OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application:
- ☒ New
- ☐ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

*Other (Specify)

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION

*a. Legal Name: Missouri Department of Mental Health

*b. Employer/Taxpayer Identification Number (EIN/TIN): 446000987

*c. Organization DUNS: 780871430

d. Address

*Street1: 1706 E. Elm St
Street2: P.O. Box 687
*City: Jefferson City
County/Parish: Cole
*State: MO
Province:
*Country: USA
*Zip/Postal Code: 65102

e. Organizational Unit

Department Name: Department of Mental Health

Division Name: Division of Behavioral Health

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
*First Name: Martha
Middle Name: Brooke
*Last Name: Dawson
Suffix:

Title: State PATH Contact

Organizational Affiliation: Missouri Department of Mental Health

*Telephone Number: 573/592-2629
Fax Number: 573/592-2119

*Email: brooke.dawson@dmh.mo.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

SAMHSA

11. Catalog of Federal Domestic Assistance Number

93.150

CFDA Title:

Projects for Assistance in Transitions from Homelessness

*12. Funding Opportunity Number:

SM-13-F2

*Title:

Projects for Assistance in Transition from Homelessness (PATH)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Missouri

15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

OMB Number: 4040-0004
Expiration Date: 03/31/2012

16. Congressional Districts Of:

*a. Applicant: 4th

b. Program/Project: 1st, 5th, 7th, 8th

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

*a. Start Date: prox start date 07/01/2013

b. End Date: 06/30/2014

18. Estimated Funding($):

*a. Federal	877,000
*b. Applicant	
*c. State	537,893
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,414,893

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____.
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☒ c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach.

21. ***By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)**

☒ **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

Prefix: Mr. *First Name: Dan

Middle Name:

Last Name: Haug

Suffix:

*Title: Director of Administrative Services, Department of Mental Health

*Telephone Number: 573-751-4055 Fax Number: 573-751-8574

*Email: dan.haug@dmh.mo.gov

*Signature of Authorized Representative: Daniel D. Haug Date Signed: 6/4/13

Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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Charitable Choice 120

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non- Federal (f)	Total (g)
1.		$	$	$	$	$ 0.00
2.		$	$	$	$	$ 0.00
3.		$	$	$	$	$ 0.00
4.		$	$	$	$	$ 0.00
5. TOTALS		$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	$	$	$	$	$ 0.00
b. Fringe Benefits	$	$	$	$	$ 0.00
c. Travel	$	$	$ 1,690.00	$	$ 1,690.00
d. Equipment	$	$	$ 0.00	$	$ 0.00
e. Supplies	$	$	$	$	$ 0.00
f. Contractual		$	$ 870,840.00	$	$ 870,840.00
g. Construction	$	$	$ 0.00	$	$ 0.00
h. Other	$	$	$ 4,470.00	$	$ 4,470.00
i. Total Direct Charges *(sum of 6a -6h)*		$ 0.00	$ 877,000.00	$ 0.00	$ 877,000.00
j. Indirect Charges	$	$	$	$	$ 0.00
k. TOTALS *(sum of 6i and 6j)*	$ 0.00	$ 0.00	$ 877,000.00	$ 0.00	$ 877,000.00
7. Program Income	$	$	$	$	$ 0.00

1

SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.Projects for Assistance in Transition from Homelessness (PATH)	$	$ 537,893.00	$	$ 537,893.00
9.	$	$	$	$ 0.00
10.	$	$	$	$ 0.00
11.	$	$	$	$ 0.00
12. TOTALS *(sum of lines 8 and 11)*	$ 0.00	$ 537,893.00	$ 0.00	$ 537,893.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 0.00	$	$	$	$
14. Non- Federal	$ 0.00	$	$	$	$
15. TOTAL *(sum of lines 13 and 14)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Projects for Assistance in Transition from Homelessness (PATH)	$ 877,000.00	$	$	$
17.	$	$	$	$
18.	$	$	$	$
19.	$	$	$	$
20. TOTALS *(sum of lines 16 -19)*	$ 877,000.00	$ 0.00	$ 0.00	$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks

Non-federal resources refers to .10 FTE for state project director, local project director and fiscal staff

Missouri Department of Mental Health FY 2014 PATH Program Narrative

Provider / Geographic Area Estimate of # served by and enrolled in PATH	Provider Type	Federal PATH Funds	State Match Funds	Services Supported by PATH Funds Major Activities
Eastern				
BJC Behavioral Health Services BJC's Allocation includes allocation to subcontractor: *St. Patrick's Center* *Estimated number of literally homeless adults contacted – **898*** *Estimated number enrolled in PATH - **245***	Administrative Agent (CMHC)	$182,431	$104,873	• **Outreach** • **Screening / Diagnostics** • Community Mental Health Services • **Case Management** • **Referrals**
St. Patrick's Center *** Subcontracted through BJC** *Estimated number of literally homeless adults contacted – **825*** *Estimated number enrolled in PATH - **825***	Faith-based Community Agency	$ 94,148	$ 54,122	• **Outreach** • **Screening / Diagnostics** • Community Mental Health Services • **Case Management** • Alcohol and Drug Treatment • **Referrals** • Supportive Services in Residential Settings
Places for People/Community Alternatives *Estimated number of literally homeless adults contacted – **462*** *Estimated number enrolled in PATH - **182***	Affiliated Mental Health Center	$ 38,332	$ 22,036	• **Outreach** • **Screening / Diagnostics** • **Case Management**
Western				
Truman Behavioral Health Network *Estimated number of literally homeless adults contacted – **498*** *Estimated number enrolled in PATH - **246***	Administrative Agent (CMHC)	$233,324	$134,129	• **Outreach** • **Screening / Diagnostics** • Community Mental Health Services • Intensive Dual Diagnosis Treatment • **Case Management** • **Housing Referrals**
Swope Parkway Health Center *Estimated number of literally homeless adults contacted – **3141*** *Estimated number enrolled in PATH - **989***	Administrative Agent (CMHC)	$19,065	$10,960	• **Outreach** • Community Mental Health Services • **Referrals (housing and health care)**
Comprehensive Mental Health Services *Estimated number of literally homeless adults contacted –**82*** *Estimated number enrolled in PATH - **14***	Administrative Agent (CMHC)	$20,097	$11,553	• **Screening / Diagnostics** • Community Mental Health Services • Alcohol & Drug Treatment • **Case Management** • Supportive Services in Residential Settings
Southwest				
Burrell Center *Estimated number of literally homeless adults contacted – **367*** *Estimated number enrolled in PATH - **212***	Administrative Agent (CMHC)	$99,308	$57,089	• **Outreach** • **Screening / Diagnostics** • Community Mental Health Services • Alcohol & Drug Treatment • **Case Management** • Staff Training • **Referrals** • Housing Services
Central				
New Horizons Community Support Services *Estimated number of literally homeless adults contacted – **86*** *Estimated number enrolled in PATH - **73***	Non-Profit Community Support Agency	$ 76,710	$ 44,098	• **Outreach** • **Screening / Diagnostics** • Staff Training • **Case Management** • **Referrals** • Housing Services
Pathways Behavioral Health – Cole County *Estimated number of literally homeless adults contacted – **40*** *Estimated number enrolled in PATH - **35***	Administrative Agent (CMHC)	$19,049	$10,951	• **Outreach** • **Screening / Diagnostics** • Staff Training • **Case Management** • **Referrals**
Southeast Region				
Family Counseling Center *Estimated number of literally homeless adults contacted – **353*** *Estimated number enrolled in PATH - **124***	Administrative Agent (CMHC)	$ 88,375	$ 50,803	• **Outreach** • **Screening / Diagnostics** • Community Mental Health Services • Staff Training • **Case Management** • **Referrals** • Supportive Services in Residential Settings • Housing Services

SECTION B: STATE LEVEL INFORMATION

Missouri's Operational Definitions

PATH funds will be used by the Division of Behavioral Health (DBH) of the Missouri Department of Mental Health (DMH) to provide services to individuals with severe, disabling mental illness, including individuals with co-occurring severe mental illness and substance abuse disorders, who are homeless.

➢ Homeless Individual

An individual is considered *homeless* if the following apply:

- An individual who lacks a fixed, regular and adequate nighttime residence;
- An individual who has a primary nighttime residence that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
  - An institution that provides temporary residence for individuals intended to be institutionalized; or
  - A public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings.

➢ Imminent Risk of becoming Homeless

A person would be determined at "*imminent risk of homelessness*" if any of the following situations were identified:

- Someone about to be evicted from their current residence and in need of financial assistance to pay for housing/utility costs;
- Someone in need of intensive supportive services to remain in their residence; or
- Someone about to be released from inpatient mental health treatment, inpatient alcohol or drug treatment, or medical facility with no housing and no resources available to obtain housing.

➢ Serious Mental Illness

An individual is considered to be *seriously mentally ill* if they meet the following definition that can be found in Missouri's Community Mental Health Services Plan:

Disability: There must be clear evidence of serious impairment in each of the following areas of behavioral functioning:

- Social Role Functioning: ability to functionally sustain the role of worker, student or homemaker, and
- Daily Living Skills: ability to engage in personal care and community living activities at an age-appropriate level.
- Diagnosis: A primary diagnosis of one of the DSM-IV diagnosis listed below:

- Schizophrenic disorder (295.1, 295.2, 295.3, 295.6 or 295.9)
- Delusional (paranoid) disorder (297.10)
- Schizoaffective disorder (295.7)
- Bipolar disorder (296.4, 296.5, 296.6 or 296.7)
- Atypical psychosis (298.90)
- Major depression, recurrent (296.3)
- Dementia or other Organic Condition, complicated with Delusional Disorder, Mood Disorder, or Severe Personality Disorder (290.20, 290.21, 290.13, 290.42, 290.43 or 294.10)
- Obsessive compulsive disorder (330.30)
- Post-traumatic stress disorder (301.89)
- Borderline personality disorder (301.83)
- Multiple personality disorder (300.14)
- Generalized anxiety disorder (300.02)
- Severe phobic disorder (300.21,22 or 23)

Duration: The individual exhibiting the disability specified in (A) above resulting from the DSM IV disorder specified in (B) above must meet at least one of the following criteria:

- Has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime.
- Has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.
- Has exhibited the disability specified in (A) above for a period of no less than a year.

➢ **Co-occurring Serious Mental Illness and Substance Use Disorders**:

An individual is considered to have a dual diagnosis if, they have a severe, disabling mental illness as defined above and either a primary or secondary diagnosis of substance abuse, unless the context clearly indicates otherwise, a broad term referring to alcohol or other drug abuse or dependency in accordance with criteria established in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

➢ **Alignment with Strategic Initiative # 3: Military Families**

DMH does not adjust PATH allocations based solely on demonstrated effectiveness in serving homeless veterans and their families. Several PATH agencies received grants to better serve veterans and their families as noted below. Other providers are seeking grants and all have strong bonds with the Veterans Administration (VA) services in their area. The State PATH contact encourages the PATH providers to (1) better track information concerning veterans for reporting purposes and (2) to network with the VA facilities regarding outreach to this population. Health Care for Homeless Veterans, Compensated Work Therapy Transitional Residence Grant and Per Diem, Housing and Urban Development Veterans Affairs Supported Housing (HUD VASH) are VA programs identified to serve homeless veterans. PATH providers work with the Veterans Administration to identify and assist candidates for these programs.

In St. Louis the St. Patrick Center obtained a Supportive Services for Veteran's Families Grant (SSVF). The PATH State Coordinator offered St. Patrick Center a seat at a recent (SOAR) Train the Trainer. The Center sent the prospective SSVF Grant Program Director to this training and used the SOAR qualifications to help meet requirements of the grant they were seeking.

The New Horizons' PATH program, in Columbia, MO partners with the VA homeless service providers in their area. Welcome Home, a Veterans homeless shelter and Phoenix Program, a residential treatment program, in Columbia work closely with the PATH staff to assure treatment and housing for local veterans and their families.

Other PATH programs across Missouri are working with programs in their areas that provide reintegration, education, employment training, and housing for returning veterans and their families.

Missouri continues to host conferences and trainings concerning the needs of Veterans returning home including training in trauma-informed care. PATH providers are afforded the opportunity to attend these events to better serve this population.

➢ **Alignment with Strategic Initiative # 4: Recovery Support**

Missouri Department of Mental Health seeks to promote Strategic Initiative #4 across all programming. Contracted PATH providers participate in some or all of these DMH initiatives.

- **Health Care Homes**:

On 1/1/2012 Missouri began providing "Health Homes" to Missourians who are Medicaid eligible participants with chronic illnesses. With the assistance of consultants funded by Missouri Foundation for Health, the State has collaborated

with the Missouri Primary Care Association (PCA), the Missouri Coalition of Community Mental Health Centers (CMHC) and various stakeholders to develop a Health Home model for Missouri.

Dr. Joe Parks, Chief Clinical Officer for Missouri's Department of Mental Health, notes that the mentally ill have particular difficulty in obtaining integrated care. "Persons with serious mental illness and multiple chronic medical conditions often have many, many different healthcare providers and take many, different medications," notes Parks. "Without care managers using data analytic tracking to find and address care gaps there is no way to assure that they get high quality health care that keeps them out of the ER and hospital and in their communities."

The Healthcare Home is an alternative approach to the delivery of health care services that promises better patient experience and better results than traditional care. The Health Home has many characteristics of the Patient-Centered Medical Home but is customized to meet the specific needs of low-income patients with chronic medical conditions.

Components include: comprehensive care management; care coordination and health promotion; comprehensive transitional care including follow-up from inpatient and other settings; patient and family support; referral to community and support services; and use of health information technology to link services.

The Goals of Health Home Initiative are: to implement and evaluate the Health Home model as a way to achieve accessible, high quality primary health care and behavioral health care; demonstrate cost-effectiveness in order to justify and support the sustainability and spread of the model; and support primary care and behavioral care practice sites by increasing available resources and improving care coordination to result in improved quality of clinician work life and patient outcomes.

Missouri uses this initiative to reduce inpatient hospitalization and emergency room visits, enhance the amount of primary care nurse liaison staffing available at community mental health centers, add primary care physician consultation, and enhance the State's ability to provide transitional care between institutions in the community.

- **Housing Initiatives:**

Access to affordable housing for low income people with disabilities continues to be an issue in many areas of Missouri. Wait lists continue to grow for Section 8 Housing Choice Vouchers and for project based public housing units.

HUD Homeless Assistance Programs such as Shelter Plus Care and the Supportive Housing program help to alleviate some of that need. Currently, the Department of Mental Health Housing Unit administers 44 Shelter Plus Care grants from HUD, serving over 2,000 households. Four new Shelter Plus Care

grants were awarded on March13, 2012 from the 2011 Homeless Assistance CoC competition. The new awards were for the St. Louis City, St. Louis County and Balance of State Continuum of Care regions. All existing McKinney-Vento projects were renewed in December of 2011.

The DMH Housing Team has helped a number of providers obtain Federal Grants to add housing projects to their array of services. Pathways Behavioral Health, Preferred Family Health Care, Comtrea, Burrell Behavioral Health and a number of other DMH provider agencies have all been provided technical assistance in successfully applying for various federal, state and local funding.

During the past year, the Missouri Housing Development Commission, the state's Housing Finance Agency, implemented a 33% set aside for special needs housing in their qualified allocation plan. Awards were announced in February 2012 that will fund four new special needs projects. However, for all levels of tax credit units that are developed, people who only have SSDI or SSI for income cannot afford those units. Rental subsidies are an ongoing need. The DMH Housing Team provided testimony at the state's Consolidated Plan public hearing for HUD block granted programs in November 2011. Testimony was provided regarding need and a request made for HOME funds be allocated to provide Tenant Based Rental Assistance. Of concern in the future are changes to funding of the HUD Section 811 program and the potential cuts to the capital advance component which will reduce the number of units produced for people who are low income and disabled.

- **Office of Constituent Services:**

The Office of Constituent Services (OCS) was created in 1997 to serve as an advocate for individuals who receive services from the Department of Mental Health and their families. The office provides support to clients and family members who have developmental disabilities, substance abuse disorders, and mental illnesses. Among OCS initiatives are the:

  - **Respect Institute Initiative**; RESPECT is a movement begun by international consultant Joel Slack to help educate the public by telling his personal story of the powerful impact that respect (and disrespect) has on a person recovering from a mental illness. Slack developed the RESPECT Institute, which began in Missouri, to teach individuals who have mental illnesses to share their personal stories of recovery with public audiences, leading to a better public understanding of mental illness and related issues. RESPECT speakers offer insight into the ways general attitudes may affect the success or failure of the lives of people who face mental illnesses.

➢ **Trauma Care Initiative: The psychological effects of violence and trauma are priority issues for the Missouri Department of Mental Health. Psychological trauma refers to clusters of symptoms, adaptations, and reactions that interfere with the daily functioning of an individual who has experienced**

suffering, neglect, deprivation, physical abuse and injury, sexual abuse and/or exploitation, threatened sense of safety, or who meets the criteria for Post-Traumatic Stress Disorder (PTSD). Psychological trauma crosses service systems and requires specialized knowledge, staff training, and collaboration among policy makers, providers, consumers and family members. Since trauma survivors respond to the events differently services for trauma survivors must be flexible, individualized, culturally competent, and promote respect and dignity. Trauma services must be consumer driven focusing first and foremost on an individual's physical and psychological safety. The OCS is participating in a system wide effort to establish standards for trauma informed care.

- **Real Voices – Real Choices Consumer Conference:**
  This annual conference is planned, staffed and attended by consumers from across Missouri. It provides workshops, plenary sessions and presentations developed and presented by DMH constituents and consumers as well as nationally known peer providers and presenters. The conference is held at Tan-Tar-A resort at the Lake of the Ozarks.

- **SSI/SSDI Outreach, Access and Recovery (SOAR):**
  Missouri became a SOAR State late in 2010. PATH programs across the state have embraced SOAR and work hard to assist clients who are homeless with obtaining their Social Security, Disability and Medicaid benefits. Missouri data to date shows a 71% allowance rate with the average length of time to receive benefits as 101 days from the protected filing date.

- **Evidence Based Practices:**
  Sufficient research and evaluation of community mental health services delivery shows the system must move to embrace the practices shown to be effective in: improving consumer quality of life outcomes; reducing use of more costly, more restrictive services; and satisfying consumers. Examples of proven methods being practiced in Missouri are:

  - Integrated Treatment for Co-Occurring Mental Illness & Substance Use Disorder
  - Supported Employment
  - Illness Management and Recovery
  - Assertive Community Treatment
  - Family Psycho-education
  - Permanent Supportive Housing

- **Peer Specialists:**
  DBH has adopted the Appalachian Consulting Group "Georgia Model" for Peer Specialist training. This wellness model empowers service participants to establish personal mental health goals and manage both their mental health and plan of care through education and supports. One primary strategy

in transforming the system is to recognize the power of consumers as providers. Emerging evidence supports the need for peer support services as a cost- effective and complementary adjunct to professional mental health services and supports. Peer support services can move the system to focus less on illness and disability and more on wellness. Additionally, Peer Specialists can help consumers connect with other consumers and with their community at large.

➢ **Alignment of PATH Goals**

- **Case Management** is the heart of Missouri's PATH Program. PATH providers, without exception, provide case management to PATH program participants. Case managers are trained in **Motivational Interviewing, SOAR, Assertive Community Treatment, Resource Acquisition** and other best practice or emerging best practice case management methods. PATH Case Managers are well versed in the availability of **Supported Housing, Supported Employment Programs, Community Psychiatric Rehabilitation Programs, Medication Management and Psychosocial Rehabilitation Programs** in the geographic area they serve. PATH case managers are supervised by Qualified Mental Health Professionals, credentialed in their role and expected to complete agency staff training requirements.
- **Street Outreach** is an essential component of Missouri PATH programs. All programs have case management staff performing street outreach to some extent. Where there are several PATH programs in one county or geographic area, one program might focus primarily on street outreach while another does homeless shelter outreach. Working together the programs are able to share information concerning people who are literally and chronically homeless. This allows them to serve a larger number of homeless individuals in their geographic area. Shelter personnel in Missouri's urban areas know and use PATH program staff to screen, assess and provide services to homeless individuals who may exhibit symptoms of mental illness or substance addiction. PATH Program Directors and Case Management Supervisors do an excellent job of cultivating relationships with other agencies and Continuum of Care agencies serving their area's homeless population.

➢ Alignment with the State Comprehensive Mental Health Services Plan

Missouri's State Plan for Comprehensive Mental Health Services recognizes the homeless persons with mental illness as a "special population" within the context of the plan. The Division of Behavioral Health designates a target population of individuals who are severely mentally ill (SMI) and within the target population there is a designation of priority populations, one of which is individuals who are homeless. The State Plan under Criterion 4 (Targeted Service to Homeless and Rural Populations) cites the PATH grant as one of the resources used by DBH to serve the homeless mentally ill population.

➢ Alignment with State Plan to End Homelessness

Missouri Department of Mental Health participates in The Governor's Committee to End Homelessness. All PATH programs across the State participate in their local Continuum of Care (CoC) meetings and provide input to the State Plan to End Homelessness. Missouri Department of Mental Health is committed to the State Plan to End Homelessness and participates in efforts to:

- reduce the stigma of homelessness;
- raise awareness concerning homelessness;
- assist with implementation of Homeless Connect Events across the state;
- increase housing options; and increase subsidies.

➢ Process for Providing Public Notice

Currently the DMH does not issue public notice concerning the submission of the PATH application. PATH Grant funds are used to continue support services that were originally funded through the Mental Health Services for the Homeless (MHSH) Block Grant. When DMH allocated MHSH funds, meetings were held with interested consumers and providers around the state to solicit input on the proposed use of funds. The State Advisory Council (SAC) for DBH reviewed and approved the proposed use of funds. The SAC is comprised of consumer, family, provider representatives, and state agency partner representatives. When the MHSH Block Grant was replaced by the PATH grant funds, the SAC approved continuing to fund MHSH grant recipients with PATH grant funds. In each subsequent year, the SAC has continued to approve the use of PATH grant funds via the Community Mental Health Services Block Grant Plan and through review of the annual grant submission. PATH grant information, service definitions and State Coordinator contact information can be found on Missouri's Department of Mental Health internet site and is available to the public.

- **Programmatic and Financial Oversight**

PATH funds are allocated to each of the designated PATH providers through a Purchase of Service (POS) agreement. These funds have a designated funding stream. PATH agencies submit an invoice which is applied against the designated funding. This mechanism allows DBH to provide fiscal oversight and monitoring.

The DMH provides monitoring to all Administrative Agent and Affiliate Agencies who are not Joint Commission, CARF, or COA accredited. PATH program oversight occurs annually using the PATH monitoring tool available in the Manual for State PATH Coordinators. The State PATH Coordinator conducts PATH program site monitoring. PATH monitoring review results are reported to the PATH Program Director, DMH Regional Executive Officer or Chief of Adult Community Operations for the DMH region the program resides in and the Executive Director of the Administrative Agent, Affiliate or Agency housing the PATH program.

