBG projects have been selected for the 2020 Program Year.

1	Project Name	Colorado Street ADA Compliance Improvement Project
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Streets & sidewalks
	Funding	CDBG: \$340,868
	Description	The purpose of this project is for the design and construction of ADA compliant sidewalks and ramps along Colorado Street
	Target Date	06/31/2021

	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 1,280 households, including 730 LMI households.
	Location Description	Carson City
	Planned Activities	The purpose of this project is for the design and construction of ADA compliant sidewalks and ramps along Colorado Street
2	Project Name	FISH Transitional Housing Design Project
	Goals Supported	Community Stabilization/ Development
	Needs Addressed	Strategic acquisition & clearance
	Funding	CDBG: \$30,583
	Description	This grant request is for the planning stage of the new housing for this project, including architectural plans and civil engineering plans for the possible renovation of existing buildings, removal of the approach on Carson Street, removal of any structure that does not meet standards, design of new buildings, including the required business front on Carson Street, parking areas, sidewalks, and green spaces.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 60 LMI households.
	Location Description	Carson City
	Planned Activities	This grant request is for the planning stage of the new housing for this project, including architectural plans and civil engineering plans for the possible renovation of existing buildings, removal of the approach on Carson Street, removal of any structure that does not meet standards, design of new buildings, including the required business front on Carson Street, parking areas, sidewalks, and green spaces.
3	Project Name	Nevada Health Center Medical Technology Project
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Health & safety
	Funding	CDBG\$ 31,873
	Description	The purpose of the project is to secure equipment that will improve medical accuracy at Nevada Health Centers' two locations in Carson City.
	Target Date	06/31/2021

	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 7,877 households, including 4,602 LMI households.
	Location Description	Carson City
	Planned Activities	The purpose of the project is to secure equipment that will improve medical accuracy at Nevada Health Centers' two locations in Carson City.
4	Project Name	Ron Woods Youth Absentee Reduction Project
	Goals Supported	Public Services
	Needs Addressed	Non-homeless services
	Funding	CDBG: \$20,000
	Description	The purpose of the project is to expand the Youth Absentee Reduction Project to 4 new schools in the Carson City area. This includes case management to the youth identified as having chronic absenteeism and their families. The program includes youth workshops (on and off site for the schools); coordinating the program with truancy officers and the youth subcommittee in order to bring awareness to chronic absenteeism. Outreach includes developing prevention campaigns, engaging community partners, and providing individual services to youth, families and groups to address issues leading to chronic absenteeism.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 300 persons, including 250 LMI persons.
	Location Description	Carson City
	Planned Activities	The purpose of the project is to expand the Youth Absentee Reduction Project to 4 new schools in the Carson City area. This includes case management to the youth identified as having chronic absenteeism and their families. The program includes youth workshops (on and off site for the schools); coordinating the program with truancy officers and the youth subcommittee in order to bring awareness to chronic absenteeism. Outreach includes developing prevention campaigns, engaging community partners, and providing individual services to youth, families and groups to address issues leading to chronic absenteeism.
5	Project Name	RSVP Nevada Rural Counties Veterans' Project
	Goals Supported	Public Services
	Needs Addressed	Non-homeless services

	Funding	CDBG: \$20,000
	Description	RSVP's Veterans "Volunteers in Partnership" (Veterans VIP) Program is an ongoing program that assists veterans and their families. The goal of the Veterans VIP Program is to provide veterans in expanded areas with information and access to services that empowers them to emerge from poverty and enables them to remain independently at home.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 175 persons, including 97 LMI persons.
	Location Description	Carson City
	Planned Activities	RSVP's Veterans "Volunteers in Partnership" (Veterans VIP) Program is an ongoing program that assists veterans and their families. The goal of the Veterans VIP Program is to provide veterans in expanded areas with information and access to services that empowers them to emerge from poverty and enables them to remain independently at home.
6	Project Name	Grant Management Project
	Goals Supported	Community Planning and Capacity Building
	Needs Addressed	Training & technical assistance
	Funding	CDBG: \$49,258
	Description	The purpose of this project is for the planning and grant management of the Carson City projects
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	Administration. No direct benefit
	Location Description	Carson City
	Planned Activities	The purpose of this project is for the planning and grant management of the Carson City projects
7	Project Name	Ely Fire Department Extrication Tool Project
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Health & safety
	Funding	CDBG: \$12,229
	Description	The purpose of this project is to secure a Hurst SC 758E2 Edraulic Combo Extrication Tool w/ charger and 2 EXL batteries to serve expanded areas beyond Ely, such as the LMI community of McGill..
	Target Date	06/31/2021

	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 1,480 households, including 1,090 LMI households.
	Location Description	City of Ely
	Planned Activities	The purpose of this project is to secure a Hurst SC 758E2 Edraulic Combo Extrication Tool w/ charger and 2 EXL batteries to serve expanded areas beyond Ely, such as the LMI community of McGill..
8	Project Name	Murry Street Sewer Upgrade Project, Phase II
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Water/sewer
	Funding	CDBG: \$332,363
	Description	The purpose of this project is to replace the 100 plus year-old vitrified clay sewer main pipeline from the Murry Canyon area of Ely and will upsize the old 6" sewer main to a new 8" main pipeline.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 1,455 households, including 750 LMI households.
	Location Description	City of Ely
	Planned Activities	The purpose of this project is to replace the 100 plus year-old vitrified clay sewer main pipeline from the Murry Canyon area of Ely and will upsize the old 6" sewer main to a new 8" main pipeline.
9	Project Name	Emergency Generator Project
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Health & safety
	Funding	CDBG: \$360,000
	Description	The purpose of this project to purchase and install generators at strategic locations in Esmeralda County that will serve the area when there is lack or loss of electricity from the utility providers.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 1,135 households, including 625 LMI households.
	Location Description	Esmeralda County

	Planned Activities	The purpose of this project to purchase and install generators at strategic locations in Esmeralda County that will serve the area when there is lack or loss of electricity from the utility providers.
10	Project Name	Goldfield Historical Street Rehabilitation Project, Phase III
	Goals Supported	Community Stabilization/ Development
	Needs Addressed	Strategic acquisition & clearance Development and maintenance of the affordable housing stock throughout Nevada
	Funding	CDBG: \$425,000
	Description	The purpose of this project is to prep streets and resolve other irregularities to prepare for the road rehabilitation project. CDBG funding includes oil costs, the dispenser truck and driver, oil for double chip seal, fog seal oil, purchase of cold patch for fuel costs, and cost of production of the chips.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 555 households, including 300 LMI households.
	Location Description	Esmeralda County
	Planned Activities	The purpose of this project is to prep streets and resolve other irregularities to prepare for the road rehabilitation project. CDBG funding includes oil costs, the dispenser truck and driver, oil for double chip seal, fog seal oil, purchase of cold patch for fuel costs, and cost of production of the chips.
11	Project Name	Pioche Airport Road Drainage Project
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Water/sewer
	Funding	CDBG: \$40,000
	Description	The purpose of the project is to install a drainage system that will carry water runoff into a catch basin.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 570 households, including 345 LMI households.
	Location Description	Lincoln County
	Planned Activities	The purpose of the project is to install a drainage system that will carry water runoff into a catch basin.
12	Project Name	Walker River Economic Corridor Economic Development Project

	Goals Supported	Economic Development / Environment
	Needs Addressed	Create/retain jobs Create/expand businesses
	Funding	CDBG: \$200,000
	Description	The purpose of this project is to select a consultant to conduct the Walker River Corridor Economic Development Plan to determine options for economic growth within the regions of Lyon and Mineral County.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 12,500 persons, including 6,500 LMI persons.
	Location Description	Lyon County
	Planned Activities	The purpose of this project is to select a consultant to conduct the Walker River Corridor Economic Development Plan to determine options for economic growth within the regions of Lyon and Mineral County.
13	Project Name	Pahrump Fairgrounds Environmental Assessment Project
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	
	Funding	CDBG: \$50,000
	Description	The purpose of this project is to select a consultant who will complete an Environmental Assessment for the Pahrump Fairgrounds for future economic development.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 36,110 households, including 18,455 LMI households.
	Location Description	Nye County
	Planned Activities	The purpose of this project is to select a consultant who will complete an Environmental Assessment for the Pahrump Fairgrounds for future economic development.
14	Project Name	Pahrump Fairgrounds Water & Well System Project
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Water/sewer
	Funding	CDBG: \$500,000

	Description	The purpose of the project is to plan and construct a well and water system at the north end of the Pahrump Fairgrounds property. This project will include a design-build project proposal to be let out and awarded. The process will include engineering and design and construction of a water and well system.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 36,110 households, including 18,455 LMI households.
	Location Description	Nye County
	Planned Activities	The purpose of the project is to plan and construct a well and water system at the north end of the Pahrump Fairgrounds property. This project will include a design-build project proposal to be let out and awarded. The process will include engineering and design and construction of a water and well system.
15	Project Name	McGill Sewer Pond Lining Project, Phase I
	Goals Supported	Public Facilities and Infrastructure
	Needs Addressed	Water/sewer
	Funding	CDBG: \$75,150
	Description	The purpose of the proposed project is to obtain a preliminary engineering report (PER) for the McGill-Ruth sewer pond lining, which will be a multi-phased project.
	Target Date	06/31/2021
	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 1,480 households, including 775 LMI households.
	Location Description	White Pine County
	Planned Activities	The purpose of the proposed project is to obtain a preliminary engineering report (PER) for the McGill-Ruth sewer pond lining, which will be a multi-phased project.
16	Project Name	McGill Slag Ditch Study Project
	Goals Supported	Community Planning and Capacity Building
	Needs Addressed	Training & technical assistance
	Funding	CDBG: \$75,150
	Description	The purpose of the proposed project is conduct a study to determine what the best option to control erosion, flooding, and other issues that occur with the expansive McGill Slag Ditch.
	Target Date	06/31/2021

	Estimate the number and type of families that will benefit from the proposed activities	This project will benefit an estimated 1,480 households, including 775 LMI households
	Location Description	White Pine County
	Planned Activities	The purpose of the proposed project is conduct a study to determine what the best option to control erosion, flooding, and other issues that occur with the expansive McGill Slag Ditch.

AP-40 Section 108 Loan Guarantee – 91.320(k)(1)(ii)

Will the state help non-entitlement units of general local government to apply for Section 108 loan funds?

This is not an activity that the State of Nevada supports currently.

Available Grant Amounts

This is not an activity that the State of Nevada supports currently

Acceptance process of applications

This is not an activity that the State of Nevada supports currently

AP-45 Community Revitalization Strategies – 91.320(k)(1)(ii)

Will the state allow units of general local government to carry out community revitalization strategies?

Yes.

State's Process and Criteria for approving local government revitalization strategies

CDBG supports planning and capacity building for community and regional projects to help revitalize their communities and regions. The plans must define strategies and next steps required to accomplish goals of the plan. This process helps communities/regions identify key individuals and/or groups best qualified to implement each activity and goal. The community planning process creates buy-in from residents.

All program funding contributes directly or indirectly to community revitalization efforts (i.e. housing rehabilitation, public facilities/public infrastructure). ESG and HOPWA funds support housing and services for individuals who are vulnerable, thereby contributing to community revitalization by helping ensure safe living environments for all.

HOME and HTF contribute directly or indirectly to government revitalization strategies. These funds can provide new construction and rehabilitation to multifamily rental projects, homeowner rehabilitation and homebuyer assistance.

AP-50 Geographic Distribution – 91.320(f)

Description of the geographic areas of the state (including areas of low-income and minority concentration) where assistance will be directed

Geographic Distribution

Target Area	Percentage of Funds

Table 3 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

Discussion

CDGB: The State of Nevada does not have Geographic Distribution of funds, other than to LMI/non-entitlements areas.

HOME: The HOME funds are allocated to all Participating Jurisdictions (PJ's) in the State. The State has decided to allocate the HOME funds based on population to ensure that each Nevadan receives an equitable amount of funding. If the State were to only distribute HOME funds in the non-entitled areas, they would receive approximately several times the amount of funding that other PJ's receive. Therefore, the State takes into consideration all of the HOME funds coming into the State and distributes the State funds based on a population formula. 10% of the award is used for administration of the grant.

The allocation for other Participating Jurisdictions in the State are as follows:

Clark County HOME Consortium-\$758,218

City of Henderson-\$182,138

City of Las Vegas-\$374,613

Washoe County HOME Consortium-\$269,371

Non-entitled area of the State-\$1,115,660

PI received within each jurisdiction will be allocated back to the respective PJ in the subsequent year's funding agreement. Old PI, EN, and/or recaptured funds remaining from previous funding years originally slotted for a certain PJs or non-entitlement areas can be opened up through the normal application process for projects statewide. In the non-entitlement areas, NHD will facilitate a competitive application. In the event that older funds are released for statewide applications, these applications will go through the same competitive application process. HOME funding priority goes to projects that are awarded LIHTCs.

HTF: NHD prioritizes funding the multifamily new construction and rehabilitation of rental properties receiving LIHTC. NHD allows statewide access to these funds as to reach all populations at 30% AMI and lower throughout Nevada. HTF funding priority goes to projects that are awarded LIHTCs.

ESG: As stated above, the ESG funds prioritize programs in the rural areas of the State. Due to Nevada's geography the programs located in the rural areas of the state face extremely unique challenges which vary county to county. The distance between county and city services contributes to these issues. Rapid re-housing is a category that is prioritized as the largest number of people on the community que regularly fall under the rapid re-housing category.

AP-55 Affordable Housing – 24 CFR 91.320(g)

Introduction:

The State of Nevada's HOME program funds all Participating Jurisdictions as State Recipients. The remaining counties (non-entitlement areas) will be funded directly through applications received by the NHD.

NHD does not target areas for the HOME program, as the amount of funding received by NHD for rural areas generally requires the partnership of a developer who is involved in the tax credit program. NHD does have two set-asides in its tax credit program to ensure that the rural areas can access the funds. This generally results in two or three construction or rehabilitation projects. All residents in the non-entitled area do have access to a HOME funded down payment assistance program.

Nevada Account for Affordable Housing Trust Funds (AAHTF) will also be used in these jurisdictions for weatherization and rental assistance.

CDBG: The CDBG program has recommended a housing rehabilitation project for funding. Eleven (11) owner-occupied homes would be rehabilitated to help ensure the life of the home and increase accessibility to and inside the home.

HTF: National Housing Trust Funds will be allocated statewide based on applications submitted. HTF will mirror the HOME program and NHD will not target specific areas of the state for funding. NHD will require that each eligible recipient certify that housing assisted with HTF funds will comply with HTF requirements.

One Year Goals for the Number of Households to be Supported	
Homeless	190
Non-Homeless	0
Special-Needs	0
Total	190

Table 4 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	
Rental Assistance	
The Production of New Units	10
Rehab of Existing Units	10
Acquisition of Existing Units	12
Total	32

Table 5 - One Year Goals for Affordable Housing by Support Type

Discussion:

NHD resources have remained steady with the Trust Fund allocation, it is still our intention to keep funding and leveraging funding with other programs to ensure that we are utilizing the HOME and HTF funds to the greatest extent possible.

AP-60 Public Housing - 24 CFR 91.320(j)

Introduction:

This section pertains to grantees who also oversee public housing authority activities. These activities are administered by Nevada Rural Housing Authority (NRHA), Reno Housing Authority (RHA) and the Southern Nevada Regional Housing Authority (SNRHA). Each Authority is responsible for submitting an Annual Action Plan. Please refer to the following links for additional information regarding actions that will occur at Public Housing Authorities in the State of Nevada.

NRHA: <http://nvrural.org/about-us/resources/>

The Housing Authority of the City of Reno: <http://www.renoha.org>

Southern Nevada HA: <http://www.snvrha.org/agency-plans.htm>

Actions planned during the next year to address the needs to public housing

NHD will continue to provide State funds to Nevada Rural Housing Authority (NRHA) to subsidize the Section 8 Housing Choice Voucher program; providing assistance to senior and disabled populations on the wait list. Additional funds have been allocated to NRHA for a security deposit program that is provided to Housing Choice Voucher tenants needing financial assistance to obtain housing.

State funds that are passed through to local jurisdictions may be used in the same manner in northern and southern Nevada, but it is the decision of the local Consortiums to support local housing authorities with their allocation of funds.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

In rural Nevada the Nevada Rural Housing Authority oversees the "Home at Last" program for 1st-time homebuyers and provides up to 4% of the loan amount for down payment assistance. In addition the Housing Authority oversees the Mortgage Credit Certificate program which provides a dollar-for-dollar federal income tax credit equal to 20% or 50% of the interest paid on a mortgage loan. The tax credit is provided to the homebuyer every year; and annual savings is estimated to average \$2,000 per year. Finally the Housing Authority works with eligible Housing Choice Voucher recipients to set aside funding to become 1st-time homebuyers.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

The PHA is not troubled.

Discussion:

No additional discussion.

AP-65 Homeless and Other Special Needs Activities – 91.320(h)

Introduction

The NHD ESG Program Manager works very closely with the local Continuum of Care to ensure funds are targeted to the most vulnerable homeless and at-risk of homelessness clients. In rural Nevada the ESG Program and the Rural Nevada Continuum of Care (RNCoC) developed joint Written Standards and Performance Standards/Outcome Measures which will help with local efforts to end homelessness for the chronically homeless, homeless veterans and their families, and homeless families with children. Some of the ESG sub-recipients are also recipients of HUD Homeless funding through the RNCoC, and programs are managed in a way to ensure that homeless clients are placed in the most appropriate program which will best meet their needs.

NHD will also provide AAHTF to the local Veteran's Resource Center (VRC) to assist veterans and their families with rental assistance until appropriate documents are obtained and they can access SSVF funding. As the VRC is working with the veteran they will also contact the Veteran's Administration to see if the veteran can access a VASH housing voucher. If advised that the veteran is a potential client for a VASH voucher, the VRC will engage Nevada Rural Housing Authority to obtain assistance with the housing eligibility requirements of the VASH voucher program. If the VASH Voucher program does not work out, the Housing Authority will then utilize AAHTF funds allocated by NHD to provide Tenant-Based Rental Assistance subsidies until such time that a Housing Choice Voucher becomes available.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Although the state is not a jurisdiction. NHD is working closely with the RNCoC to ensure the sharing of mutual goals. Shelters and rapid re-housing programs are in high demand and are thus priorities for ESG funding. NHD grant managers also participated in developing the RNCoC strategic plan in which NHD is taking on several responsibilities to alleviate work load from the agencies in the RNCoC. An example of this is that NHD along with one other agency in the RNCoC will be facilitating the RNCoC monitoring, a task that previously was the sole responsibility of the agencies within the RNCoC.

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The NHD does provide ESG funds for outreach to homeless providers, the NHD requires agencies to engage homeless persons within a community so that they have access to available resources through Homeless Connect activities, veteran outreach functions, and by engaging households who have children in the programs at local schools. A number of communities have created a coalition of agencies, including social services agencies, hospitals, police, fire, and mental health providers, who are meeting monthly or quarterly in order to identify the most frequent users of community emergency services and collaborates in shared case management to meet the most urgent needs of the individuals identified. Clients are then engaged and are provided access to available housing and services. Many ESG sub-recipients also receive other HUD Homeless funding and act as lead agencies for this process.

A number of rural ESG sub-recipients are also the local Coordinated Entry Lead Agency and are working with community providers to access available programs and services for homeless clients. As part of the coordinated entry process agencies complete an assessment in the Homeless Management Information System (HMIS) database which will provide information on the client's vulnerability. As part of the process clients are referred to Nevada Rural Housing Authority to see if they are eligible to receive a limited number of Tenant-Based Rental Assistance vouchers funded with AAHTF. If accepted, the client will receive up to 24 months of rental subsidy and will be "fast-tracked" into the Housing Choice Voucher program once a voucher is available. The Housing Authority has made the homeless population a priority to receive assistance in their HCV program as part of the coordinated entry process.

Addressing the emergency shelter and transitional housing needs of homeless persons

The NHD continues to provide allocations to rural emergency and domestic violence shelters since communities have indicated that there is still a need for these types of programs. In communities that do not have access to shelters, ESG and AAHTF pay for motel vouchers so that homeless individuals and families have access to a safe and secure place to stay. Shelters provide case management to clients residing in the shelter, or who are accessing services offered by the provider, and will issue referrals to transitional and permanent housing programs. The NHD will allocate no more than 60% of its annual allocation to emergency shelter and essential services activities, as mandated by program regulations. It is anticipated that 300 homeless persons will have access to emergency and domestic violence shelters supported through the NHD's ESG program.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The Rural Nevada Continuum of Care has developed a Coordinated Entry process that requires lead agencies to utilize the VI-SPDAT assessment tool to determine the most vulnerable residents. Applicants who are "harder to serve" will score higher on the VI-SPDAT and will receive priority access to available housing and mainstream resources. Agencies with staff trained in SOAR practices will assist clients applying for Social Security Disability.

Agencies are encouraged to reduce lengths of homelessness episodes, and new and returned entries into homelessness. Recipients of ESG and CoC funds shall also be required to increase jobs, income and self-sufficiency of program participants, and shall be measured annually to ensure that these objectives are met.

The State ESG Program has also encouraged agencies to increase the number of veterans provided access to permanent housing, and to increase the number of families with access to rapid rehousing and homeless prevention assistance.

Funding for case management to ensure the long-term stability of program participants will be provided with ESG.

Finally, Coordinated Entry Lead Agencies will facilitate access for homeless individuals and families to available affordable housing units. Databases such as the one located at NVHousingSearch.org offers free access to a rental database that matches units with the needs of the clients. Case managers are able to access a portal for social services agencies that provides information about landlords who have asked to be connected to agencies working with special needs groups such as veterans, frail and elderly, physically disabled and more.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

Service providers in local communities are working closely with each other to ensure low-income individuals and families avoid becoming homeless. Communities have implemented informal and formal Memorandums of Understanding with local jails, health care facilities, mental health providers, Division of Child and Family Services (DCFS), Child Protective Services, (CPS) schools, and other facilities and programs so that providers are engaged when a homeless or at-risk of homeless person or family has been identified.

Community Coalition meetings are held throughout the year as the forum to develop protocols to ensure the homeless and low-income households have access to programs and services, including housing if available. Participants include local hospital staff, Sheriff's deputies, Fire Department Emergency management Systems staff, emergency shelter staff, behavioral health, family resource centers, and public guardians. The coalitions work together to identify the most vulnerable residents that are repeatedly using emergency services without a long-term plan

Homeless liaisons at local school districts are also working closely with providers to help families gain access to housing and supportive services. Community meetings have identified the need for at-risk of homelessness assistance. Agencies will utilize funding sources such as ESG and AAHTF to insure individual and families at most risk of homelessness are assisted.

Discussion

NHD encouraged communities to prioritize rapid re-housing activities.

AP-70 HOPWA Goals – 91.320(k)(4)

One year goals for the number of households to be provided housing through the use of HOPWA for:	
Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family	30
Tenant-based rental assistance	21
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	35
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds	5
Total	91

AP-75 Barriers to affordable housing – 91.320(i)

Introduction:

The State's strategy to remove barriers to affordable housing are shown in the Table AP-75.1, below.

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

Table AP-75.1

Fair Housing Goal	Impediments to Fair Housing Choice/ Contributing Factors	Fair Housing Issue	Recommended Actions
Promote homeownership and rental opportunities in high opportunity areas	<p>Moderate to high levels of segregation</p> <p>Access to low poverty areas</p> <p>Insufficient affordable housing in a range of unit sizes</p> <p>Black, Pacific Islander, American Indian, and Hispanic households have disproportionate rates of housing problems</p> <p>Discriminatory patterns in Lending</p>	<p>Segregation</p> <p>R/ECAPs</p> <p>Disproportionate Housing Need</p>	<p>Continue to promote homeownership and affordable rental opportunities in high opportunity areas with the use of CDBG, HOME, and HTF funds. Over the next five (5) years:</p> <p>40 rental units added Annual</p> <p>Annual Goal: 10 rental units added</p> <p>50 rental units rehabilitated</p> <p>Annual Goal: 10 rental units rehabilitated</p> <p>60 households receive homeowner down payment assistance (DPA)</p> <p>Annual Goal: 12 households receive DPA</p> <p>Homeowner rehabilitation programs will no longer be funded through HOME funds but with AAHTF.</p> <p>Track activities annually in the State's PER.</p>
Promote community and service provider knowledge of ADA laws	<p>Insufficient accessible affordable housing</p>	<p>Disability and Access</p>	<p>Increase outreach and education for housing providers in the state, focusing on legal requirements concerning reasonable accommodation, in coordination with local disability advocate organizations. Record activities annually.</p>
Enhance community services in R/ECAPs	<p>Access to low poverty areas</p> <p>Access to job proximity</p> <p>Access to school proficiency</p>	<p>Disparities in Access to Opportunity</p>	<p>Encourage increased public services and public investment in poverty areas in the State. Record activities annually.</p>
Increase outreach and education for housing providers in the state	<p>Moderate to high levels of segregation</p> <p>Access to low poverty areas and concentrations of poverty</p> <p>Moderate to high levels of segregation</p> <p>Discriminatory patterns in Lending</p>	<p>Fair Housing Enforcement and Outreach</p>	<p>Continue to raise awareness and educate buyers through enhanced home purchase and credit education, through seminars, webinars and other outreach efforts. Record activities annually.</p> <p>Enhance outreach and education to units of local government, as well as housing consumers, as it relates to affirmatively furthering fair housing and the duty to affirmatively further fair housing. Record activities annually.</p> <p>Conduct outreach and education of prospective housing consumers on how to acquire and keep good credit, in partnership with local civic organizations (i.e., churches, schools, etc.) Record activities annually.</p> <p>Continue to partner with the Silver State Fair Housing Council, conduct outreach and education with managers of new and existing rental housing complexes. Record activities annually.</p>

AP-85 Other Actions – 91.320(j)

Introduction:

Other actions of the four HUD formula programs in Nevada are specific to each program. See narrative for discussion on each program's actions.

Actions planned to address obstacles to meeting underserved needs

Agencies continue to have challenges keeping homeless and at-risk of homelessness clients engaged in their journey to long-term independence and stability. Funding for case managers is strained due to efforts to address homeless and chronically homelessness issues in rural areas, and finding staff with the skills to work with this population is challenging in smaller communities.

Although improved, case managers working with homeless clients continue to have difficulties with engaging clients in the process of becoming stabilized and self-sufficient. Program participants are challenged to find employment with a “living wage” that allows a household to meet their basic needs.

Finally, agencies have agreed to implement “Housing First” or “Low Barrier” programs, however case managers feel pressure to meet State and CoC performance measures and are struggling to find enough resources such as permanent housing subsidies which will ensure the long-term success of program participants. Limited funding means that clients need to be exited quickly, yet the limited availability of permanent housing subsidies means clients are in jeopardy of exiting without sufficient resources to ensure long term housing stability.

To help address these issues, the State will continue to partner with the local Continuum of Care to help with the training and development of case managers on how to engage their clients. This will continue to be a topic that will be discussed during Technical Meetings which take place every other month.

Social Services agencies that are also ESG recipients have developed workforce programs and are working closely with Northern Nevada Development Authority, a coalition of community and business leaders that promotes education and marketing, to identify workforce and educational needs across northern Nevada. Workforce case managers will work with individuals to identify the barriers keeping them from stable employment. The case manager will also connect participants to educational opportunities to help develop work skills. In addition, participants will receive assistance with the creation of resumes, and soft skill training such as interviews, how to dress, and other employment etiquette.

These same ESG recipients are also Community Action Agencies that conduct monthly meetings to identify households that are facing poverty and homelessness. Members discuss the availability of resources and opportunities for indigent residents in an open forum format. Partnerships have been developed with emergency shelter providers, Salvation Army, JOIN, Job Connect, Voc-Rehab, Veterans Resource Centers, Aging and Disability Resource centers, and local food banks.

The shortage of permanent housing subsidies is a more challenging issue to resolve, especially in rural Nevada. Fortunately the Nevada Rural Housing Authority has members who participate in the Rural Continuum of Care, and are very engaged in directing funds to homeless providers. They have agreed to prioritize the homeless to receive Housing Choice Vouchers (HCV) that are not only

referred to them via Coordinated Entry Lead Agencies, but who are also on the HCV wait list. They will also receive additional State Account for Affordable Housing Trust Funds (AAHTF) for tenant-based rental assistance programs for the homeless, although it is likely that those resources will not be sufficient to cover all of the housing needs of rural participants.

Actions planned to foster and maintain affordable housing

The principal features for achieving the objectives of this strategy include:

- Increasing the supply of standard, affordable rental housing through the rehabilitation of existing housing and the construction of new units;
- Promoting home ownership opportunities through the acquisition and rehabilitation of housing, the construction of new single-family homes, and the provision of below market rate mortgage financing;
- Preserving existing home ownership through the renovation of owner-occupied single-family homes;
- Providing rental assistance to alleviate rental cost burden experienced by very low and low-income households;
- Providing affordable housing opportunities designed to meet the needs of the elderly, people with disabilities, large families, and other special needs groups;
- Addressing the needs of homeless individuals and homeless families through the provision of services and assistance to shelter operators;
- Providing opportunities for nonprofit community organizations to develop and execute projects which benefit lower-income residents.

Actions planned to reduce lead-based paint hazards

HOME:

NHD will continue to ensure that all housing projects funded with HOME funds will comply with the Federal guidelines regarding notification and abatement requirements.

CDBG:

The Governor's Office of Economic Development: Rural Community Development/CDBG ensures that homes built prior to 1978 that are rehabilitated with CDBG funds are tested for lead-based paint hazard by the Rural Nevada Development Corporation (RNDC) staff. Any chipped, peeling, or flaking paint is tested with an XRF analyzer. If lead-based paint is present, the contractor is tasked with setting up proper containment areas during construction and with proper clean up. Any hazardous lead paint areas must be encapsulated. In some instances, the components, such as door and window frames, are replaced. Other times the peeling paint is scraped and peeled away, and a special paint is used to seal the area. One-hundred percent of the homes rehabilitated with CDBG funds are LMI households.

HTF:

NHD ensures that all units built prior to 1978 are tested. In the event that HTF are used for new construction lead-based hazards should be mitigated.

HOPWA:

Grantee will be attending trainings offered around lead-based paint hazards in 2019, and offered to project sponsors also.

Actions planned to reduce the number of poverty-level families

Nevada's anti-poverty strategy is based on helping families to move to economic self-sufficiency. Providing low-income households with assistance through various programs allows them to live in safe, decent, and affordable housing. This helps to provide a base for them to maintain employment, provides a nurturing environment to raise children, and helps them become a part of the community where they work.

The State of Nevada Department of Health and Human Services (HHS) is tasked with the responsibility of addressing poverty issues throughout the State of Nevada, and oversees a number of programs that builds capacity of social services networks in order to respond to the needs of Nevada's residents.

One key funding source in the battle to end poverty is the federal Community Services Block Grant (CSBG) Program. Approximately \$970,000 in CSBG funding provides Community Action Agencies (CAA's) in 15 rural counties with the ability to move lower-income, poverty-level, and homeless households into self-sufficiency. In 2016 CAA's will utilize this funding to:

- Operate intake systems that assess individual and family needs and identifies state and local services that can assist families to remove barriers to self-sufficiency;
- Develop a network of relations with state agencies, local government agencies, non-profits, faith-based organizations, and local businesses to coordinate and deliver services to individuals and families;
- Work on strengthening and expanding partnerships from year to year, as they add new services, increase proficiency in servicing clients, and participate in community coalitions;
- Provide case management services to persons who are committed to attaining improved economic self-sufficiency. In most instances, case management involves coordinated services with multiple partner agencies;
- Continue adopting a more client centered and driven service delivery model, including the development of self-sufficiency plans based on goals identified by program participants; and
- Development of job fairs, which have resulted in a number of job offers to participants.

Other continued efforts to move low-income, poverty-level, and homeless households into self-sufficiency include improvements to transportation services that provide access to job training, employment opportunities, and counseling services. In addition, HHS administers funding for family resource centers, which are located throughout the state in most of the larger communities and provide a variety of support services to families who have lower incomes. The family resource centers, in conjunction with local social service offices, are generally the initial point of contact for many individuals and families who are seeking assistance.

Finally, the NHD continues to fund projects that support housing and supportive programs. There are several nonprofit organizations in rural Nevada that have and continue to develop services and facilities to move very low-income and homeless persons to self-sufficiency. These efforts, along with programs provided by the RNCOC and other partner agencies, will have a direct impact on the number of families living in poverty.

Actions planned to develop institutional structure

The State of Nevada is committed to continuing its participation and coordination with federal, state, county, local agencies, and the private and nonprofit sectors in order to serve the needs of low-income individuals and families across Nevada. The Governor's Office of Economic Development, Department of Business and Industry, and the Department of Health and Human Services collaborate with various entities to continually improve coordination.

The Governor's Office of Economic Development, Department of Business and Industry, and the Department of Health & Human Services all have individual institutional structures. Within each Office or Department, there are divisions that administer HUD programs. The Community Development Block Grant is in the Rural Community Development Division/CDBG of the Governor's Office of Economic Development. The HOME, ESG, HTF, and NSP programs are in the Nevada Housing Division of the Department of Business and Industry. The HOPWA program is in the Division of Public and Behavioral Health of the Department of Health and Human Services. Each Division has its institutional structure, as well.

HUD funds pass through to local governments and other entities that are eligible to receive HUD program funding. These entities, when funded, are part of the institutional structure for each program. The scope of the institutional structure is from the state level to those at the community level where projects are implemented and/or managed.

Actions to be taken in 2020 to enhance coordination and promote further development of that institutional structure include:

- Continue supporting the creation of cross-jurisdiction economic development regions;
- Contract and/or collaborate with Silver State Fair Housing on outreach and training to NHD and CDBG grantees;
- Annual training and technical assistance to non-entitlement communities in rural Nevada
- Support efforts such as Strengthening Economies Together (SET) that strengthen collaboration in CDBG non-entitlement areas;
- Participate in quarterly meetings with other funders to maximize limited resources (CDBG, USDA, EPA, other collaborative funders);
- Continue (HOME) to work with the staff of the Low-Income Housing Tax Credit program to ensure that the HOME funds are used to leverage this program;
- Continue staff support of the Rural Nevada Continuum of Care and through correspondence with the Northern Nevada CoC (RAH) and the Southern Nevada CoC.

Actions planned to enhance coordination between public and private housing and social service agencies

Throughout the State of Nevada there exists an effective coordination effort between public and private housing and social services agencies. For example, in rural Nevada members of the Rural Nevada Continuum of Care (RNCOC) include:

- 1) Staff from Nevada Rural Housing Authority, which oversees the Housing Choice Voucher and HUD VASH Voucher programs;

- 2) County social services agencies, a few who are also recipients of HUD Supportive Housing and Shelter + Care funds;
- 3) Staff from the State's Office of Mental Health which oversees a Shelter + Care program for mentally ill homeless;
- 4) Low-income housing and homeless developers; and
- 5) Staff from NHD. In northern and southern Nevada many of the same types of agencies participate in the local continuum of care initiatives.

In 2020 it is anticipated that efforts to continue coordination between public and private housing providers and social services agencies will include the following actions:

The Governor's Interagency Council on Homelessness will continue with implementation of its Strategic Planning Goals and Objectives. Working groups will include state, local and non-profit agencies from throughout Nevada, and The mission of the Council will be to address homeless needs throughout Nevada;

The continuation of the State of Nevada's Division of Public and Behavioral Health's CABHI (Cooperative Agreements to Benefit Homeless Individuals for States) grant, which includes the implementation of the statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals who experience chronic homelessness; and

Statewide Continuum of Care meetings will continue to be held throughout the year. Topics of discussion will include implementation of a statewide strategic plan to end homelessness; implementation of statewide performance measures for CoC and ESG programs; statewide discharge planning; implementation of a statewide Homeless Management Information System Lead agency; and other issues that affect homelessness at a statewide level.

Discussion:

All divisions work to increase collaboration between agencies and private entities in order to improve the quality of life for all Nevadans.

PROGRAM SPECIFIC REQUIREMENTS

AP-90 Program Specific Requirements – 91.220(l)(1,2,4)

Introduction:

Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan.

The years covered, for CDBG, that include this Annual Action Plan are: 2018, 2019, 2020.

Community Development Block Grant Program (CDBG)

Reference 24 CFR 91.320(k)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

- | | |
|--|----------|
| 1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed | 0 |
| 2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan. | 0 |
| 3. The amount of surplus funds from urban renewal settlements | 0 |
| 4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan | 0 |
| 5. The amount of income from float-funded activities | 0 |
| Total Program Income: | 0 |

Other CDBG Requirements

- | | |
|---|---------|
| 1. The amount of urgent need activities | 0 |
| 2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income. Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan. | 100.00% |

HOME Investment Partnership Program (HOME)

Reference 24 CFR 91.320(k)(2)

1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:

Nevada Housing Division does not have any other forms of investment being used beyond those identified in Section 92.205.

2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:

HOME Program funds used for homebuyer assistance will be subject to recapture provisions in accordance with 24 CFR Part 92. Provisions are established as follows:

- Upon sale of the property or transfer of title, the HOME investment should be recaptured from the net proceeds. Only in the case where net proceeds (sales price minus loan repayment and closing costs) are insufficient to recapture the full HOME investment plus enable the homeowner to recover the amount of the homeowner's down payment, principle payments, and any capital improvement investment, the HOME investment amount that must be recaptured may be reduced. The HOME investment amount may be reduced pro rata based on the time the homeowner has owned and occupied the unit measured against the required affordability period; except that the State's recapture provisions may not allow the homeowner to recover more than the amount of homeowner's down payment, principal payments, and any capital improvement investment. In order to insure compliance with the recapture provisions, restrictions may be incorporated into each project Deed of Trust and Promissory Note and must be included into the signed written agreement. The restrictions are as follows:
 - The State (or state recipient) reserves the right of first refusal;
 - The property must be used as the purchaser's principal residence;
 - No subleases are allowed;
 - HOME funds must be repaid upon sale of the property; and
 - In the event of foreclosure, all deed restrictions may be cancelled. A state recipient may also choose to recapture a portion of the equity as a local program option. However, recipients that select to recapture a portion of the equity must develop acceptable program guidelines and their Annual Plan will state recapture/resale provisions.

3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:

HOME Program funds used for homebuyer assistance will be subject to recapture provisions in accordance with 24 CFR Part 92. Provisions are established as follows:

- Upon sale of the property or transfer of title, the HOME investment should be recaptured from the net proceeds. Only in the case where net proceeds (sales price minus loan repayment and closing costs) are insufficient to recapture the full HOME investment plus enable the homeowner to recover the amount of the homeowner's down payment, principle payments, and any capital improvement investment, the HOME investment amount that must be recaptured may be reduced. The HOME investment amount may be reduced pro rata based on the time the homeowner has owned and occupied the unit measured against the required affordability period; except that the State's recapture provisions may not allow the homeowner to recover more than the amount of homeowner's down payment, principal payments, and any capital improvement investment. In order to insure compliance with the recapture provisions, restrictions may be incorporated into each project Deed of Trust and Promissory Note and must be included into the signed written agreement. The restrictions are as follows:

- The State (or state recipient) reserves the right of first refusal;
 - The property must be used as the purchaser's principal residence;
 - No subleases are allowed;
 - HOME funds must be repaid upon sale of the property; and
 - In the event of foreclosure, all deed restrictions may be cancelled. A state recipient may also choose to recapture a portion of the equity as a local program option. However, recipients that select to recapture a portion of the equity must develop acceptable program guidelines and their Annual Plan will state recapture/resale provisions.
4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

Nevada Housing Division does not have plans to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds.

Emergency Solutions Grant (ESG)

Reference 91.320(k)(3)

1. Include written standards for providing ESG assistance (may include as attachment)

Although State agencies are not required to develop written standards, the Division worked very closely with the Rural Nevada Continuum of Care to develop joint standards that help to align all homeless funded programs. A copy of the document is included in the written version of the State of Nevada' 2020 Annual Action Plan.

2. If the Continuum of Care has established centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.

State ESG sub-recipients are required to participate in the local Continuum of Care Coordinated Entry system. In rural Nevada there are Coordinated Entry Lead Agencies located within the 15 rural counties, and a number of them are also recipients of ESG funding. Clark County is the Lead Agency for HMIS. NHD does not fund any other providers in southern Nevada, so participation is not necessary.

Lead Agencies have agreed to accept the responsibility of screening homeless clients to determine eligibility for various programs and services that may be available either locally or statewide. Agencies utilize the HMIS system to complete the VI-SPDAT tool to ensure that the most vulnerable clients are given priority for receiving assistance.

A comprehensive referral form has been developed with other agencies in the community that provides services to clients. This referral form allows agencies, with permission from the applicant, to share information and assist in setting appointments. This referral process will ensure the applicant has made contact with other agencies before they leave the office. Included in the referral agencies are food pantries, emergency shelters, the McKinney-Vento school representatives, the Housing Authority for access to VASH Vouchers and vouchers

funded with AAHTF, and the Dept. of Behavioral Health, which is the recipient of Shelter + Care vouchers for the homeless who suffer from mental illness. If programs are not available, the Lead Agency is responsible for maintaining a waiting list sorted by the score of the VI-SPDAT. Agencies enter the VI-SPDAT into HMIS for other agencies to review should the applicant present themselves in another community. The client is also provided a business card or other form that documents that the assessment has been completed and information entered into HMIS.

If a client is accepted into one of the housing programs the Lead Agency is responsible for gathering the required documents that may be needed, such as documentation of chronic homelessness, disability, etc. Although the Lead Agency is not responsible for providing ongoing case management services, many continue to work with the clients to ensure their long term success.

3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).

ESG funds are passed through NHD and are allocated to city, county and non-profit organizations in rural Nevada through a competitive application. Due to limited number of providers in rural communities many government agencies retain funds to implement programs directly. In 2017 four (4) county social services agencies in rural Nevada will receive State ESG fund, along with four non-profit agencies that oversee two emergency shelters and two domestic violence shelters.

Due to the limited amount of funding, preference is given to agencies that are current recipients of ESG funds; can demonstrate successful implementation of their programs; and are actively helping to meet the objectives of NHD, HUD, and the local Continuum of Care. Preference is given to agencies that choose activities to help homeless and chronically homeless individuals and families to obtain and maintain shelter and housing. Past performance is reviewed as part of the rating and ranking process. NHD convenes an independent review panel to review all applications. The panel includes persons qualified to make decisions about programs and services offered to assist homeless and at-risk of homelessness persons. NHD staff presents the allocation information to the RNCoC Governing Board for approval. Sub-recipients will be chosen, and final allocations will be made, based on recommendations received for the RNCoC. As required by program regulations, NHD shall engage the RNCoC to ensure that ESG-funded activities chosen will address the goals and objectives of the CoC. State ESG funds have also been allocated to the City of Reno. Clark County receives funds as the state HMIS lead.

4. If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering policies and funding decisions regarding facilities and services funded under ESG.

This requirement does not apply to States, however, NHD requests that sub-recipients engage homeless or formerly homeless individuals when developing their program policies and criteria.

5. Describe performance standards for evaluating ESG.

The State works closely with local Continuum's of Care to develop performance outcomes for sub-recipients of state ESG funds. In rural Nevada performance outcomes were created jointly and are reflected in the "Rural Nevada Continuum of Care and State Emergency Solutions Grant Program Performance Evaluation Tool." This document reflects goals, measures and expected outcomes for all projects funded through the CoC and State ESG-funded programs. The most recent version of the combined outcome measures are also available at:

<http://housing.nv.gov/uploadedFiles/housingnvgov/content/programs/ESG/2015RNCOCandESGPerformanceEvaluation.pdf>

Housing Trust Fund (HTF)**Reference 24 CFR 91.320(k)(5)****1. How will the grantee distribute its HTF funds? Select all that apply:**

☒ Applications submitted by eligible recipients

2. If distributing HTF funds through grants to subgrantees, describe the method for distributing HTF funds through grants to subgrantees and how those funds will be made available to state agencies and/or units of general local government. If not distributing funds through grants to subgrantees, enter "N/A".

N/A

3. If distributing HTF funds by selecting applications submitted by eligible recipients,

a. Describe the eligibility requirements for recipients of HTF funds (as defined in 24 CFR § 93.2). If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

Eligible applicants include non-profit and for profit, sponsors, developers or owners of affordable housing. Priority funding goes to properties that secure LIHTCs.

b. Describe the grantee's application requirements for eligible recipients to apply for HTF funds. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

Eligible recipients must submit a completed application including project narrative, experience of developer(s), project budget and timeline including other sources of funding, and population to be served and supportive or other services provided by the owner of the project.

c. Describe the selection criteria that the grantee will use to select applications submitted by eligible recipients. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

Applicants will be evaluated on the amount and quality and supportive services provided, the efficiency of the development based on a per-unit cost, long term viability of the project and on whether the developer has experience in delivering or operating housing designed to serve ELI households.

d. Describe the grantee's required priority for funding based on geographic diversity (as defined by the grantee in the consolidated plan). If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

NHD does not have a funding priority based on geographic diversity. HTFs are available statewide.

e. Describe the grantee's required priority for funding based on the applicant's ability to obligate HTF funds and undertake eligible activities in a timely manner. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

NHD requires grantees to expend funds in the required timeframe indicated by HUD.

f. Describe the grantee's required priority for funding based on the extent to which the rental project has Federal, State, or local project-based rental assistance so that rents are affordable to extremely low-income families. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

While the State prioritizes supporting projects that will have some form of rental subsidy on the project it is largely a given that in order to serve households at 30% AMI and below that projects can only be viable if they come with project based subsidy or some other form of rental assistance.

g. Describe the grantee's required priority for funding based on the financial feasibility of the project beyond the required 30-year period. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

Currently, the State underwrites to the 30-year period.

h. Describe the grantee's required priority for funding based on the merits of the application in meeting the priority housing needs of the grantee (such as housing that is accessible to transit or employment centers, housing that includes green building and sustainable development features, or housing that serves special needs populations). If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

Many of these project are also competing for tax credits and thus are meeting stringent requirements for these needs as found in the States QAP.

i. Describe the grantee's required priority for funding based on the extent to which the application makes use of non-federal funding sources. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

The State expects that for the foreseeable future that all HTF applications will likely include tax credit funding which creates a significant contribution to the equity of the project. We will continue to favor projects that are able to leverage other funding sources, but it is difficult to find other sources that are able to be applied to projects serving ELI households.

4. Does the grantee's application require the applicant to include a description of the eligible activities to be conducted with HTF funds? If not distributing funds by selecting applications submitted by eligible recipients, select "N/A".

Yes

5. Does the grantee's application require that each eligible recipient certify that housing units assisted with HTF funds will comply with HTF requirements? If not distributing funds by selecting applications submitted by eligible recipients, select "N/A".

Yes

6. Performance Goals and Benchmarks. The grantee has met the requirement to provide for performance goals and benchmarks against which the grantee will measure its progress, consistent with the grantee's goals established under 24 CFR 91.315(b)(2), by including HTF in its housing goals in the housing table on the SP-45 Goals and AP-20 Annual Goals and Objectives screens.

Yes

7. Maximum Per-unit Development Subsidy Amount for Housing Assisted with HTF Funds. Enter or attach the grantee's maximum per-unit development subsidy limits for housing assisted with HTF funds.

The limits must be adjusted for the number of bedrooms and the geographic location of the project. The limits must also be reasonable and based on actual costs of developing non-luxury housing in the area.

If the grantee will use existing limits developed for other federal programs such as the Low Income Housing Tax Credit (LIHTC) per unit cost limits, HOME's maximum per-unit subsidy amounts, and/or Public Housing Development Cost Limits (TDCs), it must include a description of how the HTF maximum per-unit development subsidy limits were established or a description of how existing limits developed for another program and being adopted for HTF meet the HTF requirements specified above.

The State of Nevada has adopted the 2020 QAP per unit development subsidy for HTF investment.

8. Rehabilitation Standards. The grantee must establish rehabilitation standards for all HTF-assisted housing rehabilitation activities that set forth the requirements that the housing must meet upon project completion. The grantee's description of its standards must be in sufficient detail to determine the required rehabilitation work including methods and materials. The standards may refer to applicable codes or they may establish requirements that exceed the minimum requirements of the codes. The grantee must attach its rehabilitation standards below.

- a. In addition, the rehabilitation standards must address each of the following:
- b. health and safety;
- c. major systems;
- d. lead-based paint;
- e. accessibility;
- f. disaster mitigation (where relevant);
- g. state and local codes,
- h. ordinances,
- i. and zoning requirements;
- j. Uniform Physical Condition Standards; and
- k. Capital Needs Assessments (if applicable).

9. Resale or Recapture Guidelines. Below, the grantee must enter (or attach) a description of the guidelines that will be used for resale or recapture of HTF funds when used to assist first-time homebuyers. If the grantee will not use HTF funds to assist first-time homebuyers, enter "N/A".

N/A

10. HTF Affordable Homeownership Limits. If the grantee intends to use HTF funds for homebuyer assistance and does not use the HTF affordable homeownership limits for the area provided by HUD, it must determine 95 percent of the median area purchase price

and set forth the information in accordance with §93.305. If the grantee will not use HTF funds to assist first-time homebuyers, enter "N/A".

Any limitation or preference must not violate nondiscrimination requirements in § 93.350, and the grantee must not limit or give preferences to students. The grantee may permit rental housing owners to limit tenants or give a preference in accordance with § 93.303(d)(3) only if such limitation or preference is described in the action plan.

N/A

12. Refinancing of Existing Debt. Enter or attach the grantee's refinancing guidelines below. The guidelines describe the conditions under which the grantee will refinance existing debt. The grantee's refinancing guidelines must, at minimum, demonstrate that rehabilitation is the primary eligible activity and ensure that this requirement is met by establishing a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing. If the grantee will not refinance existing debt, enter "N/A."

N/A

Discussion:

The Community Development Block Grant (CDBG) program is a flexible program that provides communities with resources to address a wide range of unique community and economic development needs. Beginning in 1974, the federal CDBG program is one of the longest continuously run programs at HUD. The CDBG program provides annual grants on a formula basis to 1,209 general units of local government and States.

The Rural Community & Economic Development Division of the Governor's Office of Economic Development administers the CDBG Program. The allocation from HUD for the State CDBG Program in Nevada for 2018 is \$3,283,051. Deducting \$165,661 for State Administration and \$32,831 for T.A., allowed \$3,084,559 to be available to allocate for projects. The allocation recommendation meeting was held May 30th, after the federal budget had been passed and the allocation were known. The allocation and recaptured funds were awarded after the review of the CDBG Advisory Committee's recommendations. Program year 2018 is the beginning of the next three-year period for Overall Benefit for LMI (70% minimum). The three-year period covers the last two years (2018, 2019) of the current Consolidated Plan and will include the first year (2020) of the 2020-2024 plan.

APPENDICES

Public Input Data

Introductions

Presentation

Comment: I just had a question regarding the ethnic breakdown. There's a lot of Hispanic people that do live in Carson City. They don't self-identify, especially on any kind of survey. Does your company or do you do you actually factor in that X factor into this at all?

Presenter: No, there is a margin of error on the American Community Survey, but we don't, we don't do that. We could look at that we could, but again, the margin of error is you know, based on statistics, instead of reality.

Comment: Yeah, that's a tough one. Our data and our schools are showing, obviously a very different breakdown.

Presenter: Yeah. Oh, really?

Comment: Yeah.

Comment: It's a huge factor for our community.

Presenter: Is their school level data?

Comment: Yes.

Presenter: Well, if you want to send that my way, we could put that we could put that in the report. Yeah, that's great.

Presentation

Comment: My concern is it skews the reality of what's really going on? I don't know how anyone else feels.

Comment: Well, I would agree.

Presenter: Well, that's why we're here for you to say that out loud. And that will be transcribed. And we will now now it's a it's a finding that we will be able to discuss in the report. So thank you for that.

Comment: What is the yellow area in terms of Hispanic percentage?

Presenter: Oh, yeah. Let me see if I can get to it maxes out 28.2%. So this is kind of Carson City. So, you know, as being in this map as identified it under 28.2%. So you're saying it's...

Comment: It's hard to say...

Presenter: It's probably a little low.

Comment: Since there's no really I didn't, you know, nobody's really gonna step up and identify themselves so that we can look at this data and just get a feel for what Carson City is really at? And if there's someone in the room knows or has an idea. Would the school district, state school, whatever, have other counties as well, you know.

Comment: Um, you know, I don't know, I think that's a good question I could find out.

Comment: That would be great.

Comment: Do you have some contacts Yeah.

Comment: Is there data also distinguish between race and ethnicity in the same manner?

Comment: I don't know. I have to take a look. So that's a good question

Presentation

Comment: So the male grade is higher long. Is there any understanding of that?

Presenter: That one's tricky, because I mean...

Comment: Males are more...

Presenter: They are, you know,

Comment: Accident prone.

Presenter: Yeah, you know that is where my head goes.

Comment: Veteran status, we hire male veterans' population.

Presenter: Unfortunately, no but that's a good one.

Comment: Well and baby boys have a higher mortality rate than girls too.

Presentation

Comment: It's my understanding that they don't count those in hotels because that is technically homeless.

Comment: They do but they don't get a good read.

Comment: Hotels are they're kind of against, you know, people coming in and doing that so.

Comment: And do the police do sweeps so they are housed? Do they count jails at all?

Comment: They don't do that. Okay.

Presenter: During this whole process, this table is the most as a data guy, this is the most frustrating data because this is such a big problem in a lot of areas of the country, and we just don't have good data. So if anyone has better data, let me know that great. So that's just that's unfortunately reality of the situation.

Presentation

Comment: So, and we were talking about this table in our partners meeting and noted that when the recession was going on the unemployment rate wasn't the highest, it was after the recession had actually ended. So, if you're with any of us need to think about, think about that, because it peaked in 2010 and the recession basically was over, but it took us almost a decade to recover from that. So how are you gonna deal with that again?

Comment: Yeah, that was my next question.

Comment: Not gonna be a great recession, probably.

Comment: But will we factor in the next five years, we have, again, that X factor where we're saying there's be the possibility of certain percentage of downturn and then have that

34:59

like here's plan A and here's plan B. So, here's if things just keep going the way they're going, which is pretty nice right now, but the reality is in the next five years, it should there should be a slight if hopefully a slight downturn.

Presenter: Yes, nothing, nothing catastrophic. So, I don't want to see another bigger one.

Comment: So, will there be that? Will there be that kind of like a plan A, plan B or will it or will you have that in their factor that in the next?

Presenter: Um, you know...

Comment: Plan.

Presenter: If I could tell you when it was gonna crash?

Comment: But there could be.

Presenter: Yeah, so, you know, we're running, running the full length of the expansion, the growth, you know, a lot of people are saying there is a slowdown coming, you know, and it is wise to plan for that. But, you know, within, you have to plan you know, in the CDBG funds, is that the best way to do it? So you have to think about the programs just off the top of my head housing affordability is a perceived issue as we'll see later. And if you lose your job, things become even less affordable, you know. So that would be a way to tackle it. You know, there's a lot of automatic stabilizers that happened when the recession hits. People are automatically rolled into unemployment insurance. There's some things built into the system already. But it's always good to note that in the next five years is probably going to like a downturn likely. So you know what I mean?

Comment: Did we get a decrease, I'm pretty new to this and only been here a year. Did you get a decrease in funding and when that for...

Comment: No, no, and that's because they do work. The allocations are made in advance as well and then we had the Recovery Act. And so, they poured more money and that stabilize the unemployed help stabilize the unemployment.

Presenter: The Neighborhood Stabilization program.

Comment: And housing. Yeah, Housing Division has the NSP program.

Presenter: But it's very prudent to think, you know, it is a five year chunk. And think in the back of your mind, things are probably not going to be humming like this. But it could, you know, but like, like you were saying, like, there's a lag when things hit, you know, it takes a while for everything to lag through.

Presentation

Comment: Well and if you follow that line back, the current now the current earnings per job is going up, then it's only at where it was in 1997, 1998.

Presenter: When you mean trackback. So, although although people are working, yes, exactly. The prices are saying the level and especially our housing costs.

Comment: How does that affect earnings and earnings per job. That's not...

Presenter: Total earnings.

Comment: Well, how does the cost of housing affect earnings per job?

Presenter: It doesn't, but we're just I was just pre-empting. When we got into the later discussion. Just this you know, the average earnings per job is decreasing. So, when we get into...

Comment: This makes housing affordability, the more difficult.

Presenter: Yes, exactly, exactly.

Comment: Probably more service jobs being created and...

Presenter: Just lower lower paying jobs, although you know, people are getting jobs. They're lower pay.

Comment: I think if people retire and you hire new people, and you're not going to actually hire them at the rate that someone was there for 10 years, you'll hire them at that base rate.

Presenter: Until they work up to a it.

Comment: This is a huge retirement community.

Presentation

Comment: Do you think how household income could also be skewed by more people living in one household?

Presenter: Yeah, that's, that's, that's, that's a great idea.

Comment: Will you guys be eventually factoring that in looking at that household?

Presenter: Household, we do have a person's per household data.

Comment: That is changing rapidly.

Presenter: So again, not in the slide, but we do have I know we have that. So...

Comment: Would retirement income factor into households by income, so we have a number of retirees with pensions coming out of the state that that could show in that higher rate.

Presenter: Yes, yes. And that's what I was alluding to the per capita income. One is you know, they get the pensions and also your dividends and constrict your all of your stock holdings and things like that also might correlate to that as well.

