

Nevada Department of
Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH



Implementation Plan

Nevada Interagency Council on Homelessness

Rev. August 2017

Acknowledgements

This page recognizes the Interagency Council on Homelessness and other individuals who participated significantly in the planning process or in the development of the plan.

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Pastor John Schmidt	The Bridge Baptist Church
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Introduction

Nevada's Interagency Council on Homelessness was established via Executive Order 2013-20 to coordinate and focus the State's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides the opportunity for Nevada to engage in an integrated approach regarding the issue of homelessness and promote interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless.

Mission

The mission of the Nevada's Governor's Interagency Council on Homelessness is to lead Nevada's efforts to prevent and end homelessness.

Values

Nevada has a common set of values it shares with federal, state and local jurisdictions:

- Every person matters and deserves to be treated with dignity and respect.
- Homelessness is unacceptable.
- Homelessness can be prevented.
- Homelessness is expensive; it is better to invest in solutions.
- Homelessness is solvable; we have learned a lot about what works.
- There is strength in collaboration.

Nevada uses guiding principles shared with the Dedicating Opportunities to End Homelessness (DOEH) initiative, a joint effort between the U.S. Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH). These guiding principles include:

- ✓ Coordinating Across Partners
- ✓ Community-led Action
- ✓ Data-driven Achievable Strategies and Goals
- ✓ Making Commitments and Measuring Results
- ✓ Leveraging Existing and Untapped Resources
- ✓ Removing Barriers
- ✓ Targeting Priority Populations

The Council created a strategic planning subcommittee during their first meeting in September 2014. The subcommittee was charged with establishing a strategic plan for the Council. The strategic plan subcommittee met bi-weekly to develop the strategic plan template, mission, vision, values, and needs assessment content. The plan was presented to the Council at the November 2014 and January 2015 meetings for approval and direction. A final version was presented and adopted during the June 2015 Council meeting.

The NVICH identified eight strategic issues facing the state through an analysis of statewide data. Strategic issues include both fundamental policy choices and critical challenges that must be addressed in order for the NVICH to achieve its vision. The NVICH reviewed the goals and strategies of the federal strategic plan to end homelessness, *Opening Doors*, and chose to integrate components into the statewide plan. The strategic issues to be addressed by this plan are as follows:

Goals

The following goals when met, will address the strategic issues identified by the NVICH.

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 programs 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 homeless 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 to achieve self-sufficiency 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 people's 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 people’s vulnerability to and the impacts of homelessness.

Goal 2: Increase 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 partners 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 between available and needed 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 create awareness to remove the stigma around homelessness.

Strategic Issue #1 – Housing

Goal 1.1: Preserve the existing affordable housing stock.					
Goal 1 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
1.1.1 Utilize the Housing Inventory Chart (HIC) data from the three CoCs to establish a housing stock baseline.		Nevada Housing Search and three CoCs Section 42 properties			
1.1.2 Evaluate and identify a system-wide analytic and projections tool for the state.	Nevada Housing Division – lead entity while also engaging the three CoCs and local housing authorities	Southern Nevada CoC Monitoring working group	Data personnel Contract or cooperative agreement through the CoCs for data analysis		
1.1.3 Conduct a capacity analysis assessment and compare results to the baseline to identify gaps.		CoC Coordinated Entry Data	Housing Authority project based vouchers		

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Goal 1.2: Provide the resources necessary to further expand and develop the inventory by 2020.					
Goal 2 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
1.2.1 Based on the results of the capacity analysis assessment, identify the need for specific housing types and sources of funding to develop the inventory.					
1.2.2 Improve access to federally-funded housing assistance, including rental subsidies, by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness.	Department of Business and Industry	Housing Authorities, CDBG, and HOME	Additional project-based vouchers, CDBG, HOME		
1.2.3 Identify resources to develop a coordinated entry report in HMIS to be submitted annually to the Council.	HMIS Lead				

Strategic Issue #2 – Homelessness Prevention and Intervention

Goal 2.1: Increase construction of new or rehabilitated housing in all communities.					
Goal 1 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
2.1.1 Advocate for the construction of new or rehabilitated housing in all communities.	CoCs, Housing Authorities, State, Housing Division, and Jurisdictions that receive CDBG and HOME funding	Senate Bill 340	Funding Developers Local Planning Offices	Ongoing	

