



Interagency Council on Homelessness (ICH) ❖ Strategic Plan Implementation Coordination of Primary and Behavioral Health, and Wraparound Services

WORKGROUP #3 DRAFT MINUTES February 8, 2016

Via Teleconference with Public Access Located At:
4126 Technology Way,
Second Floor Conference Room
Carson City, NV 89706

1. **Introductions, Roll Call, and Announcements**

Michael McMahon called the meeting to order at 10:10 a.m. A quorum was determined by roll call.

Members Present

Ellen Richardson-Adams
Kelly Marschall
Michael McMahon
Tony Ramirez

Members Absent

Betsy Aiello
Kathleen Sandoval

Others Present

Gina Byrge
Sarah Yeats Patrick
Sheila Leslie

Staff Present

Meg Matta

There were no announcements.

2. **Public Comment**

There was no public comment.

3. **Review and Approval of the January 11, 2016 Minutes**

Ms. Marschall moved to accept the minutes. Mr. Ramirez seconded and the motion carried.

4. **Updates on Action Items from Previous Meeting**

Mr. McMahon introduced Ms. Byrge, who works within Medicaid and is a member of the internal workgroup headed up by Betsy Aiello to develop a draft budget request. Ms. Byrge said the workgroup was meeting every other week to identify services that can be implemented under 1915(i), which will be presented to the Legislature as a Budget Concept Paper. In the pre-draft, they focused on the top five services to add to the current four services provided by Nevada Medicaid under 1915(i). The current four services are: Adult Day Health Care, Home-Based Habilitation, Rehabilitative Partial Hospitalization and Rehabilitative Intensive Outpatient Services. The five new services will target a homeless population: Case Management, Non-medical Transportation, Housing Navigator, Habilitative Support (for homeless persons with severe mental illness [SMI]), and Peer-to-Peer Support. They are still open to ideas and research justifications for any potential services that any stakeholder might feel is important. There is a

window of several more weeks to continue to gather that basic research information together with justifications, and hone-in on the exact services to add to the Budget Concept Paper. The group has requested additional technical assistance from Centers of Medicare and Medicaid Services (CMS) as to how the 1915(i) services are currently structured, and if the new services can be folded into the current 1915(i) services or if a new one just for homeless services needs to be created. The draft has also gone out to the Continuums of Care for their feedback. The Budget Concept Paper is due in April, so CoC feedback would be needed by February 22, 2016.

Ms. Leslie asked if the services would extend to individuals with SMI who are not homeless. Ms. Byrge replied that this effort targets added services specifically for the homeless and will fulfill one of the strategic plans of the Interagency Council on Homelessness (ICH). The habilitative services allows service to people who are SMI and also homeless. They are still in the beginning stages of putting a ground floor plan into place; if it passes the Legislature they can possibly add to it in future years. Mr. McMahan commented that this particular piece of the puzzle is to focus on the 1915(i), while Kathleen Baughman is having a simultaneous conversation with Ms. Aiello. There might be some overlaps; but that conversation may be higher level. The important thing for Workgroup #3 is to clearly identify the needs of the homeless population with regards to primary and behavioral health and wraparound services.

Ms. Leslie also suggested the possibility of adding supportive employment programs as well as dentistry. She added it may be helpful to get feedback from the Northern Nevada Behavioral Health Coalition, which has members who are also in the CoCs. It is a good regional coalition for northern Nevada. Ms. Richardson-Adams confirmed there was a Southern Nevada Behavioral Health Coalition as well.

Mr. McMahan went on to discuss the Governor's Behavioral Health Commission, and the Super User Project. The topic arose at the January meeting and he has not been able to connect with contacts as yet. However, the CABHI supplemental grant awarded Clark County was just under \$500,000. They are working in conjunction with WestCare in Las Vegas to look at super users: people who are identified in the system as coming from the emergency rooms or the criminal justice system, and being able to provide case management supports and permanent supportive housing to stabilize their environment. He is continuing to try to reach out to Dr. Green to find out more about the Governor's Behavioral Health Commission, and how the Super User Project efforts work with Clark County efforts. He will have an update by the next meeting.