As stated last year, the process for linking PATH clients to mainstream mental health and substance abuse services has slowed considerably over the past six fiscal years. This is a direct result of budgetary challenges affecting DMH providers and legislative changes in the State's Medicaid program. The mainstream programs are dependent on Medicaid funding and are often unable to accept a new referral until that person is a Medicaid recipient. (The State's general revenue used for Medicaid match has been adversely affected by the fiscal challenges affecting the State.) As a result, PATH providers must serve their clients for a longer period of time to assure service provision. Most PATH providers have developed transition programs to accommodate this situation. SOAR training and the use of SOAR technique help speed the consumer's access to benefits and the Administrative Agent's mainstream programs.

- **Selection of PATH Local-Area Providers**

When Mental Health Services for the Homeless (MHSH) Block Grant funds became available under the Stewart B. McKinney Homeless Assistance Act, DMH worked with its State Advisory Council (SAC) to develop guidelines for the selection of PATH sites, PATH providers and distribution of PATH funds. Currently PATH funds are distributed by formula. Funds are divided among DMH contracted agencies.

- **Relationship of Allocation to Need Assessment**

The SAC recommended that federal funding for services to homeless individuals with mental illness be allocated to the areas in Missouri with the highest concentration of homeless persons. The Federal PATH funds will continue to be allocated according to the areas of the State with the identified need for services and is as follows:

AREA	% of State's Homeless Population	% of Federal PATH Funds
Eastern Region	39.4%	36%
Western Region	26.1%	31%
Southwest Region	17.4%	11%
Southeast Region	8.0%%	10%
Central Region	9.1%	11%

➢ **Location of Homeless Individuals with Serious Mental Illness who are Experiencing Homelessness**

The population of Missouri from US Census Bureau (2010) is 5,988,927 individuals. Missouri continues to be primarily rural with a historically agricultural economic base. Two urban areas exist in the state on the east and west sides. St. Louis is in the eastern area of the State with a population of 2,068,218. To the west is Kansas City with a population of 662,959.

The state of Missouri has eight Continua of Care (CoC): The Balance of State (BoS), Kansas City, St. Louis City, St. Louis County, St. Charles, Springfield, Joplin and St. Joseph. The U.S. Department of Housing and Urban Development (HUD) mandates each CoC to conduct a Point-in-Time Count (PITC) of sheltered homeless individuals annually beginning in 2012. An unsheltered count will continue to be required every other year. The count is necessary for the CoC application along with other non-HUD funding sources. All continua complete a count annually as required by HUD; in addition some continua complete counts twice per year. Since 2007, all continua in the state of Missouri make an effort to conduct an annual PITC on the same day.

In an effort to provide a statewide view of homelessness, Missouri Housing Development Commission (MHDC) completed a study in 2011 which compiled information from each Continua's recent Point-in-Time Counts and Homeless Management Information Systems. Complete information about recent counts and Missouri's homeless study can be found at the MHDC website: http://www.mhdc.com/ci/documents/SHM_2011.pdf.

The MHDC study states that during the 2010 PITC, Missouri reported **8,932** homeless individuals. Of these individuals, **2,271** were unsheltered and **6,661** were staying in emergency or transitional shelters or Safe Havens. **1,372** were chronically homeless and **795** were veterans. **1,559** of the homeless counted have a known mental illness. This only includes mental illnesses that were reported. The total number of individuals reporting substance abuse was **1,944**.

- **Distribution by Geographic Region**

Region	Point-in-Time Count for Winter 2010	Percent of State's Homeless Population	Estimated Point-in-Time Count of Homeless with SMI for Winter 2010 (25%)
Central	715	9.1%	178
Eastern	3,100	39.4%	775
Northwest	2,055	26.1%	513
Southeast	633	8.0%	158
Southwest	1,374	17.4%	343
Total	**7,877**	**100.0%**	1,967

Estimated percent of homeless with SMI is from: National Resource Center on Homelessness and Mental Illness (2003). Fact Sheet: Who is Homeless? Retrieved at: http://homeless.samhsa.gov/Resource/Who-is-Homeless-21551.aspx.
Point-in-Time Counts from: Missouri Housing Development Commission (2011). State of Homelessness in Missouri: 2011 Report. Retrieved at: http://www.mhdc.com/ci/documents/SHM_2011.pdf.

- **Geographic Location of PATH provider**
  Refer to Attachment A for Map

➢ **Matching Funds**

The Department of Mental Health (DMH) receives State General Revenue funds that are designated as PATH match, which are distributed to the PATH providers. The match amount for Federal FY 2013 is $500,613. These funds have been approved for the coming fiscal year and will be available at the beginning of the grant period. Of the total $1,414,893 to be expended on PATH services 36% or $500,613 represents the state share. The state also contributes a portion of the State PATH Coordinator's salary in-kind in the amount of $37,280.

➢ **Other Designated Funding**

Neither the Mental Health Block Grant nor the Substance Abuse Block Grant designate funds specific to homelessness. Additionally, the DMH uses $496,047 in general revenue funds in continuing its commitment to those sites (St. Louis and Kansas City) that participated in the ACCESS grant. The Division of Behavioral Health contributes $850,000 to the State's Rental Assistance Program for homeless individuals. Additionally, $287,000 of GR funds from DMH are being used to match the Veteran's Administration Per Diem Grant for homeless veterans with 50 beds in St. Louis, MO., for which the VA contributes up to $800,000 per year.

- **Data**

Currently, Homeless Missourians Information System (HMIS) is unique to the Continuum of Care using it. There are three separate HMIS reporting systems including MAAC Link in the Kansas City area CoC, the Regional Online Service Information Exchange (ROSIE) in the Balance of State CoC and ROSIE in the St. Louis CoC. Additionally St. Patrick Center uses Serve Point as their HMIS platform. Missouri Department of Mental Health provided $4,500 match money for the 2008 – 2009 program years for the Balance of State HMIS project but has not contributed financially since then. DMH has a representative sitting on the Balance of State HMIS Steering Committee. MAAC Link also received funding from the Department. Missouri Association for Social Welfare provides HMIS services, including training, to the Balance of State CoC and is aware PATH providers will be transitioning to HMIS systems. They informed us of the need to begin conversations concerning creating an MOU and looking at what costs may be incurred. All PATH programs in the state participate in their local Continuum of Care, all are aware of the planned PATH data reporting move to the use of HMIS. Some agencies and PATH program staff currently use HMIS; however the HMIS contractors working with the Missouri HMIS providers have not integrated PATH data fields into the current HMIS platforms. The PATH State Contact is working with HMIS providers to make this happen. Technical Assistance from SAMHSA will be requested this year. As SAMHSA prepares for the change to HMIS data reporting Missouri will respond by seeking Federal Technical Assistance and training and by connecting with HMIS providers in the state for assistance and support. Time Line: 2012-13 Technical Assistance from SAMHSA will be requested and will be required of all PATH Local Providers; 2012-2014 all PATH programs will become proficient in the use of the system and begin data entry; PATH provider agencies and DMH will continue to develop a relationship with the HMIS system serving their CoC; Migration to the HMIS system will be expected of all PATH providers within the next 1 to 3 years. The PATH State Contact will request SAMHSAs assistance in training State PATH providers in use of HMIS as it relates to PATH work. We will begin with the most basic training and move forward until all agencies are prepared to use their local HMIS system to enter PATH data. All PATH providers will be required to attend. Missouri's PATH providers are, for the most part, very active with their local CoC.

Understanding and using HMIS will make the connection to the CoC complete. All agencies will be expected to be fully trained and using the system by 2015.

- **Training**

PATH agency personnel are given the opportunity to attend trainings in our region provided by the Homelessness Resource Center, The Center for Social Innovation and others who provide information relevant to their work. Training updates can be found on the DMH website http://dmh.mo.gov/mentalillness/provider/training.htm.

Another page on the Department website, http://dmh.mo.gov/mentalillness/initiatives/ allows PATH provider agencies to keep current with Department **treatment, evidence based practice and prevention** initiatives. Agencies are encouraged to use PATH grant dollars to keep staff current with health, mental health and housing practices through training and conference opportunities.

PATH funding continues to send staff from PATH provider agencies to SOAR training available in their area. State PATH provider meetings provide a training component as well. Missouri DMH provides their Spring Training Institute annually in May. PATH providers attend workshops and plenary sessions concerning use of evidence based practices including Integrated Dual Disorder Treatment (IDDT), Assertive Community Treatment (ACT) and Illness Management and Recovery. A SOAR refresher course will be held in conjunction with Spring Training Institute in 2013. SOAR trained PATH Outreach Workers are encouraged to attend. PATH providers may request on site technical assistance as they implement evidence based practices and recovery-oriented approaches including trauma sensitive services. These trainings support Mental Health Transformation in the areas of ensuring that mental health care is consumer and family driven and early mental health screening, assessment and referral to services is common practice. Some PATH providers will use PATH allocation to attend SMAMHSAs Homeless Programs' Annual Grantee Meeting in 2014.

Finally, all PATH programs in Missouri will be expected to use some of their PATH allocation to attend HMIS TA and other HMIS meetings and/or training opportunities.

Appendix A

MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF BEHAVIORAL HEALTH
REGIONS

SECTION C: LOCAL PROVIDER INTENDED USE PLANS

- BJC Behavioral Health Services
- St. Patrick Center
- Places for People/Community Alternatives
- Truman Medical Center Behavioral Health Network
- Swope Parkway Health Center
- Comprehensive Mental Health Service
- Burrell Behavioral Health Center
- New Horizons Community Support Services
- Pathways Behavioral Health
- Family Counseling Center

BJC Behavioral Health 2013

Local Provider Description – BJC Behavioral Health (BJC BH) is a community based mental health center. The agency's client population consists primarily of adults with severe mental illness, but also includes severely emotionally disturbed children, and those experiencing emotional crisis or significant and acute, but less severe psychiatric disorders.

As a DMH "administrative agent," BJC BH provides extensive services to the mentally ill population of south St. Louis City and St. Louis County. The Central site, where Shelter Outreach Services (SOS, our PATH funded team) is housed, serves the southern part of St. Louis City (identified by DMH catchment boundary area) and the homeless population of the city and county of St. Louis, focusing primarily on individuals in emergency shelters and staying on the streets.

Collaboration with HUD Continuum of Care Program – BJC Behavioral Health is a member of the St. Louis Continuum of Care. SOS participates in monthly meetings with several other community outreach programs to coordinate services, share resources and identify high-risk individuals on the street. SOS team members participated in the annual homeless census count, following last year's pilot project by outreach providers to initiate a more thorough and accurate count of the homeless in St. Louis. In addition, the Shelter Plus Care program is included in the HUD Continuum of Care and has been a valuable resource for PATH clients. Our Housing Specialist was trained in 2011 on the HUD Hearth Act and a rental conference sponsored through MO Department of Mental Health. Our outreach team and Housing specialist participate in the annual "Project Homeless" fair, in addition to other homeless resource fairs sponsored in the community. The SOS team has been involved in St. Louis Continuum of Care meetings related to the closing of the tent encampment on the riverfront.

Collaboration with Local Community Organizations – BJC BH Shelter Outreach team provides weekly outreach visits to the following shelters and homeless sites: Metro Ministries Shalom House, Centenary's Bridge Program, Horizon Club, Empowerment Center, Karen House, Sts. Peter and Paul shelter, dinner program at Peter and Paul/ St. Vincent's churches, Salvation Army, Gateway 180, Missionaries of Charity, New Life, Sunshine Mission, Grace and Peace, and Family Haven.

BJC Behavioral Health has co-location with Grace Hill primary care health clinic and frequently collaborates with their other locations throughout the city. We collaborate with entitlement agencies: Family Services Division for food stamps and Medicaid, as well as Women, Infants, and Children (WIC) and Temporary Assistance for Needy Families (TANF) benefits, and Social Security Administration and Disability Determinations for SSI/SSD benefits. We share clients and collaborate with local substance abuse treatment providers including Queen of Peace, Preferred Family, Bridgeway, Salvation

Army and Southeast MO treatment providers. We have frequent interaction with St. Patrick Center's Housing Resource Center as the entry point for shelter placement, and other resources related to housing and utility assistance. Veterans Administration, Probation and Parole, Department of Corrections, St. Louis city and county mental health and drug courts and Vocational Rehabilitation are other entities with whom we frequently coordinate care.

SOS coordinates and collaborates with these agencies in a variety of forums. Outreach workers consult individually with direct providers as partners in client care. SOS staff also participate in a regular Outreach Coordinating group consisting of other outreach programs in the region to identify at-risk individuals, coordinate care, and share valuable resources.

Service Provision – PATH funded Shelter Outreach Services (SOS) functions as part of the Admissions (or intake) system of the agency at its Central site location. The SOS team has a distinct mission and target population. Its mission is to identify, outreach, and engage homeless individuals and families where the head of household has a severe mental illness. The team specifically targets those who are disenfranchised from mental health and other service providers and living in emergency shelters, on the streets and in abandoned buildings.

The SOS team works primarily within the homeless provider system and offers assistance and support to shelter staff and other homeless service providers. In addition, the SOS team also collaborates with the community at large. Shelter Outreach Services has existed for over twenty-four years, and as a result the team is well known and respected in the community. The St. Louis community has come to rely on the services of this team to assist those who are homeless and possibly suffering from mental illness, and unable to access traditional mental health services.

We have found that a regular and consistent presence at homeless locations is the best way to develop relationships and identify homeless individuals experiencing mental illness. Working in concert with other homeless providers also helps identify individuals at greatest risk. Our existing outreach clients are an additional source of referral, and often lead us to new locations and new clients. Offering tangible and basic services such as laundry, shower, locker storage, and bus tokens as part of our office based outreach services. We offer assertive outreach to engage identified clients in a non-threatening and supportive relationship with the purpose of developing a foundation for mental health services. Much of our early work involves helping clients secure basic needs such as shelter, transportation, food and clothing. Once engaged, linkages to appropriate resources in the community including health care, emergency and permanent housing, entitlements, employment and rehabilitation programs, substance abuse treatment, and mental health services are established.

- **Gaps in the current service systems:**

Emergency shelter beds have decreased, which seems to be in response to funding streams and increased focus on permanent supported housing options. As a result, we have fewer emergency beds yet many of our subsidized housing options require documented "homelessness" for eligibility. For example, St. Louis city has transitional housing programs that require referrals from the shelters, therefore necessitate emergency shelter to access. Despite loss of emergency shelter beds, we still have a system that requires people to become more homeless in order to access housing. We are finding that with Rapid Re-housing and an increase in Permanent Supported Housing programs fewer people are becoming chronic, but there are not fewer people entering homelessness. We need to address prevention of homelessness concurrently with Rapid Re-housing and Permanent Supportive Housing programs.

- The decrease in shelter beds has led to more people living outside and "couch surfing." More homeless individuals are staying from place to place with friends and relatives, or in basements and abandoned areas of their former residences. This population of homeless is less visible, and significantly more difficult to locate and outreach. It is a hidden population, and consists of recently unemployed, and those whose support systems have diminished—such as parents who have died or moved into nursing facilities.
- Housing for the mentally ill continues to be an unmet need, particularly for the homeless mentally ill--many who have never had stable housing. A variety of options within a continuum of housing are needed. Single room occupancy (SRO) residences offer a critical alternative for individuals who cannot tolerate a group living situation but do not possess the resources or skills for an independent apartment. Subsidized housing for disabled parents with dependents is also limited. Many available housing programs are for the "chronic homeless" which by definition eliminates homeless families. There is not enough transitional housing available and accessible to families who could benefit from affordable housing and support services.
- There continue to be limited opportunities for community once our formerly homeless clients are housed. The transition from homelessness, where there is often a sense of community, to apartments where individuals are isolated and have more time and less purpose to their days is a significant problem. We need to develop subsidized and affordable options for homeless people to address their need for community and belonging.
- Provider requirements for identification have been a significant barrier for homeless clients who often lose or have their identification documents stolen. It is difficult to obtain shelter, housing resources and treatment options for transient individuals who cannot provide documentation of their Missouri residency. Our city's shelter system no longer provides shelter to individuals who have traveled from other cities. Even individuals who have been homeless in our city, but cannot prove stable residency in the city are not afforded the same shelter and transitional opportunities. Similarly, individuals without Missouri identification cannot receive state funded substance abuse treatment.
- BJC BH's PATH clients have the benefit of several evidenced based practices including DBT (Dialectical Behavior Therapy) groups and individual counseling, IDDT (Integrated Dual Diagnosis Treatment) groups and individual therapy for

clients who have co-occurring disorders, and our Employment services team was just commended for their high fidelity to the Supported Employment model. In addition, our Entitlement specialist is certified in SOAR, and has been successful in assisting many of our homeless clients to secure SSI/SSD benefits.

Data – Missouri Department of Mental Health will be requesting PATH TA support for assistance in training and implementing HMIS for PATH data collection. In preparation for this TA, BJC BH has identified staff to be trained in HMIS data entry and will move forward when training becomes available. Our agency will be prepared to implement HMIS and integrate with our existing electronic medical record and billing system which currently collects data for annual PATH report.

SOAR – BJC BH has been engaged with the SOAR model since first efforts by DMH. BJC BH is unique in the integration of "Entitlement" Specialists at each site to assist clients with Social Security and Medicaid applications. We appreciate a unique relationship with the local offices.

During 2012, one staff attended SOAR training. Trained staff report use of the SOAR process with 3 or 4 clients but admit full SOAR implementation has not been possible with full caseloads. At this time, we do not anticipate sending additional staff for SOAR training during the upcoming funding cycle. Reduced training dollars, heavy engagement requirements, and other concerns do not make it feasible at this time.

Access to Housing – Housing services are provided in the context of the clinical treatment plan. The client, case manager, and a housing specialist coordinate housing based on client's goals and needs, available community resources and level of support required to maintain stable housing.

Clients are referred to Elderly and Disabled apartments through the St. Louis Housing Authority, as well as other subsidized apartment programs. The Supportive Community Living Program (through Missouri Department of Mental Health) offers funding for eligible clients who require additional support services. Homeless individuals with mental illness are eligible for Shelter Plus Care vouchers which enable them to secure apartments at a subsidized rate.

BJC Behavioral Health's Housing Specialist is consistently collaborating with DMH Housing personnel in an effort to develop contacts and share resources to increase rental opportunities for our clients in the community. Our Executive Director sits on the Board of Directors for Places for People.

Staff Information – BJC Behavioral Health strives for diversity in clinical staff, including diversity of race, culture, ethnicity, age and socioeconomic background. We believe that offering diversity in clinicians promotes a therapeutic environment representative of the population we serve. BJC Behavioral Health employs 31% minorities including African

American, Asian, Bosnian and Hispanic individuals, and we continue to improve our clinical representation of racial and ethnic groups served. We have added a team specifically geared toward mental health services for the deaf and hearing impaired, which has enhanced our cultural sensitivity and competency in serving this population.

Shelter Outreach Services in particular, has male and female clinicians ranging in age from early-twenties to mid-fifties. Of five outreach staff, we have two men, three women, and two African Americans with a broad clinical background and life experience.

Client Information – During the last annual reporting period:

- 929 unduplicated Shelter Outreach contacts
- 245 were formally enrolled, signed consent to treatment, and evaluated by a psychiatrist. Our outreach team provides ongoing engagement and supportive services to all clients we contact who appear to have a mental illness, even if they have not been formally admitted.
- Of the 245 enrolled:
  - 64 18-34 years old
  - 103 35-49
  - 77 50-64
  - 1 over age 75;
  - 131 female
  - 114 male
  - 130 black or African American
  - 101 white
  - 5 identified as another race/ethnicity
  - 9 not reported
  - 114 had co-occurring substance use disorders.

During the upcoming year, we expect to have at least 900 unduplicated outreach contacts, and expect to formally enroll 250 of those clients in services within the year. All SOS clients are homeless—in shelter, living on the streets, or in other uninhabitable conditions. They may at times double up with family or "couch surf" when they are unable to access emergency shelter. However, all our initial contacts are occurring in shelters and other homeless sites.

Consumer Involvement – BJC Behavioral Health involves homeless consumers and their families at both organizational and programmatic levels, and we continue to pursue opportunities to enhance our collaboration with consumers and families.

- We have peer facilitated recovery groups through our IDDT services.
- Three of our locations offer Procovery Circles.
- BJC BH has Consumer Councils at some locations which consist of six to ten consumers serving a two-year term. The Council is charged with providing input to consumer services, consumer satisfaction, recovery and ongoing quality initiatives. The councils are chartered to assure that the consumer voice is heard by BJC BH and services are consistently evaluated and improved upon.

- BJC BH offers employment opportunities to consumers by having them work as contractual employees to inspect apartments for compliance with Supported Community Living program standards. This responsibility was decentralized to the mental health centers from the state agency.

PATH Provider Budget:

Name of Provider Agency: **BJC**

PATH Funds

	Federal	State	Total
Total PATH Funds	$182,431	$104,873	$287,304
	63%	37%	

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
SOS Supervisor - C Estrada	$65,188	0.52	$33,572	$21,317	$12,255
SOS Intake Worker - T Childress	$37,669	0.47	$17,516	$11,122	$6,394
SOS Clin Casemanager - M Cleaveland	$43,246	0.72	$30,921	$19,634	$11,287
SOS Casemanager - Nevels	$39,341	0.72	$28,129	$17,861	$10,268
SOS Case Manager - R Sosman	$31,074	0.72	$22,218	$14,108	$8,110
SOS Intake Worker-M. Binetsch	$25,796	0.72	$18,444	$11,711	$6,733
SOS Case Manager - S. Bonds-Brown	$31,074	0.72	$22,218	$14,108	$8,110
SOS Intake Worker-D. Hill	$26,936	0.72	$19,259	$12,229	$7,030
Total PATH-funded Salary			$192,277	$122,091	$70,186
Fringe Benefits @ (Enter fringe %)	30%		$57,683	$36,627	$21,056
Travel					
Clinical Mileage			$6,358	$4,037	$2,321
Total PATH-funded Travel			$6,358	$4,037	$2,321
Equipment (*list individually*)					
Cellphone Expense			$175	$111	$64
GOBI Card (wifi) Expense			$269	$171	$98
Total PATH-funded Equipment			$445	$282	$162

Supplies

Total PATH-funded Supplies	$0	$0	$0
Contractual			
Total PATH-funded Contractual	$0	$0	$0
Construction	$0	$0	$0
Other			
Client Related Expense	$3,016	$1,915	$1,101
Total PATH-funded Other	$3,016	$1,915	$1,101
Total Direct Charges	$259,779	$164,953	$94,826
Indirect Charges			
BJC BH Admin/BJC Corporate	$27,525	$17,478	$10,047
Total PATH-funded Indirect	$27,525	$17,478	$10,047
TOTAL EXPENSES	$287,304	$182,431	$104,873

St. Patrick Center 2013

Local Provider Description

St. Patrick Center (SPC) is a private nonprofit, 501c (3) agency serving the homeless in the City of St. Louis. Through our one-stop Partnership Center in downtown St. Louis, homeless individuals have easy access to our 28 programs offering innovative outreach, stabilization, education, employment and housing services. The St. Patrick Center team, working with our partner agencies, strives to house the homeless and provide the necessary support services to achieve our vision of permanent, positive change for each individual. PATH funding for 2013-2014 will total $148,270 with a Federal share of $94,148.

