



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

WORKGROUP #3

MINUTES

October 21, 2015

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

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

Mr. McMahon called the meeting to order at 9:05 a.m. A quorum was determined by roll call.

Members Present

Betsy Aiello
Lisa Watson
Michael McMahon

Members Absent

Kathleen Sandoval
Kelly Marschall
Tony Ramirez

Staff Present

Cheryl Baldovi-Manville
Meg Matta

There were no announcements.

2. **Public Comment**

There were no public comments.

3. **Workgroup Designation of Chair and Co-Chair**

Ms. Aiello moved for Mr. McMahon as Chair, and Ms. Aiello for Co-Chair.
Ms. Watson seconded, and the motion carried.

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

Workgroup #3 encompasses Strategic Issues numbers 3 and 5. There are specific goals that need to be met by the timeline indicated in the chart below. At the next meeting, members should be prepared to have a robust discussion on approaches to the issues and develop a methodical process to achieving the goals. They should be ready to leverage their contacts to invite expertise to help accomplish our goals.

Strategic Issue #3 – Wraparound Services

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

Goal 1 Strategies	Lead	Resources	Needed Resources	Timing
3.1.1 Advocate to Medicaid to expand habilitative services through 1915(i) funds.	DHHS with program deputy/DHCFP/DWWS	Habilitative services under waiver authorities in Medicaid; existing knowledge of programs; 1915(c) in state budget; 1915(i) written into state plan	Secure legislative funding and approval, Medicaid authority including federal approval, and new service system development (MMIS provider enrollment, billing codes and claims payment system) including provider training	July 1, 2015 - June 30, 2018
3.1.2 Research expanding Targeted Case Management (TCM) billing to benefit all Medicaid providers.	DHHS with program deputy/DHCFP/DWWS		Secure legislative funding and approval, Medicaid authority including federal approval, and new service system development (MMIS provider enrollment, billing codes and claims payment system) including provider training	July 1, 2015 - June 30, 2017
3.1.3 Apply for social innovation funds on a state-wide basis to support wraparound services.	DHHS with program deputy/DHCFP/DWWS		Staff to apply for and manage funds	July 1, 2016 - June 30, 2017

<p>3.1.4 Secure funding for 75 additional case managers statewide to provide wraparound services according to need and provide training to community-based providers to implement ICM and obtain reimbursement for provided habilitative services.</p>	<p>DHHS with program deputy/DHCFP/DWWS DPBH/Medicaid</p>		<p>Secure legislative funding and approval, Medicaid authority including federal approval, and new service system development (MMIS provider enrollment, billing codes and claims payment system) including provider training</p>	<p>July 1, 2016 - June 30, 2018</p>
<p>3.1.5 Develop sustainability plans for all sources of new funding.</p>	<p>DHHS with program deputy/DHCFP/DWWS</p>		<p>Secure continued Legislative budget authority for state funded programs. Identify other sources/processes for continued funding if State funding not an option.</p>	<p>July 1, 2017 - June 30, 2019</p>

Goal 2: Each homeless or at risk of homeless individual has a person-centered care plan, developed through appropriate credentialed personnel, that meets their medical and social needs.

Goal 2 Strategies	Lead	Resources	Needed Resources	Timing
<p>3.2.1 Coordinate and provide two (2) training opportunities quarterly (eight annually) for personnel in southern, northern, and rural Nevada who are not appropriately credentialed.</p>	<p>Statewide SOAR Coordinator with CoC providers statewide/DHCFP</p>	<p>SOAR Coordinator and CABHI sponsored training</p>		<p>July 1, 2015 - June 30, 2016</p>

3.2.2 Upon intake, personnel develop a person-centered care plan for each homeless or at risk of homeless individual.	Statewide SOAR Coordinator with CoC providers statewide/DHCFP	SOAR Coordinator and CABHI sponsored training		July 1, 2015 - June 30, 2016
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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 people’s vulnerability to and the impacts of homelessness.