Presentation

Comment: You know, another source of poverty data, I believe all of the school districts in this state are tracking their free and reduced lunch or subsidized lunches, and they track those by years. So that's a real good measure.

Comment: The only problem with that is everybody can be fed applications, they are only potentially getting the sample size of the people that qualify for that. Not necessarily comparable in the people that didn't actually apply or make that. It is a voluntary data.

Presenter: Well any any augmentative data is great and sense but you know, on that same note like this 2017 five years has also you know, self-reported.

Comment: These poverty numbers are we back to the aggregate.

Presenter: This one is again, this one's the aggregate state. This one is the non-entitlement area because the Census we can take out the city's. This one is on the state and county. So good question.

Presentation

yes yeah. Yeah. So, these these these census tracts have poverty rates approaching 32.8 to 55.3%. So, over half the population is as household in poverty in the sense of strength. So too concentrated areas of poverty elderly poverty, so we just you know, you can by age we can kind of see here in the these areas of the state and this cycles at 32.3 to 100%. Yeah, so, that's, oh my gosh, these sorry guys that the slides are so small. Okay, there, this is households. So okay, now we're going to get into the housing section any discussions on income, poverty. I mean, anything that we want to talk about before I get into housing.

Comment: I have a question just on income, because it does. It's not one of the removed Incline Village to me as an outlier. It is extreme wealth. And it throws things off I focused on seniors with one of the things I do, and we're doing an elders count, and I'm removing Incline because it skews it, but the populations tiny, but the wealth there is enormous. So I think it's something to be accounted for when we're looking at wealth and income.

Comment: And Glenbrook to those two communities are the wealthiest in Nevada.

Comment: But I think Glenbrook or just in the backside.

Presentation

Comment: Where are the the VRBO units and those kind of things.

Presenter: I feel like that would fall under seasonal recreation or occasional use, but I could I would have to double check that but I don't think they'd be under other vacant.

Comment: That's good to be quite a number.

Presenter: Yeah, that's a good question. like Airbnb, BRBO. I'm guessing you know, it's this seems recreational might fall into that, but I will double check.

Presentation

Comment: So, question on that. And so it's the 2017 ACL.

Presenter: Yes. Yeah.

Comment: So I'm just I'm gonna turn them over to her and Douglas County. Do you know where a vacant house one of those other vacants might be? I'm not thinking of any other vacant and I'm wondering if the other communities have any idea.

Comment: That is why I asked, because I know like VRBO, units, Airbnb in Douglas County is a big number.

Comment: For the lake, but we don't have any legal in the Valley.

Comment: Legal.

Comment: Yeah.

Comment: they are licensed.

Comment: We see some there, you know, like you said there in between owners. Somebody just walked out on it and it has to go through processes before it can get turned over, because the bank has agree it will take it. So there is there's...

Presenter: Yeah, that that would qualify as other vacant.

Comment: But even though the market is so hot. That there's a lot of incentive for those to, you know, for those absentee owners to re-engage with their homes.

Presenter: Yeah, there's a for sold not occupied, you know, so they haven't moved in yet or something. But yes, yes.

Comment: Is there any inclusion of this for personal property like manufactured home parks and things of that nature?

Presenter: Not on this one. There are manufacturer placements by state that we can look at.

Comment: Good question.

Comment: Because we have a lot of trailer parks...

Comment: Rural Nevada area, there's a lot of manufacture housing.

Comment: And then of course on land, but most of those are real property. Okay, well, not necessarily actually. So, the ones that are pre 1980 are probably personal property.

Presenter: I know that there's placements by state that we that we use and...

Comment: I smell the smoke...

(Crosstalk)

Presentation

Comment: I think it's a household of people that got put out of those houses.

Presenter: Yeah, and also so this is the again, so the 2010 Census they didn't ask about income. So, the best we can do is use the 2010 five year ACS, which is a spread of 2005 to 2010 and guess what was happening the middle of 2010 or like 2008. So, like, you're in the middle of a, you know, the Great Recession, you're losing your job, all of a sudden you can't pay or you know, so this is missing.

Comment: Do you have, like, number of people in the household?

Presenter: So the net so like I was saying like, there's a whole slew of data that the CHAS data set that breaks it down by family size, like race, ethnicity, presence of young children, that data set, I can have a whole separate, whole separate thing on that data set. I really could. And there there will be like, you know, I believe you've seen that progress memo and the document will be will have all of that data and you know, on that one as well. And that data set, you can't really compare it temporarily. You just look at what it is and but um, you can always compare it to the statewide average. So yes, you're right. I agree with you that this might not be an accurate picture because you know, you're looking at an outlier of American, you know, the American economy, you know, and let's hope. Let's hope we never see that time again, you know, so but that that's what you're measuring, you're measuring it against the worst possible time. Not, you know, a reasonable time. So, in this one, it almost might make sense to go look at the 2000 stuff, but we do what we can like the 2010 data would have been great because it would have been like a nice snapshot, but nobody didn't do that.

Presentation

Comment: When does the data extend to like, How close are we getting to right now, today?

Presenter: Well, that is a good question, because so we use a five year average.

Comment: So, a lot of things have happened within the past two years.

Presenter: Absolutely and the reason we use a five year average is because you can go down so you know, they there's more responses over a five year period or one year period. So you can actually go down to the Census tract level, one year average one year stuff, you can't you can't look at any maps, can't look at you can only look at state and it's not even collected for some of the smaller cities. So, we couldn't back up non-entitlement area, you know the population stuff. The BLS has monthly data. So wherever possible, we use the most recent stuff, Bureau of Economic Analysis is coming out. Soon, the Census data will be releasing the 2018 Five Year ACS in December, fingers crossed, hopefully. So, that that might make it in here if we can rerun those numbers, but yeah, it's a it's anyone like physics, it's kind of like the Heisenberg's Uncertainty Principle, you can never know the speed and position of a particle kind of like that, but in survey land, you know, you can either you can either get down to the lowest jurisdictional level and get

the closest data that way, or you can get to the most temporal accurate. So it's a tradeoff. So, unlike physics, if we just had more money and serving more people, we could get them both, you know what I mean? So, but yeah, so wherever possible, we had the most recent data, but that data is from 2013 to 2017. I know, I know. Maybe I'll get the 2018. If the Census plays nice and releases everything in December on schedule, I'll be able to get those tables in here.

Presentation

Comment: Does lack of skilled labor fall into any of those categories?

Presenter: Yeah, lack of qualified contractors.

Presentation

Comment: I'm curious there is a beautiful matrix of all the different programs, who administers them, what the overview of eligibility or link to eligibility is.

Presenter: That's a that's a like like a bureaucratic cheat sheet.

Comment: Yeah. Really love our matrixes. They help guide.

Presenter: A lot of the times just knowing what's out there and knowing who to call and just get you know, is, is a not a barrier, but it takes a lot of legwork. That could be better spent on the phone with these people? So it's good. Good question.

Comment: I was just kind of curious like who's in the room? Who's representing today? Speaking of reaching out some who are the experts in the room and what do they do? Would you mind if we went around and just...

Introductions

Presenter: You said you have issues I heard that.

Comment: Yeah. We are in the process of getting previously expired tentative maps the expired because of the recession getting those approved. So, we have approvals out there. The problem is nobody's able to get sticks up in the air. We are being impacted by the the demand for municipal water and sewer and then having insufficient capacity and delivery systems. And we're being impacted by some of the job growth in the surrounding communities in our own to the point where we're having recreational vehicles camping on public lands and private lands because there's no housing available.

Presenter: So, housing shortage lack of water and infrastructure.

Comment: Yeah, we successfully we've been successful so far and getting several different housing types approved through the political process, but it's been a bit of a fight. But the nice thing is that the board does understand there is a need out there for attainable housing. No housing is affordable, it's attainable. So, we're making progress. I'm not on that side. But it it's a battle every time you go through the process.

Comment: And as the administrator of a lot of the grants that these guys shared, maybe Human Services Agency in the area, we can connect individuals that are struggling with affordable housing, but we have a 3% vacancy out there right now. And then with that, the most current data set shows

our average rental cost of \$930 a month and you know that that was an astronomically. While, we also show a 50,000 give or take a couple of hundred bucks, average median income. So really, the majority of our renters and homeowners are well above that. 30% AMI. We don't have the units to place people in and the units that are being built like the City of Fernley just approved apartment complexes, which is exciting. That's 200 units, but they're talking about a one bedroom being \$1,000 right now, and they haven't even started construction. So, it's a rising cost of materials by the time was actually built, that thousand dollar expectation for a one bedroom is probably going to be higher. So, when you consider our average median, and the amount of people that need housing, and what that low cost, what that affordable range is, it doesn't meet the need.

Presenter: Sorry, just for the transcripts can I get with jurisdiction location, we're talking about?

Comment: Lyon County.

Presenter: So that ties in with proceeds from the survey of affordable housing challenges. That's something is anyone on the phone seeing things like that?

Comment: I was just wondering if there's been an assessment because I'm working in several different counties now and, and getting lots of phone calls about housing needs. And I was just wondering if there's been an assessment at all. And I apologize if this has been discussed, because it's been really difficult to hear. But has there been an assessment of what is being done by county as far as housing development and then look at some of the challenges because what I'm finding that some of the counties may share similar challenges, and we can, you know, combine those counties to work together through some of the issues.

Presenter: County level data is great and it's easy to come by. But right now we're focusing on a state non-entitlement areas. However, we could probably get some appendices tables, especially in the CHAS data set by counties. I don't think there's any counties in the state. So that would be an appendix to this, this kind of process if that would be at all helpful to you. And that would show you the number of low to, you know, that would show you the number of households with housing problems by cost burden and MFI at least have a starting point, if that makes sense.

Comment: Yeah.

Comment: there are existing continuums of care where housing providers do come together and discuss the housing needs from a human services perspective, at least so there's a southern and northern and then a rural continuum of care where people do come together to discuss those issues that we see regionally and how we can continue to try to address those based off region because each region is so unique in this state as far as what they see it as issues are.

Comment: I was wondering nationally you work with, obviously more than one state. This is not just the Nevada State problem. And if you have you heard or come across any solutions that just...

Presenter: Oh, I wish Oh, my God, I wish, it's all over the place. You know, what is different between the rural divides like a lot of rural states, a lot of you know, the younger folks move into, you know, the more urban areas. So, you see a lot of issues where the older housing stock is being you know, vacancy rates are increasing, towns are dying, the more urban areas are experiencing massive growth, they can't keep up with the housing, housing costs are skyrocketing, and no one's got a magic bullet solution besides increasing density helps building as much as you can helps. That's just that's just supply and demand, but then the cost of materials cost labor is go up. I mean, it's a, it's a very difficult web to navigate. I've heard of exclusion, you know, inclusionary zoning

being discussed where you have to have a percentage of your, you know, apartments be affordable, you know, but then you have to make that number pencil out for a for profit developer, otherwise, they're not gonna they're not going to bite on that because they're there to make money. Public, you know, for profit, public partnerships are expensive, affordable housing is expensive to build because if you get it built, then you have to maintain it for 10 years and who's going to want to do you know, it's getting the getting the, you know, a for profit developer to build affordable housing is a very difficult thing to do on paper, you know, so I wish I wish that would be great because then you know, everyone would have housing, but I am keeping my ears open every every week. So that's why I like coming here and hearing other people's ideas.

Comment: But I don't know if anyone knows him in Las Vegas and this is a total left turn. I promise won't spend long on it. He is single handedly affecting veteran's homelessness in Las Vegas. And you're getting it done.

Presenter: Does he have any strategies?

Comment; So many, but I don't know why we're not. Its veteran specific what he's doing and I'm not sure

110:23

the nuts and bolts of details of what he's doing. And it's it's labor intensive and time intensive with volunteers, but it's getting done and rapidly.

Presenter: That's great.

Comment: Okay, and if I could just interject, I kind of want to (Not Discernable) as we don't have developers who are willing to assist but we definitely have a housing shortage. We

110:57

have an increasing number of homes that are vacant that are very old and so we don't have affordable housing. Our real estate community is telling us that you know, right now we're short between 60 and 80 homes, single family homes that they could sell if we could hit the right price point. But right now, we either have homes that are vacant because they're so old and rehabilitation would be near impossible. And we don't have a developer that is willing to come out here and help with affordable housing in those, those price points. We've been working with a committee now for about nine months trying to come up with different solutions. But I sure would like to see some ideas on how we could do this. We're not in an urban area where there are so many developers and I know that that we really need help to fix the housing problem and I'm wondering how any of these programs might assist with that.

Comment: I would mention, one of the really big barriers we have is just labor period. In the crash, we lost a ton of our skilled labor, they left the state or left the profession. And so, we still aren't back to those pre-crash numbers in terms of our labor force working in construction. And so, the ones that we have are very busy in Reno and Vegas. And to get them out into the non-entitled areas that we're talking about today is almost impossible. We pay about a 30% premium for a

mobilization cost to get folks to come to a rural area. And so, affordability is a real challenge just because of availability of labor. And we're not doing much as a state as I can, that I can tell to encourage the development of more labor. Our vocational programs, education programs are not very strong in that regard.

Presenter: Or even just getting that in migration to the state from other areas of the state or other areas of the country. Are there any programs the brain trust in the corner? Anything pop into your mind?

Comment: We did go to a Main Street conference and visited a plant where, young company, where they were doing what they call panel housing, and we wanted them out here. And they did. They were talking about potentially franchising that they really are in the quality as well. So, they're building simple stick build homes that they too mentioned getting even the panels transported is an issue.

Presenter: Then when you you know, if you're, if you're, if you're a developer and you have a plot of land, you're going to make more money building a half million dollar house, even if it sits for a little bit, then, you know, a triplex or something. Unless, you know, unless there's a way to get that, that profit margin like with, you know, if the land was gifted, or there's a massive tax credit or something, land banking is something I've heard, you know, just spending, you know, this is a five year plan, but, you know, let's all hope we will be around for longer than five years. So, you know, maybe think about a 10 year plan where the first five you get some land, gobble up some land or something like that. The second five, you know, you can work with developers to make that price point work. You know, because if you have the land you know, that might change the equation. It's really just trying to finagle the equation to get people to buy into the process of making affordable housing.

Comment: Right. And we were at another conference right before the Main Street conference and I believe he was a senator versus a congressman Kill, kill something from Michigan and he developed land banks in Michigan and helped other states do that as well. And he said, if there are any rural communities still taking the land that they get that because of taxes, unpaid taxes and whatever, if they're just selling that off rather than land banking it. They're making a big mistake. We've been working with some rural communities in, we can do slum and blight and do site slum and blight and remove these old properties and actually out in Ely content we were going to demolish a property, Ely with kept trying to contact the person and they actually came and claimed the home and so it was going to be rehab by some distant relative or something. So, there are some things that we can do. Churchill County did just create a land bank for 26 acres. And we talked to them. HUD was not encouraging to have CDBG money go into land banking. And I do know that the speaker in Michigan use CDBG funding initially but then figured out other funding because CDBG funding was too restrictive, but land banking does take the land, I think its land banking versus land trust. You can do the land in the perpetuity when you build housing, so one of them if I'm wrong on one, so land banking, obviously as an option in urban areas to Boston. I think they have a land bank, but they would just when they get property they just put an RFP out for the housing, and the developer has to build it to those specs, then. So that's an option.

Presenter: And then, you know, you're trying to tackle a very difficult issue affordable housing, you're trying to change the free market equations, but you're also trying to do that through you know, CDBG rules, right? Like, you know, you have you have to go through the rules. So that already you know, might make things even more difficult than they are.

Comment: Well, and in Nebraska for the ESG program, we had trust fund dollars for that. And that was really flexible because HUD to be more restrictive. But there you have to be careful if you're going into a recession, then those dollars are going to fluctuate downwards. So anyway.

Comment: So, I know we're talking about programming and funding and HUD and where's the six month solution?

Presenter: The six month solution.

Comment: Yes, these people can't wait five years, 10 years for years to come where there's where's the six months solution or six weeks solution?

Presenter: Mark Zuckerberg just donated a billion dollars for you know, San Francisco.

Comment: Between everybody in this room? There's got to be an easier answer. I'm sorry. I struggle with this. That my seniors that they could you put on the curb. In my mind, who do I put on the curb?

Presenter: Yeah, oh, no. I mean, it's not just here.

Comment: Oh, I know.

Presenter: I mean and I every week I'm in a room filled with professionals, different parts of the country, and everyone's seeing the same problem and we don't have a solution. I'm waiting to hear for that silver bullet.

Comment: It is going to take a whole variety of things.

Presenter: And, you know, it's, you know, it's going to take it's going to take a broader picture than just working through specific HUD funds, unfortunately. So, but that's a broader conversation that...

Comment: What Would any of the programs allow for deed restrictions on properties if there was some kind of organization that...

Comment: You do deed restrictions on, like housing rehab or anything or liens or, and then she was over at state lands, we were getting into a situation where we were inquiring about liens, but then these restrictions and yes, you can do that. You just need your own policy to do that.

Comment: But I was, I did a tour a little while back with when went to Vail, Colorado, which is a big tourist attraction particularly at the lake and so housing for people who live and work in a tourist attraction is very challenging. And Vale had a whole program where they did deed restrictions and those restrictions didn't they weren't income based, they were focused on if you lived and worked in the community, and they said that their problem was so you know, so large that they couldn't just segment down to affordable. They needed to start with people who live and work in their community and I want to see our our challenge in Nevada, and we're talking about affordable housing but even market rate housing is a bit it is a challenge.

Comment: I worked in Summit County, which is the county to the east of Eagle where it's located in that county had a whole deal deed restrictions will allow you to put another dwelling unit on the property as long as it was deemed restricted to be attainable for workforce housing and they define workforce housing is anywhere from 30 to 50%, which meant mostly sheriff's, teachers, and land

use planners in the area resided in those but they also set up a program a property transfer fee. for every time a property changed hands, you pay a fee that went into the housing program that the county ran. And they use those funds to purchase houses that needed to be rehabbed. They used that money to help fund property acquisition and land bank and they're actually doing a big workforce housing project in in combination with the town of Frisco and Forest Service just on the side of Deal and Reservoir there. So I mean, it's not unusual their situation is similar in that, from what I'm seeing from the Truckee Meadows is what they call it news down Valley effect where, you know, people coming in to the Truckee Meadows are pushing people outside those workers outside of the Truckee Meadows so now it's impacting Carson City, Lyon County, Douglas County. So, I mean, that's, that's some of the tools that they're using.

June 30, 2020 Webinar Comments

The biggest shortage of affordable housing in Nevada is for ELI households.

Where do the people that fall in to 40% of AMI in this scheme? They seem to never get any benefit, always over burden

STATE OF NEVADA

Housing and Community Development Survey

Table 1.1 Which are in Nevada do you wish to address in this survey: State of Nevada Housing and Community Development Survey	
Community:	Response
State of Nevada Entitlement Area	511
State of Nevada Non-Entitlement Area	316
Total	827

Table 1.2 Providing Decent and Affordable Housing State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HOUSING activities in the state:						
Construction of new affordable for-sale housing	19	44	147	370	247	827
Construction of new affordable rental housing	23	44	134	376	250	827
First-time home-buyer assistance	15	53	196	309	254	827
Rental assistance	36	94	170	271	256	827
Homeowner housing rehabilitation	26	133	234	163	271	827
Rental housing rehabilitation	38	132	212	183	262	827
Energy efficient retrofits	27	126	213	198	263	827
Housing demolition	97	292	114	64	260	827
Downtown housing	48	187	206	125	261	827
Mixed use housing	44	165	208	150	260	827
Mixed income housing	52	125	196	188	266	827
Senior-friendly housing	20	72	173	307	255	827
Retrofitting existing housing to meet seniors' needs	21	93	231	226	256	827
Preservation of federal subsidized housing	48	108	188	225	258	827
Homeownership in communities of color	63	120	196	183	265	827
Supportive housing for people who are homeless or disabled	21	77	159	321	249	827
Rental housing for very low-income households	25	70	135	344	253	827
Other	35	6	11	61	714	827

Table 1.3 Providing Decent and Affordable Housing State of Nevada Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Lack of water	143
Lack of water system	97
Lack of sewer system	101
Lack of other infrastructure	141
Lack of qualified contractors or builders	195
Lack of available land	175
Cost of land or lot	357
Cost of materials	295
Cost of labor	293
Permitting fees	194
Permitting process	214
Impact fees	172
Construction fees	216
Lot size	74
Density or other zoning requirements	172
Not In My Back Yard (NIMBY) mentality	272
Building codes	90
ADA codes	56
Lack of affordable housing development policies	255

Table 1.4
Providing a Suitable Living Environment

State of Nevada
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following BUSINESS AND ECONOMIC DEVELOPMENT activities in Nevada:						
Attraction of new businesses	17	73	194	246	297	827
Retention of existing businesses	11	37	199	284	296	827
Expansion of existing businesses	11	70	241	194	311	827
Provision of job training	8	41	182	300	296	827
Provision of job re-training, such as after plant or other closures	19	85	202	223	298	827
Enhancement of businesses infrastructure	17	87	248	166	309	827
Provision of working capital for businesses	19	106	230	168	304	827
Provision of technical assistance for businesses	17	119	238	152	301	827
Investment as equity partners	37	143	210	127	310	827
Provision of venture capital	37	130	211	134	315	827
Development of business incubators	32	147	215	111	322	827
Development of business parks	51	193	174	93	316	827
Foster businesses with higher paying jobs	17	48	190	270	302	827
Other	20	2	7	28	770	827

Table 1.5
Providing a Suitable Living Environment

State of Nevada
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following INFRASTRUCTURE activities:						
Street and road improvements	5	54	201	249	318	827
Sidewalk improvements	13	110	202	182	320	827
Water system capacity improvements	8	88	171	233	327	827
Water quality improvements	18	131	164	190	324	827
Sewer system improvements	17	125	191	170	324	827
Solid waste facility improvements	19	133	197	153	325	827
Storm sewer system improvements	13	117	190	180	327	827
Flood drainage improvements	12	106	177	210	322	827
Bridge improvements	49	159	191	99	329	827
Bicycle and walking paths	36	111	171	191	318	827
Other	18	2	7	31	769	827

Table 1.6
Providing a Suitable Living Environment

State of Nevada
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following COMMUNITY AND PUBLIC FACILITIES in Nevada:						
Youth centers	18	63	203	226	317	827
Community centers	16	84	219	185	323	827
Childcare facilities	13	52	174	267	321	827
Parks and recreational centers	16	108	211	172	320	827
Senior centers	21	84	214	183	325	827
Healthcare facilities	11	58	175	258	325	827
Residential treatment centers	23	61	177	238	328	827
Public buildings with improved accessibility	39	144	162	109	373	827

Table 1.7
Providing a Suitable Living Environment

State of Nevada
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HUMAN AND PUBLIC SERVICES in Nevada:						
Youth services	6	47	180	277	317	827
Senior services	9	52	179	268	319	827
Transportation services	11	52	168	280	316	827
Healthcare services	7	30	160	312	318	827
Childcare services	12	50	167	277	321	827
Fair housing activities	25	100	165	216	321	827
Fair housing education	25	106	164	214	318	827
Tenant/Landlord counseling	19	113	182	194	319	827
Homebuyer education	12	96	204	192	323	827
Crime awareness education	16	125	198	162	326	827
Mitigation of lead-based paint hazards	71	240	131	58	327	827
Mitigation of radon hazards	64	231	144	60	328	827
Mitigation of asbestos hazards	47	240	139	69	332	827
Employment services	12	75	192	229	319	827
Mental health/chemical dependency services	8	34	119	351	315	827
Other	12	1	4	22	788	827

Table 1.8 Providing a Suitable Living Environment State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HOUSING types for special needs populations in the state:						
Emergency shelters	17	79	140	264	327	827
Transitional housing	14	66	155	266	326	827
Shelters for youth	8	59	169	259	332	827
Senior housing, such as nursing homes or assisted living facilities	13	55	192	243	324	827
Housing designed for persons with disabilities	13	65	192	231	326	827
Permanent supportive housing, such as subsidized housing that offers services for persons with mental disabilities	13	56	137	297	324	827
Rapid rehousing rental assistance for homeless households	18	61	112	315	321	827
Other	14	1	1	18	793	827

Table 1.9 Providing a Suitable Living Environment State of Nevada Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for SERVICES AND FACILITIES for each of the following special needs groups in Nevada.						
The elderly (age 65+)	6	50	181	267	323	827
The frail elderly (age 85+)	7	35	133	325	327	827
Persons with severe mental illness	6	34	120	341	326	827
Persons with physical disabilities	6	54	209	233	325	827
Persons with developmental disabilities	5	59	185	251	327	827
Persons with substance abuse addictions	5	57	137	307	321	827
Persons with HIV/AIDS	30	146	197	123	331	827
Victims of domestic violence	4	49	169	282	323	827
Veterans	3	27	122	349	326	827
Homeless persons	11	59	113	320	324	827
Persons recently released from prison	27	98	170	200	332	827
Other	14	3	4	14	792	827

Table 1.10 Providing Decent and Affordable Housing State of Nevada Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Housing	24%
Economic Development	15%
Water Systems	12%
Other Infrastructure	11%
Public Facilities	10%
Human Services	17%
Other	11%

STATE OF NEVADA ENTITLEMENT AREA

Housing and Community Development Survey

Table 2.1 Which are in Nevada do you wish to address in this survey: State of Nevada Entitlement Area Housing and Community Development Survey	
Community:	Response
State of Nevada Entitlement Area	511
State of Nevada Non-Entitlement Area	0
Total	511

Table 2.2 Providing Decent and Affordable Housing State of Nevada Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HOUSING activities in the state:						
Construction of new affordable for-sale housing	13	30	92	217	159	511
Construction of new affordable rental housing	20	34	94	202	161	511
First-time home-buyer assistance	11	35	122	182	161	511
Rental assistance	29	64	114	142	162	511
Homeowner housing rehabilitation	16	86	142	94	173	511
Rental housing rehabilitation	27	94	127	92	171	511
Energy efficient retrofits	17	75	125	125	169	511
Housing demolition	62	183	62	34	170	511
Downtown housing	17	103	142	81	168	511
Mixed use housing	26	102	133	83	167	511
Mixed income housing	39	88	109	100	175	511
Senior-friendly housing	16	53	107	170	165	511
Retrofitting existing housing to meet seniors' needs	14	64	134	134	165	511
Preservation of federal subsidized housing	34	70	104	133	170	511
Homeownership in communities of color	29	59	116	134	173	511
Supportive housing for people who are homeless or disabled	11	41	91	206	162	511
Rental housing for very low-income households	16	41	80	210	164	511
Other	23	4	7	39	438	511

Table 2.3 Providing Decent and Affordable Housing State of Nevada Entitlement Area Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Lack of water	73
Lack of water system	43
Lack of sewer system	45
Lack of other infrastructure	71
Lack of qualified contractors or builders	89
Lack of available land	118
Cost of land or lot	218
Cost of materials	154
Cost of labor	156
Permitting fees	121
Permitting process	138
Impact fees	112
Construction fees	120
Lot size	47
Density or other zoning requirements	108
Not In My Back Yard (NIMBY) mentality	153
Building codes	55
ADA codes	33
Lack of affordable housing development policies	155

Table 2.4
Providing a Suitable Living Environment

State of Nevada Entitlement Area
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following BUSINESS AND ECONOMIC DEVELOPMENT activities in Nevada:						
Attraction of new businesses	10	51	112	151	187	511
Retention of existing businesses	6	25	118	174	188	511
Expansion of existing businesses	7	38	142	125	199	511
Provision of job training	6	27	96	195	187	511
Provision of job re-training, such as after plant or other closures	11	53	109	150	188	511
Enhancement of businesses infrastructure	10	53	151	100	197	511
Provision of working capital for businesses	12	64	138	103	194	511
Provision of technical assistance for businesses	13	72	144	91	191	511
Investment as equity partners	22	85	127	80	197	511
Provision of venture capital	22	74	132	83	200	511
Development of business incubators	16	87	127	75	206	511
Development of business parks	32	118	106	52	203	511
Foster businesses with higher paying jobs	13	29	103	175	191	511
Other	12	2	4	18	475	511

Table 2.5
Providing a Suitable Living Environment

State of Nevada Entitlement Area
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following INFRASTRUCTURE activities:						
Street and road improvements	5	39	127	136	204	511
Sidewalk improvements	8	82	123	92	206	511
Water system capacity improvements	6	49	106	140	210	511
Water quality improvements	13	73	99	118	208	511
Sewer system improvements	12	75	122	94	208	511
Solid waste facility improvements	13	79	125	86	208	511
Storm sewer system improvements	7	82	110	101	211	511
Flood drainage improvements	7	74	107	115	208	511
Bridge improvements	24	100	119	58	210	511
Bicycle and walking paths	22	77	92	115	205	511
Other	10	1	5	17	478	511

Table 2.6 Providing a Suitable Living Environment State of Nevada Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following COMMUNITY AND PUBLIC FACILITIES in Nevada:						
Youth centers	8	40	129	131	203	511
Community centers	10	53	143	100	205	511
Childcare facilities	11	38	114	143	205	511
Parks and recreational centers	9	60	137	100	205	511
Senior centers	9	46	132	116	208	511
Healthcare facilities	7	39	113	143	209	511
Residential treatment centers	14	44	103	140	210	511
Public buildings with improved accessibility	26	94	95	58	238	511

Table 2.7 Providing a Suitable Living Environment State of Nevada Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HUMAN AND PUBLIC SERVICES in Nevada:						
Youth services	5	28	107	167	204	511
Senior services	6	35	106	159	205	511
Transportation services	10	42	114	141	204	511
Healthcare services	6	24	101	175	205	511
Childcare services	10	37	109	149	206	511
Fair housing activities	20	64	101	121	205	511
Fair housing education	21	68	99	118	205	511
Tenant/Landlord counseling	14	72	108	110	207	511
Homebuyer education	7	66	126	103	209	511
Crime awareness education	9	74	114	104	210	511
Mitigation of lead-based paint hazards	49	154	65	32	211	511
Mitigation of radon hazards	50	140	77	33	211	511
Mitigation of asbestos hazards	36	143	79	38	215	511
Employment services	9	49	120	129	204	511
Mental health/chemical dependency services	6	20	73	210	202	511
Other	8	1	3	15	484	511

Table 2.8 Providing a Suitable Living Environment State of Nevada Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HOUSING types for special needs populations in the state:						
Emergency shelters	12	44	85	161	209	511
Transitional housing	9	35	98	159	210	511
Shelters for youth	7	26	95	170	213	511
Senior housing, such as nursing homes or assisted living facilities	9	40	113	142	207	511
Housing designed for persons with disabilities	11	42	112	138	208	511
Permanent supportive housing, such as subsidized housing that offers services for persons with mental disabilities	11	27	73	193	207	511
Rapid rehousing rental assistance for homeless households	12	32	62	200	205	511
Other	10	1	1	10	489	511

Table 2.9 Providing a Suitable Living Environment State of Nevada Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for SERVICES AND FACILITIES for each of the following special needs groups in Nevada.						
The elderly (age 65+)	6	38	105	154	208	511
The frail elderly (age 85+)	6	24	82	188	211	511
Persons with severe mental illness	5	18	69	209	210	511
Persons with physical disabilities	6	33	127	136	209	511
Persons with developmental disabilities	5	35	107	153	211	511
Persons with substance abuse addictions	4	36	83	182	206	511
Persons with HIV/AIDS	16	81	117	85	212	511
Victims of domestic violence	4	31	97	171	208	511
Veterans	2	20	66	214	209	511
Homeless persons	6	27	60	213	205	511
Persons recently released from prison	15	56	98	130	212	511
Other	10	2	2	8	489	511

Table 2.10 Providing Decent and Affordable Housing State of Nevada Entitlement Area Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Housing	24%
Economic Development	15%
Water Systems	12%
Other Infrastructure	11%
Public Facilities	10%
Human Services	17%
Other	10%

STATE OF NEVADA NON-ENTITLEMENT AREA

Housing and Community Development Survey

Table 3.1 Which are in Nevada do you wish to address in this survey: State of Nevada Non-Entitlement Area Housing and Community Development Survey	
Community:	Response
State of Nevada Entitlement Area	0
State of Nevada Non-Entitlement Area	316
Total	316

Table 3.2 Providing Decent and Affordable Housing State of Nevada Non-Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HOUSING activities in the state:						
Construction of new affordable for-sale housing	6	14	55	153	88	316
Construction of new affordable rental housing	3	10	40	174	89	316
First-time home-buyer assistance	4	18	74	127	93	316
Rental assistance	7	30	56	129	94	316
Homeowner housing rehabilitation	10	47	92	69	98	316
Rental housing rehabilitation	11	38	85	91	91	316
Energy efficient retrofits	10	51	88	73	94	316
Housing demolition	35	109	52	30	90	316
Downtown housing	31	84	64	44	93	316
Mixed use housing	18	63	75	67	93	316
Mixed income housing	13	37	87	88	91	316
Senior-friendly housing	4	19	66	137	90	316
Retrofitting existing housing to meet seniors' needs	7	29	97	92	91	316
Preservation of federal subsidized housing	14	38	84	92	88	316
Homeownership in communities of color	34	61	80	49	92	316
Supportive housing for people who are homeless or disabled	10	36	68	115	87	316
Rental housing for very low-income households	9	29	55	134	89	316
Other	12	2	4	22	276	316

Table 3.3 Providing Decent and Affordable Housing State of Nevada Non-Entitlement Area Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Lack of water	70
Lack of water system	54
Lack of sewer system	56
Lack of other infrastructure	70
Lack of qualified contractors or builders	106
Lack of available land	57
Cost of land or lot	139
Cost of materials	141
Cost of labor	137
Permitting fees	73
Permitting process	76
Impact fees	60
Construction fees	96
Lot size	27
Density or other zoning requirements	64
Not In My Back Yard (NIMBY) mentality	119
Building codes	35
ADA codes	23
Lack of affordable housing development policies	100

Table 3.4
Providing a Suitable Living Environment

State of Nevada Non-Entitlement Area
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following BUSINESS AND ECONOMIC DEVELOPMENT activities in Nevada:						
Attraction of new businesses	7	22	82	95	110	316
Retention of existing businesses	5	12	81	110	108	316
Expansion of existing businesses	4	32	99	69	112	316
Provision of job training	2	14	86	105	109	316
Provision of job re-training, such as after plant or other closures	8	32	93	73	110	316
Enhancement of businesses infrastructure	7	34	97	66	112	316
Provision of working capital for businesses	7	42	92	65	110	316
Provision of technical assistance for businesses	4	47	94	61	110	316
Investment as equity partners	15	58	83	47	113	316
Provision of venture capital	15	56	79	51	115	316
Development of business incubators	16	60	88	36	116	316
Development of business parks	19	75	68	41	113	316
Foster businesses with higher paying jobs	4	19	87	95	111	316
Other	8	0	3	10	295	316

Table 3.5
Providing a Suitable Living Environment

State of Nevada Non-Entitlement Area
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following INFRASTRUCTURE activities:						
Street and road improvements	0	15	74	113	114	316
Sidewalk improvements	5	28	79	90	114	316
Water system capacity improvements	2	39	65	93	117	316
Water quality improvements	5	58	65	72	116	316
Sewer system improvements	5	50	69	76	116	316
Solid waste facility improvements	6	54	72	67	117	316
Storm sewer system improvements	6	35	80	79	116	316
Flood drainage improvements	5	32	70	95	114	316
Bridge improvements	25	59	72	41	119	316
Bicycle and walking paths	14	34	79	76	113	316
Other	8	1	2	14	291	316

Table 3.6
Providing a Suitable Living Environment

State of Nevada Non-Entitlement Area
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following COMMUNITY AND PUBLIC FACILITIES in Nevada:						
Youth centers	10	23	74	95	114	316
Community centers	6	31	76	85	118	316
Childcare facilities	2	14	60	124	116	316
Parks and recreational centers	7	48	74	72	115	316
Senior centers	12	38	82	67	117	316
Healthcare facilities	4	19	62	115	116	316
Residential treatment centers	9	17	74	98	118	316
Public buildings with improved accessibility	13	50	67	51	135	316

Table 3.7
Providing a Suitable Living Environment

State of Nevada Non-Entitlement Area
Housing and Community Development Survey

Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HUMAN AND PUBLIC SERVICES in Nevada:						
Youth services	1	19	73	110	113	316
Senior services	3	17	73	109	114	316
Transportation services	1	10	54	139	112	316
Healthcare services	1	6	59	137	113	316
Childcare services	2	13	58	128	115	316
Fair housing activities	5	36	64	95	116	316
Fair housing education	4	38	65	96	113	316
Tenant/Landlord counseling	5	41	74	84	112	316
Homebuyer education	5	30	78	89	114	316
Crime awareness education	7	51	84	58	116	316
Mitigation of lead-based paint hazards	22	86	66	26	116	316
Mitigation of radon hazards	14	91	67	27	117	316
Mitigation of asbestos hazards	11	97	60	31	117	316
Employment services	3	26	72	100	115	316
Mental health/chemical dependency services	2	14	46	141	113	316
Other	4	0	1	7	304	316

Table 3.8 Providing a Suitable Living Environment State of Nevada Non-Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for the following HOUSING types for special needs populations in the state:						
Emergency shelters	5	35	55	103	118	316
Transitional housing	5	31	57	107	116	316
Shelters for youth	1	33	74	89	119	316
Senior housing, such as nursing homes or assisted living facilities	4	15	79	101	117	316
Housing designed for persons with disabilities	2	23	80	93	118	316
Permanent supportive housing, such as subsidized housing that offers services for persons with mental disabilities	2	29	64	104	117	316
Rapid rehousing rental assistance for homeless households	6	29	50	115	116	316
Other	4	0	0	8	304	316

Table 3.9 Providing a Suitable Living Environment State of Nevada Non-Entitlement Area Housing and Community Development Survey						
Question	No Need	Low Need	Medium Need	High Need	Missing	Total
Please rate the need for SERVICES AND FACILITIES for each of the following special needs groups in Nevada.						
The elderly (age 65+)	0	12	76	113	115	316
The frail elderly (age 85+)	1	11	51	137	116	316
Persons with severe mental illness	1	16	51	132	116	316
Persons with physical disabilities	0	21	82	97	116	316
Persons with developmental disabilities	0	24	78	98	116	316
Persons with substance abuse addictions	1	21	54	125	115	316
Persons with HIV/AIDS	14	65	80	38	119	316
Victims of domestic violence	0	18	72	111	115	316
Veterans	1	7	56	135	117	316
Homeless persons	5	32	53	107	119	316
Persons recently released from prison	12	42	72	70	120	316
Other	4	1	2	6	303	316

Table 3.10 Providing Decent and Affordable Housing State of Nevada Non-Entitlement Area Housing and Community Development Survey	
Question	Response
Do any of the following act as barriers to the development or preservation of affordable housing in your community:	
Housing	24%
Economic Development	14%
Water Systems	12%
Other Infrastructure	12%
Public Facilities	10%
Human Services	16%
Other	13%

Covid-10 Management



Nevada

COVID-19

Disease Outbreak Management

Strategy and Concept of Operations

June 1, 2020



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*Nevada COVID19 Disease Outbreak Management
Strategy/Concept of Operations***I. Purpose**

The purpose of the Nevada COVID-19 Outbreak Management Strategy and Concept of Operations (COP) is to develop an operations surge strategy and sustainment capability to prevent the spread of COVID-19 and mitigate any outbreak of COVID-19, and develop a strategy to transition state response to shared public and private partnership utilizing Nevada's public and private health care systems. This strategy will be a bridge from the current crisis response to an enhanced normal disease management process while being prepared for a significant outbreak.

Community-based testing, testing through the private sector, and disease outbreak management will be essential to reopening the Nevada economy. Transitioning to a more sustainable hospital-based supply, in particular for Personal Protective Equipment (PPE), while maintaining a surge capacity is key to ensuring the healthcare infrastructure is not overwhelmed in the case of future COVID-19 spikes or sustained future waves. As the state transitions from crisis management, Nevada has established five lines of effort as a bridge to a normal process:

- PPE Surge Capacity
- COVID-19 Specimen Collection
- Laboratory Testing PCR and Antibody
- Case Investigation and Contact Tracing
- Mass Vaccination Operations

II. Goal, Mission and Objectives**Goal:**

Bridge to a normalized process. While the State is still firmly in the response phase of the COVID-19 crisis, the State's goal is to establish processes which may be easily transitioned from an emergency logistics and response mission to a normalized process which does not require the SEOC intervention.

Mission:

The Mission of the Nevada COVID-19 Outbreak Management Concept of Operations is to enhance Nevada's capacity to support community based test collection sites, streamline and increase the capacity to meet statewide COVID-19 virus detection through PCR and antibody testing needs, and increase the capacity of the state and local jurisdictions to epidemiologically manage the presence COVID-19 disease in the population.

*Nevada COVID19 Disease Outbreak Management
Strategy/Concept of Operations*

Objectives:

1. Enhance and support the state and local capacity to manage COVID-19 outbreaks and to rapidly respond to spikes of disease through increasing the outbreak management capability.
2. Establish a Nevada PPE stockpile.
3. Synchronize supply operations for COVID-19 specimen collection to support community-based testing missions and surge sample collection supplies to meet current and anticipated needs.
4. Establish a statewide best practice model for community-based testing and establish a statewide testing support capability.
5. Enhance the statewide capacity to perform COVID-19 virus Polymerase Chain Reaction (PCR) testing and COVID-19 Immunoglobulin G (IgG) antibody testing.
6. Prepare the state for mass vaccination operations to be able to inoculate 80% of the state residents.
7. Establish performance measures for each line of effort in order to ensure system accountability and provide the Governor with decision-level information.

III. Concept of Operations

Concept of Operations		
Build Capacity to Surge	Transition to a Sustained Normal Process	Aggressively Respond to Outbreaks
<ul style="list-style-type: none"> Build Hospital and Community PPE Surge Capacity 2 Months Peak PPE Stockpile Cache 2 Weeks of PPE at Area Hospitals 	Personal Protection Equipment <ul style="list-style-type: none"> Hospitals Stabilize Supply Chain 2 Weeks of Additional hospital PPE on Hand Communities and Businesses Build PPE Cache 	<ul style="list-style-type: none"> Release State PPE Cache Supplement PPE from State Stockpile Maintain Stockpile Levels with Supplemental Ordering
<ul style="list-style-type: none"> Surge purchase enough PCR specimen collection kits for 200,000 tests Surge purchase specimen collection supplies for 680,000 antibody tests. Support CBCS 	Community-Based Specimen Collection <ul style="list-style-type: none"> Transition to medical provider and hospital-based specimen collection 	<ul style="list-style-type: none"> Retain enough specimen collection supplies to be able to surge collect at facilities, businesses or communities that experiences outbreaks
<ul style="list-style-type: none"> Surge purchase enough PCR testing kits for 200,000 tests Surge purchase Testing kits for 680,000 antibody tests. 	Laboratory PCR and Antibody Testing <ul style="list-style-type: none"> Transition to medical provider point of care testing, commercial laboratory and hospital-based laboratory testing 	<ul style="list-style-type: none"> Retain enough testing supplies to test 120,000 per month for 2 months PCR tests and half the population for Antibody Tests.
<ul style="list-style-type: none"> Surge 450 Contact Tracer through direct hire, volunteers and vendor-based staffing. 100 paid contact tracers at state, county and tribal level 	Patient Contact Tracing <ul style="list-style-type: none"> Maintain 100 paid contact tracers 	<ul style="list-style-type: none"> Every positive test will be contacted by a contact tracer within 24- hours. Within 24 hours of identifying a close contact of a case, those contacts will be contacted by a contact tracer.
<ul style="list-style-type: none"> Prepare the state to vaccinate 80% of the population allocation. Surge Mass Vaccination capacity Surge public messaging for seasonal flu vaccine 	Prepare for Mass Vaccinations <ul style="list-style-type: none"> Prepare traditional vaccination sites for mass vaccination surge for seasonal flu and COVID-19 	<ul style="list-style-type: none"> Mass inoculate 80% of the population with COVID-19 vaccine.

*Nevada COVID19 Disease Outbreak Management
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The Concept of Operations will be achieved based on the three overarching strategies listed below and executed with five main lines of efforts to achieve the execution of concept.

- Build Capacity to Surge
- Transition to a Sustained Normal Process
- Aggressively respond to Outbreaks

Build Capacity to Surge

This strategy develops a Strategic Nevada Stockpile which includes hospital PPE, specimen collection supplies, PCR and antibody laboratory testing supplies, and vaccination capability, along with surge patient contact tracing capacity to prepare the state to immediately meet any outbreak of COVID-19 infection.

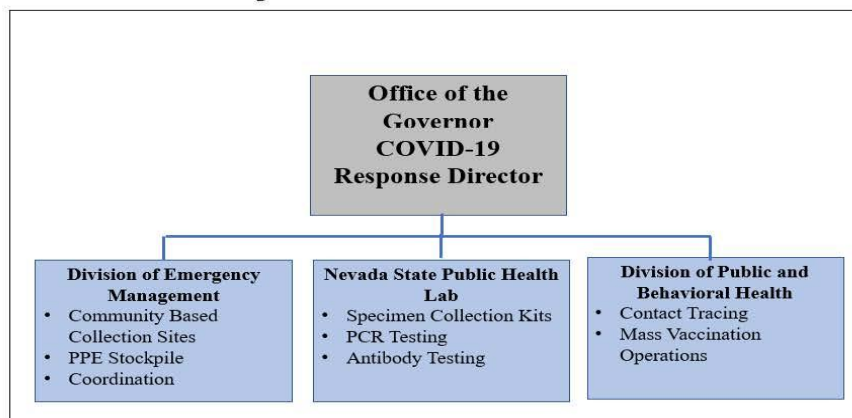
Transition to a Sustained Normal Process

This strategy develops an orderly transition from state supported COVID-19 response, as supply chains normalize, to a public health and health care industry-based response through primary care and acute care providers.

Aggressively Respond to Outbreaks

The key to maintaining an open economy will be the capability of the State to effectively respond to spikes or outbreaks of COVID-19 transmission. If a statewide outbreak occurs, Nevada will have the capacity to manage the outbreak without a significant impact on the health care system necessitating crisis standards of care.

Statewide Unified Effort Organization



*Nevada COVID19 Disease Outbreak Management
Strategy/Concept of Operations*

Nevada COVID-19 Response Director

The Nevada COVID-19 Response Director will coordinate resources and the work across multiple state, local and federal entities to respond to COVID-19, including the following:

- Federal agencies, including the Federal Emergency Management Agency (FEMA) and the U.S. Department of Health and Human Services (HHS);
- State agencies, including the Division of Public and Behavioral Health (DPBH) within the Nevada Department of Health and Human Services (DHHS), the Division of Emergency Management (DEM), and the Nevada State Public Health Lab (NSPHL); and
- Local agencies, including local emergency management, public health authorities, and city and county officials.

Nevada Division of Emergency Management

The Nevada Division of Emergency Management supports the local Community Based Specimen Collection Sites (CBSCS) and mass vaccination operations including the following:

- Coordinates with the Nevada State Public Health Laboratory for specimen collection kits.
- Coordinates with the Division of Public and Behavioral Health (DPBH) to provide Battle Born Medical Corps volunteers for specimen collection.
- Coordinates with the Nevada National Guard (NVNG) for collection support personnel.
- Coordinates with the local jurisdiction and DPBH for mass vaccination operations support.
- Coordinates the purchase of surge PPE stockpile.

Nevada State Public Health Laboratory

The Nevada State Public Health Laboratory will coordinate all specimen collection supplies and manages all statewide testing.

Nevada Division of Public and Behavioral Health

The DPBH will coordinate and manage all patient case investigation and contact tracing operations and support local health authority efforts. The DPBH also leads the statewide mass vaccination operations.

IV. Course of Action: PPE Stockpile

Goal

While maintaining adequate PPE levels at hospitals, nursing care facilities, community first responders and essential government services, establish a two-month stockpile of PPE at peak COVID-19 usage for future outbreaks or waves of COVID-19 or other novel diseases.

*Nevada COVID19 Disease Outbreak Management
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Strategy

- Resupply the pre-COVID-19 state stockpile.
- Surge purchase 60 days of average peak PPE daily rates for hospitals and communities as a strategic stockpile.

PPE Planning Criteria

1. Resources required for state stockpile

GLOVES	N95 MASKS	COVERALLS	FACE SHIELDS	GOWNS	PAPRs
--------	-----------	-----------	--------------	-------	-------

2. Establish Strategic Nevada Stockpile based on Strategic National Stockpile PPE quantities received and Pre-COVID 19 Nevada PPE cache.

PRE-COVID STOCK & SNS PPE RECIEVED	QUANTITY	PRICE/ITEM	COST
N95 MASKS	672,600	\$5	3,363,000
GOWNS	47,550	\$2.15	102,233
GLOVES	253,640	\$0.18	45,655
COVERALLS	240	\$15	3,600
FACE SHIELDS	54,624	\$10	546,240
			\$4,060,728

3. Surge stockage level = 60 days @ peak consumption levels from original response.
4. Peak usage levels *per day* (as reported by Nevada Hospital Association). *Additional 20% for "all other" care providers*
 - a. Gloves – 625,000 + 20% = **750,000/day**
 - b. Disposable face shields – 4,613 + 20% = **5535/day**
 - c. N95 masks - 7,100 + 20% = **8,520/day**
 - d. Gowns – 7,500 + 20% = **9,000/day**
 - e. Coveralls – 106 + 20% = **127/day**
 - f. PAPRs – 8 + 20% = **10/day**

NVDEM SURGE STOCK	PRICE/ITEM	ITEMS/DAY	ITEMS FOR 60 DAYS	COST FOR 60 DAY SUPPLY
GLOVES	\$0.18	750,000	45,000,000	\$8,100,000.00
DISPOSABLE FACE SHIELDS	\$10.00	5,535	332,100	\$3,321,000.00
N95 MASKS	\$5.00	8,520	511,200	\$2,556,000.00
GOWNS	\$2.15	9,000	540,000	\$1,161,000.00
COVERALLS	\$15	127	7,620	\$114,300.00
PAPRs	\$800.00	10	600	\$480,000.00
TOTAL				\$15,732,300.00

5. Establish Nevada Public Health System PPE surge stockpile = 60 days of consumption.

*Nevada COVID19 Disease Outbreak Management
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PUBLIC HEALTH SYSTEM SURGE STOCK	PRICE/ITEM	ITEMS/DAY	ITEMS FOR 60 DAYS	COST FOR 60 DAY SUPPLY
GLOVES	\$0.18	772,999	46,379,940	\$8,348,389
DISPOSABLE FACE SHIELDS	\$10.00	10,811	648,660	\$6,486,600
N95 MASKS	\$5.00	15,774	946,440	\$4,732,200
GOWNS	\$2.15	22,537	1,352,220	\$2,907,273
COVERALLS	\$15.00	354	21,240	\$318,600
PAPRs	\$800.00	43	2,580	\$2,064,000
TOTAL				\$24,857,062

6. State of Nevada public in person service / customer service state employees will require masks during the phased re-opening of government offices. The State has approximately 18,000 employees. We estimate half will require masks to resume operations before immunity is achieved. An initial one month's supply will facilitate re-opening. Re-supply of masks should be accomplished through normal departmental ordering processes using the good of the state contracts.

STATE CUSTOMER SERVICE INITIAL STOCK	PRICE/ITEM	ITEMS/DAY	ITEMS FOR 30 DAYS	COST FOR 30 DAY SUPPLY
MASKS	\$5.00	1 per shift	180,000	\$900,000
TOTAL				\$900,000

7. Total PPE Cost is **\$45,550,090.00** + 10% shipping and handling (\$4,555,009) = **\$50,105,099**

Transition to a Normal Process

As the supply chain normalizes and the hospitals are able to resupply via their usual supply chain, hospitals will be expected to maintain a two-week cache of PPE which does not include the state cache.

A Purchasing Desk at the SEOC was established to enable the transition from State supported response to local jurisdiction. The State will engage with traditional and nontraditional vendors to meet immediate needs while establishing long term contracts

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leveraging the States buying power. State Purchasing will serve as the resource by which contracts intended for statewide use are executed for PPE, collection materials, and testing materials and services.

Aggressively Respond to Outbreaks

If a significant outbreak occurs which threatens to limit PPE usage to crisis standards of care levels, the Governor may release the PPE caches and release PPE from the stockpile.

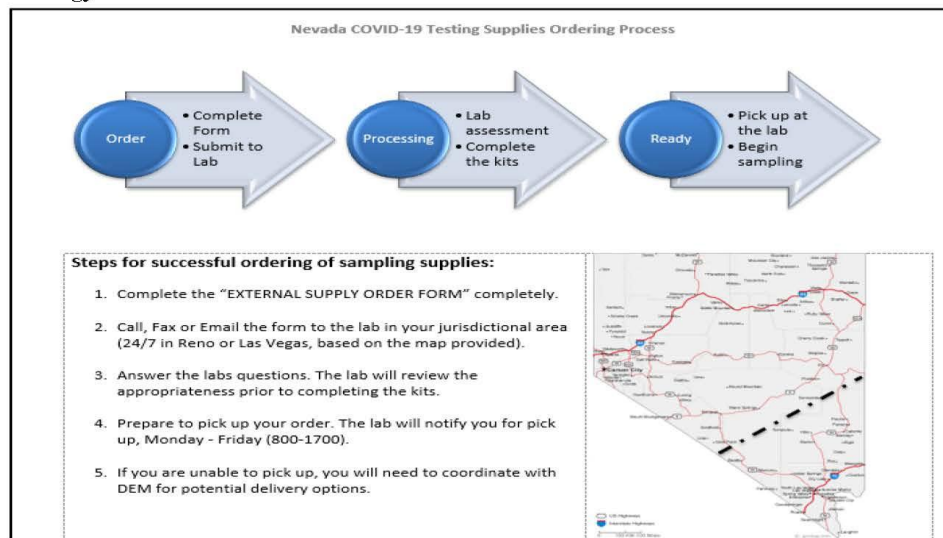
V. Course of Action: COVID-19 Sample Collection Supply Chain

Goal

Establish a supply chain using the Nevada Public Health Laboratories as a conduit for sample collection kits. Surge purchase sample collection supplies enough to test 200,000 samples at any point of the crisis.

- 150,000 sample collection kits or components purchased within 1 month and 10,000 kits or components will be purchased every month for the following 5 months.

Strategy



Supply Chain Process

- The Nevada State Public Health Laboratories (NSPHL) in Reno and Southern Nevada Public Health Laboratory (SNPHL) in Las Vegas will be the lead in all COVID-19 collection sampling supplies.

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- Jurisdictions will order all collection sampling supplies from the public health laboratories using the External Supply Order Forms provided in Annex A.
- Normal ordering for routine collection sampling supplies for routine testing must be faxed to the NPHL every first, third and fifth Mondays of the month. For Northern NSPHL the fax number is (775) 688-1460. For SNPHL the Number is 702-759-1444. The forms also must be either sent to the SEOC or placed into WEBEOC with the comment, “Faxed to State Health Lab of this date.”
- Emergency Managers, County Health Officers, or Hospitals from Clark County, Lincoln County and Pahrump in Nye County may order their collection sample supplies from SNPHL in Las Vegas.
- Emergency Managers, County Health Officers, or Hospitals from all the rest of the Northern Counties may order their collection sample supplies from NSPHL.
- Jurisdictions desiring supplies for mass community-based collection must submit their request to the NPHL at least 2 weeks prior to the collection date so the Labs can ensure enough supplies are on hand and available to meet the request for supplies and ensure timely turnaround of results.
- The State Emergency Operations Center (SEOC) will provide a Liaison to the public health labs to assist with the completion of supply orders and to facilitate delivery transportation.
- The laboratories will supply DEM with a daily report on testing supplies ordered and supplies distributed by facility. The reports will be used to facilitate statewide procurement, management, and sustainment of COVID-19 testing in Nevada.

Test Collection Supply Surge

The surge collection and testing goal is to perform up to 4,000 diagnostic laboratory tests per day and have the capability to test 2% of population each month. To achieve this goal, the state will need 200,000 swabs and viral testing media (VTM) kits available for distribution.

The strategy for the state will involve a surge purchase of six-month supply by procurement through purchase and donation to meet the needs of the State’s the Recovery Plan. The strategy for the end user of this program will be to order your supplies for a two-week period or for establishment of a Community Based Testing/Collection process. The sustained supply chain will allow Nevada to continue and expand its testing capabilities, for both symptomatic and asymptomatic testing.

The projected costs for supplying the public health labs with supplies to create collection kits until December 31, 2020 are: **\$8,646,597**, this includes: swabs, viral medium, and tubes. These projections were derived through the costs per a unit sent to us by the NSPHL. With input from The Director of NSPHL, the same amounts were projected for the SNPHL.

