

Benefits Acquisition Actions

Strategy 3.1 Improve delivery of health services to persons who are homeless.

- Physical health services
- Dental/oral health services
- Mental health services
- Substance abuse services

Action 3.1.1 Physical Health Services

1. Look at work of discharge committee on health issues.
2. Investigate developing night-time health clinic access to persons who are homeless to reduce impact on emergency centers.
3. Investigate developing a mobile health care program that could provide medical services to persons who are homeless on-site at area homeless provider night and day shelters. Volunteers?
4. Investigate expanding respite care for persons who are homeless.

Potential Participating/Lead Organizations

Medical Foundations

211 for volunteers

Health One Alliance

Rose Community Foundation

Colorado Trust – Healthy Communities Initiative

Mindy Klowden

VOA – Lindi Sinton

CCH – Lisa Thompson

Lead Coordinators

Need someone from Medicaid – Don to call Karen Reinertson or Tracy and Don to call Nancy Lieman

Rich Deblasio - VA

Action 3.1.2 Dental/oral Health Services

1. Develop volunteer network through Dental Associations
2. Develop collaboration with the dental school work study program and a consortium of providers to help with transportation and scheduling.
3. Investigate with Diane Brunson (DPHE) possibilities for accessing recent dental graduates who have agreed to serve for a period of time in the community in exchange for tuition assistance.
4. CCH has recently opened a new dental clinic at Stout Street.

Potential Participating/Lead Organizations

Colorado Dental Association

Dept. of Public Health and Environment – Diane Brunson

OHAC

Delta Dental

Lead Coordinators

Diane Brunson - CDPHE (Jeanette Hensley to talk to Diane)

Brad Hopkins, Kathy Collins – Denver Rescue Mission

Action 3.1.3 Mental Health Services

1. Develop volunteer network through Associations of Mental Health Providers – Denver Health, Mental Health Association, Denver University Clinic
2. Monitor mental health legislation (HB) that would give authority to communities to develop funding streams for delivery of mental health services, create a mill levy for property taxes.
3. Improve access to needed Pharmaceuticals through the existing pharmaceutical assistance program and improved access to services.
4. Investigate opportunities for joint grant applications from SAMSHA and the state's PATH Program and Supportive Housing and Homeless Programs or the Division of Mental Health.
5. Re-examine the PATH program to see if it could be expanded to serve more communities through the 2006 statewide RFP process.

Potential Participating/Lead Organizations

Mental Health Association of Colorado

Colorado Behavioral Health Council

Denver Health

Denver University Clinic

Lead Coordinators

Dan Reardon - CCH

Chad Morris – PATH (Tracy ask if he's interested)

Chris and Don to work with Deb Kupfer - MHS

Need HCPF

Action 3.1.4 Substance Abuse Service

1. Monitor legislative bill (HB) that would make substance abuse a Medicaid eligible activity.
- 2.
- 3.

Action 3.1.5 Policy Proposals

1. People who are homeless with severe and persistent mental illness will receive expedited assessments and/or mental health services.
2. Investigate setting statewide standards on increasing percent of homeless persons served in existing programs.
3. Investigate developing a state program that would identify opportunities for blending portions of existing resources to provide wrap around services to persons who are homeless.
4. Develop a clearinghouse at the state level that identifies federal funding streams coming to agencies in Colorado for homeless housing and services. Develop a gap analysis that identifies outstanding needs. Resource mapping project. Use

results to look at de-fragmenting the homeless service delivery system in Colorado.

Strategy 4.2 Improve Benefit Utilization

- Social Security/SSI
- Medicaid
- Medicare
- OAP
- Food Stamps
- AND
- VA
- TANF
- Workforce Investment Act
- CHP+ benefits or
- Other mainstream benefits

Action 4.2.1

Improve Case Management

1. Identify key homeless service providers in the governmental, non-profit and faith-based sectors to serve as community partnerships
2. Develop community-appropriate in-service training programs to ensure cross-program knowledge (*e.g. explore use of Project WIN Resource Guide, HUD's First Step Federal Benefit Programs Resource Guide, 21, consumer navigator program and other referral tools and incorporate into training program.*)
 - a. Professional Development Academy annual training
 - b. SHHP annual training
3. Improve case management referral processes (*e.g. reduce the number of "blind referrals by instituting a required case manager to case manager contact before referrals are made*)
4. Use existing community resource guides or develop new guides if necessary
 - a. Develop online case management guide
5. Look at developing a pilot project using the HMIS system for on-line referrals and case management agreements for service delivery between agencies.
6. Tie-in to MDHI Mainstream Resource Committee and county meetings and expand statewide.

