

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: NV-501 - Reno, Sparks/Washoe County CoC

1A-2. Collaborative Applicant Name: Washoe County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Clark County

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	No	
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	No	
6.	Disability Service Organization(s)	No	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Northern Nevada CoC maintains a standing, publicly advertised open invitation for new members, and that invitation is renewed and communicated at least annually through the CoC's regular meeting and communication cycle. The invitation is published on the CoC website, where membership information, meeting agendas, and instructions for joining are posted, and it is distributed through the CoC's community-wide listserv, which any individual or organization may subscribe to. The CoC holds monthly general membership meetings that are open to the public, and membership is open on a continuous basis so that any interested organization or community member may join at any time.

CoC leadership reinforces the invitation in public forums. The CoC Coordinator and Leadership Council members present regularly to the Reno City Council, the Sparks City Council, the Washoe County Commission, and the Community Homeless Advisory Board. These meetings are open to the public, broadcast on public access channels, and livestreamed, which carries the invitation across the CoC's geographic area rather than only to existing members. Current CoC members also act as ambassadors, promoting CoC initiatives and encouraging organizations and community members that are not yet participating to attend and join.

The CoC makes the invitation deliberate rather than passive by using a structured gap analysis. A membership matrix is maintained that identifies categories of stakeholders that are absent or underrepresented in CoC membership, and recruitment is then directed to fill those gaps. Recruitment through this process recently added Washoe County Sheriff's Department, City of Sparks Police Department, and a representative from Washoe County's Human Services Agency Child Welfare. The CoC will continue to review the membership matrix at least annually to identify membership gaps and to direct recruitment to fill them. Additionally, the CoC voted to add two additional seats for an elected official that represents a local specialty court and a representative of a workforce development board.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The Northern Nevada CoC maintains a transparent, publicly accessible process for soliciting and considering input on its performance, strategies, and priorities. The CoC holds monthly general membership meetings that are open to the public and posts meeting information and materials on the CoC website. An open listserv distributes announcements, data, and requests for input to any individual or organization that subscribes. The CoC also invites organizations and community members to present best practices, proposed solutions, and feedback at general meetings.

The CoC actively seeks participation from a broad array of individuals and organizations with knowledge of, or an interest in, preventing and ending homelessness. These include nonprofit homeless assistance providers, victim service providers, hospital and behavioral health providers, public housing, law enforcement, school districts and youth education providers, employment and workforce organizations, local government staff, elected officials, and people with current or former experience of homelessness. The three jurisdictions that make up the CoC's geographic area, the City of Reno, the City of Sparks, and Washoe County, each hold public meetings where homelessness is regularly discussed and public comment is accepted. These public meetings are advertised in the newspaper and online. The Community Homeless Advisory Board, which includes two elected officials from each jurisdiction, provides a further standing public forum, and its meeting agenda is distributed to the CoC listserv. CoC leadership presents regularly at City Council and County Commission meetings, which are open to the public, broadcast on public access channels, and livestreamed.

Input is considered, not simply collected. Standing CoC subcommittees organized around specific populations and functions, including youth, coordinated entry, and PIT planning, report to the full CoC at the monthly meetings. Input received through public comment, the listserv, the subcommittees, and directly by the CoC Coordinator and Leadership Council members is brought to the monthly meetings for discussion and is used to inform policy decisions, set annual priorities, and shape the design of new and renewal projects. Recommendations that require policy action are forwarded to the CoC Leadership Council for adoption.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

A. The CoC Coordinator and Leadership Council conduct year-round outreach to public and community organizations that have not previously received or applied for CoC Program funding to encourage new applicants and provide technical assistance with the local competition. The CoC facilitates monthly Regional Alliance to End Homelessness (RAH) meetings, which are open to any interested agency or community member, and maintains an email listserv of 470 individuals representing a wide array of community organizations. The CoC conducts targeted outreach to substance use treatment providers, sober housing providers, community nonprofits, service agencies, affordable housing developers, victim service providers (VSPs) and faith-based organizations. Communications outline the funding opportunity and invite eligible agencies to apply. The CoC does not restrict competition, and information regarding the local competition is posted on the CoC website and distributed through the RAH listserv. Interested organizations are encouraged to participate in an Initial Applicant Workshop, which is publicly advertised on the CoC website and distributed multiple times through the listserv. The CoC provides an overview of the FY 2026 NOFO, submission process, required supplemental information, and deadlines. Workshop materials and e-snaps guides are posted on the CoC website to assist applicants. The CoC publicly posts its Review, Score, and Ranking Procedures, Project Rating and Ranking Tool, and Rating Matrix, which detail the criteria used to evaluate and rank applications. The Review, Score, and Ranking Procedures are also distributed through the RAH listserv. Competition materials are provided electronically in accessible formats. Nevada's Aging and Disability Services Division, a CoC member, provides accessibility support, and virtual meeting options are available.

B. The CoC received applications from organizations that had not previously applied for or received CoC Program funding, including Eddy House and the RennerVation Foundation which serve transition-age youth; The Karma Box Project, a street outreach and PATH provider; and the Domestic Violence Resource Center, a VSP that provides transitional housing. Applications aligned with HUD's requests for additional transitional housing and street outreach programs offering supportive services. The CoC continues to use its public notification and outreach methods to solicit applications from new organizations.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

There is a significant shortage of affordable housing, with housing costs continuing to outpace wages and limiting the availability of affordable units. The City of Reno's Housing Needs Assessment Dashboard est. that our region needs 2,993 new supportive housing units.

Addressing this gap requires substantial investment and partnerships, as market-rate development is unlikely to create sufficient affordable inventory. In 2024, the Corporation for Supportive Housing (CSH) completed a Permanent Supportive Housing (PSH) assessment for Washoe County that identified eight regional priorities: (1) establish a cross-sector supportive housing pipeline workgroup; (2) implement governance and assign responsibility for the plan; (3) develop a pipeline for 652 supportive housing units with annual goals; (4) implement a street-to-home initiative to house 1,284 unhoused individuals and 21 families; (5) develop 862 rapid rehousing and low-income housing opportunities; (6) secure units through creative strategies; (7) advance systems change through communication and strategy; and (8) build system capacity through training and technical assistance. An action plan was developed with timelines and assignments, however changes in available funding resulted in prioritization of shared agreements among housing funders on supportive housing definitions for respective funding priorities. The region's strategy focuses on making homelessness rare and brief by increasing access to permanent housing, expanding street outreach, preventing first-time homelessness, increasing PSH and rapid rehousing units, strengthening landlord partnerships, providing eviction prevention and mediation and rental and utility assistance, and connecting households to needed resources. Multiple CoC outreach teams serve the community, including teams focused on transitional-age youth, veterans, and residents of unincorporated Washoe County. Outreach connects people to services, shelters, housing, and Coordinated Entry, while also supporting encampment resolution and cleanup efforts. Funding includes HUD CoC Local Competition funds, Affordable Housing Trust Fund, and the Washoe Opioid Abatement and Recovery Fund. The CoC coordinates regional goals and priorities among participating organizations to promote a collaborative system. WCHSA has contracted with an agency to develop and implement a strategic plan in 2027 which will include priorities, assign tasks, and create timelines for implementation.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	60%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

