

# Nevada Governor’s Interagency Council on Homelessness (NVICH) and Nevada’s Housing and Healthcare (H2) Initiative

## Goals Crosswalk

Nevada’s Housing and Healthcare (H2) Initiative has an action plan with five goals which are shown in the table below, along with the Nevada Governor’s Interagency Council on Homelessness’ (NVICH) related goals. In some cases, H2’s goals that align with several of the NVICH’s goals.

Similar to NVICH, H2 also has other subgroups that have been assigned to work on a particular goal area, with one group focusing on the expansion of Medicaid’s 1915(i) waiver. H2 is receiving federal technical assistance from HomeBase for the H2 Initiative. HomeBase has been assisting with facilitating the expansion of the waiver with the three Continuums of Care (CoCs). Nevada Medicaid is moving forward with solidifying the list of services that will be eligible under the 1915(i) waiver.

NVICH Goals and Strategies	H2 Goals and Strategies
<p><b>Strategic Issue #1 – Housing:</b></p> <p><b>Goal 2: Provide the resources necessary to further expand and develop the inventory by 2020.</b></p> <p><b>Goal 3: Systemically as a state, identify, standardize and promote all types of housing interventions in Nevada for subpopulations by 2017.</b></p> <p><b>Goal 1.2 Strategies:</b></p> <ul style="list-style-type: none"> <li>• 1.2.1 Secure transitional housing units statewide as determined by an annual evaluation to identify ongoing needs.</li> <li>• 1.2.2 Secure permanent supportive housing units based on a Housing First approach, primarily for chronically homeless, as determined by an annual evaluation to identify ongoing needs.</li> </ul>	<p><b>Goal 1: Identify the target group of homeless persons and unstably housed people living with HIV/AIDS where a significant gap in housing and treatment exists.</b></p> <p><b>Goal 4: Meet the existing gap in housing, discharge planning and recuperative placement.</b></p> <p><b>Goal 1 Strategies:</b></p> <ul style="list-style-type: none"> <li>• Strategy: Using existing management information systems and datasets from a wide range of available sources, generate a matrix of identified subpopulations and their shared health conditions and housing needs.</li> <li>• Strategy: Prioritize and set target sub-populations for proposed healthcare treatments, services, and housing interventions to maximize the impact on individuals and systems.</li> </ul>

NVICH Goals and Strategies	H2 Goals and Strategies
<ul style="list-style-type: none"> <li>• 1.2.3 Secure affordable permanent housing units statewide as determined by an annual evaluation to identify ongoing needs.</li> <li>• 1.2.4 Improve access to federally-funded housing assistance by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness.</li> </ul> <p><b>Goal 1.3 Strategies:</b></p> <ul style="list-style-type: none"> <li>• 1.3.1 Work with Bitfocus to utilize HMIS to develop a list of housing types available statewide.</li> <li>• 1.3.2 Provide list to providers and incorporate as part of centralized/coordinated intake.</li> </ul>	<p><b>Goal 4 Strategies:</b></p> <ul style="list-style-type: none"> <li>• Strategy: Convene existing providers to assess impact of recent cuts, identify how to fill gaps, and what immediate recuperative care can be operationalized for target populations.</li> <li>• Strategy: Acknowledge that housing gap at hospital/acute care discharge is a critical immediate need in funding decision arenas (local government, state government, private). Support bridge housing flexible subsidy pool to create a client venue where Medicaid-supported treatment services can be delivered.</li> </ul>
<p><b><u>Strategic Issue #3 – Wraparound Services</u></b></p> <p><b>Goal 1: Increase access to all funding (federal, foundations, grants, private) for which Nevada may be eligible.</b></p> <p><b>Goal 3.1 Strategies:</b></p> <ul style="list-style-type: none"> <li>• 3.1.1 Advocate to Medicaid to expand habilitative services through 1915(i) funds.</li> <li>• 3.1.2 Research expanding Targeted Case Management (TCM) billing to benefit all Medicaid providers.</li> <li>• 3.1.4 Secure funding for 75 additional case managers statewide to provide wraparound services according to need and provide training to</li> </ul>	<p><b>Goal 2: Prioritize and set target sub-populations for proposed healthcare treatments, services, and housing interventions to maximize the impact on individuals and systems.</b></p> <p><b>Goal 2 Strategies:</b></p> <ul style="list-style-type: none"> <li>• Strategy: Using the target sub-population matrix, outline the related healthcare and treatment, services, supports and housing needed.</li> <li>• Strategy: Analyze Nevada Medicaid State Plan and HUD Consolidated Plan and QAP (state tax credit) and New Market Tax Credit to determine existing resource opportunities to meet gaps in need. Specify changes needed if any.</li> </ul>