Collaboration with HUD Continuum of Care Program

St. Patrick Center is a member of the Continuum of Care in St. Louis. Coordination is ongoing with the HUD Continuum of Care/City of St. Louis, which is a consortium of more than 130 agencies that work on behalf of individuals who are homeless. We have membership on each sub-committee and actively support collaboration efforts. We network most often with these agencies/programs. St. Patrick Center staff regularly meets with staff of these organizations. Most of them serve some of the same clients assisted by St. Patrick Center. Information on client treatment and services is shared in accordance to the HIPPA standards. Many programs are housed within the St. Patrick Partnership Center building as tenants of our "under one roof" service center. St. Patrick Center's close relationship with these agencies enables all involved to help a client access services.

Collaboration with Local Community Organizations

St. Patrick Center's primary collaborators with respect to PATH are listed below. Collaborators which are asterisked are either other SPC programs or are organizations sharing office space in our building.

- Housing Resource Center*
- Logan Chiropractic Services*
- Grace Hill Health Services*
- BJC Behavioral Health Services*
- BJC & St. Patrick Center's Assertive Community Treatment Teams*
- Community Alternatives*
- St. Louis Public School*
- St. Louis Community College*
- Legal Services of Eastern Missouri
- Peter and Paul Community services
- Salvation Army Inpatient Drug/Alcohol Program
- Archway Communities
- St. Louis City Homeless Services

- Social Security Administration
- Children's Division—Missouri Department of Social Services
- Vocational Rehabilitation
- St. Patrick Employment Service*
- St. Patrick BEST (Building Employment Skills for Tomorrow) Employment Readiness Program*
- St. Patrick Center Shamrock Evening Program*
- McMurphy's Grill Training Program*
- DOL Workforce Development

Service Provision - Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

- St. Patrick Center's PATH-funded services include targeted case management for those who are chronically homeless:

  - Mobile Outreach to homeless people living on the street
  - Mental Health Services and Intensive Case Management (ICM) for mentally ill homeless women
  - Crisis Intervention and Case Management for the homeless that will include mainstream entitlement support, financial stability planning and housing support
  - Case management services
  - Alcohol or drug treatment services
  - Referrals for primary health services, job training, educational services, and relevant housing services.

Describe any gaps that exist in the current service systems.

The primary gaps in services experienced by our clients, and for which we do not have the resources to provide are the following: Psychiatric services, medications and medication support, services for those with end stage alcoholism, health education, basic health services, and dental care. Furthermore, ongoing gaps include:

- A lack of affordable permanent housing for people with low incomes.
- A lack of available in-patient drug treatment and detoxification centers.
- A lack of treatment agencies for women with children, especially those with children 12 years and older.
- A lack of services available for youth aging out of the foster care system.
- A lack of available funding for additional ACT Teams to offer supportive housing services to mentally ill homeless clients.

Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

- St. Patrick Center's day program works with both populations to address the issues of mental health and substance use by offering an approach that takes both into consideration. SPC services include employment training, housing assistance, and mental health and substance abuse intervention. We provide these services in a wrap-around fashion.

Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

- Catholic Charities of St. Louis, with whom we are affiliated, provide ongoing training for staff in EBP. SPC also coordinates our own in-house training on Motivational Interviewing and CBT.

Data –

St. Patrick Center has its own certified, web-based HMIS to track client information, services, assessments, and outcomes. We have two full-time employees whom manage the database management, generate reports, and train staff on data entry and data quality efforts. Additionally, we upload (migrate) client-level services data from our internal HMIS to the St. Louis City's HMIS (ROSIE) on a monthly basis. This has occurred regularly for a number of years. We plan to continue this practice in order to collaborate with the area CoC, and to maintain data integrity.

SSI/SSDI Outreach, Access, Recovery (SOAR)

St. Patrick Center has six (6) staff members trained in the SOAR process. This number should remain stable. In our previous grant year, thirteen (13) consumers were assisted through SOAR.

Access to Housing

St. Patrick Center has our own housing department available to all PATH clients. We also have contracts with federal, state, and local organizations that provide housing and energy assistance. These funds are supplemented by monies from our own fundraising efforts.

Staff Information

Cultural Competence is provided by maintaining a diverse staff, client feedback, ongoing training, and special events. For instance, Catholic Charities offers Cultural Diversity training twice yearly. The basic demographics of clients and staff of the PATH funded programs is as follows:

	Clients	Staff
Female	32%	59%
African-American	61%	47%
White	37%	53%
Asian	< 1%	0%
31+	79%	60%
21-30	17%	40%

Client Information -

Label	Number
Unduplicated Clients	1214
Unduplicated Clients—New enrollments	923
Estimated Clients Contacted	1700
% enrolled clients "Literally Homeless"	77%

Consumer Involvement

- Staff members assist clients in coordinating care with clients' family members, as client and their family members are in agreement. Furthermore, three full time staff from the PATH funded mental health services were once clients. Together they have more than 25 years of service.

Budget Narrative

See St. Patrick Center Budget

PATH Provider Budget:

Name of Provider Agency: **St. Patrick Center**

PATH Funds

	Federal	State	Total
Total PATH Funds	$94,148	$54,122	$ 148,270

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Crisis Intervention					
Ann Rotermund - Manager	$70,100	0.20	$ 14,020	$ 8,903	$ 5,117
Melissa Brown - Coordinator	$29,870	0.50	$ 14,935	$ 9,484	$ 5,451
Counseling					
James Gordon - Counselor 1	$28,800	0.40	$ 11,520	$ 7,315	$ 4,205
Sarah Allsberry - Counselor 2	$33,900	0.25	$ 8,475	$ 5,382	$ 3,093
Lindsay Jones - Counselor 3	$29,500	0.25	$ 7,375	$ 4,683	$ 2,692
Transitional Living					
Walter Kozuszek - Manager	$41,500	0.12	$ 4,980	$ 3,162	$ 1,818
Annie Elliott - Counselor 1	$17,400	0.25	$ 4,350	$ 2,762	$ 1,588
Mary Covingtong - Counselor 2	$12,100	0.50	$ 6,050	$ 3,842	$ 2,208
Amy Ziegler - Supervisor	$42,000	0.30	$ 12,600	$ 8,001	$ 4,599
James Island - PT Supervisor	$17,000	0.25	$ 4,250	$ 2,699	$ 1,551
Willie Johnson - PT Staff	$12,000	0.25	$ 3,000	$ 1,905	$ 1,095
Support Personnel					
Gene Schmitt - Client Intake Manager	$41,200	0.15	$ 6,180	$ 3,924	$ 2,256
Lawrence Tate - Client Intake Specialist	$20,500	0.15	$ 3,075	$ 1,953	$ 1,122
Mary Lytle - Client Intake Specialist	$24,000	0.15	$ 3,600	$ 2,286	$ 1,314
Rhonda Walker - Client Intake Specialist	$35,200	0.15	$ 5,280	$ 3,353	$ 1,927
				$ -	
Total PATH-funded Salary			$ 109,690	$ 69,653	$ 40,037
Fringe Benefits @ Enter fringe % Here	22.00%		$ 24,132	$ 15,324	$ 8,808

Travel

Total PATH-funded Travel			$ -	$ -	$ -

Equipment (*list individually*)

Total PATH-funded Equipment			$ -	$ -	$ -
Supplies					
Program Supplies			$ 850	$ 317	$ 533
Total PATH-funded Supplies			$ 850	$ 317	$ 533
Contractual					
Total PATH-funded Contractual			$ -	$ -	$ -
Construction			$ -	$ -	$ -
Other					
Telephone			$ 2,341	$ 1,487	$ 854
Outreach Van - Fuel			$ 3,500	$ 2,223	$ 1,278
Outreach Van - Insurance			$ 1,800	$ 1,143	$ 657
Outreach Van - Repairs			$ 300	$ 191	$ 110
				$ -	$ -
Total PATH-funded Other			$ 7,941	$ 5,043	$ 2,898
Total Direct Charges			$ 142,613	$ 90,336	$ 52,276
Indirect Charges	**Wages & Benefits**				
Markeesha Middlebrook - Staff Acct	$43,680	0.07	$ 3,058	$ 1,942	$ 1,116
Nedra Jenkins - AP Staff	$52,000	0.05	$ 2,600	$ 1,870	$ 730
				$ -	$ -
Total PATH-funded Indirect			$ 5,658	$ 3,812	$ 1,846
TOTAL EXPENSES			$ 148,270	$ 94,148	$ 54,122

Places for People 2013

Local Provider Description

Places for People (PFP) is a not for profit Community Mental Health Center in St. Louis City and County, Missouri. PATH funds are $38,322 Federal, $22,036 State GR match.

• Collaboration with HUD Continuum of Care Program

Places for People is actively involved in all of the HUD-sponsored trainings and conferences. As part of this commitment, PATH-funded staff and additional PFP employees regularly participate in both the St. Louis County and City Homeless Services Providers Network meetings. PFP also is a member of several network committees and focus groups, such as Affordable Housing Task Force. Currently, PFP implements a Shelter + Care housing program with the St. Louis County through a HUD grant. The PATH funded PFP County Homeless Program is one of the primary mental health services for the HUD Continuum of Care network in St. Louis County.

• Collaboration with Local Community Organizations

Places for People both refers clients to these agencies and takes new clients into services from the following providers: BJC Behavioral Health, St. Patrick Center, Preferred Family Health Care, Bridgeway Treatment Center, Queen of Peace, St. Alexius Hospital, St. Mary's Hospital, St. Louis University Hospital, Family Care Health Center, Shalom House, Karen House, Room at the Inn, and Loaves and Fishes. Places for People's Outreach Team has contracts with the St. Louis Drug Court, the City of St. Louis Office of the Public Administrator, St. Louis City Probation and Parole, and St. Louis University Law Clinic. The Outreach Team has been consistently recognized by area providers as being a quality collaborative partner.

• Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

• Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Outreach is the essential first step for individuals to obtain and remain in stable housing and to make the transition out of homelessness. A Places for People outreach specialist serves to outreach homeless individuals in St. Louis County who suffer from mental health and/or substance abuse disorders and link them to appropriate treatment services. Skilled outreach and engagement services are necessary to recognize, stabilize, and encourage individuals with mental illness and substance abuse/addiction to accept and adhere to services.

We begin our progression of services by locating and identifying eligible individuals in emergency shelters, through referrals, and using street outreach to identify the "hidden homeless" in more transient habitats (e.g. cubbies in abandoned buildings, under bridges, city parks, soup kitchens, and in drop-in and day treatment programs). We look for participants among veteran populations and among those being discharged from prisons and psychiatric hospitals. We use an assertive model of outreach, employing engagement strategies to facilitate a trusting, therapeutic relationship between the outreach specialist and the client.

Engagement and assessment is ongoing. We provide thorough clinical assessments to determine a client's goals. Our treatment recommendations are respectful of individual differences among people and sensitive to each client's autonomy. As we engage and assess, we are using psychotherapy. We are also providing case management services, including helping clients begin the application process for public entitlements, until clients are referred or linked to other service providers. Ongoing engagement and assessment works to inform, assess, motivate, and link people to services.

During the period between engagement and linkage, we use best practice service strategies that are supported by research and experience. Often, those with mental illnesses are reluctant to "come in" for care and services. Bridging this mistrust can be difficult without knowledge of mental illnesses and successful strategies to penetrate a reluctance to engage. One such strategy is Motivational Enhancement Therapy (MET). MET encourages and supports a client's use of vital services, treatment, and recovery opportunities by developing the client's own motivation for change and helping him or her to recognize the discrepancies between behavior and personal goals.

Linkage and referrals are made using our network of relationships with other service providers. We link, when possible and appropriate, to Assertive Community Treatment (ACT) programs designed especially for those with a severe and persistent mental illness. For those with co-occurring substance use disorders, we link them to Places for People therapists and inpatient treatment when necessary. We use our connections with landlords, housing agencies, and subsidies to get clients on the road to being housed.

• Describe any gaps that exist in the current service systems.

There are many barriers for low-income individuals trying to access necessary medical services within the St. Louis metro area. Healthcare, substance abuse, and mental health care providers have limited openings for the homeless who are without insurance. Referrals for inpatient substance abuse can take up to 4 to 6 weeks. Nearly all outpatient mental health care agencies in the St. Louis City and County area will not accept patients without insurance. There are a few exceptions—one is Places for People's Outreach psychiatry clinic. We are able to enroll homeless individuals without Medicaid and obtain diagnostic and assessment information to assist these consumers with longer-term services.

Additionally, Places for People's Outreach Team continues to establish working relationships with substance abuse treatment facilities; this enables our clients to rapidly connect to treatment providers. Since 25% of the homeless population that we serve has both substance abuse disorders and mental health diagnoses, it is critical that we do everything we can to assist our clients with access to these services.

• Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

- Illness Management and Recovery (IMR): An intervention designed to help people with severe mental illness identify personal recovery goals and learn how to manage their illness more effectively in pursuit of those goals.

- Community Reinforcement Approach (CRA): A comprehensive substance-abuse treatment which utilizes social, recreational, familial, and vocational reinforcements to assist consumers in the recovery process.

- Motivational Interviewing (MI): A goal-directed, client-centered counseling method which helps clients to explore and resolve unclear or uncertain attitudes related to mental health, substance abuse, and recovery.

- Integrated Dual Disorders Treatment (IDDT): A philosophy of providing both mental health and substance abuse treatment concurrently and throughout all services and programs.

- Trauma Recovery and Empowerment Model (TREM): An intervention program designed for survivors of trauma to address issues of physical, sexual, and/or emotional abuse.

- Seeking Safety: A treatment model for clients with a history of trauma and substance abuse that focuses on coping skills and has a special emphasis on promoting safe behavior and thought processes.

• Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

Places for People has numerous evidence-based practice trainings for its staff. All staff must complete 10 hours of EBP per year. Below is a list of EBP at Places for People:

- **-Motivational Interviewing**
- **-Assertive Community Therapy**
- **-Peer Mentoring**
- **-Illness Management and Recovery**
- **-Community Reinforcement Approach**
- **-Integrated Dual Disorder Treatment**

- **-Trauma Recovery and Empowerment Model**
- **-Seeking Safety**
- **-Individual Placement and Support**
- **-Multi-Systemic Therapy**

• Data

Places for People does not presently utilize HMIS. The data gathered for PATH clients has always been entered into the PATH data system. When Missouri offers training we will attend. When the PATH data sets are entered into the HMIS data collection platform we will be able to enter data in to HMIS.

• Access to Housing

Places for People can offer its own short-term and long-term housing (CJ's Place, West Pine Group Home, Emergency Housing on Morganford, and Places on Page) for appropriate consumers. PFP also can access Shelter Plus Care and Supportive Community Living Program housing vouchers for consumers that are linked to our long-term case management services. We often refer consumers to transitional housing programs such as: Oxford House, Labre House, Shalom House, St. Vincent's Housing Program, Karen House, Gateway 180, Hiljack House, and Harris House. We work with Housing Resource Center to refer clients to short-term shelters and longer-term housing programs such as Rapid Re-housing.

• Staff Information

Thirty-six percent of Places for People's clinical staff is comprised of minorities and approximately two-thirds of our employees are female. The Intake and Outreach Teams, which provide PATH services, include 13 staff, 2 of whom are African American and 11 of whom are female.

All PFP staff members are required to participate in twenty hours of staff training each year and there must be a minimum of eight hours of cultural diversity training included. The Affirmative Action Monitor ensures fair hiring practices and an Equal Opportunity Employer Representative sits on the staff cultural competency committee to ensure staff is able to provide sensitive services regardless of age, gender, or race.

• Client Information

We project to engage and outreach 160 consumers for FY2014. Out of the 160 consumers engaged, we project to screen/assess 140. Of the 140 screened/assessed, we project to enroll 120 consumers into services at Places for People. These services may include: outreach services, referrals and linkages to appropriate service providers, brief-case management, long-term case management, ACT services, psychiatric services, or housing services. Of the 120 enrolled, we project 85% will be female and 15% will be male; 65% will be African American, 30% will be white, and 5% will be other race; 90% will have a significant mental health disorder and 40% will have a co-

occurring disorder; 80% will be literally homeless and 20% will be at high risk of homelessness.

• **Consumer Involvement**

It is the intent of PFP that the consumer advisory board is composed of at least one representative for each service program. Consumers hold a variety of positions within the agency ranging from janitorial, volunteer, clerical, and clinical. Each employee has the opportunity to offer program feedback as well.

Provide a budget narrative that provides details regarding PATH funds.

- Personnel – An Outreach Specialist at a level of effort of 1.2 FTE will work on the project. The current salary budgeted for this position is $37,440.
- Fringe Benefits – Fringe benefits include Social Security and Medicare, state unemployment, retirement match, workers compensation insurance.
- Travel – Mileage reimbursement for local travel is necessary for outreach of clients. An average of 922 miles was driven per month this past year. The current mileage reimbursement amount for Places for People is $0.475.
- Other – All clinical staff at Places for People are given a cell phone stipend of $35 per month for use at work. Cell phones are necessary for safety reasons, as well as ease of contacting colleagues and clients. Places for People staff need computers for use of Electronic Medical Records, netbooks cost $800 dollars with a $40/month broadband fee. We are also asking for $260 for client assistance.
- Indirect – Places for People recently merged with Community Alternatives. Community Alternatives had a federally-approved Indirect Cost Rate of 21.5%. That percentage was utilized in this budget. Places for People will be submitting an Indirect Cost Proposal for the newly merged entity in the near future. Once that rate is approved, use of the newly approved rate will begin.

PATH Provider Budget:

Name of Provider Agency: **Places for People**

PATH Funds

	Federal	State	Total
Total PATH Funds	$38,332	$22,036	$60,368

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Outreach Specialist	$31,200	0.65	$20,280	$12,776	$7,504
Outreach Specialist	$31,200	0.55	$17,160	$10,811	$6,349
Total PATH-funded Salary			$37,440	$23,587	$13,853
Fringe Benefits @ Enter fringe % Here	15.00%		$5,616	$3,538	$2,078
Travel 922 miles per month/ 12 months/ $.475 per mile			$5,255	$3,918	$1,337
Total PATH-funded Travel			$5,255	$3,918	$1,337
Equipment (*list individually*) N/A					
Total PATH-funded Equipment			$0	$0	$0
Supplies					
Cellphone ($35 month/12 months)			$420	$272	$148
Broadband (EMR) ($40 per month/12 months)			$480	$0	$480
Office Supplies			$120	$76	$44
Total PATH-funded Supplies			$1,020	$348	$672

Contractual
N/A

Total PATH-funded Contractual	$0	$0	$0
Construction	$0	$0	$0
N/A			
Other			
Client Assistance	$345	$150	$195
Total PATH-funded Other	$345	$150	$195
Total Direct Charges	$49,676	$31,541	$18,135
Indirect Charges			
	$0	$0	$0
Total PATH-funded Indirect	$10,692	$6,791	$3,901
TOTAL EXPENSES	$60,368	$38,332	$22,036

Truman Medical Center 2013

Local Provider Description

Truman Medical Centers' Behavioral Health department (TMC-BH) will receive PATH funds to support continuation of the Assertive Community Outreach program (ACO).

Historically, Truman's two hospitals were the local governments' general hospitals, before becoming part of a private non-profit corporation. Truman remains the area's largest provider of health care services to the poor and indigent.

Truman operated one in-patient psychiatric unit prior to 1996, when due to state privatization, Truman obtained an out-patient community mental health center. As a result of continued expansion, community need and further state privatization Truman Medical Centers is now operating a Screening Unit/Psychiatric Emergency department, three in-patient psychiatric units and a specialized geriatric-psychiatry unit. Out-patient services have expanded as well. There are more than ten programs, which include two counseling programs, mental health and/or substance abuse treatment services located within the city and county jails, an ACT program, an employment program, and mental health programs focused for Seniors, Dually Diagnosed clients, and Children and Families. The newest out-patient unit (opened within the last year) is providing trauma recovery services.

Missouri became the first state in the nation to be approved by the federal government to implement "Health Care Homes". The effort seeks to more appropriately and efficiently treat persons with both serious health and mental health diagnoses. Truman Medical Center is involved in this from the primary care side, and Truman's Behavioral Health programs have become providers among the behavioral health community.

Assertive Community Outreach (ACO), begun in 1988 and formerly known as the Homeless Support Project, currently serves an adult homeless population with serious mental illnesses and often co-occurring substance abuse disorders. The ACO program is sited separately from the other Truman facilities in order to be in close proximity to the area's homeless population. The program borders the downtown area at 1800 East Truman Road, Kansas City, Missouri. The metropolitan area consists of at least five counties in a bi-state area. Five community mental health centers provide services on the Missouri side, each with a geographically defined catchment area. ACO, however, as the largest treatment provider for unserved homeless persons with serious mental illnesses, extends outreach and services beyond the agency's catchment boundaries to much of Jackson County, Missouri. TMC-BH will receive $233,324 in federal PATH funds. A state match contributes to a total PATH allocation of $367,453. Please see the attached budget for details.

Collaboration with HUD Continuum of Care Program

The Director of ACO is very active in the Continuum of Care Committee of the Greater Kansas City Homeless Services Coalition. The Continuum of Care committee is responsible for the annual HUD application, and has secured more than $85 million for this community since 1997. The Director has been significantly involved in assisting the Homeless Services Coalition and the Continuum of Care with the adoption of the SOAR process. This includes taking part in the new sub-committee.

The ACO program and its clients have benefited greatly from HUD's priority on the "Chronic Homeless". For at least seven years Kansas City's pro rata has been consumed by renewal projects. Therefore the only new HUD funding is provided by the bonus "Samaritan" initiative. Please see the chart below for the variety of partnerships ACO has developed, and for the resources the program has successfully obtained for the benefit of the target population.

Below is a total listing of our HUD partnerships:

Year	Awardee	# Units/ Relationship
1993	Dept. of Mental Health	Users of Shelter Plus Care
1995	Truman Medical Centers	10 beds - ACO Safe Haven
1999	Swope Health Services	ACO is the provider of Crisis Services to area shelters
1999	Heartland Housing	8 units/ACO is sole referral
2003	Department of Mental Health	21 units/ACO is project sponsor (Shelter Plus Care)
2004	Restart	19 units/ACO is sole referral
2005	Housing Authority	14 units/ACO is project sponsor (Shelter Plus Care)
2006	Housing Authority	14 units/ACO is one of two project sponsors (Shelter Plus Care)
2007	Department of Mental Health	13 units/ACO clients were the intended recipients (Shelter Plus Care)
2008	Truman Medical Centers	4 units of "SRO" type housing attached to the Safe Haven
2008	Dept. of Mental Health	13 units of Shelter Plus Care
2009	Dept. of Mental Health	$416,000 of Shelter Plus Care for Chronically Homeless Individuals and Families
2012	ReStart – 100,000K Homes Campaign	$278,000 of awarded money/ACO is a partner agency

Collaboration with Local Community Organizations

Kansas City has had many successes recently toward reinvigorating downtown. These efforts began with medium to high-priced lofts and condominiums, continued with business relocations such as the H & R Block national headquarters, and continue with expansion of arts and entertainment venues. The latest to be completed is a large performing arts and concert hall venue. As investment increases, so does concern about the proper care and treatment of homeless persons, especially as envisioned for outside of the central downtown area.

A day-time service center (drop-in center) for the homeless moved from downtown to an adjacent area. A community plan to expand that site into a multi-agency service location is proceeding slowly, in part due to the local and national economies. The second stage, now complete, locates a lunch-time feeding site in the building's basement.

