

I. State Information

State Information

Plan Year

Federal Fiscal Year 2016

State Identification Numbers

DUNS Number 7808714300000

EIN/TIN 44-6000987

I. State Agency to be the Grantee for the PATH Grant

Agency Name Missouri Department of Mental Health

Organizational Unit Division of Behavior Health

Mailing Address 1706 E. Elm St P.O. Box 687

City Jefferson City

Zip Code 65102-0687

II. Authorized Representative for the PATH Grant

First Name Mark

Last Name Stringer

Agency Name Missouri Department of Mental Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

Telephone 5735221475

Fax

Email Address mark.stringer@dmh.mo.gov

III. State Expenditure Period

From 7/1/2016

To 6/30/2017

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

Title Chief of Adult Community Operations

Organizational Unit Name

First Name Brooke

Last Name Dawson

Telephone (573) 592-2629

Fax (573) 592-2119

Email Address brooke.dawson@dmh.mo.gov

Footnotes:

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name	<input type="text" value="Mark Stringer"/>
Title	<input type="text" value="Department Director"/>
Organization	<input type="text" value="Missouri Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

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2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
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17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name
Title
Organization

Signature:  Date: 4-1-16

Footnotes:



GOVERNOR OF MISSOURI

JEFFERSON CITY
65102

JEREMIAH W. (JAY) NIXON
GOVERNOR

P.O. Box 720
(573) 751-3222

August 11, 2015

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20850

Dear Ms. Simmons:

As the Governor of the State of Missouri, for the duration of my tenure, I delegate signatory authority to the current Director of the Department of Mental Health, or any one officially acting in this role in the instance of a vacancy, for all transactions required to administer the 1) Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG), 2) the Mental Health Block Grant (MHBG)], and 3) the PATH grant, until such time as I may modify or rescind this designation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Nixon", written over a circular stamp or seal.

Jeremiah W. (Jay) Nixon
Governor

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name	<input type="text" value="Mark Stringer"/>
Title	<input type="text" value="Department Director"/>
Organization	<input type="text" value="Missouri Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

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- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

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- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
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- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

Missouri

Page 1 of 3

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The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
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This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

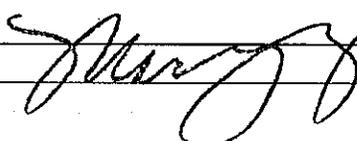
Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name	Mark Stringer
Title	Department Director
Organization	Missouri Department of Mental Health

Signature:  Date: 4-1-16

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2016

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 eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring eligible homeless individuals 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 agrees 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).

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, 2017, 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 2016 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 (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.

Name	<input type="text" value="Mark Stringer"/>
Title	<input type="text" value="Department Director"/>
Organization	<input type="text" value="Missouri Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

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Section 529

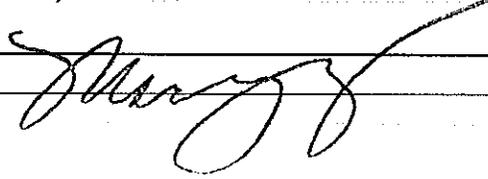
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Name	Mark Stringer
Title	Department Director
Organization	Missouri Department of Mental Health

Signature: _____



Date: _____

4-1-16

Footnotes:

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed?

Yes

No

To print a Standard Form - LLL if required for submission, click the link below.

[Standard Form LLL \(click here\)](#)

Name	<input type="text" value="Mark Stringer"/>
Title	<input type="text" value="Department Director"/>
Organization	<input type="text" value="Missouri Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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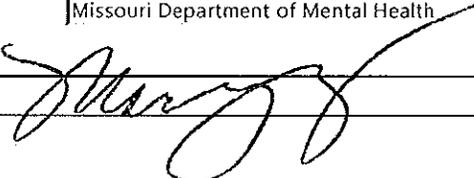
Yes

No

To print a Standard Form - LLL if required for submission, click the link below.

[Standard Form LLL \(click here\)](#)

Name	Mark Stringer
Title	Department Director
Organization	Missouri Department of Mental Health

Signature: 

Date: 4-1-16

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Central	Adair Audrain Boone Callaway Camden Carroll Chariton Clark Cole Cooper Howard Knox Laclede Lewis Macon Marion Miller Moniteau Monroe Montgomery Morgan Osage Pettis Pike Pulaski Ralls Randolph Saline Schuyler Scotland Shelby	
Eastern	St. Louis St. Louis City Franklin Jefferson Lincoln St. Charles Warren	
Northwest	Jackson Andrew Atchison Buchanan Caldwell Cass Clay Clinton Daviess DeKalb Gentry Grundy Harrison Holt Johnson Lafayette Linn Livingston Mercer Nodaway Platte Putnam Ray Sullivan Worth	
Southeast	Bollinger Butler Cape Girardeau Carter Crawford Dent Douglas Dunklin Gasconade Howell Iron Madison Maries Mississippi New Madrid Oregon Ozark Pemiscot Perry Phelps Reynolds Ripley Scott Shannon St. Francois Ste. Genevieve Stoddard Texas Washington Wayne Wright	
Southwest	Barry Barton Bates Benton Cedar Christian Dade Dallas Greene Henry Hickory Jasper Lawrence McDonald Newton Polk St. Clair Stone Taney Vernon Webster	

Add Region

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

Footnotes:

Section A: Executive Summary

Missouri Department of Mental Health FY 2017 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 <u>Major Activities</u>
Eastern				
BJC Behavioral Health Services <i>Estimated number of literally homeless adults contacted – 773</i> <i>Estimated number enrolled in PATH – 178</i>	Administrative Agent (CMHC)	\$185,142	\$107,471	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • Community Mental Health Services • <u>Case Management</u> • <u>Referrals</u>
St. Patrick's Center <i>Estimated number of literally homeless adults contacted – 3,159</i> <i>Estimated number enrolled in PATH – 853</i>	Faith-based Community Agency	\$95,547	\$55,463	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • Community Mental Health Services • <u>Case Management</u> • Alcohol and Drug Treatment • <u>Referrals</u> • Supportive Services in Residential Settings
Places for People/Community Alternatives <i>Estimated number of literally homeless adults contacted – 176</i> <i>Estimated number enrolled in PATH – 169</i>	Affiliated Mental Health Center	\$38,902	\$22,582	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • <u>Case Management</u>
Western				
Truman Behavioral Health Network <i>Estimated number of literally homeless adults contacted – 215</i> <i>Estimated number enrolled in PATH – 387</i>	Administrative Agent (CMHC)	\$234,761	\$137,465	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • Community Mental Health Services • Intensive Dual Diagnosis Treatment • <u>Case Management</u> • <u>Housing Referrals</u>
Swope Parkway Health Center <i>Estimated number of literally homeless adults contacted – 1,262</i> <i>Estimated number enrolled in PATH – 769</i>	Administrative Agent (CMHC)	\$19,348	\$11,232	<ul style="list-style-type: none"> • <u>Outreach</u> • Community Mental Health Services • <u>Referrals (housing and health care)</u>
Comprehensive Mental Health Services <i>Estimated number of literally homeless adults contacted 20</i> <i>Estimated number enrolled in PATH – 20</i>	Administrative Agent (CMHC)	\$20,396	\$11,839	<ul style="list-style-type: none"> • <u>Screening / Diagnostics</u> • Community Mental Health Services • Alcohol & Drug Treatment • <u>Case Management</u> • Supportive Services in Residential Settings
Southwest				
Burrell Center <i>Estimated number of literally homeless adults contacted – 875</i> <i>Estimated number enrolled in PATH – 542</i>	Administrative Agent (CMHC)	\$100,784	\$58,503	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • Community Mental Health Services • Alcohol & Drug Treatment • <u>Case Management</u> • Staff Training • <u>Referrals</u> • Housing Services
Central				
New Horizons Community Support Services <i>Estimated number of literally homeless adults contacted – 122</i> <i>Estimated number enrolled in PATH – 99</i>	Non-Profit Community Support Agency	\$77,850	\$45,190	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • Staff Training • <u>Case Management</u> • <u>Referrals</u> • Housing Services
Pathways Behavioral Health – Cole County <i>Estimated number of literally homeless adults contacted – 42</i> <i>Estimated number enrolled in PATH – 39</i>	Administrative Agent (CMHC)	\$24,332	\$11,276	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • Staff Training • <u>Case Management</u> • <u>Referrals</u>
Southeast Region				
Family Counseling Center <i>Estimated number of literally homeless adults contacted – 436</i> <i>Estimated number enrolled in PATH – 218</i>	Administrative Agent (CMHC)	\$89,688	\$52,063	<ul style="list-style-type: none"> • <u>Outreach</u> • <u>Screening / Diagnostics</u> • Community Mental Health Services • Staff Training • <u>Case Management</u> • <u>Referrals</u> • Supportive Services in Residential Settings • Housing Services

Section A Executive Summary

II. Executive Summary

2. State Budget

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 0	\$ 24,056	\$ 24,056	
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Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
PATH Administrator	\$ 24,056	0.00	\$ 0	\$ 24,056	\$ 24,056	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.00 %	\$ 0	\$ 13,519	\$ 13,519	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 1,676	\$ 39	\$ 1,715	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Annual PATH Conference	\$ 1,676	\$ 39	\$ 1,715	

d. Equipment	\$ 0	\$ 0	\$ 0	
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No Data Available				
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e. Supplies	\$ 0	\$ 0	\$ 0	
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No Data Available				
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f1. Contractual (IUPs)	\$ 886,750	\$ 513,084	\$ 1,399,834	
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f2. Contractual (State)	\$ 0	\$ 0	\$ 0	
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No Data Available				
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g. Construction (non-allowable)				
---------------------------------	--	--	--	--

h. Other	\$ 0	\$ 4,535	\$ 4,535	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	\$ 0	\$ 4,535	\$ 4,535	other

i. Total Direct Charges (Sum of a-h)	\$ 888,426	\$ 555,233	\$ 1,443,659	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	-------------------	-------------------	---------------	----------

j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0	
--	------	------	------	--

k. Grand Total (Sum of i and j)	\$ 888,426	\$ 555,233	\$ 1,443,659	
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Allocation of Federal PATH Funds	\$ 888,426	\$ 296,142	\$ 1,184,568	
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Source(s) of Match Dollars for State Funds:

Footnotes:

II. Executive Summary

3. Intended Use Plans (IUPs)

Expenditure Period Start Date: **07/01/2016**

Expenditure Period End Date: **06/30/2017**

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
BJC Behavioral Health Community Services	Community mental health center	Eastern	\$185,142	\$107,471	773	178	0	0
Burrell Behavioral Health Center	Community mental health center	Southwest	\$100,784	\$58,503	875	542	4	7
Compass Healthcare (dba Pathways)	Community mental health center	Central	\$24,332	\$11,276	42	39	0	0
Comprehensive Mental Health Services	Community mental health center	Northwest	\$20,396	\$11,839	20	20	1	2
Family Counseling Center Inc.	Community mental health center	Southeast	\$89,688	\$52,063	436	218	2	22
New Horizons Community Support Services	Community mental health center	Central	\$77,850	\$45,190	122	99	2	6
Places for People	Community mental health center	Eastern	\$38,902	\$22,582	176	169	1	0
St. Patrick Center	Other mental health agency	Eastern	\$95,547	\$55,463	3,159	853	10	10
Swope Health Services	Community mental health center	Northwest	\$19,348	\$11,232	1,262	769	4	0
Truman Medical Center Behavioral Health	Community mental health center	Northwest	\$234,761	\$137,465	215	387	3	38
Grand Total			\$886,750	\$513,084	7,080	3,274	27	85

Footnotes:

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel \$ 110,019 \$ 63,866 \$ 173,885

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 48,497	0.38	\$ 18,429	\$ 10,698	\$ 29,127	Correct Salary \$48,545
Case Manager	\$ 40,489	0.38	\$ 15,386	\$ 8,932	\$ 24,318	Correct Salary \$40,530
Case Manager	\$ 39,692	0.38	\$ 15,083	\$ 8,756	\$ 23,839	Correct Salary \$39,732
Other (Describe in Comments)	\$ 70,372	0.25	\$ 17,593	\$ 10,213	\$ 27,806	SOS Supervisor; Correct Salary \$69,516
Other (Describe in Comments)	\$ 42,908	0.38	\$ 16,305	\$ 9,464	\$ 25,769	Senior CSS; Correct Salary \$42,908
Other (Describe in Comments)	\$ 36,087	0.38	\$ 13,713	\$ 7,960	\$ 21,673	Correct Salary \$36,122
Other (Describe in Comments)	\$ 35,553	0.38	\$ 13,510	\$ 7,843	\$ 21,353	Correct Salary \$35,588

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 18.98 % \$ 33,006 \$ 19,160 \$ 52,166

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 9,174 \$ 5,326 \$ 14,500

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 9,174	\$ 5,326	\$ 14,500	

d. Equipment \$ 1,455 \$ 845 \$ 2,300

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 759	\$ 441	\$ 1,200	Wi-Fi expense (GOBI cards)
Other (Describe in Comments)	\$ 696	\$ 404	\$ 1,100	Cell phone expense

e. Supplies \$ 949 \$ 551 \$ 1,500

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 949	\$ 551	\$ 1,500	

f. Contractual \$ 949 \$ 551 \$ 1,500

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 949	\$ 551	\$ 1,500	HMIS participation

g. Construction (non-allowable)

h. Other \$ 0 \$ 0 \$ 0

No Data Available

i. Total Direct Charges (Sum of a-h) \$ 155,552 \$ 90,299 \$ 245,851

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 29,590 \$ 17,172 \$ 46,762

k. Grand Total (Sum of i and j) \$ 185,142 \$ 107,471 \$ 292,613

Source(s) of Match Dollars for State Funds:

**BJC Behavioral Health 2016
PATH Grant Reapplication
Local Area Provider Intended Use Plans**

Local Provider Description:

BJC Behavioral Health (BJC BH) is a community based behavioral 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 Missouri Department of Mental Health (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 sleeping on the streets.

BJC Behavioral Health receives \$292,613 total PATH funds: \$185,142 Federal Funding, and \$107,471 State Match.

Collaboration with HUD Continuum of Care Program:

BJC Behavioral Health is a member of the St. Louis Continuum of Care (CoC). SOS supervisor, Christy Estrada is a member of the CoC Planning Committee, and also participated on the CoC's Point In Time subcommittee. The outreach team participates in monthly meetings with several other community outreach programs to coordinate services, share resources, and identify high risk individuals on the street. The Shelter Plus Care program is included in the HUD Continuum of Care and has been a valuable resource for PATH clients. St. Louis City's Continuum of Care has transitioned to new leadership and homeless services are being restructured to facilitate shared ownership and compliance with Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) requirements. Outreach teams will be more formally involved in the new coordinated entry to services.

Collaboration with Local Community Organizations:

BJC BH Shelter Outreach team provides weekly outreach visits to the following shelters and homeless sites: The Bridge, Horizon Club, Empowerment Center, Sts. Peter and Paul shelter, Gateway 180, Missionaries of Charity, New Life, and Grace and Peace. In addition, we have recently developed a collaborative relationship with St. Louis downtown police officers, particularly those assigned as "bike cops" and "quality of life officers" who have frequent contact with homeless individuals sleeping outdoors.

BJC Behavioral Health has a co-location with Affinia (formerly 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 use treatment providers including Queen of Peace, Preferred Family Healthcare, Bridgeway, Salvation Army, and Southeast Missouri treatment providers. We have frequent interaction with the Housing Helpline (formerly Housing Resource Center) as the entry point for shelter placement and other resources related to housing and utility assistance. Veterans Administration, Probation and Parole, Missouri 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 members 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, or 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. The SOS team also collaborates with the community at large. Shelter Outreach Services has existed for over twenty-seven years and 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 the greatest risk. Our existing outreach clients are an additional source of referrals and often lead us to new locations and new clients. SOS offers tangible and basic services such as laundry, shower, locker storage, and bus tokens as part of our outreach services. We provide 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 consumers are linked to appropriate resources in the community including health care, emergency and permanent housing, entitlements, employment and rehabilitation programs, substance

use treatment, and mental health services.

Emergency shelter beds have decreased, which seems to be in response to funding streams and increased focus on permanent supportive housing (PSH) and Rapid Rehousing options. As a result we have fewer emergency beds yet many of our subsidized housing options require documented “homelessness” for eligibility. Some of the available transitional housing and Permanent Supported Housing (PSH) programs require referrals from the shelters and therefore necessitate emergency shelter to access. Unfortunately we still have a system that requires people to become more homeless in order to access housing. We are finding that with Rapid Rehousing and an increase in PSH programs fewer people are becoming chronic but there are not fewer people entering homelessness. We need to address prevention of homelessness concurrently with Rapid Rehousing and PSH programs.

BJC Behavioral Health provides services to homeless clients well beyond what is budgeted through PATH. We are able to do so by leveraging DMH dollars and moving our clients in to Community Psychiatric Rehabilitation (CPR) services once they are engaged in services and are clinically stable for transfer of care. Our PATH clients access to the full array of services offered through our comprehensive outpatient care including psychiatry, medication, supported employment, counseling, Integrated Dual Disorder Treatments (IDDT), Dialectical Behavior Therapy (DBT), Trauma Recovery and Empowerment Model (TREM), Illness Management and Recovery (IMR), and smoking cessation.

Gaps:

- The decrease in shelter beds 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. There is not enough affordable and subsidized housing for those who are unemployed, underemployed, or disabled.
- There are limited opportunities for healthy and productive socializing and community building 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 that 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. Similarly, individuals without Missouri identification cannot receive state funded substance use treatment. Homeless clients are often caught in the cycle of not being able to obtain identification without having identification. This is further complicated by new process of mailing the new identification, which requires an address which homeless clients do not have. There are also fewer organizations that provide mailing address services for homeless.

Evidenced based practices/training:

BJC BH's PATH clients have the benefit of several evidenced based practices including Dialectical Behavior Therapy (DBT) groups and individual counseling, Integrated Dual Diagnosis Treatment (IDDT) groups and individual therapy for clients who have co-occurring disorders, Illness Management Recovery (IMR), Trauma Recovery and Empowerment Model (TREM), and our Employment Services team. The Employment Services Team was just commended for their high fidelity to the Supported Employment model. Our outreach team is introduced to all of these treatment models and we have team members facilitating in IDDT and TREM currently. Staff are required to have 12 hours of training annually, provided both within and outside of BJC BH. In the past year staff have participated in training on Motivational Interviewing and Transgender Issues in homeless population.

Data:

The Missouri Department of Mental Health will be providing additional PATH technical assistance and support in implementing Homeless Management Information System (HMIS) for PATH data collection. SOS team members participated in a statewide PATH training for HMIS in September 2015.

BJC BH has developed partial integration of HMIS data collection into our existing electronic medical records (EMR) and a separate database for collection of required elements that could not be integrated with our existing EMR and billing.

Our agency has been in discussions with a local HMIS provider since 2014, but they have not been able to satisfy the security and privacy requirements of BJC as a healthcare organization. A new HMIS provider has been contracted by St. Louis City CoC and that transition is in process. The new HMIS provider, Institute for Community Alliances (ICA), will be moving to an alternate HMIS software platform, ServicePoint, within the next year. BJC BH hopes to finalize the contract with the new HMIS provider and we are currently collecting necessary data for a security review of ServicePoint. ServicePoint may not be functioning as the new HMIS product until after PATH deadline of June 30, 2016—which would require an extension for St. Louis PATH providers.