Goal 2.2: Coordinate housing programs and agencies to provide housing prevention and diversion services, including mediation opportunities, for individuals and families who are at-risk of being evicted.					
Goal 2 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
2.2.1 Develop coordinated access to prevention and diversion housing services.	Local CoCs and ESG recipients	Coordinated Intake Leadership Teams	Identified local point person and identified state point person		
2.2.2 Increase funding opportunities to support access to prevention and diversion housing services.	Local CoCs and ESG recipients				
2.2.3 Increase the number of homeless providers who are able to act as intermediaries between the landlord and tenant through training by 25 percent annually.	Local CoCs and ESG recipients	Nevada Housing Division Training CoC Teams			

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Goal 2.2: Coordinate housing programs and agencies to provide housing prevention and diversion services, including mediation opportunities, for individuals and families who are at-risk of being evicted.

Goal 2 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
2.2.4 Provide cash assistance to individuals and families who are at-risk of eviction to cover rent, mortgage, or utility arrears.	Nevada Housing Division and county social service administrator agencies	LIHTF program (utilize as a model)	Funding pool from State, set aside, or other allocations Expansion of TANF Public/private involvement	July 1, 2016 - June 30, 2019	

Goal 2.3: Public and private partners 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 3 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
2.3.1 Identify and contact all agencies who provide services to prevent and end homelessness to coordinate policy priorities.	ICH	ICH Leadership SNV CoC	Lead staff person		
2.3.2 Provide training and technical assistance on homeless policy to public and private partners to ensure barriers are eliminated.	ICH		Training by a subject matter expert. Technical assistance to be provided by a	July 1, 2016 - June 30, 2018	

Goal 2.3: Public and private partners 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 3 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
			Statewide Homeless Coordinator or equivalent.		
2.3.3 Research and implement initiatives such as using Temporary Assistance for Needy Families (TANF) money to help prevent or end homelessness by 2018.	ICH, Leadership from three CoC's, DWSS		Ad-hoc working group		
2.3.4 Implement Medicaid program changes by 2017 to improve behavioral and physical health care delivery in supportive housing.	ICH		Secure legislative approval and Medicaid authority Working group to oversee all Medicaid program changes		
2.3.5 Provide four (4) training(s) annually to state personnel dedicated to Social Security determinations that benefit the most vulnerable people.	ICH Statewide SOAR Coordinator	Covered by CABHI grant (exception of travel costs for extra trainings)	Training resources, staff time, etc. Increase travel budget for travel to conduct the extra trainings		

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Goal 4: Rapidly rehouse people who fall out of housing.					
Goal 2.4 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
2.4.1 Expand funding statewide to support community-specific rapid rehousing program.	ICH	LIHTF program			
2.4.2 Standardize a prioritization and referral process for rapid rehousing by 2017.	Three CoCs				
2.4.3 Integrate rapid rehousing into centralized/coordinated intake.	Three CoCs				

Goal 2.5: 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.					
Goal 2.5 Strategies	Lead	Resources	Resources Needed	Timing	Date Completed or Revised
2.5.1 Collaborate with the AG's Office to identify alternatives to prison sentences for low-risk offenders, inconsistent or unfair sentencing policies that may unduly burden certain target populations and advocate policy changes.	Attorney General's Office	Statewide Re-entry Task Force	Identification of Best Practices	July 1, 2015 - June 30, 2018	

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Goal 2.5: 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.

Goal 2.5 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
2.5.2 Identify and assess the effectiveness of different community reentry programs and expand programs at the community level, including streamlining of employment barriers and expansion of opportunities for those who have been discharged.	Department of Corrections	Statewide Re-entry Task Force	Lead staff person to compile information	July 1, 2015 - June 30, 2018	

Goal 2.6: The strategic plan document is re-assessed and updated at least every five years to prevent and end homelessness.