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Monthly Collection Kit Construction (200,000 Kits)			
	Unit Costs	Quantity	Monthly Costs
Nasopharyngeal swab	\$2.14	200,000 swabs	\$428,000.00
Fetal Bovine Serum	\$432.50	20 bottles	\$8,650.00
Hank's Balanced Salt Solution	\$36.99	1,200 bottles	\$44,388.00
Gentamicin Sulfate (50mg/ml)	\$60.34	40 bottles	\$2,413.60
Amphotericin B (250 ug/ml)	\$87.93	40 bottles	\$3,517.20
Sheep's Blood Agar	\$25.45	1000 plates (45 packs of 10)	\$25,450.00
Ethanol (70%) (gallon)	\$28.50	4.44 gallons	\$126.67
15 ml conical, polypropylene (rack of 500)	\$118.00	400 racks of 500	\$47,200.00
Biohazard transport bags (pack of 1000)	\$22.00	200 packs of 1000	\$4,400.00
		Total Monthly Costs:	\$564,145.47
		Months Until End of CY	7
		End of CY 20 Projection Northern Lab:	\$3,949,018.27
		w/Southern NV Health District	\$7,898,036.53
		w/Hologic Panther Units and Kits	\$8,346,596.53
		w/Refrigeration Units North and South Labs (One-time Costs)	\$8,646,596.53

Transition to a Normal Process

As the technology advances to point of routine testing in primary care offices, hospital labs and commercial diagnostic laboratories will take over the majority of the testing and the supplies needed for the testing will transition to point of care purchase. We fully anticipate that after 2021 the majority of the COVID-19 testing will be performed by commercial laboratories.

Aggressively Respond to Outbreaks

The public health laboratories in Nevada will maintain a stockpile of 200,000 specimen collection kits or combination of components to make the collection kits as a reserve to maintain a 30-day supply on hand in order to respond to an outbreak or wave of COVID-19

VI. Course of Action: Community-Based COVID-19 Sample Collection

Currently there are three systems for the collection COVID-19 specimens:

- Hospital testing of symptomatic patients,
- Private laboratory testing, and

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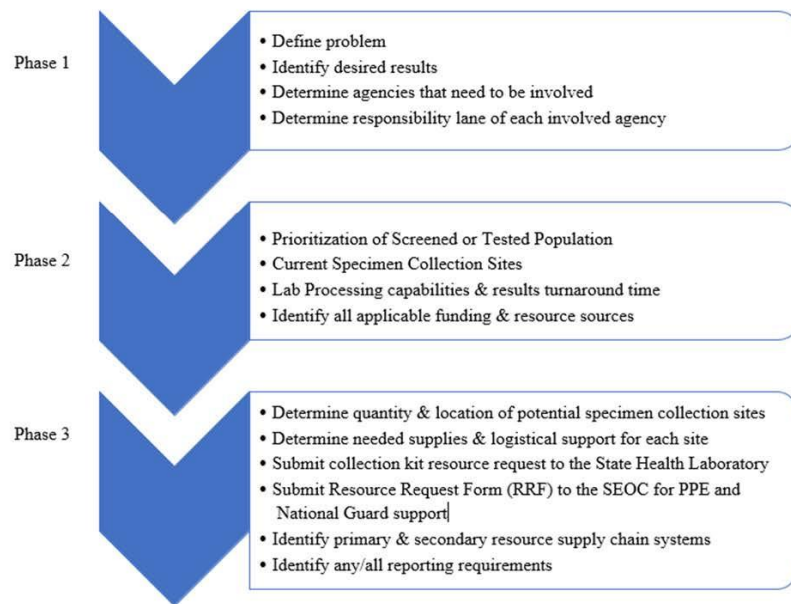
- Community-based mass testing or targeted testing among high risk groups.

Goal

The goal for community-based testing is to build the capacity to obtain viral sampling materials to collect up to 200,000 specimens at any time. Community-based testing should be coordinated by the local or tribal health authority, local or tribal emergency management and the leadership of the local government or tribe.

The Nevada Division of Emergency Management utilized its expertise to develop a “Best Practice” COVID-19 Community Based Collection Site (CBCS) Development Handbook which is Annex C of this Document. The State recommends each jurisdiction develop a similar CBCS planning document which meets that jurisdiction’s needs.

CBCS Process



There are three (3) phases to developing a Community Based Collection Site Process.

Phase 1 consists of defining the problem, identifying the desired results, and then determining those agencies that need to be involved as well as identifying what their specific responsibilities will be.

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- Problem definition: an inadequate number of community specimen collection and testing sites are currently located throughout the state.
- Desired results: coordinate and/or develop an increased capacity to perform wide scale testing throughout the state. This result, which is normally measured in terms of percentage/quantity of population tested, is dependent upon: (1) properly identifying populations being tested; (2) the presence of a definitive collection and testing process; and (3) the establishment and continued maintenance of a proper supply chain network.
- Agency involvement: the following agencies are typically needed to develop and manage a community-based specimen collection and testing site process:
 - Medical partners (Department of Health, local/regional hospitals, medical clinics and physician offices)
 - Nevada National Guard or trained volunteers
 - Local/regional/state law enforcement
 - Local fire/EMS
 - Public and/or private testing laboratories
 - Incident Management Team (IMT) personnel (Local Emergency Management)

Specific agency responsibilities:



Phase 2 consists of developing a prioritization process for determining which segments of the population need to be tested, the type of testing, identifying current specimen collection sites, determining the capabilities and results turn-around time for the testing laboratories, and identifying all applicable funding and resource supply chain sources.

Testing of Symptomatic Patients

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- Current Community Based Collection Site (CBCS) locations: helps determine whether or not maximum community access is being accomplished (NOTE: certain populations are unable to drive to CBCS so arrangements should be considered to reach these target populations with static walk-up testing sites and mobile field Strike Teams/Task Forces).
- Lab Processing capabilities and results turn-around time: helps determine maximum CBCS throughput.
- Identify all applicable funding and resource sources: helps determine payment for CBCS personnel, supplies and laboratory fees.

Testing of Asymptomatic Patients

If your jurisdiction decides to test asymptomatic patients, you must decide the method by which you will test and who do you want to test:

- Community members/residents to include vulnerable populations
- Healthcare workers
- Residents of Long-Term Care or Skilled Nursing Facilities
- First Responders
- Prison Populations
- Others

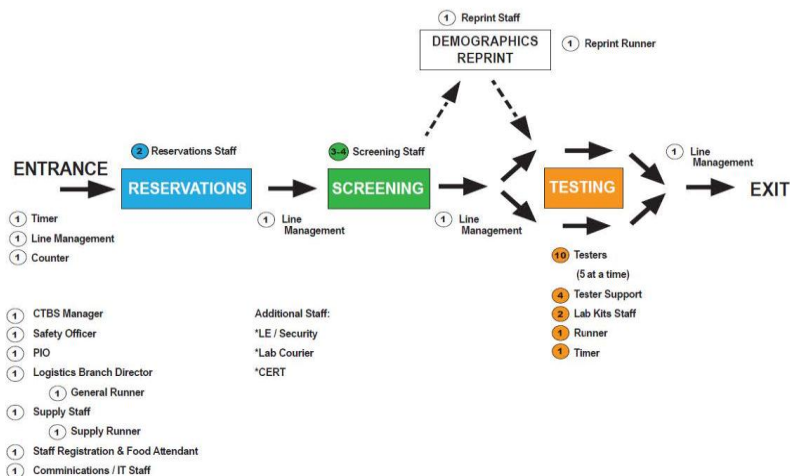
All the same steps are required when testing asymptomatic people.

Phase 3 consists of determining the quantity and location of all potential CBCS as well as the logistical resources that will be needed (in both personnel and supplies) to support them. Also involves identifying the testing laboratory partners that will be associated with each site. In addition, a primary and secondary resource supply chain systems must be identified along with any/all reporting requirements.

- Potential CBCS quantity and locations: helps determine population access capabilities and needed partner agency involvement.
- Site logistical support: helps determine supply chain management needs, burn rates and reordering schedule, and number of needed CBCS personnel.
- Primary and secondary resource supply chain systems: helps determine supply vendors, CBTS support vendors (i.e., porta- johns, tents, security, etc.) and administrative needs.
- Reporting requirements: helps maintain proper resource tracking for reimbursement and public information. This typically includes completion of CBCS Incident Action Plans (IAPs), CBTS ICS 214 Unit Logs and CBCS Force Account and Equipment Summary Accounts (FEMA recognized documents that assist with reimbursement claims).

Example of a Testing Location Design


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Coordinating with the State Emergency Operations Center (SEOC) for CBTS support

If a jurisdiction requires additional support and supplies from the SEOC to support a CBTS operations, the SEOC will need the jurisdiction to fill out a testing request form as part of its resource request 2 weeks prior to the actual testing event so that the state has enough time to put together the resource package. All information on the form will need to be filled out. The form can be found in Annex B.

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 <div style="display: inline-block; vertical-align: middle;"> Nevada Department of Public Safety Emergency Management </div>	TESTING REQUEST FORM
Jurisdiction / Entity Name:	
Dates & Times of Requested Testing Event:	
Location of Testing Site:	
Testing Site Layout (e.g. 2 lanes at a time):	
Number of Expected Tests Performed Per Day:	
Will you need testing kits provided?	Yes
Do you require PPE?	Yes
Will you require NV National Guard Assistance?	Yes
Number of Requested NV National Guardsmen:	Scope of Work for NV National Guardsmen:

Please Send Completed Form to logisticsNDEM@gmail.com

Aggressively Respond to Outbreaks

If a jurisdiction or tribe has an outbreak which is beyond its immediate capability to perform viral specimen collection in a facility or community, the jurisdiction may request a public health Taskforce to help with the management of the outbreak. The Taskforce will consist of public health personnel, volunteers and enough collection kits, PPE and cold storage equipment to collect 200 samples.

VII. Course of Action: Enhance Laboratory Testing Capacity

COVID-19 testing is performed and coordinated at the direction of the Nevada State Public Health Laboratory (NSPHL). Polymerase Chain Reaction (PCR) testing COVID-19 are also performed in the laboratories at the University Medical Center (UMC) and at two commercial medical laboratories – Quest Diagnostics and LabCorps.

Goals

- Surge purchase enough Lab PCR test kits or test components for 200,000 tests

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- Surge purchase enough SAR-CoV-2 serologic antibody test kits to test 20% of the population.
- Establish or expand capacity to test all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance.
- Screen for past infection (e.g., serology) for health care workers, employees of high-risk facilities, critical infrastructure workforce, and childcare providers.
- Report all COVID-19 – related line level testing data (negatives, positives, indeterminants, serology) daily to CDC.

Over the past two months Nevada has increased its laboratory PCR testing capacity to meet and exceed the Governor's goal of 4,000 tests per day or 28,000 per week. Within four weeks the NSPHL has plans to continue to expand testing capacity to 7,000 per day or 45,000 tests per week.

PCR Target Goal	Cost per Test	Estimated Costs
200,000	\$40	\$8,000,000

COVID-19 Immunoglobulin G (IgG) Sero-testing

While IgG sero-testing for COVID-19 antibodies has been limited, The NSPHLs have plans to increase capacity through additional Abbott analyzer investments and point of care testing kits.

Antibody Test Target Goal	Cost per Test	Estimated Costs
680,000	\$7	\$4,760,000

Commercial Diagnostic Laboratory Leveraging

In Nevada, two main diagnostic laboratories, Quest Diagnostics and LabCorps, provide most of the provider referred laboratory testing. The NSPHL is having conversations with those laboratory providers to:

- The first goal is short term: to build an immediate capacity in the state for testing (kits and lab space).
- The second goal is longer term: to have a good-of-the-state contract that entities throughout the state could partner with to assist them in their testing needs.

VIII. Course of Action: Outbreak Management (Contact Tracing)

Case investigations, contact tracing and monitoring are tools public health professionals use to contain the spread of infectious diseases.

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A robust public health surveillance system is the key to identifying disease trends, symptomology and risk factors. For any infectious disease, including COVID-19, test results are required to be reported by health care providers and laboratories to the local health authority. For all counties outside of Clark the Nevada's National Electronic Disease Surveillance System (NEDSS) is utilized. When the department is notified of a positive test result in NEDSS or TriSano (Clark County), disease investigation staff contact the person and perform a full investigation, which includes contact tracing.

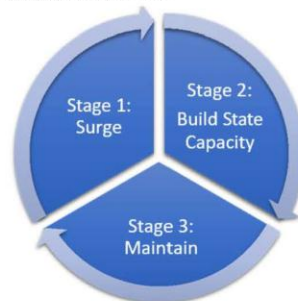
Contact Tracing

Contact tracing, a core disease control measure employed by public health personnel for decades, is a key strategy for preventing the further spread of infectious diseases like COVID-19.

Contact tracers adhere to the Centers for Disease Control and Prevention's (CDC) core principles of contact tracing:

- Contact tracing is part of the process of supporting patients with suspected or confirmed infection.
- In contact tracing, public health staff work with a patient to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious. (For Covid-19, this infectious period is 48 hours prior to symptom onset until the case meets isolation discontinuation criteria).
- Public health staff then notify these exposed individuals (close contacts) of their potential exposure as rapidly and sensitively as possible.
- To protect patient privacy, close contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them.
- Close contacts are provided with education, information and support to understand their risk.
- Close contacts are encouraged to stay home and maintain social distance from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill.

Nevada Contact Tracing Implementation Plan



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Goals:

- Every Nevadan that tests positive for COVID-19 will be contacted by a contact tracer within 24- hours of that confirmatory lab report being received by the health authority.
- Within 24 hours of identifying a close contact of a case, those contacts will be contacted by a contact tracer.

As Nevada moves to loosen social distancing restrictions, the department plans to bolster these efforts using additional personnel, technology and improved workflows. In order to accomplish this, the public health authorities in the state have developed this four-part strategy outlined below for case investigation, contact tracing and monitoring to identify and contain localized outbreaks of disease. This will allow Nevadans to carefully move into normal routines while ensuring that the public health system does not become overwhelmed with people suffering from COVID-19.

The resources to assist in contact tracing and case investigation must be fluid to increase as needed to address a growth in COVID cases, but to also decrease to ensure resources are not wasted and can be extended if needed. Nevada currently has approximately 100 paid and volunteer staff dedicated statewide to provide case investigation and contact tracing for the almost 6,000 cases to date. Understanding that the number of cases may increase almost 5-fold in the next several months, Nevada's public health system is also prepared to grow accordingly. The goal for staffing ranges from 400 to 700 staff and volunteers to support these case investigation and contact tracing efforts.

Nevada will ensure that through public and private partnership the following benchmarks are maintained related to case investigation and contact tracing:

- Every Nevadan that tests positive for COVID-19 will be contacted by a contact tracer within 24-hours of that confirmatory lab report being received by the health authority.
- Within 24 hours of identifying a close contact of a case, those contacts will be contacted by a contact tracer.

There will likely be an immediate surge in new cases with large community testing events and the increased daily count of tests for the next two to three months. As such, case investigation and contact tracing will surge accordingly during this period for as many as 600 staff. Public health leadership will reassess each month to see what ideal staffing may be needed in the upcoming months and reduce or grow as indicated. As well, the contact tracing resources will be able to support other counties as cases surge in some and reduce in another.

Nevada will also utilize immediate and short-term resources, such as the Nevada National Guard to support community testing and contact tracing/COVID mapping efforts. When this mission concludes, Nevada will focus efforts on the Nevada System of Higher Education (NSHE) Schools of Community Health Sciences/Public Health to provide the needed workforce. Through

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the partnership to be developed by establishing [Academic Public Health Departments](#) between NSHE and the state and local health departments, this will allow the public health community to have the staffing needed and allow Nevada's students to get real-life experience in the field. The University of Nevada, Las Vegas will develop a Contact Tracing Team (CTT) that will be a Nevada resource in perpetuity, but also be a strike team that can deploy to other states as needed. The University of Nevada, Reno will imbed disease investigation into both their undergraduate and graduate curriculum so there is a steady workforce stationed at health districts and the DPBH each semester. As well, the Nevada Public Health Training Center will have regular trainings for volunteers that will be a "crash course" in case investigation and contact tracing to provide a pool of trained volunteers should Nevada need it.

The following reflects the goal staffing by type of staff over the next year. This table will be able to grow or lessen as the case investigation and contact tracing needs are realized.

Staffing Source	May	June	July	August	September	October	November	December	January	February	March	April	May
Paid Staffing (DPBH, SNHD, WCHD, CCHHS)	100	100	100	150	150	150	150	150	150	150	150	150	150
University of Nevada, Las Vegas, Contact Tracing Team (CTT)	100	100	100	100	100	100	25	25	25	25	25	25	25
University of Nevada, Reno, School of CHS	0	0	0	25	25	25	25	25	25	25	25	25	25
Battle Born Medical Corps/Local Volunteers	100	100	100	100	100	100	100	100	100	100	100	100	100
Nevada National Guard	200	200	200	0	0	0	0	0	0	0	0	0	0
Vendor-Based Contact Tracers (Inductive Health)*	100	100	100	100	100	100	100	100	100	100	100	100	100
Total Available Staffing	600	600	600	475	475	475	400	400	400	400	400	400	400
Staffing is maximized initially to ensure coverage during testing surge.				*Vendor-based surge staffing can increase or decrease as needed.									

Cost Estimate for Contact Tracing Vendor and staffing: **\$55,993,575 for 2020**
 \$70,801,196 for 2021

Cost Estimate for the Salesforce Contract : **\$986,338 for 2020**
 \$1,015,928 for 2021

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IX. Course of Action: Mass Vaccination Operations

Like many infectious diseases, including influenza, vaccination will be the intervention that changes the trajectory of COVID-19. Though scientists around the world are working at a record-breaking pace to develop safe and effective COVID-19 vaccines, the exact timeline for delivery of the vaccination to a large population in Nevada is unknown. CDC is communicating with Immunization Programs nationwide regarding current expectations and plans, which are fluid. The current expectation, as of May 2020, is that vaccine distribution to the general U.S. population will occur in early 2021. Earlier phases, which will only include distribution to high-risk occupation groups followed by those suffering high-risk comorbidities, are expected to begin as early as October 2020.

Goal

Establish a mass vaccination infrastructure to manage an 80% vaccination rate once COVID-19 vaccinations are available.

Objectives

- Enhance WebIZ, the immunization tracking platform which the state uses.
- Increase immunization management personnel at the state and local level to facilitate mass immunization operations.
- Double the immunization Points of Dispensing (POD) capability
- Maximize fall influenza inoculations

WebIZ Enhancement

All CDC immunization program awardees are expected to take steps necessary to ensure their statewide immunization information system (IIS) is prepared to support the distribution and accountability of COVID-19 vaccine, and to facilitate the capture of all pertinent associated data.

In support of these anticipated but currently undefined needs, Nevada requests \$205,000 to fund anticipated developments and implementation of enhancements to the NV WebIZ.

	Mobile WebIZ Module
Description	<ul style="list-style-type: none"> • Closed application available only on provided hardware • Supports the provision of offsite clinics where internet connection is not possible/secure/efficient • No internet needed at clinic site • Must use preset iPads and would need portable printers/scanners • Can be used for check-in, screening, record lookup & vaccine administration documentation
Requirements	<ul style="list-style-type: none"> • iPads • Scanners • Printers • Printer labels

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	<ul style="list-style-type: none"> Batteries WebIZ
Cost	<ul style="list-style-type: none"> Onetime WebIZ Setup/System Configuration: \$80,000 Hardware (Unit = iPad, Scanner, Printer, Labels, Batteries): \$2500/unit Onetime Hardware Setup: \$2500/unit (if shipped to Envision); \$1000/unit (if Envision can walk us through setup) Annual WebIZ support: \$16,000 Annual Hardware support: \$750/unit Estimating based on purchase of 25 units (5 for NSIP; 5 to WCHD; 10 to SNHD; 5 to CCHHS) Other: Expanded data collection (fields TBD): \$6000/data element
Total Cost	<ul style="list-style-type: none"> Onetime costs: \$207,000 + any data elements Annual Cost: \$34,750 (could be lower if LHDs can absorb own hardware support costs longer-term)

Immunization Personnel Enhancements

Personnel Enhancements		
Position	Function	Costs includes Salary, Fringe and operating costs
DPBH CDC Foundation COVID-19 Position	<ul style="list-style-type: none"> Coordinate COVID-19 response activities among programs and assist in developing continuity of operations plans for all CFCW programs and their internal units as necessary: Immunizations, Chronic Disease Prevention and Health Promotion, Women, Infants and Children (WIC), and Maternal, Child and Adolescent Health Liaise between CFCW Bureau leadership, CFCW managers, Public Health Preparedness, Division of Emergency Management, DBPH leadership, and any other stakeholders identified; maintain open and regularly scheduled communications regarding new information/progress 	\$77,000
DPBH POD Coordinator (Health Program Specialist 1)	<ul style="list-style-type: none"> Coordinate all rural COVID-19 mass vaccination events Liaise between Public Health Preparedness and the Nevada State Immunization Program and the rural communities 	77,000
DPBH Three Pandemic Provider Enrollment Specialist (Program Officer 1) 2 in Las Vegas 1 in Carson City	<ul style="list-style-type: none"> Recruit and enroll non-traditional providers into the Nevada State Immunization Program for the duration of the COVID-19 pandemic response Educate providers and their staff and work with NV WebIZ staff to coordinate all appropriate trainings necessary to accept, store, administer and document COVID-19 vaccines physically and using the inventory management functions of NV WebIZ Manage provider orders and provide all technical assistance necessary to ensure a smooth workflow for immunizing providers 	\$217,663

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DPBH Two (2) NV WebIZ staff: One (1) NV WebIZ HL7 Technician (Program Officer 2, contractor) One (1) NV WebIZ Data Quality Specialist (Administrative Assistant 2, contractor)	<ul style="list-style-type: none"> Assist the HL7 Interface Manager (HPS I) with enrolling and managing HL7 interfaces between provider sites and NV WebIZ Help increase the number of providers able to submit data to NV WebIZ via an HL7 interface Troubleshoot issues and provide technical assistance as necessary Assist NV WebIZ users during the COVID-19 vaccine response, throughout ramp-up and high-volume use, and to maintain data quality primarily by monitoring duplicate records and manually “de-duplicating” records when the system deems human review necessary to protect data quality. 	\$132,400
Four (4) POD Coordinators at the Local Health Departments <ul style="list-style-type: none"> Two (2) in Clark County One (1) in Carson City One (1) in Washoe County 	<ul style="list-style-type: none"> Estimated based on a community health nursing position plus associated operating and travel costs Coordinate COVID-19 mass vaccination events for each jurisdiction Liaise between the LHD and State immunization programs and public health preparedness programs 	\$365,000
Total Costs Personnel		\$869,063

Media Campaign

Nevada State Immunization Program statewide media campaign	<ul style="list-style-type: none"> Recruit partners, stakeholders and community orgs; convene key stakeholders to discuss project goals and key activities. Develop public relations and marketing plan including traditional media, social media and campaign messages; create Nevada campaign materials as well as use CDC-designed materials; recruit campaign ambassadors and compile personal stories; recruit healthcare professionals, community members, etc. Execute plan and modify as needed, based on campaign metrics and statewide needs Media contacts include but not limited to – Nevada Broadcasters Association for Radio/TV; Outdoor and Digital Media; Streaming services; Transit companies; social media channels. Media will be targeted to demographics consistent with vaccine recommendations and 	Personnel – COVID Communications Manager - \$71,400 (annual + fringe) Operating/Printing/Postage - \$200,000 Media campaign - \$890,000
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	will be designed to be adaptable to new information Reminder postcard to target demographics for vaccine uptake <ul style="list-style-type: none"> Gather data from various mailing lists Design a reminder card to be consistent with campaign and HIPAA compliant Work with print/mail house vendor to mail 	
Total Media Campaign		1,277,540

POD Trailer Enhancement

The DPBH has 7 POD trailers to help support Urban and Rural immunization points of dispensing. Each trailer contains enough equipment to manage a 10-lane vaccination POD operation. Each POD trailer with equipment costs \$10,000. The State would like to double this capability to meet the COVID-19 vaccination goal.

Item	Unit Cost	Total Cost
7 POD Trailers with equipment	\$10,000	\$70,000

Total Cost for Immunization Enhancement: \$2,458,353

X. Nevada National Guard Support

Critical National Guard support to the state, and counties persists after the 502(f) federal activation expires.

Mission	# of Personnel	Type	Daily Cost	30-day Cost to Support
UMC Data Entry Support	6	Lab / Admin support	\$2,100	\$63,000
UNR Data Entry	6	Lab / Admin support	\$2,100	\$63,000
SEOC Support	8	SEOC / Admin support	\$2,800	\$84,000
LVCC Warehouse	6	Warehouse / Logistics	\$2,100	\$63,000
550 Logistics Warehouse	8	Warehouse / Logistics	\$2,800	\$84,000
CBC Support	12	Collection Site Support	\$4,200	\$126,000

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SNHD Lab	2	Lab / Admin support	\$700	\$21,000
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\$504,000 per month

\$6,048,000 for 12 months

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Annex A: External Supply Order Form



NEVADA STATE HEALTH LABORATORY
1660 NORTH VIRGINIA STREET
RENO, NV 89503
Phone: (775) 688-1335 Fax: (775) 688-1460
DIRECTOR: Mark Pandori PhD HCLD(ABB)

EXTERNAL SUPPLY ORDER FORM

For Pick Up/Date: _____ Date Ordered: _____

Ordered By: _____ Order Taken By: _____

SHIP TO ADDRESS: _____

Phone: _____

<i>Supplies Requested</i>	
QUANTITY	Type of Test/Supply
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Supplies provided have not exceeded their expiration date.

Special Instructions: _____

Order Filled By: _____
Order Sent By: _____

Date: _____
Date: _____

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**SOUTHERN NEVADA PUBLIC HEALTH
LABORATORY**

Las Vegas, NV 89106
Phone: (702) 759-1020 Fax: (702) 759-1444
DIRECTOR: Ronald Knoblock, M.D.

EXTERNAL SUPPLY ORDER FORM

For Pick Up/Date: _____ **Date Ordered:** _____

Ordered By: _____ **Order Taken By:** _____

SHIP TO ADDRESS: _____

Phone: _____

<i>Supplies Requested</i>	
QUANTITY	Type of Test/Supply
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Supplies provided have not exceeded their expiration date.

Special Instructions: _____

Order Filled By: _____
Order Sent By: _____

Date: _____
Date: _____

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Annex B; Community Based Testing Resource Request Form



TESTING REQUEST FORM

Jurisdiction / Entity Name:

Dates & Times of Requested Testing Event:

Location of Testing Site:

Testing Site Layout (e.g. 2 lanes at a time):

Number of Expected Tests Performed Per Day:

Will you need testing kits provided?

Yes

No

Do you require PPE?

Yes

No

Amount Requested:

Will you require NV National Guard Assistance?

Yes

No

Number of Requested NV National Guardsmen:

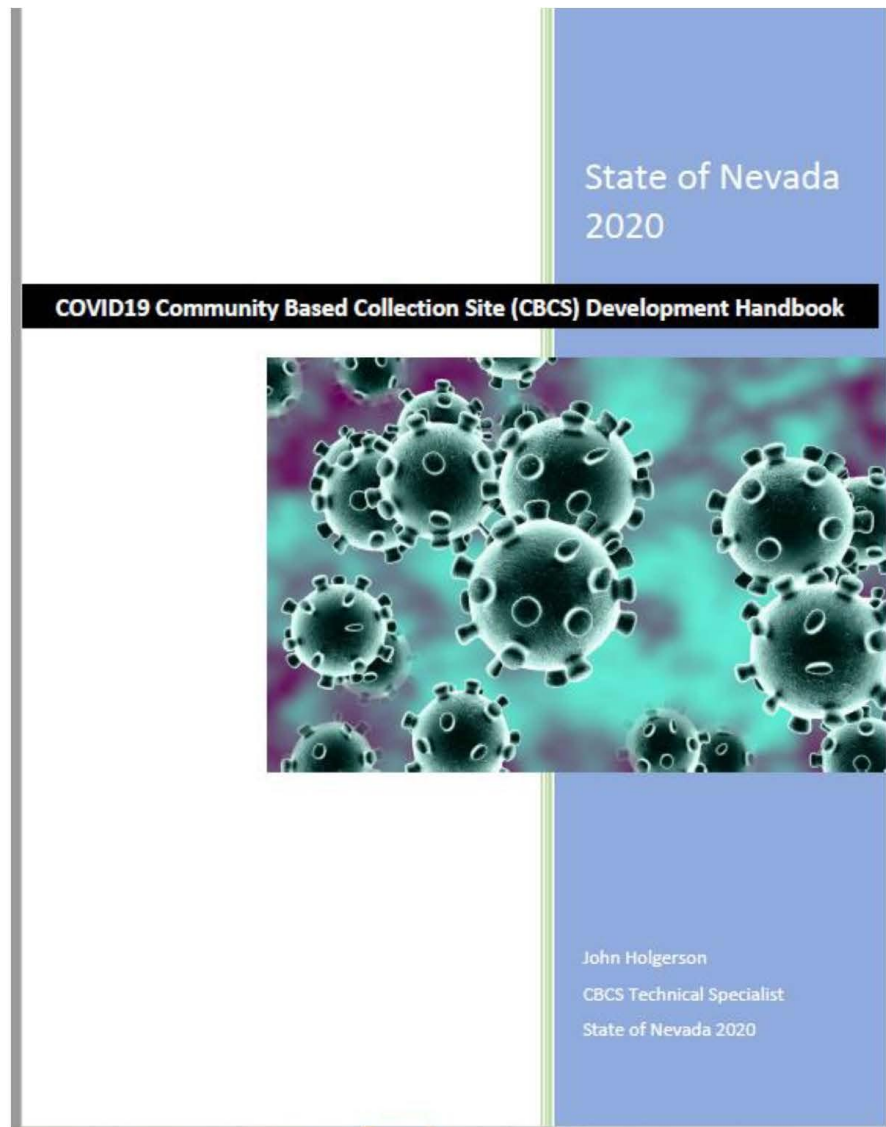
Scope of Work for NV National Guardsmen:

Please Send Completed Form to logisticsNDEM@gmail.com

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Annex C: Community Based Collection Site Development Handbook

(To access full handbook, visit <https://dem.nv.gov/COVID-19/home/>)



County Broadband Connectivity



Nevada Governor's
Office of Science,
Innovation and
Technology

NEVADA BROADBAND

In 2009, Connect Nevada was established as a subsidiary of Connected Nation, the United States Department of Commerce's State Broadband Initiative grant. The public-private initiative was established to work with each broadband provider in the state to create detailed maps of broadband coverage and assess the state of broadband adoption across Nevada, to help communities plan for technology expansion.

A 12-member Task Force works in conjunction with the OSIT Broadband Manager, and is responsible for assisting the Nevada Department of Education in carrying out its Nevada Ready 21 plan to improve technology in Nevada schools, overseeing the continued mapping of broadband infrastructure in the state, evaluate the present and future needs for broadband throughout Nevada, evaluating the existing capacity of public and private broadband infrastructure and providing recommendations regarding priorities for expansion, developing statewide policy that will help improve access to and the development of broadband infrastructure throughout the state, and advancing any other policy recommendations set forth in The Nevada State Broadband Action Plan. Access to Broadband can have a significant impact on the delivery of education; offer the possibility of improving access to healthcare; and is increasingly essential to how business is conducted. Access now determines where many businesses and institutions decide where to locate, and where individuals decide to live and play.

The National Telecommunications and Information Administration USA Program Workshop (NTIA) hosted a broadband workshop in Reno, Nevada on September 27, 2019. The purpose of the workshop was to engage the public and stakeholders with information to accelerate broadband connectivity, improve digital inclusion, and support local priorities. The workshop provided information on topics including local broadband planning, funding, and engagement with service providers. Speakers and attendees from Nevada, federal agencies, and across the country came together to explore ways to facilitate the expansion of broadband capacity, access, and utilization.

Following is a summary of the current status of Broadband in Nevada's 17 counties. Population Estimates for 2019 were based on the 2018 Estimate: Office of the State Demographer for Nevada (Department of Taxation). Estimated 2019 State Population = 3,099,795.

CARSON COUNTY/CITY (Population 56,298)

Connectivity overall is good, but in need of infrastructure expansion and upgrades. In conversations with middle mile and last mile providers, they are looking to expand their fiber infrastructure assets and looking at smart city applications. .

CHURCHILL (Population 25,872)

ONLY municipally owned network in the state. Well connected with fiber. Will be continuing upgrades and expansions as needed.

CLARK (Population 2,285,997)

Connectivity is good in most urban populated areas, but there are definite areas of digital divide in low-income areas. Areas still in need are: Searchlight; Goodsprings, Sandy Valley, low income areas of LV proper; DOC; Tribal locations. Expanding 5g at fast pace.

DOUGLAS (Population 49,619)

Connectivity is good in Minden and Gardnerville proper. Areas still in need are Lake Tahoe, TRE, Topaz Estates (NV side), Industrial park, Airport area, and remainder of schools (3) not on fiber. Looking to develop Whole Community Connectivity Approach process for 2020. Tahoe Transportation District preparing for a fiber build around the lake in areas of no- to low-connectivity.

ELKO (Population 54,782)

Connectivity is poor in most of Elko county and the area is very underserved. Areas of Elko county (Spring Creek) and the City of Elko receiving a full fiber build in 2020. Areas still in need are Owyhee; Wells; West Wendover; northern Elko County; Carlin; Tribal locations.

ESMERALDA (Population 967)

Connectivity is poor in most of Esmeralda County. Valley Electric Association (VEA) now serves Goldfield, but Silver Peak and Dyer still in need of a more robust connectivity solutions. Overall, area is still underserved.

EUREKA (Population 1,955)

Town of Eureka has upgraded their infrastructure over the past two years and is in pretty good shape. Beowawe and Crescent Valley grossly underserved.

HUMBOLDT (Population 17,021)

Southern Humboldt better off than northern part. Humboldt will be expanding fiber assets in Winnemucca, still leaving the northern part underserved. Zito Media bought out CalNeva and Satvu and will expand services in Winnemucca. Areas still in need are: Denio; Paradise; Orovada; McDermitt; Tribal locations. Considering Whole Community Connectivity Approach process.

LANDER (Population 6,018)

Austin going out for fiber build to the County Library for 2020. NDOT/SB-53 project to begin summer of 2020 bringing fiber down Highway 50 through Austin. Battle Mountain going out for fiber build to the County library for 2020. Battle Mountain developing Whole Community Connectivity Approach. Sent out RFP mid-February for Battle Mountain build out. Responses must be in by April 3rd. **Kingston grossly underserved.**

LINCOLN (Population 5,262)

Areas of population connected with fiber. All owned by Lincoln County. Telephone with backbone and middle mile shared infrastructure.

LYON (Population 56,344)

Connectivity is mediocre in most areas (EXCEPT schools, which are in very good shape). Areas in need are Tribal locations, Yerington, Smith Valley, Mason, Stage Coach, and Silver Springs.

MINERAL (Population 4,646)

Hawthorne is improving, but Schurz is grossly underserved; area also includes Tribal location.

NYE (Population 48,524)

Northern areas grossly underserved. Northern areas include: Gabbs, Round Mountain, Manhattan. Southern NYE has more connectivity. Beatty has fiber to the premise deployed by Valley Electric Association (VEA); Amargosa and Pahrump in good shape. Tonopah has fiber infrastructure down main street, but community not fiber fed yet.

PERSHING (Population 6,854)

Grossly underserved. Pershing County developing a Whole Community Connectivity Approach. RFP to go out in March 2020.

STOREY (Population 4,297)

Overall underserved. Virginia City, Gold Hill, Silver City and Highlands underserved. Hillside area is grossly underserved.

WASHOE (Population 464,630)

Connectivity is good, but in need of infrastructure expansion and upgrades. They are looking to expand their fiber infrastructure assets and looking at smart city applications. Areas still in need: Gerlach and tribal location.

WHITE PINE (Population 10,630)

NDOT/SB-53 project in progress deploying fiber down Highway 93 to Highway 6. West Net will deploy fiber main street project 2020. White Pine county library getting fiber run directly to library 2020. New Justice center to get fiber run. Areas still in need are Ruth, McGill, Lund, and Industrial Park in Ely. Department of Corrections is GROSSLY underserved.

POTENTIAL AREAS FOR CDBG ASSISTANCE:

There are two areas in which funding from a CDBG could benefit a broadband build: (1) Infrastructure and (2) Equipment. Both wired and wireless are included. However, there are areas in Nevada that will unfortunately never see fiber optics simply due to the cost to deploy in the rural, remote areas.

Following is a standard equipment commonly used for both: this is not a complete list but includes the basics.

1. Infrastructure – Wired

The actual infrastructure deployment includes, but is not limited to: construction of direct-buried or aerial fiber optics, conduit, innerducts, vaults, communication facilities, hand holes, pull boxes, buffer tubes, splice enclosures, transmission equipment, and anything that is included in the buried or aerial construction of fiber optics.

2. Infrastructure – Wireless (microwave)

The actual infrastructure deployment includes but is not limited to possible construction of fiber optics, towers, microwave equipment (dish or antenna), communication facilities, solar grids, terrestrial grids, transmission lines, and foundation pad for tower installation.

3. Equipment

Equipment needed may include, but is not limited to: vaults, pull boxes, hand holes, access points, hardware, rack installation, structured cabling, routers, network switches, transmission equipment, splice enclosures, patch panels, electrical systems (ALL fiber optic equipment will require power at the locations of the equipment).

EnVision Centers Nevada

EnVision Centers

HUD created EnVision Centers to provide communities with centralized hubs for support in four pillars: (1) economic empowerment, (2) educational advancement, (3) health and wellness, and (4) character and leadership. The concept was created based on the idea that financial support alone is insufficient to solve the problem of poverty. Collective efforts across a diverse set of organizations are needed to implement a holistic approach to fostering long-lasting self-sufficiency.

While the State of Nevada was not among the demonstration projects, many of the 27 Eligible Entities for CDBG funding have coordinated services that address the four pillars of the EnVision Centers. Some communities, such as Douglas County, have an extensive array of services for all ages. The Douglas County Community and Senior Center is in the heart of Gardnerville and has an extensive array of services and activities for seniors, adults and youth. To learn more about the facility, access the link below:

https://communityservices.douglascountynv.gov/recreation/community_centers/douglas_county_community_senior_center

Douglas County may have more financial resources than other communities, but others, such as Churchill County, has the Churchill County Annex Complex. Services include courses from Western Nevada College, Community Health Nursing, Veterans Services, Environmental Health, State Procurement Outreach, Domestic Violence Intervention, Vulnerable Population Outreach, Community Action/Family Resource Center and Social Services. Additionally, the city of Fallon recently constructed a new senior center, funded in part by a private foundation. The same private foundation has funded Boys and Girls clubs in rural communities. While Churchill County could provide more and better coordination of services if in one facility, they are providing the basic concept of an EnVision Center.

Mineral County, through the Mineral County Economic Development Authority, provides resume assistance, job counseling, small business development (business plans, marketing plans, loan access, job training preparedness, eBay classes), assistance with accessing low-income housing and other services.

Pershing County has the Pershing County Community Center that non-profits use for meetings and events that facilitate leadership, sober living, skills development for youth and adults, Drug Court Counseling, JOIN, DETR and Job Connect for employment and other workforce development.

Nye County has the Nye Communities Coalition and offers programs in Nye, Esmeralda and Lincoln Counties. Programs include Workforce Development and Training, Youth Development, Prevention Programming, Wellness and Before and After School Programming.

For smaller communities, it is a challenge to develop an EnVision Center or variation of such a facility, even though they reach out to community members through limited services.

In the past, CDBG funding has assisted with funding for Senior Centers and Community Centers and encourages communities to approach facility planning with the entire community in mind.

Opportunity Zones

Opportunity Zones

The 2017 Tax Cuts and Jobs Act introduced a new opportunity for directing investment into distressed communities through the country with the creation of Qualified Opportunity Zones. Opportunity Zones are designated low-income census tracts that were nominated by governors and certified by the U.S. Department of the Treasury. Investments in eligible businesses through Opportunity Zone Funds, the Opportunity Zones would create tax incentives that allow investors with unrealized capital gains to defer, reduce and eliminate tax liabilities on their capital gains. If a sliver of the estimated \$6 trillion in unrealized gains were to be invested in Opportunity Zones, it would represent a tremendous resource for community development in struggling neighborhoods.

In an ongoing effort to leverage opportunities presented by the new legislation and how it may benefit the development of new affordable housing via the Low-Income Housing Tax Credit (LIHTC), the Nevada Housing Division through its Qualified Allocation Plan (QAP) created a set-aside in the second round of 2018 for projects that were able to secure an investment from an Opportunity Zone fund. Unfortunately, due to how new the Opportunity Zone incentive was, none of the projects submitted were able to secure financing from an Opportunity Fund. For the 2019 and 2020 QAP, the Division has in place a 30% Eligible Basis Boost for projects that are located in an Opportunity Zone.

To date, the Nevada Housing Division has not seen a project that has been able to secure financing from a Fund in conjunction with the development of affordable housing. Though many factors can be cited, the main impediments to leveraging the LIHTC with Opportunity Funds is that the Low-Income Housing Tax Credit benefit is derived from an investor having federal income tax liabilities to offset. The Opportunity Zone fund is directed against capital gains and with very few exceptions the investors in affordable housing, namely banks, have few if any capital gains to make it a viable option to pursue. Additionally, there are additional regulatory rules for both programs that conflict that present real obstacles that will need to be reconciled before the development of affordable housing through LIHTC.

In June 2018, 61 of Nevada's low-income census tracts received official designation as Qualified Opportunity Zones (QOZ) by the U.S. Department of Treasury and the IRS. The Las Vegas area is home to approximately two-thirds of all of the state's Opportunity Zones. The southernmost part of the Las Vegas Strip, the McCarran International Airport, and the site of the new Las Vegas Raiders football stadium are located in Opportunity Zones. Other zones are in Carson City, Reno/Sparks, Washoe and Elko counties. Access link for additional information:

http://business.nv.gov/Resource_Center/Access_to_Capital/Opportunity_Zones/



Resilience Strategy & Hazard Mitigation

NEVADA RESILIENCE STRATEGY & HAZARD MITIGATION PLAN (based on the following State of Nevada documents)

- [*Statewide Resilience Strategy and Legislative Recommendations to the Nevada Commission on Homeland Security*](#), Deputy Chief John Steinbeck, Co-Chair, HSWG Chief Caleb S. Cage, Co-Chair, HSWG June 30-July 1, 2018
- [*The State of Nevada Enhanced Hazard Mitigation Plan*](#), 2018.

Under 24 CFR 91.310 (a)(3), the State is required to describe the vulnerability of housing occupied by low and moderate-income households to increased natural hazard risks due to climate change based on an analysis of data, findings, and methods of handling the issues.

The State Enhanced Hazard Mitigation Plan is the official statement of Nevada's statewide hazard mitigation goals, strategies, and priorities. Hazard mitigation can be defined as any action taken to reduce or eliminate long-term risk to life and property from natural and human-caused disasters. This plan provides the basis and guidance for hazard mitigation in the State of Nevada. The goal of the plan is to reduce loss of life and property by fostering disaster-resilient communities.

The hazard mitigation programs purpose to reduce the loss of life and property due to natural disasters and to enable mitigation measures to be implemented during the immediate recovery from a disaster. The State Enhanced Hazard Mitigation Plan is the official statement of Nevada's statewide hazard mitigation goals, strategies, and priorities. Hazard mitigation can be defined as any action taken to reduce or eliminate long-term risk to life and property from natural and human-caused disasters.

The standard version of the State Hazard Mitigation Plan was originally submitted by the Nevada Division of Emergency Management and approved by FEMA in 2004; it was updated in 2007, updated and enhanced in the 2010 iteration. Since 2010, the Nevada Hazard Mitigation Planning Committee, Nevada Hazard Planning Subcommittee, Nevada Division of Emergency Management staff, and Nevada Bureau of Mines and Geology staff at the University of Nevada, Reno contributed to the 2013 update and the current 2018 update of the Enhanced State Hazard Mitigation Plan.

A vulnerability assessment, in the plan, addresses hazards rated as "High": Earthquake, Flood (including Dam Failure), and Wildfire. The vulnerability assessment data compiled are derived from local hazard mitigation plans (LHMPs) (both approved and in development), UNR's HAZUS runs and assessments as well as other sources.

Based on the vulnerability assessment, increases in population place more people at risk from the high-risk hazards of earthquake, wildfire, and flood, including dam failure. These risks are particularly dangerous to communities when:

1. Building along faults and locations prone to extreme shaking during an earthquake.
2. Developing residential locations within areas prone to wildfire without the required defensible space, water storage, or building materials.
3. Developing residential neighborhoods on alluvial fans that are vulnerable to flash-flooding in arid environments.
4. Potential flood and dam failure concerns are ignored as dams are built along the creeks, rivers and waterways.

Other challenges to land use planning are as follows:

- Enforcement – lack of staffing in rural counties due to the county’s economic, administrative and technical capabilities.
- State laws are not effective unless counties and cities adopt and enforce them at the local level.
- Federal ownership of land - over 85% of the land in Nevada is managed by the federal government. New development on privately owned property is often flanked on several sides by federally owned land making the mitigation of hazards problematic, especially for wildfire and flood hazards.

Possible solutions to avoid risks posed by hazards are:

1. Provide incentives to communities for added enforcement of existing codes.
2. Create stricter requirements for development.
3. Enhance land-use-planning capabilities.
4. Initiate water reclamation projects.
5. Restrict water-saving features to new homes;
6. Provide incentives for new and existing homeowners to mitigate the risk to their homes from possible hazards.
7. Increase hazard mapping and study programs for all hazards but especially on alluvial fans and areas adjacent to canals and ditches.
8. Increase public awareness for all hazards.

While infrastructure and housing related activities are eligible by HUD under the State’s Consolidated Plan, the state’s declining annual HUD allocations will limit the overall availability of such funds given a disaster related event. HUD’s current program specific regulations as well as federal regulation compliance will limit the State’s ability to respond quickly in a disaster related event. Currently, the State’s programs encourage resiliency in their respective programs.

Disaster related mitigation is key to lessening the impact of future disasters. Fortunately, there are currently other funding mechanisms such as the FEMA Hazard Mitigation Grant Program and Pre-Disaster Mitigation program available to address mitigation and resiliency throughout the state. All communities are encouraged to take opportunities to build resilience within their respective projects.

In 2017, the State of Nevada endured an unprecedented level of emergencies and disasters that brought a new awareness of the intense crises that Nevada has faced and may continue to face in the future. As Nevada continues to change, and as the apparent threats faced by the state continues to evolve, Nevada must embrace a new paradigm of resilience to align statewide homeland security and emergency management efforts.

The Statewide Resilience Strategy provides a general overview for how and why Nevada should transition to a resilience paradigm for its emergency management and homeland security initiatives. It examines the existing efforts and provides proposals for how to reinforce existing systems, and more important, how to coordinate all of these systems in the most efficient and productive way possible.

The Statewide Resilience Strategy intends to provide a foundation for a more resilient Nevada by embracing existing state and federal models while also incorporating a streamlined approach to existing Nevada systems. It is intended to be a high-level model proposed to the Nevada Commission on Homeland Security as a concept for how Nevada can and should proceed.

The Statewide Resilience Strategy consists of four major components: Resilience Commission, Local and Tribal Recovery Collaboration, Local and Tribal Preparedness and Response Collaboration, and an Ongoing Annual Assessment. These components provide a mechanism for coordinating emergency

management and homeland security efforts between local, tribal, and state jurisdictions, and are intended to align all of Nevada's efforts toward a single vision. This approach is intended to strengthen collaboration for existing systems (recovery and response, for example), and to ensure that all are coordinated efficiently and effectively.

Nevada's resilience paradigm should be adaptable, strategic, and developed in full collaboration with statewide partners. In order to implement it fully, it requires a deliberate process for developing and vetting new policies and new investments. In order to ensure accountability to these principles and outcomes, as well as ensuring transparency to the public, and under the guidance and supervision of the Nevada Commission on Homeland Security.

The Statewide Resilience Strategy through Resilience Commission. Established through Executive Order (EO) 2018-4, "Implementation of Nevada's Statewide Resilience Strategy," and the subsequent support from the Nevada Commission on Homeland Security, the former Homeland Security Working Group was transformed into what was originally called the Nevada Resilience Commission.

This group was originally created in 2018, and then codified in statute in 2019 as the Nevada Resilience Advisory Committee. The Committee serves as the central advisory body for all policy and grant funding decisions administered by the Division. The Committee not only advises on grants and policy, but also develops an annual State Resilience Goal and related Objectives in order to align statewide resilience work and decisions.

Any number of capabilities, threats, hazards, or otherwise can be addressed through this system in a number of appropriate ways, however, a single example is provided here to show how specific gaps might be addressed through specific resources. This example discusses the need for improved disaster housing capacity within the state. The need for increased disaster housing capacity has been identified for a number of years. Through the annual Stakeholder Preparedness Review, which was previously known as the State Preparedness Report, disaster housing has repeatedly been ranked low year after year.

According to the Department of Homeland Security, housing is one of 32 Core Capabilities that states should address in order to recover from emergencies and disasters by "implement(ing) housing solutions that effectively support the needs of the whole community and contribute to its sustainability and resilience." To be clear, disaster housing has been a focus of the Division of Emergency Management (DEM) and its local and tribal partners, however, efforts could be improved with the coordination provided by this proposed strategy.

The example shows six steps that could be taken to coordinate efforts to address Nevada's disaster housing capacity within the framework provided by the Statewide Resilience Strategy. It addresses a single issue, disaster housing, however, it exemplifies how the entire proposed process could be used for any number of grants, policy, or preparedness efforts. The six-part process outlined below refers to the figure above.

Step 1: Resilience Commission sets the State Resilience Goal and Objectives at the beginning of each year in order to drive capacity building in all areas of Nevada emergency management and homeland security. Housing would either be specifically identified as an objective, or it would align with one or more objectives.

Step 2: The Resilience Commission shares these objectives with each of the other three components of the plan to be considered in their work.

Step 3: Through the State Disaster Recovery Framework, RSF 4 focuses on housing. Members of this RSF would identify gaps in Nevada's immediate, intermediate-term, and long-term disaster housing efforts, as well as state, local, tribal, and federal resources that could be used to fill these gaps.

Step 4: RSF 1, Community Planning and Capacity Building, presents RSF 4's efforts to the Resilience Commission for consideration.

Step 5: The Resilience Commission makes funding recommendations based on RSF 4's input for housing capacity building in accordance with the State Disaster Framework or considers supporting planning, training, exercise, and other response and preparedness efforts in accordance with the State Comprehensive Emergency Management Plan.

Step 6: The Resilience Commission assesses how well these goals were met and makes recommendations for future improvements through the annual assessment and the annual report.

The framework in the strategy allows Nevada to build on its current systems and ensure that they are coordinated through a single approach. It allows for increasing collaboration and transparency as well as decreasing the bureaucratic burden. It also allows for greater coordination and efficiency between Nevada's emergency management, emergency response, and homeland security initiatives, coordination that is essential for providing safe and livable communities for all of Nevada's residents.

With the threats that Nevada currently faces as well as the current capabilities and capacities required to respond to them, the strategy provides a roadmap for aligning Nevada's current efforts toward long-term resilience, as well as ensuring that all statewide partners, including tribes, local jurisdictions, and state agencies, have direct input on how the process is established. Given its model for annual review and updates, it will also allow for the process to evolve as threats change and capacity grows.

This strategy assumes that Nevada must work across sectors to assess its level of resilience, its existing resilience capacity, and the need to identify areas where both can be enhanced. It also assumes that resilience in Nevada will go beyond the basic definition of recovery, which is returning a community to pre-disaster conditions, and focus more on being prepared to adapt to and thrive after disasters and similar events by ensuring the efforts of government, non-profit, and private entities are aligned to pursue and achieve common goals. In order to build on these assumptions, the Statewide Resilience Strategy provides a single and comprehensive to coordinate Nevada's emergency management and homeland security efforts.

The Statewide Resilience Strategy intends to provide a foundation for a more resilient Nevada by embracing existing state and federal models while also incorporating a streamlined approach to existing Nevada systems.

[*Statewide Resilience Strategy and Legislative Recommendations to the Nevada Commission on Homeland Security*](#), Deputy Chief John Steinbeck, Co-Chair, HSWG Chief Caleb S. Cage, Co-Chair, HSWG June 30-July 1, 2018

[*The State of Nevada Enhanced Hazard Mitigation Plan*](#), 2018

Nevada Opioid Crisis Needs Assessment



Nevada Opioid Crisis Needs Assessment

June 2018



State Targeted Response to the Opioid Crisis Grant Program

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Purpose

The purpose of this needs assessment is to identify the opioid use disorder (OUD) crisis in Nevada related to:

- the geographical and demographic areas where opioid misuse and related harms are most prevalent;
- all existing activities and funding sources in the state/jurisdiction that address opioid use prevention, treatment and recovery activities; and
- gaps in the existing services and resources to be addressed.

The needs assessment will inform decision making on how to best address the opioid crisis.

Executive Summary

There is variation in the racial/ethnic backgrounds of counties with the highest prevalence of opioid-related indicators, depending on the measure considered. Racial/ethnic, county or regional-level data was obtained for 13 indicators. Several indicators did not have significant differences. Differences are outlined below.

Opioid painkiller prescribing rates have decreased since 2012, while benzodiazepine prescribing rates have remained steady. Nevada counties with the highest prescription rates for both opioid painkillers and benzodiazepines are Mineral, Nye, and Storey counties. Death rates are highest among whites and individuals between the ages of 45-64 and lowest among Asian/Pacific Islander and Hispanic/Latino individuals. Death trends differed by type of opioid. Heroin deaths increased from 2010-2015, then remained stable from 2015-2016. Synthetic opioid deaths (i.e. fentanyl) increased from 2015-2016. Methadone overdose deaths decreased from 2010-2016.

Prescription drug use decreased slightly from 2011-2015 among high school students. Use was lowest among Asian adolescents. Past month prescription drug use was lowest in Elko/White Pine/Eureka counties and Churchill/Humboldt/Pershing/Lander counties.

Naloxone administration increased in emergency departments (ED) from 2010-2016 but was only used for a small percentage of total opioid poisonings. Opiate-related hospital admissions have increased during this period as well for both ED visits and inpatient (IP) admissions. Opioid poisonings, a subset of opioid-related hospitalizations, remained stable from 2010-2016. The category of opioid-involved poisonings shifted, with opioid poisonings from heroin increasing in the ED and opioid poisonings from methadone and other opioid and narcotics decreasing in ED and IP admissions.

The current sociopolitical climate in Nevada is favorable to addressing the opioid crisis. Key legislation was passed in the 2015 and 2017 legislative sessions to combat the opioid crisis. Nevada is one of only two states to meet all six key actions for ending the opioid crisis (National Safety Council, 2018). Gov. Brian Sandoval has been instrumental in increasing awareness of the problem, bringing together state and national experts, and introducing legislation to address the crisis. Attorney General Adam Laxalt has played a key role in legislation and statewide prevention efforts.

Through multiple funding sources, EMTs, healthcare providers, mental health professionals, drug court professionals, and interested parties have received varying levels of training on overdose education and naloxone distribution. Naloxone is available without a prescription in CVS and Walgreens pharmacies and Smith's Food and Drug Stores, with coverage of naloxone available through Medicaid and certain commercial insurance companies. Naloxone is available free of charge through Trac-B Exchange in Las Vegas, Northern Nevada HOPES in Reno, community coalition events, and Integrated Opioid Treatment and Recovery Center outreach. Community coalitions have conducted presentations statewide to educate parents, youth, seniors, real estate agents, and veterans on prescription drug abuse. Media campaigns and drop box/take back events have taken place in the majority of communities. One recovery community organization exists in Las Vegas, offering a wide variety of services.

Some gaps exist in addressing the crisis. Opioid Treatment Programs (OTP) only exist in Clark County, Washoe County and Carson City. Office-Based Opioid Treatment (OBOT) providers are only available to prescribe to patients in 10 counties, none of which are prescribing at capacity. OBOTs cite no time for additional patients, insufficient reimbursement rates, and a lack of patients looking for Medication Assisted Treatment (MAT) as reasons for not prescribing MAT to more patients. Providers are looking for more information on counseling resources in their local areas to be able to give to patients.

Introduction

The opioid crisis is impacting the entire country. Since 1999, the amount of prescription opioids dispensed in the United States and the number of overdose deaths involving opioids have both quadrupled (CDC, 2017b). In 2016, Nevada ranked 13th in opioid painkiller prescribing rates, at 80.7 per 100 residents, compared to a national average of 66.5 (CDC, 2017a). Heroin seizures in Nevada more than doubled from 2014 to 2015 (Nevada HIDTA, 2016). Neonatal exposure to substances has increased each year since 2012 (Nevada Division of Child & Family Services, 2017).

The crisis is complex and multifaceted and will need a coordinated effort to address it. Nevada's vast geography and healthcare provider shortage contribute to the challenge of the addressing the problem. Ninety percent (90%) of Nevada's population is concentrated Clark County, Washoe County, and Carson City. The remaining 10% is dispersed throughout the remaining 14 rural and frontier counties, where the distance between major rural towns averages 100 miles. The number of licensed alcohol, drug, and gambling counselors has declined from 45.0 to 42.1 per 100,000 since 2008 (Griswold et al., 2017). On the other hand, the number of healthcare providers who are Data 2000 waived to prescribe buprenorphine has increased from 98 in 2013 to 250 in 2018 (Levi, et al., 2013; SAMHSA, 2018). Even where there is access, stigma and lack of knowledge about services reduce the number of persons who enter opioid use disorder treatment.

The Substance Abuse and Mental Health Services Administration (SAMHSA) released two years of funding to combat the crisis through the Opioid State Targeted Response (STR) to the Opioid Crisis Grant. To determine how to focus programming, a needs assessment was completed, taking into account areas of highest use and consequences, resources and efforts already in existence, and gaps between need and resources. This needs assessment is considered a living document, and as such, will be updated as more information becomes available.