NA

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC facilitates partnerships between project staff and Federally Qualified Health Centers (FQHCs), including Northern Nevada HOPES, which is represented on the CoC board, and Community Health Alliance (CHA), as well as the region's two Certified Community Behavioral Health Clinics (CCBHCs), Vitality Unlimited and Quest, and the Managed Care Organizations. Health navigators from these programs play a key role in assisting CoC projects by helping participants enroll in Medicaid, Medicare, and other mainstream benefits. At Nevada Cares Campus, the CoC's largest emergency shelter, externally funded medical providers are hosted onsite five days a week to serve insured clients. Additionally, a medical provider is available seven days a week to provide care for uninsured clients. Both the FQHCs and CCBHCs provide outpatient treatment for mental health and substance use disorders (SUD). Northern Nevada HOPES provides behavioral health services that include individual and group therapy, and psychiatric services. For SUD they provide counseling, medication- assisted treatment (MAT), recovery support, and intensive outpatient programs (IOP), as well as an array of wraparound services. CHA provides counseling, assessment, care coordination, individual/family/couples counseling, as well as telehealth. CHA also provides substance use treatment and MAT. Both Vitality Unlimited and Quest Counseling provide a very tailored approach to mental health and SUD. Their services include a comprehensive wrap around model incorporating mental health and SUD services, MAT, medication management, IOP, crisis services 24/7/365, peer and family support, care coordination, primary healthcare, as well as housing connections to transitional and sober living. These healthcare providers are integral members of the CoC and regularly share information about their services during CoC meetings. Additionally, the CoC Leadership Council includes representatives from key healthcare organizations, such as Northern Nevada HOPES a FQHC, and Anthem, a Managed Care Organization (MCO). The CoC also collaborates with the Statewide Behavioral Health Coordinator to identify resources, facilitate linkages to current and new providers, and support coordination of services for the homeless population.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Northern Nevada HOPES, an FQHC and CoC Board member, provides peer support services throughout all of its programs, including its own transitional living program, Hope Springs. Northern Nevada HOPES has incorporated peer support specialists into its medication assisted treatment (MAT) program and has experience providing direct services to people experiencing homelessness. Information about these services is provided at the CoC Leadership Council meetings as well as the Regional Alliance to End Homelessness (RAH) monthly meetings. Both Certified Community Behavioral Health Clinics (CCBHCs), Vitality Unlimited and Quest have peer support services built into their models as a key service. CrossRoads in Reno, a Washoe County Human Services Agency (WCHSA)-run program, provides peer-led, alcohol- and drug-free structured housing paired with integrated wraparound support services for Washoe County residents facing homelessness, substance use, and personal life challenges. The CrossRoads program presented at the RAH meeting on February 12, 2026, to educate meeting participants about the program model and eligibility criteria, and to encourage client referrals to the program. Recovery navigation is embedded in several local street outreach programs, including the programs funded by Washoe County's Opioid Abatement and Recovery Fund. Washoe County has also provided funding to a local faith-based organization to conduct street outreach using peers to provide referrals to substance misuse treatment programs.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Through Coordinated Entry, the standard assessment captures self-disclosed information regarding mental health diagnoses or experiences. All grantees are trained in administering and understanding the assessment tool and scores. Though the tool does not diagnose or serve as a source for the Seriously Mentally Ill (SMI) determination, it is an indicator that case managers and organizations can use to assist in connecting clients to mental health treatment resources. Through individualized, person-centered case management, each case manager works with clients and connects them to needed resources and providers to address their SMI. This includes providing bus passes or direct transportation to appointments, assisting clients with scheduling appointments and follow-up, taking them to the pharmacy for needed medications, and connecting them to any other resources needed. Additionally, at both the Nevada Cares Campus Emergency Shelter and Our Place Emergency Shelter (serving women and families), Mental Health Counselors are on-site to provide both individual and group therapy. Additionally, the CoC partners with Join Together Northern Nevada to provide prevention education and direct services through evidence-based programs delivered by trained prevention specialists focused on substance use and addiction. The CoC also partners with street outreach providers, including the Karma Box Project (KBP), which administers SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) program. PATH provides community-based outreach, mental health services, and connections to other needed resources for individuals experiencing homelessness with SMI. The Washoe County Sheriff's Office is represented on the CoC board and operates the Homeless Outreach Proactive Engagement (HOPE) Team, which conducts street outreach in Washoe County and partners with mental health clinicians to work directly with clients and refer them to additional services. WCHSA constructed and opened a 50-unit permanent supportive housing project that operates under a full Assertive Community Treatment model. Although the project is not HUD-funded, all referrals are made through the CoC's Coordinated Entry Community Queue, ensuring the project is integrated into the community's broader homeless response and prioritization process. The project provides onsite access to a psychiatrist, registered nurse, and mental health professionals.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

State of Nevada, Washoe County, Second Judicial District Court - Mental Health Specialty Court (AOT)
State of Nevada, Washoe County, Second Judicial District Court - Competency Court
Department of Human Services, Nevada Division of Public and Behavioral Health, Northern Nevada Adult Mental Health (AOT program)

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The Northern Nevada CoC coordinates with the Washoe County Mental Health Specialty Court and Competency Court and Northern Nevada Adult Mental Health to support housing stability, treatment engagement, and movement toward independence for individuals experiencing or at risk of homelessness. CoC housing and supportive service providers work with court and behavioral health partners to identify housing needs, coordinate behavioral health and supportive services, and address barriers to successful community living. When appropriate, court orders and the Assisted Outpatient Treatment (AOT) program are leveraged to support participant engagement in behavioral health treatment, case management, medication management, and other services identified in individualized plans. Aligning court-ordered requirements with housing and service plans promotes continuity of care, accountability, and stability while helping participants remain housed and progress toward greater independence. CoC providers assist participants with obtaining and maintaining housing, accessing mainstream benefits and behavioral health services, and developing the skills needed for successful tenancy. Court partners provide oversight of court-ordered requirements, while CoC providers address housing and supportive service needs that can affect treatment engagement and community stability. This coordinated approach integrates housing, behavioral health, and court services to support successful community-based living and long-term housing stability.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Washoe County Regional Behavioral Health Policy Board - 988/Crisis Programs

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

Vitality Unlimited - CCBHC (MOU)
Karma Box Project - PATH (MOU)

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

No current CoC-funded projects operate a sober housing program.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Individuals engaged by the Karma Box Project (KBP) through PATH street outreach are connected to the Coordinated Entry System and referred to appropriate housing and supportive services. KBP coordinates directly with CoC housing and service providers to facilitate warm hand-offs and maintain connections with individuals as they move from street outreach toward shelter, housing, behavioral health treatment, and other needed services. The CoC also coordinates with Federally Qualified Health Centers (FQHCs), Certified Community Behavioral Health Clinics (CCBHCs), the Access to Healthcare Network, Managed Care Organizations, and local healthcare systems. Health navigators assist participants with enrollment in Medicaid, Medicare, and other mainstream benefits that can support housing stability. Healthcare partners can identify individuals experiencing housing instability and connect them to prevention resources before they lose their housing, including rental and utility assistance, eviction prevention, benefits, and other community-based services. Healthcare services are also integrated directly into homeless service programs. At the Nevada Cares Campus, medical providers are available onsite throughout the week, allowing participants to access healthcare while remaining connected to shelter, housing, and supportive services. Additionally, the Cares Campus has an OnMed, a clinic-in-a-box that is a real-time virtual clinic located in the Resource Center. Our Place similarly partners with Community Health Alliance, a local FQHC, to provide onsite healthcare and referrals for women and families. Representatives from Renown, Northern Nevada HOPES, and Anthem also serve on the CoC Leadership Council, strengthening coordination and referral pathways between healthcare, behavioral health, homelessness prevention, and housing providers.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$3,240,496
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,714,506
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	53%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,320,634
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	94%

1C-3.

Participation Requirements for Supportive Services.

You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?

100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The City of Reno and City of Sparks are the two ESG recipients within the CoC's geographic area. Both jurisdictions have representatives on the CoC Leadership Council and participate in monthly CoC meetings, providing an ongoing structure for consultation between the CoC and ESG recipients. Several ESG subrecipients also participate on the Leadership Council, allowing organizations directly involved in delivering ESG-funded services to contribute to planning discussions.

The CoC Coordinator works with ESG recipients through the Leadership Council to identify community needs, service gaps, system priorities, and strategies for the use of ESG resources. These discussions are informed by CoC system-level data, including System Performance Measures, the Longitudinal Systems Analysis (LSA), Point-in-Time (PIT) Count, Housing Inventory Count (HIC), and project performance information. The Leadership Council reviews this information and discusses opportunities to improve system and individual project performance, including the performance and coordination of ESG-funded activities. ESG recipients use this consultation and system-level information to inform decisions regarding ESG priorities and allocation of funds. The CoC also coordinates with the ESG recipients through the Consolidated Planning process. The CoC participates in local Consolidated Plan workshops and provides PIT, HIC, and other relevant homelessness data and information to the participating jurisdictions to support the identification of homelessness needs and funding priorities.