SOAR:

BJC BH has been engaged with the SOAR model since first efforts by the Missouri

Department of Mental Health. SOS team has been able to successfully utilize the SOAR process through our Entitlement Specialists onsite. We previously had a SOAR trained SOS team member but he left employment in 2015. During the past funding year we have completed 4 SOAR applications for clients and one of those has already been awarded benefits.

We have four team members currently working on SOAR certification with the goal to have all four fully trained by the end of 2016.

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 the 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 and PSH programs. The Supported 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.

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 40% minorities including African American, Asian, Bosnian, and Hispanic individuals. We continue to improve our clinical representation of racial and ethnic groups served. We have 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 has male and female clinicians ranging in age from late twenties to early sixties. Of five outreach staff, we have one male, four females, and two African Americans with a broad clinical background and life experience.

Client Information:

During the last annual reporting period:

- 773 unduplicated Shelter Outreach contacts
- 178 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 178 enrolled:
 - 12 18-23
 - 29 24-30
 - 85 31-50
 - 45 51-61
 - 7 62 and older
 - 91 female
 - 87 male
 - 89 black or African American
 - 81 white
 - 8 identified as another race/ethnicity
 - 102 had co-occurring substance use disorders.

During the upcoming year we expect to have at least 750 unduplicated outreach contacts and to formally enroll 225 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 Specialists, one co-facilitator in our IDDT groups and one involved in ACES program (health and nutrition education, community gardening.) We are currently recruiting 2 additional consumers to be part time IDDT peer support specialists at our St. Louis sites.
- BJC BH has two Consumer Councils, one at our St. Louis sites and one at our Southeast site 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 additional employment opportunities to consumers by having them work as contractual employees to inspect apartments for compliance with Supported Community Living program standards.

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 57,199	\$ 33,202	\$ 90,401	
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Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 27,619	0.63	\$ 17,400	\$ 10,100	\$ 27,500	Correct Salary \$27,500
Outreach worker	\$ 27,619	0.63	\$ 17,400	\$ 10,100	\$ 27,500	Correct Salary \$27,500
Other (Describe in Comments)	\$ 30,130	0.63	\$ 18,982	\$ 11,018	\$ 30,000	Coordinator; Correct Salary \$30,000
Other (Describe in Comments)	\$ 37,967	0.09	\$ 3,417	\$ 1,984	\$ 5,401	Director; Correct Salary \$36,005

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	16.46 %	\$ 14,883	\$ 8,639	\$ 23,522	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 2,908	\$ 1,688	\$ 4,596	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 2,908	\$ 1,688	\$ 4,596	Training, workshops, statewide meetings

d. Equipment	\$ 3,796	\$ 2,204	\$ 6,000	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 3,796	\$ 2,204	\$ 6,000	Equipment

e. Supplies	\$ 14,319	\$ 8,313	\$ 22,632	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 759	\$ 441	\$ 1,200	
Client: Other Supplies (Describe in Comments)	\$ 13,560	\$ 7,872	\$ 21,432	One-time assistance; legal documentation; medications; bus passes; other

f. Contractual	\$ 759	\$ 441	\$ 1,200	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 759	\$ 441	\$ 1,200	Printer/copier/fax maintenance

g. Construction (non-allowable)

h. Other	\$ 4,632	\$ 2,688	\$ 7,320	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	\$ 4,632	\$ 2,688	\$ 7,320	Communications

i. Total Direct Charges (Sum of a-h)	\$ 98,496	\$ 57,175	\$ 155,671	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs)	\$ 2,288	\$ 1,328	\$ 3,616	
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k. Grand Total (Sum of i and j)	\$ 100,784	\$ 58,503	\$ 159,287	
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Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:

875 Estimated Number of Persons to be Enrolled:

542

Estimated Number of Persons to be Contacted who are Literally Homeless:

875

Number Staff trained in SOAR in Grant year ended in 2014:

4 Number of PATH-funded consumers assisted through SOAR:

7

**Burrell Behavioral Health Center
Intended Use Plan**

Local Provider Description:

Burrell Behavioral Health is a community behavioral health center that services Springfield, Missouri within the Greene county region. Burrell Behavioral Health also services counties in the surrounding area. Burrell Behavioral Health will receive a total of \$159,287 in PATH funding (\$100,784 in federal funds and \$58,503 in state funds).

Collaboration with HUD Continuum of Care Program:

The PATH Program Coordinator of Bill's Place, Burrell Behavioral Health's PATH project site, attends the quarterly Continuum of Care (Continuum) meetings hosted by Community Partnership. Our PATH program works closely with all partnering agencies within the Continuum to build partnerships with other homeless services providers. We establish a network of relationships with those involved in the Continuum to ensure quality communication between programs and efficient referrals for our homeless consumers.

The PATH program works directly with the Community Partnership's coordinated entry hub called One Door. Our PATH program acts as a direct referral source to One Door and in return we are a direct referral source from One Door for homeless consumers with mental illness. The PATH program has a representative at One Door one day a week to continue to build this relationship and improve client care.

Our PATH program is actively involved in planning and participating in street outreach projects implemented by the Continuum. We are involved in the City of Springfield's Homeless Camp Relocation Protocol. The PATH Program Coordinator also attends the Homeless Count Task Force which oversees the homeless counts for Webster, Christian, and Greene County. This Task Force plans and coordinates the Annual Homeless Count which takes place in January. The PATH program staff participates in the annual "Hope Connection" which is a daylong event in which homeless consumers receive direct services from over a hundred local social service agencies.

Collaboration with Local Community Organizations:

Burrell Behavioral Health works closely with many partnering agencies to coordinate services with the homeless population served. PATH and Burrell Behavioral Health leadership maintain relationships with partnering agencies through monthly meetings including the Continuum of Care, Systems of Integrated Services, Justice Mental Health Collaboration Program, Homeless

Court Coordination, and The Kitchen Inc. Housing Meetings. The coordination of services is enhanced through close communication and service referrals with partnering agencies by the PATH outreach specialists working directly with those who are homeless.

The partnering agencies are as follows: Division of Family Services, Ozark Area Community Action Corporation (OACAC), Southwest Center for Independent Living, Housing Authority of Springfield, Crosslines, Salvation Army, AIDS Project of the Ozarks, Southeast Missouri Community Treatment Center, Preferred Family Health Center, Cox Medical Center, Mercy Medical Center, Jordan Valley Community Health Center, Ozarks Community Hospital, Missouri State University, Legal Aid of Southwest Missouri, Social Security Administration, Family Violence Center, The Kitchen Inc., Springfield Victory Mission, Vocational Rehabilitation, Convoy of Hope, Youth of the Ozarks, Council of Churches, Gathering Friends for the Homeless, The Gathering Tree, Paws Pet Pantry, the Springfield Evening Lions Club, Habitat for Humanity, the Greene County Health Department, the Springfield Police Department, Springfield Municipal Court, and One Door.

Service Provision:

Bill's Place is Burrell Behavioral Health's PATH project site. Bill's Place operates as a daytime drop-in center for the homeless population. Bill's Place services are aimed at meeting the consumer's daily basic needs. Bill's Place is equipped with showers, a laundry area, television, a mail stop, various vouchers for clothing, bus passes and other area services. The PATH Outreach Specialists are engaging and working with the consumers throughout the day. The goal of our PATH outreach model is to bring consumers to our center to meet their basic needs, engage with them, and develop rapport, trust, and relationships that will lead to establishing them in appropriate mainstream services. Outreach and Community Support Specialist (CSS) staff use techniques of Motivational Interviewing to begin building relationships. All staff members use principles of Trauma Informed Care when working with individuals using Bill's Place. In this way people become involved with our services. Additional needs and services are determined through a coordinated intake process conducted by the Outreach Specialists. Bill's Place staff members are in the process of being trained on the Homeless Management Information System (HMIS) and will be utilizing the system beginning July 2016.

Partnering with Burrell Behavioral Health, Bill's Place houses 5 Community Psychiatric Rehabilitation Center (CPRC) Community Support Specialists. As eligible consumers move into mainstream CPRC services their assigned CSS continues outreach and helps the individual access community services and opportunities. Our PATH program partners with local hospitals and treatment centers to provide necessary referrals for inpatient psychiatric treatment and substance use. We also partner with The Kitchen Inc. staff to conduct street outreach to engage those that are in a homeless situation and are not consumers of Bill's Place.

Our PATH project at Bill's Place maximizes the use of PATH funds by partnering with other non-profits in the community to meet many of our needs. The Kitchen Inc. lends us the building that Bill's Place is operated out of. They also supply us with daily needs for the center. Area churches provide our daily hot meals and a local non-profit, Gathering Friends for the Homeless, provide us with sack lunches in the afternoon. Gathering Friends also donates client essentials such as socks, tents, back packs, tarps, flashlights, and seasonal appropriate clothing. Other area churches have donated large appliances to us such as a refrigerator and a washer/dryer unit. Our program regularly builds partnerships and relationships to bring in donated services to utilize PATH funds.

An identified gap in services for this agency and program is the lack of space to provide didactic and educational groups to consumers using Bill's Place. Recent exploration of a new service site was met with 'Not In My Back Yard' (NIMBY) issues in the new neighborhood. The new site was large enough to accommodate more people with more private space. The agency will continue to explore ways to expand CPRC like services in the current spaces available to Bill's Place and Burrell Center.

Data:

PATH staff members are required to be trained on the HMIS system by June of 2016. All PATH client data will be entered into the HMIS system starting July of 2016 to begin the new fiscal year. PATH staff will be required to complete quarterly trainings on HMIS to ensure quality of data input.

SSI/SSDI Outreach, Access, Recovery:

Presently we have four staff members trained in the SOAR Process. These members are as follows: one PATH Program Coordinator, one PATH Outreach Specialist, and two Community Support Specialists. A second PATH Outreach Specialist will be trained in SOAR this fiscal year. In total seven PATH consumers were assisted through the SOAR process this past fiscal year and five were approved for disability.