Data Sources

The secondary data contained in this report was drawn from the following sources:

- Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology (OPHIE),
- Nevada Prescription Monitoring Program (PMP),
- Nevada Electronic Death Registry System,
- Center for Health Information Analysis for Nevada,
- Hospital Inpatient and Emergency Department Billing Data,
- Centers for Disease Control and Prevention (CDC) Wonder,
- Youth Risk Behavior Surveillance (YRBS),
- Behavior Risk Factor Surveillance System (BRFSS),
- National Emergency Medical Services Information System (NEMSIS),
- data reported from Nevada Opioid Treatment Providers,
- and coalition behavioral health reports.

Additional data collection was conducted through an online survey. A request to complete the survey was sent to all Data 2000 waived physicians through the Chief Medical Officer and the Board of Pharmacy with follow-up reminders.

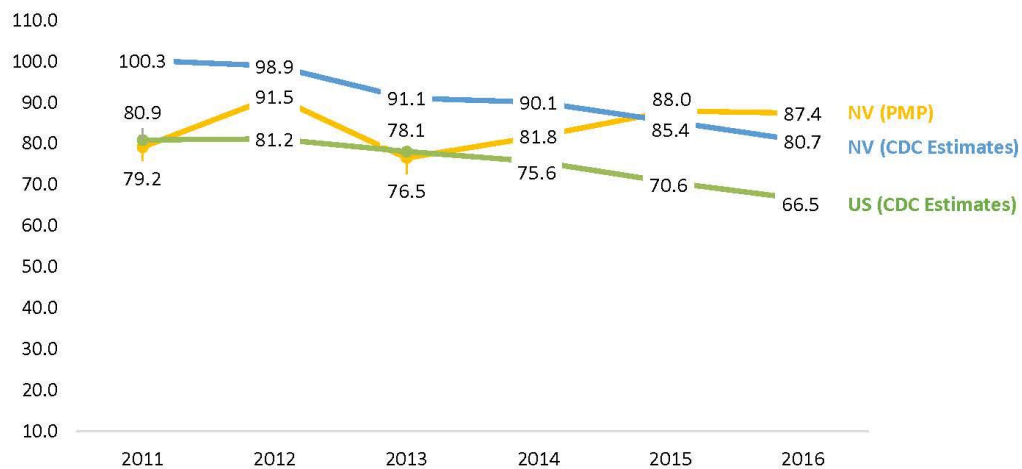
Please see page 35 for definitions of terms of relevance to the document.

Prescribing Rates

The most recent annual data on opioid painkiller and Benzodiazepine prescribing rates available from Nevada's PMP and the CDC are summarized below.

Based on data from the Nevada PMP, the opioid painkiller prescribing rate has decreased since its highest point in 2012. CDC estimates show opioid prescribing rates in Nevada continuing to decline. The two sources use different definitions of opioids and population. The CDC rates are estimates based on a sample of pharmacies.

Figure 1. Opioid Painkiller Prescriptions per 100, 2011-2016



*Definitions vary slightly between CDC and PMP opioid prescriptions and populations used to calculate rates
(Sources: Guy et al., 2017; Office of Public Health Informatics and Epidemiology; Prescription Monitoring Program)

Opioid prescribing rates are highest in Mineral County (158.1), followed by Nye County (155.6), Storey County (146.9), and Lyon County (129.9). Nine (9) counties have prescribing rates higher than the state prescribing rate (87.4) and 14 counties are higher than the U.S. prescribing rate (66.5). Esmeralda County and Pershing County saw a decrease in opioid prescribing rates of 18% and 17%, respectively, from 2015 to 2016. The counties with the largest increase in percent change in prescribing rates from 2015 to 2016 are: Lincoln (40%), White Pine (22%), Mineral (17%) and Eureka (14%) counties. See Table 1 for prescribing rates for each county. All prescriptions are reported by county where the patients live. This may be different than the county where the prescription was written.

Opioid Pain Killer Prescription Rates*, Nevada, 2016

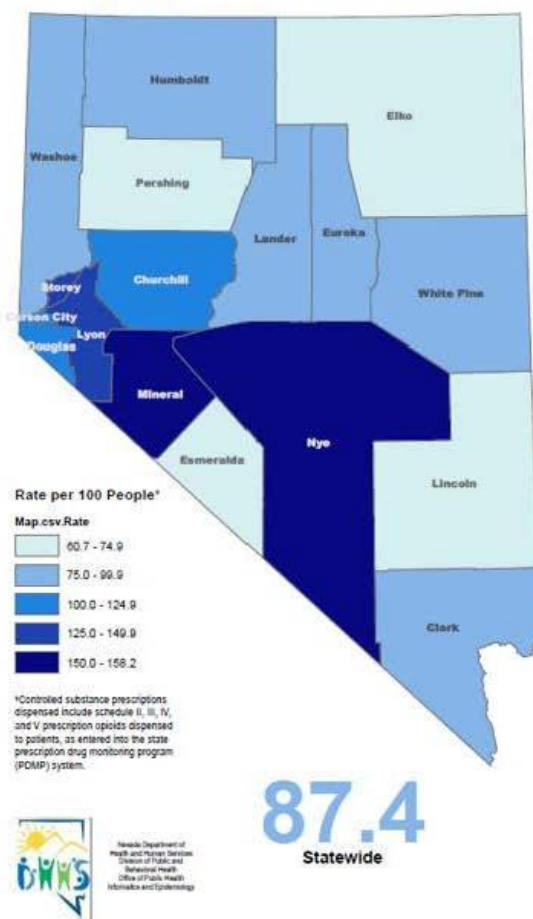


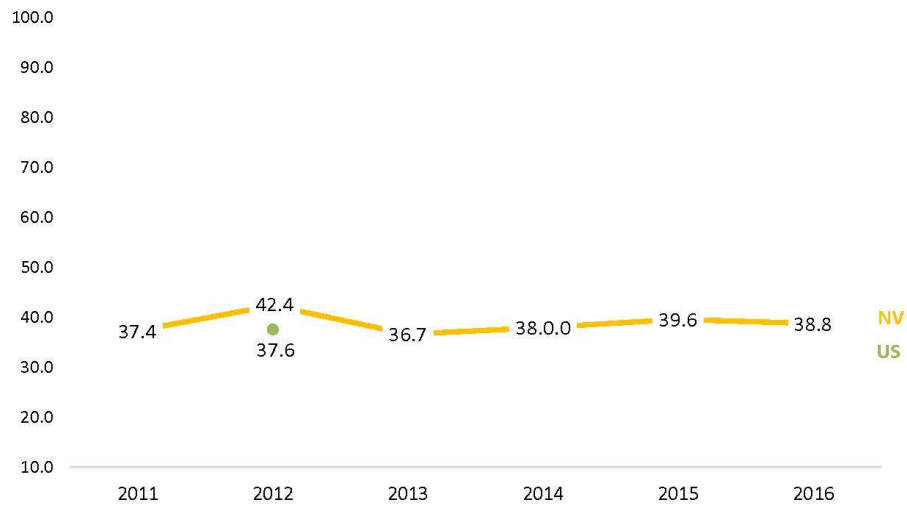
Table 1. Opioid Painkiller Prescribing Rates Per 100, by County, 2016

County	Rate
Carson City	105.3 (104.4-106.2)
Churchill	106.8 (105.5-108.0)
Clark	84.2 (84.0-84.3)
Douglas	102.0 (101.1-102.9)
Elko	71.6 (70.9-72.4)
Esmeralda	72.4 (67.1-77.7)
Eureka	92.7 (88.4-97.0)
Humboldt	75.5 (74.2-76.8)
Lander	85.2 (83.0-87.5)
Lincoln	60.7 (58.5-62.8)
Lyon	129.9 (129.0-130.9)
Mineral	158.1 (154.5-161.8)
Nye	155.6 (154.4-156.7)
Pershing	69.4 (67.4-71.3)
Storey	146.9 (143.2-150.6)
Washoe	87.4 (87.1-87.7)
White Pine	99.9 (97.9-101.8)
Nevada	87.4 (87.3-87.6)

(Sources: Office of Public Health Informatics and Epidemiology; PDMP)

Nevada's Benzodiazepine prescribing rate remained stable from 2013 to 2017.

Figure 2. Benzodiazepine Prescriptions Per 100, 2011-2016



(Sources: Paulozzi, et al., 2014; Office of Public Health Informatics and Epidemiology; Prescription Monitoring Program)

The Benzodiazepine prescribing rate is highest in Nye County (65.6), Storey County (60.7), and Mineral County (55.9)—each significantly higher than the state prescribing rate of 38.8. The Benzodiazepine prescribing rate in Pershing County decreased by 20% from 2015 to 2016. Conversely, the prescribing rates percent change increased by 46% in Lincoln County, 21% in Mineral County, and 14% in White Pine County from 2015 to 2016.

The top three opioid prescribing counties—Mineral, Nye, and Storey Counties—are the same counties as the top three Benzodiazepine prescribing counties, indicating these counties are at highest risk for overprescribing.

Benzodiazepine Prescription Rates*, Nevada, 2016

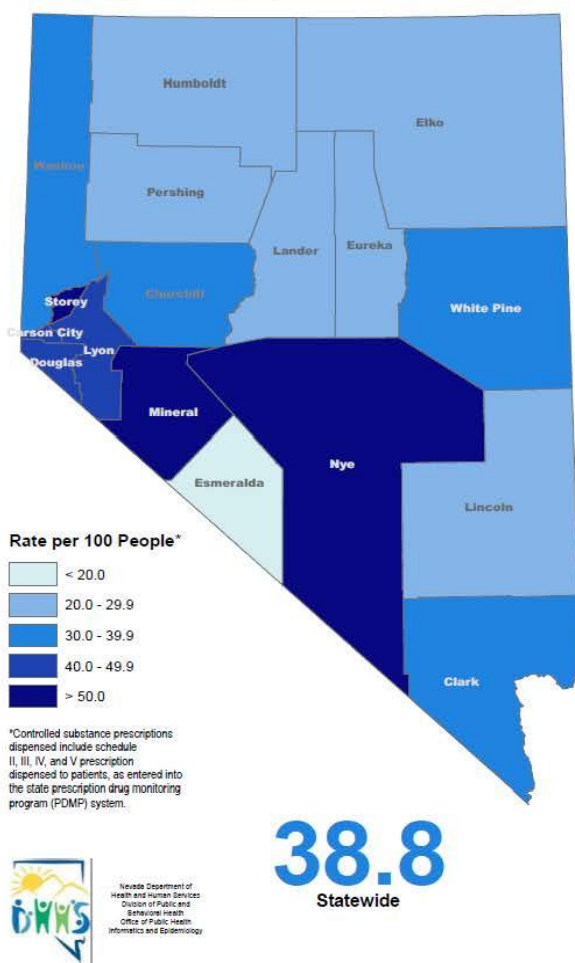


Table 2. Benzodiazepine Prescription Rates Per 100 by County, 2016

County	Rate
Carson City	47.9 (47.3-48.5)
Churchill	38.9 (38.1-39.6)
Clark	38.2 (38.1-38.3)
Douglas	45.5 (44.9-46.1)
Elko	26.1 (25.7-26.5)
Esmeralda	18.9 (16.1-21.6)
Eureka	29.3 (26.9-31.7)
Humboldt	26.6 (25.8-27.4)
Lander	26.8 (25.6-28.1)
Lincoln	26.2 (24.8-27.6)
Lyon	45.5 (44.9-46.0)
Mineral	55.9 (53.7-58.0)
Nye	65.6 (64.8-66.3)
Pershing	20.9 (19.8-22.0)
Storey	60.7 (58.3-63.1)
Washoe	38.5 (38.4-38.7)
White Pine	33.4 (32.3-34.6)
Nevada	38.8 (38.7-38.9)

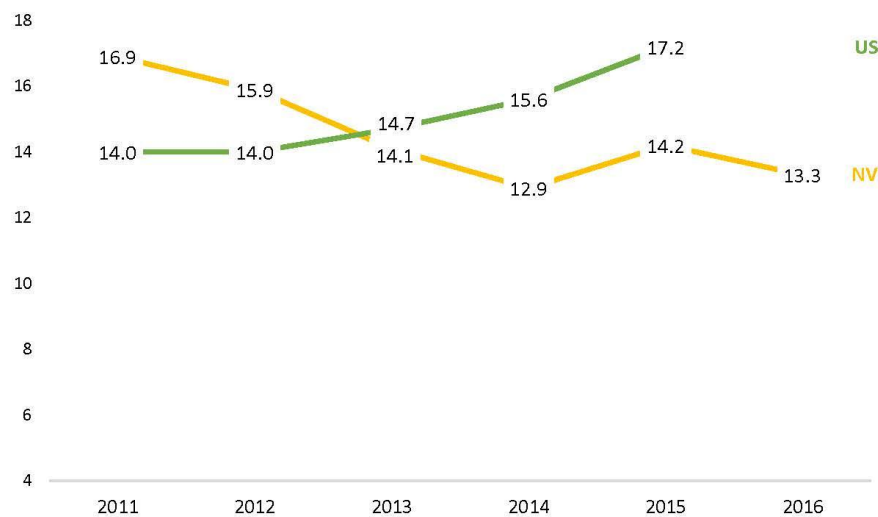
(Sources: Office of Public Health Informatics and Epidemiology; PDMP)

Opioid-Involved Overdose Deaths

The most recent annual data available for Nevada's opioid-involved overdose deaths are summarized below.

The opioid-related overdose rate in Nevada has been lower than the U.S. rate for the past four years. There has been a 22% decrease in overdose-related deaths since 2011 and a 6% decrease in overdose-related deaths since 2015.

Figure 3. Opioid-Related Deaths per 100,000, 2011-2016



*Data are preliminary and subject to change.

**Includes ICD-10 codes as underlying cause of death: X40-X44, X60-X64, X85, Y10-Y14, as contributing cause of death: T40.0-T40.4, T40.6

(Sources: CDC Wonder; Office of Public Health Informatics and Epidemiology; Electronic Death Registry System)

The table below shows age-adjusted opioid overdose death rates by county in 2016. Rates are age-adjusted so that they can be compared across regions and with other states and national statistics.

Table 3. Opioid Overdose Death Rates Per 100,000 by County, 2016

County	Number	Age-Adjusted Rate
Carson City	8	14.3 (4.4-24.2)
Churchill	3	9.4 (0.0-19.9)
Clark	271	12.3 (10.8-13.7)
Douglas	7	13.4 (3.5-23.2)

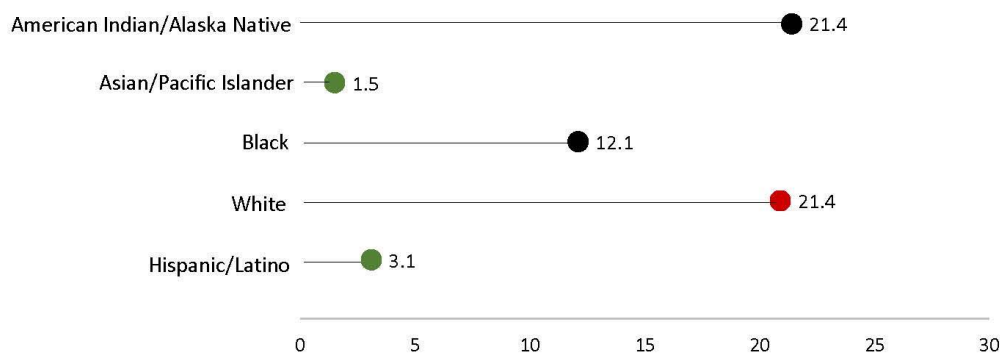
County	Number	Age-Adjusted Rate
Elko	1	1.8 (0.0-5.4)
Esmeralda	0	-
Eureka	0	-
Humboldt	2	10.6 (0.0-25.2)
Lander	0	-
Lincoln	3	66.3 (0.0-141.3)
Lyon	6	8.9 (1.8-16.0)
Mineral	2	47.0 (0.0-112.2)
Nye	12	33.2 (14.4-52.0)
Pershing	1	12.4 (0.0-36.7)
Storey	0	-
Washoe	70	14.9 (11.4-18.4)
White Pine	1	11.6 (0.0-34.2)
Statewide	387	12.8 (11.5-14.1)

*Data are preliminary and are subject to change.

(Sources: Office of Public Health Informatics and Epidemiology; Electronic Death Registry System)

Opiate-involved overdose deaths were significantly higher among white residents and significantly lower among Hispanic and Asian/Pacific Islander residents.

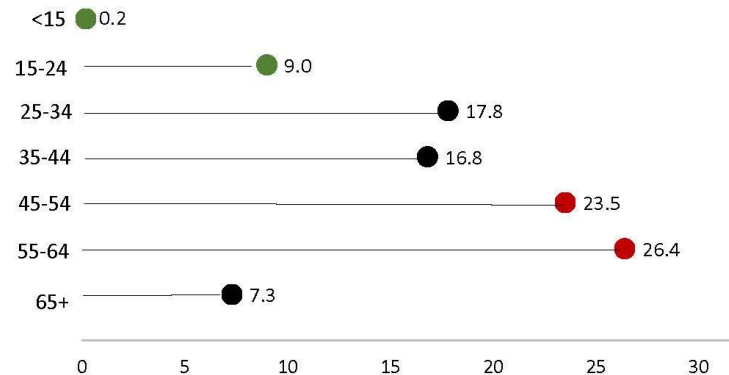
Figure 4. Opioid Overdose Death Rates, by Race/Ethnicity, 2016



(Sources: Office of Public Health Informatics and Epidemiology; Electronic Death Registry System)

Age groups affected greatest by opioid deaths were ages 45-54 and ages 55-64, with death rates significantly higher.

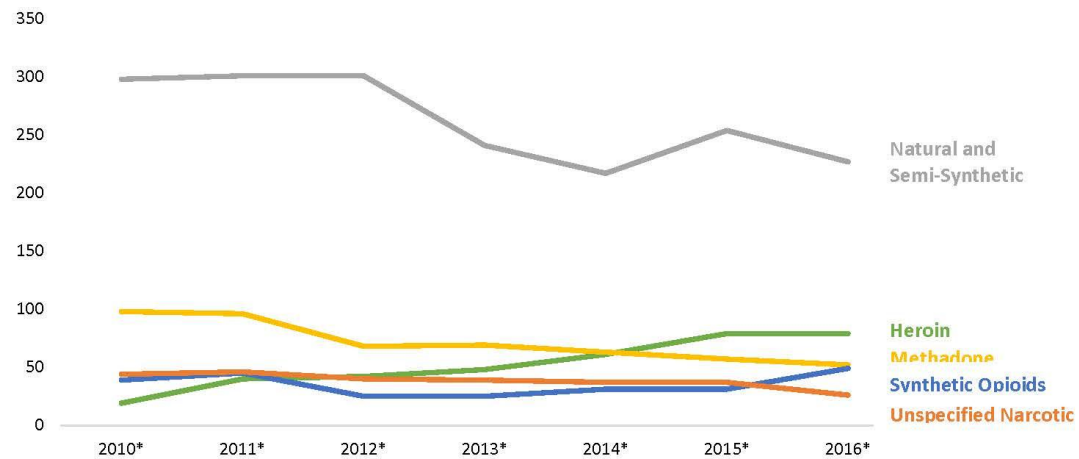
Figure 5. Opioid Overdose Death Rates, by Age, 2016



(Sources: Office of Public Health Informatics and Epidemiology; Electronic Death Registry System)

Opioid overdose deaths were significantly greater for natural and semi-synthetic (i.e. hydrocodone) opioids for all years displayed. Natural and semi-synthetic deaths are on a decreasing trend since 2012. From 2010-2015, heroin deaths increased, then remained stable from 2015-2016. From 2015-2016, synthetic opioid deaths (i.e. fentanyl) increased. Methadone overdose deaths decreased from 2010-2016.

Figure 6. Opioid Overdose Deaths by Drug Category, Nevada Residents, 2010-2016



(Source: Office of Public Health Informatics and Epidemiology)

*Data are preliminary and are subject to change.

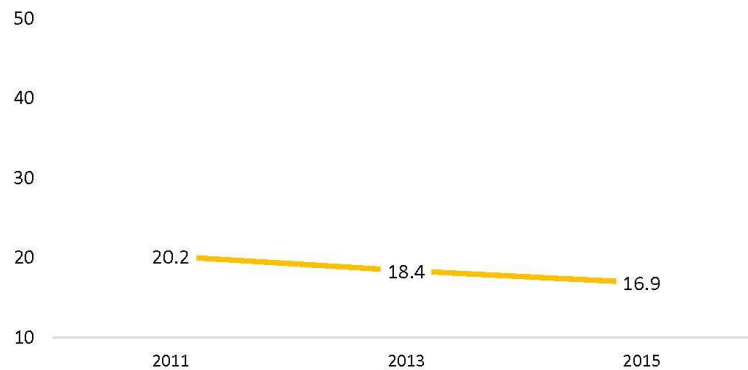
**A person can be included in more than one drug group, and therefore the counts above are not mutually exclusive.

Misuse and Related Harms

Adolescent Misuse

The proportion of high school students who self-reported ever using a prescription drug without a doctor's prescription decreased, though not significantly, from 20.2% to 16.9% from 2011-2015. Prescription drugs were defined as any prescription drugs including, but not limited to: Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax. Due to this broad definition, the question is more of a proxy for prescription opioid use rather than a direct measurement.

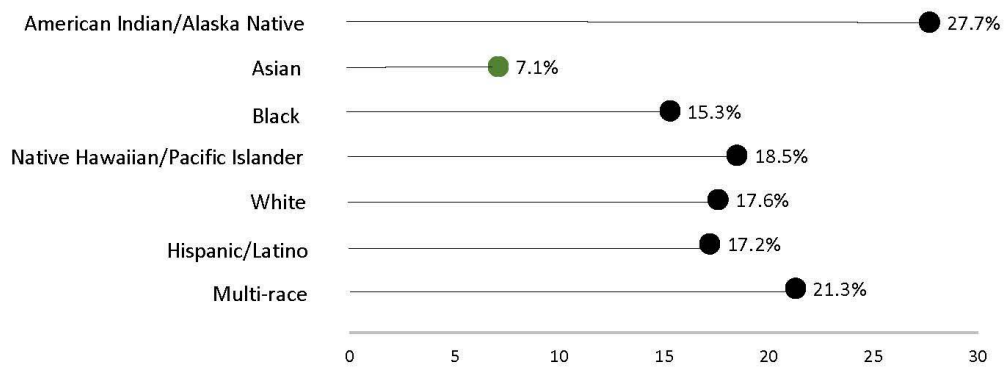
Figure 7. Lifetime Prescription Drug Use, 2011-2015



(Sources: Youth Risk Behavior Surveillance System; OPHIE; Lensch, et al., 2015; Hartley, 2012)

Weighted lifetime prescription drug use was significantly lower among Asian students (7.1%). The same disparity existed for past 30-day prescription drug use, with 4.0% of Asians reporting current use, compared to 9% of the state sample.

Figure 8. Lifetime Prescription Drug Use, by Race/Ethnicity, 2015



(Source: Lensch et al., 2015)

Lifetime and past month use of a prescription drug without a prescription in high school did not change significantly from 2013-2015. Lifetime use did not vary significantly from county to county. Past month prescription drug misuse was lower in Elko/White Pine/Eureka counties at 5.8% and Churchill/Humboldt/Pershing/Lander counties at 5.6%, compared to 9% overall (not pictured). The source of the high school data aggregates some counties together so it is not known if the county groupings increased or decreased the total percentage.

Percentage of High School Students Who Ever Took Prescription Drugs without a Doctor's Prescription, Nevada, 2015

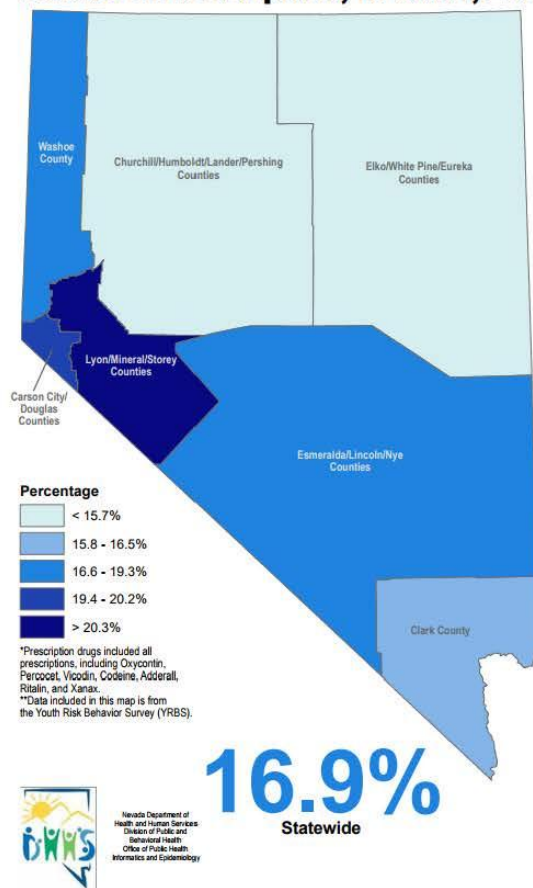
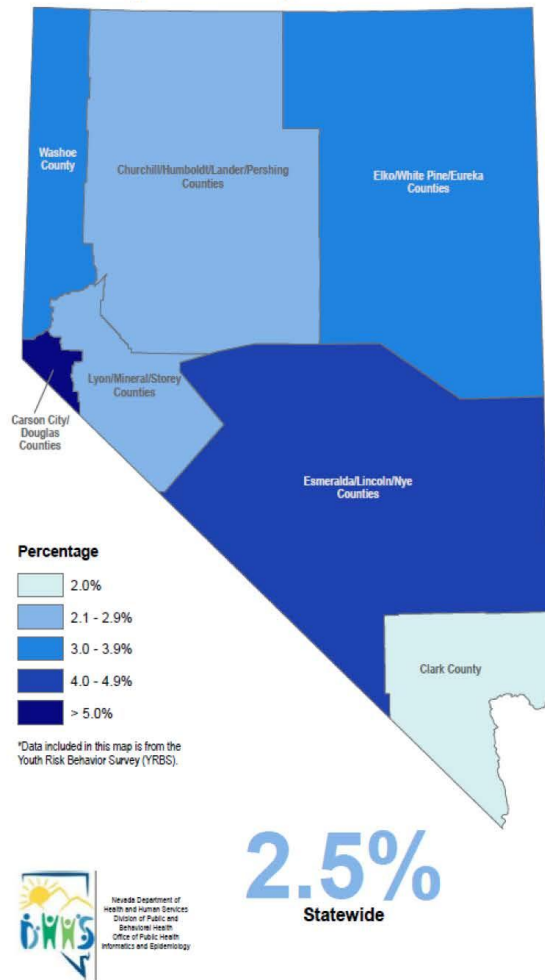


Table 4. Percentage of High School Students Who Ever Took Prescription Drugs without a Doctor's Prescription, 2015

County	Percentage
Carson City/Douglas	20.2% (9.1-31.3)
Churchill/Humboldt/Lander/Pershing	15.7% (10.5-21.0)
Clark	16.5% (14.5-18.5)
Elko/White Pine/Eureka	15.1% (9.2-21.0)
Lincoln/Nye	19.3% (14.5-24.2)
Lyon/Mineral/Storey	21.7% (15.7-27.7)
Washoe	18.3% (14.9-21.6)
Statewide	16.9% (15.3-18.6)

(Source: YRBS)

Percentage of High School Students Who Ever Used Heroin, Nevada, 2015



Self-reported lifetime heroin use in high school did not change significantly from 2013 to 2015. Lifetime heroin use did not differ significantly by county or race/ethnicity, as the number students indicating use was low. Again, the high school data contains aggregated counties which may affect rankings.

Table 5. Percentage of High School Students Who Ever Used Heroin, 2015

Counties	Percentage
Carson City/Douglas	9.0% (0.0-18.7)
Churchill/Humboldt/ Lander/Pershing	2.1% (0.2-4.0)
Clark	2.0% (1.3-2.6)
Elko/White Pine/ Eureka	3.3% (1.0-5.7)
Lincoln/Nye	4.6% (2.4-6.7)
Lyon/Mineral/Storey	2.7% (0.0-5.5)
Washoe	3.5% (1.9-5.0)
Statewide	2.5% (1.9-3.1)

(Source: YRBS)

Adult Misuse

According to the National Survey on Drug Use and Health (NSDUH), Nevada ranks fourth for the percentage of people aged 12 or older who used prescription pain relievers nonmedically in the past year from 2012-2014 (5.20%), down from second from 2010-2012 (5.92%) (Lipari et al., 2017).

The Behavior Risk Factor Surveillance System instead assesses past 30-day use of a painkiller to get high, where 0.7% of adults in Nevada indicated yes, in aggregated data from 2013-2016.

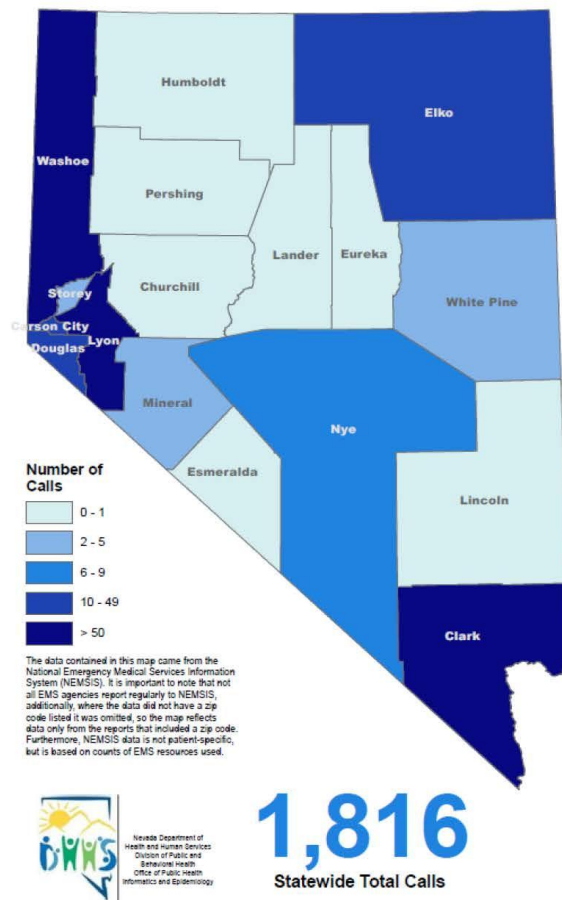
Table 6. Past Month Percentage Who Used a Painkiller to Get High, by County, 2013-2016

County	Percentage
Carson City	0.7%
Churchill	0.1%
Clark	0.6%
Douglas	1.2%
Elko	0.7%
Esmeralda	0.0%
Eureka	0.0%
Humboldt	0.0%
Lander	0.0%
Lincoln	0.0%
Lyon	1.5%
Mineral	1.2%
Nye	0.5%
Pershing	0.0%
Storey	0.3%
Washoe	1.0%
White Pine	0.0%
Statewide	0.7%

(Source: Behavioral Risk Factor Surveillance System)

Past year heroin use in Nevada among those aged 12 or older was the same as the national average of 0.33% in 2014-2015 (SAMHSA, 2017).

Medical Interventions

EMS Calls Requiring the Administration of Naloxone, 2014 through 2016 (partial year)

The rate of EMS calls requiring administration of naloxone is higher for Lyon County. Of the seven counties listed in the 0-1 calls category, five counties had zero EMS calls requiring naloxone administration: Esmeralda, Humboldt, Lander, Lincoln, and Pershing. Lincoln County EMS was part of the NROOR funding and had naloxone on the ambulances. It is unknown if naloxone is carried by EMS in the other counties with no administration.

Table 7. Rate of EMS Calls Requiring Naloxone by County, 2014-2016

County	Number	Crude Rate
Carson City	49	30.1 (21.7 - 38.5)
Churchill	1	1.3 (0.0 - 3.9)
Clark	1,089	17.3 (16.3 - 18.4)
Douglas	14	9.6 (4.6 - 14.6)
Elko	47	29.6 (21.1 - 38.0)
Esmeralda	0	0.0
Eureka	1	17.3 (0.0 - 51.1)
Humboldt	0	0.0
Lander	0	0.0
Lincoln	0	0.0
Lyon	86	53.1 (41.8 - 64.3)
Mineral	3	21.7 (0.0 - 46.2)
Nye	6	4.4 (0.9 - 8.0)
Pershing	0	0.0
Storey	3	24.7 (0.0 - 52.7)
Washoe	513	38.7 (35.4 - 42.1)
White Pine	4	13.2 (0.3 - 26.1)

(Source: NEMSIS)

Naloxone administration in emergency departments increased from 2013-2016. Naloxone was only used for a small percentage of total opioid poisonings (15.2%) and opioid encounters (3.8%).

Figure 9. Emergency Department Naloxone Administrations, 2010-2016



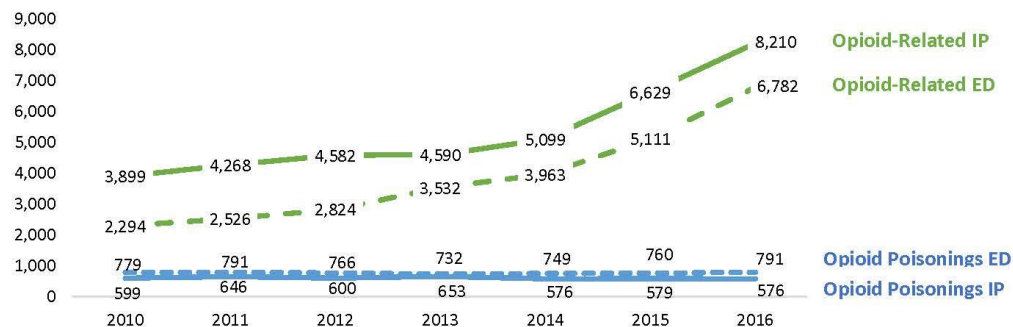
(Source: OPHIE, Emergency Department Billing Data)

*Includes ICD-9 Codes of 965.0, 304.0, 304.7, 305.5, E850.0, E850.1, E850.2 and ICD-10 Codes of T40.0-T40.4, and T40.6, F11, and J23.10.

**Opioid poisonings are a subset of opioid encounters.

Both ED and IP admissions for opiates increased from 2010-2016. Opioid poisonings, a subset of opioid-related admissions, remained steady during those same years among ED and IP admissions. In 2014, the highest rate of opioid-related IP stays was among individuals aged 45-64 years, while opioid-related ED visits were highest among 25-44 year olds. ED visits were highest in this age group in all 30 states for which ED data were available. There was variation among highest age group for IP admissions, with rates highest among individuals 45-64 years in only nine states. Females had a higher rate of IP stays, while men had a higher rate of ED visits (Weiss et al., 2017).

Figure 10. Opiate-Related Hospital Admissions, 2010-2016



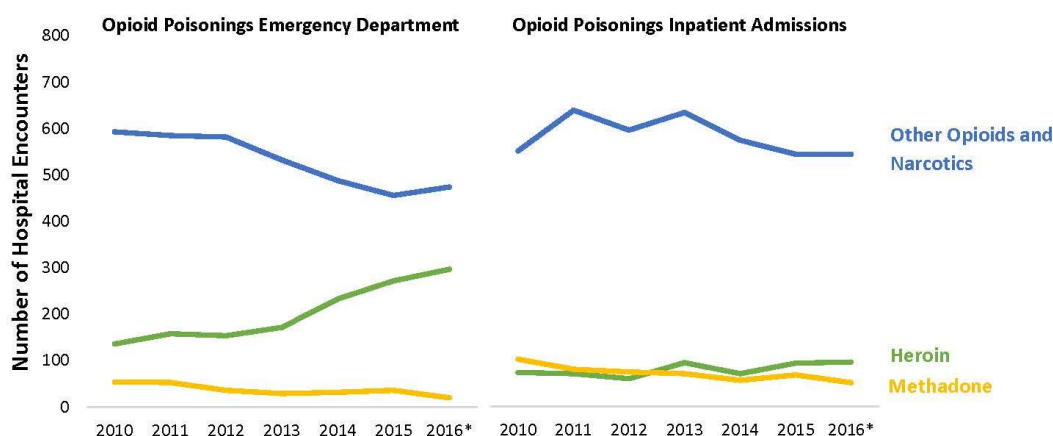
(Source: Center for Health Information Analysis, Hospital Inpatient and Emergency Department Billing Data)

*A person can be included in more than one drug group, therefore the counts above are not mutually exclusive.

**In October 2015, ICD-10-CM codes were implemented. Previous to October 2015, ICD-9-CM codes were used for medical billing. Therefore, 2015 data consists of two distinct coding schemes, ICD-9-CM and ICD-10-CM respectively. Due to this change in coding schemes, hospital billing data from October 2015 forward may not be directly comparable to previous data.

While Figure 10 shows the number of opioid poisonings has remained stable, Figure 11 displays that the type of opioid drug causing opioid poisonings has changed. Opioid poisonings from heroin have increased in the ED and methadone and other opioid and narcotics have decreased in ED and IP admissions.

Figure 11. Opioid-Related Poisoning Hospital Admissions by Drug Category, 2010-2016



*A person can be included in more than one drug group, and therefore counts are not mutually exclusive. In 2016, the use of E-codes was eliminated and counts are now mutually exclusive.

Self-reported heroin use and opiate use while pregnant by county is listed in Table 8.

Table 8. Rate of Self-Reported Opiate Use While Pregnant, 2012-2016

County	Heroin	Opiates
Carson City/Douglas	2.0	0.7
Churchill/Humboldt/Lander/Pershing	0.3	0.8
Clark	0.7	1.7
Elko/Eureka/White Pine	0.3	2.4
Esmeralda/Lincoln/Nye	5.2	2.1
Lyon/Mineral/Storey	1.9	1.3
Washoe	1.0	1.1
Statewide	.8	1.6

*Rates are per 1,000 births

**Data are preliminary and subject to change.

State of Current Services and Funding

Availability of Medication-Assisted Treatment

There are 15 Opioid Treatment Programs (OTPs) in Nevada across Clark County, Washoe County, and Carson City (see Table 10). Only one OTP location, Life Change Center Sparks, is at capacity. To address this, they are planning to open another facility in Reno. The two Mission Treatment Center locations and the four Center for Behavioral Health locations said they would add more staff as client levels increased, stating that there was no limit to their capacity. One OTP does not provide maintenance therapy, as it is only using MAT to detox and then refer the client to another provider. The 14 rural counties in Nevada have no OTPs. Capacity to provide MAT services among the 12 clinics responding to inquiry is 4,693 clients. No information was available on the remaining three facilities.

Three OTPs, Adelson Clinic in Clark County and Life Change Center (one location in Washoe County and one in Carson City), receive funding from SAPTA through the Federal Block Grant. At those facilities, the majority of clientele seeking MAT are publicly funded. Requests for number served who are publicly funded or privately funded were not returned by 12 OTPs, but most clients should be privately funded at those facilities. See Table 9 for more information on county served, program capacity, and psychosocial interventions offered.

Table 9. Nevada Opioid Treatment Program Location, Capacity, and Services

Program	County	Program Capacity	Current Number Served	Number served - publicly funded		Number served - privately funded	Psychosocial interventions offered
Adelson Clinic	Clark	300	183	Medicaid 69	SAPTA 75	21	Counseling and refer/coordination of care for other services needed by clients
Center for Behavioral Health							
• Center for Behavioral Health – Cheyenne	Clark	200	200	--		--	Counseling (variety of groups, including gender specific), family counseling, case management, coordinate care when mental health services are needed, physician available everyday
• Center for Behavioral Health – Desert Inn	Clark	450	450	--		--	Counseling (variety of groups, including gender-specific), family counseling, case management, coordinate care when mental health services are needed, physician available everyday
• Center for Behavioral	Clark	400	400	--		--	Counseling (variety of groups, including gender-specific), family counseling,

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Program	County	Program Capacity	Current Number Served	Number served - publicly funded	Number served - privately funded	Psychosocial interventions offered
Health – McDaniel						case management, coordinate care when mental health services are needed, physician available everyday
• Center for Behavioral Health – Reno	Washoe	300	300	--	--	Counseling (variety of groups, including gender-specific), Family Counseling, case management, coordinate care when mental health services are needed, Physician available 2 days per week
Desert Treatment Clinic	Clark	--	--	--	--	--
Eastern Treatment Clinic	Clark	--	--	--	--	--
Mission Treatment Centers						
• Mission Treatment Centers Henderson	Clark	258	258	--	--	Counseling, coordinate care with other agencies for the client's needs (medical, mental health)
• Mission Treatment Centers Las Vegas	Clark	260	260	--	--	Counseling, coordinate care with other agencies for the client's needs (Medical, Mental Health)
Nevada Treatment Center (Nevada Integrated Behavioral Services Inc.)	Clark	300	125	--	--	Counseling (L1, 2.1 and 2.5), case management, COD services, coordination of care for client's needs.
New Beginnings Counseling Center Eastern	Clark	800	490	--	--	Counseling, domestic violence, DUI class and the victim impact panel
New Beginnings Counseling	Clark	500	180	--	--	Counseling, domestic violence, DUI class and the victim impact panel

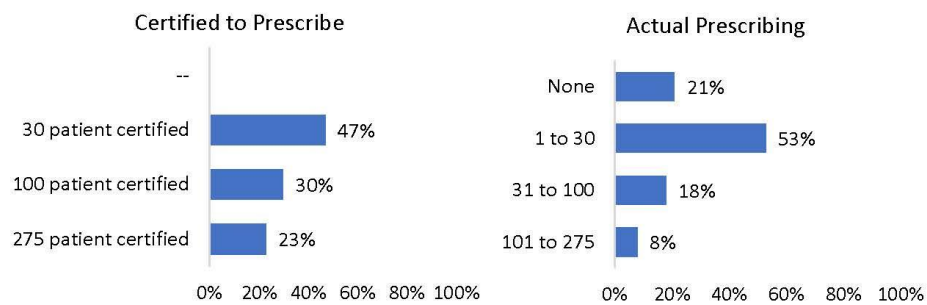
Program	County	Program Capacity	Current Number Served	Number served - publicly funded		Number served - privately funded	Psychosocial interventions offered
Center Lake Mead							
Life Change Center				Medicaid 435	SAPTA 107	241	
• Life Change Center – Carson City	Carson	275	275				Counseling; case management by dedicated CM staff; family programming; for women: parenting and prevention program, co-occurring capable program so can screen and then assist with referral and coordination of care; medication management; assessment for initial clients for proper placement; gardening program; social recreation program
• Life Change Center – Sparks	Washoe	450	450				Counseling; case management by dedicated CM staff; family programming; for women: parenting and prevention program, co-occurring capable program so can screen and then assist with referral and coordination of care; medication management; assessment for initial clients for proper placement; gardening program; social recreation program
Seven Hills Hospital, Inc.	Clark	--	--	--	--	--	None

In August 2017, all 192 Data 2000 waived providers were emailed a brief survey inquiring about their buprenorphine prescribing limit, current caseload of MAT patients, reasons for not prescribing at capacity, resources that could increase their MAT prescribing, counties prescribing in, use of opioid and naloxone co-prescribing, psychosocial interventions offered and interventions provided through contract arrangements. Ten email addresses were “undeliverable,” reducing the sample to 182. The survey received 84 responses, with eight indicating they did not want to participate and five not completing the survey, leaving 71 responses for analysis. Survey results presented below should be interpreted with caution, as only 39% of Data 2000 waived providers completed the survey.

24

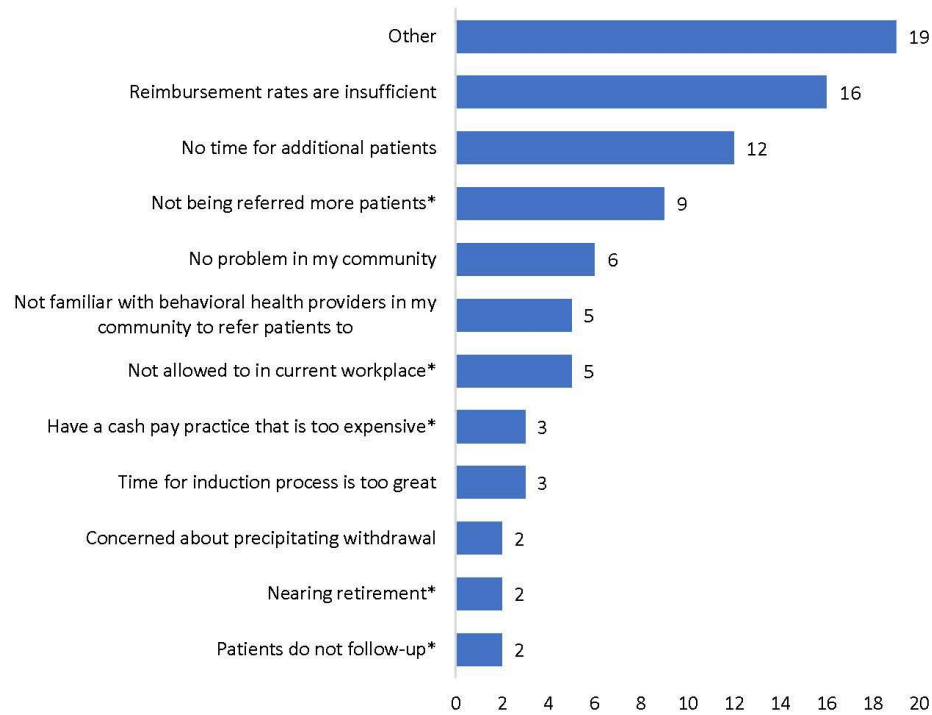
OBOTs prescribe in 10 counties: Carson City (5), Churchill (2), Clark (147), Elko (3), Humboldt (1), Lincoln (1), Lyon (1), Nye (1), Pershing (2), and Washoe (30). Of the OBOTs who responded to our electronic survey, none were prescribing at their capacity, although one had just increased their limit so they were prescribing to their prior capacity. Three-quarters (75%) of respondents work in private practice. Nearly all (97%) of respondents said their practice/agency was accepting new clients. The number of patients the providers were certified to prescribe to ranged, with 47% *30 patient certified*, 30% *100 patient certified*, and 23% *275 patient certified*. While less than half (47%) of providers were certified to prescribe to only 30 patients, 74% of respondents were prescribing in this range. Almost one-third (30%) were allowed to prescribe buprenorphine to up to 100 patients, but only 18% of respondents actually were. Finally, while nearly one-quarter (23%) had increased their prescribing limit to 275 patients, 8% were utilizing this ability (see Figure 12).

Figure 12. Comparison of Provider Capacity and Actual Prescribing



Respondents were asked to select all of the reasons that they were not prescribing at their Buprenorphine capacity and given the opportunity to write in other reasons that were not listed. As shown in Figure 13, the most often cited reasons for not prescribing at capacity were *no time for reimbursement rates insufficient, additional patients, and not being referred more patients*.

Figure 13. Reasons for Not Prescribing at Capacity

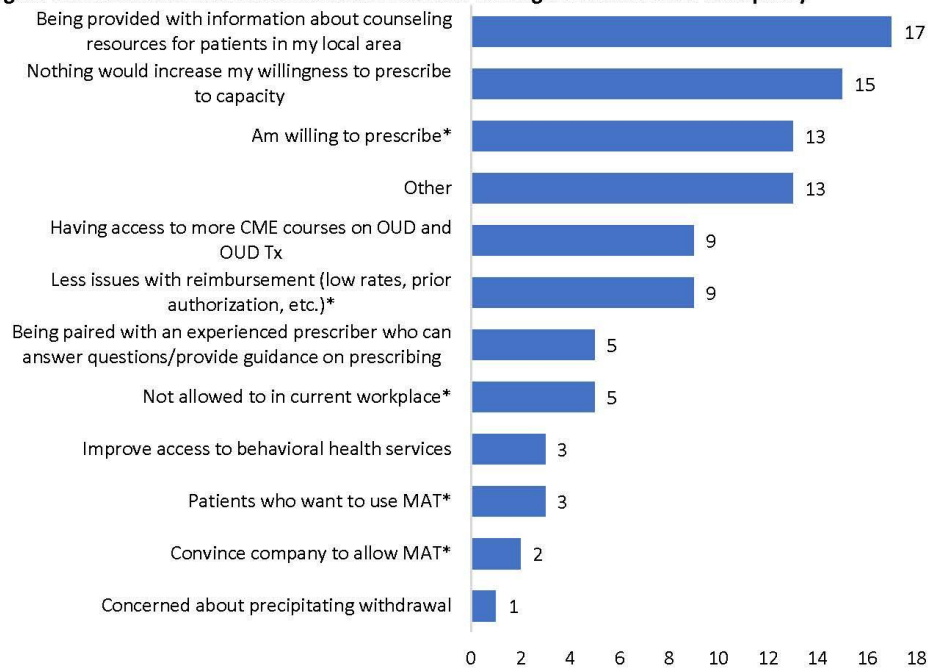


*represents aggregated responses written into Other

**Question was a select all that apply so the number of answers is more than the number of respondents

As a follow-up, participants were then asked what resources would increase their willingness to prescribe to capacity. The most common response was that the prescriber would like *“being provided with information about counseling resources for patients in my local area,”* followed by that *“nothing would increase my willingness to prescribe to capacity.”*

Figure 14. Resources that Would Increase Providers' Willingness to Prescribe at Capacity

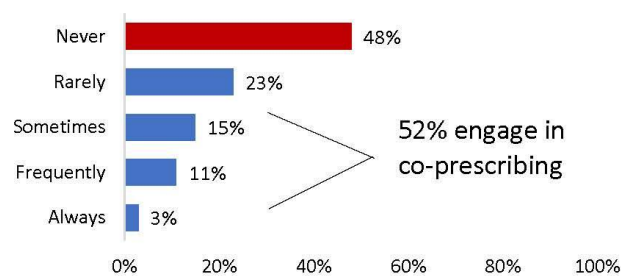


*represents aggregated responses written into "Other"

**Question was a select all that apply so the number of answers is more than the number of respondents.

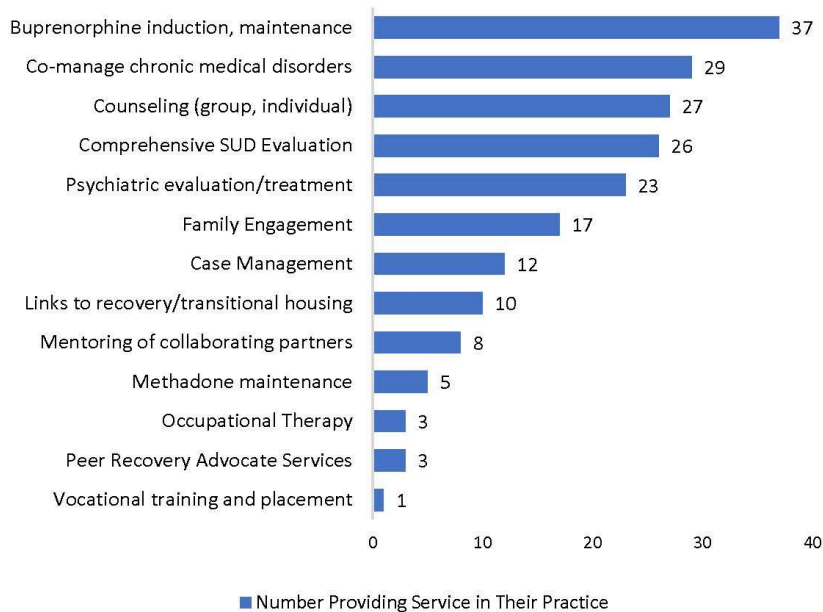
Over half (52%) of survey respondents indicated that they co-prescribed naloxone with opioid painkillers for high-risk patients, with 11% of those citing doing so *“frequently”* and 3% *“always.”*

Figure 15. Frequency of Opioid Painkiller and Naloxone Co-prescribing



The majority of survey respondents (69%) were employed in a practice that offered psychosocial services or interventions and 48% provided psychosocial interventions through contract arrangements with qualified behavioral health providers. The most common service offered was buprenorphine induction and maintenance. Counseling and Substance Use Disorder Evaluation were also common responses.

Figure 16. Types of Psychosocial Services/Interventions Offered by Provider Practices



Socio-Political Environment

Policy/legislation passed in Nevada related to the opioid overdose crisis supportive of MAT is summarized below.

The Good Samaritan Drug Overdose Act of 2015 (SB 459) provides for immunity from prosecution for personal use and possession of controlled substances from individuals seeking medical attention for themselves or others during a drug overdose. Immunity does not extend to large quantities for sale or trafficking.

SB 459 requires that prescribing physicians obtain a patient utilization report on the Prescription Monitoring Program before the initiation of a schedule II, III, or IV prescription drug for a new patient, or for a course of treatment lasting longer than seven days that is part of a new course of treatment for an existing patient. SB 459 also requires the pharmacists to update the system within the next business day of filling a prescription. Participation in the PMP has increased from 16% to 90% since the legislation passed.

With the passage of SB 459, a physician is allowed to prescribe an opioid antagonist (i.e. naloxone) directly or by standing order to a person who is at risk of overdose or to a family member, friend, or other person in a position to assist a person who is at risk of experiencing an overdose. Additionally, SB 459 allows a pharmacist to dispense an opioid antagonist without a prescription. Finally, an unlicensed person may store and/or dispense an opioid antagonist under a standing order from a properly authorized prescriber, as long as the medication is dispensed without charge or compensation.

In 2016, Nevada Gov. Sandoval established a Drug Abuse Prevention Task Force led by First Lady Kathleen Sandoval. The governor convened and chaired a statewide drug summit in the summer of 2016. The summit assembled over 500 stakeholders, including legislators, healthcare professionals, law enforcement, judges, and individuals in recovery from a substance use disorder. Based on their recommendations, Gov. Sandoval announced in his 2017 State of the State Address that he was introducing the Controlled Substance Abuse Prevention Act, which will provide more training and reporting, and heightened protocols for healthcare professionals with prescribing controlled substances. Additionally, the Nevada Attorney General chairs a Substance Abuse Working Group consisting of nine members. The Working Group submitted recommendations for combating the opioid crisis to the Nevada Legislature. The Office of the Attorney General proposed SB 59, utilizing the recommendations of the Working Group. SB 59 requires reporting of controlled-substance violations, prescription drug-related overdoses or deaths, and stolen prescription drugs to the PMP. The bill went into effect on July 1, 2017.

The Controlled Substances Abuse Prevention Act (AB 474), which went into effect on Jan. 1, 2018, requires doctors and hospitals to report any drug overdoses to the state. Additionally, licensing boards can access PMP data to investigate inappropriate prescribing, dispensing, or use of a controlled substance. Prescribers will now need to perform a risk assessment before prescribing a controlled substance. For prescriptions over 30 days in length, a prescription medical agreement with the patient must be created. The prescriber must also complete a risk of abuse assessment and obtain a patient utilization report every 90 days for the duration of the prescription. Numerous trainings have been held and materials distributed to educate healthcare providers on AB 474.

Any physician or physician's assistant who is registered to prescribe controlled substances must complete at least two hours of training specifically addressing the prescribing of opioids or addiction every licensing period.

There is no dedicated state funding for MAT. All funding is allocated from the Block Grant. Dedicated state funding does not exist for naloxone either. The Commission on Behavioral Health has approved new criteria so programs will no longer be able to deny clients residential treatment who are stabilized on MAT. The new criteria went into effect April 1, 2018.

All opioid dependence and overdose reversal medications are covered by three managed care organizations (MCOs)—Amerigroup, Health Plan of Nevada, and Silver Summit Health Plan—but prior authorization and quantity limits differ. Table 10 displays prior authorization and quantity limits required by each plan.

Table 10. Health Care Plan Prior Authorization and Quantity Limits by Medication

Medication	Amerigroup		Health Plan of Nevada		Silver Summit Health Plan		Fee for Service	
	PA	Quantity Limits	PA	Quantity Limits	PA	Quantity Limits	PA	Quantity Limits
Overdose Medications								
Narcan (naloxone)		•				•		
Narcan Nasal Spray (naloxone)	•	•	•	•				
Evzio (naloxone)			•		•			
Opioid Dependence Medications								
Vivitrol (naltrexone)	•		•		•		•	•
ReVia (naltrexone)					•			
Suboxone (buprenorphine/naloxone [bup/nal])	•	•	•	•	•	•	•	•
Zubsolv (bup/nal)	•	•	•	•	•	•	•	•
Bunavil (bup/nal)	•	•	•	•	•	•	•	•
Subutex (buprenorphine)		•	•	•	•	•	•	•
Detoxification/Withdrawal Medications								
Dolphine (methadone)	•	•			•	•		
Methadose (methadone)	•	•			•	•		

(Announcement 0921, 2017)

**Prior Authorization (PA)

Naloxone Prevention Initiatives

When this needs assessment was first conducted in July 2017, naloxone distribution was limited to pharmacies and a few hospitals. Naloxone is available without a prescription through standing orders at Walgreens and CVS Pharmacies and Smith's Food and Drug Stores. Naloxone is distributed at five (5) Nevada Rural Opioid Overdose Reversal Program (NROOR) funded hospitals in Lincoln, Lyon, Mineral, Nye, and White Pine counties to patients discharging from the hospital following an overdose.

Overdose education and naloxone distribution (OEND) has expanded in 2018 through Opioid STR funding and activities. Overdose education includes training on how to recognize an overdose, the Good Samaritan law, and how to administer naloxone. Community-based organizations (CBO) can apply to serve as naloxone distribution sites. Eligible CBO types include:

- Needle exchange programs,
- SAPTA certified or Medicaid eligible providers providing treatment services,
- Federally Qualified Health Centers (FQHC),
- Jails,
- Peer recovery communities,
- Health districts,

- Other STR funded treatment and recovery support entities.