Goal 2.6 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
2.6.1 Develop an annual work plan that identifies strategies and goals to be achieved during that one year timeframe.	ICH	USICH Regional Coordinator	ICH Staff time to help coordinate		
2.6.2 At the end of four years, reconvene the Strategic Planning Subcommittee to re-assess and update the strategic plan document.	ICH		ICH Staff time to help coordinate	July 1, 2015 - June 30, 2019	

Goal 2.6: Public outreach and education is conducted to create awareness to remove the stigma around homelessness.					
Goal 2.6 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
2.6.1 Develop information materials by the end of 2017 and conduct training quarterly on community resources for those who are at-risk or are homeless.	ICH	Expand on MPBT that the SNV CoC hold monthly SNV CoC is developing public awareness campaign, utilize to expand efforts statewide	Lead staff person to compile information and facilitate trainings		
2.6.2 Develop a public awareness campaign about homelessness to implement statewide by 2018. a. Engage business and community leaders in public awareness campaign.	ICH	SNV CoC is developing public awareness campaign, expand efforts statewide	Coordination of PA message and resources to market the issue		

Strategic Issue #3 – Wraparound Services

Goal 3.1: Increase access to all funding (federal, foundations, grants, private) for which Nevada may be eligible.					
Goal 3.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
3.1.1 Advocate to Medicaid to expand habilitative services through 1915(i) funds.	DHHS with program deputy/DHCFP/D WWS	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 PSH Medicaid providers.	DHHS with program deputy/DHCFP/D WWS		Secure legislative funding and approval, Medicaid authority including federal approval, and new service system development (MMIS provider enrollment, billing codes and claims payment system)		

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Goal 3.1: Increase access to all funding (federal, foundations, grants, private) for which Nevada may be eligible.					
Goal 3.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
			including provider training		
3.1.3 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.	DHHS with program deputy/DHCFP/D WWS DPBH/Medicaid		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, 2016 - June 30, 2018	
3.1.4 Develop sustainability plans for all sources of new funding.	DHHS with program deputy/DHCFP/D WWS		Secure continued Legislative budget authority for state funded programs. Identify other sources/processes for continued funding if State funding not an option.	July 1, 2017 - June 30, 2019	

Goal 3.2: 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	Date Completed or Revised
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.	DHCFP, ADSD	Statewide SOAR Coordinator, Licensing Boards			
3.2.2 Upon intake, personnel develop a person-centered care plan for each homeless or at risk of homeless individual.	DHCFP, ADSD	Statewide SOAR Coordinator, Licensing Boards			

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Goal 3.3: Close the gap between available and needed appropriate credentialed health professionals statewide.					
Goal 3.3 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
3.3.1 Work with universities in the state to recruit and train licensed professionals.	DHHS/ICH	UNLV/UNR School of Social Work (Michele Fuller-Hallauer is a part-time instructor for UNLV)	Lead staff person who understands the needs and act as educator and liaison to the universities		
3.3.2 Remove licensure barriers so that out of state licensed professionals are offered reciprocity when moving to Nevada.	DHHS/ICH	Work with licensing agencies to review and revise policies regarding reciprocity	Secure legislative approval Lead staff person to facilitate discussions and track outcomes		
3.3.3 Increase the number of appropriate credentialed health personnel statewide by 10 percent annually by providing training opportunities and incentives annually/quarterly.	DHHS/ICH, Licensing entities		Lead staff person to facilitate discussions and track outcomes	July 1, 2017 - June 30, 2019	
3.3.4 Conduct outreach to all agencies to ensure health professionals are aware of training opportunities and incentives to become credentialed by 2017.	DHHS/ICH	Nevada Homeless Alliance distribution list, Mainstream Programs Basic Training (MPBT) distribution lists for SNV	Centralized data base to post all training opportunities, Public awareness		

Strategic Issue #4 – Education and Workforce Development

Goal 4.1: Expand economic opportunities (through initiatives such as workforce development, education opportunities, and job skills training) for those who are at-risk or are homeless to achieve self-sufficiency through a living wage.					
Goal 4.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
4.1.1 Collaborate with economic recovery and jobs programs to enroll 500 at-risk or homeless adults in workforce or technical training programs annually statewide.	DETR (working with DWSS and veterans services)/ Workforce Investment Board	Case managers (homeless providers) partnering with WIOA Implementation Planning team and local Job Connect	Reporting mechanism to the ICH Point person to follow progress and convene meetings if necessary	July 1, 2015 - June 30, 2017	
4.1.2 Work with the Department of Veterans Affairs and Veterans Resource Centers to provide opportunities for work and support recovery for veterans with barriers to employment, especially veterans returning from active duty, veterans with disabilities, and veterans in permanent supportive housing.	DETR (working with DWSS and veterans services)/ Workforce Investment Board	WIOA Implementation Planning team	Identified local person to convene an ad-hoc working group to develop collaborative protocols	July 1, 2015 - June 30, 2017	

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Goal 4.1: Expand economic opportunities (through initiatives such as workforce development, education opportunities, and job skills training) for those who are at-risk or are homeless to achieve self-sufficiency through a living wage.

