Substance Abuse and Mental Health Services Administration
Cooperative Agreements to Benefit Homeless Individuals for States
Biannual Progress Report

Government Project Officer: Caroline Fernandez

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Contents

I. Organization and Management

A. Workforce

1. List all State positions supported by grant funds, filled and vacant

Filled Positions

Position Title	State Agency	Full name	Full-Time Equivalent
Outpatient Administrator/Project Director	Nevada Division of Public and Behavioral Health	Ellen Richardson-Adams	.03 FTE
Clinic Program Planner II/Program Manager	Nevada Division of Public and Behavioral Health	Michael J. McMahon	.15 FTE
Administrative Services Officer I/Financial Manager	Nevada Division of Public and Behavioral Health	Christina Hadwick	.05 FTE

Vacancies

There are no current vacancies

2. List all provider positions supported by grant funds, filled and vacant

CABHI-States Filled Positions

Position Title	Provider Name	Full name	Full-Time Equivalent
Residential Program Director	New Frontier Treatment Center	Josh Cabral	.2 FTE
Residential Lead Counselor	New Frontier Treatment Center	Tiana Wilson	.1774 FTE
Clinical Assistance/Medication Management	New Frontier Treatment Center	Antoinette St. Amant	.2 FTE
Data Collection/HMIS/MyAvatar/Housing First	New Frontier Treatment Center	Stacy Wilson	.2 FTE
Peer Navigator/Peer Recovery Specialist	New Frontier Treatment Center	Isaac Mardis	.4371 FTE
Administrative Support-Financial	New Frontier Treatment Center	Brandi Boothe	.05 FTE
Administrative Support-Janitorial and Maintenance	New Frontier Treatment Center	Javier Montez	.05 FTE

Position Title	Provider Name	Full name	Full-Time Equivalent
Administrative Support-Grants Administration	New Frontier Treatment Center	Chris Murphey	.05 FTE
Administrative Support-Computer and Networking	New Frontier Treatment Center	Chris Murphey	.05 FTE
Project Director	ReStart (VOA)	Pat Cashell	.05 FTE
Grant Coordinator	ReStart (VOA)	Julianna Glock	.05 FTE
Case Manager	ReStart (VOA)	Sheree Shotts/Jeanine Fobbs	1.1 FTE
Peer Navigator/Peer Recovery Specialist	ReStart (VOA)	Shane O'Neal	.5 FTE
Drug and Alcohol Counselor	ReStart (VOA)	Lisa Davis	416 contract hours
Psychiatrist	ReStart (VOA)	Julia O'Leary	198 contract hours
Program Manager	HELP of Southern Nevada	Mindy Torres	.1 FTE
Case Manager	HELP of Southern Nevada	Oscar Landgrave	1 FTE
Case Manager	HELP of Southern Nevada	Stacy Winters	1 FTE
Case Manager	HELP of Southern Nevada	Alicia Smith	1 FTE
Statewide SOAR Coordinator	Clark County Social Service	Ambrosia Crump	1 FTE

CABHI-States Supplemental Filled Positions

Position Title	Provider Name	Full name	Full-Time Equivalent
Program Director	WestCare	Erin Kinard	1 FTE
Program Assistant	WestCare	Zea Gutierrez	1 FTE
Case Manager	WestCare	Michael Thwing	1 FTE
Case Manager	WestCare	Luther Kendrick	1 FTE
Peer Support Specialist	WestCare	LeslieAnn Farrell	1 FTE
Peer Support Specialist	WestCare	Rick Denton	1 FTE

CABHI-States Enhancement Filled Positions

Position Title	Provider Name	Full name	Full-Time Equivalent
Case Manager	NFTC	Kathleen Hayhurst	0.5 FTE
Case Manager	NFTC	Todd Streck	0.75 FTE

CABHI-States Vacancies

The following vacancies were reported for CABHI-States.

Position Title	Provider Name	Status	Full-Time Equivalent
Clinical Director	ReStart (VOA)	Vacant	.158 FTE
Therapist	ReStart (VOA)	Vacant	.193 FTE
Peer Navigator/Peer Recovery Specialist	HELP of Southern Nevada	Vacant	1 FTE

CABHI-States Supplemental Vacancies

The following vacancies were reported for CABHI-States Supplemental.

Position Title	Provider Name	Status	Full-Time Equivalent
Registered Nurse	WestCare	Vacant	1 FTE
Psychiatrist	WestCare	Vacant	.4 FTE
Substance Abuse Counselor	WestCare	Vacant	.5 FTE
Case Manager	WestCare	Vacant	1 FTE

CABHI-States Enhancement Vacancies

The following vacancies were reported for CABHI-States Enhancement.

Position Title	Provider Name	Status	Full-Time Equivalent
System of Care Coordinator	The Children's Cabinet	Vacant	1 FTE
Kids Cottage Case Manager	The Children's Cabinet	Vacant	1 FTE
Kids Cottage Case Manager	The Children's Cabinet	Vacant	1 FTE
Case Manager	ReStart (VOA)	Vacant	1 FTE
Case Manager	ReStart (VOA)	Vacant	0.9 FTE
Case Manager	HELP of Southern Nevada	Vacant	1 FTE
Case Manager	HELP of Southern Nevada	Vacant	1 FTE
Case Manager	HELP of Southern Nevada	Vacant	1 FTE
Statewide SOAR Specialist	Clark County Social Service	Vacant	1 FTE

3. **List staff changes (including contractors/consultants) within the reporting period. Include personnel hired, promoted, resigned, fired, etc. For each, include name, position, FTE, date change occurred, type of change.**

The following personnel changes were made by ReStart, NFTC and HELP of Southern Nevada.

Current Personnel	Previous Personnel	Position	FTE	Date of change	Type of Change
None	Mickie Law	Therapist	.193 FTE	3/31/15	Resigned
None	Mickie Law	Clinical Director	.158 FTE	3/31/15	Resigned
Lisa Davis	None	Drug and Alcohol Counselor	416 contract hours	3/31/15	Hired
Julia O'Leary	Dr. Nielson	Psychiatrist	198 contract hours	3/31/15	Dr. Nielson retired, Julie was hired as replacement
None	Jesse Robinson	Peer Navigator/Peer Recovery Specialist	1 FTE	3/31/15	Resigned
Antoinette St. Amant	Kathleen Hayhurst	Clinical Assistance/Medication Management	.2 FTE	3/31/15	Kathleen will transition to a new position under the CABHI Enhancement Grant
Isaac Mardis	Todd Streck	Peer Navigator/Peer Recovery Specialist	.4371 FTE	3/31/15	Todd will transition to a new position under the CABHI Enhancement Grant
Brandi Boothe	Misty Alegre	Administrative Support-Financial	.05 FTE	3/31/15	Misty resigned, Brandi hired

The following personnel changes were made by WestCare.

Current Personnel	Previous Personnel	Position	FTE	Date of change	Type of Change
Sabrina Zamora	None	Case Manager	1 FTE	12/31/15	Resigned

4. **Discuss the impact of personnel changes on project progress. If applicable, include strategies for minimizing negative impact.**

No disruption to client services was experienced with personnel changes at ReStart (VOA), HELP of Southern Nevada, NFTC, or at WestCare.

5. **List changes in addresses/phone numbers/e-mail addresses of key personnel.**

No changes were made in the addresses, phone numbers, or e-mail addresses of key personnel.

6. **Discuss obstacles encountered in filling vacancies (if any); prospects/strategies for filling vacancies and for minimizing negative program impact.**

During this reporting period, there was a considerable delay in obtaining contracts from the State that impeded hiring for new positions. The State has strict regulatory requirements that must be adhered to before a contract can be approved and submitted to subrecipients for signature. Due to these processes, contracts for the CABHI-States Enhancement grant were not issued to subrecipients during the reporting period for this report. As a result, HELP of Southern Nevada, ReStart (VOA), NFTC, Clark County Social Service, Washoe County Social Service and The Children's Cabinet were not able to hire staff, nor begin seeing clients. The issue of the State's contracting process was brought to the attention of the Nevada Governor's Interagency Council on Homelessness (ICH) with the recommendation to the Governor that the State's contracting process is reviewed to remove barriers from issuing timely contracts.

WestCare has had difficulty finding a psychiatrist as the number in the area is limited. They have also found that some of the psychiatrists have limits on the number of hours they can work with the license they hold. WestCare is still working to fill this position.

7. **List staff who are hired specifically for their lived experiences of homelessness, substance abuse, mental illness and/or co-occurring mental and substance use disorders and their overall contribution towards the project (include barriers/challenges that peer-mentors/specialist face during the report period and program efforts to address).**

Peer Navigators/Support	Organizations
Rick Denton	WestCare
LeslieAnn Farrell	WestCare
Shane O'Neal	ReStart (VOA)
Todd Streck	New Frontier Treatment Center

The Peer Navigators at both ReStart (VOA) and NFTC have been with their programs for a number of years, having gone through treatment themselves. As noted during previous site visits, they both report that clients are able to relate to them and they can empathize with the clients while painting a picture of how recovery works and the benefits they now experience including being stable, healthy, happy, and connected to the community.

Experience with substance use and mental health clients is in the background of the two personnel that transferred within WestCare to be part of the Vivo Project, the CABHI-States Supplemental project in Nevada. They have been working with individuals experiencing homelessness, substance abuse, mental

illness and/or co-occurring mental and substance use disorders in a home-based setting for the past year.

All of the Peer Navigators express the importance of their role and how critical it is to the success of CABHI.

8. **Describe significant changes in the staffing structure or organization of the project that occurred during this reporting period. Include changes in relationships and/or working arrangements with collaborating agencies. List each change and summarize the implications of the change.**

No significant changes were made in the staffing structure or organization of the project during this reporting period.