**Exemptions to this criteria may be applied in rural and frontier high need areas or in cases of Public Health Emergency.*

To extend naloxone availability, upon request from partnering community coalitions, the STR grant will hold educational events to offer OEND to their constituents. A statewide tour of community coalitions began in June 2018.

Beginning in April 2017, Trac-B Exchange in Las Vegas opened the state's first permanent needle exchange, which also now delivers OEND free of charge. In Northern Nevada, Change Point Harm Reduction Center, provides OEND, along with syringe services and rapid HIV and hepatitis C testing. The three Integrated Opioid Treatment and Recovery Centers (IOTRC) are offering OEND to clients that are at risk of overdose, transitional living facilities, homeless shelters, community-based organizations, and weekly motels. Southern Nevada Health District is a SAMHSA First Responders – Comprehensive Addiction and Recovery Act grantee, delivering OEND services throughout Clark County.

There is a gap in the availability of naloxone among individuals who are legally prescribed painkillers by their doctor, with the co-prescribing of naloxone and opioids currently being underutilized by healthcare providers. Since NROOR only distributes at the five hospitals, patients in the other counties are left without access to naloxone when they are at greater risk of an overdose leaving the hospital. IOTRC Mobile Outreach Team services will be expanding into emergency rooms, reducing this gap in several hospitals.

NROOR has trained 117 EMTs on overdose education and naloxone administration. Although not specifically education on naloxone, 46 healthcare providers, 37 mental health professionals, drug court professionals, and attendees of a community college library committee event received training on overdose education. Presentations on integrating naloxone and overdose prevention into clinical practice were given at the annual meeting of the Nevada Academy of Family Physicians and at the annual Orvis Nursing School healthcare symposium. The Nevada Rural Preparedness Summit provided a presentation on expanding naloxone access. The Carson City Law Enforcement Summit and the Las Vegas Opioid Crisis Summit included naloxone training. One coalition, covering the three rural counties of Humboldt, Pershing, and Lander counties, is training first responders on naloxone (Stein-Seroussi, Grabarek, & Hanley, 2016).

Prevention Efforts

A description of Nevada's current prevention efforts, which are primarily completed SAMHSA Strategic Prevention Framework – Partnership for Success-funded community coalitions, are summarized below.

Social marketing/media campaigns are a strategy being implemented by 11 community coalitions, including nearly 10,000 paid ads and 14,000 public service announcements (Stein-Seroussi et al., 2016). Coalitions had a media presence with the release of 'Women of Childbearing Years,' an opioid prevention TV ad; and students from Pershing County High School produced prescription drug abuse ads. An associated website was also created (www.healthierv.org) to provide information to prescribers, families and policymakers.

Eight (8) community coalitions coordinate semi-annual Take Back events and utilize drop boxes in law enforcement facilities in between Take Back events (Stein-Seroussi et al., 2016). Funded by the Federal

Office of Rural Health Policy, NROOR is providing naloxone to EMTs and paramedics and training them on its use in seven counties: Esmeralda, Eureka, Lincoln, Lyon, Mineral, Nye and White Pine.

Eleven coalitions have reported coordinating continuing education opportunities for physicians (Stein-Seroussi, Grabarek, & Hanley, 2016). Additionally, presentations to educate parents, youth, seniors, real estate agents, and veterans are conducted statewide to help them understand issues.

Over the past year, four new websites have been created. Three Nevada websites target educating the public and providers on the opioids. [Prescribe365](#), run by the State of Nevada Division of Public and Behavioral Health is a hub of information for patients and providers. Healthcare provider information includes educational materials surrounding AB 474 and naloxone co-prescribing. Consumer materials for patients, friends and family contain information on how to use naloxone and links to treatment locators. [Know your Pain Meds](#) is operated by the Nevada State Board of Examiners, Nevada State Board of Pharmacy, and Nevada State Board of Nursing. The website contains information on the PMP, naloxone, alternatives to opioids for managing pain, and filing a concern about a medical provider. The [Nevada STR](#) website has information on funding opportunities, training opportunities, naloxone education materials, and STR publications. The fourth website is designed to make local data available to the public. The [Nevada Opioid Overdose Surveillance Dashboard](#) contains death rates, opioid-related emergency department visits and inpatient admissions, and opioid prescriptions at the county- and zip-code level.

Recovery Support Initiatives

At this time, Nevada has one peer-run recovery community organization, Foundations for Recovery, which is in Las Vegas. Foundations for Recovery offers a peer-recovery community center; peer recovery coaching; mutual aid support groups; life skills classes; high school equivalency (HSE) tutoring and testing; parenting classes; mental health first aid; suicide prevention trainings; houses the Southern Nevada NAMI affiliate and hosts the annual Rally for Recovery. All services are available to the public, including women with children, and pregnant women. Foundations for Recovery staff was trained in Medication Assisted Recovery Services (MARS), which is a peer-initiated and peer-based recovery support project sponsored by the National Alliance of Medication-Assisted (NAMA) Recovery.

The state of Nevada, through the Nevada Behavioral Health Association, offers a voluntary certification process for peer-support specialists. In-person and online training opportunities are available for individuals seeking peer-support specialist training.

In 2015, Nevada was one of 24 states to be awarded a Certified Community Behavioral Health Clinic (CCBHC) demonstration grant through SAMSHA, under the Excellence in Mental Health Act. In 2016, the state became one of eight selected to carry out the formal implementation of CCBHCs. Phase 1 of the project offered states one-year planning grants to develop their CCBHC program and Phase 2 enabled the selected states to move forward with the development of CCBHCs. Nevada has two CCBHCs located throughout the state (two in rural areas) that provide a comprehensive range of mental health and substance use disorder services, particularly to vulnerable individuals with complex needs. Peer support and family support services are included in the array of services CCBHCs are required to offer and provide.

No efforts are targeting clients related to re-integration following incarceration at this time.

Other Opioid Funding Sources

All other funding to address the opioid crisis is described in Table 11.

Table 11. Nevada Funding to Address the Opioid Crisis

<i>Funding Stream</i>	<i>Strategies/Activities</i>	<i>Funding Period</i>
CDC Prevention for States (PFS)	<ul style="list-style-type: none"> Expand and improve proactive reporting Conduct public health surveillance with PMP data and disseminate quarterly reports Identify and provide technical assistance to high-burden communities and counties to address problematic prescribing Create an opioid data dashboard Link deaths, hospitalizations, and prescriptions of individuals Create mapping of funded activities to find gaps Administer CDC's statewide media campaign Link health data sets and law enforcement data sets 	8/16-7/19
CDC Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (ESOOS)	<ul style="list-style-type: none"> Increase timeliness of aggregate nonfatal opioid overdose reporting Increase the timeliness of fatal opioid overdose and associated risk factor reporting Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses 	9/17-8/19
SAMHSA Strategic Framework Partnership for Success (PFS)	<ul style="list-style-type: none"> Reduce the nonmedical use of prescription drugs among persons 12 and older and the consequences that result from such use, with a focus on persons ages 12-25 Implement a comprehensive prevention strategy through community education, social marketing/media, physician training, and drop boxes/Take Back events through 13 funded coalitions 	9/13-9/18
SAPG Block Grant: Funding Opportunity 003	<ul style="list-style-type: none"> Target efforts to encourage the use of Prescription Drug Monitoring System by prescribers Provide education on the use of naloxone and education on the Good Samaritan Law 	4/17-9/19
Nevada Rural Opioid Overdose Reversal Program (NROOR)	<ul style="list-style-type: none"> Provide naloxone administration training to EMS personnel Provide initial stock of naloxone to EMS services that did not have it in their formulary Provide patient education, substance abuse treatment referrals, and intranasal naloxone to opioid overdose patients upon discharge 	9/15-8/17
FQHC Incubator Project	<ul style="list-style-type: none"> Implement system design models that will most rapidly address the gaps in their systems of care Deliver evidence-based treatment interventions including medication and psychosocial interventions Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based upon measures developed in collaboration with the Department of Health and Human Services Improve retention in care, using a chronic care model 	Upon Receipt – 4/18
Harold Rogers Prescription Drug Monitoring Program Grant (Reno Police Department)	<ul style="list-style-type: none"> Analyze PDMP data in order to identify high-risk populations, geographic hotspots, and the relationship between heroin arrests and opioid prescriptions 	10/15-9/18

Attorney General Volkswagen Settlement Money	<ul style="list-style-type: none"> • Design and implement a program that promotes awareness and understanding of the dangers and consequences of prescription drug misuse • Connect those at risk of developing prescription drug dependency or abuse to preventive services • Provide education on the dangers of prescription misuse, neonatal exposure, youth accidental overdose • Provide resources for chronic pain management and preventive service programs to avert prescription drug misuse and dependency • Provide the locations of where unused prescription drugs can be taken for disposal and destruction • Promote awareness of proper storage of prescription drugs • Distribute naloxone to law enforcement 	10/17-6/19
First Responders – Comprehensive Addiction and Recovery Act Cooperative Agreement (Southern Nevada Health District)	<ul style="list-style-type: none"> • Train individuals on using naloxone in a suspected overdose • Establish referral protocols • Join advisory council • Educate on Good Samaritan Law 	10/17-10/21

Gaps in Services and Policies

Only three of Nevada's 17 counties are considered urban (Clark, Washoe, and Carson City), accounting for 91% of the state's population. The remaining counties are considered rural or frontier (meaning less than 1 person per 7 square miles). The average distance between acute care hospitals in rural Nevada and the next level of care or tertiary care hospital is 114.7 miles and the average distance to the nearest incorporated town is 46.5 miles (Griswold et al., 2017).

Nevada's rurality presents issues with access to care in all types of medical and behavioral health. MAT services are limited in rural areas, with OTPs only existing in the three urban counties. Access to OBOTs is better, with access in 10 counties: Washoe, Clark, Carson, Churchill, Elko, Humboldt, Lyon, Lincoln, Pershing, and Nye. There is still a gap in MAT when considering Mineral and Storey counties lack access to an OBOT and are counties with some of the highest percentages of individuals in treatment for opiates.

With naloxone distribution following hospitalization for an overdose only available at five rural hospitals in Mineral, Nye, Lyon, and Lincoln counties, patients in the remaining counties are still at risk. Some towns do not have any of the three pharmacies with standing orders for naloxone.

Recovery supports are limited in many regions to 12-step meetings and in some frontier communities such meetings are rare or non-existent.

With coordinated care management, not currently reimbursable by Medicaid, the connections between varying levels of care and necessary supports is lacking.

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Appendix A

Definitions

Office-based Opioid Treatment (OBOT) ASAM

Physicians and soon Physician Assistants and Nurse Practitioners in private practices or a number of types of public or private sector clinics can be authorized through a waiver to prescribe the partial opioid agonist buprenorphine or buprenorphine/naloxone (though OTPs can administer or dispense buprenorphine products as well through the waiver). There is no regulation per se of the clinic sites where buprenorphine-prescribers practice. It is the practice of the individual prescriber, which is regulated by FDA addressing office-based treatment.

Opioid Treatment Program (OTP) ASAM

Opioid treatment programs using methadone and/or buprenorphine are presented in The ASAM Criteria as a Level 1 outpatient service because opioid agonist medications are most commonly used for opioid use disorders and an outpatient setting is the context in which it is most commonly offered.

Previous terms for OTP are methadone maintenance treatment (MMT) or opioid maintenance therapy (OMT) as was used in the ASAM PPC-2R.

Opioid Treatment Services (OTS) ASAM

An umbrella term that encompasses a variety of pharmacological and non-pharmacological treatment modalities. This term broadens understanding of opioid treatments to include all medications used to treat opioid use disorders and the psychosocial services that are offered concurrently with these pharmacotherapies. Pharmacological agents include opioid agonist medications such as methadone and buprenorphine, and opioid antagonist medications such as naltrexone.

Medication Assisted Treatment (MAT) SAMHSA

The use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

Agonist

An opioid/drug that acts like another substance and activates certain receptors in the brain. It is the opposite of an antagonist medication. An example of an agonist medication is methadone.

Partial Opioid Agonist

An opioid that produces less effect than a full agonist when it binds to opioid receptors in the brain. An example of a partial agonist is buprenorphine (Subutex) and buprenorphine/naloxone (Suboxone).

Antagonist

A non-opioid that acts against and blocks an action. It binds to opioid receptors in the brain preventing the usual feelings of the opioid. It is the opposite of an agonist medication. An example of an antagonist is naltrexone and naloxone.

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NDOT Rural Transportation

**NEVADA DEPARTMENT OF TRANSPORTATION
COORDINATED HUMAN SERVICES TRANSPORTATION PLAN**



Prepared for the Nevada Department of Transportation
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Final Revision prepared by the Nevada Department of Transportation

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INTRODUCTION

Nevada is the seventh largest state by total area in the US. The distance between Reno and Las Vegas is comparable to the distance between Boston, MA and Washington, DC. The difference, however, is the many cities and towns, businesses and services, and public transportation options that lie between. This section of I-95 passes through eight states and is a densely populated, industrialized and commercialized corridor that offers high levels of mobility for its residents. Even the rural areas in this region are in proximity to urban areas and are typically within service areas overlapped by multiple public transportation providers. This permits easy access to medical and dental services, educational and employment opportunities, grocery and merchandise retailers, recreational venues, religious worship and social or leisure activities. On the contrary, rural Nevada is a sparsely-populated region and has very few cities or towns and little industry, commerce, or recreation. Residents lack immediate, or easy, access to services that fulfill basic human needs. These sparsely-populated regions aren't limited to the US 95 corridor between Reno and Las Vegas, they exist throughout the state, each experiencing similar mobility challenges.

For rural populations, accessing these vital services is much more difficult for people who cannot transport themselves and must rely on a third-party for their mobility, commonly seniors and individuals with disabilities. Higher levels of mobility allow individuals to remain living independently, reducing reliance on family and friends. In turn, primary caregivers experience less of a responsibility to provide transportation and, as a result, miss work less frequently and can make a living. Transit independence for seniors and individuals with disabilities not only supports families, it supports communities and economic vitality.

The Coordinated Human Services Transportation Plan aims to identify limitations to mobility and prioritize projects that better serve seniors and individuals with disabilities in Nevada. According to Federal Transit Administration (FTA) Circular 9070.1G, "a locally-developed, coordinated public transit human service transportation plan identifies the transportation needs of individuals with disabilities, seniors and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services and projects for funding and implementation." The Circular states that "as part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for approving and adopting the plan and this process must include participation by stakeholders identified in the law: seniors; individuals with disabilities; representatives of public, private and nonprofit transportation and human service providers; and other members of the public."

Funding sources available to meet these goals are scarce and transit agencies rely heavily upon local government for matching funds. It is vital that operators and administrators of transit continue to leverage funding from these public bodies, as available, but also look to additional stakeholders who benefit from a mobile population. Employers, medical offices and retailers all benefit from a population's ability to work, shop, or access healthcare. Simply put, it promotes a healthy economy and prevents lost time at work or missed medical appointments. Securing the match funds for the federal assistance provided by the NDOT is vitally important to the health of the transit system. Equally as important, coordination and cooperation at the state and local levels can help utilize funds more effectively and reduce the duplication of services.

Coordination and cooperative efforts between state and local governments, local and regional transit agencies, advocacy groups and human service organizations enable a better planning process, facilitate a more effective transit system and result in a reduction of the expenses for administering and operating these programs. This also reduces the strain on identifying alternative funding sources, which can detract from the productivity of operations.

This plan was developed through a public outreach process that included seniors; individuals with disabilities; representatives of public, private and nonprofit transportation and human service providers; and other members of the public through surveys, community workshops and town hall meetings conducted throughout the state.

EXECUTIVE SUMMARY

Nevada has 16 counties and one consolidated municipality. With the exception of Carson City, every Nevada county is over 90% rural. Rural transportation challenges are different from those of urbanized areas because trips in rural areas are often longer and, because passengers often do not live near one another, linking shared rides is more challenging. Nevadans in some rural areas travel hundreds of miles one-way to medical appointments.

This study incorporated several elements into shaping the broader objective of addressing the mobility issue faced by residents of rural Nevada. A demographic analysis was used to provide context and provide insight for the composition and characteristics of the state and its residents. Research and outreach was conducted to identify current resources and gaps in service. A breakdown by county is provided below. Public and stakeholder workshops reinforced this inventory and shortfall while also providing a list of goals and strategies (summarized below) to meet the identified service needs. The resulting prioritized list of projects will help guide NDOT's decision-making in awarding federal funding to projects proposed by operators of transportation and other agencies generally involved in the provision of transportation services.

Transportation is the connection between people and resources, but it is often a second thought in the planning process. Many times, rural residents, medical facilities and employers find themselves in need of transportation services but are not aware of existing resources or there simply are no existing, affordable transportation options. Throughout the process, this study has found that simply filling the spatial and temporal gaps in transportation services is not enough; just as important is the widespread communication of the available resources through the proper channels.

Unmet Needs or Gaps in Service

Nevada's existing transportation provider inventory includes over 60 local, regional and statewide organizations that directly operate transportation services in rural Nevada. Nevada is home to a network of public, private, nonprofit and volunteer transportation providers that are serving the rural areas of the state and connecting the rural population with resources in rural, as well as urban areas. While public transportation may not be available in every community, there are volunteer, senior center, or human service agency services to fill in most of the transportation gaps.

Consolidated Municipality of Carson City

- Some areas are not served by public transit
- Improved access into neighborhoods
- Cross county and/or city boundaries for access to social and recreational activities and shopping
- Improved access to the Nevada Rural Housing Office
- Plan for transit/accessibility to new housing developments
- Improved access to Reno
- Add weekend transportation options
- Add door-to-door service for people age 80+
- Travel training and education for riders.
- Add more shelters to JAC bus stops
- Locate bus stops closer to employment or entertainment locations

Churchill County

- Cross county and/or city boundaries
- Connector service with other counties and cities such as Silver Springs, Dayton and Carson City
- Connections to the Tahoe-Regional Industrial Center

- Add weekend transportation options for all trip purposes
- Extended morning/evening hours of transportation service for all trip purposes
- More transportation options for medical trips for people who are not eligible for Medicaid
- Additional local match money to leverage federal funds for capital (vehicles) and operating grants.

Clark County

- Rapid bus service to employment centers
- Better alignment of mass transit for people with medical needs
- Enhance transportation connectivity and safety
- Shuttle services to employment, recreation, commercial areas and airports
- Funding to support improved tourist transportation options
- Expedited transit options for shorter travel times
- Options for aging seniors who are no longer able to drive
- Control environmental impacts of transit services that cause climate change
- Promote coordination among providers
- Universal fare structure
- Bicycle-motorized scooter crossings
- Community outreach

Douglas County

- More robust transportation options to medical services
- Yerington needs public transportation
- Access to dialysis appointments or employers in Gardnerville and Lake Tahoe
- Demand response service on the Nevada side of Lake Tahoe
- Access to family support services in Gardnerville
- Johnson Lane, Stephanie Way and Airport Road employment access
- Efficient connections between Lake Tahoe and Carson City
- Extended weekday hours of public transportation service
- Add weekend public transportation
- Affordable transportation options during late night and early morning hours for shift workers
- Educate and inform the public about transportation options that are available

Elko County

- Long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT
- On-call, long distance hospital discharge transportation
- Countywide transportation for all trip purposes
- Intercity transportation for communities that recently lost Greyhound bus service which runs seasonally along the I-80 corridor from Reno to Salt Lake City, UT
- More access to daily medical or shopping transportation options
- Transportation options for urgent requests for same-day service
- First/Last mile connections to pick-up points to utilize Get My Ride
- Volunteer recruitment would help to expand the availability of volunteer transportation options
- More public transportation in Carlin
- Affordable and reliable transportation options for employment, medical appointments, congregate meal sites and grocery shopping for West Wendover
- Transportation from Wells to Salt Lake City, UT for medical appointments
- More medical transportation options for Elko residents who are not eligible for Medicaid
- Transportation options for people released from Elko County Jail
- More transportation options in Jackpot, Lee and South Fork Indian Reservation

- More transportation options for Elko residents when they are discharged from hospitals in Reno or Salt Lake City, UT (or other locations) and need to return to Elko
- More frequent transportation options to Elko and Twin Falls, ID for shopping, errands and medical appointments
- More public transportation options in Wells
- Additional capacity on the Get My Ride
- More affordable passenger fare options for out-of-town rides from Owyhee for shopping and errands
- Weekend and evening transportation for work
- Replacement vehicles to maintain safety
- Better communication between transportation stakeholders about needs, gaps in service and capacity issues
- More ride-share options for employment to improve access to jobs

Esmeralda County

- Long distance transportation for medical appointments
- Long distance transportation for veterans
- Transportation options to address needs of people who can no longer drive and are becoming more isolated and dependent upon agencies – particularly in Fish Lake Valley
- Public transportation for all trip purposes
- Better coordination between transportation providers and the Veterans Hospital when scheduling appointments
- Access to medical services and shopping areas
- Improved community education about available transportation services
- Focus on economic development to grow the community and local services

Eureka County

- Transportation to Ely for shopping, appointments and errands
- Transportation for patients when they are discharged from the hospitals in Reno and Elko
- Intercity transportation to Reno or Las Vegas
- Rural residents, especially seniors, need long distance transportation to medical appointments
- Need to accommodate urgent requests for same-day service
- More volunteer transportation

Humboldt County

- Transportation to Reno for medical appointments
- Transportation from outlying communities, including Paradise Valley, Oroville, Golconda and McDermitt, to Winnemucca
- Evening and early morning transportation is needed for clients of social services programs
- On-call transportation as an alternative to expensive taxi service
- Improved communication between transportation stakeholders
- Improved infrastructure in Winnemucca for the safety of those riding public transportation.

Lander County

- Public transportation that extends outside of Battle Mountain Township for medical appointments, shopping and other services
- Transportation to Reno, Elko and Salt Lake City, UT for medical appointments and connections to intercity bus service
- More on-call transportation options to meet urgent needs

- Additional Lander County staffing capacity to perform transportation grants administration
- More Medicaid NEMT providers

Lincoln County

- Additional coordination between transportation providers to connect trips across multiple counties is needed for all trip purposes
- More vehicles to ensure appropriate capacity for individuals with disabilities
- More qualified drivers to expand service
- Sustainable local funding structures for transportation to sustain and expand services
- Better communication and working relationships between Veterans Hospitals and transportation providers

Lyon County

- Additional connections to intercity bus services for trips to Carson City and Reno
- Daily local transportation within Lyon County for all trip purposes
- Additional operating funds to hire a full-time driver
- Individuals who are not eligible for Medicaid NEMT need more options for access to medical appointments

Mineral County

- Transportation from the local hospital back home after discharge
- Additional transportation options to Fallon and Reno
- Extended hours for transportation services on weekday evenings and early-mornings for shopping and recreation
- On-demand transportation options in Hawthorne and throughout Mineral County
- Additional local funding for vehicle repairs and to update the vehicle fleets
- Public transportation in Mineral County for all trip purposes
- More options for people not eligible for Medicaid NEMT for access to medical appointments

Nye County

- Regular service between Pahrump and Las Vegas
- Park-and-ride areas
- Transportation between Amargosa Valley and Pahrump to access food pantries and for other services
- Transportation service in Beatty
- Regular transportation options on a scheduled route for all trip purposes
- Additional local funding to expand service options and hours
- Transportation to after school activities
- Expanded hours and days of service, as well as increased capacity of public transit
- Driver education courses
- Transportation for people who are not eligible for human service agency transportation programs
- Bike and pedestrian path safety improvements
- Improvements in crosswalks, especially in low-income housing areas

Pershing County

- Transportation options for young people living in Lovelock to improve their access to job opportunities outside of the local area
- Medical-related transportation to Carson City and Winnemucca
- Senior and recreational trips to Carson City, Winnemucca, Fallon and Reno
- Trips to the job centers for Lovelock and Pershing County residents

Storey County

- Transportation service in Storey County River District
- Service in the Lockwood area to support growth near the industrial center
- Public transportation throughout the unserved areas of Storey County
- Evening transportation service options for the public, seniors and individuals with disabilities

Washoe County

- Access to public transportation services
- Volunteer transportation service
- Improved access to shopping areas, groceries and pharmacies
- More options for individuals who are not eligible for Medicaid NEMT for access to medical appointments

White Pine County

- Countywide transportation to meet the needs in rural areas
- Long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT
- On-call, long distance transportation for patients discharged from hospitals
- Daily transportation options for shopping and medical appointments
- Transportation options for urgent, same-day trip needs
- Improved volunteer recruitment activities

Many of the gaps in service identified above are common to many part of the state. Issues that have been specifically identified as regional/statewide needs are:

Intercity Bus Service.

Infrastructure in many locations needs to be improved for the safety of those riding public transportation. It is difficult to find locations near public buildings (e.g. library, city hall and county buildings) to deploy a wheelchair lift or ramp. Riders who use walkers have some difficulty with walking due to lack of curb cuts in some locations.

Many areas do not currently have the staffing capacity to perform transportation grants administration. This would be necessary for the appropriate agency to apply for federal funding to add service.

Goals and Strategies

The following page provides a list of prioritized coordinated transportation goals and their corresponding strategies was developed for statewide and/or local implementation, based upon the analysis of existing services, demographics and public/stakeholder input.

GOAL #1: SUSTAIN EXISTING SERVICES & ENHANCE STATEWIDE COORDINATED TRANSPORTATION FRAMEWORK

- 1.1 Sustain Existing Rural Public Transportation Programs
- 1.2 Establish Statewide Coordinating Council for Rural Transportation
- 1.3 Establish Coordinated Community Transportation Regions
- 1.4 Collaborate on Grant Applications

GOAL #2: ENHANCE MEDICAL SERVICE OPTIONS IN UNSERVED COMMUNITIES

- 2.1 Coordinate Medical Appointments with Transportation Availability
- 2.2 Schedule Mobile Medical Unit Visits for Communities Lacking Medical Facilities
- 2.3 Establish Tele-Health Centers

GOAL #3: INCREASE MATCH FOR RURAL TRANSPORTATION THROUGH PURCHASE OF SERVICE AGREEMENTS

- 3.1 Increase Purchase of Service Agreements with Public Transportation
- 3.2 Increase Public Transportation Service in Nye and Douglas Counties

GOAL #4: CREATE COORDINATED VOLUNTEER DRIVER PROGRAM

- 4.1 Create Volunteer Transportation Working Groups
- 4.2 Identify Joint Volunteer Driver Insurance Providers
- 4.3 Develop Volunteer Driver Training Program
- 4.4 Develop a Flexible Volunteer Driver Program with Flexibility to Attract Drivers
- 4.5 Recruit Organizations that Benefit from Volunteer Driver Services

GOAL #5: EXPAND REGIONAL INTERCITY CONNECTIVITY & LOCAL TRANSPORTATION SERVICES

- 5.1 Provide Intercity Bus Routes
- 5.2 Conduct Needs Assessment for Increased Routes Between Boulder City & Las Vegas
- 5.3 Increase Service Frequency Between Boulder City & Las Vegas

GOAL #6: EXPAND TRANSPORTATION SERVICES TO UNSERVED COMMUNITIES

- 6.1 Establish Public Demand Response Service in West Wendover
- 6.2 Enhance Transportation for the Shoshone Paiute Tribe Senior Center
- 6.3 Expand Get My Ride Blue Line
- 6.4 Expand Get My Ride Service Area & Hours
- 6.5 Expand Ely Bus to White Pine County Rural Communities
- 6.6 Expand Pleasant Senior Center Transportation Service Area & Hours
- 6.7 Conduct Pilot Demonstration of a Winnemucca Flexible Fixed Route
- 6.8 Establish Public Demand Response Service in Battle Mountain
- 6.9 Establish Vanpool or Shuttle Service in Douglas County

GOAL #7: INCREASE SAFETY FOR PUBLIC TRANSPORTATION SERVICE IN THE CITY OF LAUGHLIN

- 7.1 Investigate the Potential for Developing Bus Safety Lane

GOAL #8: IMPROVE PUBLIC & HUMAN SERVICE AGENCY TRANSPORTATION INFORMATION

- 8.1 Improve Transportation Information Available Through Nevada 211
- 8.2 Establish Rural Travel Training Program
- 8.3 Develop Media Offering Passengers Easy Transportation Guidance

CHAPTER ONE - PLAN DEVELOPMENT METHODOLOGY

This plan updates the Nevada Department of Transportation (NDOT) 2011 Coordinated Human Services Transportation Plan (CHSTP) to fulfill the planning requirements of the United We Ride initiative and the Federal Transit Administration's (FTA) Safe, Accountable, Flexible and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU). For the purposes of this study, the Nevada Department of Transportation (NDOT) focused only on the transportation needs in rural areas of the state.

On December 4, 2015, the Fixing America's Surface Transportation (FAST) Act was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applies new program rules to all Fiscal Year 2016 funds and authorizes transit programs for five years. According to FAST Act requirements, locally-developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act federal legislation.

The FTA provided planning funding to the NDOT Transit Office to update this locally-developed CHSTP. The planning process involved active participation from local transportation providers and human service agencies, as well as members of the public, including seniors and individuals with disabilities.

According to FTA requirements, the CHSTP must be developed and approved through a process that includes participation from seniors and individuals with disabilities. The NDOT and FTA also encouraged active participation in the planning process from the public and representatives of public, private and nonprofit organizations that provide, or support, transportation services and initiatives. The methodology used in this plan update included efforts to identify these stakeholders and facilitate their participation in the planning process.

The fundamental element of the planning process is the identification and assessment of existing transportation resources and local/regional unmet transportation needs or gaps in service. This was accomplished by receiving input from the stakeholders noted previously, through community workshops open to the public, in-person interviews, telephone calls, email conversations and a public survey.

§5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities

The §5310 Program is the program most significantly impacted by this plan update because participation in a locally developed CHSTP is one of the eligibility requirements for funding. However, this plan is a useful tool for generally identifying transportation resources and gaps in service, regardless of funding type. This is important to note because NDOT also administers other FTA funding types, including the §5311 and §5339 Programs.

The §5310 Program provides formula funding to states for the purpose of assisting public transportation providers and private nonprofit groups in meeting the transportation needs of seniors and individuals with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting those needs. For rural areas in Nevada, the NDOT is the direct recipient and solicits applications for §5310 program projects for funding through a competitive application process.

Eligible activities for §5310 Program funds include the replacement or rehabilitation of transit vehicles, wheelchair lifts, ramps and securement devices; and the replacement or rehabilitation of transit-related equipment.

§5310 Program projects are eligible to receive up to an 85% federal share if the 15% local match is secured. Local match may be derived from any combination of non-USDOT federal, state, or local resources. The FAST Act also allows the use of advertisement and concessions revenue as local match. Passenger fare revenue is not eligible as local match.

CHAPTER TWO - DEMOGRAPHIC ANALYSIS

Certain demographic characteristics are strong indicators of demand for transportation service. For example, demographic factors showing high population densities of seniors, individuals with disabilities and zero vehicle households indicate the potential for a higher propensity for transportation service need and use. While this plan focuses on the rural counties of Nevada, it is done so with the understanding that some of the most common destinations are located in the urban areas, so general demographic statistics from the urban counties are also noted.

The data provided in this chapter was gathered from multiple sources, including the U.S. Census Bureau's 2016 American Community Survey (ACS) Five-Year Estimates and the State of Nevada Demographer. These sources are used to ensure the most current and accurate information is presented. As a five-year estimate, the ACS data does not represent a direct population count, but offer an estimated population based on supplemental samples taken after the decennial census. Demographic and socio-economic data variables include the following:

- Statewide Population/Median Age, by County
- Statewide Population Density, by County
- Rural and Urban Area and Population, by County
- Population 65 and Over, by County
- Individuals with Disabilities, by County
- Household Income Percentages, by County
- Median Household Income, by County
- Poverty Status, by County
- Zero and One Vehicle Households, by County
- Minority Population, by County
- Veteran Population, by County

The charts on the following pages were created using 2016 American Community Survey (ACS) Five-Year Estimates.

Table 2.1 - Statewide Population/Median Age, by County

County	Population	Median Age
Clark County	2,070,153	36.7
Washoe County	439,914	37.9
Carson City	54,412	43.1
Elko County	52,029	33.5
Lyon County	51,897	43.7
Douglas County	47,426	50.1
Nye County	43,198	51.2
Churchill County	24,148	38.8
Humboldt County	17,091	35.2
White Pine County	9,893	39.1
Pershing County	6,690	41.3
Lander County	5,907	37.0
Lincoln County	5,155	39.6
Mineral County	4,519	49.2
Storey County	3,941	54.4
Eureka County	1,730	47.1
Esmeralda County	1,069	42.0
Statewide	2,839,172	42.4

The table shows the 2016 American Community Survey (ACS) projected population for each county. The two counties with the highest populations, Clark and Washoe, also have the two largest urban areas in Las Vegas and Reno, respectively. Clark County has the highest population with 72.91% of the total population. Washoe County immediately follows with 15.49% of the total population. The Consolidated Municipality of Carson City, home to the state's only other census-defined urban area, is third with 1.92% of the total population.

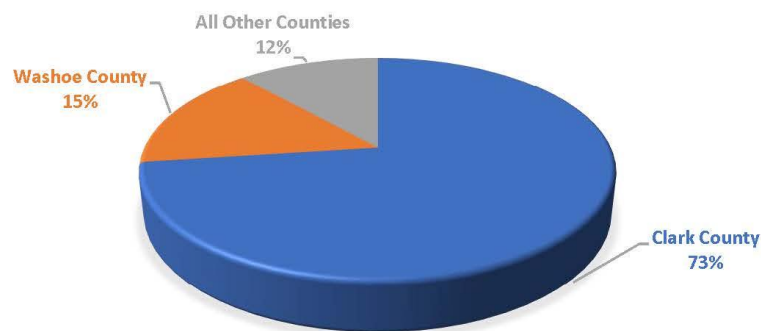
Figure 2.1 – Statewide Population

Table 2.2 - Statewide Population Density, by County

County	Population	Square Miles	Population Per Square Mile
Carson City	54,412	144.7	376.1
Clark County	2,070,153	7,891.4	262.3
Washoe County	439,914	6,302.4	69.8
Douglas County	47,426	709.7	66.8
Lyon County	51,897	2,001.2	25.9
Storey County	3,941	262.9	15
Churchill County	24,148	4,930.5	4.9
Elko County	52,029	17,169.8	3
Nye County	43,198	18,181.9	2.4
Humboldt County	17,091	9,640.8	1.8
Mineral County	4,519	3,752.8	1.2
Lander County	5,907	5,490.1	1.1
Pershing County	6,690	6,036.6	1.1
White Pine County	9,893	8,875.7	1.1
Lincoln County	5,155	10,633.2	0.5
Eureka County	1,730	4,175.7	0.4
Esmeralda County	1,069	3,581.9	0.3
Statewide	2,839,172	109,781	25.9

The table shows the population density based upon the area of each county and the 2016 American Community Survey (ACS) projected population. Population density is a good indicator as to the demand and effectiveness of public transportation.

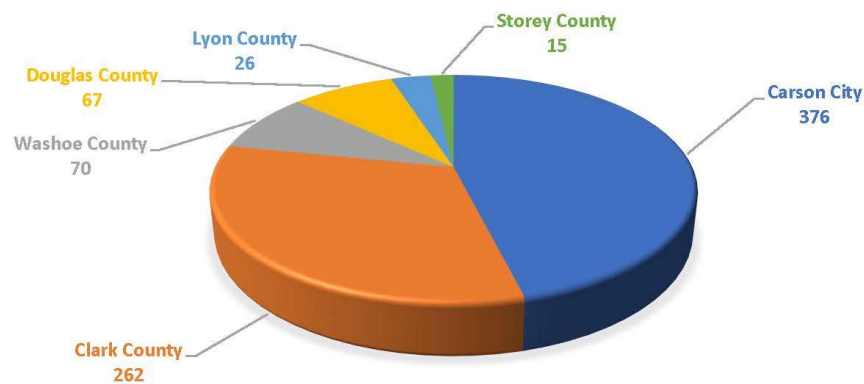
Figure 2.2 – Statewide Areas of Population Density Greater than Five

Table 2.3 - Rural and Urban Area and Population, by County

Geography	Square Miles Urban	% Urban Area	Urban Population	% Urban Population	Square Miles Rural	% Rural Area	Rural Population	% Rural Population
Esmeralda County	0	0.00%	0	0.00%	3,581.9	100.00%	1,069	100.00%
Eureka County	0	0.00%	0	0.00%	4,175.7	100.00%	1,730	100.00%
Lincoln County	0	0.00%	0	0.00%	10,633.2	100.00%	5,155	100.00%
Pershing County	0	0.00%	0	0.00%	6,036.6	100.00%	6,690	100.00%
Mineral County	0	0.00%	0	0.00%	3,752.8	100.00%	4,519	100.00%
White Pine County	0	0.00%	0	0.00%	8,875.7	100.00%	9,893	100.00%
Lander County	0	0.00%	0	0.00%	5,490.1	100.00%	5,907	100.00%
Humboldt County	0	0.00%	0	0.00%	9,640.8	100.00%	17,091	100.00%
Elko County	0	0.00%	0	0.00%	17,169.8	100.00%	52,029	100.00%
Storey County	0	0.00%	0	0.00%	262.9	100.00%	3,941	100.00%
Nye County	0	0.00%	0	0.00%	18,181.9	100.00%	43,198	100.00%
Churchill County	0	0.00%	0	0.00%	4,930.5	100.00%	24,148	100.00%
Lyon County	0	0.00%	0	0.00%	2,001.2	100.00%	51,897	100.00%
Washoe County	175.3	2.78%	421,130	95.73%	6,127.0	97.22%	18,784	4.27%
Douglas County	20.3	2.86%	5,280	11.13%	689.4	97.14%	42,146	88.87%
Clark County	439.4	5.57%	2,043,034	98.69%	7,452.0	94.43%	27,119	1.31%
Carson City	144.7	100.00%	54,412	100.00%	0.0	0.00%	0	0.00%

The table identifies the urban and rural populations and areas of each county, along with the associated percentages between urban and rural. This data is helpful in determining what percentages of the populations are in the rural transit service areas and what percentages of the populations are served by the urban transit programs.

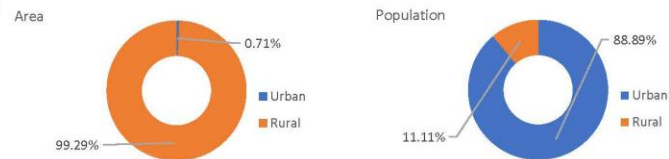
Figure 2.3 – Rural and Urban Area and Population

Table 2.4 - Population 65 and Over, by County

County	Population Under 65	Population 65 and over	Percentage 65 and Over
Storey County	2,806	1,135	28.80%
Nye County	31,405	11,793	27.30%
Esmeralda County	786	283	26.47%
Mineral County	3,398	1,121	24.81%
Douglas County	35,807	11,619	24.50%
Lyon County	41,569	10,328	19.90%
Carson City	44,019	10,393	19.10%
Lincoln County	4,201	954	18.51%
Churchill County	19,922	4,226	17.50%
Eureka County	1,458	272	15.72%
White Pine County	8,409	1,484	15.00%
Pershing County	5,700	990	14.80%
Washoe County	375,687	64,227	14.60%
Clark County	1,794,823	275,330	13.30%
Lander County	5,169	738	12.49%
Humboldt County	15,279	1,812	10.60%
Elko County	47,294	4,735	9.10%
Statewide	2,437,733	401,439	14.14%

The table identifies the percentage of the population above the age of 65. This characteristic is helpful in determining the demand for transit for a population. Older adults are most likely to use transportation services when they are unable to drive or choose not to drive.

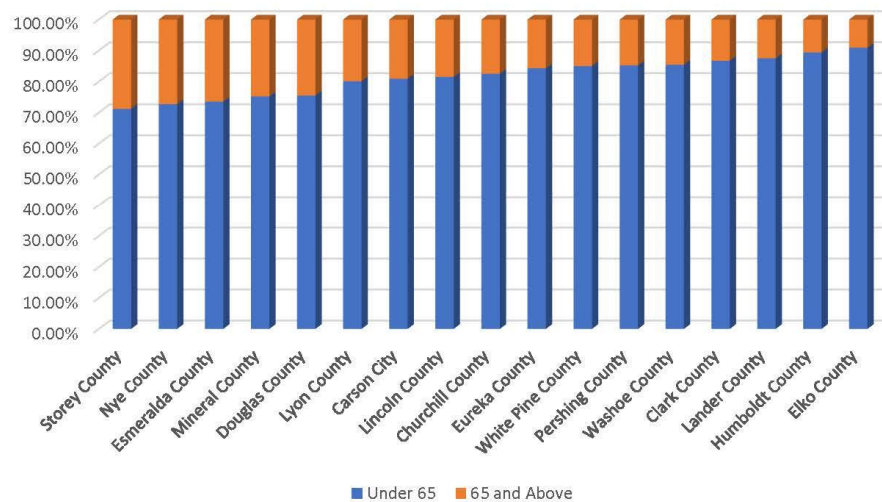
Figure 2.4 – Population 65 and Over

Table 2.5 - Individuals with Disabilities, by County

County	Total Without a Disability	Total With a Disability	Percent With a Disability
Mineral County	3,423	1,096	24.25%
Nye County	32,814	10,384	24.04%
Storey County	3,022	919	23.32%
Carson City	42,437	11,975	22.01%
Lyon County	41,631	10,266	19.78%
White Pine County	8,208	1,685	17.03%
Pershing County	3,786	884	18.93%
Esmeralda County	866	198	18.61%
Churchill County	19,317	3,960	17.01%
Douglas County	39,663	7,456	15.82%
Lincoln County	3,984	697	14.89%
Eureka County	1,470	255	14.78%
Clark County	1,818,450	251,703	12.16%
Washoe County	386,699	53,215	12.10%
Elko County	45,345	5,947	11.59%
Humboldt County	14,933	1,931	11.45%
Lander County	5,211	655	11.17%
Statewide	2,446,890	363,226	12.93%

Enumeration of the population with disabilities in any community presents challenges. There is a complex and lengthy definition of an individual with a disability in the Americans with Disabilities Act (ADA) implementing regulations, found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination, rather than a strict categorical definition. In a functional approach, the mere presence of a condition typically thought to be disabling gives way to consideration of an individual's abilities to perform various life functions. In short, an individual's capabilities, rather than the mere presence of a medical condition, determine transportation disability. The U.S. Census offers no method of identifying individuals as having a transportation-related disability. The best available data for Nevada is available through the 2016 ACS Five-Year Estimates of disability for the noninstitutionalized population.

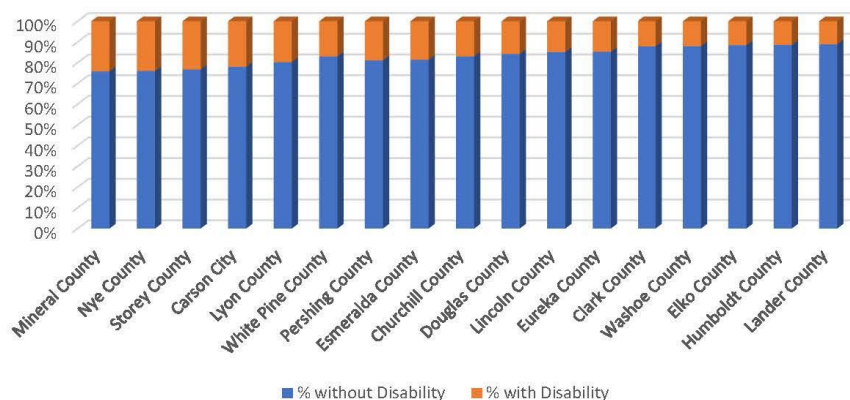
Figure 2.5 – Individuals with Disabilities

Table 2.6 - Household Income Percentages, by County

Geography	Total Households	Less than \$10,000	\$10,000 to \$14,999	\$15,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 to \$149,999	\$150,000 to \$199,999	\$200,000 or more
Churchill County	9,491	9.3%	4.3%	9.9%	14.3%	16.3%	16.6%	11.2%	14.0%	3.0%	1.1%
Clark County	735,475	6.5%	4.3%	10.2%	11.3%	15.0%	19.8%	12.7%	12.3%	4.2%	3.7%
Douglas County	19,928	4.5%	4.1%	9.1%	9.4%	13.8%	21.5%	12.7%	14.6%	5.1%	5.2%
Elko County	17,618	3.8%	2.8%	6.4%	6.1%	11.1%	20.1%	17.3%	20.6%	6.8%	5.0%
Esmeralda County	454	3.1%	3.1%	22.0%	15.0%	15.6%	24.0%	6.6%	9.7%	0.9%	0.0%
Eureka County	766	12.8%	7.3%	1.3%	9.1%	3.8%	15.7%	16.4%	27.0%	3.7%	2.9%
Humboldt County	6,174	6.3%	2.6%	8.4%	9.5%	11.6%	19.7%	14.9%	19.7%	5.2%	2.1%
Lander County	2,102	5.2%	3.5%	7.9%	7.1%	8.0%	12.4%	19.9%	27.8%	6.8%	1.4%
Lincoln County	1,835	7.0%	3.2%	13.0%	13.7%	13.7%	26.3%	9.4%	9.6%	2.4%	1.7%
Lyon County	19,586	5.7%	5.1%	12.5%	9.4%	18.2%	21.1%	13.1%	11.6%	1.6%	1.7%
Mineral County	2,065	10.3%	10.4%	15.5%	12.2%	12.0%	17.8%	11.3%	8.3%	0.5%	1.7%
Nye County	17,464	7.6%	6.3%	14.2%	12.6%	16.2%	21.0%	9.2%	9.3%	2.8%	0.8%
Pershing County	2,016	8.6%	6.3%	10.9%	10.5%	19.6%	18.9%	10.5%	10.2%	1.8%	2.7%
Storey County	1,752	3.3%	1.0%	8.8%	7.2%	17.9%	20.4%	18.0%	15.5%	6.1%	1.8%
Washoe County	169,015	6.3%	5.0%	10.9%	9.8%	13.9%	18.5%	12.5%	13.6%	4.7%	4.8%
White Pine County	3,158	6.1%	4.3%	9.8%	8.3%	15.2%	23.2%	10.0%	16.1%	6.2%	0.8%
Carson City	21,802	6.3%	7.3%	11.2%	12.4%	14.3%	19.2%	12.2%	10.8%	3.8%	2.5%
Total	1,030,701	6.63%	4.76%	10.71%	10.46%	13.89%	19.78%	12.82%	14.75%	3.86%	2.35%

The table identifies the income percentile in which county households reside. There is an estimated total of 1,030,701 households in Nevada. Mineral County has the highest percentage of households making below \$35,000 (48.4%), while Elko County has the lowest percentage of households making below \$35,000 (19.1%).

Figure 2.6 – Household Income

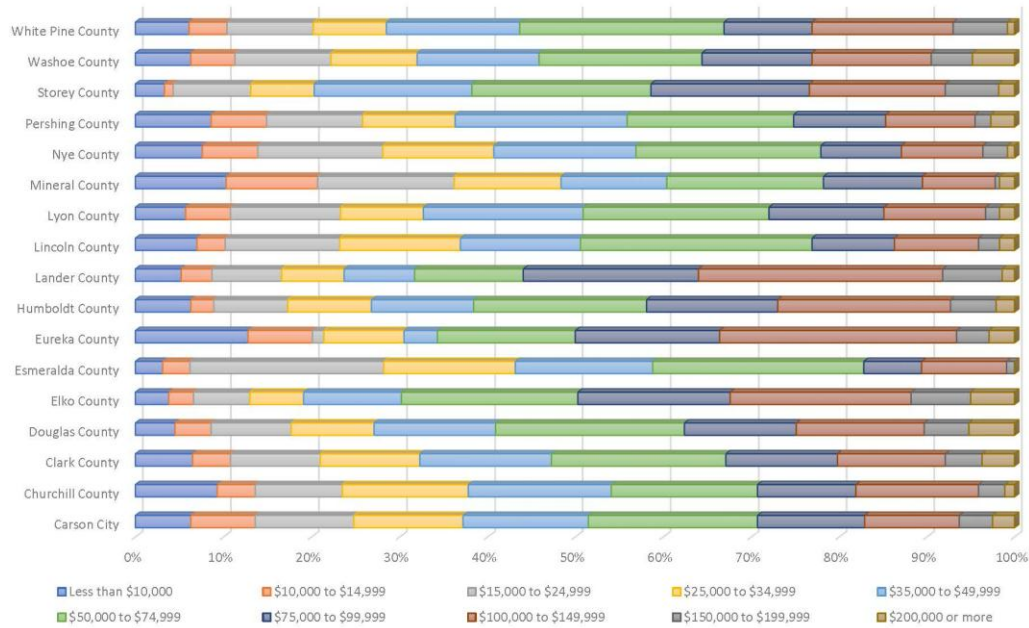


Table 2.7 - Median Household Income, by County

County	Median Income
Mineral County	\$37,750
Nye County	\$42,266
Esmeralda County	\$43,125
Pershing County	\$45,192
Churchill County	\$45,368
Carson City	\$47,948
Lyon County	\$49,007
Lincoln County	\$49,406
Clark County	\$52,629
Washoe County	\$54,955
White Pine County	\$58,156
Douglas County	\$59,769
Storey County	\$65,508
Humboldt County	\$67,295
Eureka County	\$70,000
Elko County	\$74,672
Lander County	\$78,077

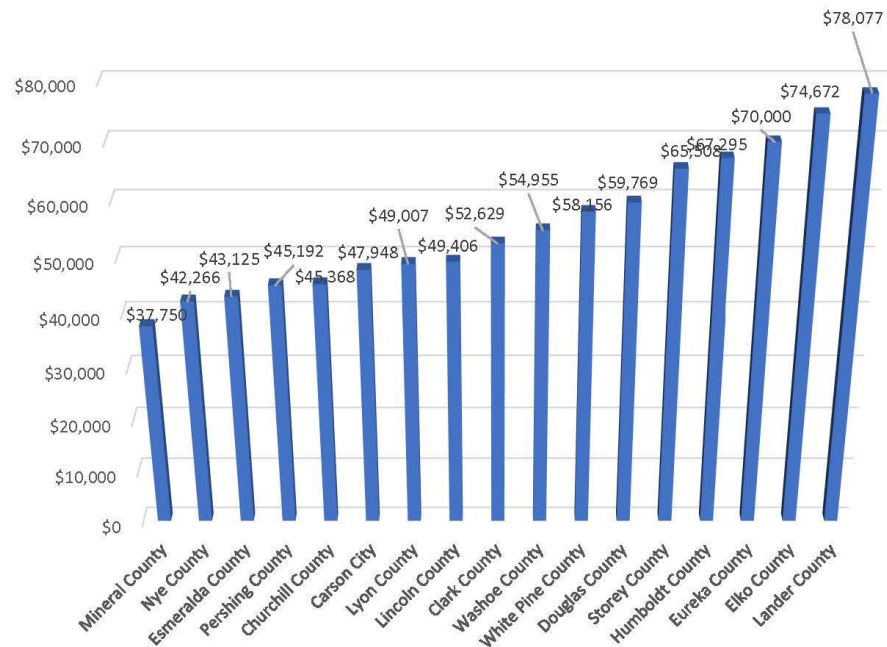
Figure 2.7 – Median Household Income

Table 2.8 - Poverty Status, by County

County	Population for Whom Poverty Status is Determined	Total Below Poverty Level	Percent Below Poverty
Mineral County	4,438	941	21.20%
Nye County	42,622	7,346	17.20%
Carson City	52,450	8,744	16.70%
Pershing County	4,670	767	16.40%
Churchill County	23,686	3,851	16.30%
Lyon County	51,607	7,876	15.30%
Clark County	2,043,746	307,146	15.00%
Washoe County	434,524	65,024	15.00%
Lander County	5,853	757	12.90%
White Pine County	8,374	1,068	12.80%
Lincoln County	4,681	595	12.70%
Esmeralda County	1,061	126	11.90%
Humboldt County	16,847	1,997	11.90%
Douglas County	47,088	5,148	10.90%
Eureka County	1,725	186	10.80%
Elko County	51,246	5,401	10.50%
Storey County	3,925	284	7.20%
Total	2,798,543	417,257	14.9%

At 21.2%, Mineral County has the highest percent of population living below the poverty level. At 7.2%, Storey County has the lowest percentage of individuals living below the poverty level.

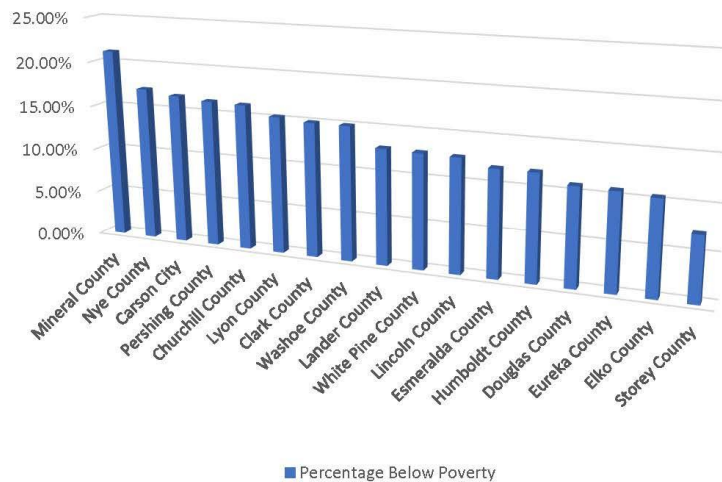
Figure 2.8 – Poverty Status

Table 2.9 - Zero and One Vehicle Households, by County

County	Total Households	Total Zero Vehicles	Total One Vehicle	Percent with Zero Vehicles	Percent with One Vehicle
Mineral County	2,065	220	677	10.70%	32.80%
Lander County	2,102	198	315	9.40%	15.00%
Clark County	735,475	62,412	284,899	8.50%	38.70%
Washoe County	169,015	13,306	56,067	7.90%	33.20%
Carson City	21,802	1,594	7,931	7.30%	36.40%
Pershing County	2,016	137	451	6.80%	22.40%
Churchill County	9,491	543	2,768	5.70%	29.20%
Lyon County	19,586	1,019	5,638	5.20%	28.80%
Humboldt County	6,174	245	1,538	4.00%	24.90%
Elko County	17,618	616	4,079	3.50%	23.20%
White Pine County	3,158	111	743	3.50%	23.50%
Nye County	17,464	600	6,262	3.40%	35.90%
Douglas County	19,928	567	5,506	2.80%	27.60%
Lincoln County	1,835	37	472	2.00%	25.70%
Storey County	1,752	23	483	1.30%	27.60%
Esmeralda County	454	4	159	0.90%	35.00%
Eureka County	766	0	178	0.00%	23.20%
Total	1,030,701	81,632	378,166	7.90%	36.70%

The number of vehicles available to a housing unit is also used as an indicator of transit service demand. If a household has no available vehicles, it is more likely to depend on transportation services, family members, or friends. Likewise, a household with only one available vehicle could also be limited if there is more than one adult in the household. An estimated 81,632 households in the State have no available vehicle; this is 7.9% of all households in Nevada and less than 5% of households in most individual counties. The percent of single vehicle households per county is significantly higher than zero vehicle households, which indicates that households with multiple adults have limited access to a personal vehicle and must rely on other modes of transportation. Approximately 378,166 or 36.7% of households in Nevada have only one vehicle available.

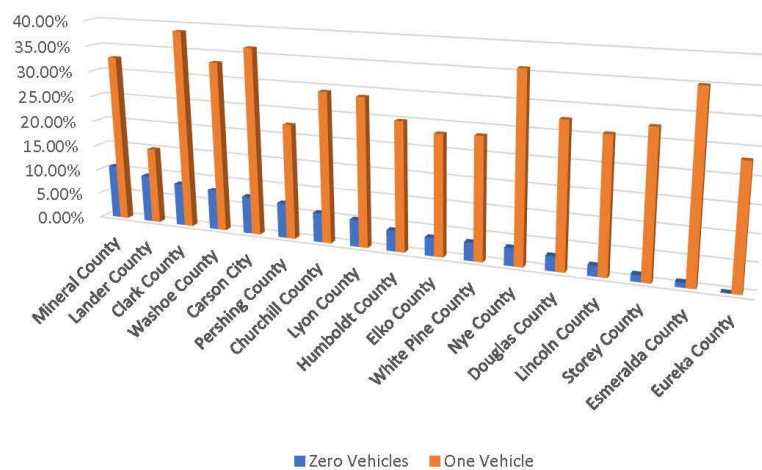
Figure 2.9 – Zero and One Vehicle Households

Table 2.10 - Minority Population, by County

County	Total Population	White Alone	Minority	Percent Minority
Clark County	2,070,153	931,097	1,139,056	55.00%
Mineral County	4,519	2,677	1,842	40.80%
Washoe County	439,914	282,598	157,316	35.80%
Humboldt County	17,091	11,192	5,899	34.50%
Pershing County	6,690	4,431	2,259	33.80%
Lander County	5,907	3,949	1,958	33.10%
Elko County	52,029	35,044	16,985	32.60%
Carson City	54,412	37,320	17,092	31.40%
White Pine County	9,893	7,242	2,651	26.80%
Churchill County	24,148	17,991	6,157	25.50%
Lyon County	51,897	39,674	12,223	23.60%
Nye County	43,198	33,375	9,823	22.70%
Douglas County	47,426	38,629	8,797	18.50%
Lincoln County	5,155	4,271	884	17.10%
Esmeralda County	1,069	907	162	15.20%
Storey County	3,941	3,411	530	13.40%
Eureka County	1,730	1,700	30	1.70%
Total	2,839,172	1,455,508	1,383,664	48.70%

Minority population percentages in Nevada Counties range from 1.7% in Eureka County to 55% in Clark County. Approximately 48.7% of Nevada's total population is minority, which is about 10% higher than the national percentage (38%).