Another discussion of homeless issues that began with key support from the Chief of Police, his department and others within the criminal justice system, has had some significant successes. A video was made by the Police Department, titled "The Cost of Doing Nothing". It compared the cost of reacting to the homeless persons through emergency service systems versus the cost of permanent housing and other real solutions. This video and other information were presented at a half-day homeless forum, in June of 2009, which was well attended by members of city government and other important civic interests. Emerging from the Homeless Forum was a recommendation that the city government create a Homeless Task Force to study needs and craft a Ten Year Plan to End Homelessness. The city subsequently passed a resolution creating a Homeless Task Force. Many others of the metropolitan jurisdictions have joined. As a result a formal and lengthy Ten Year Plan was completed in 2011/2012. Members have reviewed other similar cities' Ten Year Plans and implementations, and in particular Denver's "Road Home" is being referenced as an ideal model.

Shifting from planning to current delivery of services, ACO continues to be fortunate and successful in expanding the continuum of services available to this target population. That continuum of services now includes outreach, drop-in center, community support (case management), psychiatric treatment, Medicaid application assistance, respite care, Safe Haven housing, outpatient dual diagnosis treatment, crisis services, and assistance in securing and linkages to permanent housing. ACO also benefits from Truman's Employment Service program which provides on-site pre-vocational groups and entry into vocational services. ACO's newest addition, begun approximately two years ago, is the provision of on-site health care, and the addition (in the last year) of a Health Coach. An Advanced Practice Nurse is at the Drop-in Center one full day per week to address medical health issues. The Health Coach is present five days a week fulfilling several duties including providing health education and linking clients to needed health services. As the ACO program is part of a larger health care organization, ACO

clients have easy access to a variety of out-patient health clinics and hospitalization as well.

ACO has continued to expand its collaborations with local housing agencies, and one of the biggest collaborations has been with the 100,000 Homes Campaign. Currently, the program director and the PATH project director, Sara Schwab, sit on the leadership committee for this campaign. Ms. Schwab also participates in weekly meetings as well. The 100,000 Homes Campaign uses a six point vulnerability index, and collaboration with local landlords and community health agencies to assist with identifying and housing Kansas City, MO's most vulnerable individuals. The campaign used the local Point in Time homeless survey to capture the data. Due to ACO's heavy involvement in the campaign, the majority of clients that have been housed in this campaign have been ACO clients.

Service Provision - Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

This program continues to focus on the most disabled adults among homeless persons. 100% of clients enrolled with PATH funds will be adults, "literally" homeless (street or shelter), will be diagnosed with a major mental illness eligible for the State's Community Psychiatric Rehabilitation Program, and will not have another mental health service provider at the time of entry. The majority of ACO clients meet HUD's definition of "chronic homeless".

Describe any gaps that exist in the current service systems.

Approximately two years ago a study was authored by Health Management Associates (HMA) entitled "Behavioral Health Needs Assessment for Metropolitan Kansas City". This still provides an accurate picture of gaps that remain in the community:

Findings
The findings were developed from a review of the various data sources used by HMA in this study and represent areas where there was consensus or alignment among the various sources of information. Following are the findings of the needs assessment:

1. There are opportunities across the Kansas City region to increase consumer involvement and to support consumer run services.

2. There is a shortage of safe, appropriate and affordable housing for low-incomeindividuals with behavioral health needs.

3. There are insufficient residential services for individuals needing long-term structured residential supports to meet demand.

4. Funding for mental health services is not commensurate with need.

5. The Kansas City region has inadequate capacity to meet the needs of consumers with serious mental illnesses who need acute care services.

6. The lack of access to services outside normal business hours is a barrier to care for some consumers.

7. Consumers, particularly adult consumers, with behavioral health issues need assistance in securing physical healthcare services.

8. Some subpopulations were reported to face greater challenges in accessing services.

9. There is a lack of available substance abuse treatment services in the Kansas City region.

10. The Kansas City region has some of the critical elements of a crisis response system but would benefit from a community effort to improve availability and coordination of these services.

11. While the Kansas City region has made significant strides in developing healthcare resources and information for the area, there remains a lack of information regarding behavioral health disorders, resources for obtaining behavioral health services, and management of behavioral health illnesses.

12. The Kansas City Region does not currently collect key metrics to determine the effectiveness and availability of behavioral health services.

13. There is a need to ensure that mental health and other services offered by safety net providers are coordinated.

14. There are a high percentage of individuals in the criminal justice system who have behavioral health diagnoses and will need comprehensive services to be able to successfully re-enter the community.

15. Transportation is a major barrier to care.

16. The Kansas City region has become increasingly culturally diverse in recent years, prompting the need for strategies to address cultural and linguistic barriers to care.

17. Siloed funding across behavioral health and other programs used by behavioral health consumers makes it difficult to offer the type of flexible and unique

services required by consumers and creates barriers to access services as consumers must navigate multiple program eligibility requirements.

Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

In order to continue to meet the needs of our dually diagnosed clients and to provide the best care, the ACO Program became credentialed as a provider of Integrated Dual Disorder Treatment (IDDT), an evidenced based practice approved and funded by the State of Missouri. In order to provide integrated care, clients receive care from a multidisciplinary team that includes a physician or Advanced Nurse Practitioner, dual diagnosis therapist, nurse, case manager, health coach, vocational worker and when necessary housing providers. Staff participate in weekly interdisciplinary meetings to discuss clients' progress and response to treatment interventions.

Staff within ACO have also implemented the use of stage-wise and time-unlimited interventions (e.g., engagement, persuasion, action, relapse prevention) to ensure consistency with the client's stage of recovery and continued participation based on the client's needs. To address treatment needs, substance abuse counseling (e.g., managing cues, relapse prevention, problem-solving, etc), psycho-educational groups on dual diagnosis, referrals to self helps groups and where possible family psycho-education on dual diagnosis treatment is incorporated. Staff also promote health and wellness of clients by teaching interventions to reduce negative consequences of substance use including safe sex practices, healthy diet and exercise, and supporting clients switching to less harmful substances . Finally, outreach services include re-engagement of clients who become inactive and the use of secondary interventions (e.g., medication change, intensive monitoring, and inpatient treatment) for non-responders.

Describe how the local provider agency, pays for or otherwise supports evidence-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

Assertive Community Outreach is just one program within a much larger behavioral health agency; and Behavioral Health is the smallest of three divisions within a much larger health care system. ACO staff have access to community trainings, trainings offered by the agency and the corporation, and online trainings through program called "Essential Learning". Staff have both mandatory hours and topics to remain credentialed to provide services, as well as maintain compliance with the Department of Mental Health standards.

Most of our supervisory and outreach staff have had training offered by the local HMIS provider (MAACLink). This program does enter some information into the system as mandated by a local funder of transportation and emergency services money for homeless populations.

Data – Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate in the next 1 to 3 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

The Assertive Community Outreach program currently uses the local HMIS for limited reasons. Those include: attempting to locate potential or current clients that have not been seen by staff recently, verifying the homeless status of a new referral, reporting on the expenditure of a small grant provided by a local funder, and the Salvation Army uses HMIS in operation of our HUD funded safe haven as required by the local continuum of care. We do have staff that was trained by the local HMIS provider in use of the system.

As part of a much larger hospital system, and a contractor for the state Department of Mental Health, there are other systems that ACO must use for billing and record keeping. The agency did pay for and provide customization of the database so that we could begin to report on the six major outcome measures included in PATH's annual report.

As we have with other funding sources, program staff will comply with the required reporting mechanisms. It does appear however, that doing so will be a duplication of effort as our other systems will remain necessary and primary.

Our plan would include:

6-12 months: have 75% of clinical staff trained on use of local HMIS

12-18 months: educate Executive Directors on necessity of using HMIS for reporting

18-24 months: enlist assistance of IT department in strategizing easiest and best method of use (if duplicate entry can be avoided)

24-36 months: begin implementation of data entry into the HMIS system for entire program

SSI/SSDI Outreach, Access, Recovery (SOAR)

ACO currently has six SOAR trained staff including two individuals who are certified State SOAR Trainers. In the last grant year we have trained three individuals including the two employees that became state trainers. In 2011 and 2012 we assisted seven individuals through the SOAR process. It should also be noted that ACO has taken on the very important role of helping promote the SOAR process in Kansas City, MO. We have regularly hosted, and will continue to host, the quality assessment committee for local agencies that are writing SOAR medical summary reports. On several occasions we have given brief trainings and provided support for agencies and individuals that are

completing SOAR applications. The Program Director has also spoken to the local Continuum of Care on the subject of SOAR on multiple occasions.

In the upcoming year, ACO will look to train one or two more staff. ACO will also continue to focus on improving the use of the SOAR process in Kansas City, MO. Truman Medical Center – Behavioral Health has already hosted one SOAR training in the last year and it is likely that ACO will be heavily involved in others in the next year as well.

Access to Housing

ACO has benefited greatly from multiple collaborations in the Kansas City community (See the section *Collaboration with HUD Continuum of Care Program – Describe the organization's participation in the HUD Continuum of Care Program and any other local planning, coordinating or assessment activities*). As noted above, the most recent collaboration has been with the 100,000 Homes Campaign. ACO clients will also begin to benefit from some changes in Supported Community Living Services money (SCLS). TMC-BH is now controlling their own allotment of the money which has led to some exciting collaborations with local housing agencies. Over the next year, many of the collaborations will lead to housing specifically geared toward ACO's population.

Staff Information.

Characteristics of the staff are fluid as there is typically turn-over in any given year. Currently of our PATH funded employees, three out of ten are African-American and eight out of ten are female. The program has more diversity in significant positions among the larger program. The Attending (Advanced Nurse Practitioner), the Psychiatric Nurse, and three Community Support Specialists (case managers) are African-American. ACO has three team members that are bi-lingual (they are fluent in English and Spanish) including one of the management staff. In addition to race and ethnicity, ACO staff share diversity across age, gender, and sexual preference.

A variety of strategies are in place to keep staff focused on the importance of cultural proficiency. A Cultural Competency committee undertakes an extensive evaluation of staff and client demographics every other year. Periodic surveys keep the agency mindful of the importance of attempting to mirror the cultural richness of the community in the agency's own staff. Cultural diversity is a required element of initial orientation and annual training for ALL staff. Additional classes beyond these basic requirements are offered in order for staff to re-examine their roles and responsibilities, along with any biases or stereotypes they may have that impact on their relationships with those who receive services. Required core competencies extend beyond culture / race, resulting in trainings and staff proficiency related to issues of age, gender, sexual orientation, and literacy.

Other efforts are taken at the agency level to offer service to diverse populations:

- Emphasis on providing care that is coordinated with other providers of services to vulnerable and high-risk groups,
- Corporate University offering classes in Spanish for staff members to increase language proficiency,
- Translating agency forms to multiple other languages,
- Ready access to translator services, available both on-site and by special telephone
- Re-writing informational and treatment materials for those with lower educational proficiency.

The corporation and all of its parts are accredited by the Joint Commission, and there are standards that cover all of these issues. Assessments, for example, must include the client's ethnicity and culture, spiritual beliefs, educational history, and preferred learning style (etc). Each client is therefore treated as an individual, and each is asked to educate staff as to group norms (identity, customs, celebrations, and grieving process).

Client Information

Client demographics reported for the past year include (approximate %):

Gender:	male	69%
	female	30%
	unknown	1%
Age:	8 – 34	28%
	35 – 49	33%
	50 – 64	38%
	65 – 64	1%
	Unknown	0%
Race / Ethnicity:	Black or African American	56%
	White	38%
	Hispanic	2%
	Other- bi-racial	2%
	American Indian/Alaska Nat	1%
	Asian	1%
	Unknown	0%

It is anticipated that PATH funded, ACO staff will have outreach contacts with 250-300 individuals during the next fiscal year. Those contacts will result in approximately 60-75 new clients being enrolled in case management and psychiatric treatment. Individuals not enrolled due to eligibility criteria, such as primary substance abuse diagnoses or

lesser mental health diagnoses only, will receive referrals and linkages to appropriate services elsewhere. The ACO program also includes an "Evening Shelter Crisis" component which generates additional outreach contacts. That component is funded through a HUD grant, and therefore those numbers are not reported here.

Additionally, the ACO program has its own dedicated, state and Medicaid funded, community support team attached. (Clients and staff view ACO as one seamless program, which is sometimes confusing to funders.) Total enrollment in these services will exceed 200 persons during the next year. Total point-in-time enrollment has continued to rise since changing from a "transitional service" model to an open-ended but generally long-term service model. Management staff has decided to create a Maintenance Level of services for extremely stable clients who primarily need medication services. In contrast to the many attempted and unsuccessful transfers that occurred in the past, this "continued service" policy will keep the client attached to a program and staff of which he/she is very familiar, and in the event of crises and/or relapses, the client can be quickly returned to an increased level of services.

This program continues to focus on the most disabled adults among homeless persons. All of clients enrolled with PATH funds will be "literally" homeless (street or shelter), will be diagnosed with a major mental illness eligible for the State's Community Psychiatric Rehabilitation Program, and will not have another mental health service provider at the time of entry. The majority of ACO clients meet HUD's definition of "chronic homeless".

Consumer Involvement

Years ago, a decision was made to consolidate various consumer advisory boards into one agency-wide "Consumer Affairs Advisory Council." Consumers, consumer employees, consumer advocacy entities, and community members are represented on the council. Additionally, consumers are participating on standing committees of the agency.

Consumer employment positions exist within our PATH services and within some of our collaborative housing grant projects. Several years ago, ACO created a "recovery oriented" resource library for consumers (which included computers with internet access). Consumers were involved in all phases of program development. This included defining program operations, developing an organizational structure, writing job descriptions, planning for remodeling of space, and participating in the recruitment and hiring of staff.

Behavioral Health has a monthly process in place, whereby Team Leaders contact randomly selected clients, to verify the services that have been billed were indeed delivered, and to question the satisfaction of clients as to the services that were provided. The corporation also mandates random but weekly satisfaction surveys of clients attending any of the clinics.

Over the last six months, ground work has already been laid for the development of an ACO consumer run advisory board. The peer support staff will be integral in facilitating this board as will one other designated ACO staff member. The role of the board will be to provide input on all ACO programming, policies (when applicable), as well as have representatives participate in the interviewing process for new employees.

Budget Narrative

Federal PATH funds are primarily used to pay for the salaries and benefits of staff involved in outreach and engagement activities. These activities include community outreach, screenings and interactions with persons that come to the site seeking assistance through the operation of a Drop-in Center.

Half (.5FTE) of the Director's time is dedicated to PATH. Additionally, .7 FTE of the Outreach Team Leader who supervises two full-time outreach workers and a part-time Consumer Social Services attendant (.25 FTE), are PATH expenses. The program's Administrative Assistant devotes half of her time (.5 FTE) meeting the needs of PATH clients and staff, while also supervising four part-time receptionists (.25 FTE) that cover the Drop-in Center hours of 8 A.M. to 4 P.M., Monday through Friday. Also included in this budget is money for client transportation, administrative/office supplies, therapy supplies, and other line items that are required to keep this PATH program running smoothly.

PATH Provider Budget:

Name of Provider Agency: **Truman Medical Center**

PATH Funds

		Federal	State	Total
Total PATH Funds		$233,324	$134,129	$367,453
	%	63%	37%	

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Phillips, Robbie; Program Director	$67,500	0.50	$33,750	$21,430	$12,320
Schwab, Sara; Project Director	$56,060	0.70	$39,242	$24,918	$14,324
Sundquist, Eric; CSS	$32,256	1.00	$32,256	$20,482	$11,774
Jackson, Mischa; CSS	$34,753	1.00	$34,753	$22,067	$12,686
Law, Rachelle; Admin Support	$45,000	0.50	$22,500	$14,287	$8,213
Thomas, Ann;Social Center Staff	$16,078	0.25	$4,020	$2,553	$1,467
tbd; Clerical Assist	$16,120	0.25	$4,030	$2,559	$1,471
tbd; Clerical Assist	$15,912	0.25	$3,978	$2,526	$1,452
Mazy-Franks, Georgia; Clerical Assist	$15,329	0.25	$3,832	$2,433	$1,399
Williamson, Tony; Clerical Assist	$18,533	0.25	$4,633	$2,942	$1,691
Total PATH-funded Salary			$182,994	$116,197	$66,797
Fringe Benefits @ Enter fringe % Here	24.00%		$43,919	$27,887	$16,031
Travel					
Local Travel			$10,000	$6,350	$3,650
Client Travel			$20,000	$12,700	$7,300
Total PATH-funded Travel			$30,000	$19,049	$10,951
Equipment (*list individually*)					
Total PATH-funded Equipment			$0	$0	$0
Supplies					
Office & Admin			$9,000	$5,715	$3,285
Therapeutic			$9,880	$6,274	$3,606

Books/Literature/Videos	$1,660	$1,054	$606
Total PATH-funded Supplies	$20,540	$13,042	$7,498
Contractual			
Salvation Army	$45,000	$28,574	$16,426
Total PATH-funded Contractual	$45,000	$28,574	$16,426
Construction	$0	$0	$0
Other			
Utilities	$20,000	$12,700	$7,300
Rent	$25,000	$15,874	$9,126
Total PATH-funded Other	$45,000	$28,574	$7,300
Total Direct Charges	$367,453	$233,324	$125,003
Indirect Charges			
Total PATH-funded Indirect	$0	$0	$0
TOTAL EXPENSES	$367,453	$233,324	$134,129

Swope Health Services 2013
Local Provider Description

Swope Health Services (SHS) is a Federally-Qualified Health Center founded in 1969 to improve the health of underserved Kansas City residents living in the urban core. Today, SHS delivers comprehensive, accessible and cost-effective primary and preventive health care, behavioral health, oral health, outreach services and supporting services to approximately 41,000 patients annually in five counties of Missouri and Kansas.

The main clinic site of Swope Health Services is Swope Health Central. Located in Jackson County, Missouri, Swope Health Central offers the following services: Adult medicine; pediatrics; obstetrics/gynecology; dental; optical and vision; radiology; laboratory; pharmacy; behavioral health, including psychological, psychiatric and substance abuse treatment and prevention; Health Care for the Homeless services; nutrition; and WIC (Women, Infants & Children). SHS has satellite clinics scattered across the greater metropolitan area.

- **Swope Health Central,** Main Campus
  3801 Blue Parkway, Kansas City, MO
- **Swope Health Independence**, Satellite Office
  1638 W. 24 Highway, Independence, MO
- **Swope Health Northland,** Satellite Office
  4443 N.W. Gateway, Riverside, MO
- **Swope Health Wyandotte,** Satellite Office
  21 North 12th Street, Kansas City, KS
- **Swope Health West**, Satellite Office
  6013 Leavenworth Road, Kansas City, KS
- **Imani House Residential & Outpatient Substance Abuse Treatment Program**
  3950 East 51st Street, Kansas City, MO
- **Swope Health South**, Satellite Office
  8825 Troost Avenue, Kansas City, MO
- **Swope Health East,** Satellite Office
  17844 East 23rd Street, Independence, MO
- **Swope Health Midtown**, Satellite Office
  1202 N. 38th St., Kansas City, KS

Swope Health Services receives $19,065 in Federal dollars and $10,960 in State

General Revenue. SHS receives $30,025 in PATH funds.

Describe the organization's participation in the HUD Continuum of Care

PATH providers are members of the Homeless Service Coalition, the lead organization for the Continuum of Care in Kansas City. SHS Outreach staff have historically and continue to play a significant role in the Homeless Services Coalition and participate in sub-committees to develop plans to end chronic homelessness. SHS is also a member of the leadership committee for the 100k Homes Campaign to permanently house the regions chronic homeless.

Provide a brief description of partnerships with local community organizations

SHS is a key and integral member of the health care network in Greater Kansas City. Our organization has developed collaborative and productive working relationships, via both formal and informal agreements, with numerous and varied health care organizations. These collaborations help SHS better meet the needs of patients by enhancing and maximizing our service delivery capabilities; ensuring a seamless continuum of care; and increasing access to and availability of appropriate health care, specialty referrals and enabling services.

SHS is able to provide continuity of care for our patients through the use of a strong, long-standing resource. MAACLINK has a successful relationship established between SHS and local safety net clinics, hospitals, business and community service organizations.

SHS is a recipient of targeted funding for its Health Care for the Homeless program via section 330 (h) funding. As such, SHS works collaborative with numerous organizations to include, but not limited to the following:

- ***Homeless Services Coalition,*** network of organizations collaboratively seeking to address the needs of homeless residents.
- ***National Health Care for the Homeless Council***, which has recognized SHS for its work by planning to present our accomplishments at the *CY 2012 National Health Care for the Homeless Conference.*
- **Local *Salvation Army***, providing shelter, clothing and other assistance needs to HCH program clients, permitting SHS onsite to deliver medical and prescription drug assistance to residents
- ***Kansas City Rescue Mission***, through emergency shelter assistance to HCH clients also welcoming HCH program on its premises to delivery on-site medical care, medications, physical examination, screenings and more to homeless patients.

- **Honk 'n Holler,** a collaborative among the SHS Homeless Program, the Salvation Army, and Department of Housing and Urban Development.

- ***Truman Medical Center, Behavioral Health**, a collaboration to provide after-hours crisis intervention to patients with severe and persistent mental illness in emergency shelters etc.*

- **The *Duchesne Clinic***, which helps SHS to ensure that homeless persons have access to health care services in Wyandotte County, Kansas.

Describe the organization's plan to provide coordinated and comprehensive services including:

How the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Homeless patients are identified and enrolled in SHS's homeless services throughout our network of clinics, as well as through continuous street and shelter outreach and engagement. The Healthcare for the Homeless (HCH) program in the Outreach Department at Swope Health Central focuses exclusively on the health and behavioral health needs of the adult homeless population from age 18 to 65, exception being those youth who are pregnant or HIV positive. Youth under the age of 18 are referred to the appropriate youth-based organizations within the service area Synergy Services and ReStart.

Through this department a mobile team is regularly dispatched to shelter sites, homeless camps, abandoned buildings, hospital ED's and other locations frequented by homeless persons. The team consists of nurse practitioners, case managers, therapist, and street outreach workers.

Services include:

- outreach, engagement and crisis intervention to homeless with mental illness and/or co-occurring substance abuse disorder;
- medical services;
- case management;
- drug and alcohol counseling;
- housing placement
- on-going Behavior Health Services

In 2012, the HCH program provided basic health care, case management, social services, and drug and alcohol services to 3,500 of Kansas City's estimated 13,000 homeless persons annually, approximately 600 of which are chronically homeless and live on the streets.

The services provided with PATH funds is the outreach component described above to homeless persons in urban Kansas City, Missouri. The Outreach Worker, funded by PATH, travels to shelters, treatment centers, jails, hospitals, feeding sites, drop-in centers, substance abuse treatment centers, abandoned buildings, bridges, and homeless camps to identify homeless persons to engage in services. The importance of the outreach workers role in helping to maximize PATH resources must be underscored. Through this associates activities numerous other services are made accessible to this vulnerable population such as Medicaid Eligibility Specialist, transportation assistance, Shelter Plus Care program, Optical services, Dental, etc.