B. State Interagency Council

The State Interagency Council on Homelessness (ICH) oversees the implementation of the Strategic Plan. A CABHI Steering Committee was established by the ICH to regularly engage with CABHI subrecipients through monthly meetings. As the result of the December 2015 face-to-face meeting, it was decided that the subrecipients would conduct quarterly calls with members of the CABHI Steering Committee.

Members of both the ICH and CABHI Steering Committee are listed below.

1. **List the members of the ICH (to be completed by CABHI grantees only)**

	NAME	REPRESENTING
1	Ellen Richardson-Adams, Chair	Division of Public & Behavioral Health
2	Michael Mc Mahon, Co-Chair	Substance Abuse Prevention & Treatment Agency
3	Elizabeth (Betsy) Aiello	Division of Health Care Financing & Policy
4	Steven Fisher	Division of Welfare & Supportive Services
5	Kevin Quint	Department of Health & Human Services
6	***Vacant***	Department of Employment, Training & Rehabilitation
7	Carla Jean (CJ) Manthe	Nevada Housing Division
8	Gilbert (Tony) Ramirez	U.S. Department of Housing & Urban Services
9	Stephanie Gordon	Individual who has experienced homelessness & recovering from substance use disorder or co-occurring disorder
10	Stephen Shipman	Service Provider (Washoe County Dept of Social Services)
11	Sr. Pastor John Schmidt	Service Provider(Cornerstone Baptist Church, Elko)
12	***Vacant***	Public Housing Authority
13	Michele Fuller-Hallauer	State SSI/SSDI Outreach, Access & Recovery (SOAR)
14	Kelly Robson	Community-based CABHI grantee
15	James Dzurenda	Department of Corrections
16	Kathleen Sandoval	Targeted Populations- Children & Youth
17	Tyrone Thompson	Targeted Populations- State Assembly
18	Wendy Simons	Targeted Populations- Veterans' Affairs

2. **List the members of the Steering Committee (to be completed by CABHI grantees only)**

MEMBER'S NAME	Affiliation
Stephanie Gordon	Self
Michele Fuller-Hallauer	Clark County Social Service
Lana Henderson Robards	New Frontier Treatment Center
Erin Kinard	WestCare Nevada
Julianna Mayfield	Volunteers of America – ReStart
Mike McMahon	Division of Public and Behavioral Health
Chris Murphey	New Frontier Treatment Center
Brooke Page	Clark County Social Service
Ellen Richardson-Adams	Division of Public and Behavioral Health
Kelly Robson	HELP of Southern Nevada
Mindy Torres	HELP of Southern Nevada
Ambrosia Crump	Clark County Social Service

3. **List any changes in the Steering Committee within the reporting period, and the impact of the change on the committee.**

The Steering Committee, also referred to as the Nevada Governor's Interagency Council on Homelessness (NVICH) CABHI Subcommittee, continued to meet monthly through December 2015 during this reporting period. In December, CABHI-States and Supplemental subrecipients met with DPBH, Social Entrepreneurs, Inc. (SEI), and the evaluator to discuss how to reformat the monthly meetings so that they could serve as a platform for subrecipients to discuss ideas and challenges. It was agreed that the subrecipients would continue to meet monthly with only the internal team of SEI, DPBH and the evaluator, and that each quarter, members of the Steering Committee as well as the SAMHSA Project Officer would be invited to join the public call so that the Steering Committee is aware of project progress and updates. Subrecipients shared at the December 2015 meeting that they felt unable to have discussions with the Steering Committee and SAMHSA Project Officer on the phone. By scheduling quarterly, public meetings, subrecipients will be able to have more open, honest discussions of the challenges they experience.

C. Training, TA, and Site Visits

4. **Describe staff development for this reporting period (including orientation and training). Indicate:**
    - **Purpose of the training, including target audience**
    - **Date(s)/duration of the training**
    - **Subject of the training**
    - **Number of participants who attended**
    - **Who provided the training**
    - **Usefulness of the training**
    - **Follow-up plans**

Purpose/ Target Audience	Date and Duration	Subject	# of participants	Training Provider	Usefulness	Follow-Plans
SOAR – for CABHI personnel	On-going/on-line training	Providers were trained on SOAR so that they are able to assist clients with applying for SSI/SSDI benefits.	Number of participants enrolled or in progress: 4 (ReStart VOA) 5 (HELP of Southern Nevada)	Nevada Statewide SOAR Coordinator	CABHI personnel who have been trained are now able to connect their clients with SSI/SSDI benefits.	Case managers will utilize SOAR with each client to ensure they are receiving their SSI/SSDI benefits.
CSAT Grantees	10/14/15	Technical Assistance Training for CSAT Grantee	1 (NFTC)	SAMHSA	CSAT grantees were provided an opportunity to obtain technical assistance.	Staff will utilize skills obtained during webinar.
CABHI Personnel	10/22/16-10/23/16	Nevada Suicide Conference	5 (WestCare)	Nevada Coalition for Suicide Prevention	Conference discussed next steps in suicide prevention.	CABHI personnel are better aware of suicide prevention strategies.
PATH Grantees	10/29/15, 12/3/15	PATH HMIS Learning Communities	1 (NFTC)	SAMHSA	PATH grantees participated in a learning community webinar to share success and challenges related to HMIS.	Staff will participate in learning community opportunities in the future.
CABHI Personnel	11/12/15	Follow Up 101, 201, 301	1 (NFTC)	SAMHSA	Personnel learned best practices and strategies for follow-up.	Staff will implement skills learned as a result of the webinars.
CABHI Personnel	11/12/15	SOAR Webinar: Traumatic Brain Injury (TBI)	1 (NFTC)	SOAR Works	This webinar educated SOAR practitioners about the presence of TBI among returning service members, as well as individuals who are experiencing or	SOAR trained staff plan to implement skills taught during webinar with clients.

Purpose/ Target Audience	Date and Duration	Subject	# of participants	Training Provider	Usefulness	Follow-Plans
					at-risk of homelessness.	
CABHI Personnel	12/15/15	Homeless and Education System Collaboration	1 (NFTC)	National Center on Family Homelessness	The webinar focused on the challenges faced by homeless youth and the benefits and challenges to collaboration.	Agency will pursue cross system collaboration where appropriate.
CABHI Personnel	12/15/15	Preventing Disability: Examining Outcomes for New Youth Psychosis Treatments	3 (HELP of Southern Nevada)	National Council for Behavioral Health	Webinar discussed promising and comprehensive outcomes of the RAISE Early Treatment Program, and implications for community behavioral health organizations.	CABHI personnel will continue to utilize skills obtained during training.
CABHI Personnel	12/17/15	Clarity HMIS Attendance Screen/Feature	1 (NFTC)	Bitfocus	Staff were trained on new features in Clarity.	Staff are now oriented to the new features in Clarity. No further follow-up plans are in place.
CABHI Personnel	12/18/15	SAIS Data Entry Training	1 (NFTC)	Bitfocus	Staff were trained on how to enter data into SAIS.	Staff are now able to navigate through the SAIS system.
HUD funded providers	1/6/16	Defining "Chronically Homeless" Final Rule	3 (NFTC)	HUD	The training provided a detailed overview of HUD's new chronically homeless definition, and how chronically homeless status should be documented.	CoC staff will begin tracking chronically homeless status based on the new definition.

Purpose/ Target Audience	Date and Duration	Subject	# of participants	Training Provider	Usefulness	Follow-Plans
CABHI Personnel	1/14/16	Person Centered Training	2 (WestCare)	WestCare	CABHI personnel are trained to provide person centered planning to clients.	CABHI personnel will ensure plans focus on the client and their needs.
CABHI Personnel	1/15/16	Train the Trainer	1 (WestCare)	WestCare	Providers trainers with best practices and techniques in training delivery.	CABHI personnel will utilize training techniques.
CABHI Personnel	1/25/16-1/29/16	Veterans Competency Training	5 (WestCare)	WestCare	Personnel are cultural competent about veterans and military family members.	CABHI personnel will utilize skills taught during training with their veteran clients.
SAMHSA Grantees	1/26/16-1/28/16	GPRA Forms Training	2 (NFTC)	SAMHSA	The training demonstrated how to complete GPRA forms.	CABHI personnel will complete GPRA forms as trained.
CABHI Personnel	2/20/16-2/22/16	Nevada Department of Veteran Services Training Workshop	2 (WestCare)	Nevada Department of Veteran Services	Training provided overview of the program, and strategies to connect veterans to services.	CABHI personnel will continue to utilize skills obtained during training.
CABHI Personnel	3/1/16	Community Re-Entry for Justice Involved Individuals	3 (HELP of Southern Nevada)	HUD	The webinar described strategies they utilized to overcome the barriers and challenges facing individuals exiting the criminal justice system and returning to communities.	CABHI personnel will continue to utilize skills obtained during training.

Purpose/ Target Audience	Date and Duration	Subject	# of participants	Training Provider	Usefulness	Follow-Plans
CABHI Personnel	3/8/16	Addressing the Peril of Illicit Drug Use for Pregnancy: Medication Assisted Treatment & Integrated Care	3 (HELP of Southern Nevada)	Providers' Clinical Support System for Opioid Therapies	The webinar discussed medical intervention delivered within a comprehensive and integrated set of services.	CABHI personnel will continue to utilize skills obtained during training.
CABHI Personnel	3/8/16	World of Medicare	1 (NFTC)	Centers for Medicare and Medicaid Services	The online course provided education on the fundamentals of the Medicare program.	Staff are trained in the options, eligibility and enrollment for Medicare.
SOAR Providers, SOAR Coordinators, SOAR Trainers, SOAR Leaders and others in the community who provide services to immigrants and non-citizens.	3/10/16	SOAR Webinar: Representing Immigrants and non-Citizens with Social Security	3 (HELP of Southern Nevada)	SAMHSA SOAR TA Center	The webinar covered key areas for immigrants and non-citizens, such as, eligibility, obtaining documentation, effects of travel outside of U.S, requesting an interpreter and other helpful interviewing tips and resources.	CABHI personnel will continue to utilize skills obtained during training.
CABHI Personnel	3/17/16	Better, Smarter Healthier; Initiatives to Improve Our Health Care Delivery System	3 (HELP of Southern Nevada)	Centers for Medicare and Medicaid Services	The training provided an overview of delivery system reform and CMS goals.	CABHI personnel will continue to utilize skills obtained during training.
CABHI Personnel	3/21/16	State Health Insurance Program (SHIP)	3 (NFTC)	Centers of Medicare and Medicaid Services	The training covered the purpose of SHIP.	Staff are aware of SHIP purpose and services.