Housing:

Housing services are provided through referrals. The housing service options are as follows: the Springfield Housing Authority, residential care facilities, low income housing within Greene County, Burrell Behavioral Health housing programs managed by Transitions (the Burrell Behavioral Health CPRP and Housing Program for qualified clients), and The Kitchen Inc. Housing Programs (Housing First, Rapid Rehousing, and Home At Last for veterans).

Services and strategies mentioned above are funded through several different sources. We also utilize the Shelter-Plus Care and Rental Assistance Program for the Springfield area. Clients who qualify for these programs are assigned a case manager to begin working on treatment goals and a housing stabilization plan. In October of 2014 HUD granted seven units to the Journey to a Home project attached to PATH. Those clients who qualify are also assigned a case manager to work on treatment goals and a housing stabilization plan.

Staff Information:

Burrell Behavioral Health's workforce is 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 nine staff housed in Bill's Place. This is comprised of five Community Support Specialists, one Community Support Supervisor/Program Coordinator, two PATH Outreach Specialists, and one PATH Program Coordinator. All staff members are required to complete annual cultural competence training. The staff demographics break down as follows:

Ethnicity

Caucasian: 9

Hispanic: 0

Black/African American: 0

Gender

Female: 6

Male: 3

Age Ranges

Ages 21-35: 5

Ages 36-50: 2

Ages 50+: 2

Client Information:

Burrell Behavioral Health's PATH program provides 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 18-70 years old. Our clientele are diverse in areas of race, ethnicity, and creed. The number of clients using PATH funds last fiscal year that are considered literally homeless total to 542. The client demographics data has been collected from the 2015 annual report on PATH Data Exchange (PDX). Client demographics break down as follows:

Ethnicity

Caucasian: 433

Black/African American: 109

American Indian: 0

Hispanic or Latino: 0

Gender

Female: 217

Male: 325

Age Range:

Ages 18-23: 26

Ages: 24-30: 231

Ages 31-50: 282

Ages 51-61: 3

Ages 62+: 0

Consumer Involvement:

Consumers are encouraged to help keep Bill's Place clean and maintained. Consumers are involved in helping each other learn about resources in community. Consumers also help people who are new to Bill's Place learn about the services provided and direct them to staff for further direction. Consumers in the PATH program have strong interactions with staff and other consumers. There is a suggestion box available and consumers are asked to give feedback and make suggestions about services provided. Bill's Place staff hosts a community meeting bi-monthly. During this meeting the staff collects feedback from clients and creates a plan to implement appropriate changes.

3. Compass Healthcare (dba Pathways)

1800 Community Drive

Clinton, MO 64735

Contact:

Contact Phone #:

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID:

Geographical Area Served: Central

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 18,630 \$ 8,370 \$ 27,000

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 27,000	0.69	\$ 18,630	\$ 8,370	\$ 27,000	<input type="text" value="Community Support Specialist"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 17.25 % \$ 4,658 \$ 2,092 \$ 6,750

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 1,044 \$ 814 \$ 1,858

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 1,044	\$ 814	\$ 1,858	<input type="text"/>

d. Equipment \$ 0 \$ 0 \$ 0

e. Supplies \$ 0 \$ 0 \$ 0

f. Contractual \$ 0 \$ 0 \$ 0

g. Construction (non-allowable)

h. Other \$ 0 \$ 0 \$ 0

i. Total Direct Charges (Sum of a-h) \$ 24,332 \$ 11,276 \$ 35,608

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 0 \$ 0 \$ 0

k. Grand Total (Sum of i and j) \$ 24,332 \$ 11,276 \$ 35,608

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	42	Estimated Number of Persons to be Enrolled:	39
Estimated Number of Persons to be Contacted who are Literally Homeless:	42		
Number Staff trained in SOAR in Grant year ended in 2014:	0	Number of PATH-funded consumers assisted through SOAR:	0

**Compass Health, Inc. d/b/a Pathways Community Health
Grant Response**

Local Area Provider Intended Use Plans

Local Provider Description:

Compass Health, Inc. d/b/a Pathways Community Health is a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited not-for-profit community behavioral health center providing a full continuum of behavioral healthcare services across Missouri through multiple office locations serving four multi-county geographic regions. In calendar year 2015, Compass Health, Inc. provided comprehensive mental health and substance use treatment and prevention services to 175,084 consumers in Missouri. The agency provides services in a manner that is accessible to our consumers, focuses on the needs of each person, and utilizes the most cost effective and affordable methods of care.

The goal of Pathways' current PATH program in Cole County, Missouri, is to reduce and/or eliminate homelessness for individuals with serious mental illness and/or co-occurring serious mental illness and substance use disorders or who are at imminent risk of becoming homeless. Through their established PATH program, Pathways' staff provides street outreach and case management services to the targeted population within Cole County. Pathways is requesting \$35,608 (\$24,332 Federal; \$11,276 State Match) to support full time PATH staff to serve the growing needs of Cole County residents.

Collaboration with HUD Continuum of Care Program:

Pathways is an active participant with the HUD Continuum of Care program. Pathways recently finalized a Supportive Housing Project for Cole County which has partially been supported through funding from HUD and the Continuum of Care. The remainder of the project was funded through the Federal Home Loan Bank, Missouri Housing Development Commission (MHDC) HOME Funds, and the MHDC Trust Fund. The housing program is fully functional and has been at full occupancy for over one year. Two of the eight tenants are current consumer of Pathways' PATH program. Rhonda Meyer, Vice President of Administrative Services, attends regular meetings held by the Continuum of Care and the Missouri Housing Development Commission, as well as other Pathways' staff members, throughout the multiple regions across the state of Missouri. As an agency that strives to provide holistic care for each consumer served, Pathways firmly believes that affordable housing options for our consumers is a high priority and, therefore, identifies opportunities for a partnership with the Continuum of Care Program to establish quality housing facilities throughout the agency's service area for consumers who are homeless or at imminent risk of becoming homeless.

Collaboration with Local Community Organizations:

In Cole County, several organizations provide key services for those individuals who are PATH eligible. In the area of primary health, Pathways has well established collaborations with the medical community. Pathways has been a strong partner with Community Health Center of

Central Missouri (CHCCM), a local federally qualified health center since 2005 when it first provided crisis services to the free clinic. Pathways added counseling services as the clinic evolved into the current operation and co-located the local Pathways' outpatient clinic with CHCCM, integrating behavioral health and primary care within one physical location. CHCCM also provides dental services for children and limited dental services for adult populations. 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 consumers as clinically appropriate and necessary. Additionally, Pathways has strong hospital collaborations with St. Mary's Health Center and often works with Capital Region Medical Center in the provision of services to consumers. Furthermore, we partner with the Cole County Health Department, which offers Women, Infant, and Children (WIC), immunizations, a well-baby clinic, etc. As an Administrative Agent for the Missouri Department of Mental Health Pathways is a primary provider of mental health, substance use, and co-occurring services for Cole County. Pathways has relationships with other behavioral health providers including New Horizons (mental health) and Family Counseling Center (substance use provider that operates within Pathways' system of care). Pathways offers a full continuum of behavioral health services, including assessment and evaluation, Community Psychiatric Rehabilitation Center (CPRC) services, Integrated Dual Disorder Treatment (IDDT) services (in selected clinic locations), Comprehensive Substance Treatment and Rehabilitation (CSTAR) programming, outpatient therapy, and medication management. Housing resources for this population 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 Pathways began providing crisis and counseling services at the Salvation Army through grant funding. Although that funding is no longer available Pathways continues to maintain service linkages with the 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 treatment programming. As part of its CPRC and Supported Community Living (SCL) programming Pathways maintains working relationships with available housing facilities which will benefit PATH consumers. When needed, and the individual is found eligible for CPRC services, a referral will be made to Pathways' CPRC program for a continued service provision. Pathways also refers consumers to the Samaritan Center for assistance with food, clothing, legal, dental services and vocational rehabilitation. As an active United Way of Central Missouri partner agency Pathways meets monthly with 25+ United Way organizations to collaborate/partner to provide better service provision/coverage and enhanced resources to Central Missouri residents. Pathways receives yearly funding from the United Way to support the cost of healthcare provision to Central Missouri's underserved and indigent populations.

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

Service Provision:

As noted by the National Coalition for the Homeless, the treatment needs for those homeless that have mental health disorders and addictive disorders include the following: carefully designed client engagement and case management, housing options, follow up, and supportive services. It is also important to have service integration, outreach, and case management to negotiate care systems and have meaningful daily activity and access to therapeutic interventions. With these guidelines in mind Pathways' PATH Specialist will provide case management/service coordination services to assist those individuals who are homeless or in imminent danger of homelessness to gain access to housing, medical, social, educational, and other needed 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/"in-reach" 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, Temporary Assistance for Needy Families (TANF), SSI/SSDI, Veteran Affairs (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) - *in select clinic locations*, CSTAR programming, therapeutic treatment services offered by Pathways and other community agencies);
- Development of an individual care plan with the individual and/or family.
- Assistance in obtaining benefits (including technical assistance in applying for services); accessing relevant, available housing; providing linkage to mental health and/or substance use treatment services, medical/primary health services, education services, job training, and employment opportunities;
- Referrals and related activities as appropriate to individual needs and as available within Cole County;
- Monitoring and follow up; and
- Access to crisis intervention services.

These case management and 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 to facilitate success. Staff utilizes social, psychological, and educational interventions to address the needs of clients and family members which promote client and family involvement in service delivery, stabilization of housing, and improved opportunity for employment. The ultimate goals of the PATH program are to secure more stable and permanent housing, reduce repeat homelessness episodes, and assist clients in achieving and sustaining a healthier lifestyle.