The CoC will continue to consult with the City of Reno and City of Sparks through their participation on the Leadership Council, monthly CoC meetings, Consolidated Planning activities, and direct coordination with the CoC Coordinator. This ongoing consultation ensures that ESG planning and allocation decisions are informed by CoC priorities, system performance, identified service gaps, and the needs of people experiencing or at risk of homelessness throughout the CoC's geographic area.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The Northern Nevada CoC coordinates directly with emergency shelter providers so that shelter functions as an entry point to CoC assistance rather than an endpoint. Shelter providers operate as access points to the CoC's Coordinated Entry System. Shelter staff are trained to administer the Community Housing Assessment Tool (CHAT), the CoC's standardized assessment, and to place households on the community queue at the point of shelter entry, so that a household begins moving toward a housing intervention while still sheltered. Shelter staff work with each household at entry to identify available supports and develop a plan for moving to permanent housing, including assistance in becoming document-ready so that eligibility for a CoC-funded project can be established without delay.

The Nevada Cares Campus, the region's largest emergency shelter, holds weekly case conferencing sessions dedicated to connecting sheltered households with permanent housing. Shelter provider staff participate in these sessions, which allow providers to identify needs that were not captured at initial assessment, resolve documentation and eligibility barriers, and match households to the most appropriate available CoC-funded project. Once a household is matched to a CoC-funded project, shelter and housing provider staff coordinate directly to facilitate a warm handoff and transition to permanent housing. Shelter staff remain engaged during the transition, helping maintain continuity of services and addressing immediate needs until the household is successfully connected to the housing provider. Coordination is supported by broad HMIS participation across the CoC, which gives shelter and housing providers consistent household-level information and reduces duplicate assessments for households moving between shelter and CoC assistance. The CoC additionally facilitates bi-weekly case conferencing across five tracks covering outreach and unsheltered households, transition-age youth, families, veterans, and open Coordinated Entry referrals.

Shelter providers are also integrated into CoC governance and information flow. Shelter operators participate in the CoC's monthly general membership meetings, receive CoC communications through the community-wide listserv, and participate in CoC training.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The Northern Nevada CoC shares PIT, HIC, HMIS, and System Performance data with state and local government partners, as permitted by law and consistent with HMIS privacy requirements, to inform planning, resource allocation, service coordination, and improvements to the homelessness response system. Data are shared using the minimum information necessary for the identified purpose, with aggregate or de-identified information used whenever possible.

The CoC regularly coordinates with local government partners, including the City of Reno, City of Sparks, and Washoe County, to make homelessness data available for community planning and funding decisions. PIT, HIC, HMIS, and System Performance data are used to identify trends and gaps in the homeless response system, assess the need for housing and services, and inform local priorities. Data is also shared with local jurisdictions to support development of Consolidated Plans, Annual Action Plans, and other housing and community development planning efforts. The CoC coordinates with the region's ESG recipients, to use homelessness and system performance data to inform ESG planning and allocation decisions and evaluate how ESG-funded activities support the broader homeless response system. The CoC also makes aggregate PIT and HIC results and other homelessness data available to state and local partners to support broader planning/coordination across funding sources. SPMs and other HMIS-based reports are reviewed with the CoC Leadership Council, which includes representatives from local government and community partners, to evaluate system performance and identify opportunities for improvement.

All data sharing is governed by the CoC's HMIS Privacy Plan and Security Plan. The HMIS Privacy and Security Plan was last reviewed and approved on May 16, 2024 and is reviewed periodically for updates. HMIS access is limited to authorized users, and requests involving personally identifiable information (PII) are reviewed by CoC staff to ensure disclosure is permitted under the HMIS Privacy Plan and applicable law. When disclosure is authorized, only the minimum information necessary is provided, and appropriate security and documentation requirements are followed. Through these safeguards, the CoC provides state and local government partners with reliable homelessness data to support planning and system improvement while protecting participant privacy and complying with applicable HMIS privacy and security requirements

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC uses data from multiple sources alongside HMIS to better understand participant needs, identify service gaps, coordinate care, and improve housing outcomes. The CoC incorporates health and behavioral health information available through community healthcare partnerships, including Northern Nevada HOPES, a Federally Qualified Health Center, and other behavioral health providers. These partnerships support coordination of primary care, behavioral health, and substance use services with housing interventions. Healthcare representation on the CoC Leadership Council further supports coordination between the homelessness and healthcare systems.

Public health and law enforcement information is also used to inform the homelessness response. In 2023, Northern Nevada Public Health published the 2022-2025 Washoe County Community Health Assessment, a comprehensive assessment of health needs, determinants, and outcomes in Washoe County. The assessment uses secondary data and community input to guide health improvement planning and includes the healthcare needs of the homeless population. The Washoe County Sheriff's Office and Sparks Police Department participate in the CoC's governance and support outreach and identification of individuals experiencing unsheltered homelessness. Law enforcement partners also share information on trends in calls for service involving people experiencing homelessness. The Washoe County HOPE and Sparks HOPE teams do not publish their reports, however the CoC is able to request ad-hoc reports on response call numbers.

Information on the number of calls for services responded to by the local Emergency Medical Services (EMS) at the local emergency shelter is provided and reviewed monthly. This data helps inform strategies to reduce demand on EMS, such as the placement of 2 RNs at emergency shelters. Information on individuals with high EMS utilization has also been shared with emergency shelter providers to support targeted outreach and help reduce avoidable emergency service utilization and associated system costs.

Information is used in a manner consistent with applicable privacy requirements and data-sharing agreements. The CoC's data practices emphasize appropriate access, confidentiality, and use of participant information for its intended purpose. This multi-source approach provides a more comprehensive understanding of participant needs and system performance, helps partners coordinate services and improve housing stability

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Nevada Department of Employment, Training and Rehabilitation (DETR)
Nevada Works
Community Services Agency (CSA)
Reno-Sparks Chamber of Commerce
Truckee Meadows Community College (TMCC)

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Two of the three local law enforcement agencies serving the CoC's geography, the Washoe County Sheriff's Office (WCSO) and Sparks Police Department (SPD), are active CoC members and collaborate directly with street outreach providers. Both operate Homeless Outreach Proactive Engagement (HOPE) teams. The WCSO HOPE Team includes one sergeant, two deputies, and two Washoe County Human Services Agency case managers, while the SPD HOPE Team includes one sergeant and two officers. The WCSO HOPE Team was also recommended for funding as a new project on the FY 2026 CoC Priority Listing, further integrating this co-response model into the CoC's outreach and housing response.

Law enforcement participation in the CoC allows agencies and outreach providers to coordinate responses and promote positive, service-focused interactions with people experiencing unsheltered homelessness. Outreach teams serve defined geographic areas and/or populations, including veterans and transition-age youth, while the WCSO HOPE Team serves Washoe County, including unincorporated areas. When law enforcement encounters an individual better served by another outreach team, officers contact the appropriate provider and facilitate a warm hand-off, shifting the interaction from enforcement toward engagement, services, and housing. CoC outreach case managers also conduct joint outreach rides and walks with law enforcement, allowing outreach staff to build relationships and connect individuals to services during first-responder encounters. CoC outreach projects do not participate in law enforcement sweeps or punitive enforcement, helping preserve trust and encourage engagement with outreach, Coordinated Entry, and other CoC services.

Other co-response teams address specialized needs. The Mobile Outreach Safety Team (MOST) pairs law enforcement with mental health clinicians to address behavioral health needs, while StreetReach provides nurse-led outreach, healthcare, and connections to ongoing health and social services. CoC staff train law enforcement and EMS personnel on coordinated entry referrals, trauma-informed care, and facilitate care coordination through case conferencing. Outreach teams also coordinate to determine whether individuals are already connected to a housing caseworker, reducing fragmented services and helping first responders connect individuals to Coordinated Entry, housing, behavioral health care, and other CoC services.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Youth education providers have a reserved seat on the CoC Leadership Council, as established in the CoC Bylaws. Washoe County School District (WCSD), Eddy House (TAY emergency shelter provider) and other youth focused nonprofits participate in the Leadership Council, while the McKinney-Vento Local Education Agency (LEA) liaison is a voting member. Youth education is addressed through standing agenda items at monthly CoC and Leadership Council meetings, and providers actively participate in the CoC Youth Subcommittee.