5. **If you received a SAMHSA site visit at any time, please list and provide updates on both TA Opportunities and Action Items.**
   A SAMHSA site visit was not conducted during this reporting period.

6. **If you received SAMHSA TA at any time, please describe TA and provide updates on recommendations.**
   No SAMHSA TA was received during this reporting period.

7. **If any training or TA are planned for the next reporting period, describe purpose, topic, anticipated participants, and providers.**

There is a mandatory CABHI –States meeting in Washington D.C. in August 2016. DPBH will be in attendance, along with the evaluator.

Technical assistance has not been requested for the next reporting period as of April 2016. Additionally, providers have not identified any trainings in the next reporting period, although they will continue to attend applicable trainings as they become available.

II. Project Implementation

A. Project Workplan

1. **List and provide status reports of all currently approved project goals and objectives. If the grant is significantly behind or falling short in meeting any project goals/objectives, please explain and provide a plan for resolution /improvement.**

Goal 1: Service Capacity - Provide permanent housing, evidence-based treatment, and critical supportive services to a growing number of vulnerable people: chronically homeless men, women, and children who have co-occurring mental health and substance use disorders.

- **Status:** Progress has been made in the area of service capacity, and commitment to additional action has been prioritized:

  - Housing for CABHI-States clients. During this reporting period, two of the three CABHI-States agencies (HELP of Southern Nevada and NFTC) worked collaboratively with the housing authorities to secure permanent supportive housing vouchers. The third, ReStart, has a contract with a local jurisdiction for vouchers set-aside specifically for CABHI clients to support the permanent housing placements. However, despite these efforts, housing continues to be a challenge to secure for CABHI clients and agencies have wait lists due to the lack of housing stock or the strict federal bureaucratic requirements to obtain housing vouchers. In addition, as the economic recovery takes hold in parts of Nevada, all three regions report that affordable housing options continue to shrink, with apartment rents increasing and landlords adding requirements of deposits and background checks. Even with housing vouchers, this limits the number of options available to house CABHI clients. All of the grantees report working diligently with landlords in order to establish and maintain good relationships that can result in housing for their clients.

The Nevada Housing Division released their 2015 Annual Housing Survey and found affordable housing availability to be in a dire predicament:

- Average vacancy rates have dropped from 7 percent in 2013 to just 4 percent in 2015.
- The gap between Las Vegas (4.3 percent) and Reno (3.5 percent) narrowed in 2015.
- Twenty-nine percent of properties reported that all units were full (0 percent vacancy rate).
- Rents have increased by 11 percent since 2013.
- Seventy percent of apartment properties have waiting lists that continue to grow, with the median waitlist length being 27 households in 2015.
    - All (100 percent) properties with rental assistance reported having a waitlist. [1]

Lack of affordable rental stock is also a concern in northern Nevada as two companies, Tesla and Switch, have broken ground on facilities in the region which will result in an infusion of workers in need of housing. Finally, NFTC is located in the same community as the Fallon Naval Air Station.

CABHI-States Supplemental added 50 CABHI clients in southern Nevada. Clark County Social Services has secured housing resources for the Vivo Project clients. This will ensure those clients are stably housed.

Leadership across the state, including the ICH, have identified availability of affordable housing for low-income individuals and families as a critical issue and are working to promote policies that incentivize development and set-asides for low-income, affordable housing. A housing summit hosted in northern Nevada is scheduled for April 2016. This summit, planned by ICH members, is intended to promote development and will alternate between the north and south every six months.

- Enrollment in CABHI-States. Clients have been identified and enrolled in northern, rural, and southern Nevada for placement in CABHI-States. As of March 31, 2016, 19 clients were enrolled in Year 3. The client target was 120. The decline in new clients was limited due to best practice program guidelines. The lack of staff available to handle the case loads of this high-need population requiring heavy individualized and intensive attention was one factor. In addition, the lack of new clients in southern Nevada was due to at least two key factors: there were staffing restraints as well as lack of flexibility in providing housing due to geographic program requirements. A final factor in the decline of clients served during this reporting period was due to the delay in receiving contracts from the State. Because subrecipients did not have contracts, they were unable to enroll clients into the program.

[1] Nevada Housing Division. Taking Stock 2015: Nevada Housing Division 2015 Annual Affordable Apartment Survey. Accessed online on April 20, 2016 at http://housing.nv.gov/uploadedFiles/housingnvgov/content/Public/2015TakingStockForum.pdf

Table 1

Fiscal Year 2015-2016 Clients Served by Site CABHI-States

Agency	No. New Clients 2015	No. New Clients 2016	Annual Target	No. of 2016 6-Month Follow Ups Completed Per GPRA Report*	All 2016 6-Month Follow Ups Completed Per Download*
ReStart	34	7	30	2	12
Help	49	2	70	1	10
New Frontier	19	10	20	0	10
Statewide	102	19	120	3	32

** The numbers in these two columns represent (1) the number of six-month follow-ups counted as within the allowed timeframe (FLWP=11) based on the GPRA follow-up report; and (2) the numbers of follow-ups appearing in the 2016 download of clients from the GPRA system. NB: The CDP data has evidently not yet been migrated over, so these numbers are subject to update when that does occur.*

The final 2015 client numbers show that the state project met 86% of its new headcount targets despite limitations of staffing and housing availability. It appears based on the 2016 year-to-date numbers, the statewide program goals for new clients will be met by two sites, but likely fall short statewide.

With regard to the follow-up requirements, due to the downtime of the GPRA and CDP system, follow-ups could not always be entered into the system in a timely manner. In addition, according to the GPRA help desk, apparently not all CDP data has been migrated back into the GPRA system as of this date. These issues are in addition to the fact that this population is difficult to retain and, naturally, to locate if they drop out of the program.

- Enrollment in CABHI-States Supplemental. Clients have been identified and enrolled in CABHI-States Supplemental, began in late July 2015. As of March 31, 2016 a total of 34 new clients for Fiscal Year 2016 have been enrolled. Thus the project is on track to meet its annual goal of 50 clients.

Table 2

Fiscal Year 2016 Clients Served by Site CABHI-States Supplemental

Agency	No. of New Clients Served	Annual Target	No. of 6 Month Follow Ups Completed	All 2016 6-Month Follow Ups Completed Per Download*
Clark County-the Vivo Project	34	50	2**	5

The Vivo Project completed two follow-ups of the six that were due according to the GPRA on demand report. However, 5 were actually completed based on the 2016 raw download file from GPRA.

These numbers are the total number of follow ups completed. Please note not all clients would be in the program 6 months and require a follow up at the time the data was requested, so a rate cannot be calculated from these figures.

- Enrollment in CABHI-States Enhancement. Clients have not been identified and enrolled in CABHI-States Enhancement as contracts were not yet issued to the two providers, Washoe County Social Service and The Children's Cabinet as of March 31, 2016. Thus the project is not on track to meet its annual goal of 100 clients.

Table 3
Fiscal Year 2016 Clients Served by Site CABHI-States Enhancement

Agency	No. of New Clients Served	Annual Target	No. of 6 Month Follow Ups Completed	All 2016 6-Month Follow Ups Completed Per Download*
Washoe County Social Services	0	80	0	0
The Children's Cabinet	0	20	0	0

- Assisted Outpatient Treatment. DPBH identified existing opportunities to build on in order to address the "super-utilizers:" 1) specialized PACT teams, 2) assisted outpatient treatment, or 3) outpatient civil commitment (court mandated medication), 4) outpatient treatment, and 5) housing compliance. The state and other community partners are working together to assess and deliver those services.

- Housing First. This model of service delivery has been adopted in both northern and southern Nevada, including the CABHI providers, and is being promoted and adopted as capacity allows in many counties in rural Nevada.

- Development of a Peer Support Network. DPBH is working on several major Peer Support initiatives, which include:
  - The Nevada Peer Leadership Advisory Council (NPLAC), consisting of both mental health and addictions Peers, and family members of Peers, to help provide guidance and advisory support representation of peers met monthly during the reporting period. They are currently working to develop draft certification language for Peer Support Organizations. Once the language has been developed and approved by NPLAC, NPLAC will have a conversation with the health licensing unit to determine whether licensure will be administered by the state or an independent entity.
  - Establishing in Nevada state statutes pertaining to the development of criteria for licensed Peer Support Recovery Organizations (PSRO) that would ultimately employ and create workforce opportunities for mental health and addictions peers. The

Division of Public and Behavioral Health submitted a Bill Draft (S.B. 489) to the State Legislator creating PSRO's. It was signed into law by Governor Brian Sandoval on June 5, 2015.