Describe gaps that exist in the current service systems:

The primary gap at this time is funding for health appointments and medications. This would include both psychiatric and physical health appointments, including medication(s) and medication monitoring. Following those identified gaps, funding for therapeutic interventions/appointments would also be beneficial to help consumers manage interfering symptoms. It should be noted that Pathways was successfully awarded a grant from the Missouri Foundation for Health, mid-2012, to help support the cost of providing therapeutic interventions/appointments for consumers enrolled in the PATH program. This funding source strengthened PATH programming but expired in July 2013. Pathways' seasoned development continues to search for viable funding sources to strengthen and enhance services currently being provided in Cole County specifically targeting PATH consumers.

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 consumers do not have cell phones so it is sometimes difficult for them to make, keep or remember appointments they have scheduled.

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

Pathways operates outpatient and residential programs that are available for consumers of PATH programming. Pathways provides a full continuum of behavioral healthcare services to consumers residing in 45 Missouri counties. Pathways provides services in a manner that is accessible to our consumers, focuses on the needs of each person, and utilizes the most cost effective and affordable methods of care. Family Counseling Center of Missouri, Inc., which is an expert provider in addiction treatment / recovery services, is now a member of the Compass Health system of care. 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 wraparound services to enrolled consumers. As 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 of meaningful living, working, learning, and leisure time activities in normal community settings." Pathways does have housing options available in Jefferson City for PATH consumers, dependent on eligibility screening.

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

Pathways continues to participate in multiple initiatives to implement Evidence Based Therapies (EBT) throughout their system of care. These services include the use of, but are not limited to, the following services: Integrated Dual Diagnosis Treatment (IDDT), Dialectical Behavior Therapy (DBT), Illness Management and Recovery (IMR), Supported Employment Services and Individual Placement Supported Employment (IPS). Pathways participates in the Missouri

Department of Mental Health's Disease Management 3700 Project, a collaborative project between the Missouri Department of Mental Health and MO HealthNet. The project targets high cost Medicaid clients who have treatable 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(s). The project is designed to assure coordination of care, minimization of treatment gaps, and optimization of a consumer's ability to manage their own health. Pathways is one of several "Early Adapters" of the Missouri Department of Mental Health's Trauma Informed Care Initiative. Through this effort Pathways is working to move the organization into becoming a Trauma Informed System of Care, involving all aspects of program activities, all levels of staff and the entire culture of the 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 is recognized by the Department of Mental Health as a Trauma Informed System of Care. Pathways is an active participant in the movement that the Missouri Department of Mental Health is leading in the operation of the Healthcare Home Project. The project assists Pathways in providing better oversight of the overall health status and condition of those consumers who are currently enrolled in the program. The Healthcare Home Project focuses on both youth and adult consumers currently enrolled in agency programs/services who suffer from untreated chronic physical conditions. This shift in the healthcare system provides Pathways with tools and resources to assist consumers in improving their overall health status, reducing costs, and ultimately providing them a healthier and greater quality of life. Pathways continues to participate in multiple national initiatives offered by the National Council of Behavioral Health. Participation in these national collaborative/learning initiatives allows Pathways to strengthen and enhance the clinical services/programming offered to consumers, inclusive of all individuals who are eligible for PATH programming.

Pathways has invested years of organizational resources in the development of key annual trainings, completed online through Relias Learning, for all staff that include: co-occurring disorders, documentation, personal safety, sexual harassment in the workplace, therapeutic boundaries, HIPAA, corporate compliance, client rights, abuse and neglect, cultural competence, HIV/AIDS, customer relations, environmental safety, event reporting, fire safety, and infectious disease. Higher level courses are also available on evidence based practices currently being provided in the Pathways system of care. Pathways also offers "live" trainings on pertinent clinical topics that directly impact the clinical interventions/programs provided as a system of care. Pathways assists all clinical staff in attaining required Continuing Education Units (CEUs) to maintain proper licensure.

Pathways sends staff to all state trainings on Homeless Management Information System (HMIS) to ensure understanding and knowledge on how to collect and enter data on all PATH consumers into HMIS. As we expand our housing programs throughout the state we continue to have more interaction with the HMIS data system.

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 the organization's 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' PATH staff members do not directly input this data into the HMIS system, Pathways does employ a Housing Specialist who historically input data collected from Support Services for Veteran Families (SSVF) consumers (Pathways no longer operates SSVF programming in Central Missouri) into the HMIS database, including other Pathways' consumers who are receiving housing assistance. Pathways has plans to train all PATH staff members in HMIS to ensure continuity of data collection and data entry. Pathways understands the importance of program evaluation and the need to participate in statewide tracking processes. Pathways' PATH staff look forward to participating and interacting with the HMIS system and staff. Pathways provides assurance that PATH staff members have the ability to collect all required HMIS information. Currently the Pathways' Housing Specialist is the responsible individual for entering information into the HMIS system for all consumers of Pathways requiring housing assistance.

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

Pathways' staff has utilized the tools and techniques from SOAR trainings to assist eligible individuals to gain access to SSI/SSDI benefits. Two staff members, Tyreka Brandon and Tasha Brown from Pathways Jefferson City Outpatient office location, completed SOAR training in July 2013. Unfortunately, both Tyreka Brandon and Tasha Brown are no longer with Pathways. It is our current plan for the two new primary PATH staff to complete the online SOAR training within the next six months. Additionally, Amy Blake, CPRC Regional Director, has completed SOAR training and also attends SOAR refresher courses periodically.

Pathways' Housing Specialist also plays an important role with SOAR, and is the SOAR Local Lead within the agency. This individual is responsible for the following activities:

- 1) Train new staff and other agencies who will be certified to complete SOAR applications;
- 2) Conduct refresher courses for those individuals who have been trained;
- 3) Conduct meetings within the communities Pathways serves to promote cooperation and use of the SOAR model;
- 4) Monitor data entry in the Online Application Tracking (OAT) system (tracks SOAR applications and outcomes);
- 5) Assists with SOAR applications;
- 6) Collaborate with the state lead and SOAR liaison; and
- 7) Direct staff members to the appropriate SOAR liaison when requested/necessary.

With direct input from the Chief Clinical Officer, Pathways' Housing Specialist is in the process of planning trainings and working with clinical leadership in determining appropriate staff to send to trainings.

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 necessary wraparound and supportive services these individuals require to be able to live healthy and successful lives. Many of the individuals that Pathways serves suffer from homelessness, so in late 2009, Pathways submitted a HUD Supportive Housing Program grant application through the Missouri Balance of State Continuum of Care. Pathways realized that in Cole County there was a growing need for supportive housing options for disabled individuals. Pathways was successful in receiving funding from HUD for the construction of a new eight unit, single occupancy, permanent housing facility to be located in Jefferson City. As of April 2015, the housing facility has been completed and is fully occupied. Residents of the identified housing facility 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 our disabled residents. Pathways continues to identify funding opportunities to construct similar housing facilities throughout the agency's service area, offering affordable and high quality housing options for consumers and residents of each county served. Pathways continues to work with established community agencies that have experience in facilitating housing opportunities for high need populations to assist the agency in identifying the most effective strategies in developing housing facilities system wide. Pathways desires to expand on the current housing program in Jefferson City to build appropriate infrastructure to house additional disabled individuals.

Pathways' PATH Specialist works closely with consumers in applying for housing through several different programs including: Shelter Plus Care through the Missouri Department of Mental Health and housing assistance through the local Housing Authority and Central Missouri Community Action Agency. Consumers are also 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:

Jeanna Powers, PATH Supervisor
Caucasian, Female, age 45

Baylee Hardman, PATH Specialist
Caucasian, Female, age 23

Pathways provides initial new employee training for all staff. This five-day orientation/training includes sections on Cultural Diversity, Confidentiality and HIPAA 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; and
- Med-Aid Certification.

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

Pathways is committed to providing culturally appropriate care to all individuals accessing treatment. The agency demands a respect for differences, employs staff that demonstrate the ability to work with culturally diverse populations, and provides frequent training in ethnic and cultural diversity. This passion is exemplified through our mission: “Inspire Hope. Promote Wellness.” Pathways is a healthcare system capable of delivering the highest quality care to individuals regardless of socioeconomic status, race, ethnicity, or language proficiency. The most recent consumer satisfaction survey highlights that 91 percent of Pathways’ consumers would recommend the organization to family and friends. Pathways is in the process of becoming recognized as a Center of Excellence and a Certified Community Behavioral Health Clinic which includes being the provider, employer, and partner of choice in every community the agency serves.

Pathways provides culturally appropriate services to all individuals accessing treatment. We provide training to our staff throughout their employment as well as tailor recruitment efforts to assist with special needs in order to facilitate the expansion of cultural knowledge. 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 organization’s commitment 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, stigma and communication barriers hinder their seeking and receiving treatment. Pathways strives to better serve these non-English speaking populations. Our interest in cultural competency led Pathways to apply for 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 which will assist 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 healthcare 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 system of care.

Client Information:

The following description provides a summary of anticipated client encounters for Pathways' PATH programming, based on empirical data and anticipated need for PATH programming/intervention. We anticipate serving 12 clients in Cole County. The demographics of the expected consumers are as follows: 50% male, 50% female. Thirty-three (33) percent of participant's African American, 50% Caucasian, and 17% are American Indian/Other Race. Fifty (50) percent of consumers will be between the ages of 18-23, 41% between the ages of 35-49, 9 % between the ages 50-64. We have no veterans enrolled at this time. Clinical staff anticipates that 33% of the clients served will suffer from co-occurring mental illness. We further expect to see consumers suffering from schizophrenia or psychotic related diagnosis, affective related disorder, and personality disorders.

All participants of the Cole County PATH program will receive assistance to gain access to healthcare services. Those without insurance first apply for Medicaid and then obtain physical healthcare on a sliding fee scale, with the expectation that once Medicaid is received, it will "back pay" the services received by the PATH consumer. It is worth noting that Pathways is a Certified Application Counselor (CAC) organization, which will serve as a supplemental resource to all PATH consumers requiring assistance in navigating healthcare options.