Health care, case management, substance abuse services and housing assistance is delivered to customers in shelters, residential drug and alcohol facilities, soup kitchens, drop-in centers, railroad yards, under bridges, prostitute walks, homeless camps, jails, hospitals, drug court and other congregating places for homeless people. Additionally, annual tuberculosis (TB) testing and reading clinics are offered to homeless persons in shelters as well as housing placement, a clothing room and shower facilities, and assistance in obtaining SSI, Medicaid and other resources. SHS currently has service and business associate agreements with six KC metro area homeless shelters.

SHS offers HIV/STD testing and counseling and referrals on the streets and at community events. On-going management of HIV/AIDS is offered by SHS physicians. A Medicaid Intake Worker, partially funded through the Missouri Division of Family Services, is housed in the Outreach and other clinic departments to provide assistance to clients in completing applications for food stamps, Medicaid and other State programs. Outreach department associates have the expertise to assist eligible clients with VA benefits, Medicare, Social Security benefits, housing and employment programs. Additionally, Legal Aid of Western Missouri maintains office hours in the Outreach Department; working directly with clients denied Medicaid and other life sustaining benefits.

All clinics are located on bus lines. Therefore, bus passes and cab vouchers are provided to homeless patients.

Describe any gaps that exist in the current service systems.

Gaps in the current system of homeless services include but are not limited to:

- Decreased availability of housing resources & affordable housing, especially immediate housing
- Need for more supportive services attached to housing
- Need for re-entry services from the penal system
- Need for identifying persons in the prison system with severe and persistent mental illness and providing diversion services rather than incarceration; same in regard to the chronic utilizers of hospital ED's
- Availability of specialty providers to address healthcare needs

- Need for more accessible Dental services within the community and resources to cover the cost
- Affordable prescription drugs
- Insufficient funding to meet growing demand for behavioral health services

Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.

The Healthcare for the Homeless Program at SHS has access to the full array of mental health and substance abuse services available at the Swope Central location, including our residential substance abuse center, Imani House. SHS also collaborates with area community mental health and substance abuse centers, such as Truman Medical Center and Renaissance West, to improve access to services for persons with a dual diagnosis of mental illness and drug and alcohol problems. These collaborations have resulted in streamlined services and referrals for clients.

Describe how the local provider agency, pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

SHS contributes $2,000 annually to the Mid-America Assistance Coalition in support of the regionally established HMIS network, known as MAACLINK. All Outreach Department staff, to include the PATH Outreach Worker, participates in regularly scheduled training on the MAACLINK system. The Outreach Department staff currently record patient data into the regional HMIS system to include PATH funded enrollment and services. In 2011, several SHS programs including the PATH worker began entering services delivered to homeless patients into the MAACLINK regional HIMS system.

At SHS evidenced-based practices and guidelines are viewed as critical tools in the delivery of effective and quality health and behavioral health care services. Therefore, SHS has adopted numerous clinical evidenced-based guidelines in the delivery of patient care. In the HCH program, the outreach associates, to include the PATH worker, have received evidenced-based training to include: Dialectical Behavior Therapy, Motivational Interviewing, and Daily Living Activities (DLA-20) Functional Assessment tool.

Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 1 to 3 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

As a member of the Homeless Services Coalition and HUD funded program, the HCH program participates in a homeless management information system developed by the Mid-America Assistance Coalition known as "MAACLINK". Through this regional HIMS

database, outreach staff, including the PATH worker, are able to effectively collaborate and improve on services delivered to our homeless patients through improved information sharing. Recognizing the importance of data sharing for improved coordination of care and services, SHS continues to participate in entering data and attending any required trainings focused on enhancing the community's response to addressing the needs of homeless persons.

In 2011, several SHS programs, including the PATH worker, began entering services delivered to homeless patients into MAACLINK regional HIMS system. Furthermore, SHS implemented an electronic medical record (EMR) system, to improve and enhance the coordination of care across our system as well as with other health care providers for our patients. With the transient nature of our homeless patients, this EMR and the MAACLINK system will assist in providing easier access to and transmission of health information relevant to the ongoing care and treatment of health conditions experienced by our homeless patients to other health care providers.

Describe the provider's plan to train PATH staff on SOAR.

SHS trained two community support specialists in the 2012 grant year, but they were not connected to the Outreach clinic, however; they were accessible if needed. Based on that, it was not tracked how many PATH funded clients were assisted through the SOAR method in 2012 as it was new to SHS. However, SHS has three SHS associates, including our PATH funded Outreach worker, attending the May 8th and 9th SOAR training for 2013. These individuals will be responsible for on-going internal training for SHS staff.

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

HCH staff assist eligible clients in filling out Shelter Plus Care, Section 8 and other housing vouchers. For those clients who already have a voucher or have income and need assistance finding housing, SHS Outreach staff assist in linking clients to available housing options. HCH staff have excellent relationships with these resources and are successful in housing clients. Moreover, where appropriate, PATH clients are linked with group homes and other supportive housing arrangements.

Describe the demographics of staff serving the clients

SHS is committed to delivering culturally and linguistically appropriate care to its diverse patient population, which is more than 75% minority, primarily African-American and Hispanic/Latino. A comprehensive needs assessment conducted every five years and updated annually specifically identifies the demographics of the target population in each of the five service areas, including assessing the relevant cultural and linguistic needs for each. This information is reflected in the service delivery plan in recruiting culturally appropriate medical and behavioral health associates and in developing patient information sheets, as well as brochures in both English and Spanish.

SHS developed a formal written plan to address cultural competence in April 2013. All steering committee members have been identified and our first formal meeting will be held in October 2013. The plan includes methods to ensure that cultural information is collected at intake, updated throughout the engagement process, and then utilized to develop and enhance services and their delivery. The committee will work with leadership to:

- Seek methods to improve organizational cultural competence by examining human resources, agency policy and structural components for practices that inhibit or exclude delivery of culturally responsible services
- Identify and initiate a process to address barriers and concerns that may develop when consumers, families and staff have different expectations about how services are offered and delivered in the community.
- Continually seek and implement best practice models and those with demonstrated effectiveness that enhance opportunities for recovery. Document and disseminate information on effective cultural service adaptations and tailored outreach approaches.

All departments at SHS Central and satellite locations are equipped with technology to allow telephonic access to interpreter services. In addition, all patient information materials are written at a level – typically 6th grade or lower – that patients with minimal education and literacy levels can understand.

SHS staff members receive continuous skill-based training about how best to communicate with and engage vulnerable populations. Through a structured organization-wide diversity training program entitled *Diversity: Beyond Black and White*, SHS reinforces its commitment to a workplace that values diversity, inclusion, and respect. All SHS associates must complete the training within the first 90 days of employment and annually thereafter. The following is a summary of topics covered during this training.

- Definition of Culture, Subculture, Stereotypes, and Ism's.
- Explore the Realm of "What You Don't Know, You Don't Know."
- Sources of Stereotypes.
- Link Stereotyped Attitudes to Behaviors.
- Making Conscious Choices to Create New Beliefs.

The demographics of the staff serving the clients;

American Indian/Alaskan Native	<1%
Asian	0%
Black	57%
Hispanic or Latino	<1%
Two or More Race	<1%
Unspecified	1%
White	39%

Male:	19%
Female:	81%
18-34:	24%
35-49:	38%
≥ 50:	38%

Describe the demographics of the client population

The Healthcare for the Homeless/Outreach program at SHS serves approximately 3,500 homeless individuals annually. The following client demographics are based on numbers reported for fiscal year 2012:

American Indian:	<1%
Asian	<1%
African American	54%
More than one race	<1%
Pacific Island	2%
Unknown	5%
White	36%
Male:	66%
Female:	34%
0-19:	2%
≥ 19:	98%

- The projected number of clients who will be enrolled and receive PATH-funded services in FY 2013-14 is 750. Of these, 75% will be "literally homeless," i.e., living on the streets or in emergency shelters with an additional 25% in transitional housing or are in the position of being evicted with no place to live.

Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.

As a recipient of 330 (h) federal resources, a consumer of the HCH program is appointed to serve on SHS Board of Directors. As a volunteer member of the board this individual is able to influence the organizations service delivery model and give voice to the needs of this vulnerable population. In recent years, SHS has also partnered with agencies, such as the Mental Health America of the Heartland in funding a peer support worker position in the HCH program.

PATH Provider Budget:

Name of Provider Agency: **Swope Health Services**

PATH Funds

	Federal	State	Total
Total PATH Funds	$19,065	$10,960	$30,025

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Fred Sims, Outreach Worker	$34,164	0.45	$15,220	$9,664	$5,556
Lauren Moyer, Program Director	$92,700	0.06	$5,562	$3,532	$2,030
Total PATH-funded Salary			$20,782	$13,196	$7,586
Fringe Benefits @ Enter fringe % Here	29.00%		$6,027	$3,827	$2,200
Travel					
Total PATH-funded Travel			$0	$0	$0
Equipment (*list individually*)					
Total PATH-funded Equipment			$0	$0	$0
Supplies					
Total PATH-funded Supplies			$0	$0	$0
Contractual					

Total PATH-funded Contractual	$0	$0	$0
Construction	$0	$0	$0
Other			
Total PATH-funded Other	$0	$0	$0
Total Direct Charges	$26,809	$17,023	$9,786
Indirect Charges 12% Indirect	$3,216	$2,042	$1,174
Total PATH-funded Indirect	$3,216	$2,042	$1,174
TOTAL EXPENSES	$30,025	$19,065	$10,960

Comprehensive Mental Health Services 2013
Local Provider Description

Comprehensive Mental Health Services, Inc. (CMHS) is a community mental health and substance abuse treatment center serving eastern Jackson County, Missouri. CMHS was established in 1969. CMHS provides education and services to over 6000 persons—adults, adolescents, and children who suffer from varying degrees of mental illness and substance abuse. Seven of our ten facilities, are located in Independence, Missouri where CMHS is the sole mental health safety net provider. Our remaining program is a residential and outpatient substance abuse treatment program in Kansas City.

CMHS serves a client population in eastern Jackson County that is both low income and exhibiting symptoms of mental illness and/or substance abuse. Clients are older than 18 and for this grant all are literally homeless. CMHS is the safety net for our respective area which serves a 225 square mile area, bounded by I-435 on the west, County Line Road on the east, Colburn Road to the south and the Missouri River on the north.

The amount of PATH funds that CMHS receives is $31,650. CMHS uses the entire amount of the PATH funds for the provision of direct services to individuals who are homeless suffering from substance abuse and mental health problems.

Collaboration with HUD Continuum of Care Program

CMHS actively participates in the Homeless Coalition. The Program Manager of Addiction Recovery Services attends these meetings on a regular basis and participates in the HUD Continuum of Care program through this coalition. Another Program Director recently accepted appointment to the board of The Community Housing Network, and, in addition, participates on the board for transitional housing sponsored by Restart and funded by HUD. There are currently three CMHS staff that sit on the board for Sunrise House which is a HUD 311 program.

Collaboration with Local Community Organizations

For the last two years, CMHS and Swope Health Services have partnered on an integrated health system in which physical health care needs, diet and nutrition, and exercise are addressed in addition to a customer's mental health care needs. Genoa Healthcare Pharmacy has been housed in the CMHS facility for several years and is part of a tremendous partnership which helps PATH clients with their medication. This holistic approach allows CMHS the opportunity to meet the overall health needs of our customers in a one-stop facility saving the customer time, energy and money with fewer trips to numerous medical facilities.

Comprehensive Mental Health Services provides treatment at Gateway, a homeless program designed for dually diagnosed and drug or alcohol addicted individuals. Referrals into this program come from the following agencies:

- The Independence police and sheriff's departments,
- Drug and mental health court,
- Division of Family Services/Children's Services and
- Probation and parole officers.

Case managers work with the referral agency and other community agencies to meet the client needs. When clients are stabilized and ready to leave Gateway they are often referred back to these agencies for community based services.

Service Provision

- Services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless in the following ways.

  - Screening and diagnostic assessment – All clients receive a screening to ensure appropriateness for treatment and an intake/initial assessment is scheduled. Clients participate in the assessment process by providing information regarding current and past issues in relation to substance abuse and mental health issues. Information is also gathered in regard to psychosocial information. Based on the information provided by the client, a licensed clinician provides an appropriate diagnosis.

  - Alcohol and drug treatment – Clients participate in and receive individual therapy, group therapy and group psycho-education. Family therapy is also available to clients whom have family wishing to participate in their treatment.

  - Mental health treatment – All clients with a mental health diagnosis have access to and receive services through the medication clinic. They receive a psychiatric diagnostic assessment/evaluation and medication management services to address their mental health symptoms and needs.

  - Case management services, with a goal of habilitation and rehabilitation, may include:

    - preparing a plan for provision of mental health and drug and alcohol treatment services to the eligible homeless individuals and reviewing the plan not less than once every three months;
    - providing assistance in obtaining and coordinating entitlements, social and treatment services including services related to daily living activities, personal financial planning, transportation, housing, prevocational and vocational services, and habilitation and rehabilitation services;

- providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, supplemental security income benefits; and providing or obtaining other such services as may be needed or appropriate.

The average length of stay in the Gateway Program is 28 days, however; length of stay is determined on an individual basis. During this time individuals participate in a minimum of 28 hours of structured, planned treatment services per week, which are designed to target the bio-psycho-social effects of chemical abuse or dependence and to provide tools for obtaining and maintaining recovery. Services include individual, group and family counseling. Group psycho educational topics include nutrition and dietary management, personal hygiene, conflict resolution, decision-making, anger management, healthy relationships, social interactions, daily living skills and leisure activities. In addition, didactic and process groups focus on the disease concept of substance abuse, triggers of relapse, relapse prevention, defense mechanisms, HIV/STD, among numerous other recovery topics.

Case management services help the individuals identify barriers to successful treatment (daily functioning), and connect them with community resources to assist in overcoming or alleviating barriers. Barriers include employment, education, housing, legal, health, social services and resources.

Gaps that exist in the current service systems include;

- Available housing is always an issue and housing vouchers can be limited. CMHS assists clients in applying for Medicaid, disability and other local, state and federal programs.

- The current Medicaid application process and working with Division of Health and Senior Services offices can often be confusing and difficult to maneuver.

Services available to clients who have both a serious mental illness and a substance use disorder.

CMHS has both residential and outpatient substance abuse programs available for clients. In addition, mental health needs can be addressed in the outpatient clinic through psychiatric services and medication management. Clients whom are more seriously mentally ill are eligible for Community Psychiatric Rehabilitation which provides intensive case management services to assist clients in maintaining stability in their daily lives.

CMHS pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

CMHS has been actively researching evidenced based practices and has taken steps to train all agency staff. Recent trainings for staff have included:

- Collaborative Documentation through MTM,
- Person Centered Treatment with Wally Kisthardt, and
- Trauma Focused Treatment through the Department of Mental Health.

We hope to train staff further and have submitted grant applications to assist with funding for more Trauma Focused training. CMHS currently has staff trained to provide training in Person Centered Treatment and plans to move forward with training trainers in Trauma Focused Treatment. This will ensure CMHS has people on staff who can continue to train new staff in the future as needed.

CMHS has staff that is signed up to participate in training on the HMIS system to ensure we are able to continue to utilize the system and enter PATH data into the system.

Data

Currently no staff members are trained on HMIS. Staff members will attend training when it is offered. CMHS hopes to utilize the HMIS system fully within the next year.

SSI/SSDI Outreach, Access, Recovery (SOAR)

CMHS currently does not have any staff trained on SOAR. There are no PATH funded consumers receiving assistance through SOAR at this time. CMHS has asked to be notified by the State SOAR Coordinator about when trainings are planned anywhere in the state. Recent CoC interest and SOAR related activity promises to result in SOAR training being offered in the Kansas City area this year.

Access to Housing

CMHS assists clients with applying for Shelter Plus vouchers through the Department of Mental Health. Staff recently participated in training on the new application process. In addition, CMHS works closely with area recovery houses and refers clients to those programs as appropriate.

Staff Information

19 staff total at Parkway

Female	7
Male	12
Caucasian	12
African American	7
Ages 21-25:	1
Ages 26-35:	1
Ages 36-50:	14
Age 50+:	3

CMHS provides initial new employee training for all staff. This one day training includes sections on Cultural Diversity, Confidentiality and HIPPA regulations, Fire and Safety, requirements for a Drug Free Workplace, Corporate Compliance, Client Rights, Sexual and Workplace Harassment, Infection Control, and Ethics. Staff, depending on their position/responsibilities, may also be required to take classes offered by the agency in:

- Defensive Driving
- CPR First Aid
- Co-Occurring Disorders
- Non-Violent Crisis Intervention
- Med-Aid Certification

The agency also requires annual renewal of training provided on-line through participation in ***Essential Learning***, a multi-topic interactive learning and testing program, which is endorsed by the National Council for Community Behavioral Health. The interactive on-line program provides approved continuing education classes across all disciplines.

CMHS has an extensive Cultural Competency Plan to ensure that the entire agency continues to receive education and assistance in cultural competence. CMHS requires all staff to receive a minimum of three hours of cultural competency training each year and provide opportunities for additional education and training based on an individual staff's need and position through the Resource and Education Department.

Client Information

Clients seen in our Gateway Homeless program are all male and include: 52.3% Caucasian, 42.6% African American, 1% Hispanic, and 4.1% other. 26.5% are 18-30 years of age, 46.5% are 30-45, and 23.3% are 46-64. 80% have no income and 95% have incomes less than $1,000 a month. 80% are unemployed and 83.8% have a high school degree or less. All individuals seen have a substance abuse/dependence disorder and 51% or more have a co-occurring mental illness.

Consumer Involvement

CMHS is a not for profit organization with a Board of Directors made up of community leaders whom review the programs on a regular basis. Members of the community, including former residents, serve as volunteers at Gateway. Monthly client surveys elicit feedback from the clients on "how well we're doing". This feedback is used in evaluation of the effectiveness of the services including those that are Path funded. In addition, this direct feedback from the clients themselves has resulted in improvements to the program. Some of direct care staff are former graduates of the Gateway program.

PATH Provider Budget:

Name of Provider Agency: Comprehensive Mental Health

PATH Funds

	Federal	State	Total
Total PATH Funds	$20,097	$11,553	$31,650
	65%	35%	

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Program Manager	$43,000	0.05	$2,150	$1,398	$753
Addiction Recovery Case Manager	$30,000	0.30	$9,000	$5,850	$3,150
Addiction Recovery Counselor	$32,000	0.20	$6,400	$4,160	$2,240
Mental Health Technician	$23,899	0.07	$1,673	$1,087	$586
Mental Health Technician	$21,008	0.07	$1,471	$956	$515
Mental Health Technician	$20,051	0.05	$1,003	$652	$351
Mental Health Technician	$19,094	0.05	$955	$621	$334
Mental Health Technician	$18,720	0.05	$936	$608	$328
Total PATH-funded Salary			$23,588	$15,332	$8,256
Fringe Benefits @ Enter fringe %	20.00%		$4,718	$3,066	$1,651
Travel					
Total PATH-funded Travel			$0	$0	$0
Equipment (*list individually*)					
Total PATH-funded Equipment			$0	$0	$0
Supplies					
Office Supplies			$500	$325	$175
Client Related Supplies			$579	$376	$203

Total PATH-funded Supplies	$1,079	$701	$378
Contractual			
Total PATH-funded Contractual	$0	$0	$0
Construction	$0	$0	$0
Other			
Vehicle Repair and Maintenance	$771	$501	$270
Vehicle Gas and Oil	$1,494	$496	$998
Total PATH-funded Other	$2,265	$997	$1,268
Total Direct Charges	$31,650	$20,097	$11,552
Indirect Charges			
Total PATH-funded Indirect	$0	$0	$0
TOTAL EXPENSES	$31,650	$20,097	$11,552

Burrell Behavioral Health Center
Local Provider Description

Burrell Behavioral Health Center is a community mental health center. The service area for our Homeless Services program is Springfield, Missouri, however we serve the surrounding county area. Burrell Behavioral Health Network will receive $99,308 in federal PATH funds. A state match contributes to a total PATH allocation of approximately $57,089. Please see attached budget for details.

Collaboration with HUD Continuum of Care Program

The Coordinator of Bill's Place is currently attending the Homeless Count Task Force, which oversees the homeless counts for Webster, Christian and Greene County. The Task Force also oversees the National Homeless Awareness day in November. PATH staff attends the Hard to Employ/Case Manager's meeting, which is a sub-committee of the Continuum of Care. We have established network relationships with the above agencies so appropriate and timely referrals can be made whereby, these organizations in a cooperative effort with Burrell Homeless Services program, can provide needed services to the identified client population.

Burrell's PATH program staff participate in the annual "Hope Connection." Working with the Homeless CPRC team and the Community Partnership, we assisted in the planning of a one-stop-shop for the homeless community. We invited other homeless service agencies in the area and had a great turn out. A total of thirty-nine agencies and three hundred sixty-eight consumers attended the event.

Collaboration with Local Community Organizations

The following programs are not supported by PATH funds, but do provide services and housing to PATH eligible clients: Division of Family Services, Ozark Area Community Action Corporation (OACAC), Southwest Center for Independent Living, Housing Authority of Springfield, Crosslines, Salvation Army, Job Corp, Job Council of the Ozarks, AIDS Project of the Ozarks, Southeast Missouri Community Treatment Center, Carol Jones Recovery Center, Hospice of Southwest Missouri, Cox Medical Center North, Adult Basic Education, Legal Aid of Southwest Missouri, City Clinic, Social Security Administration, Family Violence Center, New Start Housing (Salvation Army), the Kitchen Inc., Sigma House, Victory Square, Victory House, Experience Works and the United Way.

Housing services are provided through referral to appropriate housing be it the Springfield Housing Authority, low cost housing in the community, residential care facility referral, when appropriate, and certainly referral to Burrell Behavioral Health Centers Transitions unit which provides subsidized housing in scattered apartment locations throughout our community.

Beginning toward the end of FY2009 was the Homeless Community Psychiatric Rehabilitation Center (CPRC) team, a team of community support specialist who work

specifically with people who are homeless and have a severe and persistent mental illness. The program is provided through Transitions, the adult clinical arm of Burrell, and is housed in offices in Bill's Place or in offices adjacent to Bill's Place.

Last year we began a partnership with Experience Works, a job placement program for senior PATH consumers who want to join the workforce. Due to funding inadequacies, Experience Works stopped supplying us with a temporary worker. However, they expect this to change in the near future.

Service Provision

Services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Our PATH program staffs a local shelter and another outreach center with outreach staff and CPRC case managers. This brings more attention to our services, both PATH and CPRC, as well as bringing the actual services, themselves, to the homeless that don't venture to our facility. We also collaborate with The Rare Breed, the local youth drop-in center, to do true "street" outreach. The Rare Breed is part of The Kitchen Inc., and has had a presence in Springfield for many years. They are skilled in street outreach, and we view them as a key partnership.

Describe any gaps that exist in the current service systems.

There is still a need for expanded services for homeless families with dual diagnosis; Burrell, in 2005, was awarded a SAMHSA grant to serve this population with counseling and case management for families. Funding ended in June of 2010.The CPRC team from Burrell's adult rehabilitation clinic, Transitions replaced the SAMHSA funded dual diagnosis team. We have active involvement with the Springfield Continuum of Care including the Homeless Count Task Force, Case Manager's Committee and Hard to Employ Committee, Continuum of Care and the Housing Collaborative.

Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

Services provided or referred to include: outreach, screening and diagnostic treatment, rehabilitation services, community mental health services, alcohol and/or drug treatment services, we provide staff training in the shelters, case management services for our clientele, supportive and supervisory services at the Missouri Hotel (Kitchen Inc.), primary health services, job training, educational services, and relevant housing services to our client population.

There are specific groups such as, Games/Recreation Group, Social Skills Bingo, Smoking Prevention Bingo, Drug Prevention Bingo, Housing Education, and Employment Education group, for consumers to attend at will. Nursing students from an

area college come twice a week to check blood pressures, answer basic health questions, and lead two informational classes a semester.

Three years ago, we implemented a bike sharing program, much like Yellow Bike a similar program in Seattle, WA. It is intended for individuals needing to go to job interviews, acquire personal documents at the Deptartment of Revenue, Social Security, or the Health Department, or those who need to go to doctor's appointments. Any extra bikes donated to this program are repaired and given to individuals that need them on a regular basis.

Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

The PATH program is located on the campus of The Kitchen Inc., which is a local homeless services agency. The Kitchen inputs our daily statistic sheets into HMIS on a monthly basis. As we will mention in the following point, DMH has plans to implement HMIS, which will allow us to report our intake and daily statistics into HMIS ourselves.

Data

As of right now, DMH is providing technical support, but plans to implement training and use in the near future. Our PATH program and state contact have discussed plans to be trained within FY 2013.

SSI/SSDI Outreach, Access, Recovery (SOAR)

All of our PATH staff, as well as many of the CPRC staff, were trained in the SOAR process this year. Although we have not finished an application, we currently have three applications in process.

Access to Housing

Housing services are provided through referral to appropriate housing be it the Springfield Housing Authority, low cost housing in the community, residential care facility referral, when appropriate, and certainly referral to Burrell Behavioral Health Centers Transitions unit which provides subsidized housing in scattered apartment locations throughout our community. Also, we take advantage of the Shelter +Care grant for the Springfield area. Once clients are placed on the wait list they are assigned a case manager, with whom they are scheduled to meet with, at minimum, monthly.

Staff Information

Burrell Behavioral Health's workforce and clientele are made up of men and women of diverse racial, religious, and ethnic backgrounds, with varied lifestyles and approaches to life. This holds true for those staff involved directly in homeless services. Within our Homeless Services Department, we have eight staff housed within Bill's Place or next to it in an adjacent office. The staff demographics break down as follows:

- **Ethnicity**

- **Caucasian:** 7
- **American Indian:** 1

- **Gender**
  - **Female:** 5
  - **Male:** 3

- **Age Range**
  - **Ages 21-35:** 4
  - **Ages 36-50:** 4

Each client shall be entitled to the following rights and privileges . . . to have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law . . . to not be denied admission or services because of race, creed, marital status, sex, national origin, handicap or age.

Recognizing the benefits gained from diversity, Burrell Behavioral Health has established processes that promote organizational awareness of and respect for differences in the way people believe, communicate and interact; recruitment and retention of personnel who reflect the cultural diversity of the community; recognition that the differences in employees add positive value to the organization via their unique perspectives and approaches to job tasks; an organizational atmosphere which encourages contribution and participation from employees; and leadership which represents our communities' unique cultural constituency.

We promote a cultural competency training every year in the fall.

Client Information

We provide services for all individuals who are homeless and in need of mental health services, regardless of county or state of origin. The age range of the individuals we serve is 18-68 years old. Our clientele are diverse in areas of race, ethnicity, and creed. Client demographics break down as follows:

Ethnicity

Caucasian: 147

Black/African American: 31

American Indian: 8

Hispanic or Latino:	**2**
Gender	
Female:	**105**
Male:	**82**
Not Reported:	**1**
Age Range	
Ages 18-34:	**82**
Ages 35-49:	**80**
Ages 50-64:	**26**

We expect to serve approximately 850 clients within FY 2013. We, also, expect to enroll 160 clients within FY 2013. We expect that the percentages who are "literally" homeless will be around 51 percent.

Consumer Involvement

Consumers are encouraged to help keep Bill's Place clean and usable. Consumers are also encouraged to place their suggestions for improvement of services in the available suggestion box. Consumers in the PATH program are involved with various groups and have strong interaction with staff and other consumers while in groups. When consumers take the extra initiative, in either cleaning or improving Bill's Place, we reward them with bus passes and other items that would be useful in finding employment or housing.

Staff members initiated a client committee to meet bi-annually to offer ways to improve conditions and services within the PATH program. During this meeting, we collect feedback from clients, and implement the feedback, as long as it is appropriate.

PATH Provider Budget:

Name of Provider Agency: Burrell Center

PATH Funds

	Federal	State	Total
Total PATH Funds	$99,308	$57,089	$156,397

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Director	$3,940	1.00	$3,940	$2,500	$1,440
Coordinator	$30,435	1.00	$30,435	$19,326	$10,973
	$26,675	1.00	$26,675	$16,939	$9,736
	$25,102	1.00	$25,102	$15,940	$9,162
Total PATH-funded Salary			$86,152	$54,705	$31,311
Fringe Benefits @ Enter fringe %	34.40%		$29,637	$18,817	$10,820
Travel					
Total PATH-funded Travel			$4,300	$2,731	$1,569
Equipment (*list individually*)					
Total PATH-funded Equipment			$3,023	$1,920	$1,103
Supplies					

Total PATH-funded Supplies		$9,500	$6,033	$3,467
Contractual				
Total PATH-funded Contractual		$1,628	$1,034	$594
Construction		$0	$0	$0
Other				
Total PATH-funded Other		$3,720	$2,362	$1,358
Total Direct Charges		$137,960	$87,602	$50,222
Indirect Charges				
Total PATH-funded Indirect	21.40%	$18,437	$11,706	$6,731
TOTAL EXPENSES		$156,397	$99,308	$57,089

New Horizons Community Support Services, Inc.

Local Provider Description

New Horizons Community Support Services, Inc. (New Horizons) is a private, non-profit 501(C) 3 agency providing psychiatric rehabilitation services to adults with serious and persistent mental illness who may also have co-occurring substance disorders. Agency sites are located in Jefferson City/Cole County and Columbia/Boone County, Missouri. This PATH application is for the Columbia/Boone County location only.

New Horizons has provided psychiatric rehabilitation services to disabled individuals with mental illnesses since 1976. Seven distinct categories of service are provided. These include:

- ***Community Support Services:*** These are intensive case management services with a community living focus. Caseloads are approximately 15-20 consumers for each Community Support Specialist (CSS). While CSSs carry individual caseloads, they also work in teams of 5-8 to assure continuous coverage for all consumers served by the team. CSSs assist consumers in a variety of life activities, including employment; housing; daily living skill development; creation and maintenance of informal support networks; managing health care; and acquiring available services from the community or other government agencies. PATH-enrolled consumers may transition to Community Support if they meet eligibility criteria of diagnosis, disability and duration.

- ***Psychosocial Rehabilitation Day Programs:*** This service category provides day programming, education and skills development. The program Center provides sanctuary and peer support, life and employment skills training, social activities and meals for participating consumers. PATH-enrolled consumers may participate in this service.

- ***Integrated Dual Disorder Treatment:*** This service component adheres to the SAMHSA IDDT toolkit. Services include substance abuse screening and assessment, individual therapy, group therapy and psychoeducation, smoking cessation, etc. PATH-enrolled consumers may attend IDDT groups.

- ***Medication Services:*** Contracted psychiatrists oversee consumer treatment, provide medication services, and are available for consultation with staff. PATH-enrolled consumers may participate in this service.

- ***Healthcare Home (HCH):*** This service is provided for Community Psychiatric Rehabilitation Center (CPRC) consumers with chronic conditions, and Missouri is the first state to implement behavioral health Healthcare Homes. A HCH is "a place where individuals can come throughout their lifetime to have healthcare

needs identified and receive the medical, behavioral and related social services and supports they need, coordinated in a way that recognizes all of their needs as individuals." New Horizons started HCH services on January 1, 2012. PATH consumers are able to take advantage of this program once they transition into our CPRC. There are two other medical entities that function as primary care HCHs in the community, Family Health Center and University Hospitals and Clinics. PATH staff assists with coordination of care and completion of HCH tasks with these providers, if PATH consumers are enrolled in their HCHs.

- ***Housing Services:*** A variety of housing services are offered to assist consumers in their least restrictive environment. In Boone County, approximately 84% of consumers live independently or with family or friends, 6% live in residential facilities that have 24/7 staff supervision, and 10% are homeless (including PATH consumers). New Horizons staff have extensive experience in managing, coordinating and advocating for an array of housing and residential care for persons with disabilities, as well as providing ongoing assistance to consumers in acquiring and maintaining independent housing. New Horizons is able to offer some supported housing assistance and works closely with the local Housing Authority and the Department of Mental Health to obtain rental assistance vouchers for consumers. New Horizons owns and operates residential care facilities and independent apartments, although only a small fraction of New Horizons consumers live in agency-owned housing.

- ***Projects for Assistance in Transition from Homelessness:*** Two full time staff members provide screening for homelessness on all referred consumers. Further description of PATH services follows.

Amount of PATH Funds

Federal PATH funds:	$76,710
State match:	$44,098
Total allocation for fiscal year 2013:	$120,808

Collaboration with the HUD Continuum of Care Program

The Boone County Basic Needs Coalition (BCBNC), formerly the Continuum of Care group for Boone County, Missouri, voted in 2009 to join the "Balance of State" Continuum. The BCBNC still exists to assist people who are homeless.

New Horizons staff have been members of the BCBNC since opening our office in Boone County in 1997. PATH staff have served as Secretary for the Continuum group and Chair of the Outreach Committee and Homeless Management Information System (HMIS) Committee. The BCBNC is responsible for the county's twice-annual homeless

count. PATH staff have participated in the count for many years. PATH staff enter demographic information into the HMIS and have trained other area agencies on the system. The BCBNC meets monthly, at a minimum. The Balance of State Continuum meets quarterly, at a minimum. PATH staff attend all scheduled meetings of both groups.

New Horizons staff are considered valuable members of the BCBNC and Continuum team due to our experience with planning, building and managing residential programs including the following HUD projects:

- Harambee House: A 15-bed residential care facility built in 1992 and serving disabled mentally ill consumers in Columbia, Missouri.
- Warren Scott Apartments: A 14-unit apartment complex built in 2006 and serving disabled mentally ill consumers in Jefferson City, Missouri.
- Richard Walz Apartments: A 9-unit apartment complex built in 2011 and serving disabled mentally ill consumers in Jefferson City, Missouri.

Collaboration with Local Community Organizations

Boone County is rich with social service organizations, particularly in the county seat of Columbia. Following is a select list of Boone County agencies that provide services and housing to PATH-eligible consumers:

Burrell Behavioral Health Services: New Horizons is an affiliate program of Burrell Behavioral Health Services (BBHS). BBHS provides after-hours crisis intervention services to PATH consumers, through the form of a crisis hotline, and New Horizons staff respond to calls and intervene with PATH consumers as needed. BBHS and New Horizons staff work side-by-side on numerous mental health initiatives, including regional mental health meetings, the Continuum of Care meetings, and Boone County Mental Health Court meetings.

McCambridge Center: a program of Pathways Community Behavioral Healthcare, providing residential alcohol and drug treatment for women. New Horizons staff maintain contact with McCambridge staff through regular meetings and refer PATH consumers for services as appropriate. When PATH consumers are engaged in services with McCambridge, New Horizons staff participate in team staffing meetings and coordinate information with McCambridge therapists, social workers, etc. in order to ensure that needs are met and to assist with aftercare planning.

Phoenix Programs: provide outpatient alcohol and drug treatment and residential treatment for men. Phoenix House, the residential treatment facility, also provides social detoxification. New Horizons staff maintain contact with agency staff through regular regional mental health meetings and the Continuum of Care meeting and refer PATH consumers for services as appropriate. When PATH consumers are engaged in Phoenix Programs, New Horizons staff participate in coordination and aftercare meetings with Phoenix staff.

Immigration and Refugee Services: provide some funding and resources to PATH consumers who are recent immigrants or refugees. These services include clothing, food, vouchers, and rent assistance. New Horizons staff access this resource on a limited basis, as needed.

Family Health Center (FHC): this Federally Qualified Health Center (FQHC) provides primary health care and some limited psychiatry services for PATH consumers and other New Horizons consumers. New Horizons staff assist consumers with remembering and attending appointments, communicating effectively with the FHC providers and following through on provider recommendations. New Horizons staff coordinate information with FHC regarding healthcare and services provided to mutual consumers.

Salvation Army: provide numerous resources including vouchers for furniture, rent assistance, clothing, and emergency and seasonal food baskets. PATH staff have contact with Salvation Army staff at the Harbor House shelter at least twice per week and assist the shelter by providing case management to numerous residents. Staffs at both agencies also interact through the Continuum of Care activities. The Harbor House Shelter provides many male and female PATH consumers with a temporary shelter bed and meals. Harbor House also provides an opportunity to establish a savings account for future permanent housing, as well as job searching and resume-writing assistance, money management classes, parenting classes, and a recovery program featuring on-site AA and NA meetings.

St. Francis House and Lois Bryant House: private shelters for men and women respectively, St. Francis and Lois Bryant Houses provide temporary shelter for men, women and children. These shelters are historically full, therefore; it is not anticipated that PATH consumers will access this resource much. New Horizons staff provides mental health screening, crisis intervention, and other PATH services to shelter residents when requested.

The Day Center: a privately run soup kitchen which serves one meal per day to the homeless. New Horizons staff visits the site at least weekly for outreach, and respond when staff refer a visitor for mental health treatment.

Loaves and Fishes: a privately run soup kitchen that serves a daily evening meal to the homeless. New Horizons staff participate in Task Force meetings, where there is discussion of the management of Loaves and Fishes, and maintains open communication with volunteers at the soup kitchen as needed when PATH consumers partake of the service.

Room at the Inn Shelter: organized and run by faith communities, this 10-bed shelter is open through the winter months. New Horizons staff are in frequent contact with volunteers at Room at the Inn, offering screening and crisis intervention services to individuals staying at the shelter.

New Life Evangelistic Center: another shelter for men, New Life provides emergency shelter beds and opportunities for employment. New Horizons staff maintain contact with agency staff through regular meetings and refer PATH consumers for services as appropriate.

True North Women's Shelter: True North provides temporary shelter, counseling, and other services for female victims of domestic violence or sexual assault. New Horizons staff maintain contact with agency staff and refer PATH consumers for services as appropriate.

Welcome Home: a temporary shelter for veterans, Welcome Home offers connection to full medical services at the local VA Hospital, as well as assistance finding employment and permanent housing.

Rainbow House Teen Shelter: a temporary shelter for teens. While New Horizons staff do not have much contact with this agency(New Horizons serves adult consumers) staff met with the coordinator of the teen shelter to offer suggestions for homeless outreach and brainstorm options for several residents. New Horizons staff accepts referral from the shelter for individuals whom have reached the age of eighteen.

Housing Authority of the City of Columbia: The Housing Authority provides rent assistance at public housing sites and at scattered locations throughout the city and county through the Section 8, Shelter + Care, and Tenant Based Rental Assistance programs. All PATH consumers are referred to the Housing Authority and assisted with applications as necessary.

RAIN: provide case management, education, and rent assistance to PATH consumers who have HIV or AIDS. New Horizons staff maintain contact with agency staff through regular meetings and refer PATH consumers for services as appropriate.

University Hospitals and Clinics: provide primary and mental health care for PATH consumers. PATH consumers are able to receive primary health care at the University Hospital and various primary care and specialty care clinics throughout the city. PATH consumers are able to receive psychiatric care at the Green Meadows Psychiatry Clinic and at ***Missouri Psychiatric Center (MUPC)***, an acute inpatient setting. New Horizons staff coordinate care with providers at these locations. New Horizons staff receive referral from MUPC and provide screening services at the hospital when a potential consumer is inpatient.

Vocational Rehabilitation: provide employment and training services for individuals with disabilities. New Horizons staff refer PATH consumers as appropriate and coordinate services with VR staff.

New Horizons staff will maintain collaborative relationships with all of the above listed agencies and participate on a number of boards, committees, and work groups. These will include:

The Boone County Basic Needs Coalition – formerly the Continuum of Care group, this organization meets monthly to collaborate on applications for HUD funding and to support ongoing local efforts to address, prevent, and end homelessness.

The Day Center Task Force – an interagency group closely linked with the Columbia Interfaith Resource Center, which meets at least quarterly to discuss updates on services provided at the local soup kitchens and shelters. This group provides resources and ideas for improvement of these community services and also offers information about other services that could come available to assist the homeless population.

Service Provision

During FY 2012 the New Horizons PATH program enrolled 73 consumers, 29 (40%) of whom were literally homeless, i.e., living outdoors or in shelters (see D7 in Annual Provider Report). We have recognized an increase in the numbers of persons who are literally homeless, and project an increase in enrolled consumers this year to 90 persons, with 45%-50% of those enrolled being literally homeless. PATH staff provided outreach to 268 individuals in FY2012.

- New Horizons PATH staff will provide the following services:

Outreach services: Staff will go to homeless camps, shelters, the streets downtown, the Day Center and Loaves and Fishes to develop relationships with homeless people who have mental illnesses. The largest homeless shelter in Boone County, Salvation Army's Harbor House, will be visited at least once per week; the soup kitchen at least once per week; and the downtown area at least twice per week. This outreach will be followed by a variety of other services listed below. In addition, because New Horizons and the PATH program are well known to other social service programs, New Horizons receives numerous referral calls from agencies that have "first contact" with homeless people in need of housing and mental health services. These agencies include, but are not limited to, other local shelters, primary care providers, the inpatient psychiatric unit, the Housing Authority, and the Department of Corrections. PATH staff will provide outreach to referred individuals.

Screening and diagnostic services: PATH staff will respond to walk-ins and phone calls regarding requests for services, completing full screenings when appropriate. New Horizons will offer psychiatric assessment and on-going medication services to PATH enrolled consumers. Additional screening and diagnostic services, such as full neuropsychological evaluations, will be purchased with PATH funds as needed.

Staff training of individuals who work in shelters, treatment programs and other sites where homeless individuals require services: New Horizons staff will offer training on mental illness and mental health treatment options to law enforcement personnel who participate in Crisis Intervention Teams (CIT) training. These trainees include Boone County Sherriff deputies, University of Missouri Police officers, City of Columbia Police officers, Missouri Highway Patrol officers, and Boone County Courthouse security staff. Other staff training will be provided to agencies and individuals whom request it. Educational programs will be designed to acquaint people in the community with the needs and realities of people with mental illness, to counter stigma, and to disseminate information on ways to engage people with mental illness in services.

Alcohol or drug treatment services: PATH consumers may enroll in alcohol and drug treatment educational groups provided on site at New Horizons. Individual treatment is available to PATH consumers following their admission to the CPRC.

Case Management services: PATH staff will provide direct, on-going case management services to approximately 20-30 people at any given time. Activities will include but not be limited to the following: helping consumers establish care and access psychiatric and medical appointments; helping consumers complete job applications, housing applications, and other social service paperwork; helping consumers access community resources in order to obtain medications, food, clothing, and shelter. These activities will be documented in a person-centered treatment plan that will be reviewed regularly with PATH consumers.

Rehabilitation services: PATH consumers will be invited to participate at New Horizons Psychosocial Rehabilitation Program, also known as Nyra Center. At the Center, they can participate in structured educational and recreational groups, be involved in pre-vocational activities, have opportunities for volunteering, and be fed a hot meal. PSR staff and PATH staff will have a weekly staffing to review PATH consumer participation at the PSR Center, to discuss and resolve any potential problems or concerns about participation at the center, and to discuss suggestions for increasing participation of PATH consumers at the center.

Referrals for primary health services, job training, educational services, and relevant housing services: Referrals will be done as a routine part of case management. New Horizons will work closely with the FQHC, Family Health Center, to provide primary care; with Vocational Rehabilitation and Jobpoint to provide job training and educational services; and with the Housing Authority of Columbia, local landlords and property managers for relevant housing services.

Housing services – Planning of housing, technical assistance in applying for housing, one-time payments to prevent eviction, security deposits, and improving the coordination of housing services: PATH staff will participate in the local Boone County Basic Needs Coalition and the "balance of state" Continuum

of Care. All PATH enrolled consumers will benefit from staff assistance to gain safe, affordable, permanent housing. One-time payments to prevent eviction will be made for a limited number of persons whom prove they are unable to access other sources of assistance. Security deposits will be offered as needed.

- **Gaps** continue to exist in both housing services and mental health services in our area. Columbia's location in the middle of the state, on a major interstate highway, results in a very transient population. Because of the lack of affordable housing and the limited shelter space, many of these individuals remain homeless. Identified gaps include:

  Lack of affordable housing: Columbia is home to the University of Missouri, Stephens College, and Columbia College. Student renters have had a strong effect on Columbia's rising rental rates for the past ten years, leaving some low-income families without affordable housing options. There is almost always a waiting list for public housing locations and for rental assistance vouchers. The number of affordable, adequate, one-bedroom homes/apartments continue to decrease, making it difficult to house individuals even when rental assistance vouchers are available. New Horizons continues to research options for funding a housing project, in order to fill this need. However, land price in the Columbia area is prohibitive for most small developers, with commercial developers effectively pricing out low income housing developers with properties priced at $250,000 to one million dollars per acre. We also face resistance from individuals whom do not want this type of housing in their neighborhood, which has severely limited our options.

  Lack of psychiatrists: New Horizons is fortunate to currently employ three board certified psychiatrists, but we will be losing two of those psychiatrists in upcoming months. We have had great difficulty finding replacement psychiatrists for our small agency, which could result in a lapse in service for consumers for a period of time. Most other mental health providers in the state employ Advanced Nurse Practitioners and utilize tele-psychiatry for medication services. These options are being explored. There are few other psychiatrists available to provide services to Medicaid and non-Medicaid consumers in our area. Consumers in need of psychiatry appointments typically wait six weeks at other clinics. We continue to communicate the need for more psychiatrists to the Department of Mental Health and to the local Mental Health Board.

  Overcrowding of inpatient psychiatric beds: Statewide efforts are being made to redesign the mental health system. New Horizons staff will continue to participate in multiple efforts toward this end. Missouri's central region had the lowest rate of psychiatric inpatient beds (public and private) per 100,000 persons, at 21.5 per 100,000, compared to the statewide rate of 40 per 100,000.

  Lack of state funding for non-Medicaid (MOHealthNet) eligible individuals: Cuts in general revenue allocation to the Department of Mental Health have required

drastic program eligibility modifications. People who do not yet have Medicaid or do not meet income criteria for Medicaid will no longer be enrolled in community mental health programs. There simply is no money to serve them. Homeless persons often fall into this group. PATH funds will need to be stretched to accommodate longer periods of participation in the PATH program due to slower transitions to other publicly-funded programs.