- Establishing in Nevada state statutes pertaining to the development of a certification program for individual mental health and substance abuse peers, who complete the 40-hour training curriculum and meet other Medicaid requirements. The training modules have all been completed. S.B. 489, approved in June 2015, will provide the infrastructure, policy, and procedures needed for certification and monitoring. The Council has noted that S.B. 489 does not define peer support services. The Council is working to further define the duties of a peer recovery support specialist, as well as determine the training and certification requirements.
- Working with Medicaid to assure the PSROs, which eventually become licensed and who employ peers which meet Medicaid criteria, are eligible for reimbursement, thus increasing workforce opportunities for peers. Nevada Medicaid regulations allow Peer Support services to be billed to Medicaid.
- Developing a website called Nevada Partners for Peers Supports (NPPS) where important information can go, including but not limited to agendas and minutes of Peer Leadership Council meetings, bylaws, job descriptions, jobs wanted, and agency and other peer updates. The project went live in July 2015.

- o CABHI-States Supplemental Grant. DBPH was granted the CABHI-States Supplemental Application. The Supplemental Application added additional resources through the Vivo Project. The Vivo Project provides Intensive Case Management (ICM), combining permanent housing, evidence-based treatment, and critical supportive services to homeless veterans with severe mental illness and chronically homeless individuals with co-occurring mental health and substance use disorders. The CABHI-States Supplemental grant is specifically targeted to expanding the continuum of care, through ICM, targeting veterans and chronically homeless super-utilizers of emergency, hospital and law enforcement services. The target population are 50 (annually) "super-utilizers" of emergency, hospital and law enforcement services in Clark County with the goal of helping them achieve stability and wellness. With funding from the Division of Public and Behavioral Health, Clark County Social Service (CCSS) contracted with WestCare to implement the Vivo Project in the Clark County/Las Vegas metropolitan area, identifying consumers who would most benefit from ICM services. Housing is provided through CCSS's HUD Housing project. While WestCare is still working to secure a psychiatrist, their case managers have begun to see CABHI-Supplemental clients.

- o CABHI-States Enhancement Grant. In April 2015, Nevada applied for a CABHI-States Enhancement grant. The funding from the grant will be used to expand and enhance the scope of the project funded under the CABHI-States original grant. DPBH received notification of grant award (NOGA) in September 2015.

  According to the grant application narrative, the enhancement funds will be used to develop a system of care (SOC) that addresses the unique needs of homeless individuals. The CABHI Project Director will manage the System of Care (SOC) in the north and south to create a statewide approach. The enhancement will:

  - Increase current CABHI provider capacity through additional case managers,

- Provide additional resources to provide rental deposits; utility deposits; additional beds targeting youth and young adults who have aged out of the foster system; and expanded a voucher program.
- Expand the resources to provide a higher level of available wrap-around services to enhance the project design and results.
- Add a Statewide Employment Specialist to provide a resource in the System of Care (SOC) to better link the homeless population with rehabilitation and vocational services as well as job services.
- Promote working through the emergency room services to provide linkage to community case managers to minimize the use of the emergency rooms as primary care, and provide the key linkages to the SOC behavioral and mental service networks.
- Expand the opportunity for services providers to participate in the HMIS and work towards the integrated system of reporting for those who service Homeless individuals.

As of March 31, 2016, neither of the two new subrecipients (Washoe County Social Service and The Children's Cabinet) had received contracts due to the State's length regulatory requirements. Because of this, staffing remains vacant and no clients were enrolled into the program.

- CABHI –States II: On March 15, 2016, DPBH applied for CABHI-States II. The purpose of the DPBH CABHI program, in collaboration with the Nevada Interagency Council on Homelessness, is to provide coordinated, accessible, community-based, evidence-informed, individualized services that are culturally and linguistically sensitive through community-based mental health programs, across Nevada. The DPBH is focused on two main objectives: (1) enhance and develop the State's infrastructure to increase its capacity to provide comprehensive services to chronically homeless individuals with co-occurring disorders and ultimately, to reduce and end homelessness in Nevada; (2) to increase the State's capacity to provide comprehensive, evidence based treatment and recovery support services to chronically homeless persons with co-occurring mental health and substance use disorders who have attained permanent supportive housing. The strategy is to work in partnership with homeless-service providers across the state and the State's CoCs to deliver evidence-based services to chronically homeless persons with co-occurring mental health and substance use disorders. The proposed sub-recipients for CABHI-States II will be ReStart (VOA), HELP of Southern Nevada – Shannon West Homeless Youth Center, Clark County Social Service: SOAR, New Frontier Treatment Center, and The Children's Cabinet. The total number of unduplicated clients served in this grant is: 120 per year or 360 unduplicated clients across the 3-year term of the grant

Goal 2: State Infrastructure - Increase Nevada's capacity to address homelessness by forming sustained partnerships across government, community and consumer sectors, including re-establishing the State Interagency Council on Homelessness, developing a statewide plan to end homelessness, and partnering with regional Continua of Care to access and coordinate housing and other critical resources.

Progress has been made on a number of fronts related to state infrastructure.

- Staffing. Since its establishment in July 2013, DPBH has redirected existing job functions and hired and/or contracted for a number of staffing positions specifically aimed at strengthening its ability to address homelessness by forming sustained partnerships across government, community, and consumer sectors:

    - The Statewide SSI/SSDI Outreach, Access, and Recovery (SOAR) Coordinator/Trainer was hired in January 2015. The SOAR Coordinator has continued to provide a number of online and in person trainings for CABHI personnel. In the previous reporting period (August 2015), the SOAR Coordinator worked with SAMHSA and Policy Research Associates, Inc. to host a statewide SOAR forum. SOAR fundamental information was provided as well as best practices to highlight strategies that could strengthen local SOAR programs. More than 60 (68) service providers attended across the state, marking the first time that case managers across Nevada came together to discuss the importance of SOAR and to share strategies for implementing SOAR in their agencies. Additionally, the SOAR Coordinator hosted two SOAR Fundamentals training events in northern Nevada on March 9-10, 2016. A separate SOAR Fundamental training was provided in southern Nevada on November 5, 2015. The CABHI-States Enhancement grant included funding to hire a Statewide SOAR Specialist. Clark County Social Service has been unable to move forward with filling the position due to the delay in receiving a contract from the State, but anticipate being able to hire in the next reporting period.

- Governor's Interagency Council on Homelessness. On November 4, 2013 Nevada Governor Brian Sandoval signed into effect an Executive Order to reinstate the Nevada State Interagency Council on Homelessness (NVICH). The Council was appointed and met for the first time on September 9, 2014. The three Continua of Care (CoCs) in Nevada entered into an interagency agreement to provide staff support and information to the Council. The Council meets bi-monthly and developed a statewide strategic plan to end homelessness. They established the CABHI subcommittee (also known as the CABHI Steering Committee) and a Strategic Planning subcommittee was used to develop a statewide strategic plan to end homelessness. The Strategic Planning subcommittee identified eight strategic issue areas in the strategic plan, as well as goals to address each area.

- Statewide Strategic Plan to End Homelessness. During this reporting period, the Council's strategic planning subcommittee completed its implementation plan for the statewide strategic plan. It was adopted and forwarded to the Governor.

  The subcommittee identified a number of goals and strategies around eight strategic issue areas: housing, homelessness prevention and intervention, wraparound services, education and workforce development, coordination of primary and behavioral health, coordination of data and resources, policies, and long term planning. The Council adopted the statewide strategic plan in June of 2015, and workgroups have developed implementation plans for each of the strategic issue areas. The goals of the plan are as follows:

    - Strategic Issue #1 - Housing
        - Goal 1: Preserve the existing affordable housing stock
        - Goal 2: Provide the resources necessary to further expand and develop the inventory by 2020.

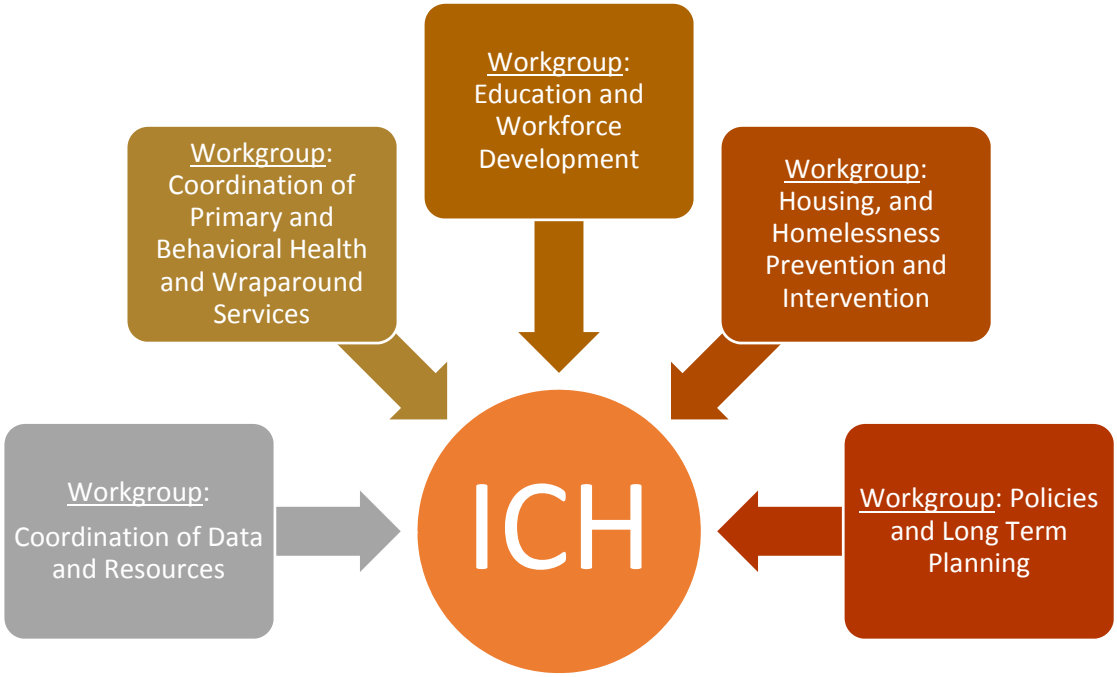
        - Goal 3: Systemically as a state, identify, standardize, and promote all types of housing interventions in Nevada for subpopulations by 2017.
- Strategic Issue #2 – Homelessness Prevention and Intervention
    - Goal 1: Expand affordable housing opportunities (including Transitional Housing (TH)) through improved targeting of current housing programming that provide rental subsidies as well as an increase in construction of new or rehabilitated housing in all communities.
    - Goal 2: Coordinate housing programs and agencies to provide housing mediation opportunities for individuals and families who are at-risk of being evicted.
    - Goal 3: Rapidly rehouse people who fall out of housing.
    - Goal 4: Provide cash assistance to individuals and families who are at-risk of eviction to cover rent, mortgage, or utility arrears.
- Strategic Issue #3 – Wraparound Services
    - Goal 1: Increase access to all funding (federal, foundations, grants, private) for which Nevada may be eligible.
    - Goal 2: Each homeless or at risk of homelessness individual has a person-centered care plan, developed through appropriate credentialed personnel, that meets their medical and social needs.
- Strategic Issue #4 – Education and Workforce Development
    - Goal 1: Expand economic opportunities (through initiatives such as workforce development, education opportunities, and job skills training) for those who are at-risk or are homeless are self-sufficient through a living wage.
    - Goal 2: Increase access to education for people experiencing or most at risk of homelessness.
    - Goal 3: Determine eligibility and apply for all mainstream programs and services to reduce peoples' financial vulnerability to homelessness.
    - Goal 4: Improve access to high quality financial information, education, and counseling.
- Strategic Issue #5 – Coordination of Primary and Behavioral Health
    - Goal 1: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce peoples' vulnerability to and the impacts of homelessness.
    - Goal 2: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.
- Strategic Issue #6 – Coordination of Data and Resources
    - Goal 1: The system is integrated, streamlined, promotes data sharing and is captured consistently in HMIS.
    - 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 #7 – Policies