Consumer Involvement:

Pathways' Board of Directors is representative of the racial, ethnic, and socioeconomic diversity of the communities that Pathways currently serves. This governing board is made up of community leaders who review the operations of the agency on a regular basis. Board members are selected for their business acumen, expertise, community service, involvement, and dedication to improving the field of behavioral healthcare. Under the governing Board of Directors Pathways has created four Boards of Associates for each multi-county geographic service region, comprised of local individuals representative of the racial, ethnic and socioeconomic diversity of the communities served. These Boards of Associates provide community level information to the governing board identifying potential community partnerships, business opportunities and other community "needs data" that the governing board needs to understand. Pathways developed and implemented a Diversity and Inclusion Plan in 2013 that outlines Pathways' commitment to further strengthening diversity at all levels throughout the organization. This plan is reviewed and amended on a yearly basis. Board members are highly engaged in the organization's priority setting and operation(s) and have some measure of professional and/or personal experiences with behavioral health issues, either through their chosen occupation or relationships with friends/family. This board utilizes consumer input and feedback in the planning, operation, and evaluation of services provided by Pathways.

Former consumers of the PATH Program who are no longer in need of services have been known to extend assistance to those currently in programming whether through providing emotional support, volunteering at the local Salvation Army, or lending a hand to consumers needing to access agency/community resources. Current PATH consumers develop an individualized wellness plan with the PATH Specialist in their initial meeting including treatment goals and objectives which are discussed throughout engagement in PATH programming. The co-developed treatment plan is evaluated at each of the following meetings between consumers and the PATH Specialist.

Pathways is aware of Appendix I: Guidelines for Consumer and Family Participation 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 the planning, implementation, and evaluation of services provided to them. Pathways regularly seeks consumer feedback about services and service provision. Pathways' Board of Directors utilizes consumer input and feedback in the planning, operation and evaluation of services provided by Pathways. All consumers served by Pathways must give informed consent and are advised of their client rights and protections.

Budget Narrative:

Included with this proposal is a copy of the budget to deliver the proposed services outlined within this proposal. The experience and expertise that Pathways brings to each project provides assurance to the Missouri Department of Mental Health that all proposed services will be carried out. 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, comprehensive life insurance, and EAP program.

Mileage –Pathways is estimating that 344 miles of travel per month for the PATH Specialist will be needed to successfully carry out proposed programming. This mileage will be reimbursed at \$.45 per mile, the current agency rate for mileage reimbursement.

4. Comprehensive Mental Health Services

17844 E 23rd Street
Independence, MO 64057

Contact:
Contact Phone #:

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID:

Geographical Area Served: Northwest

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 12,838 \$ 7,453 \$ 20,291

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 32,647	0.08	\$ 2,612	\$ 1,516	\$ 4,128	<input type="text" value="Correct Salary \$31,752"/>
Outreach worker	\$ 35,158	0.19	\$ 6,680	\$ 3,878	\$ 10,558	<input type="text" value="Correct Salary \$35,194"/>
Other (Describe in Comments)	\$ 47,743	0.05	\$ 2,387	\$ 1,386	\$ 3,773	<input type="text" value="Crisis Services Manager; Correct Salary \$47,164"/>
Other (Describe in Comments)	\$ 38,637	0.03	\$ 1,159	\$ 673	\$ 1,832	<input type="text" value="Hospital Liaison; Correct Salary \$36,650"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 15.82 % \$ 3,210 \$ 1,863 \$ 5,073

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 152 \$ 88 \$ 240

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 152	\$ 88	\$ 240	<input type="text"/>

d. Equipment \$ 0 \$ 0 \$ 0

e. Supplies \$ 1,171 \$ 679 \$ 1,850

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 1,171	\$ 679	\$ 1,850	<input type="text"/>

f. Contractual \$ 0 \$ 0 \$ 0

g. Construction (non-allowable)

h. Other \$ 2,240 \$ 1,301 \$ 3,541

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Rent Expenses	\$ 2,240	\$ 1,301	\$ 3,541	<input type="text"/>

i. Total Direct Charges (Sum of a-h) \$ 19,611 \$ 11,384 \$ 30,995

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 785 \$ 455 \$ 1,240

k. Grand Total (Sum of i and j) \$ 20,396 \$ 11,839 \$ 32,235

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 20 Estimated Number of Persons to be Enrolled: 20

Estimated Number of Persons to be Contacted who are Literally Homeless: 20

Number Staff trained in SOAR in Grant year ended in 2014: 1 Number of PATH-funded consumers assisted through SOAR: 2

Comprehensive Mental Health Services Intended Use Plan

Local Provider Description:

Comprehensive Mental Health Services, Inc. (CMHS) is a community behavioral health and substance use treatment center established in 1969, serving eastern Jackson County, Missouri. CMHS provides education and services to over 3,500 consumers on a yearly basis. These consumers include adults, adolescents, and children who suffer from varying degrees of mental illness and substance use disorders. Seven of our nine facilities are located in Independence, Missouri. CMHS serves a consumer population in eastern Jackson County that is both low income and exhibiting symptoms of mental illness and/or substance use. Services provided by PATH grant funding are for consumers that are homeless and older than 18 years of age. CMHS is the safety net for our respective 225 square mile area, bounded by I-435 on the west, Jackson County Line on the east, 40 Hwy to the south and the Missouri River on the north.

The amount of PATH funds that CMHS receives is \$32,235 (\$20,396 Federal; \$11,839 State Match). CMHS uses the entire amount of the PATH funds for the provision of direct services to individuals who are homeless and have co-occurring substance use and mental health problems.

Collaboration with HUD Continuum of Care Program:

CMHS actively participates in the Homeless Coalition. CMHS's Housing Specialist attends these meetings on a regular basis and participates in the HUD Continuum of Care program through this coalition. CMHS's Director of Residential Services is Board President of the Sunrise 811 board and two additional CMHS staff participate on that board. The Director of Residential Services participates on two additional HUD 811 boards for projects run by Swope Health Services and Tri-County Mental Health. The Director of Residential Services participates on the board for 7540 Washington, a transitional housing sponsored by Restart and funded by HUD. CMHS manages Turning Point Group Home, a 12 bed long term residential care facility which receives HUD and Missouri Department of Mental Health (DMH) funding.

Collaboration with Local Community Organizations:

Five years ago CMHS and Swope Health Services agreed to partner on an integrated health program 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 is housed in the CMHS facility and is part of a tremendous partnership which helps PATH consumers 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. CMHS is involved in the regional Emergency Room Enhancement (ERE) project. The collaboration in this program involves providing treatment and support to individuals that frequent hospitals and emergency rooms for their treatment in efforts to better direct their healthcare and needs.

CMHS receives referrals from a number of local community organizations:

- Local Police Departments and Crisis Intervention Team (CIT) officers;
- Specialty courts including Jackson County Mental Health Court;
- Children's Division and Health and Senior Services;
- Probation and Parole;
- Hospitals and Emergency Departments; and
- Artists Helping the Homeless.

Service Provision:

The services provided using PATH funds align with PATH goals to target street outreach and case management as priority services. In this way we maximize serving the most vulnerable adults who are literally and chronically homeless and suffering from behavioral health issues. The consumers are typically referred by police, emergency departments, and the regional crisis line for issues regarding their mental health concerns. During the Screening and Initial Assessment process, if it is identified that homelessness is a barrier and/or stressor, the consumer is deemed as appropriate for PATH. At this time they are connected with the Outreach and Access Specialist in addition to the other necessary treatment services needed to address their behavioral health issues. CMHS has a process in place that can allow for a consumer to receive an initial assessment, a psychiatric evaluation and housing or other basic needs met within 24 hours of initial contact. Treatment needs and PATH enrollment are addressed simultaneously and in coordination with one another. These services are housed in the Crisis Department as this department is often able to better identify the consumer's needs and address them in a quick and efficient manner.

Screening and Initial Assessment – All consumers receive a screening to ensure appropriateness for treatment and an intake/initial assessment is scheduled. Consumers participate in the assessment process by providing information regarding current and past issues in relation to their behavioral health issues. Based on this information a clinician provides an appropriate diagnosis. The assessing clinician will make referrals to other appropriate programs within the agency to meet the consumers treatment needs.

Consumers in immediate crisis have access to see the psychiatrist for an evaluation on the same day as their initial assessment. All consumers 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.

Consumers identified as appropriate for PATH enrollment will be assigned to an Outreach and Access Specialist within the crisis department who will work with them on addressing their immediate housing and basic needs. These Outreach and Access Specialists provide an intensive level of case management services that include:

- Providing support and direction related to daily living activities, personal and financial planning, transportation, housing, and vocational services;

- Completing SOAR applications for eligible individuals to assist with obtaining supplemental security income and/or other benefits;
- Assisting consumers experiencing homelessness in accessing community resources including housing assistance, food stamps, food pantries, utility assistance programs, Medicaid and/or other insurance benefits; and
- Providing or referring for other services as needed or appropriate. The other services available within CMHS are: Adult Community Support, Outpatient Therapy, Addiction Recovery, Independent Placement Supports, Healthcare Home, Hospital Diversion Facility (Spring House). All of these services are funded by other entities: Medicare, Medicaid, County Levy Funding, DMH, and other grant providers.

The Outreach and Access Specialists help individuals identify barriers to successful treatment and connect them with community resources to assist in overcoming or alleviating barriers. Barriers include unemployment, education, housing, legal, health, social services, and resources. The main area of concern is housing and being able to quickly access appropriate housing for consumers in need. Housing availability is extremely limited and many landlords are unwilling to work with the population we serve. The Outreach and Access Specialists spend considerable time developing relationships with local landlords specifically to address this issue.