5. Review and Discuss Case Management Services Needed

Mr. McMahan revisited a topic from the January meeting regarding whether or not targeted case management (TCM) would be a desirable service to include in the 1915(i) services. TCM covers administrative services only, not direct services. The question was raised if funding is needed for a different type of case management service to fill the necessary wraparound services identified by the CABHI and PATH providers during a meeting in November 2015. A better definition is needed on whether those wraparound services would be considered TCM, or if a new type of case manager could be created that could be compensated through Medicaid. Ms. Byrge said her group was trying to define the specific tasks necessary for pre-tenancy needs and the specific tasks necessary to help someone maintain their housing. There is a significant area of agreement with

regards to both tasks. The types of questions that remain are if there is a separate type of case management that is reimbursable, should pre-tenancy needs be met by that case manager or a housing navigator. Should there be another individual responsible for helping them maintain their housing. The group is working to identify the scope of responsibilities for the case manager or other individuals who will be responsible for the homeless individual. Ms. Marschall commented that the case managers she works with in the CABHI grant are often the same individuals that case manage the habilitative services. The two are not separated. Additionally, if the person has a co-occurring disorder or a disability, the caseworker will try to use the SSI/SSDI Outreach, Access and Recovery (SOAR) approach to pull in social security benefits. Getting folks into housing, for example, is only the starting point. There is ongoing case management to sometimes include landlords and police. Ms. Marschall does not believe this would be TCM – but case management along the line of intensive case management. Ms. Leslie added that there is a newer concept of case management that is not a quick in-and-out, but multijurisdictional. This is a community case management, which works across city, county, court systems, mental health providers, and SSI/SSDI. It is definitely face-to-face and with this population, it is ongoing and intensive. This type of case management actively connects the client with services, but is not providing direct services. Mr. Ramirez suggested taking a look at the Veteran’s Administration (VA) case management practices as another model.

Mr. McMahan said that under the Medicaid regulations there are many more services that are covered, but which case managers or service providers are unaware. There is also a lack of understanding of the processes that would be necessary to get them connected. Medicaid may be able to educate the community to become aware of the process and how to access available habilitative services. Ms. Leslie said there was a lot of work to be done to access same day mental health services and how to bill for those services for rates that will allow non-profits to stay in business.

Mr. McMahan summarized the process as getting 1915(i) services expanded and funded; building up evidence on the impact on the population; and then report back to the Legislature and talk about what modifications may be needed in the future.

6. **Review Workgroup Critical Issues and Goals**

Mr. McMahan provided a quick recap on progress on the Strategic Issues for Workgroup #3, Strategic Issue #3 – Wraparound Services:

- Goal 3.1.1 and 3.1.4: the workgroup has reached out to Medicaid and revisions on 1915(i).
- Goal 3.1.2: the workgroup is currently addressing issues of targeted case management.
- Goal 3.1.3: apply for social innovation funds on a statewide basis to support wraparound services; Mr. McMahan learned that Clark County has submitted an application for social innovation funding. Because of the initiatives Clark County is moving forward, the State decided not to compete with Clark County for the funding. A second factor in the decision was due to lack of staff capacity to take on another aspect. Another cohort round for technical assistance for a social innovation model will become available in the near future and the State can put in a request for technical assistance at that time.
- Goal 3.2.1: Workgroup #3 had a report from SOAR on their program and the progress they are making. With additional funds through CABHI Enhancement, they should be able to expand their programs and provide a higher level of service and training throughout the state.

- Goal 5.1.1: Mr. McMahon asked the Workgroup to think of people who can help define how to link housing providers with health and behavioral health care providers. He asked members to suggest names at the next meeting.

Mr. McMahon asked for further priorities that may need to be considered. Mr. Ramirez replied that the top priority is the Budget Concept Paper.

7. Review Decision Making Guidelines

Ms. Marschall made a request for Ms. Leslie to be made a voting member of the Workgroup. Ms. Richardson-Adams said she would make it an agenda item with the ICH.

8. Review Meeting Schedule

The next meeting will be on Monday, March 14th at 10:00 a.m.

9. Action Items/ Assignments:

- Follow-up on the Draft Budget Concept Paper
- Ms. Richardson-Adams and Ms. Leslie to provide contact information to Ms. Byrge for Southern Nevada and Northern Nevada Behavioral Health coalition for inclusion in Budget Concept Paper
- Follow-up with CoCs on information needed for Budget Concept Paper
- Follow-up on the Super User Project
- Mr. Ramirez to provide contact information on VA information on case management to Ms. Byrge
- Mr. McMahon to create ad hoc group on linking housing providers with health and behavioral health care providers and coordinate resources
- Follow-up on procedure for membership

10. Public Comment

Mr. Ramirez shared information on the Affordable Housing Development Forum on April 7th and 8th, 2016. The focus is on affordable housing, permanent supportive housing, and transitional housing for the homeless population. It is a statewide meeting; April 7 is a full-day workshop, and April 8 is a tour of affordable housing projects.

11. Adjournment

There being no further business to come before the members, the meeting was adjourned at 11:05 a.m.