- Goal 1: Public and private partnerships who provide services to prevent and end homelessness will coordinate policy to ensure that barriers are eliminated and goals of the strategic plan are achieved.
- Goal 2: Close the gap in appropriate credentialed health professionals statewide.
- Goal 3: Break the cycle of incarceration that leads to disrupted families, limited economic prospects and poverty, increased homelessness or at risk of homelessness, and more criminal activity.

▪ Strategic Issue #8 – Long Term Planning

- Goal 1: The strategic plan document is re-assessed and updated at least every five years to prevent and end homelessness.
- Goal 2: Public outreach and education is conducted to remove the stigma around homelessness and create awareness.

Workgroups were established in July 2015, and have met at least quarterly during this reporting period, and report back to the ICH at each Council meeting. Each workgroup is charged with implementation of the goals and action plans assigned to their workgroup. The workgroups include:



The workgroups have met regularly during the reporting period. The specific dates for each workgroup meeting are as follows:

Workgroup	**Meeting Dates**
Workgroup #1: Housing, and Homelessness Prevention and Intervention	December 2, 2015; January 6, 2016; February 3, 2016, March 2, 2016
Workgroup #2: Education and Workforce Development	February 28, 2016; March 17, 2016
Workgroup #3: Coordination of Primary and Behavioral Health, and Wraparound Services	December 7, 2015; January 11, 2016; February 8, 2016; March 14, 2016

Workgroup	Meeting Dates
Workgroup #4: Coordination of Data and Resources	December 15, 2015; February 16, 2016; March 15, 2016
Workgroup #5: Policies and Long Term Planning	December 21, 2015; January 22, 2016; March 18, 2016

- Enhanced Homeless Enrollment, Case Management System Capabilities (Clarity). The statewide HMIS committee for the CoC has continued to work with the vendor, Bitfocus, to increase functionality of the HMIS system including development of a statewide centralized intake process. Bitfocus also is under contract to develop a communication platform, known as an Application Program Interface (API). The API is a published specification outlining the types of initial data and formats that can be exchanged between systems. In terms of the API functionality, the vendor has completed Years 1 and 2 of development, and is currently in Year 3. Bitfocus has already made considerable progress towards implementation of the API including software and schema development, however, the patch will not be usable until the end of Year 3 when all of its functionalities are implemented, due to complexities of the HMIS system. Additionally, the VI-SPDAT vulnerability index assessment tool has been implemented statewide. It is used by all CABHI providers, and data from the VI-SPDAT is now entered into the HMIS system.

- Creation of the Division of Public and Behavioral Health. On July 1, 2013, the Nevada State Legislature created a new Division within the Department of Health and Human Services (DHHS), which combined three state agencies (Public Health, Mental Health and Substance Abuse Prevention and Treatment) into the Division of Public and Behavioral Health (DPBH). Current strategic initiatives and priorities have been identified as:

    - **Build Community Capacity**. Historically, Nevada has been responsible for providing public mental health services. DPBH is prioritizing partnering with key stakeholders across Nevada to provide community-based, collaborative behavioral health services. To move this effort forward, the CABHI enhancement grant includes strategies for DPBH to provide direct oversight of the homeless service providers and service providers who provide services to chronically homeless veterans, unaccompanied youth, women with trauma histories and senior citizens. As oversight of this project, DPBH will sub-grant to hire a Behavioral Health Program Coordinator for northern and southern Nevada to enhance the no wrong door approach and provide greater linkage with the behavioral and mental health systems with homeless services to streamline and provide greater, more timely access to services.
    - **Crisis Prevention including Screening and Early Intervention**. DPBH, the Governor's Council on Behavioral Health and Wellness and policymakers across the state are focused on providing an entry point into the system aside from local emergency rooms, because 90 percent of those needing behavioral health care are not in need of acute medical care. This includes developing mobile outreach and crisis intervention teams. The Vivo Project, which is now operational, is targeting outreach to this population.
    - **Stable Housing.** DPBH is working to develop community-based housing plans and community-based housing authorities to assist in the delivery of housing services for homeless individuals and clients with mental illness. The Policy and Advocacy

workgroup of the ICH is evaluating policy changes and incentives needed to develop more housing options statewide.

- **DPBH policies**. DPBH is in the process of revising polices to reflect a person-centered approach to the provision of all services to meet the identified bio-psychosocial needs of the individuals served. In particular the Division is focused on strengthening housing options for individuals with mental health, substance abuse, and co-occurring disorders.

o Access to Medicaid. Policies are in place where upon entry into any DPBH behavioral health program, all individuals will be screened for Medicaid eligibility and, if eligible, are immediately assisted with expedited enrollment for Medicaid. Efforts will continue in discussion with the Division of Welfare and Supportive Services (DWSS) to establish a process to expedite the applications for individuals with mental/behavioral health disorders. The three community service providers for the PATH program are the three providers for the CABHI-States Grant Project and all three are Medicaid providers. Many DPBH providers have received Silver State Health Exchange Certified Application Counselor (CAC) training to assist individuals in enrolling with third party payers. Ensuring access to Medicaid is also a strategy in each of the regional strategic plans. In December, 2014 the Housing and Healthcare (H2) initiative convened a two day summit to discuss streamlining Medicaid and housing. This Initiative has continued to meet, most recently on February 26, 2016 to identify benefit eligibility and refinement of the target population. The technical assistance received through H2 is also being used to assist with the expansion of the 1915(i) Medicaid waiver in Nevada.

The draft budget concept paper details the goal of the expansion of the Medicaid 1915 (i) waiver, which is to support individuals to remain housed in the community as well as decrease hospitalizations and crisis incidents. In order to do this, Nevada Medicaid will expand services to a targeted population of homeless individuals with mental illness. Currently, four services are provided by Nevada Medicaid under 1915(i) authority. They are: Adult Day Health Care, Home-Based Habilitation, Rehabilitative Partial Hospitalization and Rehabilitative Intensive Outpatient Services. The proposal aims to enhance service options to this targeted population in order to add capacity to the existing community continuum of care and to provide needed services to stabilize housing and medical needs, thereby reducing the use of alternate community resources. The proposal seeks to add the following services under 1915(i) authority either through the provision of services through individual private providers or as part of a package of services through a single provider organization:

1. Care Coordinator
2. Housing Navigator
3. Non-medical transportation
4. Residential Habilitation Services
5. Supportive Living Services.

Those receiving services would benefit by receiving necessary supports and care coordination in to meet the goals of housing-related- care plan, including locating and maintaining housing. Participants would also benefit by receiving the necessary supports to meet health care, socialization and other related needs. As individuals receive benefits and are able to stabilize medical needs, receive temporary housing and

become connected with longer-term housing resources, communities would benefit by seeing a reduction in the use of acute care hospitals, psychiatric hospitals, jails and alternate service provider

Medicaid is also being addressed in the goals of the Statewide Strategic Plan to End Homelessness through the following goals and strategies:

- Goal: Increase access to all funding (federal, foundations, grants, private) for which Nevada may be eligible.
  - Strategy 3.1.1 Advocate to Medicaid to expand habilitative services through 1915(i) funds.
  - Strategy 3.1.2 Research expanding Targeted Case Management (TCM) billings to benefit all Medicaid providers.
- Goal: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.
  - 5.1.2 Provide services in the homes of people who have experienced homelessness including using Medicaid-funded Assertive Community Treatment Teams for those with behavioral health needs by 2018.
  - 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.
  - 5.1.4 Support medical respite programs in southern and northern Nevada to allow hospitals to discharge people experiencing homelessness with complex health needs to medical respite programs that will help them transition to supportive housing by 2019.
  - 5.1.5 Increase availability of behavioral health services by 15% in southern, northern, and rural Nevada, including community mental health centers, to people experiencing or at risk of homelessness.
- Goal: Public and private partnerships who provide services to prevent and end homelessness will coordinate policy to ensure that barriers are eliminated and goals of the strategic plan are achieved.
  - 7.1.4 Implement Medicaid program changes by 2018 to improve behavioral and physical health care delivery in supportive housing.