Potential Participating/Lead Organizations

CCH

CICP

St. Francis

Denver Rescue Mission

Volunteers of America

SSA

Urban Peak

Catholic Charities – Samaritan House

County Human Services

Denver Health
VA – Barbara Martinez
DDS – Lavonne Mercure
Workforce Centers/Counties
Supportive Housing and Homeless Programs
CDHS Brain Injury Program – Bill Bush

Lead Coordinators

Don Ketcham - SSA
Kevin Richards - OSS
Tracy D’Alanno - SHHP
Dan Reardon - CCH

Action 4.2.2 Increase Case Manager assistance in cross-program application process

1. Use SSA 3rd Party Online Applications
- 2.

Action 4.2.3 Develop models for co-location of existing mainstream resources for persons who are homeless.

1. Develop community-appropriate “one-stop” models, “claims days” etc.
2. Develop a “Veterans Stand-down” program for non-Veterans
3. Identify and address policy impediments (*e.g. systems limitations, privacy rules, etc.*)
- 4.

Action 4.2.4 Coordinate use of existing HMIS, CBMS, SOLQ and 211 systems to improve intake and assessment procedures for persons who are homeless.

1. State and SSA develop State Online Query (SOLQ) access for county benefit providers
2. Develop “leads” process to alert other agencies of potential entitlements
- 3.

Action 4.3.5 Improve Social Security/SSI Process

1. Streamline the time needed to get disability benefits
 - a. Increase number of claimants assisted in the application process by third parties
 - b. Develop “Homeless Case” flag and prioritize flagged case
 - c. Community-based DDS processing when outstationed Disability Examiners are in Social Security offices
 - d. Improve flow of medical evidence by medical providers to State Disability Determinations Services (*e.g. VA, DHM etc.*)
 - e. Improve quality of medical evidence, especially in the case of mental impairments
 - i. Develop professional training for medical providers on DDS disability requirements
 - ii. Increase the amount of “collateral contact” (*e.g. case managers, service providers*) lay observations of functional capacity
 - f.

2. Decrease the number of abandoned Social Security/SSI Claims
 - a. Increase the use of third party representatives (SSA-1696 or similar authorization)
 - b.
3. Improve attendance at Consultative Examinations
 - a. CE's at sites familiar to homeless individuals (*e.g. Stout Street Clinic*)
 - b. Develop "buddy system" utilizing non-impaired homeless individuals
 - c.
4. Replicate CCH "Benefit Acquisition and Retention Team" process with other providers in Colorado
5. Post-Entitlement:
 - a. Third Party support during non-medical Predeterminations or Continuing Disability Reviews
 - b. Increase community support through Representative Payee services
 - c. Improve use of SSA work incentives to support a transitions from benefits to employment
 - d.

Action 4.3.6 Develop Outreach for Part D Medicare Subsidy applications

Examples of Measurable Outcome Statements (To be developed for each action):

- Homeless persons who are eligible to receive mainstream benefits will be identified and referred to appropriate public agencies for application purposes.
- HMIS tracking software will identify number of homeless clients needing mainstream resources and number of homeless clients who have actually obtained benefits.
- Mainstream resource providers will be able to count the number of homeless persons served in their programs.
- Identification of ways to coordinate information will be accomplished by January 2006.
- Agreements to coordinate processes and procedures with each mainstream program will be developed by June 2006.
- Implementation of agreements will begin in July 2006.
- CBMS training expanded to non-profit agencies.
- Investigate potential of linkages between Tapestry and CBMS
- Opportunities for coordination in the area of data collection, intake and assessment will be identified to facilitate improved communication between private non-profit providers and public agencies.
- HMIS/CBMS tracking software will identify number of homeless clients needing mainstream resources and number of homeless clients who have actually obtained benefits.