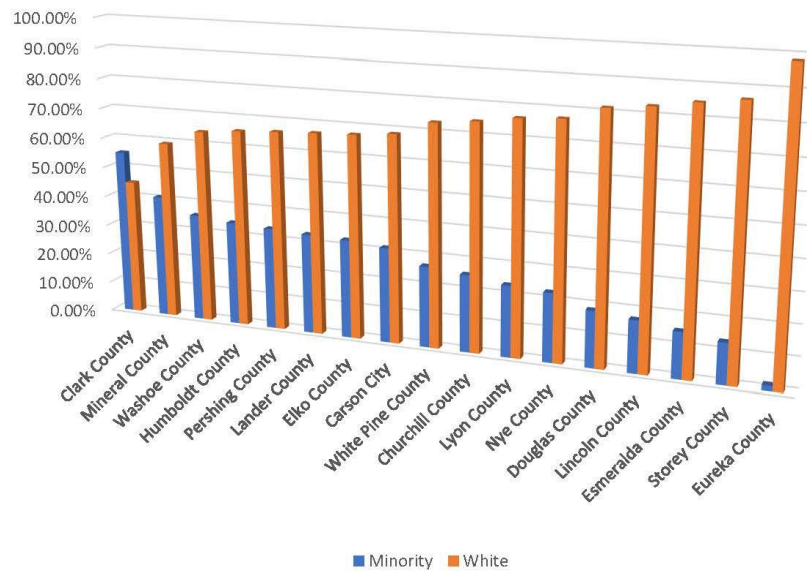
Figure 2.10 – Minority Population

Table 2.11 - Veteran Population, by County

County	Civilian Population 18 years and over	Veterans	Percent Veterans
Mineral County	3,691	776	21.00%
Churchill County	17,816	3,085	17.30%
Nye County	35,582	6,138	17.30%
Lyon County	40,133	6,365	15.90%
Storey County	3,401	485	14.30%
Douglas County	38,715	5,394	13.90%
Eureka County	1,380	182	13.20%
Pershing County	5,525	665	12.00%
Carson City	43,131	5,107	11.80%
Esmeralda County	857	94	11.00%
Lincoln County	4,100	450	11.00%
White Pine County	7,797	831	10.70%
Lander County	4,218	440	10.40%
Washoe County	340,821	33,415	9.80%
Clark County	1,569,686	148,394	9.50%
Humboldt County	12,284	1,119	9.10%
Elko County	37,472	3,335	8.90%
Total	2,166,609	216,275	10%

Veterans make up approximately 10% of Nevada's population. Nevada's veteran population is slightly higher than the U.S. average (8%).

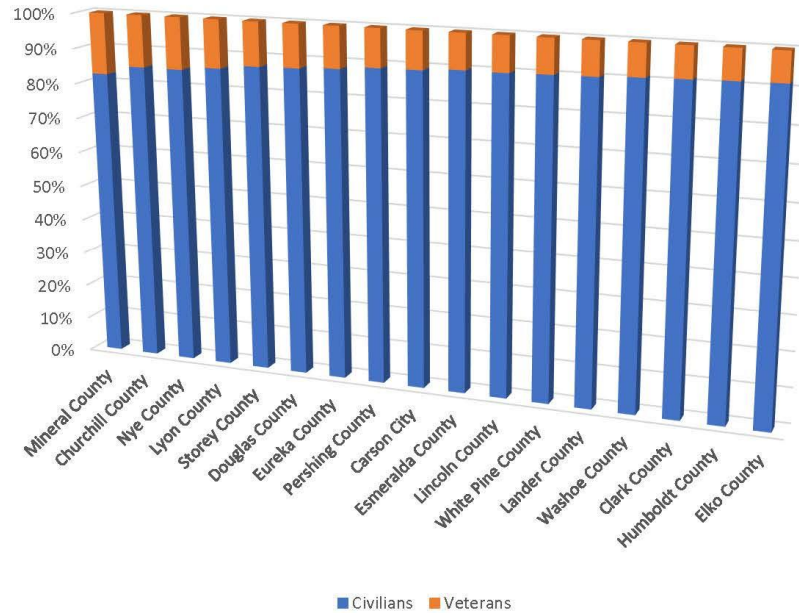
Figure 2.11 – Veteran Population

Figure 2.1 – Transit Propensity

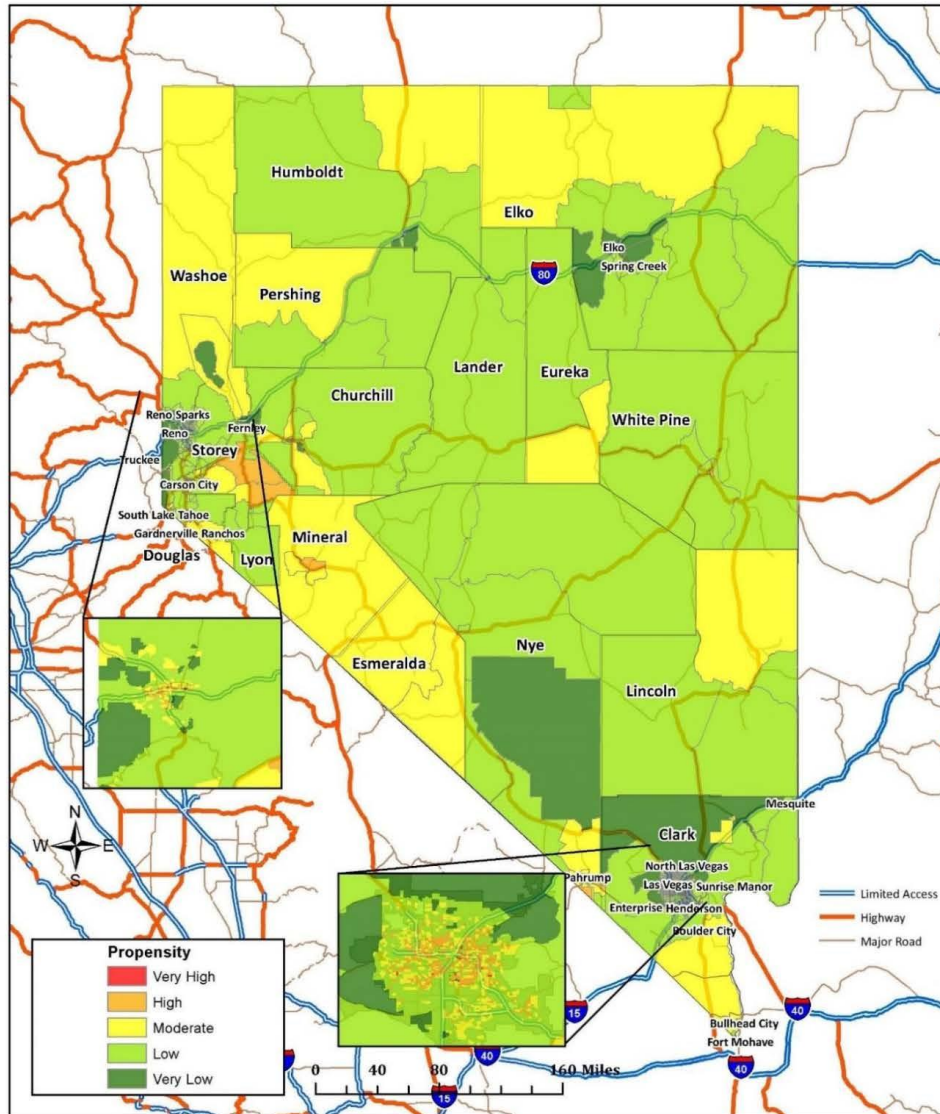


Table 2.12 - Transit Propensity

Transit Propensity					
Variable	Very Low	Low	Moderate	High	Very High
Population Density	All of the variables fell below the lower limit	2 of 3 variables fell below the lower limit	3387.91 - 9383.01	2 of 3 variables exceeded the upper limit	All of the variables exceeded the upper limit
Below Poverty			8.83% - 22.95%		
Population Age 65+			9.09% - 21.84%		

Transit propensity is a measure of the likelihood that a population would use transit service, were it available to them, taking into account certain demographic characteristics. A calculation to determine transit propensity is commonly used to inform transportation planners as they project the amount and mode of service appropriate for an area. The model was derived through research completed on transit trip generation. The end result is an estimate of the relative propensity for transit per census block group. Transit demand models are used in combination with other needs assessment activities, such as those included in this report.

The transit propensity map (see Figure 2.1) compares the projected level of demand for transportation services based on a combination of population density, low income households and the population over 65 years of age. The transit propensity model applied for Nevada (see Table 2.12) incorporates specific U.S. Census Bureau American Community Survey 2016 Five-Year Estimates data at the block group level for the entire state.

The block groups shaded in red have the highest projected transit propensity. These block groups have a combination of the greatest population densities, largest senior populations and highest numbers of individuals living below the poverty level. These block groups are located in Reno, Carson City and Las Vegas.

The block groups shaded in orange have high transit propensity. These block groups are located in Carson City, southern Washoe County, Storey County, Lyon County, Mineral County and Clark County.

The block groups shaded in yellow have moderate levels of transit propensity; block groups shaded in light green have low transit propensity; and block groups shaded in dark green have very low levels of transit propensity.

The rural nature of most of Nevada generates mostly low transit propensity scores due to low population density. The nature of demand in rural areas indicates that smaller transit vehicles and demand response modes of service are appropriate to meet needs. Conversely, higher demand in the more densely populated areas indicates that those areas are more suitable for larger transit vehicles and scheduled, fixed route services. This distinction is important when developing new transportation options and planning capital and operating budgets for service expansions.

While much of the state's operators funded through NDOT are low on the transit propensity index, they exhibit a relatively high demand for transit services. This need and the gaps in service throughout the state are discussed in the following chapters.

CHAPTER THREE - COUNTY TRANSPORTATION RESOURCES

The assessment of existing transportation services and coordination is conducted by taking inventory of those transportation services operated by public agencies and private organizations in Nevada that operate service for seniors, individuals with disabilities, people with low incomes and/or the public. Providers were identified at the onset of the planning process and during public input workshops and stakeholder discussions. Each identified organization that provides public or sponsored transportation was invited to provide a profile of its services and complete a survey. The consulting team with RLS & Associates, Inc. spoke with rural public transportation providers and contacted every known major human service agency. The consultant team made every effort to encourage all providers, including private transportation providers, to participate in the planning process. The inventory and outreach efforts provided the foundation for the next steps in the planning process.

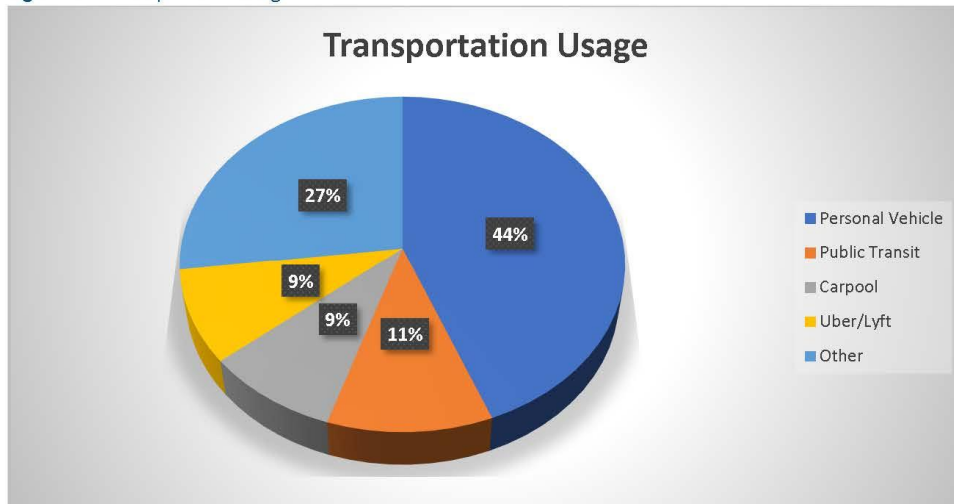
The sections in this chapter are arranged by county and provide county transportation descriptions and regional resources. The summary of each county is completed by identifying unmet needs or gaps in service. These unmet needs or gaps in service were collected from interviews with members of the public and transportation stakeholders. Detailed county demographic analysis results are located in the Appendix.

Public Survey

A transportation needs assessment was developed through a combination of outreach strategies. In addition to the community workshops and interviews summarized above, a public transportation needs survey was distributed electronically and in paper format.

Surveys were made available online, in senior centers, on-board public and human service agency transit vehicles, at various nonprofits and distributed by volunteers through organizations that serve seniors and individuals with disabilities. The online and paper versions of the survey were also advertised in local newspapers, flyers, websites, social media and the NDOT CHSTP Project webpage. The survey period was May through August 2018. The survey results offer insight into the unmet transportation needs or gaps in services for the public in each county and the trends on a statewide-level. Survey analysis at the county level is provided in the Appendix.

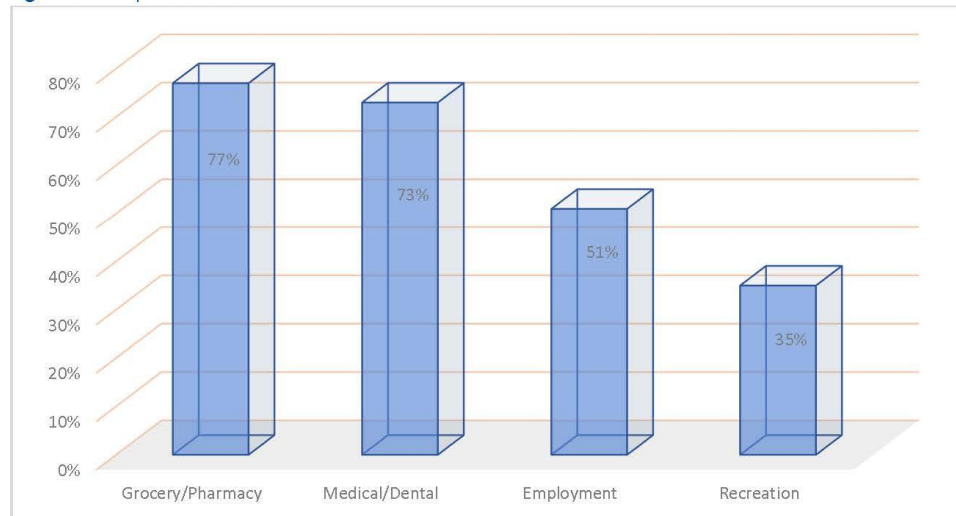
Survey respondents were asked to report all of the transportation they or their family have used in the past 12 months. Choices ranged from driving a personal vehicle to using public or agency services (Figure 3.1.) 44% used a personal vehicle or rode with a friend or family member. 11% indicated that they used demand response public or agency-sponsored transportation services. 9% used a carpool or vanpool program. 9% reported using a taxi or transportation network company (TNC), such as Uber or Lyft. Responses in the "other" category included walking, bicycle, rental car, airplane and various public, volunteer and senior services programs.

Figure 3.1 – Transportation Usage

Survey responses provide an indication of the gaps in the existing network of services that may be causing people to use different transportation options. The primary reason for not using transportation services was having the option and preference to drive (33%). The second most common reason was that transportation was not available where the respondent lives (17%). Other reasons included the transportation services are available, but they do not run often/frequently enough (11%), or the service does not go where the rider needs to go (11%). Others indicated that they are not using public transportation because it takes too long to get from origin to destination, they do not know how transportation services work, or the existing services are too expensive, unreliable, or unsafe.

Next, respondents were asked, what changes could be made to the local transportation services to make them more appealing. The most common response was that they would more likely use the service if it was offered from the rural area to a major city such as Reno, Las Vegas, or Salt Lake City, UT (13%). Respondents also frequently stated that they would ride more often if services were provided between counties (not just within a county), if better information about routes and services were available and if vehicles ran on scheduled, fixed routes with bus stops. More than one-third of respondents also wanted service on weekends. Earlier morning and later evening service as well as lower-cost service were also a strong preference.

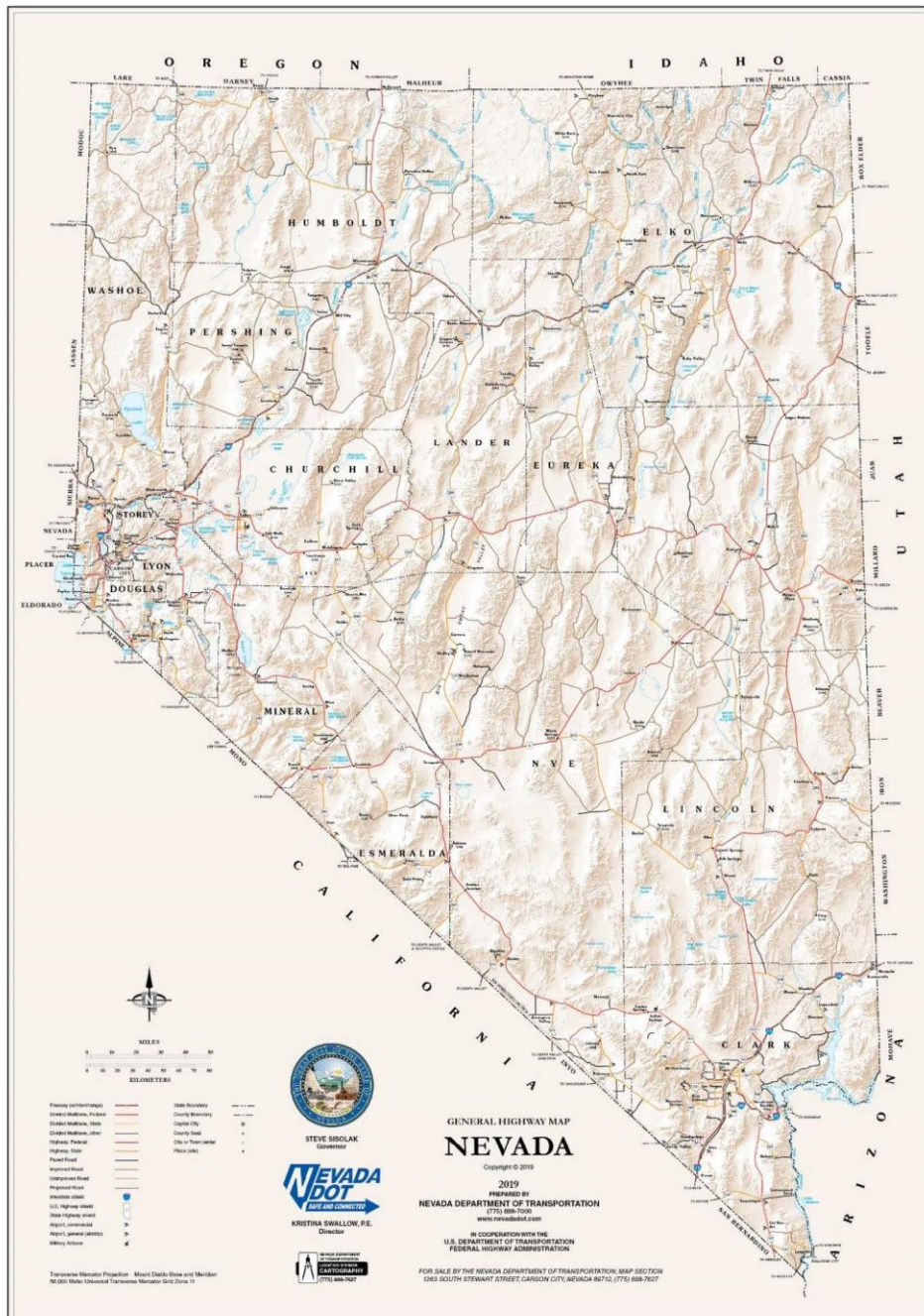
The most commonly visited destinations when transportation was available to the survey respondent (Figure 3.2) were shopping areas, groceries, or pharmacies (77%); medical or dental appointments (73%); employment (51%); and recreation/social venues (35%).

Figure 3.2 – Trip Destinations

Transportation demand by time of day is a tool used to understand when the most vehicles and drivers are likely to be needed. Survey responses indicate that the highest demand is between 8:00AM and 6:00PM and the most common trip purposes during those hours are for shopping, grocery, pharmacy, medical, or dental appointments. Between 6:00PM and 9:00PM, shopping, grocery and pharmacy trips remain the top priority, but social and recreational activities become the second most common trip purpose. Late night trip purposes (9:00PM to 12:00AM) are most often social, entertainment, or employment related. Early morning trip purposes (12:00AM to 8:00AM) are predominantly employment related.

REGIONAL

Figure 3.3 – Regional Map



Transportation Resources

Nevada Rural Counties RSVP Program, Inc. (RSVP)

RSVP is a private nonprofit organization that provides client-only transportation, social services, nutrition, senior citizen programs and services and veteran services and suicide prevention/awareness. RSVP directly operates transportation services for seniors and individuals with disabilities. The agency reimburses mileage or automobile expenses to employees, clients, families, friends and volunteers who provide transportation. Transportation requires an advance reservation. Drivers assist passengers in and out of vehicles and through the entrance/exit of their origin/destination. Passengers are permitted to travel with their own personal care attendant. RSVP operates in all Nevada counties, except Clark.

Veterans Transportation Service (VTS)

VTS is a program that provides transportation for veterans to and from their outpatient appointments. The Veterans Affairs Sierra Nevada Health Care System is a medical facility within the U.S. Department of Veterans Affairs (VA) in the Carson City area. Transportation to/from the VA Sierra Nevada Health Care System is available for veterans eligible under Title 38 of the United States Code (USC). To receive transportation, veterans must be enrolled in the VA Medical Care System and have a scheduled appointment at the medical facility. Veterans must be ambulatory.

The VTS program coordinates veteran transportation with several Veteran Service Organizations (VSOs), local and national nonprofit agencies and public transportation services to provide a full-service plan on weekdays between 7:30AM and 4:00PM with the last appointment being scheduled at 3:30PM. Reservations are encouraged at least two weeks in advance.

VA Sierra Nevada Health Care System

VA Sierra Nevada Health Care System provides round trip transportation to Churchill County veterans in need of transportation to VA medical facilities on Tuesday, Thursday and Friday using volunteer drivers.

All medical appointments must end no later than 2:00PM to ensure a ride home. Reservations can be made up to 30 days in advance and up to one day prior for those not in a rural area. For rural veterans, a reservation of at least one week prior to the appointment is required. Caregivers previously authorized by the VA are permitted to ride with a veteran as a personal care attendant.

MTM

MTM is Nevada's non-emergency transportation (NEMT) brokerage. MTM is a for-profit organization that arranges rides for eligible Medicaid members throughout the state. Individuals eligible through Medicaid for transportation to and from medical appointments may call MTM to schedule a ride to a covered Medicaid service. MTM encourages passengers to call at least five business days before the appointment, unless the trip is urgent or passengers are discharged from a hospital. MTM partners with medical facilities and transportation providers to ensure seamless transportation delivery for Medicaid members. MTM contracts with third-party operators for transportation services and does not operate its own fleet.

MTM also purchases tickets, tokens and passes from other transportation providers and reimburses mileage or automobile expenses to families, friends and volunteers.

Southern Nevada Transit Coalition (SNTC)

SNTC is the public transportation service for the rural parts of Clark County. See the SNTC profile under Clark County for more information.

Transportation Network Companies

Lyft, Uber and other private, for-profit, on-demand transportation network companies (TNC) are relatively new and are serving more areas as they gain popularity. To schedule rides, riders must download the Lyft or Uber app, enter

a valid phone number and credit card or link to an electronic payment account (e.g., Apple Pay, Google Pay, or PayPal) and select their destination. Service can be scheduled as a single-seat ride from curb-to-curb, or as a shared-ride with multiple passengers in the same vehicle. Ridesharing is less expensive for the passenger but is not always available. In most cases, Lyft and Uber vehicles are not wheelchair accessible. Additionally, safety standards of Lyft and Uber drivers are not as extensive as public transportation standards; most Lyft and Uber drivers do not receive passenger assistance or driver training and are not subject to drug testing. Criminal background checks are only conducted during the hiring process and the scope of the background investigation may vary by city and state. These services currently are not offered in many of the rural parts of the state.

Salt Lake City VA Veterans Transportation Service

The Salt Lake City VA Veterans Transportation Service is a volunteer-driver service that uses vehicles owned by the VA to transport veterans to medical appointments at the Salt Lake City VA Hospital. There are vehicles stationed in Elko and Ely to provide rides. As of August 2018, the Ely route was not being used. The Elko route operated every other day, originating at Stockman's Casino in Elko, then proceeding to Wells, Ryndon and West Wendover before traveling to Salt Lake City, UT.

Regional Transportation Commission of Washoe County (RTC) Regional Connector (Intercity)

The Washoe RTC Regional Connector route provides connectivity between Reno and Carson City at different times throughout the day - with six (6) southbound routes and six (6) northbound routes.

Tahoe Transportation District Valley Express and South Shore Service & Lake Express Daily (Intercity)

The Tahoe Transportation District Valley Express and South Shore Service & Lake Express Daily routes provide connectivity between the Lake Tahoe Basin, Minden/Gardnerville and Carson City on a daily basis.

Disabled American Veterans

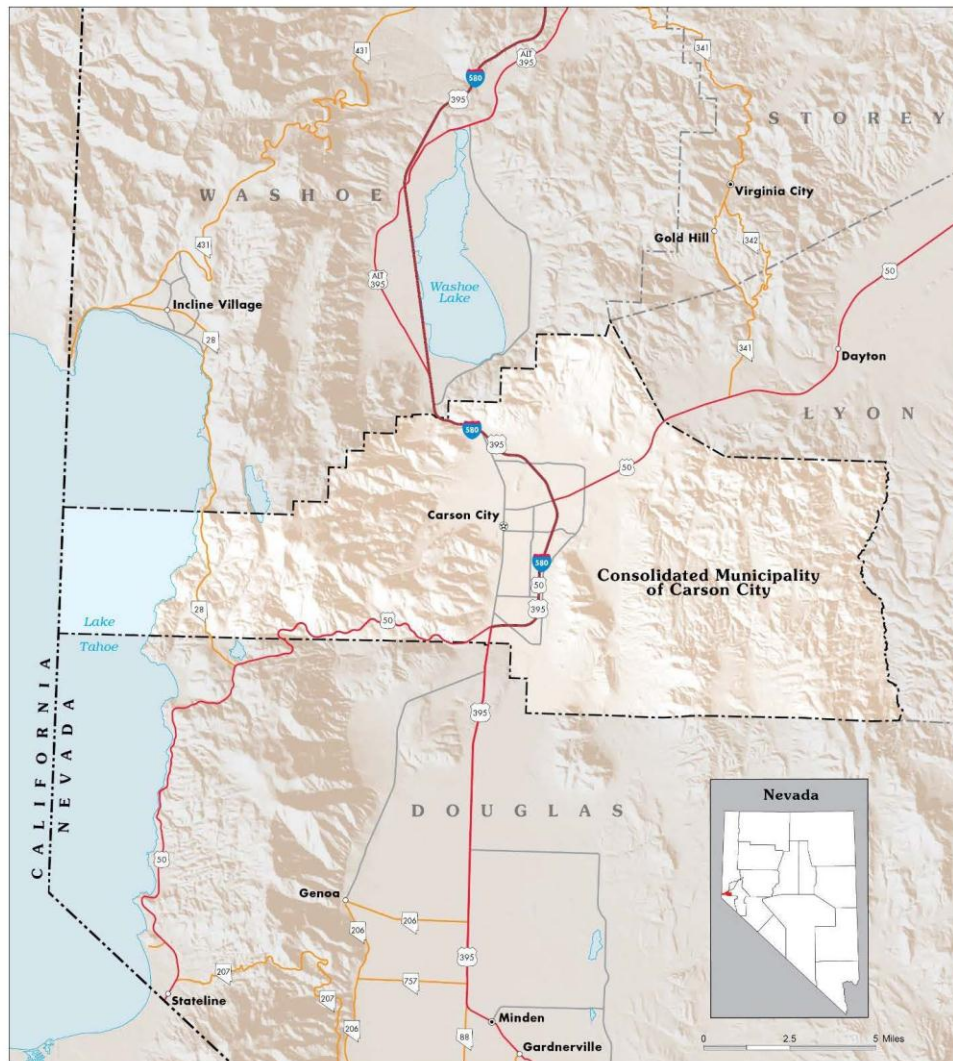
The Disabled American Veteran's program provides volunteer transportation to the Reno VA Hospital for veterans residing in Humboldt, Pershing and Lander Counties. Volunteers use a DAV van to pick riders up at the Winners Inn Casino in Winnemucca on Tuesdays and Thursdays and transport them to Reno. Upon availability, veterans may be picked up at their homes if they are unable to drive to the casino.

Humboldt NET

Humboldt NET, based in Winnemucca, operates transportation under contract to MTM—the statewide brokerage for Medicaid non-emergency medical transportation. Service is primarily in northern Nevada, including Winnemucca, Elko, Ely, Lovelock, Reno, Carson City, Fallon and Fernley.

CONSOLIDATED MUNICIPALITY OF CARSON CITY

Figure 3.4 – Consolidated Municipality of Carson City Map



Transportation Resources

Jump Around Carson (JAC)

Jump Around Carson is the primary public transportation service in Carson City and is governed by the Carson City Regional Transportation Commission. The system operates four fixed routes, as well as JAC Assist—a curb-to-curb complementary paratransit service for eligible persons with disabilities. Information about JAC services is available at www.rideJAC.com.

The JAC fixed routes serve major destinations throughout Carson City, including the senior center, Walmart (at Hotsprings and Retail), the Carson Tahoe Regional Medical Center, Carson City Hall, Western Nevada College, Foodmaxx and the Health and Human Services Office.

The JAC Assist service offers two zones: the basic zone is a trip within three-quarters of a mile of any fixed route and the extended zone provides trips between three-quarters of a mile and one mile of any fixed route. JAC Assist bus operators assist individuals getting on or off the bus, but do not load or unload personal belongings or carry-on items. If individuals need assistance beyond this, a personal care attendant must accompany them. Personal care attendants ride free.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Some areas of the county are not served by public transportation programs and transit dependent people who are not seniors or do not have a disability have no public transportation option for access to work, medical appointments, social activities, faith services and etc.

JAC should add a stop on Snyder to improve access in that neighborhood.

Occasional recreational trips that cross county and/or city lines would help the transit dependent have access to social and recreational activities in other locations.

Add a bus (DART or JAC) on Topsy Lane for shopping.

The Nevada Rural Housing Office is not accessible by public transportation, but it is a preferred destination for low-income individuals.

Painted Rock is a housing development planned for the area. Residents need access to transportation options.

Demand for trips to Reno is high. People want to go but it is intimidating for them to drive in the city. It is also intimidating for volunteer drivers to drive in Reno.

Transportation provider service area boundaries at county lines are barriers for riders who want to travel out of the local area.

Weekend transportation options are needed. JAC hours are limited on Saturdays and there is no Sunday service.

Improve JAC route maps. Passengers find them difficult to understand.

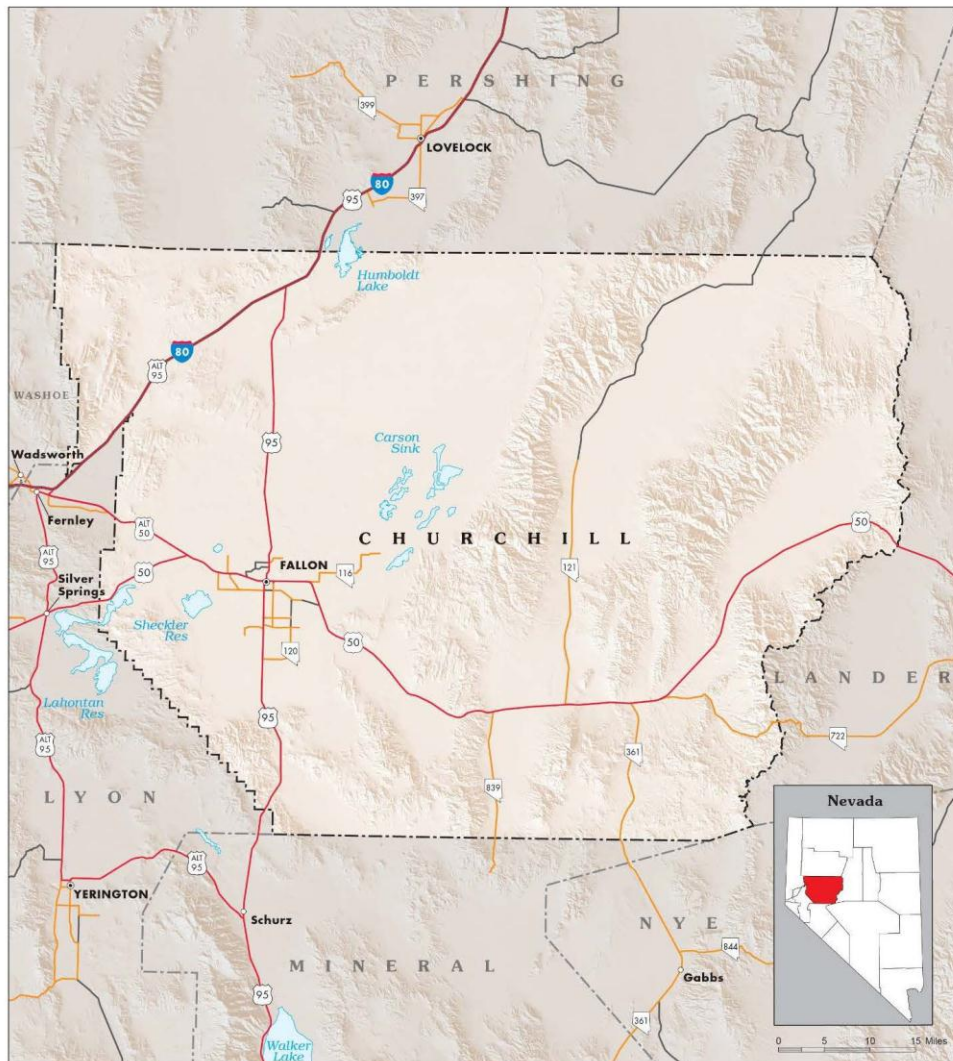
Add more shelters to JAC bus stops so that passengers are protected from weather conditions.

Service eligibility requirements among the various providers in the area are confusing for passengers or potential passengers.

Passengers would like bus stops located near the casinos for employment or entertainment access.

CHURCHILL COUNTY

Figure 3.5 – Churchill County Map



Transportation Resources

Churchill Area Regional Transportation (CART)

CART provides mostly demand response services to the public within a 15-mile radius of downtown Fallon. Trips are provided Monday through Friday, 7:00AM to 4:00PM. Same day service is accommodated if possible, although generally 24-hour advance notice is requested; trips can be scheduled up to two weeks in advance. Fares for the demand response service are \$3.00 per one-way trip for the public and a suggested donation of \$2.00 per one-way trip for seniors.

CART also provides a deviated fixed route through downtown Fallon on Fridays only from 9:00AM to 1:00PM and a weekly senior shuttle service to Reno. The Reno shuttle is available from 7:00AM to 2:00PM on alternating Tuesdays and Thursdays; first to seniors and then to the public. The shuttle leaves Reno at 12:30PM for the return trip. Fares for the deviated fixed route are \$2.00 for the public and a suggested donation of \$1.00 for seniors. Fares for the Reno shuttle are \$20.00 for the public and a suggested donation of \$10.00 for seniors.

Capitol Cab

Capitol Cab has three vehicles and two drivers providing cab service to the Fallon area. There is a \$3.00 base fee and \$3.12 per mile fee after that. Customers can travel as far as they like.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Workshop attendees identified service area expansion and connector service with other counties and cities such as Carson City, Cold Springs and connections to the Tahoe-Regional Industrial Center for jobs.

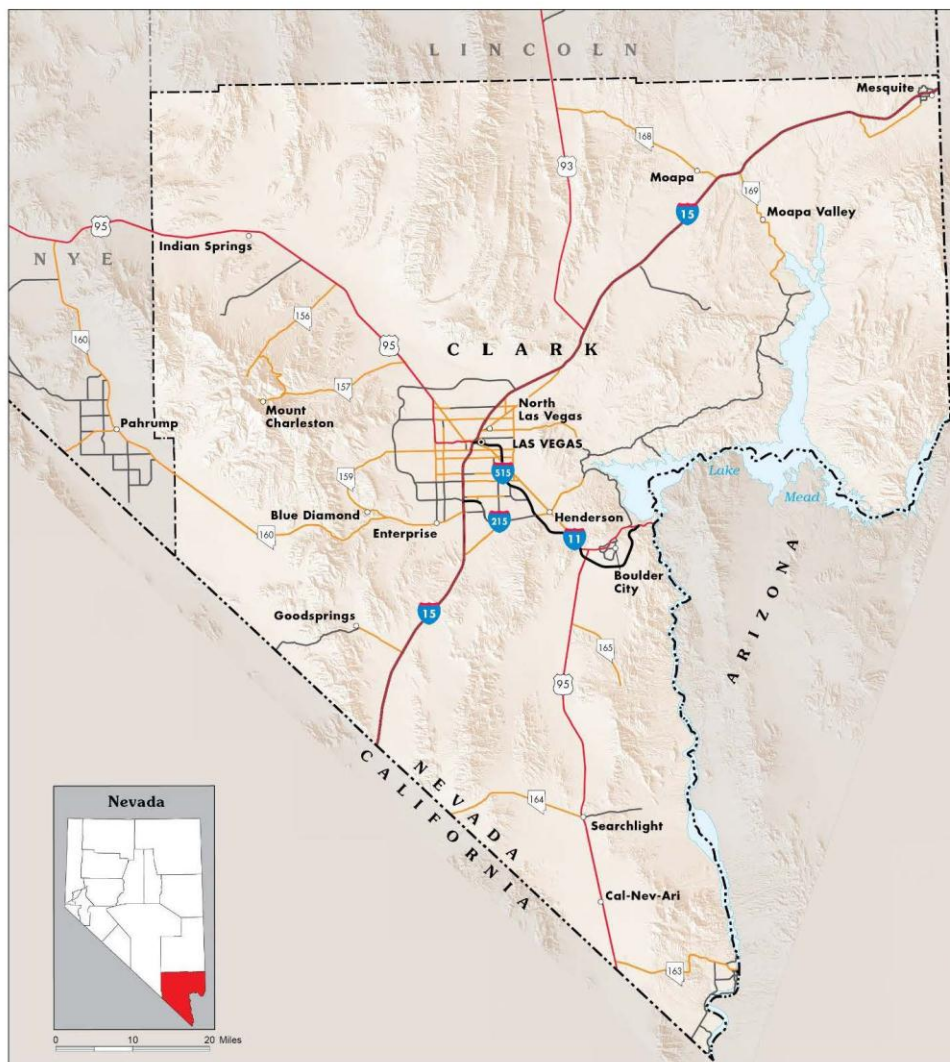
Temporal needs identified were weekend service and extended service hours to accommodate social, shopping, medical and employment needs.

Those on Medicare, but not Medicaid, are not eligible for services provided by MTM and other transportation options are very limited.

Providers identified that securing the local match required for vehicles and operating grants is a struggle.

CLARK COUNTY

Figure 3.6 – Clark County Map



Transportation Resources (Rural)

Southern Nevada Transit Coalition (SNTC)

SNTC is the public transportation service for the rural parts of Clark County. Within Clark County there are a multitude of providers that aren't covered in this plan. SNTC operates the Clark County service under the name of **Silver Rider Transit**. The system provides a variety of transportation services that vary by the region they serve.

Boulder City

Silver Rider provides door-to-door demand response service to seniors and the public, as far out as the Boulder Dam and the Railroad Pass. Silver Rider operates Monday through Friday from 7:30AM to 8:00PM; Saturday from 10:00AM to 6:00PM; and Sunday 7:00AM to 3:00PM Silver Rider accepts reservations as well as on-call transportation requests.

Laughlin

Silver Rider provides fixed route service to Laughlin and operates 24 hours per day, 7 days per week. Two routes operate in Laughlin; one route circulates clockwise 19 hours per day, and the second route operates counter-clockwise 24 hours per day. The service provides half-hour frequency during the day with hourly service throughout the night. For the service in Laughlin, Silver Rider operates six 40-foot transit coaches. Silver Rider offers complementary paratransit service for eligible individuals with disabilities.

Laughlin Senior Transit

Silver Rider provides door-to-door demand response service to seniors and the public, with priority given to seniors. Seniors qualify for reduced fares. This demand response service offers trips to Las Vegas, Henderson, Boulder City, and Needles, CA. The Laughlin Senior Transit service requires advance reservations at least 24 hours prior to the requested trip.

Mesquite and Overton

Silver Rider provides fixed route service to Mesquite and Overton. The Mesquite/Overton Service operates on the first Monday of each month. Silver Rider offers connections from Mesquite to Las Vegas every Monday. The fixed route service offers complementary paratransit service for eligible individuals with disabilities.

Mesquite and Overton Senior Transit

Door-to-door demand response service is available to registered seniors and requires an advance reservation.

Moapa Valley

Silver Rider offers transportation to the Moapa Valley eight times each month. Moapa Valley has access to Silver Rider's express services to Las Vegas or Mesquite; and advance reservations are required.

Indian Springs

Silver Rider offers transportation to Indian Springs residents on Thursdays. This weekly transportation is funded by the Aging Disabilities Services Division. Silver Rider is the only transportation provider to this rural southern Nevada community.

Sandy Valley & Goodsprings

Silver Rider provides transportation to Sandy Valley and Goodsprings on Mondays and Fridays, excluding major holidays.

Regional Transportation Commission of Southern Nevada (RTC)

RTC of Southern Nevada is the county's transportation operator in the urbanized area. The RTC is the public transit bus system of the Las Vegas Metropolitan area. The RTC operates fixed routes. Additionally, the RTC provides

paratransit within the RTC transit service area, and specialized transportation services to veterans, people with disabilities, low-income individuals, and seniors. Flexible Demand Response provides door-to-door service near senior communities (Sun City Anthem, Sun City Summerlin, Centennial Hills) and Silver Star connects senior living communities to shopping centers through loop routes.

HDX

The HDX route is a circular route that goes from the Bonneville Transportation Center in downtown Las Vegas to Boulder City. It is operated by MV Transportation under contract with RTC. The service is from 5am to 10pm with a frequency of 30 to 60 minutes.

Unmet Needs or Gaps in Service as Identified Through Public Outreach (Rural)

Better align mass transit for seniors and individuals with medical needs.

Shuttle is needed between Las Vegas and Ely.

Public transportation is needed from Boulder City to colleges.

Connect bike trails with bike lanes.

Establish more direct routes to Henderson and Las Vegas.

Parking and shuttle service to and from Hoover Dam is needed.

Transportation is needed from Boulder City Municipal Airport to Boulder City commercial area and then to return to the Las Vegas area.

Getting tourists to and from the Las Vegas strip: some services exist through SNTC and other providers. Limiting factors are the cost of service to increase frequency.

Employment friendly transit options are needed. Currently it takes three hours on RTC to ride to the airport.

Transportation is needed for aging seniors with no driver's license and experience mobility limitations.

Climate change impacts due to 2 million gallons of fuel used by Nevada travelers must be addressed.

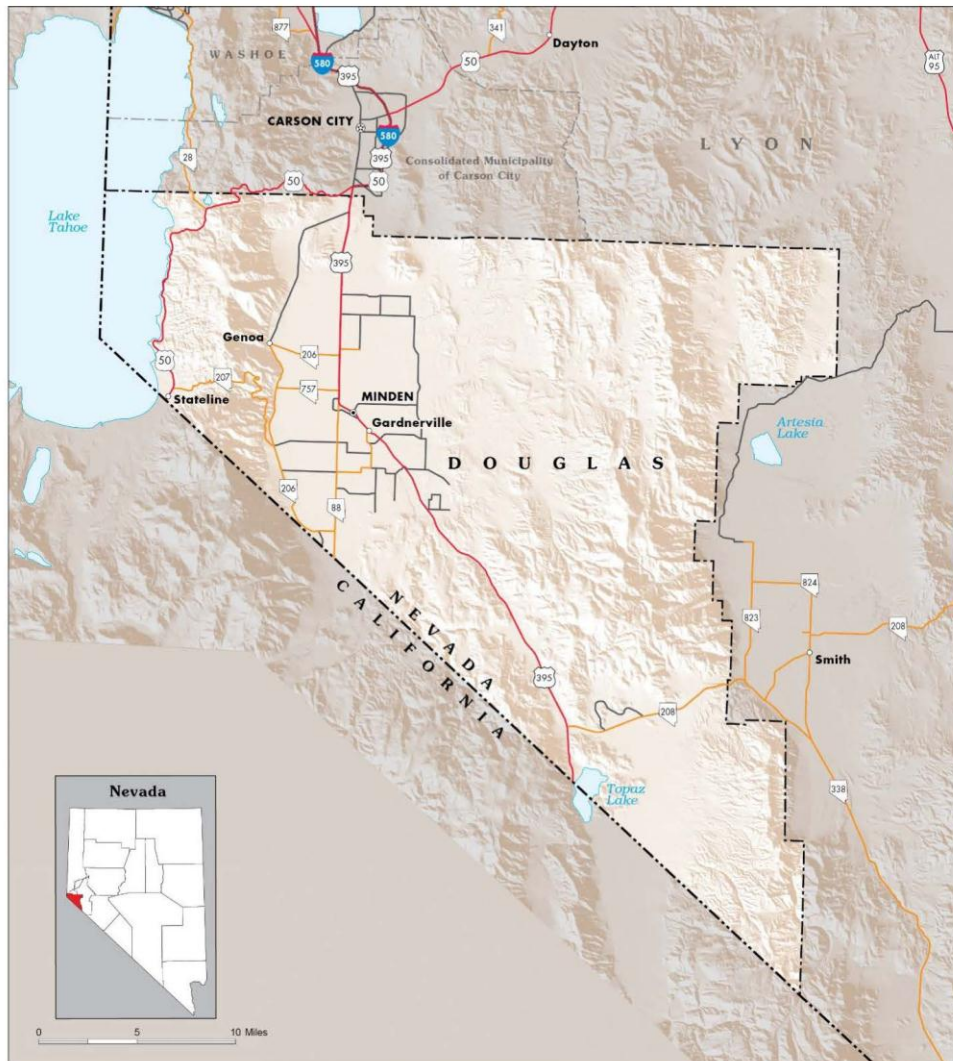
Establish a central dispatch system to promote coordination among providers.

Universal fare structure is needed among all human services and public transportation providers.

The City of Laughlin experiences safety issues with bus stops and merging in and out of traffic. Developing a bus safety lane may mitigate this issue.

DOUGLAS COUNTY

Figure 3.7 – Douglas County Map



Transportation Resources

Douglas Area Rural Transit (DART)

DART is Douglas County's public transportation service. DART is a public, nonprofit agency that offers transportation to the public, seniors and individuals with disabilities. DART transportation operates Monday through Friday, 8:00AM to 5:00PM.

The DART express route serves Minden, Gardnerville and the Gardnerville Ranchos. Transfer points connect the express routes with Carson City and the Lake Tahoe Basin by transfer to Tahoe Transportation District (TTD). Transfers are an important option to support employment and medical trip purposes in the region and in neighboring California.

The DART Dial-A-Ride is a shared ride, curb-to-curb demand response service that is open to all riders with primary emphasis on seniors or individuals with disabilities who need boarding assistance. Seniors or individuals with disabilities are required to request eligibility through DART. This service provides scheduled rides for shopping, medical appointments, recreation, senior center services, functions and more. As much advance notice as possible is suggested when scheduling rides.

Major destinations include medical facilities in Carson City, Reno and Gardnerville; and employment or medical destinations in the Lake Tahoe Basin.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

More robust transit options to the most popular destinations for medical services in Carson City, the Lake Tahoe Basin, Reno and Gardnerville.

Douglas County does not have transportation service, other than private taxi options, to connect to Yerington in Lyon County.

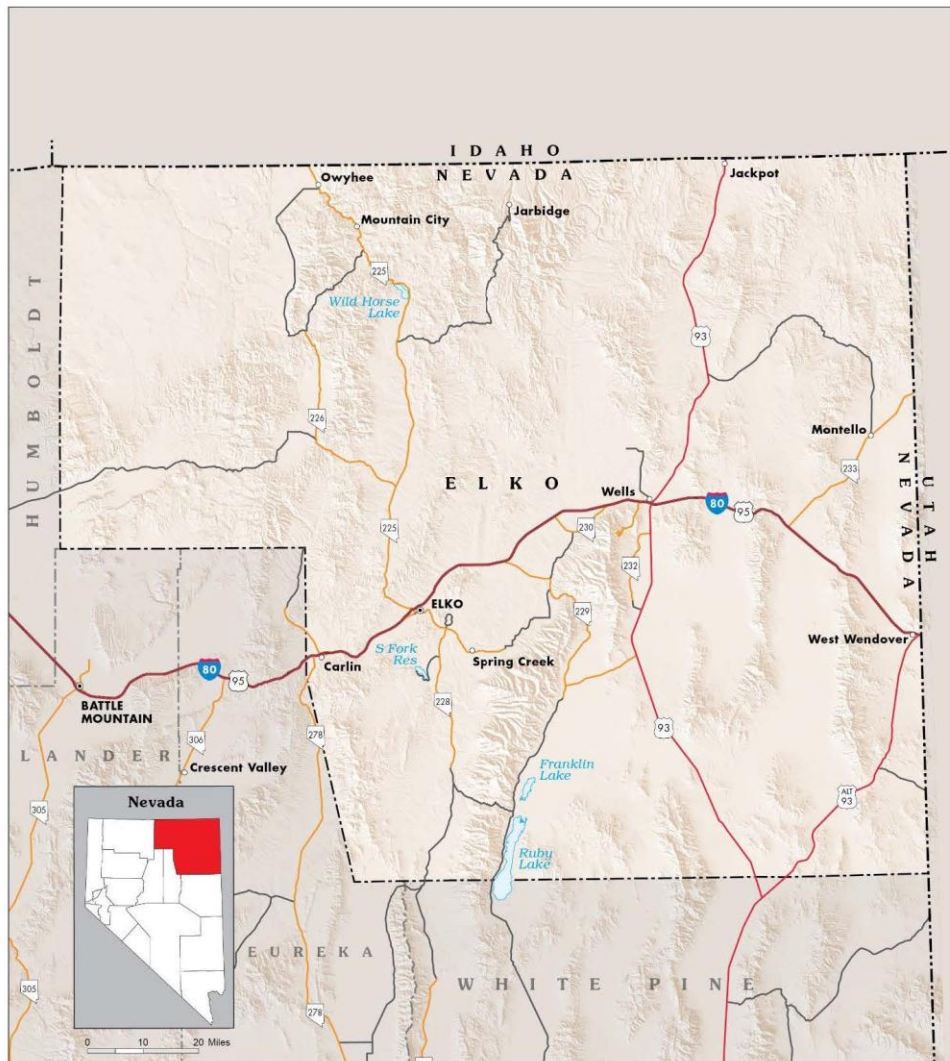
Stops should be added for employee access to the employment centers on Johnson Lane and Airport Road.

The majority of public transportation services are limited to weekdays during traditional business hours. There are no low-cost transportation options for employment trips for late night and early morning shifts.

Although information about public transportation services is available, many people do not know about the services. Transportation providers and funders are facing a challenge in terms of finding the most appropriate marketing efforts in rural areas.

ELKO COUNTY

Figure 3.8 – Elko County Map



Transportation Resources

Get My Ride

Elko County's public transit system, Get My Ride, provides deviated fixed route and demand response transportation service within the City of Elko and the outlying communities of Spring Creek, Lamoille, Ryndon and Osino. The deviated fixed route, known as the Blue Line, provides a 1.5-hour loop through Elko on weekdays. Get My Ride is a contracted provider of Medicaid non-emergency medical transportation.

A new fixed route, provided by Get My Ride using Veterans Administration funds, picks up in the small towns of Carlin and Wells to transport passengers to Elko. The route provides Carlin-Elko service two days per week and Wells-Elko service three days per week.

Carlin Open Door Senior Center

The Carlin Open Door Senior Center operates demand response transportation service for seniors residing in the town of Carlin. Rides are provided on weekdays to the senior center for lunch. Once a week, seniors can ride the bus to locations within Carlin for shopping and personal business. Also, on a weekly basis, seniors can ride to Elko for medical appointments, shopping and errands. This service is also open to individuals with disabilities of any age when space is available on the vehicles. The most frequent destinations are the post office, grocery stores, doctor offices and banks.

Silver Sage Senior Center

The Silver Sage Senior Center provides demand response transportation service to seniors residing in the town of Wells. Rides are provided on weekdays to the senior center for lunch and to local businesses for errands. Rides are provided to Elko once a week for medical appointments and shopping. A monthly trip to Twin Falls, ID provides access to medical appointments and shopping, except during the winter months where transportation-prohibitive weather conditions exist.

Shoshone Paiute Tribe Senior Center / Duck Valley Elders Program

The Shoshone Paiute Tribe Senior Center Program in Owyhee provides transportation to Duck Valley Indian Reservation seniors who attend congregate meals at the Owyhee Senior Center. Once a month, seniors are taken to Elko or Mountain Home, Idaho for medical appointments and shopping.

Elko Band Council

The Elko Band Council provides transportation for elders to a senior center program. They also provide bus transportation for K-12 students.

Wells Band Council

The Wells Band Council provides transportation under the Community Health and Alcohol and Drug programs in the Wells Colony, north of the town of Wells. Rides are routinely provided to medical appointments and outpatient services in Elko, Reno, Salt Lake City, UT and Twin Falls, ID.

Elko Taxi

Elko Taxi is Elko's for-profit taxi service.

Toana Taxi

Toana Taxi is West Wendover's for-profit taxi service.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Rural residents, especially seniors, need long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT. Existing providers of transportation to seniors and the public typically do not transport to

these distant locations. For providers that do offer long distance medical trips, such as RSVP and the VA/DAV, service is limited to certain days of week and dependent on the ability to secure volunteer drivers.

A related need is on-call, long distance hospital discharge transportation. Rural residents who are transported via ambulance to a hospital in Reno, Las Vegas and Salt Lake City, UT, who do not have family or friends who can pick them up, are often unable to find an affordable ride home.

Countywide transportation is not available and is needed to meet the needs of residents in the rural areas of the county.

Intercity transportation is a need for communities that recently lost Greyhound bus service which formerly ran along the I-80 corridor from Reno to Salt Lake City, UT. The communities located along this route – West Wendover, Wells, Elko, Battle Mountain and Winnemucca – are unable to assist individuals with connecting to the national intercity bus network, or meet other needs. The Amtrak route serving this corridor only has stations in Elko and Winnemucca; with the train stopping before 6:00AM for the westbound route and after 7:00PM for the eastbound route.

Elko's school system provides pupil transportation to households located outside a two-mile radius. Families living within the two-mile radius, but not within safe walking distance, struggle with finding transportation to school for their children. If they do not live on the Get My Ride Blue Line, they request rides from Get My Ride demand-response, which is often at capacity.

Unless they have Medicaid coverage for NEMT, Elko residents who need medical care in Reno, Twin Falls, ID, or Salt Lake City, UT do not have a transportation option outside of private taxi service which is unaffordable to people with low incomes.

Most small human service transportation providers, such as senior centers, provide rides to medical appointments and grocery stores only one or two days per week. Individuals who rely on these providers need medical or shopping transportation that is available on a daily basis.

Transportation providers are typically unable to accommodate urgent requests for same-day service. All of the area's public and human service transportation providers require advance reservations for demand response service. This precludes use of their services to meet needs that arise with short notice.

In November 2017, utilizing Veterans Administration funding, Get My Ride began to operate fixed routes that connect Carlin and Wells with Elko. The route picks up at a centralized pick-up point in each town. Some customers have difficulty with walking to the pick-up and need connecting demand response service between their homes and the pick-up points.

The Carlin Open Door Senior Center's transportation service takes customers to Elko once per week for shopping, errands and medical appointments. More frequent service to Elko would help meet needs. The Senior Center's service is unable to accommodate lengthy medical appointments in Elko due to schedule constraints. There is a need in Carlin for more robust transportation to Elko so that all types of medical appointments are viable for riders.

The Silver Sage Senior Center's transportation service takes customers to Elko once per week for shopping, errands and medical appointments. A route to Twin Falls, ID runs once per month, except during the winter. More frequent service to Elko and Twin Falls, ID would help meet needs. The Senior Center's service is unable to accommodate all local seniors' health care needs due to schedule constraints. There is need in Wells for more robust transportation to Elko and Twin Falls, so that medical care is more regularly accessible to residents.

Get My Ride does not currently run on Saturdays, Sundays, or after 5:30PM on weekdays. Weekend and evening transportation is important for residents with weekend and evening work schedules. Service during these hours would also allow customers to ride to the Elko Amtrak station at times that the train stops.