The NV ICH will continue to track and report on implementation of these strategies.

- <u>Development of Medicaid provisions (e.g., Medicaid billable services)</u>. Medicaid provisions are being developed to cover the various services needed for those who experience chronic homelessness. DPBH will continue to partner with the Division of Health Care Financing and Policy (DHCFP) in order to ensure all billable services and opportunities are maximized to include ongoing advocacy for new programs/policies targeted to ensure services are available to individuals who experience chronic homelessness. DHCFP has drafted a budget concept paper to expand the 1915(i) Medicaid waiver to include habilitative services, and is preparing for its submission to DHHS in June 2016.

- Assisting substance abuse treatment and homeless providers in becoming Medicaid providers and developing Medicaid reimbursement mechanisms. The Substance Abuse Prevention and Treatment Agency's (SAPTA) ongoing collaborative efforts in working with SAPTA providers have resulted in expanded capacity to serve the homeless population. DPBH has assisted in the development of a new substance abuse/co-occurring disorders provider (Provider Type 17) in partnership with Medicaid or the Division of Health Care Finance & Policy (DHCFP). Provider Type 17 is a clinic model that is available only to SAPTA funded treatment agencies. All potential SAPTA clients are screened for Medicaid eligibility by treatment program staff. This investment in building the capacity of substance abuse and mental health providers to bill Medicaid is showing positive results. Typically, Medicaid reimburses for assessments and outpatient levels of care. SAPTA can reimburse for services that Medicaid does not typically reimburse. This affords a greater ability for Medicaid eligible clients to access a wide variety of treatment and support services. More providers are billing, and receiving reimbursement from Nevada Medicaid, as well as from the Managed Care Organizations (clients in urban counties are covered by the MCOs).

  Section 223 of the Protecting Access to Medicare Act (PAMA) of 2014 supports states in establishing certified community behavioral health clinics (CCBHCs) through the creation and evaluation of a CCBHC 223 Demonstration Program. The objective of the CCBHC demonstration is to improve behavioral health outcomes for targeted populations through innovation and transformation of the way primary and behavioral health care is delivered. In October 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with CMS, awarded a total of $22.9 million in planning grants to 24 states to support improvement of behavioral health outcomes through the integration of primary health care with behavioral health care, and increased access to high quality, coordinated care for Medicaid and CHIP beneficiaries. Nevada received a CCBHC planning grant in the amount of $933,067 to:

  - Engage stakeholders and coordinate activities across the health care community and state agencies to access needs and ensure services are accessible and available.
  - Certify CCBHCs based on the requirements established by CMS.
  - Identify primary care and behavioral health services that will be available.
  - Implement evidence-based practices.
  - Support existing behavioral health and primary care providers to explore their capabilities to become CCBHCs.
  - Establish a PPS methodology for payment, including a quality-based incentive payment component.
  - Build the infrastructure for data collection and reporting.

  At the end of the planning grant period, Nevada submitted an application and was selected to participate in the two-year Demonstration Program.

- Engaging and enrolling persons who experience chronic homelessness into Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.). As with chronic homelessness, whenever a client is determined to have needs, the individual is

referred for targeted case management to assist in linkage to needed benefits and services. DPBH is also in the process of adding clinical verbiage required for SSI/SSDI benefits to the standard electronic medical record to document impediments to employment. With the PATH Grant funds, these three providers aggressively engage in outreach activities to homeless individuals with mental illness or a co-occurring mental illness and substance abuse disorder. Providers have indicated that all CABHI clients are being enrolled in Medicaid. In addition, the CABHI enhancement grant will add to state infrastructure by providing an additional SOAR Benefits Specialist (Case Manager II) to work with referral sources and community partners to identify candidates, Veterans, and those with mental health disorders through referrals and outreach. In addition, there would be enhanced ability to track submission rates of the SOAR-trained service providers, by agency. This position would carry the following responsibilities: 1) Initiate paperwork with consumers referred to program by filing initial documentation of representation with SSA office; 2) Complete interviews with consumers to gather information to complete SSI/SSDI applications; 3) Gather medical records and other information to complete SSI/SSDI applications; 4) Accompany consumers to appointments at the Social Security Administration office; 5) Coordinate visits to medical doctors, psychiatrics, and other specialist to obtain evidence for case And 6) Assist the team with administrative tasks as needed.

- Streamlining Eligibility processes. Implementation of the Affordable Care Act (ACA) required each state to develop a single-streamline application (SSA) for Medicaid services. The SSA was designed to be an online tool as part of the state or federal based exchange used to obtain healthcare coverage. In Nevada, the Silver State Health Insurance Exchange (SSHiX) was tasked with the creation and implementation of the SSA. Once the SSA was developed and coded into the SSHiX web site, that page became the only access point to submit an application for healthcare coverage (Medicaid or Qualified Health Plan).

    - In the prior reporting period, the State of Nevada Division of Welfare and Supportive Services (DWSS) reached out to the community-based providers to provide instruction on how to use the web site and take in comments to improve the application process. The effort was well received. A great many of the community-based providers participated, and continue to participate, in these efforts. Additionally, a number of community-based providers became Certified Application Counselors (CAC's) in order to assist people in submitting applications for healthcare coverage.
    - Nevada's Aging and Disability Services Division (ADSD) convened an Advisory Board to help the State of Nevada develop a three year implementation plan to expand no wrong door (NWD) philosophy to all populations and all payers. Their three year strategic plan was adopted in 2015. The goals of the plan are:
        - Goal #1: Engage and inform consumers, caregivers, and providers in the NWD system to develop support for the initiative and increase access to care.
        - Goal #2: Implement high quality person-centered counseling across agencies based on established standards.
        - Goal #3: Improve access and availability to long term services and supports.

- Goal #4: Develop an integrated information technology (IT) system to improve access for consumers and improve efficiencies across programs and providers.
- Goal #5: Establish a governing board to guide, promote, and ensure success of NWD in Nevada.

2. Describe evaluation activities during the reporting period.

The following evaluation activities occurred during this reporting period.

Evaluation Activities	Date Completed
Review of program documents	October 2014 to present
Training in GPRA, CDP and HMIS/Clarity systems	October 2014 to March 2016
Work with program staff on data systems and access for the evaluation	October to present
Evaluation plan developed and approved	2/20/15
Monthly statistical reports produced at time of monthly call.	Monthly reports have been produced and discussed at each of the statewide teleconference calls.
6 month summary report	Completion of the report in March 2016. Final version will be provided in April 2016.
Data administration - - Generate reports with demographics and summary of 6 month follow-up rates, etc.	Extensive work has been accomplished to work with sites to get data into the system, generate meaningful results and break down information by site for the program managers.
Monthly calls to providers to check in on evaluation needs, issues	Monthly and continuous
Preparation for annual site visits, interview protocols for stakeholders and clients.	Completed. IRB approvals obtained for client focus groups
Annual Site Visits & focus group Interviews	The 2016 site visits have been tentatively scheduled for the first week of June. Focus groups will be set for August closer to the end of the fiscal year.
Annual Evaluation Report	Report delivered to the state mid-October of 2015, but no numerical data was available at that time. This six month report included final 2015 numbers as well as year to date 2016.

- **Discuss how evaluation findings were used to improve the project.**

The 2015 six month interim evaluation report was completed in April and discussed with the state project managers. The report was geared to address the central goals of the project including: disparity access, numerical goals, and outcomes as identified and reported through the legacy Government Performance and Results Act (GPRA) system. Client outcomes are positive.

In addition, at follow-up site visits, the evaluation findings were discussed with individual programs. Other elements discussed focused on ensuring that programs understood when to conduct follow-up reports with each client. In addition, clarity about the difference between race and ethnicity, and the need to collect both race and ethnicity data was discussed. Discussion of the data was also used to determine whether adjustments need to be made in the programs as they are currently being implemented.

One of the findings of the evaluation was that communications across sites would be helpful. Provider interviews indicated there was a desire to share and learn from each other in a free and open manner. Therefore, in December of 2015, the first face-to-face statewide meeting was held in Las Vegas which brought together staff from all sites as well as the state project directors, the evaluator and a data systems representative. Results of the evaluation report, which had been shared already, were presented for discussion and action steps going forward.

Problem solving on data issues related to challenges in administering the program and the CDP were a high priority. Solutions and alternatives were discussed among participants. The project managers also discussed issues regarding outcomes of the program and shared practices found to be successful among this population. The meeting was well received and perceived to be very beneficial. As a result, a meeting in the spring was also scheduled. This will take place on May 11, 2016.

- **Discuss any problems encountered in conducting the evaluation, the impact of these problems on the evaluation and on the overall project, and plans for resolving the problems.**

The loss of the GPRA system and its data, as well as the loss of the new CDP system has prevented the sites from entering data into the system in as timely a manner as needed. The state proactively explored and proposed a number of interim solutions that were discussed with the Federal Project Officer. As a result, subrecipients were asked to provide headcounts of clients and submit data in December. Additionally, the remains an ongoing discrepancy between what the GPRA platform reports and the numbers found in a report download. For example, the number of six month follow-ups completed per report Statewide for the reporting period was three (3) as listed in the GPRA report. The data download, however, reported a total of 32 six month follow-ups.