Data:

CMHS has been utilizing the Homeless Management Information System (HMIS) for a number of years and utilizes the system fully. Currently three staff members are trained on HMIS (MAAC Link). Two of the trained staff currently work in a different program outside of the Crisis Department. These staff are available to provide assistance if needed. An Outreach and Access Specialist is the third staff member that has HMIS training and enters PATH data directly into the HMIS system. Additional staff within the Crisis Department will attend training when it is offered to expand the number of users within the department directly utilizing PATH funds.

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

CMHS currently has one staff member who is SOAR trained and plans to send another staff member through the training in the near future. The CMHS Outreach and Access Specialists focus specifically on the consumer's housing, financial, and basic needs and are available to assist the consumers. The goal of the staff is to ensure that the consumer's basic needs are met so that they can focus on the necessary treatment they need in order to recover. The Outreach and Access Specialists have successfully worked with two consumers through the SOAR process. We hope to grow this throughout the next year.

Housing:

CMHS assists consumers with applying for Shelter Plus Care vouchers through the Missouri Department of Mental Health. CMHS works closely with area recovery houses and refers consumers to those programs as appropriate. CMHS Outreach and Access Specialists have a good working relationship with the local housing authority in Independence, MO, as well as in Eastern Jackson County. Outreach and Access Specialists assist consumers with budgeting

needs, housing needs, and advocate for consumers who may have had previous evictions or other circumstances that may prevent them from obtaining housing. CMHS currently employs a Housing Coordinator who works with consumers to obtain financial assistance for housing and housing related issues, inspects potential houses/apartments to determine that they meet HUD requirements for safe and affordable housing, and interacts with consumers in their homes to assist them in maintaining lease requirements in order for them to keep stable housing. If an applicant meets requirements for Supported Community Living Services rental assistance they are put on a waiting list, which is prioritized for those individuals who are transitioning out of a more restrictive living arrangement or are homeless.

In addition to processing referrals, the Housing Coordinator provides oversight and assistance to those already receiving rental assistance. This ensures they stay current on their utilities and meet their lease requirements so they remain successfully housed.

The Housing Coordinator meets with landlords in the community to form partnerships in order for us to have safe and affordable housing options to which we can refer all of our participants, not just those who will be assisted with rent funding. This is an ongoing process that allows us to better know our community, work with landlords who understand our agency's consumers, and understand supports that we provide to consumers in order for them to be successfully integrated into the community.

We operate a 12-bed Residential Care Facility that emphasizes independent living. Each resident's care is directed towards teaching them the skills necessary to live successfully in a less restrictive environment. Every year we successfully place residents from this facility into their own apartments. The staff at that program liaise with the Housing Coordinator to access funding if needed for this transition to be successful.

Staff Information:

CMHS provides new employee training for all staff. This one day training includes sections on Cultural Competency, Trauma Informed Care, Confidentiality and HIPPA regulations, Corporate Compliance/Code of Conduct, Consumer Rights, Abuse and Neglect. Staff, depending on their position/responsibilities, may also be required to take classes offered by the agency in:

- Defensive Driving;
- CPR First Aid;
- Non-Violent Crisis Intervention; and
- Med-Aid Certification.

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

- Co-Occurring Disorders;
- Sexual and Workplace Harassment;
- Infection Control;

- Fire and Safety;
- Ethics;
- HIPAA;
- Cultural Competency; and
- Abuse and Neglect.

In addition to the above, CMHS pays for or otherwise supports evidenced based practice and training for 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 in some of these practices. Some of these trainings are:

- Collaborative Documentation;
- Wellness Coaching;
- Person Centered Care; and
- Trauma Focused Treatment.

We hope to further educate our staff and develop relationships with experts in the community to further train our staff on becoming Trauma Focused. CMHS looks for opportunities to send staff to become trainers in these evidenced based practices to continue the sustainability and fidelity.

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 provides opportunities for additional education and training based on an individual staff's need in regard to the population they are serving. CMHS has developed the Cultural Competency Plan (CCP) in order to provide ongoing cultural awareness training to its staff and to apply methods and services that will increase consumer acceptability of and benefits from behavioral health services. CMHS is dedicated to ensuring consumers experience a culturally competent environment from intake until discharge from services.

CMHS will also enhance communication with the deaf and hard of hearing consumers by providing services with an appropriately certified interpreter. Deaf consumers will receive a notice upon intake regarding Accessible and Appropriate Forms of Communication available to them to enhance communication while receiving services at CMHS.

CMHS is committed to providing competent healthcare that is culturally and linguistically sensitive to our consumers. In order to ensure that we are meeting this standard CMHS conducts satisfaction surveys throughout the year. If a consumer provides negative feedback that raises concern regarding any aspect of their treatment, the Patient Advocate and the Director of Quality and Compliance will schedule a consultation with that department to discuss the appropriate corrective action.

The Crisis Department, where the PATH services are provided, consists of the Crisis Services Manager, two Outreach and Access Case Managers, and the Hospital Diversion Liaison; one Caucasian female, one African American female, one African American male (a veteran with experience working with veterans), and one Hispanic male (who is bi-lingual).

Client Information:

In 2015 the following statistics were gathered from the crisis department.

Ages 18 - 25	19%
Ages 26 - 40	36%
Ages 41 - 54	32%
Ages 55 - 69	12%
Over 70	less than 1%

Race

Other	5%
Asian	less than 1%
Caucasian	80%
Hispanic	3%
Native American	1%
African American	10%

**It should be noted that the above information is only able to be gathered on those consumers that presented to CMHS to receive ongoing services. The above data does not include any consumer that may have had a one-time contact with the crisis department.

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. The Board of Directors is currently reviewing consumer involvement and is in discussions regarding a potential Consumer Advisor to be able to provide feedback and information. CMHS has held focus groups with consumers in order to receive feedback regarding the services that are being provided. Satisfaction surveys are also distributed to consumers in all departments including the Crisis Services Department. All data obtained is reviewed by the Quality Management Department and suggestions for changes are made based on that review.

Guidelines for Consumer and Family Participation

Program Mission

For consumers and their families, and significant others, CMHS plans, supports and coordinates education, activities and resources in order to promote and maintain a positive support system and improve care outcomes.

Program Planning

CMHS strongly encourages the involvement of family members in the treatment process. Positive family support is an integral part of treatment and upon discharge from treatment. Family assessments and family therapy are a service CMHS provides to ensure positive involvement from all involved in the treatment process.

Training and Staffing

All CMHS staff are required to attend and participate in a number of training and education hours per year as previously outlined.

Informed Consent

Upon admission all consumers are given the informed consent worksheet to fill out before treatment is provided. This form states that the consumer understands that all information disclosed to the provider will remain confidential with the exception of when there is imminent danger to that individual or another person, when there is suspicion that a child or elder is being sexually or physically abused, or when there is a valid court order issued for medical records. After the form is signed it is placed in the consumers chart.

Program Administration, Governance, and Policy Determination

CMHS currently does not have any consumers or family members hired in as key management roles to provide oversight and guidance. CMHS is actively reviewing consumer involvement and is discussing an advisory position to the Board of Directors.

Rights Protection

On entering service each consumer shall receive a copy of the Consumers Rights and Responsibilities brochure. All consumers are informed of their rights in writing and language the consumer understands as well as an explanation at the time of service.

Program Evaluation

Consumer satisfaction surveys are given to the consumers for feedback. If any negative feedback is shared the Patient Advocate and Cultural Competency Coordinator will address with the department.

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 24,751	\$ 14,369	\$ 39,120	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 27,300	0.47	\$ 12,831	\$ 7,449	\$ 20,280	Correct Salary \$27,040
Outreach worker	\$ 34,956	0.16	\$ 5,593	\$ 3,247	\$ 8,840	Correct Salary \$35,360
Other (Describe in Comments)	\$ 48,669	0.13	\$ 6,327	\$ 3,673	\$ 10,000	Housing Director; Correct Salary \$50,000

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	12.65 %	\$ 4,950	\$ 2,874	\$ 7,824	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 7,597	\$ 4,411	\$ 12,008	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 5,694	\$ 3,306	\$ 9,000	
Other (Describe in Comments)	\$ 1,903	\$ 1,105	\$ 3,008	Travel for trainings, workshops, meetings

d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

e. Supplies	\$ 0	\$ 0	\$ 0	
No Data Available				

f. Contractual	\$ 0	\$ 0	\$ 0	
No Data Available				

g. Construction (non-allowable)

h. Other	\$ 48,937	\$ 28,410	\$ 77,347	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 44,985	\$ 26,115	\$ 71,100	
Office: Utilities/Telephone/Internet	\$ 2,151	\$ 1,249	\$ 3,400	
Staffing: Training/Education/Conference	\$ 1,801	\$ 1,046	\$ 2,847	

i. Total Direct Charges (Sum of a-h)	\$ 86,235	\$ 50,064	\$ 136,299	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
j. Indirect Costs (Administrative Costs)	\$ 3,453	\$ 1,999	\$ 5,452	

k. Grand Total (Sum of i and j)	\$ 89,688	\$ 52,063	\$ 141,751	
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Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 436 Estimated Number of Persons to be Enrolled: 218

Estimated Number of Persons to be Contacted who are Literally Homeless: 436

Number Staff trained in SOAR in Grant year ended in 2014: 2 Number of PATH-funded consumers assisted through SOAR: 22

Family Counseling Center Inc. 2016 Intended Use Plan

Local Provider Description:

Family Counseling Center Inc. (FCC) is a private, not for profit community behavioral health center serving the Southeast Region of Missouri including Dunklin, Butler, and Pemiscot counties. Family Counseling Center provides an array of psychiatric, substance use, co-occurring, housing, and vocational supportive services certified by the Missouri Department of Mental Health (DMH). - \$ 141,751 (PATH Funding): \$89,688 Federal and \$52,063 State Match.