Goal 4.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
4.1.3 Improve coordination and integration of employment programs with homelessness assistance programs, victim assistance programs, and housing and permanent supportive housing programs.	DETR (working with DWSS and veterans services)/ Workforce Investment Board	Case management at provider level, WIOA Implementation Planning team	Point person to convene meetings, track progress and act as liaison if necessary.	July 1, 2016 - June 30, 2019	
4.1.4 Collaborate with the Nevada Workforce Investment Board (WIB) to support and ensure coordination of goals and strategies of their strategic plan and the NVICH strategic plan.	DETR (working with DWSS and veterans services)/ Workforce Investment Board	WIOA Implementation Planning team		July 1, 2016 - June 30, 2018	

Goal 4.2: Increase access to education for people experiencing or most at risk of homelessness.

Goal 4.2 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
4.2.1 Identify at-risk or homeless children and coordinate with the local school district to enroll 100 percent of those children in school annually.	Department of Education, statewide management team, and local school superintendents	Title One HOPE Youth meetings (SNV), Washoe County School District Children in Transition (CIT) Office, other		July 1, 2015 - June 30, 2016	

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Goal 4.2: Increase access to education for people experiencing or most at risk of homelessness.					
Goal 4.2 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
	CoC providers, CoC leads	school district CIT programs, Southern Nevada Regional Planning Commission (Youth Planning Group), the Nevada Partnership for Homeless Youth, UNR Head Start Office and regional Head Start Offices			
4.2.2 Identify at-risk or homeless children ages 0-5 and coordinate with early childhood programs and child service providers to enroll 100 percent of those children in early childhood programs annually.	Department of Education, statewide management team, and local school superintendents CoC providers, CoC leads	Nevada Early Childhood Advisory Council		July 1, 2015 - June 30, 2016	

Goal 4.2: Increase access to education for people experiencing or most at risk of homelessness.					
Goal 4.2 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
4.2.3 Identify at-risk or homeless individuals and coordinate with providers to provide opportunities for enrollment in classes or obtaining a General Educational Development (GED) degree for 100 percent of those individuals annually.	Department of Education, statewide management team, and local school superintendents CoC providers, CoC leads	Title I HOPE staff, Washoe County School District Children in Transition (CIT) Office, other school district CIT programs, Southern Nevada Regional Planning Commission (Youth Planning Group), the Nevada Partnership for Homeless Youth, UNR Head Start Office and regional Head Start Offices		July 1, 2015 - June 30, 2017	

Goal 4.3: Determine eligibility and apply for all mainstream programs and services to reduce people’s financial vulnerability to homelessness.

Goal 4.3 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
4.3.1 Identify gaps in wraparound services e.g., behavioral health, life skills, education, financial literacy, basic needs, transportation.	DHHS with program coordinator/DPBH		Ad-hoc working group	July 1, 2015 - June 30, 2016	
4.3.2 Provide comprehensive case management training for all case managers statewide to include SOAR/SSI/SSDI/TANF/SNAP annually.	DHHS with program coordinator/DPBH State SOAR Coordinator	Standardized Case management training in development through SNV CoC	Lead to coordinate and lead ad-hoc groups	July 1, 2016 - June 30, 2019	
4.3.3 Link to state workforce development efforts to create financial stability opportunities for at risk and homeless individuals.	DHHS with program coordinator/DPBH	SNV COC working with jurisdictions to provide supportive work opportunities; Opportunity Alliance of Nevada; WIOA Implementation Planning team		July 1, 2015 - June 30, 2017	

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Goal 4.4: Improve access to high quality financial information, education, and counseling.					
Goal 4.4 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
4.4.1 Identify ten (10) community or statewide organizations annually and assist them with implementing evidence-based programs to increase individual's financial capabilities.	Opportunity Alliance Nevada Local United Way	WIOA Implementation Planning team	Creation of Evidence Based Practices Capacity Building Academy	July 1, 2015 - June 30, 2017	
4.4.2 Evaluate and research existing programs quarterly for emerging or evidence-based practices to implement statewide.	Opportunity Alliance Nevada	Lincy Institute		July 1, 2015 - June 30, 2020	
4.5.1 Create menu of safe, affordable product and services for employers, service providers and employees.	Opportunity Alliance Nevada	WIOA Implementation Planning team	Coordination between ICH and Opportunity Alliance	July 1, 2015 - June 30, 2017	

Strategic Issue #5 – Coordination of Primary and Behavioral Health

Goal 5.1: 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 5.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
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	DPBH and Medicaid working with the CoCs		Comprehension of current case management systems, and the medical home model to	July 1, 2015 - June 30, 2018	

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Goal 5.1: 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 5.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
improve health and reduce health care costs in communities with the largest number of people experiencing homelessness by 2019.			determine what systems provide and 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	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	

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Goal 5.1: 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 5.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
experiencing or at risk of homelessness.					
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 5.2: Increase health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.