3. Present evaluation findings to date, including outcomes, process findings, results of special studies, etc.

The six month report is attached which provides numerical targets for each site and their numbers and headcount, information on the outcomes and characteristics of the population. Disparity goals and comparisons to point in time census figures for the state were also provided. Highlights of the findings to date include:

- The project has positively influenced the state's capacity to address the needs of the homeless population throughout the state. The ongoing planning efforts have been rigorous and helpful to

inform and motivate agencies and develop collaborations. The simple process of receiving this grant, learning about the federal award process, and having the ability to take in clients with high need was uniformly noted to be beneficial and a positive learning experience.

- The case managers carry very heavy loads and are not always able to care for this high need-population to the extent they would like.
- Staff feel that greater peer-to-peer communications among the sites would be beneficial.
- Data collection and entry has been problematic, largely because the federal reporting system is not functioning.
- Obstacles are lack of sufficient funds for housing; lack of housing options in the rural areas and higher than ideal caseloads. Because enrollment has been strong in the programs, caseloads are over limit and thus outside of fidelity for Integrated Case Management (ICM). Additionally, there has been a delay in executing grants that would build CABHI-States Enhancement infrastructure

4. **If the GPRA intake is below 100 percent or 6-month follow-up is below 80 percent, please explain the plan for reaching the targets.**

Due to the low follow-up at mid-year for 2016, at the next statewide meeting in May 2016, the issue of successful techniques for improving the follow-ups will be discussed and best practices shared among the providers. Part of the issue was not being able to locate clients and part was due to not conducting the follow-ups within the required time frame as previously discussed.

Going forward, a possible solution will be closer monthly monitoring. Follow-ups due by client id will be generated, distributed, and sites will be requested to report on their numbers at each of the monthly statewide teleconferences.

B. Significant Project Activities

1. **Provide details if there were any adverse events during the reporting period, such as deaths or injuries to clients or staff. Discuss any actions taken following the events to learn from the experience and prevent future adverse events.**

No adverse events were noted during this reporting period.

Feedback from Clients of the Grant for the Benefit of Homeless Individuals Clark County Clients

An additional focus group was conducted for the Clark County Social Services program operated by Westcare during this year. The group was conducted during the spring of 2016 to ensure inclusion of Clark County clients' feedback into the evaluation report.

The focus group was conducted with a number of recent participants in the program. Each client was extremely satisfied with the services of the program and their case workers. They were especially appreciative of the individualized manner their treatment program was being handled by their West Care case workers. They felt respected and were particularly happy that their unique circumstances and needs were recognized and catered to by a very attentive and caring staff.

The intake process was perceived as beyond smooth, actually perfectly seamless. The clients recounted of literally being picked up from their existing encampment and being whisked away into a bus and into their single unit lodging. The housing they were provided was favorably regarded. Medical needs were especially important among this group and those needs were also carefully attended to. Strong and sensible coordination with their veterans and other health care benefits and government programs was likewise lauded as exemplary.

2. **Discuss problems or barriers encountered during the reporting period (including GPO-initiated Corrective Action Plans). Describe the barrier, the impact on the project implementation, and steps taken or planned to overcome the barrier.**

Barrier: Because of the lack of housing stock available in northern, southern, and rural Nevada, as well as strict requirements to obtain housing vouchers, providers currently have long wait lists and have difficulty placing clients into permanent housing.

Solution: Providers continue to work with their local Housing Authorities to remove barriers to receiving housing vouchers. They are also creating relationships with landlords to locate housing for their clients. They continue to work with the local housing authorities to obtain Section 8 vouchers for their clients. During this reporting period, vouchers through Nevada Rural Housing Authority were placed on a hold due to lack of funds, which also occurred during the prior reporting period. Churchill County Social Services was able to work with NFTC to provide some vouchers for their NFTC CABHI clients. In addition, they continue to pursue additional funding for housing and advocate for additional housing through the NV ICH.

A housing summit in northern Nevada is planned for April 2016 to discuss strategies to address the lack of affordable housing in Nevada.

Barrier: The CABHI-States grant requires that providers enroll a specific number of clients per each year. However, the grant does not provide additional funding to support additional case managers to handle the increased caseload. Because of this, CABHI case managers who had caseloads of 1:30 in Year 1 in some cases experienced a ratio of 1:60 with the addition of Year 2 clients. If additional case managers are not hired, caseloads will be 1:90 in Year 3.

Solution: DPBH applied for an expansion grant to address the case manager's caseloads through hiring more case managers. DPBH received notification in September that it was awarded funds. In site visits with CABHI providers in September, they all noted that they had potential candidates for case manager positions and could hire quickly once the funds are available. This will allow each project to reduce caseloads and increase the number of home visits conducted with clients. During this reporting period, it was noted that not all contracts have been executed and subrecipients have been unable to hire additional case managers. The issue is due to the contracting process which can be arduous, resulting in long delays. It is anticipated that all contracts will be fully executed by May 2016.

Barrier: During this reporting period, the CABHI-States Enhancement project experienced a number of contracting delays due to the State's regulatory requirements. Even though the State had received its notice of award in September 2015, some contracts for the CABHI-States Enhancement subrecipients had not been executed at the time of this report, which left them unable to fill positions and begin enrolling clients into the program.

Solution: A report on the status of the CABHI-States Enhancement contracts will be provided to the Governor via the ICH. Recommendations for how to streamline the State's fiscal regulations will also be provided.

3. **Discuss any other project activities or events that occurred during the reporting period that may be important in understanding the progress of the project or the circumstances under which the project operates.**

The loss of the GPRA system and its data, as well as the loss of the new CDP system has prevented the sites from entering data into the system in as timely a manner as needed. The state proactively explored and proposed a number of interim solutions that were discussed with the Federal Project Officer.

4. **Sustainability plans:**
    - **Describe efforts to implement the Sustainability Plan and the steps taken during the award period to ensure continuance of the program after the award period has ended (e.g. decrease dependence on grant funding by gradually increasing the availability of other funds over the life of the award).**

Components of the sustainability plan have been developed as part of the Statewide Strategic Plan to End Homelessness. A number of goals have been developed to ensure continuance of the program after the award period has ended through the development of the following goals and strategies:

- Goal: Provide the resources necessary to further expand and develop the inventory by 2020.
    - Strategy: Secure affordable permanent housing units statewide as determined by an annual evaluation to identify ongoing needs.
    - 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.
- Goal: Expand affordable housing opportunities (including transitional housing) through improved targeting of current housing programming that provides rental subsidies as well as an increase in construction of new or rehabilitated housing in all communities.
    - Strategy: Increase rental housing subsidies to individuals and families experiencing or most at risk of homelessness by 20 percent in federal, state, local, and private resources.
    - Strategy: Increase the total number of affordable rental homes constructed and rehabilitated by 10 percent in southern, northern, and rural Nevada.
- Goal: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.
    - Strategy: Link housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety, and wellness services with housing and create better resources for providers to connect patients to housing resources by 2018.
    - Strategy: Provide services in the homes of people who have experienced homelessness including using Medicaid-funded Assertive Community Treatment Teams for those with behavioral health needs by 2018.
    - Strategy: 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.

- Strategy: Support medical respite programs in southern and northern Nevada to allow hospitals to discharge people experiencing homelessness with complex health needs to medical respite programs that will help them transition to supportive housing by 2019.
- Strategy: Increase availability of behavioral health services by 15% in southern, northern and, rural Nevada, including community mental health centers, to people experiencing or at risk of homelessness.

In addition, CABHI providers received approval as Provider Type 17 for Medicaid reimbursement. Special Clinics authorized by the Division of Health Care Financing and Policy (DHCFP) include Community Health, Family Planning, Federally Qualified Health Centers (FQHCs), HIV, TB, Methadone, Rural Health (RHC), Special Children's clinics, School Based Health Centers (SBHC) and Substance Abuse Agency Model (SAAM) clinics. Two of the three CABHI-States sites have Provider 17 status. All four CABHI sub grantees are able to bill Medicaid which creates a funding stream for some of their reimbursable services.

- **Include demonstration that any new resources or resources from existing programs that are included in the funding plan are being allocated specifically to the GBHI/SSH program.**

The CABHI-State expansion grant application was awarded in the prior reporting period. The CABHI-State expansion grant specifically outlined a strategy to add resources from the Nevada Department of Employment Training and Rehabilitation (DETR). DETR will provide an Employment Specialist to enhance state and community capacity to provide and expand evidence-based supported employment programs for the population of focus through the funds available for Vocational and Rehabilitation (for Veterans); registration into JobConnect at one-stop American Job Centers (AJC); coordination with community colleges and apprenticeship programs through Jobs for American Graduates (JAG); and be part of the SOC activities for linkage into the programs. The Nevada JobConnect is a current partner with DPBH to provide linkage to Veterans programs, access to tax credit programs for Veterans, and to provide all unemployed individuals with access to job programs, resume' development and support. This would not require any additional funding through the CABHI grant. These resources will be used to support the sustainment of programs.

Additionally, Nevada has applied for CABHI –States II. The purpose of the DPBH CABHI program, in collaboration with the Nevada Interagency Council on Homelessness, is to provide coordinated, accessible, community-based, evidence-informed, individualized services that are culturally and linguistically sensitive through community-based mental health programs, across Nevada. The current system of coordination for those experiencing homelessness is fragmented and poses significant coordination and access of care issues that are funding and policy based. The systems that serve children, youth and families have become increasingly more complicated, growing the need for coordination, collaboration and case management to reduce duplication of effort, enhance continuity of care, ensure optimal performance, track outcomes and access across multiple provider systems, and maximize limited fiscal resources. The DPBH is focused on two main objectives: (1) enhance and develop the State's infrastructure to increase its capacity to provide comprehensive services to chronically homeless individuals with co-occurring disorders and ultimately, to reduce and end homelessness in Nevada; (2) to increase the State's capacity to provide comprehensive, evidence based treatment and recovery support services to chronically homeless persons with co-occurring mental

health and substance use disorders who have attained permanent supportive housing. The strategy is to work in partnership with homeless-service providers across the state and the State's CoCs to deliver evidence-based services to chronically homeless persons with co-occurring mental health and substance use disorders. These sub-grantees are experienced providers of behavioral health and social service delivery recommended by SAMHSA for use with homeless individuals with co-occurring disorders.