- **Services available for consumers who have both a serious mental illness and substance use disorder** include the following:

  New Horizons provides substance abuse treatment under the SAMHSA IDDT model. PATH consumers are eligible for some services provided under the grant. This evidence-based practice program utilizes a motivational interviewing and relapse prevention framework to engage consumers in treatment. It is more accepting of relapse and the use of psychiatric medications, and more inclusive of how mental illness symptoms might influence a consumer's participation in treatment than typical substance abuse treatment programs. PATH staff are trained in IDDT philosophy and methods, including motivational interviewing interventions. The IDDT counselor is available for consultation as needed.

  New Horizons Nyra Center, a psychosocial rehabilitation center, is available for PATH consumers to fulfill needs for social engagement and to gain support for a clean and sober lifestyle. A variety of psycho-educational groups and IDDT groups are available in this setting. PATH staff and PSR staff participate in a weekly staffing meeting to discuss consumer participation.

  New Horizons PATH staff are knowledgeable about AA and NA meeting availability and which meetings are best-suited for persons with co-occurring disorders. Staff encourage consumers to participate in these meetings as appropriate. Staff also refer consumers to community agencies that provide outpatient and inpatient co-occurring disorder treatment.

- **Evidence-Based Practices and Training:** PATH staff are trained in IDDT philosophy and methods, including motivational interviewing interventions. New Horizons routinely provides updated training on these methods, and the IDDT counselor is available for consultation regarding interviewing techniques and interventions. PATH consumers are able to participate in the Cognitive Behavioral Therapy group, the Illness Management and Recovery group, Integrated Dual Diagnosis Treatment groups and Life Skills Training groups offered at the PSR Center. PATH staff assist consumers with medication management and provide oversight in the completion of filling their medication planners if deemed appropriate and necessary. Once PATH consumers are able to transfer into community support services offered through our agency, they are engaged in Person-Centered Planning. They are eligible to participate in IDDT if appropriate and desired. Community Support Specialists assist consumers with the following: learning and implementing Cognitive Behavioral Therapy and Dialectical Behavioral Therapy

skills; working through the Illness Management and Recovery workbook; identifying, learning and implementing effective life skills; assistance with learning about medication management, oversight of filling medication planners and encouragement to independently take medications as prescribed; review of Seeking Safety information; engagement in the Supported Employment program through our PSR center; participation in our Supported Housing program. All staff have access to training materials and receive ongoing, in-house training and training through Essential Learning courses regarding various Evidence-Based Practices.

- **HMIS Utilization and Ongoing Training**

  New Horizons is already fully utilizing HMIS for PATH services. In the past year, we received onsite visits from representatives from Missouri Association for Social Welfare to monitor our compliance with the HMIS program, and have been found to be in compliance each time. New staff completes the online HMIS training provided by the MASW and each staff member completes online trainings provided and recommended by MASW staff. PATH staff enters information into the HMIS database upon enrollment of a consumer into the PATH program. PATH staff also collaborates with staff at MASW and MISI as needed for clarification of duties or use of the system.

- **SSI/SSDI Outreach, Access, Recovery (SOAR)**

  We currently have two staff whom have been SOAR trained. Another staff member was SOAR trained this past year, but is no longer employed in the PATH program. We anticipate having one to two staff members SOAR trained in the upcoming year. Two consumers were assisted through SOAR in the past year.

- **Access to Housing**

  New Horizons PATH program provides the following housing services: technical assistance in applying for housing assistance; improved coordination of housing services; payment of or finding resources to pay for security deposits; payment of costs associated with matching eligible homeless individuals with appropriate housing situations; and one-time rental payments to prevent eviction. Suitable housing services are made available to PATH-eligible individuals on a case-by-case basis. This process typically begins with an application to the Columbia Housing Authority, allowing the individual access to a number of government funded housing assistance programs including public housing, Section 8, Shelter + Care, and Tenant Based Rent Assistance vouchers. The PATH worker will first work to obtain a shelter placement or other temporary placement with a family member or friend. At the same time, the individual is assisted in applying for other assistance programs such as food stamps and general relief.

  PATH staff maintains a database of local landlords that include notations of those whom will forego criminal history checks, application fees and other barriers.

Because Columbia is a fairly small town, it is possible to maintain fairly casual relationships with landlords whom are willing to work with our staff and consumers. These relationships are built on trust that has developed over more than a decade and are maintained through PATH staff's willingness to drop everything to help a landlord with a problem tenant and to work together to maintain long-term leases.

Long-term strategies include monitoring housing availability through participation on the Boone County Basic Needs Coalition and advocating for "wet shelter" bed development in the county.

Demographic Information, Sensitivity and Cultural Competence

- ***Demographics of Consumer Population*** - According to the 2010 census, Boone County is comprised of 162,642 citizens. In 2010, the racial composition of the county was primarily Caucasian or White (82.8%), followed by African American or Black (9.3%), Asian (3.8%), Hispanic or Latino (3.0%), Persons of two or more races (2.8%), and American Indian or Alaskan Native (0.4%) ethnicity.

These are the demographics for FY2012 PATH enrollees:

52% Male
48% Female

63% White
30% African American

52% dually diagnosed with co-occurring substance use disorders

- ***Demographics of Staff*** - Overall, New Horizons Columbia employs 34 staff. 79% are female; 21% are male; 82% are White; 18% are African-American. One employee is a mental health consumer whom holds state certification as a "Peer Support Specialist." He is seated at the PSR Center and brings a unique perspective and special skills in building rapport with other consumers.

New Horizons PATH staff for the next year will include a PATH Supervisor (white male) and case manager (African-American female). The Assistant Program Director is a white female. Our contracted psychiatrists include a white female, a white male, and a male of Indian descent.

- ***Sensitivity to age, gender, racial/ethnic differences*** - New Horizons has a long history of serving minority consumers. New Horizons' "Treatment Principles" include "delivery of services in a manner that is responsive to each consumer's unique cultural characteristics and qualities."

PATH staff show sensitivity to age, gender, and racial/ethnic differences of consumers by utilizing a variety of specialty service providers when appropriate, by

assuring that consumers can communicate in their primary language, and by seeking specific information and training related to minority culture consumers who enroll in services. When possible, requested and/or appropriate, minority staff are paired with minority consumers.

Enrolled PATH consumers have included Bosnian refugees whom speak only Serbo-Croatian, deaf persons whom speak American sign language, and Latino immigrants whose primary language is Spanish. No matter what the language or cultural background, New Horizons staff provide services in the consumer's primary language and are sensitive to cultural differences.

New Horizons contracts the services of two language translation companies. *Language Line* provides telephone language interpretation for 140 languages and is used regularly at New Horizons for language translation. *Columbia Interpreting Services* provides on-site American Sign Language interpretation for our deaf consumers.

- ***Staff training in cultural competence*** – New Horizons is currently seeking CARF accreditation, which emphasizes an increased focus on cultural competency and health disparities. Cultural competence and sensitivity training is included in orientation for all New Horizons staff and is part of the ongoing annual training for staff. Trainings include: Deep Dark Secret: A Closer Look at Mental Illness in the African-American Community (video); Sexual Harassment and Discrimination Prevention (an Essential Learning course); NAMI fact sheet-African-American Community Mental Health; Cultural Diversity (an Essential Learning course); Culture Clues-Communicating With Your African-American Patient; Mental Health Issues for Gays and Lesbians (an Essential Learning course). Trainings specific to other ethnic and cultural groups are assigned to case managers as appropriate and needed. In addition, staff participated in Stepping Stones to Recovery/SOAR training.

Consumer and Family Involvement

Engagement of family members is done on an individual basis. PATH staff continues to explore all options for short- and long-term housing plans, including identification of both local and non-local family members whom may be willing to assist. PATH staff will offer education to family members about community resources, available services and mental health.

PATH staff continues to do great work assisting consumers in contacting long-forgotten family members. At times this has led to a renewal of ongoing contact and reunification. It is often the impression of the homeless person that their family no longer cares about them and that they would be unwilling to assist them. PATH staff presents the realistic and disturbing picture of a son/father/mother/sister living in a tent or an abandoned freight car, eating out of garbage dumpsters or at the soup kitchen. Sometimes family members are not moved by this reality, but they are worth contacting in every case.

PATH consumers are asked to complete a Consumer Satisfaction Survey once engaged in services and upon discharge from the program. This survey offers the opportunity for suggestion in areas of program improvement and evaluation of staff members on a variety of performance indicators.

PATH Provider Budget:

Name of Provider Agency: **New Horizons**

PATH Funds

	Federal	State	Total
Total PATH Funds	$76,710	$44,098	$120,808
	64%	37%	

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Path Supervisor	$46,500	1.00	$46,500	$29,528	$16,973
Path Worker	$26,300	1.00	$26,300	$16,701	$9,600
Program Director	$61,500	0.10	$6,150	$3,905	$2,245
Total PATH-funded Salary			$78,950	$50,133	$28,817
Fringe Benefits @ Enter fringe % Here	16.00%		$12,632	$8,021	$4,611
Travel					
Mileage reimbursement for outreach staff (@.475 per mile)			$5,800	$3,683	$2,117
Training (fees, lodging, transportation, meals)			$1,500	$953	$548
Total PATH-funded Travel			$7,300	$4,636	$2,665
Equipment (*list individually*)					
Cell phone expense ($20/month x 2 FTE)			$480	$305	$175
Total PATH-funded Equipment			$480	$305	$175
Supplies					
General Office supplies			$250	$159	$91
			$0	$0	$0

Total PATH-funded Supplies	$250	$159	$91
Contractual			
Total PATH-funded Contractual	$0	$0	$0
Construction	$0	$0	$0
Other			
One time housing assistance	$2,000	$1,270	$730
CPR - Eval/Mangement Visits with Psychiatrist (by coded procedure)	$5,600	$3,556	$2,044
CPR - Psychosocial Rehab 2620 fifteen minute units @ $2.83	$7,415	$4,709	$2,706
Basic Needs Coalition Dues	$35	$22	$13
Direct client supplies - copays, etc	$2,000	$1,270	$730
Total PATH-funded Other	$17,050	$10,827	$6,223
Total Direct Charges	$116,662	$74,080	$42,582
Indirect Charges			
4% Indirect (of Direct charges less Med Service and PSR)	$4,146	$2,630	$1,519
Total PATH-funded Indirect	$4,146	$2,630	$1,519
TOTAL EXPENSES	$120,808	$76,710	$44,098

Pathways Community Behavioral Healthcare, Inc.
Local Provider Description:

Pathways Community Behavioral Healthcare, Inc. d/b/a Pathways Community Health is a CARF-accredited not-for-profit community mental health center providing a full continuum of behavioral healthcare services across Missouri through 32 office locations serving 36 counties. **In 2012, Pathways provided comprehensive mental health and substance abuse treatment and prevention services to 28,693 consumers.** Pathways provides services in a manner that is accessible to our clients, focuses on the needs of each person and utilizes the most cost-effective and affordable methods of care. Pathways began in 1972 as Community Counseling Consultants (CCC), a task force for the Inter-Church Council in Clinton, Missouri to address the lack of resources for treating substance abuse needs. Through numerous mergers and acquisitions, the organization joined with other mental health agencies to form Pathways Community Behavioral Healthcare, Inc. in 1997. ***Pathways Mission***: *Pathways enhances wellness in the lives of individuals and communities by instilling hope, building partnerships and supporting recovery.*

Pathways employs over 800 staff members including psychiatrists, advance practice nurses, psychologists, social workers, professional counselors, substance abuse counselors, case managers, and support personnel. As an Administrative Agent for the Missouri Department of Mental Health, Pathways provides targeted case management services to children who are severely emotionally disturbed, adults with serious mental illness, individuals with developmental disabilities and individuals in need of substance abuse treatment. These targeted services are designed to facilitate intensive community supports for these individuals enrolled in Medicaid and indigent populations alike. Pathways also provides psychiatric evaluation and medication monitoring; individual, family and group counseling services to persons identified as eligible for the above targeted services; as well as persons falling outside the targeted definitions.

Pathways currently provides PATH programming services in Cole County to adult populations over the age of 18 who are homeless and suffer from substance abuse and/or mental health issues. At the current time, Pathways receives $30,000 to support PATH programming within Cole County.

Collaboration with HUD Continuum of Care Program:

Pathways is an active participant with the HUD Continuum of Care. Cole County is in the Balance of State CoC. Pathways is in the process of working on a Supportive Housing Project for Cole County which has partially been supported through funding from HUD. The remainder of the project is being funded through the Federal Home Loan Bank, MHDC HOME Funds and the MHDC Trust Fund. Rhonda Meyer, Vice-President of Administrative Services, attends regular meetings held by the Continuum and the Missouri Housing Development Commission.

Collaboration with Local Community Organizations:

In Cole County, several organizations provide key services for those who are PATH-eligible. In the area of primary health, Pathways has well-established collaborations with the medical community. Pathways is a strong partner with Community Health Center of Central Missouri (CHCCM), a federally qualified health center, since 2005. We added counseling services as the clinic evolved into the current operation, and co-located our local Pathways outpatient clinic with CHCCM, integrating behavioral health and primary care. A mechanism for coordination of patient care between these two organizations is well established and will be utilized in the provision of services to PATH clients, as appropriate. In addition, Pathways has strong hospital collaboration with St. Mary's Health Center and often works with Capital Region Medical Center in the provision of services to clients. Cole County Health Department offers WIC, immunizations, well-baby clinic, etc. As Administrative Agent, Pathways is a primary provider of mental health and co-occurring services for Cole County, and has relationships with other behavioral health providers including New Horizons (mental health), and Family Counseling Center (substance abuse provider that operates within Pathways system of care). Housing resources in Cole County include Salvation Army's Center of Hope emergency shelter, RACS (Rape Abuse and Crisis Services, a domestic violence shelter), and New Life Evangelistic Center (a faith-based shelter serving women and children). Pathways has actively partnered with the Salvation Army in Jefferson City since 2003, when it began providing crisis and counseling services within that facility with special funding that Pathways obtained. Although that funding is no longer available, Pathways continues to maintain service linkages with Salvation Army, and a host of other community organizations, both as an active community leader and as a provider of mental health and co-occurring services. As part of its CPRC and SCL programming, Pathways maintains working relationships with available housing facilities, which benefits PATH-eligible consumers. The PATH program refers to the Samaritan Center for assistance with food, clothing, legal, and dental services, and to Vocational Rehabilitation, as deemed appropriate. As an active United Way of Central Missouri partner, Pathways meets monthly with 20+ United Way organizations to collaborate/partner to provide better service provision and enhanced resources to Central Missouri residents.

Clients receiving PATH services in Cole County are primarily referred by the Salvation Army Center of Hope, the primary shelter in the county, but may include those identified upon release from hospitals and transitioning back to their home communities. Furthermore, referrals may come from the community, through well-established relationships Pathways has formed, including domestic violence shelters, Salvation Army, Red Cross, ministerial alliances, community resource centers, county health department and/or free clinics, schools, Family Services, food banks, churches, Catholic Charities, thrift stores, law enforcement, etc.

Service Provision: Describe how the services to be provided using PATH funds will align with PATH goals to target outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless:

As noted by the National Coalition for the Homeless, the treatment needs for those homeless that have mental disorders and addictive disorders, include: carefully designed client engagement and case management, housing options, and follow-up and support services. It also is important to have service integration, outreach, case management to negotiate care systems, meaningful daily activity and access to therapy. With these guidelines in mind, Pathways' PATH caseworker will provide case management/service coordination services to assist individuals who are homeless or in imminent danger of homelessness to gain access to needed housing, medical, social, educational, and other services to improve their quality of life and help prevent additional problems, e.g. relapse from recovery, emergency hospitalization, incarceration, domestic violence, and further trauma. Specific services to be provided include:

- Outreach into the community/"inreach" into shelters and active engagement into services.
- Screening – including screening for PATH-eligibility, identification of individualized needs and strengths, identification of resources and eligibility for other services/resources (e.g. housing, education, other supports/programs/ benefits such as Medicaid, Medicare, TANF, SSI/SSDI, VA benefits, etc.).
- Referral for additional assessments, as appropriate and needed, to determine eligibility for specific treatment services (e.g. CPRC, Integrated Dual-Diagnosis Treatment/IDDT, therapy services).
- Development of an individual care plan with the individual and/or family.
- Assistance in obtaining benefits (including technical assistance in applying for service); accessing relevant, available housing; providing linkage to mental health and/or substance abuse treatment services, medical/primary health services, education services, job training, and employment opportunities.
- Appropriate referral and related activities, as appropriate to needs identified and available within the community.
- Monitoring and follow-up.
- Access to crisis intervention.

These case management/service coordination services are crucial to access all other services available for which the person is eligible. The PATH caseworker meets regularly with clients to review and support progress, and enhance client insight. Clients receive treatment review and secondary interventions, as needed, to facilitate success. Staff utilize social, psychological, and educational interventions to address the needs of clients and family members, promoting client and family involvement in services delivery, stabilization of housing, and improved opportunity for employment. The ultimate goals are to secure more stable, permanent housing; reduce repeat homelessness episodes; and help clients move toward a healthier life.

Describe gaps that exist in the current service systems:

The primary gap at this time is funding for health appointments and medications. This includes both psychiatric and physical health appointments and medications. Following that, funding for therapeutic interventions/appointments would also be beneficial to help our consumers manage interfering symptoms. It should be noted that Pathways was successfully awarded a grant from the Missouri Foundation for Health, in mid-2012, to help support the cost of providing therapeutic interventions/appointments for clients enrolled in the PATH program. This funding source has strengthened the PATH program in Cole County. However, the funding source is limited and expected to expire in July 2013. Pathways development department will continue to search for viable funding sources to strengthen and enhance services currently being provided in Cole County, specifically targeted at clients enrolled in PATH programming.

After meeting physical and mental health needs, assistance with start up costs for housing is also needed. There is already some assistance for housing available, but this covers costs after start up once someone is established in an apartment or home. Housing start up costs would include paying off outstanding bills (water, electric, gas, etc.) that would prevent someone from having housing, as well as paying the deposit and/or first month's rent. Furniture is also almost always needed.

Another gap in service includes barriers to consistent communication with consumers once they have moved out of a shelter and into their own home. Many of our PATH clients do not have phones, so it is sometimes difficult for them to make, keep or remember appointments they have scheduled.

Brief description of the services available to clients who have both a serious mental illness and substance use disorder:

Pathways has both outpatient and residential programs available for clients of the PATH Program. As stated in the brief organization overview, Pathways provides a full continuum of behavioral healthcare services to clients residing in a 36 county catchment area in the state of Missouri. Furthermore, the parent company of Pathways, Compass Health, recently merged with Family Counseling Center of Missouri, Inc., which is an expert provider in addictions treatment/recovery services. Individuals who are identified as being severely mentally ill will be assessed and referred to Pathways Community Psychiatric Rehabilitation Program in Jefferson City, which provides intensive case management and wrap-around services to enrolled clients. A Missouri Department of Mental Health program, "This program is a client-centered approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit meaningful living, working, learning, and leisure-time activities in normal community settings."

Describe how Pathways pays for or otherwise supports evidence-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS:

Pathways is involved with numerous initiatives to implement Evidence-Based Therapies throughout our system of care. These services include the use of, but are not limited to the following services: IDDT, DBT, IMR, Supported Employment Services and Individual Placement Supported Employment. Additionally, Pathways is a part of the Missouri Department of Mental Health's Disease Management 3700 Project, which is a collaborative project between the Missouri Department of Mental Health and MO Health Net. The project targets high cost Medicaid clients who have impactable chronic medical conditions. Pathways is providing care coordination and outreach to these individuals who have chronic physical health conditions and a co-occurring mental health disorder. Secondly, Pathways is one of several "Early Adapters" of the Missouri Department of Mental Health's Trauma-Informed Care Initiative. Through this effort, Pathways is moving the organization into becoming a Trauma-Informed System of Care, involving all aspects of our program activities, all levels of our workforce and the entire culture of our organization. The goals of the initiative include growth, empowerment, resilience and life skills development. The end result is an organizational environment that is supportive for both consumers and staff. Pathways also participates in the movement lead by the Missouri Department of Mental Health implementing the Healthcare Home Project. The project assists Pathways in providing better oversight of the overall health status and condition of those patients who will be enrolled in the program. This shift in the healthcare system for Pathways will provide the organization additional tools to assist our patients in improving their overall health status, reduce costs, and ultimately provide them a longer and higher quality of life. Finally, Pathways is apart of the Co-Occurring Disorder Learning Community, as well as a Depression Care Collaborative, both initiatives hosted through the National Council for Community Behavioral Healthcare. Participation in these national collaborative/learning communities allows Pathways to strengthen and enhance the clinical experience offered to clients throughout the state of Missouri, including those clients who are eligible for PATH programming.

Data:

All PATH clients are tracked through a local data system created by Pathways PATH Supervisor in Microsoft Excel. The data is collected during an initial outreach meeting with Pathways PATH caseworker using a basic demographic form. Data is then tracked throughout the consumer's involvement in the program by the PATH Specialist and entered into the spreadsheet on a monthly basis. Data includes goals achieved and addressed like obtaining housing, benefits, insurance, medical care and employment. Services received are also tracked. Demographic information including where the client was first met and how long they have been living at the shelter or as an individual that is homeless, along with age, gender, race, diagnosis, and veteran status are collected. While Pathways does not have HMIS experience, and currently does not enter data into the HMIS system, Pathways has identified several staff members to be trained in HMIS

data entry and will move forward with training identified staff once state trainings become available. As a system of care, Pathways understands the importance of program evaluation and the need to participate in state-wide tracking processes. Pathways PATH staff look forward to participating and interacting with the HMIS system and staff.

SSI/SSDI Outreach, Access, Recovery (SOAR):

Pathways staff have utilized the tools and techniques from SOAR trainings to assist eligible individuals gain access to SSI/SSDI benefits. Two staff members from Pathways Jefferson City Outpatient office location were trained during the grant year that ended in 2012. One staff member is still employed with Pathways as a Community Support Specialist (CSS) and works with all of the CSS's as well as the PATH Specialist. Pathways has scheduled a SOAR training with Jill Richardson, Executive I, MO SOAR Training Coordinator, on July 24-25 at Pathways' Clinton facility. Current PATH staff members Tasha Brown (Supervisor) and Tyreka Brandon (PATH Specialist) are planning to attend this training. Additionally, Amy Blake, CPRC Regional Director, has completed SOAR training and will be attending a SOAR refresher course on May 28, 2013.

Access to Housing:

As an organization that serves the behavioral healthcare needs of some of the most chronically mentally ill individuals, Pathways fully understands all of the needed wrap-around services individuals require to be able to live healthy, successful lives. Many of the individuals that Pathways serves suffer from homelessness, so in late 2009, Pathways submitted a HUD-SHP grant application through the Missouri Balance of State - Continuum of Care. Pathways realized that in Cole County there was a great need for supportive housing options for disabled individuals. Pathways was successful in receiving funding from HUD for the construction of a new eight, single occupancy unit permanent housing facility in Jefferson City. We have purchased the property for the housing facility and have finalized our contract with HUD regarding the project. Pathways successfully secured the remaining funding required to support the housing facility, and plans on a ground-breaking ceremony in June 2013. Once the facility is completed, Pathways will have the ability to house eight homeless, disabled individuals. Additionally, residents of the proposed facility will receive supportive services for their health conditions (both primary and behavioral), as well as employment training, etc. This is a small step for our organization and the community of Cole County in providing suitable housing options for disabled individuals. Once the construction phase of this project is complete, Pathways will be working on the development of additional housing opportunities for other service areas of the state, including Cole County. Pathways will also work with established community agencies that have experience in facilitating housing opportunities for those most in need.