WCSD administers the Children in Transition (McKinney-Vento) program and regularly participates in CoC meetings, Leadership Council activities, and the Youth Subcommittee, including development of a Youth Lived Experience Advisory Board. CoC members also participate in the Nevada Department of Health and Human Services statewide Youth Experiencing Homelessness Study Steering Committee, which examines the prevalence, characteristics, needs, system supports, funding, and service gaps affecting youth experiencing or at risk of homelessness. The effort includes surveys, public meetings, site visits, interviews, listening sessions, and youth engagement.

All CoC-funded programs designate staff to identify homeless children and youth eligible for educational services and coordinate with school districts to facilitate prompt enrollment and access to resources. Programs post information on educational rights and local liaison contacts, encourage immediate school enrollment, and include educational assurances in intake processes. Providers may arrange direct coordination between families or unaccompanied youth and school district enrollment staff to support timely enrollment.

School liaisons also provide families and youth with information about housing and supportive services. The CoC ensures liaisons have current contact information and materials from housing agencies to facilitate referrals.

Coordinated case management between the CoC, education providers, and housing agencies strengthens the connection between educational, housing, and supportive services for children, youth, and families experiencing homelessness.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

Encampment locations and planned enforcement activities are shared at biweekly street outreach case conferencing meetings to prioritize outreach to those locations. Other regional meetings are held weekly or biweekly that include regional law enforcement teams, the business improvement district, and street outreach providers to coordinate responses to encampment locations. The CoC does not interfere with or impede lawful local enforcement activities and instead coordinates outreach and services to support individuals affected by those activities.

Two of the three local law enforcement agencies, the Washoe County Sheriff's Office (WCSO) and City of Sparks Police Department, are voting members of the CoC Leadership Council. The WCSO Homeless Outreach Proactive Engagement (HOPE) Team works actively with a team of one sergeant and two deputies, paired with two Washoe County Human Services Agency case managers, to actively engage individuals and encampments throughout the Washoe County region as well as unincorporated Washoe County. The HOPE team uses a relationship-driven, dual approach of supportive outreach and coordinated cleanup operations to manage and reduce homelessness in encampments. This includes connecting unsheltered people into emergency shelters, Nevada Cares Campus or Our Place (serving women and families), connecting transitional aged youth to Eddy House, or connecting veterans to Veteran's Services. The WC HOPE team also partners with licensed mental health clinicians from the Mobile Outreach Safety Team (MOST), which provides crisis services and referrals to substance use treatment providers. The mental health clinicians and deputies are also able to initiate an involuntary commitment if they determine the individual meets the criteria based on concerns for the health and safety of the individual and/or those around them. Having a strong relationship and partnership with the local law enforcement agencies allows the various street outreach partners to work collaboratively with each jurisdiction, while also partnering with community businesses such as Union Pacific, the Business of Land Management, and the Sun Valley General Improvement District to conduct encampment cleanups.

While the CoC does not deny access to programs based on past criminal justice system involvement, clients required to register who are not currently in compliance are assisted with meeting applicable SORNA requirements and may be reported to law enforcement.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Local ordinances in Reno, Sparks, and Washoe County restrict camping, sleeping, sitting, or lying in designated public areas. Reno Municipal Code 8.12.011 prohibits camping in public places, including sidewalks, streets, alleys, sensitive areas, and doorways. Sparks Municipal Code Chapter 9.48 prohibits camping on public property in designated corridors, parks, and city-owned parking structures. Washoe County Ordinance Chapter 50, Section 50.400, addresses camping on county-owned property and public places. Nevada Senate Bill 155 (2023) also authorizes justice or municipal courts to transfer certain cases to district court to facilitate access to Assisted Outpatient Treatment (AOT).

The CoC includes Washoe County and the Cities of Reno and Sparks, along with the Washoe County Sheriff's Office and Sparks Police Department. This regional structure supports collaboration among jurisdictions and law enforcement to coordinate encampment response, connect individuals to services, and identify opportunities to align policies and practices.

Reno's Clean and Safe and Downtown Reno Partnership programs incorporate outreach into encampment response. In collaboration with regional nonprofits, outreach connects people experiencing homelessness to emergency shelter, meals, employment, case management, and medical care. In 2023, Clean and Safe, Karma Box Project, and RISE reported 36 housing arrangements, 98 shelter arrangements, 146 identification replacements, 49 family reunifications, and assistance accessing 99 resources.

Additional outreach is provided by the Washoe County Sheriff's Office HOPE Team and Sparks Police Department HOPE Team. The Washoe County HOPE Team also supports encampment cleanup and engagement; in 2025, it removed 116.5 cubic yards of trash from 34 encampments and, through the I-80 Corridor Cleanup, removed an additional 5.5 tons. This is done in close collaboration with local agencies such as Pacific Union Railroad, the Business for Land Management and US Forestry.

The CoC will leverage existing outreach partnerships, law-enforcement collaboration, Coordinated Entry, shelter, housing, and supportive services to connect people to alternatives before and during encampment resolution. The CoC will continue coordinating across jurisdictions, identifying service gaps, sharing effective practices, and advocating for policies that support both public safety and meaningful connections to housing and services.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Unregulated encampments and tents across the region are strictly restricted and subject to active enforcement cleanups. The City of Reno, City of Sparks, and Washoe County all have municipal codes and regulations stating that camping is not allowed in places such as, but not limited to public places, parks, or vehicles, along the Truckee River corridor. Washoe County Homeless Outreach Proactive Engagement (HOPE) works in unincorporated areas of Washoe County, where a non-recreational camping ban allows the Sheriff's Office to clear hazardous areas once outreach efforts have been exhausted. These areas are more challenging as they involve various terrains that can be difficult to get to such as steep embankments. The WC HOPE team has multiple strong partnerships throughout the community that assist in the facilitation of removing encampments including Bureau of Land Management, Sun Valley General Improvement District, Union Pacific Railroad, and the US forest Service. These partnerships show a collaborative effort with local law enforcement agencies as a community's commitment to reduce encampments and coordinate to clean the locations after encampments have been cleared through waste removal.

Within the urban core, the City of Reno's Clean and Safe team, and Downtown Reno Partnership (Business Improvement District) teams work to quickly dismantle public tents and get those individuals connected to resources, including providing transportation to one of the two emergency shelters if unable to provide a different diversion, Nevada Cares Campus, and Our Place (serving women and families).

Street outreach teams have been funded specifically by Washoe County to conduct outreach in the vicinity of the central emergency shelter to ensure that encampments and/or tents are not established and if present, are quickly resolved. Any unsheltered individuals are engaged to facilitate transport to the emergency shelter whenever possible as the emergency shelter provides robust, housing focused services, mental health and basic medical care. Other street outreach teams work in other geographics areas with same goal of connecting people to services and housing.

Given the high cost of housing locally and limited funding for key services such as mental health care, basic medical care and substance use treatment, unsheltered homelessness continues to be a challenge despite these robust outreach efforts.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Local and state laws support efforts to decrease illicit drug use in public while providing pathways to treatment and care. Washoe County Code § 95.340 prohibits controlled substances in County park facilities, providing a local enforcement mechanism in these public spaces. NRS 453.411 prohibits the unlawful use of, or being under the influence of, a controlled substance, while NRS 458.175 addresses individuals found unlawfully under the influence in a public place who are unable to care for their own health or safety or that of others. NRS 458.175 authorizes peace officers to transport these individuals to a licensed treatment or other appropriate facility for observation and care. Locally, the Mobile Outreach Safety Team (MOST) pairs law enforcement with behavioral health clinicians to respond to behavioral health crises, including significant substance use concerns, and connect individuals to appropriate services. This co-response model provides a pathway from a public encounter to assessment and treatment.