The subrecipients of CABHI-States II include ReStart (VOA), Help of Southern Nevada – Shannon West Homeless Youth Center, Clark County Social Service: SOAR, New Frontier Treatment Center, and The Children's Cabinet. HELP of Southern Nevada will serve 210 unduplicated clients, ReStart (VOA) will serve 90 unduplicated clients in the northern Region, and New Frontier Treatment Center will serve 60 unduplicated clients in the 3-year term of this project. As individuals are deemed eligible for Medicaid and other entitlement programs, that will open up seats for additional homeless individuals to be served.

C. Housing Component

A. Funding Source	**Housing Type[1]**	**Total # of Units**	**# of Persons Served this Reporting Period[2]**
HELP of Southern Nevada	Scattered Site	70	2
New Frontier Treatment Center	Congregate/project-based	20	10
ReStart (VOA)	Scattered Site	30	7

[1]scattered, congregate/project-based, or mixed

[2]explain if the number of persons served reflects turn over in units or multiple occupancies per unit

B. Funding Source	**Housing Type[1]**	**Total # of Units**	**# of Persons Served this Reporting Period[2]**
WestCare	Scattered Site	50	34

[1]scattered, congregate/project-based, or mixed

[2]explain if the number of persons served reflects turn over in units or multiple occupancies per unit

C. Funding Source	**Housing Type[1]**	**Total # of Units**	**# of Persons Served this Reporting Period[2]**
Washoe County Social Services	Scattered Site	80	0
The Children's Cabinet	Scattered Site	20	0

List and describe any changes to required housing (i.e. additional housing secured, loss of housing, and any other challenges faced) during the reporting period.

- Rural Nevada Housing Authority closed its application system and no further housing vouchers were available to NFTC since February 2016.
- The City of Reno continued to provide funding for CABHI clients in Year 3 of the project for ReStart (VOA).
- HELP of Southern Nevada continued to receive housing support funding from the City of Las Vegas, Henderson, and North Las Vegas.
- WestCare received notification of 50 housing vouchers for the Vivo Project from a grant secured by Clark County Social Service.

According to the Nevada Housing Division's 2015 Housing Report, average vacancy rates declined for the second year in a row. Over two years, rents at both market rate and affordable properties increased more than ten percent, while Nevada's wages only increased three percent over the past two years. The demand for units with rental assistance is high. The following charts have been excerpted from the 2015 Taking Stock Housing Report:

Region/Type	2013	2014	2015	Change 2013 to 2015
Las Vegas - market rate*	9.1%	7.7%	6.8%	-2.3%
Las Vegas – LIHTC rate	7.8%	5.5%	4.3%	-3.5%
Reno- market rate*	4.1%	3.3%	2.9%	-1.2%
Reno- LIHTC	5.3%	3.8%	3.5%	-1.8%

Figure 1 Comparison of 4th quarter market and Low Income Housing Trust Fund vacancy rates

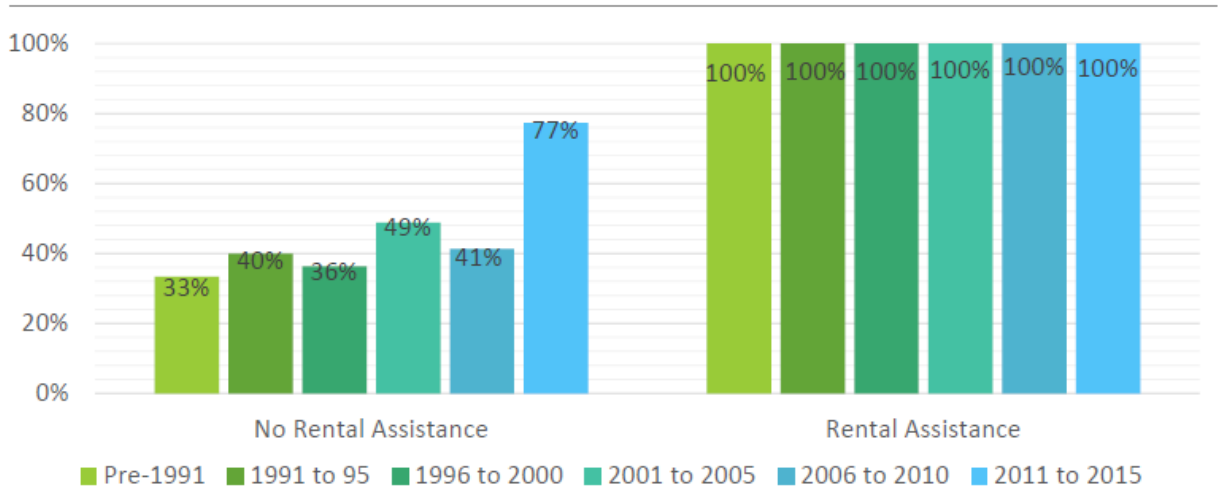


Figure 2 Properties with a waiting list by presence of rental assistance and by year first built

D. Mainstream Benefits

Site visits are normally used to sample client records at each sub grantee site however, site visits were not conducted during this reporting period as they had recently been completed in September 2015 and additional visits will be scheduled in May 2016. The SOAR Coordinator collects and tracks data regarding client access to mainstream resources. The SOAR Coordinator indicated the following:

- Nineteen individuals in Nevada have completed all aspects of the training which was an increase of one from the previous reporting period.
- Thirty-eight CABHI personnel have enrolled in the online course and 23 have passed the online course.
- For the period of 10/1/15 to 3/31/16, four SSI/SSDI initial applications were approved during that period with one application denied.
- The average number of days to initial decision was 227 days.

The SOAR Coordinator also provided progress towards their training and technical assistance goals and objectives for the reporting period:

	Training and Technical Assistance Goals & Objectives	**Y1Q1** (10/1/14-12/31/14)	**Y2Q1** (10/1/15-12/31/15)	**Y2Q2** (1/1/16-3/31/16)
✓	Prepare and provide training and individual technical assistance and guidance to community case managers working with sub-awardees;	None	**See Training Data Below:** Training curriculum developed in previous reporting period and updated ongoing	**See Training Data Below:** Training curriculum developed in previous reporting period and updated ongoing
✓	Provide Fundamentals training to northern/rural Nevada **at least 2x/year.**	None	none	**1 No. NV** Fundamentals Training provided (next class to be scheduled for Q4) (22 attendees, **10 graduates)**
✓	Schedule monthly technical assistance calls and bi-monthly meetings to assist community case managers writing Medical	None	**1 site visit** with VA Ongoing telephonic	**4 Site Visits** Conducted with Well care Group, **1 site visit** with Washoe County SS

	Training and Technical Assistance Goals & Objectives	Y1Q1 (10/1/14-12/31/14)	Y2Q1 (10/1/15-12/31/15)	Y2Q2 (1/1/16-3/31/16)
	Summaries in SOAR applications Work closely with clients, case managers and treatment providers to ensure that SOAR cases are initiated in a timely manner to expedite clients' access to mainstream benefits (SSI/SSDI)		consultation provided, however incidents were not tracked	**2** SOAR meetings Ongoing telephonic consultation provided, however incidents were not tracked

Mainstream Benefit Type	Status of Benefit			
	Benefits approved	Benefit application filed	Appeal filed	Benefits Denied
Medicaid*	53			
SSI/SSDI	4	12	2	1
Food Stamps	53			
General Assistance**				
Veteran's Benefits/Pension	2			
TANF	Not Applicable			
Other (specify)				

* HMIS does not have the ability to track if a Medicaid application has been filed, if an appeal has been filed or if benefits were denied as these statuses are not part of the HMIS data standards. Providers are only able to see if benefits were approved.

**Churchill County, Washoe County and most rural counties do not have this option.

E. Interim Financial Status

1. **Report of grant expenditures through the end of the reporting period. Report expenditures, not obligations. For instance, if you have a contract with an evaluator for $50,000 a year, but pay it out monthly, report the amount actually paid, not the amount obligated. [In the 'Total Funding' cell, please enter the total amount of grant funding drawn down since the initiation of the grant.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.**

   Interim financial status as of March 31, 2016.

	Total Funding: $711,181	
Expenditures		
Expense Category	**Expenditures This Period**	**Cumulative Expenditures to date**
Staff salaries	$115,457.68	$115,457.68
Fringe		
Contracts	$120,552.79	$120,552.79
Equipment		
Supplies	$10,000	$10,000
Travel	$2,236.36	$2,236.36
Facilities		
Training	$245.09	$245.09
Other	$6,985.50	$6,985.50
Total direct expenditures	$255,477.42	$255,477.42
Indirect costs	$4,697.84	$4,697.84
Total expenditures	$260,175.26	$260,175.26
Remaining balance		$451,005.74

2. Describe any "significant budget modification(s)" during the reporting period (i.e., shift funds originally budgeted for one purpose, such as Personnel, to another, such as space). A "significant" modification is any amount greater than 25% of your total award, or any amount $250,000 or greater. Specify and document SAMHSA approval prior to implementation of the change(s).

There were no significant budget modifications during this period.

3. Describe other budget modifications less than 25% of the total award or below $250,000.

There were no other budget modifications during this period.

III. Attachments

The following attachments are included in the submission of this biannual report:

1. Nevada Governor's Interagency Council on Homelessness March meeting minutes
2. 2016 6 Month CABHI Evaluation Report
3. Nevada Division of Housing 2015 Housing Report
4. CABHI – HMIS API Year 3: Annual Report 10/1/15 – 3/31/16