Goal 1 Strategies	Lead	Resources	Needed Resources	Timing
5.1.1 Link housing providers with health and behavioral health care providers to co-locate and/or coordinate health, behavioral health, safety, and wellness services to create better resources for providers connecting patients to housing resources by 2018.	DPBH and Medicaid working with the CoCs	Governor’s Council on Behavioral Health and Wellness	Federally approvable Medicaid model for existing programs or new programs developed under Strategy 5.1.3	July 1, 2015 - June 30, 2017
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.	DPBH and Medicaid working with the CoCs	Training as to services currently available and any gaps that need improvement	Legislative approval for identified gaps	July 1, 2015 - June 30, 2017
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	DPBH and Medicaid working with the CoCs		Comprehension of current case management systems, and the medical home model to determine what systems provide and	July 1, 2015 - June 30, 2018

	experiencing homelessness by 2019.			which are best to utilize. Secure budget authority and federal approval for new system development.	
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.	DPBH and Medicaid working with the CoCs		Secure federal and legislative approval	July 1, 2015 - June 30, 2018
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.	DPBH and Medicaid working with the CoCs		Qualified providers and provision of education Changes to Medicaid plan, and legislative approval	July 1, 2015 - June 30, 2017
5.1.6	Engage 100 formerly homeless individuals statewide to provide peer navigator support in their local communities to at-risk or homeless individuals.	ICH		Coordination of and funding to provide “Navigator” services.	July 1, 2016 - June 30, 2018

Goal 2: Increase health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.

Goal 2 Strategies	Lead	Resources	Needed Resources	Timing
5.2.1 Improve discharge planning from hospitals, VA medical centers, psychiatric facilities, jails, and prisons to connect people to housing, health and behavioral health support, income and work supports, and health coverage prior to discharge so that no one is discharged to the streets.	ICH (DPBH, DOC, and VA), Affordable Housing providers	Frequent Users of Public Programs (FUSE) Project through CCSS grant (if awarded)	Identification of housing resources to house individuals being discharged	July 1, 2015 - June 30, 2017
5.2.2 Ensure systems are in place to identify people experiencing homelessness who are most likely to end up in an emergency room, hospital, jail, or prison, and connect them to the housing and support they need to reduce admission to the above institutions.	ICH (DPBH, DOC, and VA)	Frequent Users of Public Programs (FUSE) Project through CCSS grant (if awarded)	Identification of housing resources to house individuals	July 1, 2015 - June 30, 2017
5.2.3 Collaborate with the Governor’s Council on Behavioral Health and Wellness to implement the Super User Project by 2017.	ICH (DPBH, DOC, and VA)	Frequent Users of Public Programs (FUSE) Project through CCSS grant (if awarded)		July 1, 2015 - June 30, 2016

5. Review Decision Making Guidelines

The workgroup discussed an overview of the goals as outlined above, with the intent of providing more definition at the next meeting.

Ms. Aiello suggested that any strategies that have a June 30, 2018 deadline are probably going to require budget approval.

Strategic issue 3, goal 1 (3.1.1) the goal to expand habilitative services through the 1915(i) funds, as well as 3.1.2 to expand Targeted Case Management billing, were goals that will require expanding Medicaid services. This would mean requesting funding through the legislature. The group will need to define the services they want to add to the package. People who work in the housing industry will then have to figure out what wrap around services are needed. The workgroup will need expertise within the subcommittee, and also advocates who will help champion the request through the legislature. A budget concept paper would need to be developed

by the subcommittee, and that will be sent to Health Care Financing and Policy (DHCFP) around June of 2016 to become part of the agency budget request. The agency budget request is then submitted to the Governor in August 2016. The actual deadline for these goals is April 2016.

Between now and April, the subcommittee will need to define the services, intensity, projected caseload, and to work out the costs. With regard to 3.1.2, a case manager needs to be identified, and an expert would need to be brought in for that goal as well. It could be worked as a division of the subcommittee, or it could be organized as a separate subcommittee. Betsy offered to provide the subcommittee with a concept paper they can use for a starting point. Based on the fact that this will be an interagency council, there may be enough advocacy to get it moved through.