Washoe County will receive approximately \$41 million over 20 years through opioid settlement funding. The Washoe Opioid Abatement and Recovery Fund (WOARF) conducted a countywide needs assessment addressing OUD prevention, treatment, and recovery, with input from a Steering Committee and Advisory Board of Lived Experience. Funding has supported 11 regional agencies, expanding coordinated responses to illicit drug use.

The CoC leverages these investments to connect individuals using illicit drugs in public to treatment, recovery, housing, and supportive services. WCHSA contracts with Catholic Charities of Northern Nevada for outreach and referrals to treatment and housing. Other WOARF-supported resources include Northern Nevada HOPES' housing and treatment services, StreetReach mobile health services, Bristlecone Family Resources' planned 20-bed detoxification center, Ridge House outpatient OUD treatment, and WCHSA's CrossRoads Families program.

The CoC will leverage these laws, MOST, outreach, treatment, housing, and law enforcement partnerships to strengthen referral pathways and quickly connect individuals to appropriate interventions. No local law or policy has been identified that materially restricts these efforts, so no specific mitigation measure is currently necessary. The CoC will continue identifying capacity and referral gaps and use evaluation and lived-experience input to guide improvements.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Illicit drug use in public spaces continues to present public health and safety concerns within the CoC's geographic area. FBI Crime Data Explorer data show 1,125 drug possession arrests from September 2024 through September 2026 among the three primary law enforcement agencies serving the area: 649 by the Reno Police Department, 255 by the Washoe County Sheriff's Office, and 221 by the Sparks Police Department. Although the data does not identify whether arrests occurred in public or private locations, the volume of drug possession arrests demonstrates the continued presence of illicit drugs in the community and provides context for the broader public health and safety concerns associated with illicit drug use.

In August 2026, the Nevada Division of Public and Behavioral Health (DPBH) released the 'Nevada State Unintentional Drug Overdose Reporting System (SUDORS): 2024 Washoe County Summary Report', developed by Larson Institute at the School of Public Health, University of Nevada, Reno. The report is biennial and utilizes information reported in the SUDORS for the period of January 1, 2024, through December 31, 2024. The report shows that overdose deaths decreased from 297 in 2023 to 217 in 2024. Based on Medical Examiner toxicology reports, stimulants were identified in 70% of cases, opioids in nearly 60%, and both stimulants and opioids in over 36%. In 25% of cases, there was a documented mental health diagnosis, 12% involved individuals experiencing homelessness, and 11.5% involved individuals who had previously overdosed. Nearly 74% showed evidence of substance use, 67% occurred in a residence, and naloxone was administered in 33% of cases. Washoe County's overdose rate was lower than the statewide rate.

In May 2026, the Nevada Division of Public and Behavioral Health (DPBH) released the 'Nevada Drug Overdose Surveillance May 2026: Washoe County Report' developed by Larson Institute at the School of Public Health, University of Nevada, Reno. This report reflects the emergency department (ED) data from the National Syndromic Surveillance Program. The report highlights that suspected drug-related overdose relating to an ED visit have increased by 6% between April 2025 to April 2026 and increased by 11% between March 2026 and April 2026.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Nevada Revised Statutes (NRS) Chapter 433A establishes standards for voluntary and involuntary admission to mental health facilities and Assisted Outpatient Treatment (AOT). Individuals experiencing a qualifying mental health crisis may be placed on a 72-hour involuntary hold for assessment, evaluation, intervention, and treatment. A qualifying crisis involves mental illness that substantially impairs self-control, judgment, or ability to meet personal needs and creates a substantial likelihood of serious harm to self or others. Substance use or intoxication alone does not qualify unless a mental illness also contributes to the impairment.

Qualified behavioral health professionals and law enforcement may initiate an involuntary hold when statutory criteria are met. Nevada Senate Bill 155 (2023) expanded pathways to AOT by allowing justice or municipal courts, with district court approval, to transfer certain cases to district court when a defendant may be eligible for AOT.

These authorities provide the CoC with established standards for responding when individuals experiencing homelessness present a substantial risk to themselves or others. Washoe County and City of Sparks HOPE teams can coordinate with behavioral health professionals and law enforcement to initiate crisis holds when criteria are met, providing short-term stabilization and assessment while connecting individuals to behavioral health treatment, housing, and supportive services.

The CoC will leverage these authorities through continued coordination among outreach teams, behavioral health providers, law enforcement, courts, hospitals, and housing providers. The CoC will strengthen referral and communication protocols, identify individuals needing services before crises escalate, expand connections to community-based behavioral health and housing resources, and use AOT when legally appropriate. No local law or policy has been identified that materially restricts the CoC's ability to use these authorities. The CoC will continue identifying service capacity and referral gaps and use ongoing case coordination to support continuity of care following crisis stabilization.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Under the Sex Offender Registration and Notification Act (SORNA), responsibility for sex offender registration, tracking, and information sharing falls primarily on designated registration jurisdictions. In Nevada, these responsibilities are carried out by state and local law enforcement agencies. In Reno/Sparks and Washoe County, tracking and notification are handled by the Regional Sex Offender Notification Unit (RSONU), which includes the Washoe County Sheriff's Office, Reno Police Department, Sparks Police Department, and Nevada State Police Parole and Probation. RSONU coordinates registration, monitoring, notification, and enforcement. In January 2026, RSONU launched the OffenderWatch Public Portal, providing public access to registered sex offender information throughout Washoe County. Nevada law supports registration and location information sharing through NRS Chapter 179D. NRS 179D.475 provides for distribution of updated registration information to law enforcement, other jurisdictions, and specified entities. NRS 179D.470 requires registered sex offenders without a fixed residence to report changes in temporary shelter or locations where they habitually sleep to local law enforcement at least every 30 days, maintaining location information for individuals experiencing homelessness. SORNA guidelines support sharing relevant offender information with agencies responsible for protecting minors. HSA may receive relevant information to support child safety in foster care and child welfare cases. NRS Chapter 432B also establishes information-sharing requirements related to child protection. If HSA identifies suspected child abuse or neglect, applicable reporting requirements provide for reporting to appropriate authorities, including law enforcement when required. The CoC supports SORNA compliance. While CoC does not deny program access based on past criminal justice involvement, clients not in compliance with applicable SORNA requirements are assisted with compliance and may be reported to law enforcement. HUD mandates strict client confidentiality within the CoC's HMIS data networks. CoC policies forbid law enforcement from having open or unrestricted access to HMIS to track client locations without a targeted subpoena or specific statutory exception. The CoC will leverage RSONU, OffenderWatch, and law enforcement partnerships to support required information sharing while maintaining HMIS and client privacy protections.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The Northern Nevada CoC operates under an adopted Coordinated Outreach Policy governing outreach planning, deployment, and coordination. Multiple agencies map the region, identify underserved areas, and deploy outreach teams accordingly. Street outreach covers 100% of inhabited areas within the CoC. Washoe County encompasses 6,542 square miles, much of it undeveloped desert; outreach is targeted to inhabited areas where people experiencing homelessness are located.

Outreach is continuous, with CoC staff conducting outreach at least five days per week and most partners Monday - Friday. CoC staff are not limited to a specific population or geography and fill gaps left by partners serving defined areas or populations, including veterans, transition-age youth, and individuals with serious mental illness. The CoC also participates in pop-up homeless connect events in areas with higher concentrations of unsheltered homelessness.

Outreach teams are an entry point to the Coordinated Entry System (CE). Trained workers complete the Community Housing Assessment Tool and can place households directly on the community queue, connecting individuals to housing and services at the point of contact. Biweekly outreach case conferencing brings regional teams together to develop housing plans for identified unsheltered individuals.

Outreach prioritizes individuals least likely to seek assistance. Teams regularly engage people along the Truckee River corridor, building trust through repeated contact, providing basic necessities, and connecting individuals to shelter, treatment, and housing. Accessible event materials and bilingual outreach workers support individuals with limited English proficiency.