Pathways' PATH Specialist works closely with consumers in applying for housing through several different programs including: Shelter Plus Care through Department of

Mental Health, and housing assistance through the local Housing Authority and Central Missouri Community Action Agency. Consumers are connected with a local housing resource through The Salvation Army Housing Program in which The Salvation Army pays a portion of consumers' rent each month.

Staff Information:

At the current time, Pathways has two staff members who are responsible for the PATH programming provided in Jefferson City, Missouri. Those two individuals are the following:

Tasha Morgan-Brown, PATH Supervisor – MA
African American, Female, age 33

Tyreka Brandon – PATH Specialist – BA
African-American, Female, age 26

Pathways provides initial new employee training for all staff. This three day orientation/training includes sections on Cultural Diversity, Confidentiality and HIPPA regulations, Fire and Safety, requirements for a Drug Free Workplace, Corporate Compliance, Client Rights, Sexual and Workplace Harassment, Infection Control, and Ethics. Staff, depending on their position/responsibilities, may also be required to take classes offered by the agency in:

- Defensive Driving
- CPR First Aid
- Co-Occurring Disorders
- Non-Violent Crisis Intervention
- Med-Aid Certification

The agency requires annual renewal of training provided on-line through participation in Essential Learning, a multi-topic interactive learning and testing program, which is endorsed by the National Council for Community Behavioral Health. The interactive on-line program provides approved continuing education classes across all disciplines. Pathways has found the Essential Learning program to be very effective in providing annual trainings to all agency staff.

Pathways is committed to providing culturally appropriate care to all persons accessing treatment, demands a respect for differences, employs staff members that demonstrate the ability to work with culturally diverse populations and provides frequent training in ethnic and culturally diversity. Interpreter services are available for patients who do not speak English, and brochures and pamphlets are available in multiple languages. Pathways strives to be the provider, employer and partner of choice in every county we serve.

The importance of ethnicity and cultural diversity is reflected in the ongoing in-services provided to staff, to facilitate the expansion of cultural knowledge and the adaptation of

treatment services to meet diverse needs. Pathways has policies in place that enforce the commitment the organization has to a culturally diverse and respectful environment. Pathways understands the stigma that mental health carries, and the strength that it takes for many to seek out the treatment they need. For many non-English speaking residents, it is not only the stigma, but also the communication barrier that does not allow them to receive treatment, or even be aware of where to receive services or ask questions about mental health. Pathways staff have taken a special interest in trying to better serve these non-English speaking populations. This interest in cultural competency and awareness is driven by the organization's overall goal of providing the most effective treatment practices. Because of the high value we place on cultural competency, Pathways applied for and received a grant from the REACH Healthcare Foundation specifically addressing this issue. As a result, Pathways received technical assistance to increase organizational understanding of national best practices in cultural competency, with service delivery structured to meet the needs of the individuals, families, organizations and the communities we serve. By working with the REACH Healthcare Foundation and their cultural competency consultant, Dr. Jose Reyes, Pathways has gained a better understanding of the issues around cultural competency and is in the process of implementing Culturally and Linguistically Appropriate Services standards. This assists Pathways in breaking through cultural barriers to serve all clients needing treatment in a more culturally competent manner. Through this initiative, Pathways is creating a unique health care system and workforce capable of delivering the highest-quality care to individuals, regardless of socioeconomic status, race, ethnicity, culture and language proficiency. Pathways believes that through the creation of such a system, many factors that contribute to health disparities will be reduced significantly within our comprehensive system of care.

Client Information:

Since October 2012, Pathways PATH program has primarily served 9 consumers, and has provided outreach and/or counseling (through a secondary Missouri Foundation for Health grant) to an additional 35 consumers. The demographics of the consumers are as follows: 70% male, 30% female. Sixteen (16) percent of participants are African American, 82% Caucasian, 2% "2 or more races." Thirty-seven (37) percent of participants are between the ages of 18-34, 34% are 35-49 years of age, and 29% are 50-64 years of age. The primary diagnoses of participants are as follows: Seven (7) percent have a Schizophrenia or psychotic related diagnosis, 52% have an affective related disorder, and 9% have a personality disorder as a primary diagnosis. Thirty-two (32) percent of participants have a co-occurring substance abuse disorder and 4% of participants are veterans of the armed services. To date, 2 of the 9 primary PATH consumers have obtained housing while actively engaged in PATH programming, and 2 consumers have also obtained income benefits. One (1) participant has obtained health insurance while enrolled in programming. All participants of the Cole County PATH program have been assisted to gain access to health care services. Those without insurance first apply for Medicaid, and then obtain physical health care on a sliding fee scale, with the expectation that once Medicaid is received, it will "back pay" the services received by the PATH client.

Consumer Involvement:

As a not-for-profit, 501(c)(3) agency, Pathways Board of Directors is representative of the racial, ethnic and socio-economic diversity of the communities that Pathways currently serves. This governing board is made up of community leaders who review the operations of Pathways on a regular basis. Former consumers of the PATH Program, who are no longer in need of services have been known to extend assistance to those currently in the program, whether through providing emotional support, volunteering at the local Salvation Army or lending a hand to consumers needing to access resources. Consumers currently in the program develop a treatment plan with the PATH Specialist in their initial meetings and their goals are discussed and progress is evaluated at each of the following meetings between consumers and PATH Specialist.

Pathways is aware of *PATH Consumer Provider Network Expanded Guidelines for Consumer and Family Participation in the PATH Program* and the seven areas to ensure consumer involvement: Program mission; Program planning; Training and staffing; Informed consent; Rights protection; Program administration, governance, and policy determination and; Program evaluation.

Pathways supports PATH's guiding principle that consumer-run services provide the opportunity for individuals who have achieved recovery to serve as powerful examples. Pathways is committed to actively involving clients, in this case the homeless and their family members, in the planning, implementation, and evaluation of services provided to them. Pathways regularly seeks consumer feedback about services and service provision. All consumers served by Pathways must give informed consent and are advised of their client rights and protections.

Budget Narrative:

Included with this IUP is a copy of the budget. The following is a brief narrative outlining budget line-items:

CSS Salary – Pathways is requesting the full amount of a Community Support Specialist's salary to carry-out proposed programming.

CSS Benefits – Current agency benefits are 25% of applicable salary. These benefits include FICA, health insurance, 401k, workers compensation, life and long term disability, unemployment, EAP program.

Mileage –Pathways is estimating that 226.44 miles of travel per month for the PATH Specialist will be needed to successfully carry-out proposed programming. This mileage will be reimbursed at $.46 per mile, the current agency rate for mileage reimbursement.

PATH Provider Budget:

Name of Provider Agency: **Pathways**

PATH Funds

	Federal	State	Total
Total PATH Funds	$19,049	$10,951	$30,000

PATH Expenses

Personnel

Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
Communuity Support Specialist Salary	$23,000	1.00	$23,000	$14,902	$8,098
Total PATH-funded Salary			$23,000	$14,902	$8,098
Fringe Benefits @ Enter fringe %	25.00%		$5,750	$3,725	$2,025
Travel Mileage: 226.44 miles X 12 months X $.46 = $1,250					
Total PATH-funded Travel			$1,250	$422	$828
Equipment (*list individually*)					
Total PATH-funded Equipment			$0	$0	$0
Supplies					
Total PATH-funded Supplies			$0	$0	$0

Contractual			
Total PATH-funded Contractual	$0	$0	$0
Construction	$0	$0	$0
Other			
Total PATH-funded Other	$0	$0	$0
Total Direct Charges	$30,000	$19,049	$10,951
Indirect Charges			
Total PATH-funded Indirect	$0	$0	$0
TOTAL EXPENSES	$30,000	$19,049	$10,951

Family Counseling Center Inc 2013
Local Provider Description

Family Counseling Center Inc. (FCC) is a private, not for profit community mental health center serving the southeast region of Missouri. Family Counseling Center provides an array of psychiatric, substance abuse, co-occurring, housing and vocational supportive services certified by the Missouri Department of Mental Health.- **$ 139,178 (PATH Funding)**

Collaboration with HUD Continuum of Care Program

The outreach specialist will assist clients in becoming aware of potential housing opportunities. The clients will also receive assistance with accessing housing locations and filling out required documents. The outreach specialist has developed coordination with Delta Area Economic Opportunity Corporation (DAEOC), Homelessness Prevention and Rapid Re-Housing Program (HPRP), and the Shelter + Care programs in the Southeast Area to facilitate placements. In addition, community support workers will work with local housing authorities and landlords to coordinate local placement in these programs. The outreach specialist will be trained to make referrals to Family Counseling Center's permanent housing program as well. Each outreach worker shall attend the Regional Housing Continuum of Care (COC)meetings for their county. The Housing Director currently holds an executive position, as Chairperson, with the C.O.C. for the balance of State.

Collaboration with Local Community Organizations –

There are a variety of organizations in the area that provide services to PATH eligible clients including local churches, DAEOC, Bootheel Human Needs Center, rural health clinics, community housing authorities, Helping Hand, Bootheel Food Bank, and Shelter + Care through the Department of Mental Health. In addition, Family Counseling Center, as the community mental health center in the area, will provide any non-PATH funded behavioral health services that individuals are eligible to receive. The largest gap is in housing placements for PATH eligible clients. Family Counseling Center has obtained additional federal funding from HUD and is now able to offer more housing options for the homeless Missourians of the Southeast Region.

Service Provision

Outreach and one-time housing assistance will be funded thru the PATH program. Case management, assessments, and mental health and/or substance abuse services will be funded thru one of our various state funded service contracts. Primary health care referrals shall be made as a function of PATH funded outreach services and/or DMH funded case management services. Permanent housing will be provided thru our HUD permanent housing grant. Strategies used to target PATH funds for street outreach include; 2 statewide P.I.T (Point-In-Time) counts for our community, as well

as designated educational trainings on rental based assistance for tenants and landlords, as a priority.

Our agency provides **evidence based training** for our PATH-funded staff, such as Motivational Interviewing, Vocational Services, Supportive Housing Strategies, Integrated Treatment for Co-Occurring Disorders and Intensive Residential Treatment program.

We have filled a major gap in services – access to permanent housing. Family Counseling Center was awarded a HUD permanent housing grant for 22 units. In addition, we have constructed a Safe Haven facility with eight residential units as a collaborative funding effort with HUD, CDBG, MHDC and support from the Dunklin County Commission. Family Counseling Center has also constructed a transitional housing wing adjacent to the Safe Haven that will provide temporary housing option to accommodate up to 4 individuals that are diagnosed with severe mental health issues. Funding was provided by the Missouri Department of Mental Health and these units have been utilized since 2011.

As a behavioral health provider with co-occurring clients and programs, Family Counseling Center will be able to meet this challenge with existing programs. FCC has been awarded Co-Occurring Disorders grants thru the Missouri Foundation for Health and the Co-Occurring States Incentive Grant via the Missouri Department of Mental Health.

We will continue to pursue housing options through DAEOC and the Shelter + Care programs as well as pursuing federal funding to offer additional options to the southeast region. We have constructed an 811 housing facility in Butler County Missouri. This permanent housing program provides 10 units for individuals that suffer from serious mental illness. In addition to our current housing resources we will be applying for a new HUD Section 811 permanent housing grant for Dunklin County this year.

Family Counseling Center is currently utilizing HMIS in other housing services program, and is fully capable of implementing HMIS data collection through the migration of PATH. All PATH-funded staff will continue to be trained on HMIS policy, data collection, and various targeted population trainings related to the HMIS migration. We offer web-based training and inter-agency training; we have annual technical assistance visits from Missouri Association of Social Work (MASW) staff, and are fully invested in supporting evidence-based practices including IDDT at all of our clinical and residential sites.

Data

Family Counseling Center is a current HMIS user and has been utilizing the system in various housing programs. Our agency currently uses the HMIS database, and has utilized their reporting for eight years. We fully intend to integrate the PATH data into

this system as soon as the tool can be used to enter PATH consumers. Our agency pays for the HMIS software and technical assistance using our administrative funds from our Supportive Housing Program projects. Working with the staff at MASW, we fully anticipate integrating our current services over to HMIS with no problems, our staff is familiar with the software and programming, and the transition should be very simple to streamline over the next 1-3 years. Training will be offered by the lead agency, MASW, via web or through more intensive TAA training. We will utilize CEU's and variations of targeted population training throughout this process to ensure a seamless transition from our current data collection system.

SSI/SSDI Outreach Access and Recovery (SOAR)

Family Counseling Center currently (2012-2013) has 2 PATH staff members that are trainers for SOAR including the Housing Director, who is the SOAR trainer for the southern region of the State. During the calendar year we were able to provide services for 12 consumers under SOAR, with 3 awarded benefits under SSA within a 90 day period. We anticipate to double that number for calendar year 2013-2014 while trying to serve approximately 25 consumers with the 2 PATH staff members assigned to assist with SOAR.

Access to Housing

With both agency and non-agency annual trainings we hope to continually improve our ability to better serve all populations. For Hispanic persons in need of services, Family Counseling Center has contracted with a Spanish interpreter to provide communications assistance in outreach and rental assistance services. Assistance includes both verbal and written aide as needed. We work very closely with agencies such as UMOS and The Migrant Whole Health Services Center, serving Dunklin, Butler and Pemiscot Counties. We are pursuing Special Needs Housing opportunities with MAACO developers for long-term subsidized housing, while continuing to pursue our relationship with local PHA's and rental developers.

Staff Information

During calendar year 2012, FCC assisted 335 persons, 67% female and 33% male; predominately between the ages of 18 and 49. Of this population, 61% where White and 36% where Black. These demographics represent clients enrolled for PATH services as it is difficult to collect reliable data on those whom receive outreach services only, and/or combined HPRP services. Family Counseling Center has 3 outreach specialist; 1 female whom is of Asian descent, 1 African-American female and 1 Hispanic male. FCC's Housing Director who assists the homeless or at-risk of homelessness population with serious mental illness and/or substance abuse issues is African American. Each outreach specialist provides assertive community outreach to persons who have difficulty accessing and utilizing needed services without assistance, particularly due to social barriers related to mental illness problems. We plan to

continue to reach out in culturally competent ways by ensuring our staff continues to receive annual training.

This year we are utilizing the Essential Learning system to access quality training sessions related to:

Cultural Diversity
Confidentiality and HIPAA
Abuse and the Human Services
Client Rights
Crisis Management
Personal Safety in the Community
Domestic and Intimate Partner Violence
Coordinating Primary Care Needs of People with SMI
Path to Recovery
Alcohol Use Disorders in the Homeless Population
Co-Occurring Disorders
Understanding the Addictive Process
Suicide Prevention

These trainings are offered every month and the instructor/learning materials address the issues of sensitivity to age, gender, disabled, transgendered, GLBO's, racial and ethnic differences and religion.

Client Information

It is reported that there are 8,716 un-sheltered homeless in our state based on the State of Homelessness report by MHDC in 2012. We anticipate that we can provide outreach to 349 persons with an estimated 146 clients enrolled for assessments and case management services. Of the 146 that are estimated to receive PATH and behavioral health related services, we estimate that 40 may be eligible for CPRC services based on having a serious mental illness and 50 will receive psychiatric and/or substance abuse outpatient services. We estimate that 23 will be placed in permanent supportive housing due to being "literally" homeless; while the remaining 27 will receive assistance or referral for imminent risk of homelessness.

AGE: Numbers Reported are **Actual**

a.Less than 13 years:	0
b. 13-17 years:	0
c. 18-34 years:	110
d. 35-49 years:	51
e. 50-64 years:	12
f. 65-74 years:	0

g. 75 years and older: 0
h. Unknown: 0

Gender: Numbers Reported are - **Actual**
a. Male 48 **b.** Female 125 **c.** Unknown 0

Race/Ethnicity: Numbers Reported are **Actual**
a. American Indian or Alaska Native 0
b. Asian 0
c. Black or African American 69
d. Hispanic or Latino 4
e. Native Hawaiian or 1
Other Pacific Islander 0
f. White 98
g. Other 1

	CLIENTS	STAFF
FEMALE	67%	25%
MALE	33%	75%
AFRICAN-AMERICAN	36%	50%
WHITE	61%	0%
HISPANIC	.23%	25%
18-34	63%	25%
35-49	29%	75%
50-64	6%	0%

Consumer Involvement

The agency will utilize the assertive community outreach approach. Outreach specialist and other key staff of Family Counseling Center will link with community agencies and individuals who come in contact with persons who are homeless and have a serious mental illness. Our governing board is made of community representatives from across the service areas that assist in providing relevant feedback from the communities we serve. At this time we do employ homeless consumers in our new vocational services program, we also employ peer-specialist who were formally homeless. Currently this program provides vending services to all of FCC's 16 office locations. In addition, consumers will be involved with quarterly housing advisory

meetings conducted to receive feedback of services. Persons served by the program receive invitations to our center to interact with other persons whom have received services. We involve consumers and family stake-holders, friends, and anyone who has a viable stake in the individual's recovery process. PATH consumers serve on our Community Housing Advisory Board, and share their experience with housing services offering recommendations/suggestions to team members.

Budget Narrative

The budget for the PATH program has been outlined in our attached agency budget spreadsheet, we outline funding being utilized in the most effective and fiscal manner related to outreach services and housing placement. Please see attached budget.

PATH Provider Budget:

Name of Provider Agency: Family Counseling Center

PATH Funds

		Federal	State	Total
Total PATH Funds		$88,375	$50,803	$139,178
	%	63%	37%	100%

PATH Expenses

Personnel

	Position	Annual Salary	PATH-Funded FTE	Total Budget	Federal Portion	State Portion
X. Vasquez	Outreach-Butler Co.	$24,000	1.00	$24,000	$15,239	$8,761
E. Parker	Outreach-Dunklin Co.	$26,000	0.75	$19,500	$12,382	$7,118
A.Smith	Housing Director	$50,000	0.20	$10,000	$6,350	$3,650
C. Russel	Outreach-Pemiscot Co.	$30,000	0.50	$15,000	$9,525	$5,475
Total PATH-funded Salary				$68,500	$43,496	$25,004
Fringe Benefits @	Enter fringe % Here 20.00%			$13,700	$8,699	$5,001
Travel						
Local mileage and Van(s) expenses				$5,000	$3,175	$1,825
Travel of training, workshops, meeting				$2,078	$1,319	$759
Total PATH-funded Travel				$7,078	$4,494	$2,584
Equipment (*list individually*)						
Total PATH-funded Equipment				$0	$0	$0

Supplies
Office Supplies

Client - related supplies			
Total PATH-funded Supplies	$0	$0	$0
Contractual			
Total PATH-funded Contractual	$0	$0	$0
Construction	$0	$0	$0
Other			
Communication- Cellular Phones	$2,000	$1,270	$730
Conference	$2,500	$1,587	$913
Housing Services (One Time Rental Assistance	$40,047	$25,429	$14,618
Housing Services (Coordination/Planning)	$0	$0	$0
Primary Health Services	$0	$0	$0
Case Management Services	$0	$0	$0
Total PATH-funded Other	$44,547	$28,286	$16,261
Total Direct Charges	$133,825	$84,976	$48,849
Total PATH-funded Indirect (4%)	$5,353	$3,399	$1,954
TOTAL EXPENSES	$139,178	$88,375	$50,803

Agreements

FISCAL YEAR 2013

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

I hereby certify that the State of Missouri agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
    - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

- Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
- Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
- Referring the eligible homeless individual for such other services as may be appropriate; and
- Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including
- Minor renovation, expansion, and repair of housing;
- Planning of housing;
- Technical assistance in applying for housing assistance;
- Improving the coordination of housing services;
- Security deposits;
- The costs associated with matching eligible homeless individuals with appropriate housing situations;
- One-time rental payments to prevent eviction; and
- Other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the

needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The state agrees that grants pursuant to Section 522(a) will not be made to any entity that

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State aggress that

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended
    - To support emergency shelters or construction of housing facilities;
    - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
    - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than $1 for each $3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).
40

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
    - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
    - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
    - Describing the source of the non-Federal contributions described in Section 523;
    - Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
    - Describing any voucher system that may be used to carry out this part; and
    - Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2014, prepare and submit a report providing such information as is necessary for

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2013 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMSA) Charitable Choice statutes codified at sections 581584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

_____ _____

Governor Date

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
[b]
a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action
[b]
a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a]
a. initial filing
b. material change

For Material Change Only:
Year _____ Quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
☒ Prime ☐ Subawardee
Tier _____, if known: _____
N/A

Missouri Department of Mental Health
1706 E. Elm
Jefferson City, MO 65102

Congressional District, *if known:* _____

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:

Congressional District, *if known:* 93.150

6. Federal Department/Agency:
Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration

7. Federal Program Name/Description:
Projects for Assistance in Transitions from Homelessness

CFDA Number, *if applicable:* _____

8. Federal Action Number, if known:

9. Award Amount, if known:
$

10.a. Name and Address of Lobbying Entity
(if individual, last name, first name, MI):
N/A

b. Individuals Performing Services *(including address if different from No. 10a.) (last name, first name, MI):*
N/A

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Daniel D. Haug
Print Name: Dan Haug
Title: Director of Administrative Services
Telephone No.: 573-751-4055 **Date:** 5/16/13

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

OMB Approval No. 0990-0317
Expiration Date: 08/31/2010

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE)	☐	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
☒ Civil Rights Assurance (45 CFR 80)	June 1975	
☒ Assurance Concerning the Handicapped (45 CFR 84)	June 1975	
☒ Assurance Concerning Sex Discrimination (45 CFR 86)	June 1975	
☒ Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91)	May 1992	
3. Human Subjects Certification, when applicable (45 CFR 46)	☐	☒

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☐	☒
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?	☒	
4. Have biographical sketch(es) with job description(s) been provided, when required?	☒	☐
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month narrative budget justification been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	☐	☒
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☒	☐

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Prefix: Mr. First Name: Dan Middle Name:
Last Name: Haug Suffix:
Title: Director of Administrative Services
Organization: Missouri Department of Mental Health
Street1: 1706 E. Elm St.
Street2: P.O Box 687
City: Jefferson City
State: Missouri ZIP/Postal Code: 65102 ZIP/Postal Code4:
Email Address: dan.haug@dmh.mo.gov
Telephone Number: 573/751-4055 Fax Number: 573/751-8574

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Ms. First Name: Martha Middle Name: Brooke
Last Name: Dawson Suffix:
Title: State PATH Coordinator
Organization: Missouri Department of Mental Health
Street1: 600 East 5th Street, MS 600
Street2:
City: Fulton
State: Missouri ZIP/Postal Code: 65251 ZIP/Postal Code4:
Email Address: brooke.dawson@dmh.mo.gov
Telephone Number: 573/592-2629 Fax Number: 573/592-2119

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

☒ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* on *(Date)*

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, ORFRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

ASSURANCE
of Compliance with SAMHSA Charitable Choice Statutes and Regulations SMA 170

REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Daniel D. Hays	Director of Administrative Services
APPLICANT ORGANIZATION Missouri Department of Mental Health	DATE SUBMITTED