Ms. Watson suggested that members of the subcommittee should be identified as soon as possible to get the work accomplished by April 2016.

Goal 3.1.4 appears to be looking for funding throughout the system for additional case managers statewide. To the extent that it falls under 1915(i) funding, it will need legislative approval. The following 3.1.5 speaks to sustainability, and is asking for continued Legislative budget authority. This will need to be revisited at the next meeting to get more clarity.

3.2.1 is for coordinating SOAR training (train the trainer). Some have already occurred and some are planned. Ms. Watson suggested bringing in the coordinator for SOAR to provide information on their accomplishments to the workgroup.

3.2.2 might be part of an extended conversation on care plans and what should be in the template. This may be seen as a first touch for people at risk of homelessness and may need to be defined ahead of the work of the subcommittee on 3.1.1. This will be brought up again at the next meeting for further definition.

5.1.1 and 5.1.2 will require someone who knows the housing providers. There are funding sources for Federally Qualified Health Centers are playing different roles that hospitals or skilled nursing centers. They might be part of the solution if they are able to send outreach teams to the shelters. They should be at the table.

5.1.4 may require getting regulations changed with regard to providing medical services in shelters. It is also about establishing a process or system for hospitals discharging people experiencing homelessness, and ensuring there is a place for them to go.

5.1.5 is an issue currently being evaluated by the Continuum of Care groups. The rural areas are the largest beneficiary of the tele health industry.

5.1.6 looks at the creation of a peer-to-peer program, which will need training.

5.2.1 is systemic and needs a more global discussion.

5.2.2 Currently WestCare Nevada has a contract to look at the Clark County jail log to capture the people who have health care concerns. They route them into WestCare for individual assessments and care plans. They also provide ongoing monitoring so they can avoid hitting the emergency rooms. This a new project

has only been operational for about two months. WestCare will be invited to provide information on the project.

5.2.3 has a quickly approaching deadline. Mr. McMahon said he would contact the Governor's Council to find out what the Super User Project is, and who is involved in the CCSS Grant. He will report back to the group at the next meeting.

6. Determine Meeting Schedule

The next meeting was scheduled for the second Monday in December: 12/07/15 from 10 a.m. to 11:30 a.m. The rest of the workgroup will be asked to advise if the second Monday of each month will be a good time going forward. The subcommittees will meet more frequently in-between the monthly meetings, and Ms. Aiello will get her subcommittees on the wrap around services started as soon as possible.

7. Assign Contacts to Invite Participants for First Workgroup Call

During the overview of the goals, the workgroup suggested people who may be particularly knowledgeable in those areas. The members were asked to consider the goals further, and make more suggestions at the next meeting. Suggestions for additional participation in the accomplishment of goals were as follows:

- Goals 3.1.1 and 3.1.2: Ms. Kathleen Baughman, Ms. Jennifer Frischmann, Ms. Crystal Wren, Ms. Kelly Robson, Ms. Brooke Page, and representatives from the Rates Unit of DHCFP. Ms. Aiello would welcome any additional suggestions. She will coordinate the subcommittees for those two goals.
- Goal 3.1.4 would benefit from Ms. Ellen Richardson-Adams expertise.
- Goals 5.1.1 and 5.1.2: Mr. Tony Ramirez, Ms. Colleen Lawrence and Ms. Nancy Hook.
- Goal 5.1.4: Mr. Tony Ramirez, Mr. Steve Shipman, hospital social services and home health agencies
- Goal 5.1.6: CASAT
- Goal 5.2.1: Ms. Ellen Richardson-Adams, Department of Corrections, Ms. Kathleen Sandoval
- Goal 5.2.2: A representative from WestCare Nevada with regard to their contract to provide ongoing monitoring.
- Goal 5.2.3: Ms. Kat Miller and Ms. Wendy Simons

8. Public Comment

There was no public comment.

9. Adjournment

There being no further discussion or comment, the meeting was adjourned at 10:20 a.m.