The Washoe County HOPE Team extends outreach into unincorporated areas, including remote and difficult-to-access locations and unsafe areas such as the I-80 corridor. Consistent engagement builds rapport and connects individuals not engaged in services.

Beginning January 2026, the HOPE Team implemented an accountability-based initiative requiring participating clients to pursue permanent housing, maintain clean sites, and engage in medically necessary behavioral health services. Clients are referred to CE, while documented progress supports continued assistance with food, water, and transportation. The initiative combines basic needs, accountability, case management, and housing placement to improve engagement, reduce unsheltered homelessness, and promote community safety.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No

5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	Yes
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Northern Nevada Continuum of Care confirmed that all grantee providers that work with families are aware and making referrals to the Washoe County School District's program for Children in Transition (CIT). In addition, the CoC developed a policy entitled "The Northern Nevada Continuum of Care: Eligibility to Educational Services" that outlines the process for identifying school-aged youth through the Community Housing Assessment Tool (CHAT) and how to make appropriate referrals.

The Continuum of Care (CoC) requires Coordinated Entry and participating homeless-services providers to identify households that include school-aged youth and inform them of their potential educational rights under the McKinney-Vento Homeless Assistance Act. Families are provided with information about the Washoe County School District Children in Transition (CIT) program and are referred to the district's CIT team when they need assistance with school enrollment, school-of-origin rights, transportation, or other barriers to educational access. Information is provided verbally and through the district's CIT family webpage and program contact information.

School-aged youth can be identified through the following steps.

- 1.If a Family CHAT has been utilized, ask the families whether they have school-aged children or youth;
- 2.Inform them that children and youth experiencing homelessness may have educational rights under McKinney-Vento;
- 3.Provide the CIT webpage and CIT contact information; and
- 4.Refer families to CIT when assistance is needed with enrollment, school of origin, transportation, or another educational barrier.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Washoe County Housing and Homeless Services (CoC Collaborative Applicant) is a division within the Washoe County Human Services Agency which operates both foster care and child welfare for the region of Washoe County. By working under the same umbrella, the CoC has addressed regulatory requirements related to information sharing through the use of appropriate releases of information (ROI), where appropriate. This allows for collaborative case management between systems and coordination of housing and supportive services for youth transitioning from foster care and other child welfare services.

In addition to having an established working relationship, the CoC has a representative from the Washoe County Human Services Agency Child Welfare System serving on the governing board. This supports a unified approach to addressing the housing and service needs of transition-age youth (TAY) and provides a monthly venue for communication and information sharing. This coordination helps identify youth who are approaching or have recently exited foster care and connect them to available housing, homelessness prevention, and supportive service resources.

The CoC Board member, who is a child welfare supervisor, provides the governing board with information about the child welfare system and key contacts for specific programs within the child welfare system. This ongoing coordination helps the CoC and child welfare partners identify service gaps, strengthen referral pathways, and address barriers that may place youth transitioning from public systems of care at risk of homelessness.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Northern Nevada CoC coordinates with RHY-funded providers and other youth-serving agencies through ongoing collaboration, referrals, case coordination, and participation in the CoC. Northern Nevada has an actively funded RHY program operated by the Children's Cabinet, which provides a Basic Center Program (BCP) emergency shelter for runaway and homeless youth under 18. The BCP provides up to 21 days of safe shelter, crisis intervention, mental health counseling, and family reunification services. The Children's Cabinet also operates Safe Place and mobile street outreach to engage at-risk minors and connect them to services before they enter juvenile justice or child welfare systems.

The CoC also coordinates closely with providers serving transition-age youth (TAY), including Eddy House and the Nevada Youth Empowerment Project (NYEP). Eddy House is an active CoC member and provides emergency shelter, outreach, case management, workforce development, life-skills education, healthcare, meals, and other wraparound services for youth ages 14–24. Eligible youth may transition to the Community Living Program and, when ready, the 36-unit Transitional Living Community, which provides up to two years of affordable housing combined with case management, employment/education support, financial coaching, transportation assistance, and other services. Aftercare staff assist youth with housing searches, transition planning, and long-term stability.

NYEP provides transitional housing, life-skills training, mentorship, and supportive services for homeless and at-risk young women ages 18–24. Its Transitional Housing Program provides 12–24 months of supportive housing, meals, utilities, education and employment assistance, and individualized guidance to promote independent living. NYEP and Eddy House staff attend the biweekly TAY case conferencing meetings facilitated by the Collaborative Applicant.

Through these partnerships and case conferencing meetings, the CoC supports coordinated referrals, service connections, housing transitions, and continuity of care between RHY programs, youth-serving providers, and the broader homeless response system. Where RHY-funded Street Outreach, Basic Center, Transitional Living, or Maternity Group Home services exist, the CoC works with providers to connect youth to appropriate shelter, housing, supportive services, and longer-term stabilization resources.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Safe Embrace - Survivor Bridge TH
Safe Embrace - RRH for Domestic Violence
Domestic Violence Resource Center - TH

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Safe Embrace addresses employment barriers common among survivors, including financial abuse, forced job loss, and safety-related relocation. Each participant develops an Individual Stability Plan addressing employment, education, income growth, benefits, and financial management. Employment milestones and target dates are incorporated into the plan and reviewed regularly by project staff.

Safe Embrace provides resume, application, and interview preparation, financial coaching, and connections to employment and training opportunities. MOUs with NNVMAP and DevCorp create an apprenticeship-readiness and registered building-trades apprenticeship pathway to earn-while-you-learn positions and family-sustaining wages. Additional workforce partners include CSA, Nevada Works, EmployNV Career Hubs, Nevada JobConnect, JOIN Inc., Integrity Staffing, and the Grand Sierra Resort. These partnerships provide access to job readiness, workforce placement, training, and direct employment opportunities. The Domestic Violence Resource Center (DVRC) incorporates employment and income goals into each survivor's individualized service plan. Staff assess employment history, skills, career interests, barriers, education, and training needs and provide resume development, application and interview assistance, job-search support, transportation planning, and assistance obtaining work-related certifications.

DVRC connects survivors to career assessments, vocational training, industry-recognized certifications, adult education, and job placement through NevadaWorks, the Governor's Office of Economic Development's Individual Career Mapping Program, Truckee Meadows Community College Workforce Development and Community Education, and Truckee Meadows Adult Education. DVRC also connects eligible survivors to scholarships and educational assistance that reduce barriers to training and professional certifications.

Both projects combine individualized employment planning with workforce partnerships to help survivors increase earned income, access higher-paying career pathways, and develop the financial capacity to pay rent and sustain permanent housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Safe Embrace leverages mainstream family service systems by connecting participants to benefits and services administered through the Nevada Division of Welfare and Supportive Services (DWSS), including TANF, SNAP, Medicaid, childcare assistance, and other family and economic-support programs. DWSS staff are co-located with Safe Embrace at no cost to the project, providing direct assistance with applications, eligibility documentation, and referrals. Project staff coordinate with DWSS and other mainstream providers to identify participant needs and connect households to benefits, employment services, childcare assistance, healthcare, and other resources that increase household resources and support housing stability.

Safe Embrace also braids federal, state, local, and private funding so each funding source supports its eligible scope while participants receive coordinated assistance. Meridian behavioral health services are leveraged as CoC match, while workforce training is supported through NNVMAP/DevCorp. Private donor funding provides flexible assistance for immediate financial barriers, such as security deposits and other expenses that may prevent participants from obtaining or maintaining housing. Additional federal resources, including OVW, VOCA, and FVPSA funding, are aligned with CoC funding to support eligible survivor services without duplicating costs.

The Domestic Violence Resource Center (DVRC) similarly partners with DWSS. A dedicated eligibility worker provides on-site assistance one day each week with eligibility determinations, applications, and renewals for TANF, SNAP, Medicaid, and other public assistance programs. Survivors are also connected to SSI/SSDI, unemployment benefits, childcare assistance, child support, victim compensation, and other mainstream resources for which they are eligible. Staff help survivors maximize available benefits while addressing financial barriers that may prevent them from securing employment or permanent housing.