Transportation providers that rely on volunteer drivers, including RSVP and the DAV/VA services, need more volunteers. In many cases, trip requests are being declined and vehicles are sitting unused due to a lack of volunteers. Volunteer recruitment is key to expanding the capacity of these services.

West Wendover has no transportation services other than a for-profit taxi company. The JAS Foundation is the city's main provider of social services. The city's mayor and the JAS Foundation's director have expressed interest in collaborating to provide some form of transportation. City residents need transportation to employment, medical appointments (particularly in Salt Lake City and Tooele, Utah), congregate meals at the JAS Foundation and grocery shopping.

The Get My Ride Blue Line deviated fixed route currently reports operating at capacity. This service operates in a loop in one direction. Service in the opposite direction would double the capacity of the route. This service would be known as the Red Line. Additional funding is necessary to implement the Red Line.

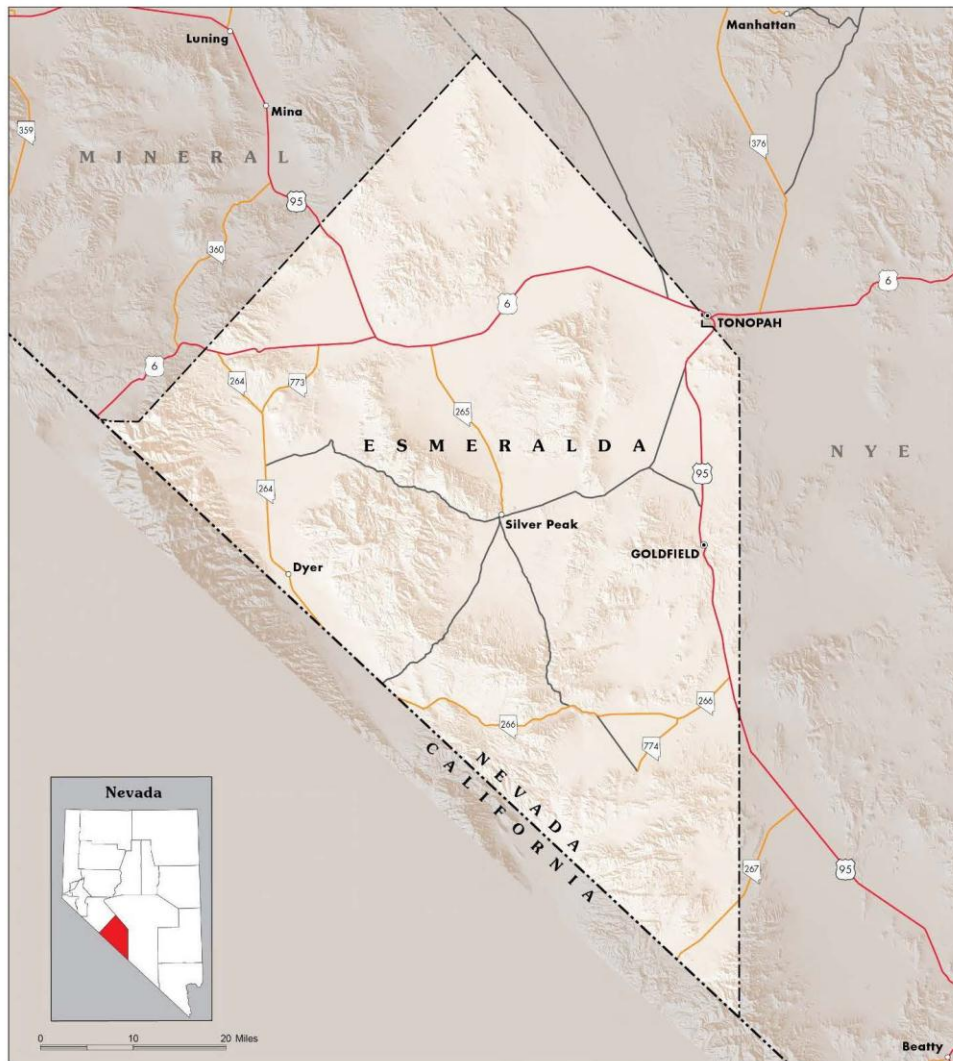
Owyhee is located in the Duck Valley Indian Reservation. Seniors residing in this area are served by the SPT Senior Center's transportation program. Rides are provided daily to destinations in Owyhee and, on an occasional basis, to Elko and Mountain Home for shopping and banking. A \$15 fare is charged for the out-of-town round trips due to cover the cost of fuel. This fare is a hardship on some of the riders. Additional operating funds would help meet the need for affordable rides to out-of-town destinations. The senior center operates two vehicles, both of which are high-mileage and costly to maintain. Replacement vehicles are needed.

Communication between transportation stakeholders needs to be strengthened in order for the Get My Ride, tribes, private transportation providers and local human service agencies to maintain effective communication about the transportation needs, gaps in service and capacity issues.

Area workers would benefit from a commuter rideshare system that would assist commuters with finding carpool partners and offer a vanpooling option.

ESMERALDA COUNTY

Figure 3.9 – Esmeralda County Map



Transportation Resources

Esmeralda County Senior Transportation

Esmeralda County Senior Transportation provides transportation to seniors and individuals with disabilities.

The demand response service is provided to seniors Monday through Friday on an as-needed basis, with advance reservations. Service is provided to the local senior nutrition center in Goldfield, banking facilities, pharmacies, grocery stores and medical appointments in Las Vegas, Pahrump, Beatty, Hawthorne, Fallon, Reno and Bishop, CA.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

There are no medical services available in the area, so better transportation is needed to out-of-town services.

A trip from Fish Lake Valley to the Veterans Hospital is over 700 miles. Round trip and transportation options are needed.

Transportation is needed for retirees in Fish Lake Valley who can no longer drive and are isolated and dependent upon transportation services.

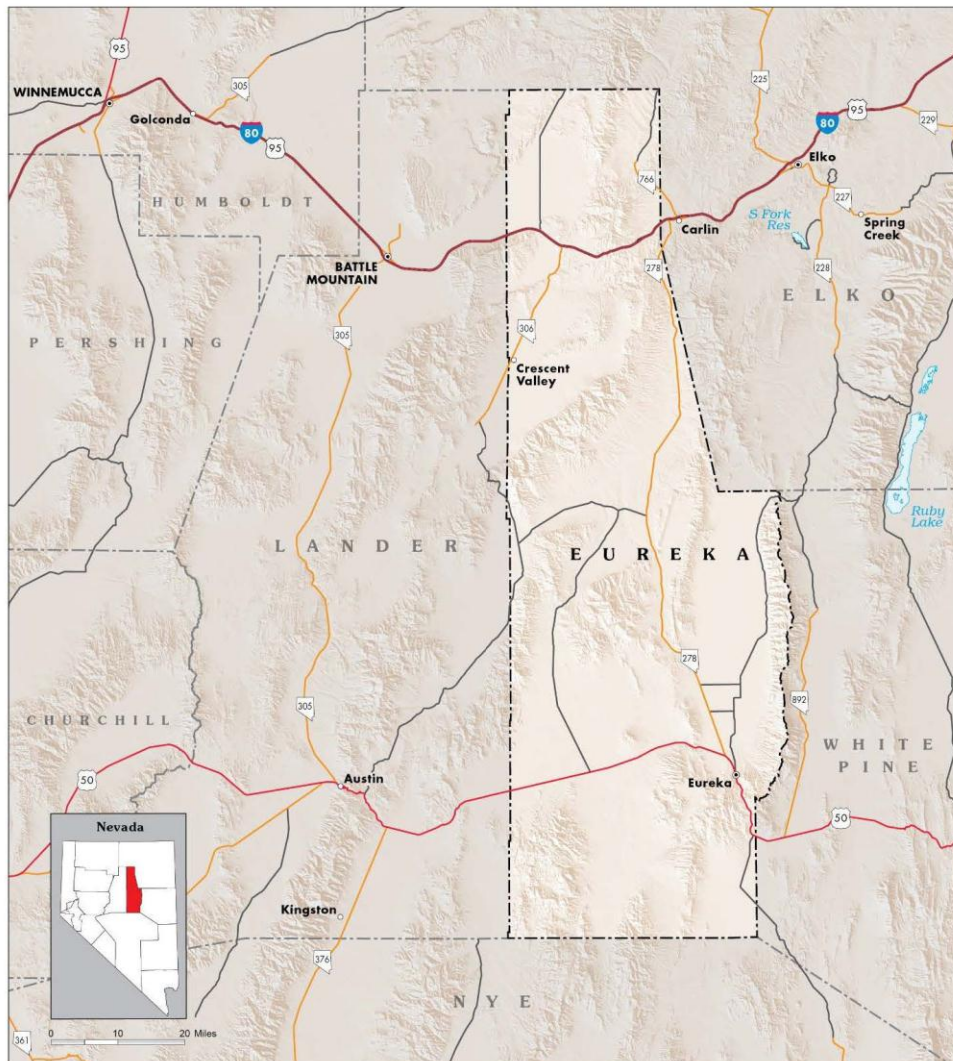
Public transportation is needed in Esmeralda County.

The coordination of appointments and trip schedules between public transportation providers and the Veterans Hospital is needed.

There is a need for improved community education and understanding of the available services. Some people are moving to the area because of the low cost of living and they do not realize the distance to medical and retail services until after they have moved.

EUREKA COUNTY

Figure 3.10 – Eureka County Map



Transportation Resources

Eureka Senior Center / Fannie Komp Senior Center

The Eureka Senior Center provides demand response service primarily to seniors in Eureka County, but the service is open to individuals with disabilities and the public, upon availability.

The agency's fleet is stationed at its two centers, located in the towns of Eureka and Crescent Valley. Rides are provided to medical appointments, grocery stores, lunch at senior centers and recreational outings. Rides are provided primarily within Eureka County. Regular trips are made to Elko for medical appointments, shopping and errands.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation to Ely is needed for residents with medical appointments and shopping or personal errands.

Residents who are discharged from hospitals in Reno and Elko need a transportation option for the return trip home.

Individuals don't have a transportation option for leaving the county. Intercity transportation to Reno or Las Vegas would allow such individuals to transfer to the national intercity bus network.

Rural residents, especially seniors, need long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT. Existing providers of transportation to seniors and the public typically do not transport to these distant locations. For providers that do offer long distance medical trips, such as RSVP and the VA/DAV, service is limited to certain days of the week and dependent on the ability to secure volunteer drivers.

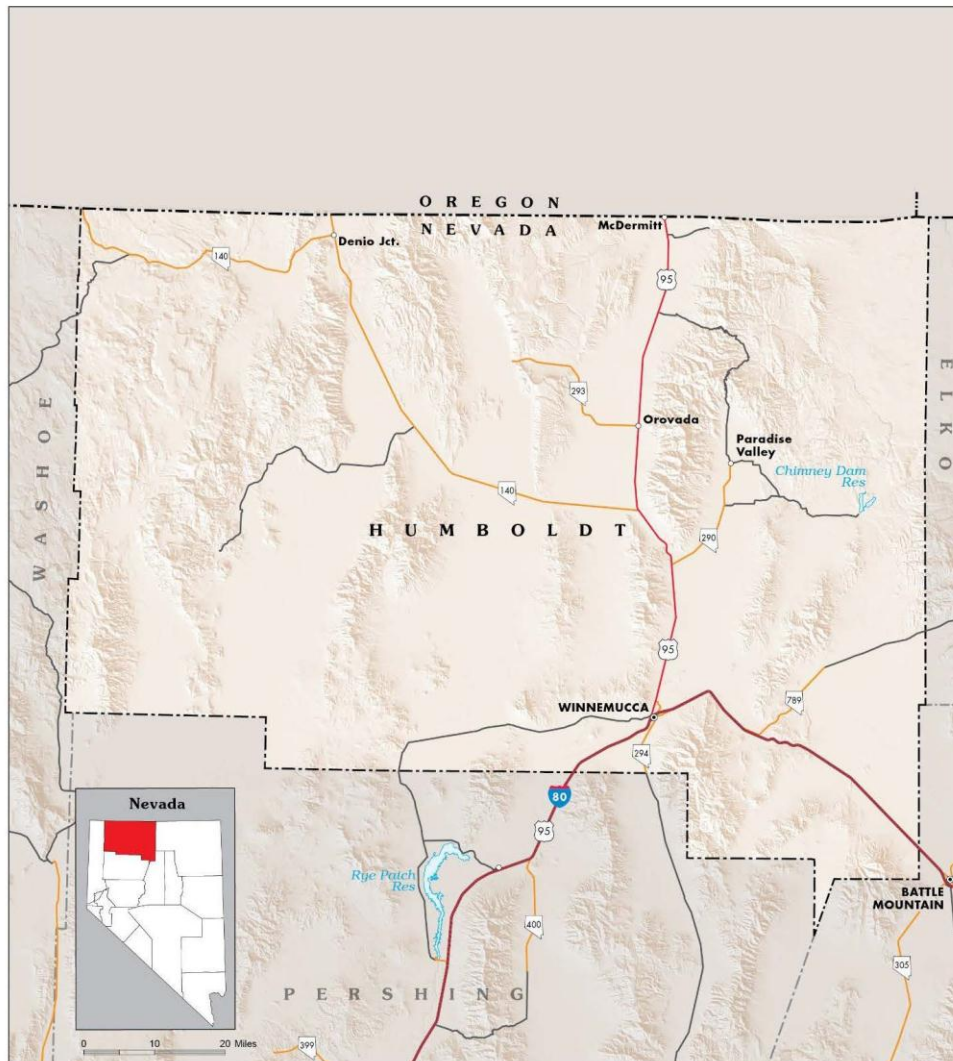
Most small human service transportation providers, such as senior centers, provide rides to medical appointments and grocery stores only one or two days per week. Individuals who rely on these providers need medical or shopping transportation that is available on a daily basis.

Transportation providers are typically unable to accommodate urgent requests for same-day service. All of the area's public and human service transportation providers require advance reservations for demand response service. This precludes use of their services to meet needs that arise with short notice.

Transportation providers that rely on volunteer drivers, including RSVP and the DAV/VA services, need more volunteers. In many cases, trip requests are being declined and vehicles are sitting unused due to a lack of volunteers. Volunteer recruitment is key to expanding the capacity of these services.

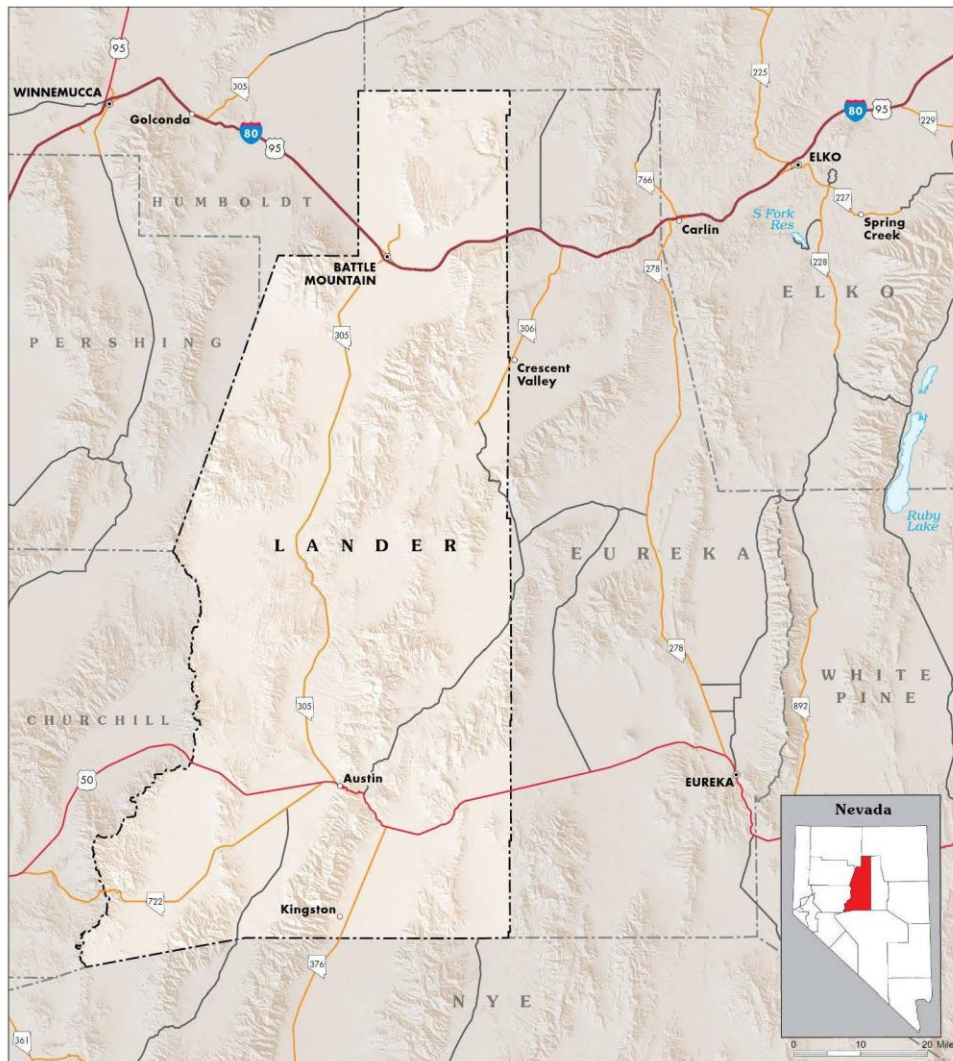
HUMBOLDT COUNTY

Figure 3.11 – Humboldt County Map



LANDER COUNTY

Figure 3.12 – Lander County Map



Transportation Resources

Lander County Senior Center

The Lander County Senior Center provides demand response service to seniors in Lander County. Rides are provided daily to the Lander County Senior Program for nutrition, medical appointments, shopping and errands. Based on availability, rides are provided outside of Lander County to medical appointments in Humboldt and Elko counties.

Battle Mountain General Hospital

Battle Mountain General Hospital uses one transit vehicle to transport residents of its long-term care facility to medical appointments, grocery stores and recreational outings. Rides are provided on an as-needed basis.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation is needed outside of Battle Mountain Township, otherwise, county residents are without access to any transportation. Rural residents need access to Battle Mountain for medical appointments, shopping and other services. Residents of Austin have no access to a transportation service.

Transportation to Reno, Elko and Salt Lake City, UT is needed for medical appointments and connections to intercity bus service.

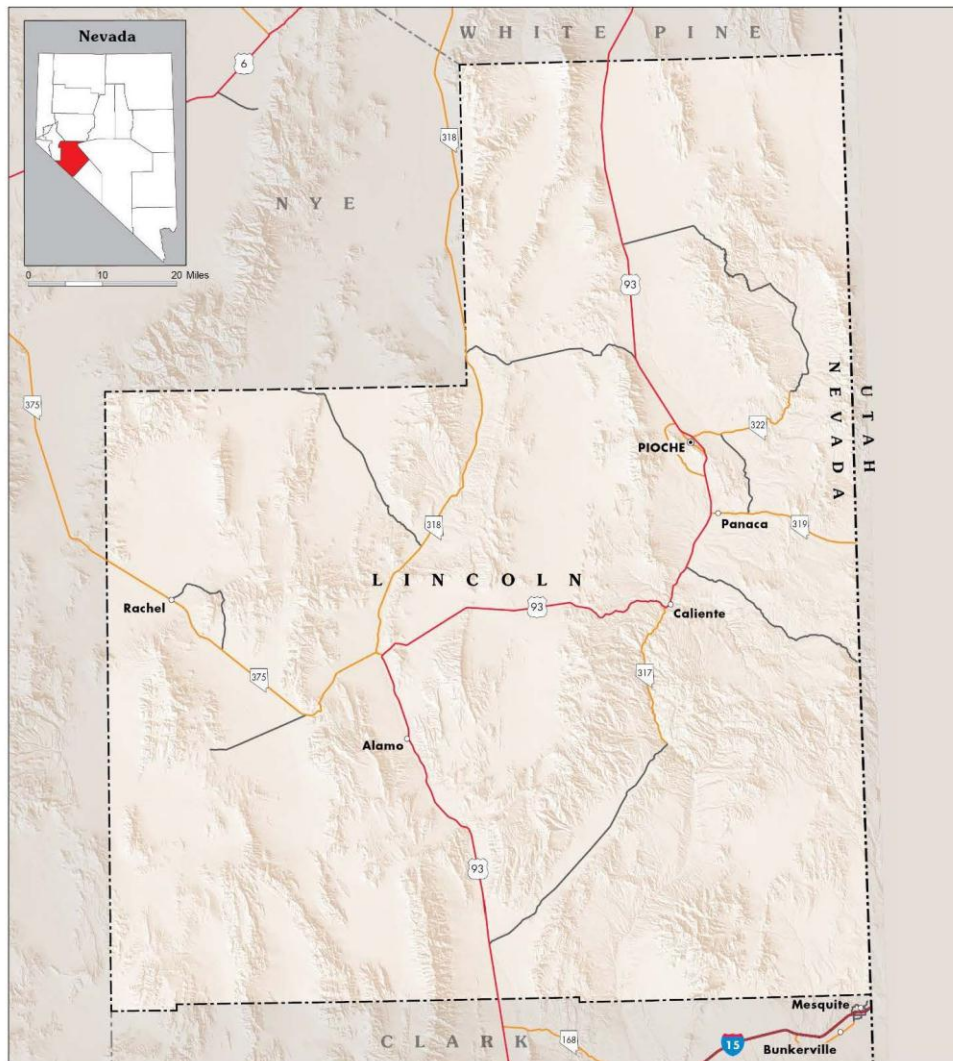
On-call transportation would provide service to meet urgent needs.

Lander County does not currently have staffing capacity to perform transportation grants administration. This would be necessary for the county to apply for federal funding to add service.

Lander County needs additional Medicaid NEMT providers. Medicaid participants with the NEMT benefit do not currently have a provider to use.

LINCOLN COUNTY

Figure 3.13 – Lincoln County Map



Transportation Resources

Lincoln County Transportation

Lincoln County Transportation provides demand response public transportation service. The agency operates three vehicles to provide service throughout Lincoln County, as well as service to Las Vegas, Ely, Mesquite, Saint George, UT and Cedar City, UT. Service to Las Vegas is provided on Tuesdays and trips to Saint George, UT and Cedar City, UT are offered on Fridays. Lincoln County Transportation coordinates with the RTC of Southern Nevada for connections in the Las Vegas Metropolitan Area. Advance reservations are required for all trips.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Lincoln County is now coordinating with SNTC Silver Rider for Las Vegas trips. The systems connect and Silver Rider transports Lincoln County passengers to medical centers while Lincoln County Transit focuses on other destinations. More options such as this are needed in the area.

There are insufficient vehicles to provide the level of service that is needed. More accessible, non-CDL vehicles are desired.

Finding qualified drivers is a challenge. Currently, administrative staff are also performing driver duties on a regular basis. It would be helpful to have standby drivers that could be called on to drive when needed.

Sustainable funding structures for transit services in the county are needed.

Better communication and working relationships with the Veterans Hospital in Las Vegas are needed. Trip scheduling and trip payment communications are failing.

LYON COUNTY

Figure 3.14 – Lyon County Map



Transportation Resources

Lyon County Human Services

Lyon County's public transportation provider provides medical transportation services using deviated fixed route services to Reno, Carson City, Smith Valley and Fallon. Those wishing to schedule a ride must do so with 48-hour notice. Trips are scheduled according to a first come, first served basis.

Lyon County Human Services provides approximately 4,500 one-way trips annually, almost entirely to agency consumers. Only an estimated two percent of the annual ridership was considered to be public.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Lyon County workshop attendees identified the need for additional connections to intercity services access the national intercity bus network, in addition to Carson City and Reno.

Additional transportation options for those on dialysis, as there are no dialysis clinics in Lyon County.

Regular, weekday transportation locally within Lyon County.

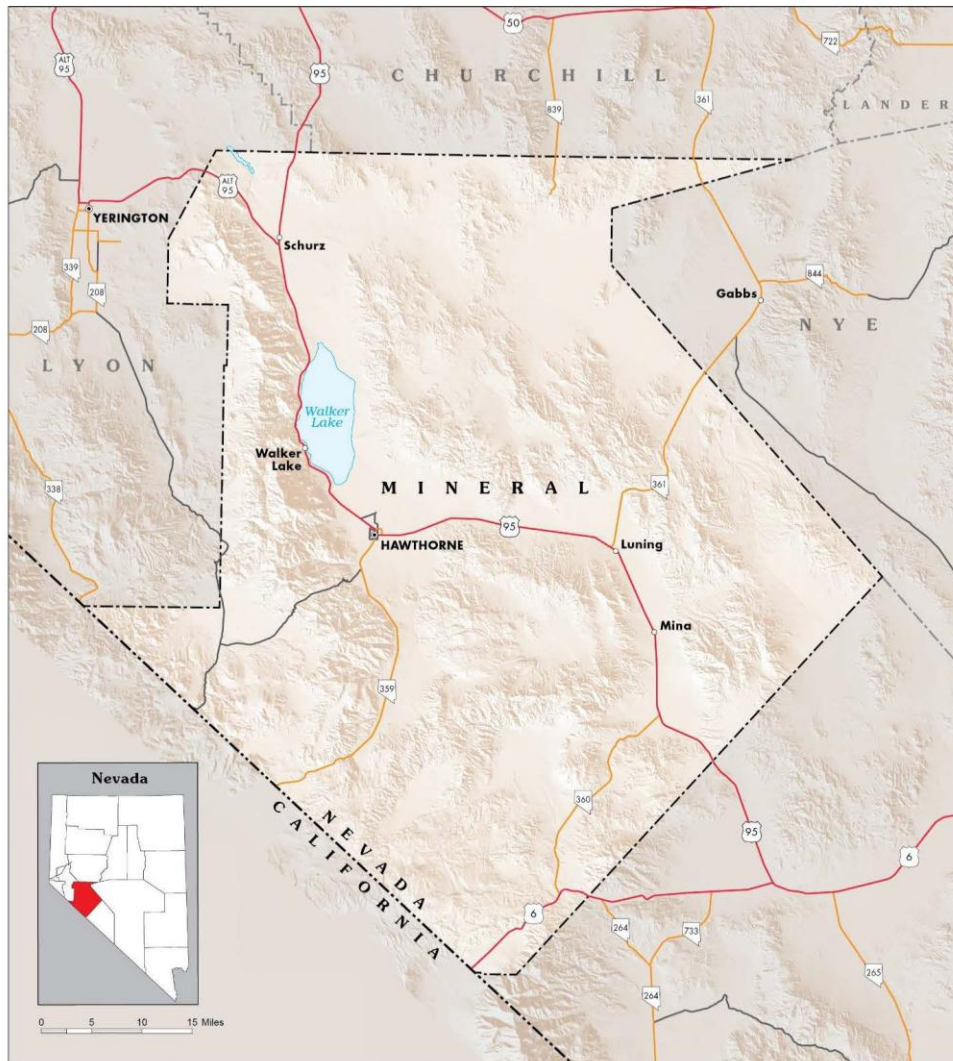
Additional operating funds to add a full-time drivers.

Those on Medicare, but not Medicaid, are not eligible for services provided by MTM and other transportation options are very limited.

Yerington lacks transportation services, other than private taxi options.

MINERAL COUNTY

Figure 3.15 – Mineral County Map



Transportation Resources

Mineral County Care and Share

Mineral County Care and Share provides transportation to seniors Monday through Friday, 8:45AM to 3:45PM. Trips are provided using two drivers, one local and one out-of-town. Out-of-town trips are provided to Reno and Fallon during good weather months on a weekly basis (Tuesdays) and only once a month during winter months.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation from the local hospital back home as a need, as well as additional available trips to Fallon and Reno.

Extended hours of available transportation, as well as transportation on weekends for purposes such as shopping and visiting Walker Lake.

Currently, little taxi service is available in Mineral County. Additional on-demand service is needed.

Funding assistance for vehicle repairs and resources to update the fleet.

While Mineral County had public transportation in the past, this was discontinued due to low ridership, but funding for public service in Mineral County was identified as a need during this study.

Those on Medicare, but not Medicaid, are not eligible for services provided by MTM and other transportation options are very limited.

NYE COUNTY

Figure 3.16 – Nye County Map



Transportation Resources

Pahrump Valley Public Transportation (PVPT)

Pahrump Valley Public Transportation offers demand response, door-to-door public transportation service to the community of Pahrump. Hours of operation are Monday through Friday, 7:00AM to 4:00PM and Saturday and Sunday, 8:00AM to 4:00PM. Rides must be requested before 3:00PM the day before the requested trip. PVPT also offers transportation service to Las Vegas, Henderson and North Las Vegas, Monday through Friday; weekend service is not available for this segment of the service and rides must be scheduled two days in advance; no later than 3:00PM.

Nye County Senior Nutrition, Inc.

Nye County Senior Nutrition provides demand response, door-to-door service to the residents of Nye County in Amargosa Valley, Beatty, Gabbs, Smoky Valley and Tonopah. In addition to local trips, service is frequently provided for long distance medical trips to Reno or Las Vegas. While service is targeted for seniors, individuals under 60 are eligible for service, but pay a fee that varies depending on the trip. Transportation is available Monday through Thursday, 9:00AM to 2:00PM.

Integrity Taxi Service

Integrity Taxi is a private taxi company based in Pahrump. Integrity Taxi provides transportation to any requested location for a per mile fee. Integrity Taxi coordinates with and provides transportation services for the Nye Community Coalition. Integrity Taxi works closely with the regional mobility manager for trip referrals. Integrity Taxi operates 24 hours per day, 365 days per year.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Regular service between Pahrump and Las Vegas is needed.

Park and Ride areas are needed.

Need for transportation service in Amargosa Valley. There are no food pantries or other services in Amargosa Valley, therefore, people must travel to Pahrump.

Service area expansion for public transit should include Beatty.

A regular fixed route service is needed for multiple trip purposes.

Additional funding is needed to expand service options and hours.

After-school activity transportation service is needed. Current discussions with Pahrump Valley Public Transportation are ongoing.

Expanded service hours, service days and fleet volume are needed.

There is a gap in services for individuals who do not meet the eligibility requirements for "senior" transportation or other human service programs.

A service evaluation or planning study is needed for rural public transit in Nye County.

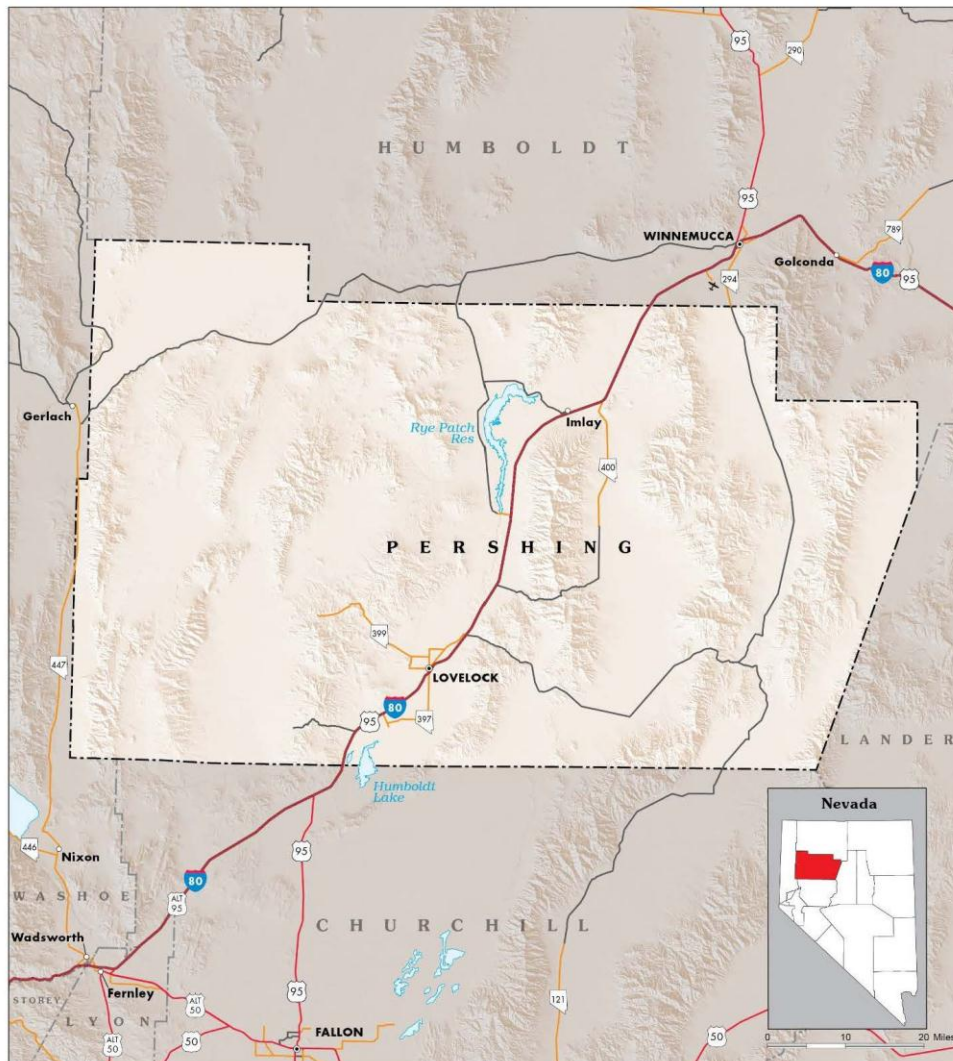
Additional vehicles are needed to meet more of the demand for service.

Bike and pedestrian path improvements are needed. Sidewalks do not exist in many areas and safety is an issue.

Improvements to crosswalks are needed, especially in areas of low-income housing.

PERSHING COUNTY

Figure 3.17 – Pershing County Map



Transportation Resources

Pershing County Senior Center

Pershing County Senior Center provides both local and out-of-town trips to Pershing County seniors and on a “space-available” basis to the public. Local trips are provided on an as-needed basis only. Monthly trips to Reno are provided on the fourth Tuesday of each month and to Fallon on the second Wednesday of each month.

Pershing County General Hospital and Nursing Home

Pershing County General Hospital provides medical transportation, as well as social and shopping trips, to nursing home residents. Most trips are provided to Reno and Fallon, although occasional trips are provided to Winnemucca. Recreational trips are provided on a weekly basis, while medical trips are provided on a bi-weekly basis. No fares are charged.

Pershing County Indigent Services

Pershing County Indigent Services in Lovelock is a public nonprofit organization providing food bank, Salvation Army, motel and gas vouchers for people who are indigent. It purchases transportation from third-party operators and trips require an advance reservation.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

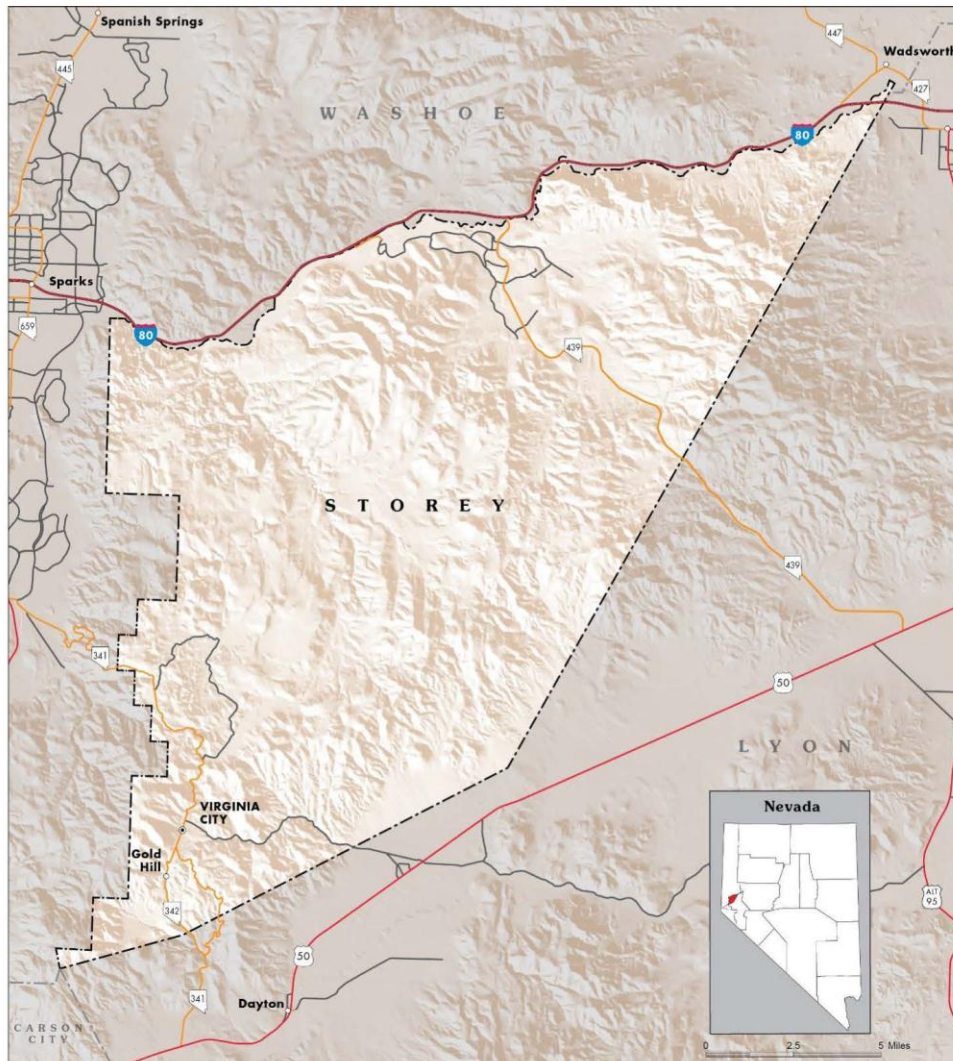
Due to the incredibly rural nature of the town and county, low-income young people living in Lovelock do not have employment opportunities other than in Fallon, which is 53 miles away. No transportation exists for individuals who don’t qualify for a specific government program.

Trips to Carson City, Fallon, Reno and Winnemucca would be helpful for doctor appointments and recreational trips.

Trips to employment centers, such as the Tahoe-Reno Industrial Center, would be helpful to Lovelock and Pershing County, residents.

STOREY COUNTY

Figure 3.18 – Storey County Map



Transportation Resources

Storey County Senior Center

Storey County Senior Center in Virginia City received a grant in August 2018 from the Aging and Disability Services Division (ADSD) to purchase a second vehicle for passenger transportation. Transportation program funding is derived from ADSD, donations and local contributions or grants. Storey County residents age 60 and older are eligible for transportation. Service is available to destinations outside Storey County.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

I-80 area – Storey County River District is not served by any transportation providers.

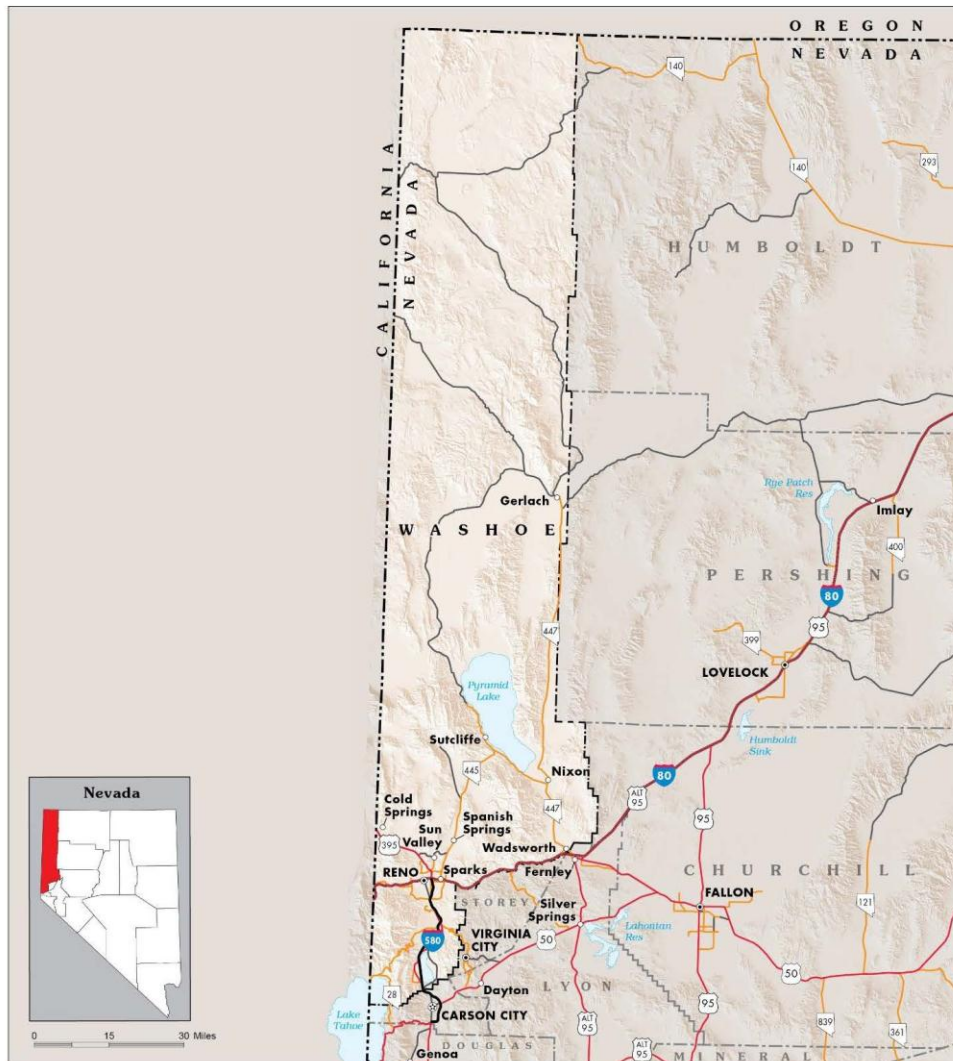
Service in the Lockwood area is needed. It is a growing area located near an industrial park.

It is noted that public transportation services for the public are not available throughout Storey County and service for the public, seniors, or individuals with disabilities is only available during the day (no evenings).

It is noted that public transportation services for the public are not available throughout Storey County.

WASHOE COUNTY

Figure 3.19 – Washoe County Map



Transportation Resources (Rural)

Access to Healthcare Network (AHN)

Access to Healthcare Network is a private, nonprofit agency that helps individuals and organizations manage their healthcare and health-related needs. In addition to its many programs, AHN provides free, non-emergency medical transportation for seniors, individuals with disabilities and low-income residents of Reno and the Greater Washoe County area.

AHN also offers the Senior Ambassador Program in partnership with Saint Mary's Health Network, which provides free, non-emergency medical transportation to eligible Medicare patients. The Senior Ambassador Program offers transportation to hospitals, to/from outpatient procedures, to pick up medications or medical equipment and to/from the gym or physical therapy. The program receives approximately 330 to 475 calls per month from individuals seeking assistance and information. The majority of trips are within Reno /Sparks area.

Regional Transportation Commission of Washoe County (RTC)

RTC of Washoe County is the county's planning agency and transportation operator in the urbanized area. RTC RIDE is the public transit bus system of the greater Reno/Sparks area. The RTC operates 24 fixed routes.

In addition to local, fixed routes and Americans with Disabilities Act (ADA) complementary paratransit service, RTC offers RTC Intercity services for commuting between Reno and Carson City. Transfers from RTC Intercity to Tahoe Transportation District or JAC are free. RTC Intercity routes operate weekdays between 5:45AM and 7:40PM.

The RTC of Washoe County is the designated recipient for the FTA §5310 Grant Program for Washoe County. The RTC develops a separate CHSTP for the urbanized area. Priorities established in the 2015 CHSTP to improve transportation coordination in the RTC urbanized area include:

- ◆ Expand Volunteer Driver Program.
- ◆ Increase funding for Washoe Senior Ride Program.
- ◆ Purchase wheelchair accessible vehicles for human service agencies.
- ◆ Provide flexible transit service in outlying areas of our community.
- ◆ Coordinate transportation resources with social service agencies.
- ◆ Increase funding for RTC's non-urbanized transportation program.
- ◆ Create a private, nonprofit transportation provider.
- ◆ Provide more travel training.

Pyramid Lake Tribal Transit / Numaga Senior Center

Pyramid Lake Tribal Transit and the Pyramid Lake Numaga Senior Center provide services in Nixon, Sutcliffe, Wadsworth and Fernley. Tribal Transit operates a deviated fixed route that connects to the Washoe County RTC that serves the Reno-Sparks area.

Unmet Needs or Gaps in Service as Identified Through Public Outreach (Rural)

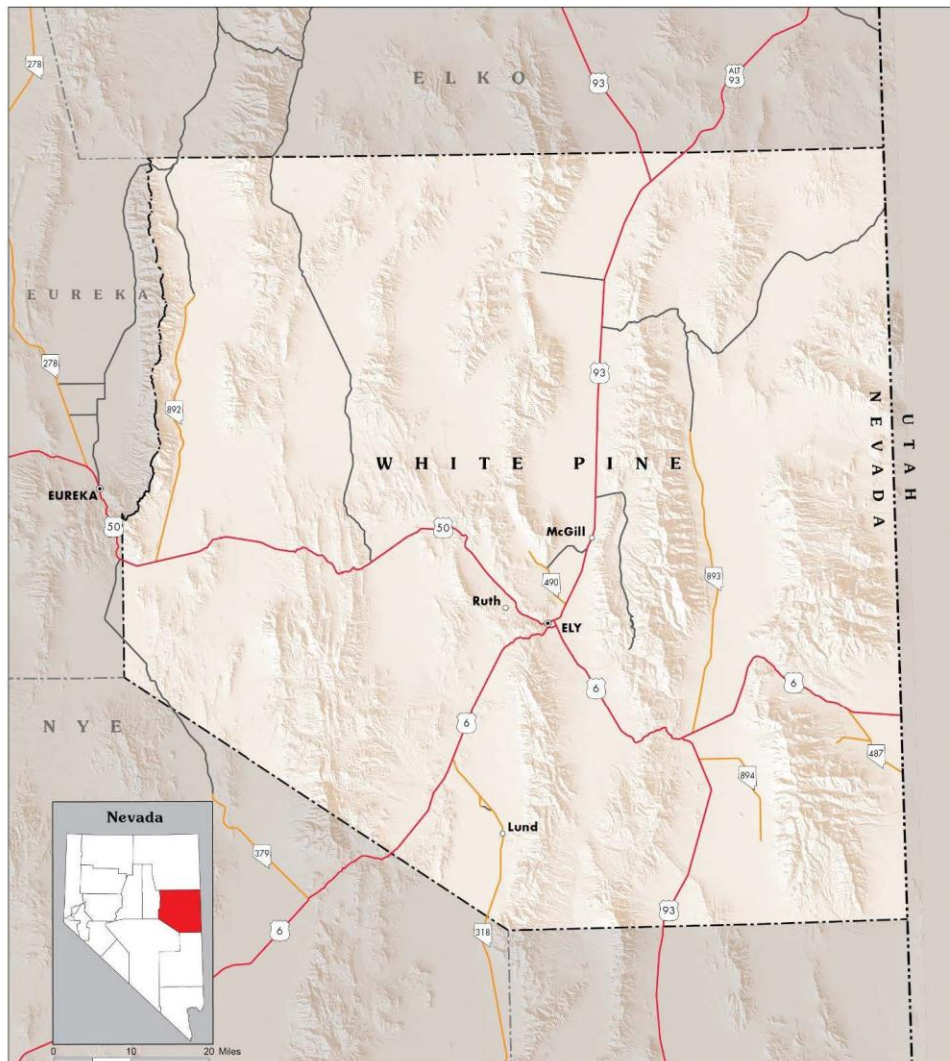
Rural Washoe County does not have access to public transportation services which leaves many people without mobility.

Transportation services in rural Washoe County are very limited, or non-existent.

While there are transportation options for Medicaid eligible individuals and trip purposes, certain medical treatments and veterans' affairs, rural Washoe County residents have very few transportation options for other trip purposes.

WHITE PINE COUNTY

Figure 3.20 – White Pine County Map



Transportation Resources

Ely Bus

Ely Bus is a demand response service for the public operating in the towns of Ely, McGill and Ruth in White Pine County. Service is provided on weekdays only.

White Pine County Senior Center

White Pine County Senior Center is located in Ely and operates a one-vehicle program that provides rides to seniors. The senior center's vehicle is primarily used for a Meals on Wheels program, but is also used to take seniors to medical appointments. Most of the trips are to Las Vegas, Salt Lake City, UT, or St. George, UT.

Unmet Needs or Gaps in Service as Identified Through Public Outreach

Transportation is limited to certain towns, or townships, within the county. Countywide transportation is necessary to meet the needs of residents in the rural areas.

Rural residents, especially seniors, need long distance transportation to medical appointments in Reno, Las Vegas and Salt Lake City, UT. Existing providers of transportation to seniors and the public typically do not offer service to these locations. For providers that do offer long distance medical trips, such as RSVP and the VA/DAV, service is limited to certain days of the week and dependent on the ability to secure volunteer drivers.

White Pine County residents who are discharged from hospitals in Reno, Elko, Las Vegas, or Salt Lake City, UT need a transportation option for the return trip home.

Most small human service transportation providers, such as senior centers, provide rides to medical appointments and grocery stores only one or two days per week. Individuals who rely on these providers need medical or shopping transportation that is available on a daily basis.

Transportation providers are typically unable to accommodate urgent requests for same-day service. All of the area's public and human service transportation providers require advance reservations for demand response service. This precludes use of their services to meet needs that arise with short notice.

Residents need transportation to employment, medical appointments (particularly in Salt Lake City, UT and Tooele, UT), congregate meals at the JAS Foundation and grocery shopping.

Transportation providers that rely on volunteer drivers, including RSVP and the DAV/VA services, need more volunteers. In many cases, trip requests are being declined and vehicles are sitting unused due to a lack of volunteers. Volunteer recruitment is key to expanding the capacity of these services.

CHAPTER FOUR - GOALS AND STRATEGIES

The goals and strategies outlined in this chapter are intended to guide transportation planners and stakeholders as they work together to maintain the existing successful services and develop a stronger network of services at the local, regional and state levels. Through the leadership of regional mobility managers, existing transportation providers and the NDOT, stakeholders can work together to sustain the effective services and develop new services. Together, the unmet needs or gaps in services would be addressed. In some cases, additional funding would be necessary to implement service enhancements. In other cases, unmet need can be addressed with little or no additional funding through activities such as coordinated multi-county transfer points and trip sharing. Active participation from public and nonprofit transportation providers and, in many cases, identification of additional funding for transportation would be required.

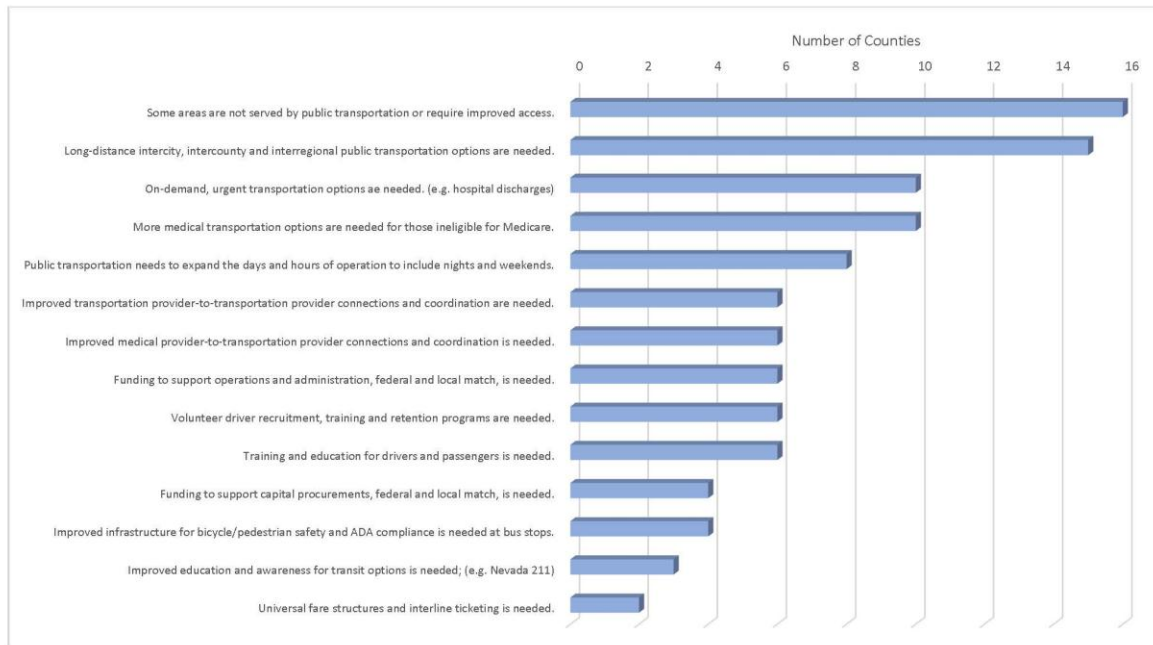
This chapter presents the goals and strategies that could be implemented to address the unmet needs or gaps in service identified in each county. The list of goals and corresponding strategies was developed for statewide and/or local implementation based upon analysis of existing services and demographics and public and stakeholder input. Each strategy was presented to the organizations and individuals that participated in the planning process either through an interview or workshop. Participants were asked to assign a priority rating to each of the potential strategies. In total, 24 organizations statewide participated in the priority rating activity. The priority rating scale used for each strategy is as follows:

- Priority Rating 1 = Low Priority
- Priority Rating 2 = Moderately Low Priority
- Priority Rating 3 = Moderately Important Priority
- Priority Rating 4 = Important Priority
- Priority Rating 5 = Top Priority

Strategies identified as statewide top priorities would be the most likely to be funded through NDOT with FTA \$5310 funds. Other strategies may have a higher priority at a local level but lower at statewide level because the impact of the strategy is locally focused. In these cases, two ratings are provided in the report, one for the statewide approach and another for the local approach. Ultimately, some strategies may be implemented at a local level only.

Figure 4.1 shows a summary of the needs identified in Chapter 3. The needs identified in each county were grouped into select categories to reduce the spectrum of needs into this summarized list. Several needs were common to many counties and included as the basis for the goals and strategies discussed in this chapter.

Figure 4.1 – County Identified Needs



GOAL #1: SUSTAIN EXISTING SERVICES & ENHANCE STATEWIDE TRANSPORTATION FRAMEWORK

NDOT provides grant funding and oversight for rural public transportation and FTA §5310 Programs. The needs assessment activities in this study indicate that the existing transportation services funded by NDOT as well as those services that are funded by other state and federal grant programs are vital to the communities and people that they serve. Goal #1 focuses on preserving and sustaining the current transportation programs and resources that are addressing transportation needs throughout the rural areas of the state. Without high levels of coordination, through resources such as the mobility manager program, existing resources would not operate more efficiently or retain their value as a top priority for funding. Better coordination would allow for enhancements to be made to the transportation framework through efficient use of the limited available resources. This goal would be pursued along with all other goals and strategies.

Goal #1 focuses on sustaining the existing transportation resources and strengthening the established mobility management structure by providing more direction from state level government and through more impactful agency leadership.

Strategy 1.1: Sustain Existing Rural Public Transportation Programs

The Rural Public Transit Program (§5311) and Enhanced Mobility for Seniors and Individuals with Disabilities Program (§5310) will continue to be priorities. The NDOT will continue to manage funding and provide technical assistance and guidance to §5311 and §5310 recipients and to approve grant applications that align with the coordinated transportation goals and unmet needs or gaps in service identified in this plan, or any future plan amendments.

Statewide Priority Rating: Priority Rating 5

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: NDOT; §5311 award recipients; §5310 award recipients; regional mobility managers

Performance Measures:

- ◆ Number of Unlinked Passenger Trips (UPT);
- ◆ Vehicle Revenue Miles (VRM) by subrecipient agencies;
- ◆ Vehicle Revenue Hours (VRH) by subrecipient agencies;
- ◆ Number of Subrecipient Agencies and Communities served; and
- ◆ Transit Vehicle Preventative Maintenance costs

Implementation Timeframe: Immediate

Implementation Budget: The FTA determines the amount of funding allocated to Nevada for grant programs and administration.

Potential Funding Sources: Legislative action would need to take place in order to provide additional dedicated funding. Possible funding sources could originate from a percentage of taxes imposed on specific goods or services.

Strategy 1.2: Establish Statewide Coordinating Council for Rural Transportation

Establishment of a statewide coordinating council for rural transportation is a top priority related to this goal. Council membership should consist of representatives from state level departments and agencies who have the authority to plan and recommend funding and operational decisions for programs, as well as representatives from the public transit systems. Potential membership could include:

- ◆ Department of Transportation, Transit Office
- ◆ Department of Health and Human Services (including Nevada Medicaid)
- ◆ Aging and Disability Services Division
- ◆ Nevada Governor's Council on Developmental Disabilities
- ◆ Department of Veterans Services
- ◆ Governor's Office
- ◆ Regional Transportation Councils
- ◆ Rural Transit Providers
- ◆ Department of Education
- ◆ Members of the Public

To empower the Council, it should be established by Executive Order or Legislative Statute to identify its purpose, membership and scope. The Statewide Coordinating Council for Rural Transportation would address transportation issues at the statewide level.