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<p>community-based providers to implement ICM and obtain reimbursement for provided rehabilitative services.</p>	<ul style="list-style-type: none"> <li>• Strategy: Identify Nevada Medicaid HCBS Waivers, and other Medicaid provisions now underway that could support meeting the resource gap. Specify needed changes if any.</li> <li>• Strategy: Specify the cost implications of any proposed changes to existing Nevada Medicaid provisions.</li> <li>• Strategy: Determine the existing and needed provider network (health and housing) capacity to deliver the additional care—treatment—services and housing.</li> </ul>
<p><b><u>Strategic Issue #5 – Coordination of Primary and Behavioral Health</u></b>  <b>Goal 1: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people’s vulnerability to and the impacts of homelessness.</b></p> <p><b>Goal 5.1 Strategies:</b></p> <ul style="list-style-type: none"> <li>• 5.1.1 Link housing providers with health and behavioral health care providers to co-locate and/or coordinate health, behavioral health, safety, and wellness services to create better resources for providers connecting patients to housing resources by 2018.</li> <li>• 5.1.3 Support and evaluate the effectiveness of a “medical home” model to provide integrated care for medical and behavioral health, and to improve health and reduce health care costs in communities with the largest number of people experiencing homelessness by 2019.</li> <li>• 5.1.6 Engage 100 formerly homeless individuals statewide to provide peer navigator support in their local communities to at-risk or homeless individuals.</li> </ul>	<p><b>Goal 3: Build strong local relationships between MCOs, homeless housing providers and HIV/AIDS housing providers for a seamless service delivery system; integrated housing and treatment</b></p> <p><b>Goal 3 Strategies:</b></p> <ul style="list-style-type: none"> <li>• Strategy: Convene participants to design case conferencing process, supported by HMIS participation and HIPAA agreements.</li> <li>• Strategy: Explore Home Health Model, FQHC expansion of service and venues, and role of Housing Navigators in supporting the emerging system.</li> <li>• Strategy: Meet the gap as grant-funded providers shift to Medicaid credentialing and payment models.</li> <li>• Strategy: Develop client-level training, orientation, and supports to successfully access care in the ACA-enabled new system.</li> </ul>

## NVICH Goals and Strategies

### Strategic Issue #6 – Coordination of Data and Resources

**Goal 2: Implement centralized/coordinated intake assessment and access for all housing programs throughout the state for the homeless or those at risk of homelessness.**

**Goal 3. Regularly identify options to coordinate resources.**

### Strategic Issue # 3 Wraparound Services

**Goal 1: Increase access to all funding (federal, foundations, grants, private) for which Nevada may be eligible.**

#### **Goal 6.2 Strategies:**

- 6.2.1 Implement a statewide housing and vulnerability assessment tool by 2016 and provide training quarterly on its utilization.
- 6.2.2 Utilize the results of the statewide housing and vulnerability assessment tool to create a prioritized list.

#### **Goal 6.3 Strategies:**

- 6.3.1 Identify other parts of the service delivery system at the local, state, and federal level that could impact the plan.
- 6.3.2 Regularly identify and communicate emerging issues, trends and resources related to preventing and ending homelessness or that address strategic issues of the plan to the full NVICH

#### **Goal 3.1 Strategies:**

- 3.1.3 Apply for social innovation funds on a state-wide basis to support wraparound services.

## H2 Goals and Strategies

**Goal 5: Meet the resource gap to support innovative treatment and housing partnerships**

#### **Goal 5 Strategies:**

- Strategy: Work at state level to develop indicators or assessment factors for health and housing needs; factors to align with Medicaid and other payment mechanisms, including behavioral health, primary care and housing status.
- Strategy: Develop county implementation parameters for new health indicators that support acuity and in-depth assessment. May blend with or build upon coordinated assessments, common intake, vulnerability indices or other tools in use.
- Strategy: Develop innovative funding opportunities and long-term sustainability options.
- Strategy: Develop cross-jurisdictional public-private partnerships to better pool and collaborate on resource development.