DVRC supplements CoC funding with the Victims of Crime Program, emergency financial assistance through the Nevada Coalition to End Domestic and Sexual Violence, and community resources for security deposits, utility assistance, transportation, and other housing-related expenses. As immediate needs are stabilized, DVRC's Financial Coach helps survivors establish a spending plan, rebuild credit, reduce debt, increase savings, and prepare for the ongoing costs of independent living.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Safe Embrace combines housing assistance with childcare, parenting, healthcare, and educational supports based on each family's needs. Families receive childcare navigation and assistance applying for childcare subsidies, referrals to Public Pre-K and Head Start, early-childhood developmental services, and trauma-informed parenting support. These services are incorporated into family Stability Plans alongside housing and other goals. Safe Embrace also coordinates with Child Protective Services through cross-training, two-way referrals, and wraparound services for survivor families, including emergency shelter placements initiated by CPS caseworkers.

Safe Embrace maintains a five-year partnership MOU with the Washoe County School District and provides school enrollment assistance, McKinney-Vento coordination, and educational stability planning. Families are also connected to medical, pregnancy-related, and child healthcare based on their identified needs. Legal partners assist with custody, child support, and protection matters that may affect family and housing stability.

The Domestic Violence Resource Center (DVRC) similarly combines housing assistance with family-centered supportive services. Through the Children's Cabinet, families receive parenting education, early-childhood services, developmental supports, childcare resources, and family-strengthening services. DVRC assesses the needs of infants and young children and connects families to Head Start and Early Head Start, early intervention, developmental screenings, childcare, preschool, and school-readiness services. DVRC also assists survivors in accessing childcare assistance through DWSS. DVRC coordinates healthcare access through Renown Health and assists families with Medicaid enrollment through its DWSS partnership. Educational supports include coordination with Communities In Schools of Northern Nevada to promote school attendance and access academic and behavioral health resources, as well as connections to Truckee Meadows Community College and the University of Nevada, Reno. When survivors have active CPS cases and provide a Release of Information, DVRC coordinates with caseworkers to support family safety and stability.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

U.S. Department of Veterans Affairs (VA)
Washoe County Human Services Agency (WCHSA)
Northern Nevada HOPES — Federally Qualified Health Center (FQHC)

 nbsp;nbsp;

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Safe Embrace
Domestic Violence Resource Center (DVRC)

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

State of Nevada, Washoe County, Second Judicial Court - Mental Health
Specialty Court
State of Nevada, Washoe County, Second Judicial Court - Competency Court,
Specialty

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Northern Nevada HOPES (FQHC) - Partner
Washoe County Human Services Agency's Cares Campus Permanent
Supportive Housing - Partner

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Accessible Space Inc (ASI) - Disabled and Elderly Housing

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Washoe County Human Services Agency - PSH
Volunteers of America (VOA) Anchor - PSH

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Volunteers of America's ANCHOR Permanent Supportive Housing program provides residents with intensive case management and access to behavioral health services that support housing stability and long-term independence.

ANCHOR clinical services include psychiatric services, medication management, individual and group mental health therapy, and substance-use counseling. The program coordinates these services with housing and supportive services to address residents' behavioral health needs and barriers that may affect their ability to maintain housing.

ANCHOR case management provides an important connection between residents and behavioral health providers, helping participants access appropriate treatment, maintain engagement in services, and address emerging needs. Behavioral health services are integrated with housing-focused support so residents can receive assistance addressing mental health and substance-use needs while working toward greater stability and independence.

The program's combination of permanent housing, case management, and behavioral health services provides a coordinated approach for individuals who may require ongoing support to successfully maintain housing in the community.

The Washoe County Human Services Agency's Permanent Support Housing program also has an Assertive Community Treatment (ACT) that meets full fidelity of the American Society of Addiction Medicine (ASAM) criteria including psychiatry, mental health counselors, peers support, educational supports, and primary medical services. Additionally, there are mental health counselors available on both emergency shelter locations and case managers that provide direct transportation and connecting clients to mental health services in the community to clients both on or not on the community queue through the Coordinated Entry program.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

VOA's ANCHOR Permanent Supportive Housing program uses ongoing assessment and individualized service planning to identify participant needs that may require services beyond the scope of permanent supportive housing. Case managers conduct screening and assessments, complete a social history, develop individualized service plans with participants, monitor progress, and reassess needs as circumstances change. When a participant's medical, behavioral health, substance-use, or functional needs indicate that a higher level of care may be appropriate, staff coordinate with appropriate community providers and make referrals for services such as residential treatment, intensive behavioral health services, or other appropriate care settings. ANCHOR provides clinical and non-clinical supports, including psychiatric services, medication management, individual and group mental-health therapy, substance-use counseling, crisis intervention, and intensive case management. These services allow staff to identify changes in functioning or service needs and coordinate appropriate interventions while supporting housing stability. When needs exceed what can safely or appropriately be provided through PSH, staff work with the participant and service providers to facilitate an appropriate referral and transition to a higher level of care, when necessary. This ongoing assessment and coordination process helps ensure participants receive services consistent with their changing needs while maintaining housing stability and promoting the highest level of independence appropriate to their circumstances.

In addition to ongoing assessments for individuals, a Moving-On assessment is completed at least annually, or if there are circumstances that would trigger a Moving On assessment, such as changes in income. This assessment reviews earned/unearned income, education and employment, their substance use and mental health status as well as physical health, risk of criminal activity, living skills, community support, and supportive services. This allows case managers to get a full picture of the client to assist in identifying clients who may be escalating in need and may be more appropriate for a higher level of care.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Washoe County Human Services Agency (HSA) Permanent Supportive Housing (PSH) uses a combination of ongoing individualized case management and their annual Moving On Assessment to identify participants who may be ready to transition to unsubsidized or other permanent housing. HSA PSH case management provides continuous engagement with participants to assess changing needs, support housing stability, establish individualized goals, connect participants to community resources, and monitor progress toward greater independence. This ongoing process allows case managers to identify changes in a participant's service needs, circumstances, and ability to maintain housing with a reduced level of supportive services.

In addition to ongoing case management, HSA PSH has a Moving On Policy, which is designed to support PSH participants who are able and want to move on to a sustainable, affordable housing option. The policy recognizes that not all participants will be interested in or capable of moving on and emphasizes participant choice, self-determination, and individualized assessment. Participants are engaged in discussions about Moving On throughout their time in HSA PSH.

On an annual basis, HSA PSH participants receive a Moving On Assessment to evaluate their current level of service need and determine whether other programs or resources may be more appropriate. The assessment provides a formal opportunity to evaluate the participant's readiness for greater housing independence, including housing stability, ability to maintain a lease and household responsibilities, income and resources, connection to community supports, and ongoing need for intensive supportive services.

When ongoing case management and the annual assessment indicate that a participant may be ready to transition, HSA PSH works with the participant to identify appropriate unsubsidized, subsidized, or other permanent housing options and address barriers to transition. Participants who continue to require PSH-level services remain appropriately housed and supported. This combination of continuous assessment and the formal annual Moving On Assessment ensures that housing interventions remain aligned with each participant's changing needs while creating opportunities for those who are ready to move toward greater independence.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/10/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/10/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1) In July 2023, the CoC governing board approved a CoC Program Competition Reallocation Policy that allows for both voluntary and involuntary reallocation of funds. The process for involuntary reallocation includes assessing projects based on several criteria: a) project performance relative to the type of project and population served, as well as timeliness of APR submissions and expenditure of funds, b) bed and unit utilization rates, c) participation in HMIS or a comparable database, and d) alignment with CoC funding priorities. When a project meets certain thresholds of underperformance in these areas, it is automatically considered for reallocation by the Rating and Ranking Committee. The objective is to identify lower-performing projects for potential reallocation to higher-performing or new projects before the HUD CoC NOFO is announced, ensuring a smooth transition of funds. Additionally, projects that fail to meet HUD or CoC thresholds during the local competition may also be reallocated, with careful consideration given to how client displacement will be managed. For voluntary reallocation, the CoC distributed a form to current grantees, offering them the opportunity to voluntarily reallocate funds. 2) During the Rating and Ranking Committee meeting, a reallocation matrix was provided to assess project performance and identify any underperforming projects. The committee identified one DV RRH project for full reallocation and a PSH project for partial reallocation during the competition. The CoC has another DV RRH project on its priority listing, and the committee determined that transitional housing was a greater need. The PSH project was identified for partial reallocation due to performance issues. 3) The committee voted to reduce the funding for the underperforming PSH project based on the previous year's funding utilization rate. The committee also voted to fully reallocate the DV RRH project to a DV transitional housing project. Additionally, one SSO-CE project opted to voluntarily reallocate. 4) Not applicable.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus, Inc.
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not applicable

