**NNBHC Meeting**

**January 17, 2017 9:00-10:30**

**UNR Redfield Campus Room 216**

**Welcome and Introductions**

Meeting began at 9:05 am

**Agenda 1 RAAH Update Kelly Marschall**

Behavioral Health housing update. Continuum of care. HUD directed initiative 1996, communities should assess what is needed. Groups who represent different sectors come together do identify unmet need and identify housing for homeless population. Govt changes priorities and policies. City of Reno, Washoe, Sparks all get $$$. We pool money and allocate based on needs. In 2000, the grantees were the restart program, and NNAMHS. Since then, additions include priorities, chronic homeless, or people with more than a year on the streets with a disabling condition too. Chronic homeless expanded to include families. After recession, vets returning from deployment so there was a strong vet initiative. VA vouchers we added for supportive housing. Today includes Wahoes county supportive housing, NNAMHS, Restart projects, rapid rehousing project. Rapid rehousing was to help prevent homelessness. It is also nice because the $$$ can go with the person. Helping to prevent homelessness trauma. RAAH has to identify strategies, identify outcomes, and collect data in order to get the funding. Priority is to serve chronic homeless with supportive housing and to find rapid rehousing. Hoping to establish another priority to increase rapid rehousing as resource, it is flexible and serves more of the population (Prevention based). This is HUD funding which is a small portion of what is needed. The process and paperwork is bureaucratic, but it used to be the only resource but that is starting to change. RAAH applied and did not receive homeless youth grant. Need to identify homeless youth or risk of homeless youth. Kids 18-24 targeted strategies to wrap around those youth. More likely to stabilize if you can get them services by 24 years. RAAH Reno area alliance for homeless. How do we end homelessness? How do we prevent homelessness? Coordinated entry…….one place central to call and get services. The list was opened with 300 people May 2016. List reduced to 50 in 2017. Case workers being deployed to help people access resources if they are not high on housing list. Jan 2017 award is 1.7 million. Not enough to address issue completely, but doubled money over 17 years by putting priorities on projects.

How do service providers access services? Coordinated entry – Catholic charities. (Kelly to give us contact person) Homeless management information system. Mandated by HUD. System is called Clarity (HMIS). Assessment tool came out of Northeast called Vulnerability index, identify most at risk of dying people who are likely to die on street, evidence based. Behavioral Health professionals get trained on VI spdat and then they administer the assessment.

RAAH meets 2nd Thursday of each month 8:00 at Salvation Army Fellowship Hall. Everyone invited to intend.

We can e-mail Kelly to access HMIS system as well as Catholic Charities.

3 COC (Southern, Rural, Northern) but they all share the same queue. They are all linked. How long does it take once in queue? Depends on people cycling out of supportive housing spaces. RAAH applied for someone to come in and evaluate the permanent supportive services housing. They are working with Reno Hosing authority to expand vouchers for homeless. RAAH developed a strategic plan, noted a critical issue to have community case managers. Identified we need 70 case managers they we currently do not have. Received funding through DPBH to fund 3 community case managers who go along the river to and access homeless folks.

NAMI is getting calls from family members who cannot support loved ones any longer. Kelly, Children’s Cabinet in process of developing a supportive housing (Youth Build) currently under development. 18-24 age. Specialty courts also play a critical role.

Kelly invites someone from NNBHC to attend their meetings and Lisa Leatham from RAAH board to attend NNBHC meeting

Kelly Marschall – kmarschall@socialent.com

Hettie Ploeger- Director of community Housing resource 322-7073 ext. 350 hploeger@ccsnn.org

**Agenda item 2 – Updates from Ridge House**

Steve Burt – <http://www.ridgehouse.org/about/> Background of Ridge house. In 1982 a Christina based retreat was held in Carson (on Ridge Street), served by inmates, decided to volunteer to administer services to inmates. No resources at that time for people coming out of prison. House on Ridge Street. Now 53 beds…..prisoner reentry……developed recovery oriented system of care. Goal is help people less involved in criminal justice, proper living environment, career focused. Wrap around services. Average length of stay for ASAM 3.1, sober living environment. Blended funding. Training and employment placement assistance. Addiction and mental health treatment. Another 60 beds in the next 3 years. Ridge house is building homes….developing a family system within homes. Peer specialist lives in the home with them, coaching thru daily living skills. All people share responsibilities and they receive services at home or at office. Recently developed IOP for opioid addiction working with HOPES. Evolving with community needs. Many of the new beds will be open to the community. 15% of referrals come from community. 2018 they will build recovery housing apartment complex. Open to co-occurring clients.

Sandy – are you using dual diagnosis model? Steve yes.

Ridge house takes insurance and Medicaid. SAPTA is funder of last resort.

Ridge house does not have a mental health home but he does have a veteran’s house.

Steve: Opioid addiction, MAT works because withdrawals are there and peak at 9 months.

Medicaid does not require prior Authorization for Saboxone anymore.

Steve Burt: Behavioral Healthcare boards update. Proposal in legislature to combine all behavioral healthcare boards under board of health in state – MFT, LACD, SW. SW and MFT board are neutral on this matter. LADC thinks this is a bad policy issue and are fighting it. Board of Psychological examiners are not being lumped into new board. Mention to your board if you are not ok with this. The DPBH has trouble shifting on a dime…..giving them 7000 license to manage will be difficult. Steve suggests that State keep the oversight they are supposed to provide already, but currently do not…… or combine boards into one board and stay independent no oversight from State.

DPBH response from Amy Rourke– this is not their movement…..but reciprocity is a problem. Workforce development issues are limited by geography and workforce. Other state are joining compacts like Nursing for reciprocity. If we provide state oversight, it might somehow make a difference for providers in our state who lack workforce.

**Agenda 3 Westcare update Lisa Leatham**

Two new programs:

#1Starting this week: IOP therapy and groups. 3 x week MWF 2 sessions 9-12 and 1-4 providing transportation. Covered by Medicaid. Co-Occurring. Plus individual sessions also. Office on Roberts street off Wells Ave. Outreach at Jail to bridge gap with discharge at Jail. Using Integrating Dual Diagnosis and seeking safety.

#2Also awarded CCBHC clinics (1 of 4 in State) starting in Vegas, partner with different agencies to be a clinic (behavioral health, juveniles, adolescents, elderly, vets) expanding in Reno too. 24 mobile crisis intervention team (hiring 4 therapists and 2 case managers). Lisa started MOST team so she is heading the 24 hr. mobile crisis unit. They required to respond within 3 hrs. To get them in assessment and placement. Fri-Sat-Sun swing and Grave shifts to cover what MOST team does not. Westcare doing rural telehealth in Hawthorne and Tonopah. CCBHC is paid per person so they take Medicaid, Medicare. Co-Occurring

Crisis intervention and triage are both 24/7. There is also a crisis line. They hope to connect with crisis call center.

RPD has started CIT again, Westcare partners with them as well as the courts and NAMI.

Mobile crisis should be running by mid Feb.

**Community updates:**

Sandy Stamates (NAMI): Today is call in day about affordable care act!!! You can e-mail too.

Meeting adjourned 10:37 am

**Next Meeting Tuesday Feb 14**

Location and agenda TBD – Jeanyne will send details via e-mail listserv

Possible Agenda:

Lobbyist

Legislative action and budget update.

Identify target topics to present to legislative as a group, priorities. Do your homework about what is going on, bring topics that are relative to your business and the group.