Goal 5.2 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
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 (DBPH, 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	

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Goal 5.2: Increase health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.

Goal 5.2 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
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 (DBPH, 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 (DBPH, DOC, and VA)	Frequent Users of Public Programs (FUSE) Project through CCSS grant (if awarded)		July 1, 2015 - June 30, 2016	

Strategic Issue #6 – Coordination of Data and Resources

Goal 6.1: The system is integrated, streamlined, promotes data sharing and is captured consistently in HMIS.						
Goal 6.1 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised	
6.1.1 Work with Bitfocus to develop standards that permit data inter-operability between data systems while protecting the confidentiality of all individuals by 2019.	DHHS coordinating with program coordinators of DPBH, Medicaid, DWSS, DCFS	Data Integration work through Homebase and SNV CoC		July 1, 2016 - June 30, 2018		
6.1.2 Create a common data standard and uniform performance measures across all targeted and mainstream federal programs by 2019.	DHHS coordinating with program coordinators of DPBH, Medicaid, DWSS, DCFS	Data Integration work through Homebase and SNV CoC		July 1, 2016 - June 30, 2018		
6.1.3 Establish an oversight subcommittee that meets quarterly to review data and report to the NVICH.	DHHS coordinating with program coordinators of DPBH, Medicaid, DWSS, DCFS		NVICH Staff time to coordinate quarterly meetings	July 1, 2016 - June 30, 2017		
6.1.4 Revise NVICH policies based on results of oversight subcommittee.	DHHS coordinating with program coordinators of DPBH, Medicaid, DWSS, DCFS			July 1, 2017 - June 30, 2020		

Goal 6.2: Implement centralized/coordinated intake assessment and access for all housing programs throughout the state for the homeless or those at risk of homelessness.

Goal 6.2 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
6.2.1 Implement a statewide housing and vulnerability assessment tool by 2016 and provide training quarterly on its utilization.	Three CoCs working with Mike McMahon at DPBH and BitFocus	SNV Coordinated Intake Change Advisory Team for lessons learned	NVICH Staff time to coordinate quarterly meetings	July 1, 2015 - June 30, 2016	
6.2.2 Utilize the results of the statewide housing and vulnerability assessment tool to create a prioritized list.	Three CoCs working with Mike McMahon at DPBH and BitFocus	SNV Coordinated Intake Change Advisory Team for lessons learned		July 1, 2016 - June 30, 2017	
6.2.3 The statewide HMIS working group evaluates the prioritization process by providing real-time reporting on housing utilization, retention rates, placements, and performance measures, and reports to state oversight, HMIS Steering Committee, and CoCs	HMIS Steering Committee	Performance measures as developed by CoC's measuring through HMIS HMIS Housing and vulnerability assessment tool		July 1, 2016 - June 30, 2017	
6.2.4 Secure MOAs to participate in centralized/coordinated intake and establish policies for all community providers to utilize	Three CoCs working with Mike McMahon at			July 1, 2015 - June 30, 2017	

IMPLEMENTATION PLAN

Goal 6.2: Implement centralized/coordinated intake assessment and access for all housing programs throughout the state for the homeless or those at risk of homelessness.

Goal 6.2 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
centralized/coordinated intake by 2018.	DPBH and BitFocus				

Goal 6.3: Regularly identify options to coordinate resources.

Goal 6.3 Strategies	Lead	Resources	Needed Resources	Timing	Date Completed or Revised
6.3.1 Identify other parts of the service delivery system at the local, state, and federal level that could impact the plan.	NVICH	NVICH	NVICH staff time	Annually	
6.3.2 Regularly identify and communicate emerging issues, trends and resources related to preventing and ending homelessness or that address strategic issues of the plan to the full NVICH	NVICH	NVICH	NVICH staff time	Annually	