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

1. Permanent Supportive Housing (PSH) Expansion: In August of 2025, the Nevada Cares Campus opened a 50-unit PSH that utilizes the Coordinated Entry System and Community Queue to identify and refer individuals with higher levels of need, including individuals with disabilities and serious mental illness. The building utilizes an Assertive Community Treatment (ACT) model that includes licensed mental health counselors, a psychiatrist, peer recovery specialists, employment specialists, and access to medical care. The PSH building provides 24/7/365 on-site support.

2. Direct encampment engagement by CoC street outreach teams: The CoC enhanced its street outreach strategy through data-driven coordination, expanded multidisciplinary teams, and integration with street medicine networks. The CoC also coordinates outreach with local law enforcement. CoC staff meet bi-monthly with law enforcement and encampment cleanup teams to identify new encampment sites. The Washoe County Sheriff's Office HOPE Team served 184 individuals in CY2024 and 262 in CY2025, a 42% increase. In CY2025, the team documented 2,564 service acceptance events and 174 exits to permanent housing while issuing only one camping ordinance citation countywide.

3. Shifting resources from surveys to direct housing: The CoC Leadership Council voted not to conduct an unsheltered Point-in-Time (PIT) count in 2025. Instead of dedicating hundreds of staff hours to a one-night count, the CoC redirected resources toward real-time housing placements, case management, and responses to encampment needs. The CoC relied on its Built for Zero partnership and dynamic By-Name List to track individuals experiencing homelessness and prioritize those residing in encampments for housing and services.

4. Responding to local camping bans: In January 2025, the City of Reno passed strict citywide camping bans. All three local jurisdictions currently have restrictions on camping in public areas. The CoC coordinates with local jurisdictions and law enforcement to connect individuals affected by enforcement activities with outreach, shelter, housing, and supportive services.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	215
2. Enter the reduction in the number of encampments during your evaluation period.	26

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	215
2. Enter the reduction in the number of people in encampments during your evaluation period.	58

2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC uses a coordinated prevention strategy to identify households at risk of homelessness, intervene before housing loss, and use data to strengthen prevention efforts.

First, the CoC identifies risk. The locally developed Community Housing Assessment Tool evaluates whether a household has low or no income, a history of substance use or mental health disorders, chronic medical conditions, co-occurring disorders, prior legal history, or prior victimization. These factors have been field tested and are used by other CoCs in Nevada, which allows consistent prioritization scoring and comparative analysis across the state. The CoC uses this risk factor analysis to identify the households most likely to enter homelessness for the first time.

Second, the CoC intervenes before entry. Outreach and provider engagement are directed toward the households identified through risk factor analysis so that assistance is offered before a housing loss becomes a shelter stay or an unsheltered episode. CoC and partner staff apply diversion at the point of first contact to identify safe alternatives to entering the homeless response system, and homelessness prevention programs operated by CoC partners are used to stabilize housing situations before they reach a crisis point. The local ESG entitlement jurisdiction uses ESG funds to provide rental assistance to households facing eviction and expedites application review to provide assistance quickly and prevent homelessness whenever possible.

Third, the CoC works to prevent a first episode from repeating. Households that do enter are connected to case management and to employment training, mainstream and cash benefits, mental health services, and substance use treatment, so the household exits with the income and the supports needed to sustain housing independently.

Fourth, the CoC uses data to strengthen prevention. An independent data quality review identifies clients who exited to permanent housing and subsequently returned to homelessness. The CoC analyzes trends and risk factors and identifies exit destination types that may require additional stabilization support. These findings also inform first-time homelessness prevention by helping the CoC recognize similar risk factors among households at risk of losing housing and target resources before they enter the homeless response system.

The CoC reviews HMIS and system performance data on an ongoing basis and refines the strategy based on observed trends and outcomes.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The Northern Nevada CoC's plan to reduce the length of time individuals and families remain homeless focuses on shortening the interval between first contact and permanent housing placement, and on removing the specific barriers that hold households in the system.

The CoC applies a defined set of strategies at the front of the system: diversion at first contact; bridge housing for households awaiting a placement; targeted outreach to individuals experiencing chronic homelessness; rapid placement on the Coordinated Entry community queue so that progress toward a referral begins as early as possible; assistance in becoming document-ready so that eligibility determinations do not cause delays; dedicated landlord outreach and engagement to expand the pool of available units; and double security deposits for households whose barriers would otherwise prevent a unit from being secured.

Shelter, transitional housing, and housing program staff across the CoC are trained on strategies to reduce the length of time their participants remain homeless. At entry, staff work with the household to identify available supports and build a plan for moving into permanent housing, administer the Community Housing Assessment Tool, and add the household to the community queue where the tool indicates. Outreach workers engage individuals living in places not meant for human habitation, build the relationships needed to complete an assessment, and place those households on the queue as quickly as possible. Households with the longest lengths of time homeless are identified and addressed case by case. The CoC facilitates biweekly Coordinated Entry case conferencing to review every household with an active referral to a housing program and address any barriers or delays in placement. The meetings also focus on individuals and families who have been on the community queue the longest to prioritize them for the next available and appropriate placement. Outreach case conferencing performs the same function for individuals experiencing chronic and unsheltered homelessness. Providers also look beyond the community queue for housing options that can be accessed sooner. Washoe County Housing and Homeless Services oversees this strategy. Through case conferencing and coordination among outreach, shelter, and housing providers, the CoC works to identify and resolve barriers as they arise and reduce delays between engagement, referral, and permanent housing placement.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	42.50%
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Describe how you calculated the data for this response.**(limit 2,500 characters)**

Using the reporting period of December 1, 2024 through December 31, 2025 we ran the CoC APR report in HMIS for all TH, RRH, and PSH projects. We took the total number of exits to unsubsidized locations (377) based on the exit destination described in the CoC Application Detailed Instructions and divided it by the total number of exits (888), equaling 42.5% exits to unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,016	32	1,048	100.00%

2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	511	69	444	75.55%
4. Rapid Re-Housing (RRH) beds	58	47	105	100.00%
5. Permanent Supportive Housing (PSH) beds	640	0	640	100.00%
6. Other Permanent Housing (OPH) beds	140	0	140	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1) The CoC will implement targeted outreach to Transitional Housing providers that are currently not participating in the CoC's HMIS to encourage them to use HMIS and explain the importance of complete HMIS data for system planning and performance measurement. HMIS licenses and training will be offered at no cost if cost is a barrier to participation. The CoC's governing board will also continue to review and publicly discuss HMIS participation, data quality, and bed coverage rates at CoC meetings to encourage additional providers to participate.

2) Outreach to TH providers will be conducted by the CoC and HMIS lead staff. Staff will meet with organizational leadership to identify and address barriers to HMIS participation and provide technical assistance with onboarding, training, and data entry as needed. Providers that agree to participate will be supported through the HMIS onboarding process so their applicable beds can be incorporated into HMIS coverage calculations. HMIS bed coverage rates will be reviewed and discussed at monthly CoC governing board meetings to track progress toward achieving and maintaining at least an 85 percent TH bed coverage rate. If progress is insufficient, CoC and HMIS Lead staff will conduct additional follow-up with nonparticipating providers to address outstanding barriers and identify the steps needed to bring additional TH beds into HMIS.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No