

**CLARK REGIONAL BEHAVIORAL HEALTH POLICY BOARD  
HOMELESS TASKFORCE SUBCOMMITTEE MEETING  
CLARK COUNTY GOVERNMENT CENTER  
500 South Grand Central Parkway  
Las Vegas, NV 89155  
MEETING MINUTES  
06/16/2022  
1:00 P.M to Adjournment**

**The meeting was held using remote technology in compliance with Nevada Revised Statutes 241.023.**

**1. Call to order/Roll call** Subcommittee Chair Ariana Saunders

**Present:**

Ariana Saunders, Chair  
Dan Musgrove  
Jamie Ross  
Mary Duff  
Michelle Fuller-Hallauer  
Elizabeth Moore  
Jasmine Cooper  
Jamie Webster-Frederick  
Sara Adler  
Jackie Harris  
Mona Lisa Paulo  
Teresa Etchberry  
Angel Quinn  
Myesha Wilson  
Michelle Guerra  
Tianna Pena  
Sara Hunt  
Brooke Page  
David Robeck  
Liz Jarman  
Tray Abney

**2. Public Comment**

Mr. Dan Musgrove stated that more work needs to be done with the homelessness situation. He continued by saying the county is doing amazing work with transitional housing. More work needs to be done and there needs to be a bigger conversation that could be presented to the legislature. Being homeless and becoming homeless, is a crisis and can cause behavioral health issues for people who find themselves in this situation, either before or after they've had issues.

### **3. Informational**

Southern Nevada Homelessness Continuum of Care (CoC), current trends, needs, and data for servicing individuals experiencing homelessness with behavioral health concerns. Presenter, Michelle Fuller-Hallauer, Clark County Social Service Continuum of Care Manager.

Michelle Fuller-Hallauer opened by explaining the COC oversees the Southern Nevada Homelessness Continuum of Care Board which does all the planning around the continuum. This is mandated by U.S. Department of Housing and Urban Development (HUD). Ms. Fuller-Hallauer gave statistics and data on the number of adults and youth affected by mental illness and identified the primary cause of homelessness. The data presented was demographic. This included diagnosable disabilities, mental disabilities, substance abuse, physical disabilities and those who have been homeless 12 months or longer or those who have had four episodes of homelessness over the past three years that equal 12 months. Ms. Fuller-Hallauer also spoke about a Community Queue. This is a coordinated entry system for housing. This program assists people and families that are ready to move into housing or are waiting to be placed into housing. This program has waiting list and people that have applied must continue to check in or they will lose their place in the Queue. Ms. Fuller-Hallauer ended the presentation with four solutions that will help end homelessness. This was presented by the CoC. A copy of the presentation can be found on the Division website here:

[https://dpbh.nv.gov/Boards/RBHPB/Board\\_Meetings/2018/Clark\\_Regional/](https://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/Clark_Regional/).

Mr. Musgrove asked if local governments are participating.

Ms. Fuller-Hallauer confirmed the jurisdictions that are participating are the County of Clark, City of Las Vegas, City of North Las Vegas, City of Henderson, and the City of Boulder City.

Ms. Kim Moore asked if the data is correct.

Ms. Fuller-Hallauer stated that it is correct.

Ms. Jamie Ross inquired as to what is meant by Harm Reduction Treatment Agencies.

Ms. Fuller-Hallauer responded by stating they would like to have providers that are harm reduction based not only abstinence based and clients can be referred to these providers.

Ms. Jasmine Cooper added that there are providers who stipulate they are either abstinence or compliance based.

Ms. Angela Quinn also stated there are programs that do not have conditions, but they do want to know the medications people are using or if they are using controlled substances, this way they know the correct approach to take to avoid overdoses.

Ms. Ross inquired as to what are the best practices when talking about homelessness to home for co-occurring substance abuse and mental health issues.

Chair Saunders stated from a supportive housing perspective, the best practice is a housing first approach which means quick access to housing, low barrier, and client's choice. There are not enough choices.

Ms. Sara Adler asked if the charts for adults and youth are represented from the Community Queue or Point in Time Count (PIT).

Ms. Fuller-Hallauer responded Point in Time Count.

Ms. Adler followed up by asking what percentage is captured in the PIT count and what percentage is captured in the Coordinated Entry.

Ms. Fuller-Hallauer stated they are confident in their PIT account. They have a five percent variance in the confidence level.

#### **4. Informational**

Identification and development of strategies or objectives for subcommittee. Arian Saunders, Chair, Taskforce member and board members.

Chair Saunders would like to see what policies the committee can work towards. She informed the board they can submit an annual report which is submitted to the state for the Department of Health and Human Services (DHHS), which highlights the gaps and needs for the agency. This report can have an influence on funding and decisions. Chair Saunders also asked the Board what key topics they should focus on as a committee.

Ms. Moore would like to hear more about what challenges there are regarding youth. Those are some of the subcategories that she would like to identify. Another concern is youth that have mental health issues or are developmentally delayed and get sent to them from hospitals or dropped off by parents. Solutions need to be found so they can get housing right away and not 18 months later. Ms. Moore states there are no resources, and this committee will be great to help with this issue.

Ms. Brooke Page stated there are a lot of resources through Home Means Nevada and the American Rescue Plan to build and develop housing. She would like to see more accountability for housing that is being developed and see more focus on supportive housing being a requirement. Ms. Page sees a big disconnect together from developers and services.

Ms. Michelle Guerra believes that hospitals need representation in these meetings. Ms. Guerra gave the example of the Assertive Community Treatment Team (ACTT). This is unbundled and unattractive to providers. Ms. Guerra suggested this program could be married to supported housing which would make it more attractive to providers.

Myesha Wilson suggested a plan be developed to find employers that are willing hire people that have mental issues such as anxiety, PTSD etc. There needs to be a more robust system for after care to sustain these individuals once they've been connected to these services.

Ms. Adler proposed the creation of a revenue stream for housing that will aide extremely low-income people. They need to investigate how many different types of housing are needed and for different types of population.

#### **5. Public Comment**

Ms. Cooper reminded everyone that the clients can take a long time to seek help.

#### **6. Adjournment**

The meeting was adjourned at 2:24 P.M.