Examples of state-level coordinating councils exist throughout the country and in Nevada. One example is the Nevada Department of Health and Human Services led Nevada Interagency Coordinating Council (ICC) for Early Intervention. The ICC brings policy makers, service providers and parents together to support and assist with the ongoing development and implementation of early intervention services for young children with disabilities and their families. The ICC is authorized by authority of Part C of the Individuals with Disabilities Education Act (IDEA) of 2005, Public Law 108-446 and is appointed by the Governor.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: The NDOT, in conjunction with its funded mobility managers would take the lead in establishing the Council with active participation from other state-level departments such as the Department of Health and Human Services, Aging and Disability Services Division.

Performance Measures:

- ◆ Purpose of the Council is established and members are identified from each office.
- ◆ Executive Order to empower the Coordinating Council is achieved.
- ◆ Participating members agree to Memorandum of Understanding and set goals for improving coordination of resources.
- ◆ State agencies implement new practices or policies that enhance coordination of trips and resources at the local and regional levels and result in more trips provided within the limits of existing public, private and human service agency resources.
- ◆ Identify additional funding opportunities for grants to support coordinated transportation.

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Additional funding to support direct expenses and labor associated with travel to and participation in council meetings may be required. Expenses would be calculated at an individual agency level.

Potential Funding Sources: Coordinating councils are an eligible mobility management activity and could be partially funded through the §5310 program. In-kind contributions of time and expenses by participating agencies are eligible local match for a portion of the §5310 program grant funding. Grant funding sources may not always be available to support the council. Participating agencies may need to identify funding sources to provide for travel expenses and time when representatives are attending Council meetings.

Strategy 1.3: Establish Coordinated Community Transportation Regions

The basic framework for Coordinated Community Transportation Regions was initiated with the implementation of regional mobility managers. Under this recommended strategy, each mobility management region would establish a multi-county coordinating council made up of local transportation stakeholders. The coordinating councils would act as advisory committees to the regional mobility manager. Regional mobility managers would report to the Statewide Coordinating Council for Rural Transportation (Strategy 1.2).

Coordinated Community Transportation Regions and councils would be developed by the Statewide Coordinating Council for Rural Transportation to address transportation issues at the regional level. New and existing Subrecipient Advisory Committees (SAC) would be integrated into the newly formed regional councils.

The multi-county coordinating councils would consist of representatives of public, private, human service agency, aging and disability services, veterans' services, senior center and intercity bus transportation providers. Other members of the council would vary by local area but should include organizations that represent riders and potential riders such as economic development offices, parks and recreation organizations, chambers of commerce, hospitals, nonprofit organizations, county and/or other local government officials and major employers.

Membership, roles and responsibilities on the coordinating councils must be defined in a Memorandum of Understanding (MOU).

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: NDOT, regional mobility managers and Aging and Disability Resource Centers (ADRC) would work together.

Performance Measures:

- ◆ Travel patterns compared to the locations of major trip generators (e.g., hospitals, industrial parks/major employers, residential areas, senior centers, recreation) are analyzed within each region to understand how the communities within each region are connected. If changes to the regions are required, boundaries should be re-evaluated.
- ◆ Regional coordinating councils are established in each region with Memoranda of Understanding (MOU).
- ◆ Members of the regional councils support the regional mobility manager with implementation of Strategy 1.1 and Goals 2 through 5 within each region. Regional mobility managers would lead the effort with advice from the regional councils and report to the State Coordinating Council.
- ◆ Number of trips provided within the region and outside the region within the limits of existing resources (vehicles, drivers, funding) increases each year.
- ◆ Number of trips coordinated through passenger transfers, park-and-rides, or referrals increases each year.

Implementation Timeframe: 6 mos to 1 yr

Implementation Budget: Minimal additional funding is required to support teleconferencing and travel expenses for coordinating councils.

Potential Funding Sources: Coordinating councils are an eligible mobility management activity and could be partially funded through the §5310 program. In-kind contributions of time and expenses by participating agencies are eligible local match for a portion of the §5310 program grant funding. Grant funding sources may not always be available to support the council. Participating agencies may need to identify funding sources to provide for travel expenses and time when representatives are attending council meetings.

Strategy 1.4: Collaborate on Grant Applications

Collaborative grant applications to support single- or multi-county transportation programs may be more successful than individual applications. Working group participants should collaborate on grant applications when applicable and formally agree to split awards between the different programs. This collaborative effort would help bring in more funding for the program as a whole and enable the funding to be allocated to top priorities, as appropriate.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Transportation providers, human service agencies and regional mobility managers.

Performance Measures:

- ◆ Number of collaborative grant applications submitted.
- ◆ Number of successful applications.

Implementation Timeframe: Immediate

Implementation Budget: No additional funding to implement the strategy. However, the strategy is likely to result in additional grant funding for the transportation programs and more effective use of funding.

Potential Funding Sources: This activity is within the scope of the regional mobility manager program. Additional grant funding resources are likely to be identified through implementation of the program.

GOAL #2: ENHANCE MEDICAL SERVICE OPTIONS IN UNSERVED COMMUNITIES

Many of Nevada's counties lack local medical services and must travel long distances to access them. Additionally, many communities are challenged by inadequate funding and staffing to sustain traditional medical centers. The following strategies focus on enhancing existing local medical services and coordination of long distance trips to access regional resources.

Strategy 2.1: Coordinate Medical Appointments with Transportation Availability

Health care providers have an important role to play in the coordination of long distance transportation to their facilities. Appointments should be scheduled in a manner that allows for transportation providers to coordinate patient/passenger trips efficiently. For example, a physician's office in Salt Lake City, UT serving clients who use transportation from Elko or Wells should coordinate appointment times so that one vehicle can be deployed to provide the ride. Regional mobility managers, with support from transportation providers, would lead the development of new channels for cooperation between health care facilities and transportation providers.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Regional mobility managers, transportation providers and health care facilities.

Performance Measures:

- ◆ Regional mobility managers conduct pre- and post-implementation surveys of health care providers regarding their understanding of patient transportation options.
- ◆ Based on survey results, regional mobility managers facilitate meetings with transportation providers and a representative from the health care facility to discuss opportunities to improve access to healthcare.
- ◆ The number of trips to medical facilities increases each year.
- ◆ The number of people or frequency of repeat customers using coordinated transportation resources for medical appointment access increases each year.
- ◆ The number of trip requests for medical appointments that go unserved by the transportation provider (and/or the number of appointments that are cancelled or result in a no-show) decreases each year.

Implementation Timeframe: 1 yr

Implementation Budget: No additional funding would be necessary due to this function being added to the existing job descriptions of regional mobility managers.

Potential Funding Sources: If additional service needs are identified, a combination of FTA \$5310, \$5311 and/or \$5307 funds; Department of Health and Human Services; Aging and Disability Services; Veterans Services; and medical facilities could potentially fund expanded hours or capacity of transportation resources. Potential funding sources would vary based upon the type of services implemented.

Strategy 2.2: Schedule Mobile Medical Unit Visits for Communities Lacking Medical Facilities

Many rural Nevada counties have limited transportation service available to the community. For example, Esmeralda County has transportation available to seniors and individuals with disabilities. Lincoln County has rural public transportation available; however, service is limited due to fleet, staff and budget constraints. Access to medical

service often requires traveling hundreds of miles. Securing regularly scheduled community visits from a mobile medical unit would provide medical access to a wider range of individuals and would solve a portion of the rural transportation issue.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Transit agencies, regional mobility managers, major medical centers and private practice medical offices.

Performance Measures: Number of local medical service connections.

Implementation Timeframe: 1 yr

Implementation Budget: Expenses depend on available mobile medical units and staff to support the project. The cost of a mobile medical unit may range between \$175,000 and \$350,000 depending on how the unit is equipped. Additional costs may include a local service coordinator to coordinate and schedule appointments for the mobile unit. It is estimated the service coordinator position would be a part time position that would cost from \$10,000 to \$15,000 annually. Potentially, an existing health and human service organization or a volunteer could fill the service coordinator position, thereby eliminating the position's cost.

Potential Funding Sources: Medical Foundation grants, United Way of Southern Nevada, contributions from Esmeralda County Gold Mines, in-kind contributions of services (for example, volunteer service coordinator or agency donated service coordinator) and Community Development Block Grants (CDBG).

Strategy 2.3: Establish Tele-Health Centers

Rural Nevada counties could establish a Tele-Health program modeled after Renown Health's Tele-Health program in the town of Tonopah. The tele-health centers offer connection to medical services within the community, eliminating some need for long distance travel.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Transit agencies, regional mobility managers, major medical centers, private practice medical offices and State or County Health and Human Service agencies.

Performance Measures: Number of connections to tele-health services.

Implementation Timeframe: 1 yr

Implementation Budget: Expenses depend on availability of facilities to host the tele-health services and the cost of technology to equip those facilities. It is estimated that facility space rental may be \$500 to \$750 monthly with an additional cost of \$100 per month for technology connections. One-time start-up cost would include technology for connections and large monitors. These costs could range from \$5,000 to \$10,000. Additional costs may include a

local service coordinator to coordinate and schedule appointments for tele-health. It is estimated the service coordinator position would be a part time position that would cost \$10,000 to \$15,000 annually. Potentially, an existing health and human service organization or a volunteer could fill the service coordinator position, thereby eliminating the position's cost. It is also feasible that space to house the tele-health services could be donated.

Potential Funding Sources: Medical Foundation grants, United Way of Southern Nevada, contributions from Esmeralda County Gold Mines, in-kind contributions and Community Development Block Grants (CDBG).

GOAL #3: INCREASE MATCH FOR RURAL TRANSPORTATION WITH PURCHASE OF SERVICE AGREEMENTS

Most of Nevada's rural transportation systems struggle to secure the local matching funds required to access the FTA grant funds. There are multiple examples of purchase of service agreements for senior transportation, veteran transportation, transportation for individuals with disabilities, medical transportation, etc. However, rural public transportation providers in Nevada only take advantage of a small portion of the purchase of service opportunities available to them.

Strategy 3.1: Increase Purchase of Service Agreements with Public Transportation

The regional mobility manager has worked to coordinate several purchase of service agreements with multiple organizations within Nye County. There is potential for additional purchase of service agreements with other organizations, such as schools for after school activities and connections to family counseling and education services. Private for-profit and nonprofit companies provide the contracted services. Nye County Public Transportation is one of the contracted providers, however an increase in contracted trips would help Nye County secure local match and provide funding to increase service. Additional contract revenue funding is local match for federal grants and would provide the opportunity to leverage additional federal funds.

Elko, Douglas and Washoe Counties also have a high likelihood of success with this strategy, building upon the network of services inventoried by the regional mobility manager.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Priority Rating 4

Counties Included: All Counties

Responsible Parties: Public transportation agencies, regional mobility manager, Aging and Disability Services, Veterans Administration, schools, etc.

Performance Measures:

- ◆ Percentage increase in purchase of service agreements;
- ◆ Additional match revenue;
- ◆ Number of Unlinked Passenger Trips (UPT);
- ◆ Vehicle Revenue Miles (VRM) by subrecipient agencies; and
- ◆ Vehicle Revenue Hours (VRH) by subrecipient agencies.

Implementation Timeframe: 1 yr

Implementation Budget: Implementation costs would be limited for this task. The regional mobility manager would facilitate discussions and increase agreements within the realm of his/her current position. Transportation providers would attend meetings and conduct contract negotiations as part of their current job duties. Expected costs are less than \$1000.

Potential Funding Sources: Organizations with purchased service agreements.

Strategy 3.2: Increase Countywide Public Transportation Service

Nevada counties have identified the need for increased evening, weekend and out-of-county service. Additional sustainable contract revenue would enable the public transportation providers to increase service hours, days and areas.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Priority Rating 4

Counties Included: All Counties

Responsible Parties: Public transportation agencies, regional mobility managers and county residents.

Performance Measures:

- ◆ Number of Unlinked Passenger Trips (UPT);
- ◆ Vehicle Revenue Miles (VRM) by subrecipient agencies; and
- ◆ Vehicle Revenue Hours (VRH) by subrecipient agencies.

Implementation Timeframe: 2 yrs

Implementation Budget: Service planning costs may range from \$15,000 to \$25,000.

Potential Funding Sources: §5311 planning funds; Organizations with purchased service agreements.

GOAL #4: CREATE COORDINATED VOLUNTEER DRIVER PROGRAM

Nevada has four volunteer driver programs with drivers using their personal vehicles and seven veteran's transportation programs primarily operated through volunteer drivers using an agency's vehicle. These programs serve a tremendous need for eligible riders who depend on volunteers for access to important appointments or access to shopping or social/recreational activities. These volunteer programs serve a need that private or public transportation cannot address because of the costs associated with operating a door-to-door transportation service in rural areas. However, as demonstrated in Chapter Three, the available volunteer driver program resources are not enough to meet the needs of the rural population. As noted, oftentimes vehicles are underutilized due to a lack of volunteers. A coordinated volunteer driver program would better utilize these resources.

One of the most notable examples of successful volunteer driver programs is Ride Connection in Portland, Oregon (www.rideconnection.org). Ride Connection is a well-known private, nonprofit organization that has been coordinating transportation services for over 25 years. Ride Connection includes services ranging from information and referrals for transportation options including public transit and volunteer driver programs. NDOT and other responsible party agencies identified in the strategies section could model a coordinated volunteer driver program after any or all of the following examples:

- ◆ **Ride Together Mileage Reimbursement** – This program empowers riders to recruit their own drivers. Each driver with the Ride Together program is reimbursed for miles driven. Customers schedule rides directly with the driver at times that work for both parties.
- ◆ **Medical Shuttle Pilot Program** – Ride Connection partnered with Providence Health and Services to address the growing need for rides to medical appointments. Through an advisory committee and input from clinicians, drivers and customers, Ride Connection designed a shuttle that has been implemented as a pilot program. The shuttle travels to and from Providence Medical Center.
- ◆ **Shared Vehicle Program** – The shared vehicle program was implemented to use Ride Connection's vehicles to their full potential. Ride Connection provides vehicles to individuals, agencies, or groups when they are not in use, primarily on weekends. Ride Connection provides the necessary driver training and the agency or group provides the driver.
- ◆ **Veterans Helping Veterans** – Ride Connection helps veterans and their spouses gain access to transportation by recruiting volunteer drivers who are veterans themselves.
- ◆ **Access Transit: Fare Relief** – To assist low-income clients, the program provides grants of up to \$25,000 in TriMet fares for qualified 501(c)(3) nonprofit and community based organizations. Ride Connection administers the program and awards the grants to qualified organizations.
- ◆ **Dialysis Transportation** – With a grant from Administration for Community Living, Ride Connection started this program as a pilot called "*Dahlia*" in order to address the needs of individuals who need regular transportation to dialysis treatments. Ride Connection uses volunteer and paid drivers to provide frequent rides for dialysis treatments, in addition to educating the community and healthcare providers.

Strategy 4.1: Create Volunteer Transportation Working Groups

Each regional mobility manager would create a working group with the managers of each volunteer driver and veteran transportation program to discuss the challenges of providing volunteer transportation in their service areas, goals for their programs, eligibility requirements, operating procedures and potential challenges to coordinating resources. Once the opportunities and challenges are shared, the regional mobility manager would identify opportunities to overcome challenges and limitations through coordination.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Regional mobility managers and organizations with volunteer driver programs.

Performance Measures:

- ◆ Regional mobility manager identifies participant organizations in each region to include the organizations listed in this plan, at minimum. Each participant is invited to join the working group. This group may be a sub-set of the regional coordinating council.
- ◆ Working group members identify new opportunities to strengthen volunteer transportation services.

Implementation Timeframe: Immediate

Implementation Budget: Participants in the working group would have minimal travel and labor expenses associated with participation in meetings.

Potential Funding Sources: No additional funding sources are identified specifically for the working group. However, administrative portions of individual agency budgets would be used for expenses associated with meeting participation and strategy implementation.

Strategy 4.2: Identify Joint Volunteer Driver Insurance Providers

The regional mobility manager and the volunteer transportation working group would identify a joint volunteer driver insurance provider. The volunteer drivers for existing programs in Nevada who drive their own vehicles are covered primarily by their own insurance and secondarily by the lead agency.

The existing insurance providers should be approached with the opportunity to implement a joint purchase of insurance. Ultimately, the goal would be to obtain a lower cost to the participating agencies by offering a larger plan for the insurance provider. Advantages for the drivers may also be negotiated if the driver's primary insurance is also with the same company. There are examples of joint volunteer driver insurance programs across the country.

Volunteer drivers must carry a pre-established amount of automobile liability insurance. To discourage lawsuits, volunteer drivers who carry personal insurance must have minimum medical insurance payment standards per passenger on individual liability insurance policies. Affordable insurance opportunities secured through a joint volunteer driver program may help to attract more interest from drivers, so that more trips can be provided through the program.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All counties with volunteer driver organizations, with potential expansion into other counties.

Responsible Parties: Volunteer driver organizations and regional mobility managers.

Performance Measures:

- ◆ Insurance providers are approached with the joint insurance opportunity.
- ◆ Insurance costs are reduced for participating volunteer drivers and/or their sponsoring organizations.

- ◆ Additional volunteer drivers are recruited and/or driver retention increases.

Implementation Timeframe: 1 yr

Implementation Budget: Existing resources for insurance would be applied.

Potential Funding Sources: Existing funding sources for volunteer transportation programs are applied. However, the intent of this strategy is to reduce insurance costs for the driver and the agency.

Strategy 4.3: Develop Volunteer Driver Training Program

Once the joint insurance provider is identified and secured, the working group would develop a training program that satisfies the requirements of the insurance provider as well as the individual participating organizations. A request would be included for the insurance provider to reduce the price of the policy if an approved organization provides joint training. Often, insurance companies will reduce the price of insurance policies for individual drivers or organizations if the driver participates in a Defensive Driving Course or similar program. Volunteer driver training programs could be offered by the insurance company or through local organizations such as RSVP, or through national programs such as Community Transportation Association of America (CTAA).

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: All volunteer driver programs.

Performance Measures:

- ◆ An insurance provider approved joint Volunteer Driver Training Program is identified.
- ◆ Drivers participate in required training and safety improves.
- ◆ Insurance costs are reduced as a result of the Volunteer Driver Training Program.

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Training costs vary based upon the scope of the training program and the provider.

Potential Funding Sources: No additional funding required to recruit new agencies. This activity could be included as a mobility management function. Expanded membership in the joint Volunteer Driver Program application to the insurance company (and participation in the training program) is likely to result in a lower per-driver cost to the driver and/or agency.

Strategy 4.4: Develop Volunteer Driver Program with Flexibility to Attract Drivers

Flexibility in the type of services provided (i.e., non-emergency medical, veteran, local trips, regional trips, etc.) would help driver recruitment and retention. The coordinated driver recruitment effort should be prioritized to focus on the geographic areas or types of services where drivers are most needed. For example, the initial priority may be on senior transportation, while the second priority may be to attract drivers for long distance trips for passengers of any age.

The National Volunteer Transportation Center (NVTC) is one resource that provides information about volunteer driver recruitment, including the "Volunteer Driver Recruitment and Retention Experience and Practice."

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Participants in the Volunteer Driver Program Working Group.

Performance Measures:

- ◆ Number of volunteer drivers increases after program implementation.
- ◆ Drivers report (through formal or informal surveys) increased satisfaction due to the program's opportunities.
- ◆ More passenger trips are provided through the volunteer driver programs each year.

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Volunteer driver programs are already in existence in Nevada, which would save on start-up costs. Ongoing expenses for operations would be required. Typically, volunteer driver programs are less expensive per unit of service than public transit because of lower labor expenses. There would be an administrative expense for coordinating the volunteer programs. Coordinator expenses could range from \$13,000 to \$20,000 per year, depending upon how his or her job duties are structured.

Potential Funding Sources: Potential funding sources include nonprofit organizations and for-profit medical facilities or employers that benefit from the program. Human service agencies and temporary employment agencies could also benefit from establishment or enhancement of volunteer driver programs that offer reliable transportation to their consumers/employees. Mobility management functions to establish the coordinated transportation structure of the program is an eligible capital expense under the FTA §5310 Program.

Strategy 4.5: Recruit Organizations that Benefit from Volunteer Driver Services

Once established, the Volunteer Transportation Working Group in Strategy 4.1 should recruit additional organizations that would benefit from volunteer driver services. Many human service agencies and even employers, can benefit from volunteer driver programs and may be willing to contribute funding to supplement the cost of trips provided for their consumers or employees. Reliable transportation can be the difference between keeping employees or having high turnover rates, or in attending critical medical appointments.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Statewide Priority

Counties Included: All Counties with Volunteer Transportation Working Group participants.

Responsible Parties: Volunteer Driver Program Working Group members; regional mobility managers

Performance Measures:

- ◆ Number of additional agencies invited to join.
- ◆ Number of additional agencies that set up volunteer driver programs and participate in the Working Group.
- ◆ Number of trips provided through volunteer driver programs statewide.

Implementation Timeframe: 2 yrs

Implementation Budget: Existing financial resources that support volunteer driver programs would be used. Supplemental or matching funds could be derived from the organizations that benefit from the volunteer driver program such as the Department of Health and Human Services, employers, Veterans Services and medical offices or treatment facilities that are common destinations for the passengers.

Potential Funding Sources: Local governments, human service agencies, senior center programs, employers, faith-based organizations and medical or treatment facilities.

GOAL #5: EXPAND REGIONAL INTERCITY CONNECTIVITY & LOCAL TRANSPORTATION SERVICES

The network of intercity bus services provides connectivity between rural and urban areas. In states with long distances between rural communities, rural intercity bus service is a useful connection for transit dependent individuals who need access to medical services, shopping and employment. Innovations in rural intercity bus service range from technology (e.g., new apps and scheduling software capabilities) to alternative service modes and creative funding options.

In rural Nevada, several communities along the Interstate 80 corridor relied on Greyhound as the only bus provider connecting Reno and Salt Lake City, UT with the smaller populations in between. When the stops in small, rural towns were discontinued and subsequently made seasonal, it left a gap in transportation resources for the individuals in these communities. The following strategies are suggested as methods to replace this rural intercity service to meet the needs of travelers, as well as addressing the unmet transportation needs of the local communities. Stakeholders from these local communities identified needs, including inter-community transportation for rural communities, medical appointment access and grocery shopping. Many of the strategies suggested under Goal #5 may be developed through a coordinated effort of rural public transportation providers with service areas that include portions of the I-80 corridor and other major highways or interstates.

NDOT may choose to take the leading role in coordinating the implementation of the routes described in Goal #5. Intercity bus route concepts for implementation in Nevada are described in the following, Goal 5 strategies. Strategies 5.1, 5.2 and 5.3 describe the responsible parties for each potential route.

Strategy 5.1: Provide Intercity Bus Routes

Intercity bus routes would offer rural residents the ability to travel between rural communities or to cities where services are located, such as medical facilities and shopping centers. Vehicles should be accessible and appropriate passenger assistance provided to individuals with needs. The recommended routes would provide connections to the national intercity bus and rail network in Reno, Las Vegas, Twin Falls, ID and Salt Lake City, UT. Park-n-ride or feeder services may be implemented to supplement access for rural populations.

Sample routes are provided in the following table. Each colored heading identifies a separate route segment or stand-alone route. Routes would be developed in consultation with the NDOT, public transportation providers, the RSVP Program, VA hospitals, local employers, local community planners and/or elected officials. Where feasible, the Reno-Elko route would operate on schedules considerate of shift work at employers in Storey County (TRIC). Table 4.1 lists the proposed routes shown on Figure 4.2.

Table 4.1 – Proposed Routes and Stops**Corridor 1 (I-80)**

Elko
Wells
West Wendover
Salt Lake City, UT

Corridor 2 (I-80)

Elko
Carlin
Battle Mountain
Winnemucca
Lovelock
Fernley
Tahoe Reno Industrial Center
Reno

Corridor 3 (I-80 & US 93)

Elko
Wells
Ely

Corridor 4 (I-80 & US 93)

Elko
Wells
Jackpot
Twin Falls, ID

Corridor 5 (US 93)

Boulder City
Las Vegas

Corridor 6 (US 93)

Ely
Pioche
Panaca
Caliente
Las Vegas

Corridor 7 (US 95)

Las Vegas
Indian Springs*
Beatty
Goldfield
Tonopah

*Route may be proposed to travel through Pahrump

Corridor 8 (US 95 & US 50 & US 395)

Tonopah
Mina
Hawthorne
Schurz
Fallon
Carson City
Minden/Gardnerville

Corridor 9 (SR 207 & US 395)

Stateline
Minden/Gardnerville
Carson City

Corridor 10 (I-580)

Carson City
Reno

Future routes may include whole or partial portions of the suggested corridors. Future feeder routes may be introduced that connect rural areas to the national intercity bus network.

As of the time of this writing, Tahoe Transportation District operates an intercity route on **Corridor 9** and the RTC of Washoe County operates an intercity route on **Corridor 10**.

Figure 4.2 – Proposed Routes and Stops Map



Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Priority Rating 4

Counties Included: Route dependent, but the proposed routes include all counties.

Responsible Parties: NDOT, public transportation providers, RSVP Program, Department of Health and Human Services, local employers, local community planners and/or elected officials.

Performance Measures: Number of communities served, number of routes, unlinked passenger trips (UPT)

Implementation Timeframe: 1 to 5 yrs

Implementation Budget: The budget for this strategy is scalable based on the amount of service provided. The cost to operate intercity service on the proposed routes depends on the number of communities served and round trips provided. Vehicle acquisition and marketing are additional upfront costs.

Potential Funding Sources: FTA §5311 public transportation dollars, including, §5311(f) funding for rural intercity bus service. Local match for routes serving employment centers may be derived from employers and agencies that are working to place clients in jobs. Routes which provide feeder service connecting to an unsubsidized segment of intercity bus service are eligible for in-kind match as provided by Section 5311(g)(3)(D). Service to VA Hospitals may be eligible for VA funding. Trips provided to Medicaid beneficiaries may be eligible for Health and Human Services funding. Private transportation providers, such as Greyhound, would also be a possible funding source.

Strategy 5.2: Conduct Needs Assessment for Routes Between Boulder City & Las Vegas

Silver Rider Public Transportation serves Boulder City with connections to Las Vegas and Henderson. Trips providing access to Las Vegas are made on Mondays, Tuesdays, Wednesdays and Thursdays with access to Henderson on Fridays. Boulder City residents desire to have more frequent regular service connection to Las Vegas to not only connect Boulder City residents with needed services, but also to attract Las Vegas tourists to Boulder City. Requested service enhancements include providing multiple travel time options throughout the day. A comprehensive needs assessment should be conducted to determine if the increased service is needed. The needs assessment would help determine the days and hours for which additional service is needed and the potential level of ridership the new routes would have.

Statewide Priority Rating: Priority Rating 2

Regional Priority Rating: Priority Rating 3

Counties Included: Clark

Responsible Parties: NDOT, Southern Nevada Transportation Coalition, Boulder City and Clark County residents, RTC of Southern NV.

Performance Measures: Completed needs assessment and increased service between Boulder City and Las Vegas.

Implementation Timeframe: 1 yr

Implementation Budget: Costs may fall between \$150,000 to \$250,000 to conduct a comprehensive needs assessment study.

Potential Funding Sources: FTA \$5311 planning funds, FTA \$5307 planning funds, tourism and economic development in Boulder City.

Strategy 5.3: Increase Service Frequency Between Boulder City & Las Vegas

Assuming the needs assessment (Strategy 5.2) determines increased frequency of service is needed between Boulder City and Las Vegas, SNTC would likely be able to take on responsibility of additional service. Increased service may be implemented on a phased approach with priority given to the most desired travel days and times.

Statewide Priority Rating: Pending Outcome of Strategy 5.2

Regional Priority Rating: Pending Outcome of Strategy 5.2

Counties Included: Clark

Responsible Parties: NDOT, Southern Nevada Transportation Coalition, Boulder City and Clark County residents, RTC of Southern NV.

Performance Measures: Increased service between Boulder City and Las Vegas; number of service hours increased; increased number of one-way trips provided.

Implementation Timeframe: 2 to 4 yrs

Implementation Budget: If the needs assessment study determines additional service is needed, the fully allocated cost of the additional service would typically range from \$63.00 to \$115.00 per service hour.

Potential Funding Sources: FTA \$5311 funds, FTA \$5311(f) funds, tourism, match from RTC of Southern NV and economic development in Boulder City.

GOAL #6: EXPAND TRANSPORTATION SERVICES TO UNSERVED COMMUNITIES

Many of Nevada's towns and cities are served by local public transit systems or small transportation services for seniors and people with disabilities. Many of these operations are challenged by inadequate operational funding and/or aging fleets. Other communities need greater investment in transportation in order to meet the needs of the community. The following strategies focus on enhancing existing local transportation services or introducing new local services through coordinated funding and administrative efforts.

Strategy 6.1: Establish Public Demand Response Service in West Wendover

The city of West Wendover has no public or human service agency transportation provider. A local taxi service charges market rates that are unaffordable to many. A demand response transportation program for the public within the town would provide a basic level of mobility for residents. A resource sharing agreement with RSVP may be feasible to provide an under-utilized vehicle for the program.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 5

Counties Included: Elko

Responsible Parties: City of West Wendover, Elko County, JAS Foundation, regional mobility manager and RSVP Program.

Performance Measures: New service has been established.

Implementation Timeframe: 1 yr

Implementation Budget: Expenses depend on available in-kind and volunteer resources available to support the project. A new wheelchair-accessible vehicle purchased through NDOT with \$5310 funds would require 85% federal/15% local cost-sharing with the local portion being approximately \$10,000 to \$15,000. The fully allocated operating costs for transportation are typically \$75 to \$85 per revenue hour of service provided.

Potential Funding Sources: FTA \$5311 or \$5310 capital and operating grants. Local match funding may be derived from the City of West Wendover, charitable foundations, or in-kind contributions of services.

Strategy 6.2: Enhance Transportation for the Shoshone Paiute Tribe Senior Center

The Shoshone Paiute Tribe Senior Center, located in the Duck Valley Indian Reservation in Owyhee, provides transportation to congregate meals at its senior center. The program's one vehicle is also used to deliver meals to the homebound and is used monthly to take seniors to shopping trips in either Elko or Mountain Home, Idaho. The vehicle is in poor condition and needs to be replaced if the transportation program is to continue.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Elko

Responsible Parties: Shoshone Paiute Tribe Senior Center

Performance Measures: Number of one-way passenger trips consumed, unlinked passenger trips (UPT).

Implementation Timeframe: 1 yr

Implementation Budget: A new wheelchair-accessible vehicle purchased through NDOT with \$5310 funds would require 85% federal/15% local cost-sharing with the local portion being approximately \$10,000 to \$15,000.

Potential Funding Sources: FTA \$5310 capital funding. Local match funding may be derived from the Shoshone-Paiute Tribe or other federal or local resources.

Strategy 6.3: Expand Get My Ride Blue Line

Get My Ride, Elko County's public transportation system, operates a flexible fixed route in the city of Elko: Blue Line. The route operates in a one-way loop. Get My Ride plans to add a loop running in the opposite direction, creating a two-way loop to reduce travel times for many one-way passenger trips. Currently, there is no identified funding source for this expansion.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Elko

Responsible Parties: Get My Ride and the regional mobility manager

Performance Measures: Unlinked Passenger Trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically \$75 to \$85 per revenue hour of service provided. Capital expenses would be required to purchase one or more vehicles for the route, plus any infrastructure needs.

Potential Funding Sources: FTA \$5311 or \$5310 capital and operating grants. Local match funding may be derived from the City of Elko, Elko County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.4: Expand Get My Ride Service Area & Hours

Get My Ride demand response transportation serves the public in the city of Elko and surrounding small communities. The hours of service are 6:30AM to 5:30PM, Monday through Friday. Extending the hours of service would allow for individuals to ride to and from evening appointments and employment. The town of Spring Creek and the Southfork Indian Reservation, located south of Get My Ride's service area, currently has no transportation service and would benefit from an expansion of the Get My Ride service area to the reservation.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Elko

Responsible Parties: Get My Ride, Elko County, Southfork Indian Reservation, regional mobility manager and RSVP Program.

Performance Measures: Increase in number of one-way passenger trips consumed during expanded hours or within expanded service area, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically \$75 to \$85 per revenue hour of service provided.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from Elko County, Southfork Indian Reservation, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.5: Expand Ely Bus to White Pine County Rural Communities

Ely Bus provides demand response public transportation in the communities of Ely, McGill and Ruth. Depending on available funding, White Pine County Social Services plans to incorporate the outlying communities of Lund, Baker and Cherry Creek into the service.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating not available.

Counties Included: White Pine

Responsible Parties: White Pine County Social Services, regional mobility manager, local community representatives (Lund, Baker and Cherry Creek) and RSVP Program.

Performance Measures: Increase in number of one-way passenger trips consumed within expanded service area, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically \$55 to \$70 per revenue hour of service provided.

Potential Funding Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from White Pine County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.6: Expand Pleasant Senior Center Transportation Service Area & Hours

Humboldt County is served by the public transportation service operated by the Pleasant Senior Center. Service is provided within Winnemucca and just over the Pershing County line in the Grass Valley community. An expansion of the service area could meet the needs of residents of Orovada, McDermitt, Golconda and Paradise Valley. Pleasant Senior Center's hours of service are currently 8:00AM to 4:00PM, Monday through Friday. Extending the hours of service would allow for individuals to ride to early morning and late afternoon/evening appointments.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 4

Counties Included: Humboldt

Responsible Parties: Pleasant Senior Center, RSVP Program, Humboldt County, regional mobility manager, Family Support Center and local community representatives (Orovada, McDermitt, Golconda and Paradise Valley).

Performance Measures: Increase in number of one-way passenger trips consumed during expanded hours or within expanded service area, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically \$165 to \$295 per revenue hour of service provided.

Potential Funding Sources: FTA \$5311 or \$5310 capital and operating grants. Local match funding may be derived from the Humboldt County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.7: Conduct Pilot Demonstration of a Winnemucca Flexible Fixed Route

Pleasant Senior Center experiences significant demand for transportation for the public in Winnemucca. A deviated fixed route would provide residents with regularly scheduled transportation to destinations within the town, including shopping centers, medical facilities and employers.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Humboldt

Responsible Parties: Pleasant Senior Center, RSVP Program, City of Winnemucca, regional mobility manager and Family Support Center.

Performance Measures: Number of one-way passenger trips consumed by people using the new route, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: The cost would depend on the number of hours of service provided under the expansion. The fully allocated operating costs for transportation are typically \$165 to \$295 per revenue hour of service provided. The acquisition of one or more vehicles for the route is an additional upfront cost.

Potential Funding Sources: FTA \$5311 or \$5310 capital and operating grants. Local match funding may be derived from the City of Winnemucca, Humboldt County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.8: Establish Public Demand Response Service in Battle Mountain

Lander County has no transportation available to the general public. The Lander County Senior Program offers senior transportation to seniors within Battle Mountain Township only. A demand-response transportation program for the public within the community of Battle Mountain would provide a basic level of mobility for residents.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 4

Counties Included: Lander

Responsible Parties: The regional mobility manager would be responsible for forming a local committee to discuss the level of interest among local stakeholders to lead the project. Stakeholders include Lander County Cooperative Extension, Planning Commission, Action Agency, Senior Program, Sheriff's Department and Battle Mountain General Hospital.

Performance Measures: Number of one-way passenger trips provided, unlinked passenger trips (UPT).

Implementation Timeframe: 1 to 2 yrs

Implementation Budget: Expenses depend on in-kind and volunteer resources available to support the project. A new wheelchair-accessible vehicle purchased through NDOT with \$5310 funds would require 85% federal/15% local cost-sharing with the local portion being approximately \$10,000 to \$15,000. The fully allocated operating costs for transportation are typically \$165 to \$295 per revenue hour of service provided. A resource-sharing agreement with Battle Mountain General Hospital may be feasible to provide an underutilized vehicle for the program.

Potential Funding Sources: FTA \$5311 or \$5310 capital and operating grants. Local match funding may be derived from Lander County, charitable foundations, or other local, state, or non-USDOT federal sources.

Strategy 6.9: Vanpool or Shuttle Service in Douglas County

Douglas County has no public transportation during evenings or weekends other than volunteer driver programs available through Douglas County Senior Services. Employment opportunities for late night or early morning work shifts exist, but transportation resources are not available to support those shifts. Transportation services do not support shift work opportunities for residents. Douglas County should explore opportunities to offer a vanpool program or shuttle service for major employers in the areas that offer shift work.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Douglas

Responsible Parties: The regional mobility manager and Douglas County would be responsible for working with local employers that offer work shifts to discuss the level of interest among the employers to collaborate on sponsoring a vanpool and/or shuttle for employees.

Performance Measures:

- ◆ Number of one-way passenger trips provided through the program, unlinked passenger trips (UPT).
- ◆ Decreased turnover rates for employers who participate in the vanpool or shuttle program.

Implementation Timeframe: 1 to 3 yrs

Implementation Budget: Expenses depend on the interest level of employers. A resource-sharing agreement between employers and the operator of the program may be feasible. Vehicle(s) for the program must be purchased prior to implementation. Alternatively, if local public or agency transportation providers are willing to make a vehicle available during down time (evenings and weekends) for the program, a lease agreement for sharing the vehicle could be a lower cost option that is implementable in the short term.

Potential Grant Sources: FTA §5311 or §5310 capital and operating grants. Local match funding may be derived from Douglas County, charitable foundations, or other local, state, or non-USDOT federal sources.

GOAL #7: INCREASE SAFETY FOR PUBLIC TRANSPORTATION SERVICE IN THE CITY OF LAUGHLIN

Silver Rider Public Transportation serves the City of Laughlin providing fixed route, paratransit and specialized door to door service. Some stops on the fixed routes are in heavy traffic and high accident areas. There is a need to increase safety and reduce the potential for collisions while entering and exiting these stop locations.

Strategy 7.1: Investigate the Potential for Developing Bus Safety Lane

Silver Rider's current stops include a stop on the highway near the Senior Center and multiple casinos. These stops require drivers to merge in and out of heavy traffic without a merging access lane or lane restrictions in the area of the bus stops. Silver Rider should work with city officials and safety personnel to determine a feasible solution to allow the bus to enter and exit the bus stops without impeding the flow of traffic and causing safety hazards. Potential options include lane restrictions within 200 to 300 feet of the bus stop that would allow only transit vehicles access to the curb lane during restricted hours, the development of merge lanes or bus pullouts, or other solutions that better align with local policy.

While this has been identified for the City of Laughlin, this strategy would be useful in developing safer public transportation in all counties.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: Clark

Responsible Parties: Southern Nevada Transportation Coalition, City of Laughlin and Clark County.

Performance Measures: Safety mechanism in place for merging transit vehicles.

Implementation Timeframe: 2 to 4 yrs

Implementation Budget: Implementation costs would range depending on the action taken. Lane restriction costs would include road signage and potential overhead signs warning drivers of upcoming lane restrictions. The cost of road signage would depend on the type of sign and the number of bus stops requiring lane restrictions. Cost could vary from \$1,000 to \$100,000 or more per location. Creating merge lanes or bus pullouts would be a costly undertaking with several variables to consider such as land usage, land purchases, permits and actual lane construction. Due to the multiple variables associated with developing merge lanes or bus pullouts, a cost estimate is not attainable without extensive investigation.

Potential Funding Sources: Federal Highway Administration grants, public safety grants, city funding, county funding, state funding, federal non-USDOT funding.

GOAL #8: IMPROVE PUBLIC & HUMAN SERVICE AGENCY TRANSPORTATION INFORMATION

Rural transportation providers struggle with making their services known to individuals who need transportation. In nearly all rural Nevada communities, these providers struggle with misperceptions about rider eligibility, service hours and service area. This problem is common in rural communities throughout the US but is critical to the success of public transportation and in addressing mobility issues for these areas. The following strategies are suggested approaches to overcoming misinformation or lack of information available about public transportation services in Nevada's rural communities.

Strategy 8.1: Improve Transportation Information Available Through Nevada 211

The Nevada 211 program is a centralized location for information about a range of available community resources, including transportation. Yet, the information about transportation services available in the Nevada 211 directory is extremely limited, as is the knowledge of its existence.

Regional mobility managers would work with public and human service agency transportation providers to develop a standardized service inventory form that would be used to update Nevada 211. Transportation providers would update the information and the regional mobility manager would ensure it is accurately provided to Nevada 211. Regional mobility managers would periodically check with transportation providers about updates and submit any updates to Nevada 211. However, transportation providers must also take initiative to keep regional mobility managers updated when changes to service occur.

Information available through Nevada 211 should continue to be standard statewide and should include, at minimum:

- ◆ Name of the Organization/Service Provider;
- ◆ Service Area;
- ◆ Hours of Operation;
- ◆ Eligibility criteria;
- ◆ Pricing Information/Fare Schedule;
- ◆ Access to an Application for service;
- ◆ Phone Number to contact the Transportation Provider and schedule a trip;
- ◆ Web address for the Transportation Provider, with information about the services offered; and
- ◆ Vehicle Accessibility Information.

Option: This and additional information exceeding the scope of the Nevada 211 program could be included in a supplemental resource directory for people looking for transportation services could be created. If the stand-alone resource is strictly available online, it can be created and maintained by the regional mobility managers and hosted on service provider, RTC and agency or government websites.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: Public and human service agencies, private and public transportation providers (including agencies that purchase tickets or rides on behalf of eligible clients), nonprofit organizations that work with

transportation, for-profit organizations that work with transportation, regional mobility managers and advocacy groups.

Performance Measures:

- ◆ Updated and maintained Nevada 211 directory information.
- ◆ Number of transportation riders who learn about a provider from Nevada 211 and call to schedule a ride or get additional information.
- ◆ Number of state agency and local government websites that list Nevada 211 as a resource for information about transportation services.
- ◆ Creation of supplemental directory.

Implementation Timeframe: 1 yr

Implementation Budget: Minimal expense for collecting the information and maintaining it.

Potential Funding Sources: The Nevada 211 directory is funded by the United Way.

Strategy 8.2: Establish Rural Travel Training Program

Travel training programs are designed specifically for using the transportation services offered in the communities they serve. Program components range from instruction for completing applications and scheduling trips with volunteer driver programs to training on how to ride fixed routes, private taxi, or public demand response services. It is common for operators of public transit in urban areas to offer their own training program, but rural operators often lack the resources for such a service. Coordinated efforts are needed to make this a viable option in Nevada's rural communities.

Travel training would be provided by the regional mobility manager or a qualified representative who has been trained by the regional mobility manager and all participating transportation providers.

Statewide Priority Rating: Priority Rating 4

Regional Priority Rating: Statewide Priority

Counties Included: All Counties

Responsible Parties: NDOT, regional mobility managers and local transportation providers.

Performance Measures:

- ◆ Number of people receiving travel training in each county.
- ◆ Increase in ridership on public or other transportation services following travel training.
- ◆ Increase in customers reporting satisfaction with knowing how to use transportation.

Implementation Timeframe: Immediate

Implementation Budget: Travel training can be provided by the regional mobility manager or another trained employee. The training function would be part of the person's job duties. Travel training would include printed materials, how-to videos and labor costs for the skilled regional mobility manager/trainer. Travel training budgets can range from \$500 per year to \$10,000 per year, depending upon the scope.

Potential Grant Funding Sources: FTA §5311 funding provides up to 95% of the cost for a mobility manager program to provide travel training. The remaining 5% matching funds can be derived from a combination of non-FTA federal

dollars (e.g. Department of Health and Human Services, Aging, Title III-B of the Older Americans Act) and local funds or grants.

Strategy 8.3: Develop Media Offering Passengers Easy Transportation Guidance

Engagement with passengers might improve if passengers who participate in the travel training program are given a cheat sheet for maps and schedules of public transportation providers in their service area, or are offered “Trip Sheet” cards that explain how to travel between common destinations. Regional mobility managers could create and print customized cards that explain each step in the transit trip. The passengers can keep the “Trip Sheets” with them as they travel to and from their destinations.

Statewide Priority Rating: Priority Rating 3

Regional Priority Rating: Priority Rating 3

Counties Included: All counties served by fixed route public transportation.

Responsible Parties: NDOT, transit operators, regional mobility managers, senior centers, nonprofit organizations and human service agencies. Other locations that could distribute “Trip Sheets” such as libraries, housing agencies, temporary employment agencies, or government offices could also contribute to the development of the “Trip Sheets.”

Performance Measures:

- ◆ “Trip Sheet” developed and distributed.
- ◆ Number of requests for information about how to get to a common destination that are satisfied with a “Trip Sheet.”
- ◆ Increase in ridership each year (presumably because new riders feel confident that they know how to travel from origin to destination).
- ◆ Number of “Trip Sheets” printed and distributed increases each quarter.

Implementation Timeframe: Immediate

Implementation Budget: Printing costs for a single “Trip Sheet” could range from \$1.00 per sheet to \$3.00 per sheet. The number of sheets printed would be based upon demand. Distribution would be completed by the regional mobility managers to the local agencies and organizations that are providing the “Trip Sheets” to customers.

Potential Funding Sources: FTA §5311 funding provides up to 95% of the cost for a mobility manager program to provide travel training, including development of “Trip Sheets.” The remaining 5% matching funds can be derived from a combination of non-FTA federal dollars (e.g. Department of Health and Human Services, Aging, Title III-B of the Older Americans Act) and local funds or grants.

Table 4.2 – Summary of Goals and Strategies

Goals and Strategies	Statewide Priority Rating	Local Priority Rating	Timeline for Implementation
Goal #1 Sustain Existing Services & Enhance Statewide Coordinated Transportation Framework			
1.1 Sustain Existing Rural Public Transportation Programs	Priority Rating 5	Statewide Priority	Immediate
1.2 Establish Statewide Coordinating Council for Rural Transportation	Priority Rating 4	Statewide Priority	1 to 2 yrs
1.3 Establish Coordinated Community Transportation Regions	Priority Rating 4	Statewide Priority	6 mos to 1 yr
1.4 Collaborate on Grant Applications	Priority Rating 4	Statewide Priority	Immediate
Goal #2 Enhance Medical Service Options in Unserved Communities			
2.1 Coordinate Medical Appointments with Transportation Availability	Priority Rating 4	Statewide Priority	1 yr
2.2 Schedule Mobile Medical Unit Visits for Communities Lacking Medical Facilities	Priority Rating 4	Not Available	1 yr
2.3 Establish Tele-Health Centers	Priority Rating 4	Not Available	1 yr
Goal #3 Increase Match for Rural Transportation with Purchase of Service Agreements			
3.1 Increase Purchase of Service Agreements with Public Transportation	Priority Rating 4	Priority Rating 4	1 yr
3.2 Increase Countywide Public Transportation Service	Priority Rating 4	Priority Rating 4	2 yrs
Goal #4 Create Coordinated Volunteer Driver Program			
4.1 Create Volunteer Transportation Working Groups	Priority Rating 3	Statewide Priority	Immediate
4.2 Identify Joint Volunteer Driver Insurance Providers	Priority Rating 3	Statewide Priority	1 yr
4.3 Develop Volunteer Driver Training Program	Priority Rating 3	Statewide Priority	1 to 2 yrs
4.4 Develop Volunteer Driver Program with Flexibility to Attract Drivers	Priority Rating 3	Statewide Priority	1 to 2 yrs
4.5 Recruit Organizations that Benefit from Volunteer Driver Services	Priority Rating 3	Statewide Priority	2 yrs

Goals and Strategies	Statewide Priority Rating	Local Priority Rating	Timeline for Implementation
Goal #5 Expand Regional Intercity Connectivity & Local Transportation Services			
5.1 Provide Intercity Bus Routes	Priority Rating 4	Priority Rating 4	1 to 5 yrs
5.2 Conduct Needs Assessment for Routes Between Boulder City & Las Vegas	Priority Rating 2	Priority Rating 3	1 yr
5.3 Increase Service Frequency Between Boulder City & Las Vegas	Pending Outcome of Strategy 5.2	Pending Outcome of Strategy 5.2	2 to 4 yrs
Goal #6 Expand Transportation Services to Unserved Communities			
6.1 Establish Public Demand Response Service in West Wendover	Priority Rating 3	Priority Rating 5	1 yr
6.2 Enhance Transportation for the Shoshone Paiute Tribe Senior Center	Priority Rating 3	Priority Rating 3	1 yr
6.3 Expand Get My Ride Blue Line	Priority Rating 3	Priority Rating 3	1 to 2 yrs
6.4 Expand Get My Ride Service Area & Hours	Priority Rating 3	Priority Rating 3	1 to 2 yrs
6.5 Expand Ely Bus to White Pine County Rural Communities	Priority Rating 3	Not Available	1 to 2 yrs
6.6 Expand Pleasant Senior Center Transportation Service Area & Hours	Priority Rating 3	Priority Rating 4	1 to 2 yrs
6.7 Conduct Pilot Demonstration of a Winnemucca Flexible Fixed Route	Priority Rating 3	Priority Rating 3	1 to 2 yrs
6.8 Establish Public Demand Response Service in Battle Mountain	Priority Rating 3	Priority Rating 4	1 to 2 yrs
6.9 Establish Vanpool or Shuttle Service in Douglas County	Priority Rating 3	Priority Rating 3	1 to 3 yrs
Goal #7 Increase Safety for Public Transportation Service in the City of Laughlin			
7.1 Investigate the Potential for Developing Bus Safety Lane	Priority Rating 3	Priority Rating 3	2 to 4 yrs
Goal #8 Improve Public & Human Service Agency Transportation Information			
8.1 Improve Transportation Information Available Through Nevada 211	Priority Rating 4	Statewide Priority	1 year
8.2 Establish Rural Travel Training Program	Priority Rating 4	Statewide Priority	Immediate
8.3 Develop Media Offering Passengers Easy Transportation Guidance	Priority Rating 3	Priority Rating 3	Immediate

CHAPTER FIVE – FINANCIAL DATA

Leveraging Federal Transit Administration dollars to enhance transportation requires local matching funds. Local match for rural public transportation and/or enhanced mobility for seniors and individuals with disabilities can be derived from local contributions and grants and many non-U.S. Department of Transportation (USDOT) federal programs such as Title III-B of the Older Americans Act and many Department of Health and Human Services Programs. Coordination at the state level between the Department of Transportation and Department of Health and Human Services would help to support efficient and sustainable growth of transportation resources.

As the authorization period for the FAST Act draws to a close, state and federal agencies are working together to provide Congress with information related to the reauthorization of surface transportation programs. This makes budgeting beyond the final year of the FAST Act (FY2020) for this plan's proposed changes a challenge. The table below shows the various funding sources available to the NDOT for a five-year period. This represents the federal funding available to support transit programs across the state. Fiscal years 2018 and 2019 are actuals, while FY2020 is an estimate derived from the average annual percent change from FY2016 – FY2019, which was then applied to the estimated change between FY2019 and FY2020. Fiscal years 2021 and 2022 are estimates based on the overall average funding level from the FAST Act (FY2016 – FY2020).

	§5311	§5311(b)(3)	§5339	§5310
2018	\$ 6,513,051	\$ 90,614	\$ 3,500,000	\$ 242,265
2019	\$ 7,116,819	\$ 93,678	\$ 3,500,000	\$ 251,216
2020	\$ 7,776,557	\$ 96,846	\$ 3,500,000	\$ 260,498
2021	\$ 6,784,583	\$ 92,023	\$ 2,800,000	\$ 230,754
2022	\$ 6,784,583	\$ 92,023	\$ 2,800,000	\$ 230,754

To dig deeper into the figures above, the §5311 data accounts for a required minimum 15% for the §5311(f) (intercity) program and up to 10% for state administration. This reduces the amount of §5311 funds that would normally be applied to operational needs by approximately 25%. The §5311(b)(3) annual apportionment (RTAP), the §5339 annual apportionment (capital), and the §5310 annual apportionment (capital) are not reduced by any such requirements.

With funds from the FY2017, 2018, and 2019 apportionments, the NDOT was able to fully fund the application requests it received through the competitive grant application process. Portions of this funding were remnants from previous federal apportionments and have been exhausted.

Beginning with the FY2020 apportionment (to be made public in Spring 2020) the NDOT estimates it will no longer have carryover balances from previous awards to aid in the funding of §5311 program administration, operations, and preventative maintenance and will execute an even more competitive grant application process to award these funds. In the same manner, the §5310 program will have a limited operations and capital budget. The §5339 program has adequate balances for the NDOT to execute and comply with the Transit Asset Management Plan developed in January 2018.

Effectively utilizing the available funding assistance and leveraging additional funding is important to keeping the rural public transportation system operating and serving the needs of the public. Without coordinating and collaborating with other transit providers, human service agencies and stakeholders, the rural public transit system will have difficulty in acquiring the funding and resources it requires to remain operating at current levels. By implementing effective planning activities such as this document, the NDOT and its subrecipients can budget more efficiently, begin more aggressive coordination and collaboration, and develop the rural transportation system into a statewide network while promoting safety, reliability, and efficiency.

CONCLUSION

As discussed in Chapters 3 and 4, participants of the community workshops and respondents to the surveys identified many unmet needs or gaps in service, which were then filtered down to the following categories:

1. Some areas are not served by public transportation or require improved access.
2. Long-distance intercity, intercounty and interregional public transportation options are needed.
3. On-demand, urgent transportation options are needed. (e.g. hospital discharges)
4. More medical transportation options are needed for those ineligible for Medicare.
5. Public transportation needs to expand the days and hours of operation to include nights and weekends.
6. Improved transportation provider-to-transportation provider connections and coordination are needed.
7. Improved medical provider-to-transportation provider connections and coordination is needed.
8. Funding to support operations and administration, federal and local match, is needed.
9. Volunteer driver recruitment, training and retention programs are needed.
10. Training and education for drivers and passengers is needed.
11. Funding to support capital procurements, federal and local match, is needed.
12. Improved infrastructure for bicycle/pedestrian safety and ADA compliance is needed at bus stops.
13. Improved education and awareness for transit options is needed; (e.g. Nevada 211)
14. Universal fare structures and interline ticketing is needed.

Of these 14 items, the goals and strategies presented in the previous chapter address 11 of them. The remaining three items (#8, #9 and #10) must be addressed through efforts and coordination by the administrations of various local governments, transit providers, state agencies, regional mobility managers, stakeholders and members of the public. Garnering funding for public transportation is a major concern for all rural areas and many rely upon federal assistance and the local match provided by local governments and non-USDOT federal programs.

The Nevada Department of Transportation is committed to increasing mobility throughout the state. Planning documents such as this will continue to aid in the decision-making process regarding funding and project selection. The overall study shows an identified list of needs and goals that cannot be met through FTA funding alone. As NDOT is limited in the amount of funding and facilitation of transportation services it can provide at the state level, efficient use of available resources is vital to the sustainability of the services it supports. The prioritized list of projects will be funded to the extent possible, based upon specific requests submitted via grant application to NDOT. Any limitations in funding will result in reference of this list, but final determination will be made based on other factors stated within the grant application announcement provided by NDOT.

While the demographic analysis of the rural parts of the state did not reveal any ubiquity in high levels of transit propensity, further research shows great need and desire for public transportation services statewide. Specific needs, such as more regional service (crossing county/state boundaries), better driver resources, fewer restrictions on use, and more days and hours of service, were common to many areas of the state. Transportation users of all ages need rides for a variety of reasons ranging from shopping/grocery and pharmacy to employment and non-emergency medical treatment. Survey results and stakeholder input indicate that if the service areas were expanded, individuals who are not currently riders, would be more likely to do so.

Several goals were identified, with at least one strategy for each goal, to overcome the challenges faced by rural residents. While additional days, hours, and geographies can improve mobility, one of the barriers to providing transportation is the dissemination of information. In many instances, individuals do not understand or are not aware of the existing transportation services available. Efforts to share information and improve outreach may help to reduce the confusion about access to existing resources and ultimately improve mobility simply through better utilization of the existing programs and levels of service. Survey results generally indicate that individuals who are not using available public or human service agency transportation services are driving a personal vehicle or riding with family and friends. As the population ages, it is likely that this group of independent drivers would shift toward

the use of shared-ride transportation services. However, as this transition occurs, it is important for Nevada's public and agency transportation services to have the capacity to meet demands. Ultimately, transportation planners and operators must understand the demographics of their service areas, as well as the existing network of transportation options, to design transportation programs at appropriate service levels that do not unnecessarily duplicate other programs and services.

Another common theme displayed throughout the study is the need to better coordinate. The creation of formal groups at a higher level could act to advance transportation legislatively and could combine resources at a state level to generate administrative efficiencies. Regional coordination among operators and mobility managers would be needed to implement new policies. Regardless of how services are provided, transportation providers and human service agencies are all searching for ways to economize, connect, increase service and provide access to critical services and community amenities. In an era of increasing need and demand for shared-ride and non-motorized transportation, organizational partnerships must be explored, and cost-saving measures must be made to best serve changing transportation demands. Coordinated transportation planning provides the best opportunity to accomplish this objective.

The goals and strategies outlined in this plan are intended to guide Nevada's coordinated transportation stakeholders as they work together to sustain existing services and develop a stronger network of rural services at the local, regional and statewide levels. With the leadership provided by a coordinated transportation framework and the development of new services, transportation partners can address the unmet needs or gaps in services, as defined by the residents of Nevada. Active participation from public and private transportation service providers, along with identification and utilization of additional funding for transportation is needed to achieve these goals. With uncertainty in the passage of a new transportation bill (or continuing resolution of the FAST Act), NDOT must continue to be conscious of financial constraints in funding public transportation projects. Through collaborative funding and operational efforts, transit in rural Nevada may not only be sustained but also expanded.