Collaboration with HUD Continuum of Care Program:

The Outreach Specialist/Case Manager assists clients in becoming aware of potential housing opportunities. The clients also receive assistance with accessing housing opportunities and filling out required documents. The outreach specialist/case managers develop coordination with Delta Area Economic Opportunity Corporation (DAEOC), local community partners, and the Shelter Plus Care programs in the Southeast Region to facilitate placements. Community outreach workers work with local housing authorities and landlords to coordinate the local placement in these programs. The outreach specialist is trained to make referrals to Family Counseling Center's permanent housing program as well. Each outreach worker attends the Regional Housing Continuum of Care meetings for their county. The Housing Director currently holds a position as Southern Representative for the Balance of State Continuum of Care and attends the Missouri Governor's Committee to End Homelessness in this role. Family Counseling Center is participating as one of the "doors" for our regions Coordinated Entry process. The PATH case managers assigned will be making referrals using our intake and assessment tool for the homeless population hardest to serve and utilize the region's resources to ensure an adequate link to mainstream services otherwise not made available.

Collaboration with Local Community Organizations:

There are a variety of organizations in the area that provide services to PATH eligible clients. They include local churches, local community action agencies, the Bootheel Human Needs Center, rural health clinics, community housing authorities, Helping Hand, the Bootheel Food Bank, and Shelter Plus Care through the Missouri Department of Mental Health. Family Counseling Center, as the community mental health center in the region, provides any non-PATH funded behavioral health services that individuals may be 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 in the Southeast Region. Family Counseling Center is dedicated to offering community behavioral health to all PATH eligible recipients, providing services for mental health disorders as well as substance use disorders. The partnership with Missouri Coalition of Behavioral Healthcare ensures that PATH enrolled clients have access to Emergency Room Enhancement (ERE), Intensive Residential Treatment Services (IRTS), Healthcare Home, and HUD eligible services. Through our internal as well as external referral

process clients can be notified if Medicaid and non-Medicaid services are available at our local outpatient clinics.

Service Provision:

Outreach and one time housing assistance is funded through the PATH program. Case management, assessments, mental health and/or substance use services are funded through one of our various state funded service contracts. Primary health care referrals are made as a function of PATH funded outreach services and/or DMH funded case management services. Permanent housing is provided thru our HUD permanent housing grants. Strategies used to target PATH funds for street outreach include 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.

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 filled a major gap in services – access to permanent housing. Family Counseling Center was awarded a HUD permanent housing grant for 22 units. We also operate a Safe Haven facility with eight residential units as a collaborative funding effort with HUD, Community Development Block Grant (CDBG), Missouri Housing Development Commission (MHDC) and support from the Dunklin County Commission. Family Counseling Center also has a transitional housing wing adjacent to the Safe Haven that provides a temporary housing option to accommodate up to eight 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 is able to meet this challenge with existing programs. FCC was awarded Co-Occurring Disorders grants thru the Missouri Foundation for Health.

We continue to pursue housing options through DAEOC and the Shelter Care Plus programs as well as pursuing federal funding to offer additional options to the Southeast Region. We currently operate an HUD 811 housing facility in Butler County, Missouri. This permanent housing program provides 10 units for individuals suffering from serious mental illnesses. We were awarded a Special Needs Project in Butler County, with MACO Development, a private housing developer, in which we are the Lead Referral Agency with five designated units in a 48 unit complex. In addition to our current housing resources this year, we will apply for a Supportive Services for Veteran Families (SSVF) project for Butler County.

Family Counseling Center is currently utilizing Homeless Management Information System (HMIS) in other housing services programs 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 training related to the HMIS migration. We offer web based training and interagency training. We have annual Technical Assistance Agreement (TAA) visits from Institute for Community Alliances (ICA) staff and are

fully invested in supporting evidence based practices, including Integrated Dual Disorder Treatment (IDDT), at all of our clinical and residential sites.

Data:

Family Counseling Center is a current HMIS user and we utilize the system in various housing programs. Our agency currently uses the HMIS database and has utilized their reporting for 10 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 Projects. Working with the staff at ICA/MHDC, 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 year. Training will be offered by the lead agency, ICA, via web or through more intensive Technical Assistance Agreement. We will utilize Continuing Education Units (CEUs) and variations of targeted population training throughout this process to ensure a seamless transition from our current data collection system. We fully intend to enter PATH data in HMIS by July 2016.

SSI/SSDI Outreach Access and Recovery (SOAR):

Family Counseling Center currently has two PATH staff members that are trainers for SOAR including the Housing Director, who is the SOAR Lead for the Southern Region of the State. We have been conducting SOAR cohorts for partners who have taken the online training as a refresher to maximize their understanding of submitting a SOAR application. During calendar year 2015 we were able to provide services for 22 consumers using the SOAR process, with 13 awarded benefits under SSA within a 90-day period or appealed. With the 2 PATH staff members assigned to assist with SOAR we expect to increase that number for 2016. We are pursuing a Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant to assist in paying for another 1.0 FTE SOAR case manager.

Access to Housing:

With both agency and non-agency annual trainings we hope to continually improve our ability to better serve all populations. For Spanish speaking persons in need of services Family Counseling Center has a bilingual staff member able to communicate. We also contract with a bilingual interpreter to provide communications assistance in outreaching and rental assistance services. Assistance includes both verbal and written aide as needed. We work very closely with agencies such as United Migrant Opportunity Services (UMOS) and the Migrant Whole Health Services Center, serving Dunklin, Butler, and Pemiscot Counties. We work with developers for long termed subsidized housing while continuing to pursue our relationship with local Public Housing Authority (PHA) and rental developers. We currently have a variety of supportive housing programs in our coverage area, in addition to a safe haven for chronically homeless and an HUD 811 facility for disabled individuals. We access PATH applicants for admission into these programs based on availability.

Staff Information:

During calendar year 2015 FCC assisted 347 persons, 75% female and 25% male; predominately between the ages of 18 and 49. Of this population, 42% were white and 56% were black. These demographics represent clients enrolled for PATH services as it is difficult to collect reliable data on those who received outreach services only and/or combined HPRP services. Family Counseling Center has one female outreach specialist of Asian descent, one female Caucasian outreach specialist, one outreach specialist African American female, and an African American Housing Director who assists the homeless or at risk of homelessness population with serious mental illness and/or substance use issues. Each outreach specialist is able to provide assertive community outreach to persons who have difficulty accessing and utilizing needed services without assistance particularly due to social barriers related to mental illness. Family Counseling Center has a Cultural Competency Committee that is chaired by Housing Director Anthony Smith. Our work plan and goals were established using SAMHSA's Treatment Improvement Protocol (TIP) 59, and Culturally and Linguistically Appropriate Services (CLAS) national 15 standards. Members of our housing unit also are represented in the Missouri Cultural and Linguistic Competence Work Group. Our intake and assessment process will be utilizing the Vulnerability Index – Service Prioritization Decision Association Tool (VI-SPDAT) as part of our Coordinated Entry process to identify more specifically categories of gender, religion, sexual orientation, race, and ethnicity of clients served.

We will continue to outreach 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 Serious Mental Illness (SMI);
- Path to Recovery;
- Alcohol Use Disorders in the Homeless Population;
- Co-Occurring Disorders;
- Understanding the Addictive Process; and
- Suicide Prevention.

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

Client Information:

It is reported that there are 10,237 homeless individuals (2,344 unsheltered and 7,893 sheltered homeless) in our state based on the State of Homelessness report by MHDC in 2013. We anticipate that we can provide outreach to 350 persons with an estimated 240 clients enrolled for

assessments and case management services. Of the 240 that are estimated to receive PATH and behavioral health related services we estimate that 40 may be eligible for Community Psychiatric Rehabilitation Center (CPRC) services based on having a serious mental illness and 80 will receive psychiatric and/or substance use outpatient services. We estimate that 40 will be placed in permanent supportive housing due to being “literally” homeless, while the remaining 40 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: 135
- d. 35-49 years: 131
- e. 50-64 years: 61
- f. 65-74 years: 13
- g. 75 years and older: 7
- h. Unknown: 0

Gender: Numbers Reported are - Actual

- a. Male: 88
- b. Female: 259
- c. Unknown: 0

Race/Ethnicity: Numbers Reported are Actual

- a. American Indian or Alaska Native: 0
- b. Asian: 0
- c. Black or African American: 194
- d. Hispanic or Latino: 7
- e. Native Hawaiian or Other Pacific Islander: 0
- f. White: 144
- g. Other: 2

	CLIENTS	STAFF
FEMALE	75%	75%
MALE	25%	25%
AFRICAN AMERICAN	56%	50%
WHITE	42%	50%
HISPANIC	1%	0%
OTHER	1%	0%
18-34	39%	25%
35-49	38%	75%
50-64	18%	0%
65-up	5%	0%

Consumer Involvement:

The agency utilizes the assertive community outreach approach. The outreach specialist and other key staff of Family Counseling Center 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 comprised of community representatives from across the service areas that assist in providing relevant feedback from the communities we serve. At this time we employ homeless consumers in our vocational services program. We also employ peer specialists who were formerly homeless. Currently this program provides vending services to all of FCC's (20) office locations. Consumers are 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 who have received services. We involve stakeholders of consumers including family, friends, and anyone who has a viable stake in the individual's recovery process. We also have PATH consumers on our Community Housing Advisory Board and HUD 811 Housing Board who share their experience with housing services and offer recommendations/suggestions to team members.

Budget Narrative:

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

6. New Horizons Community Support Services

Has Sub-IUPS: No

2013 William St
Jefferson City, MO 65109

Provider Type: Community mental health center

PDX ID:

Contact:

State Provider ID:

Contact Phone #:

Geographical Area Served: Central

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 46,664 \$ 27,091 \$ 73,755

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 39,008	0.63	\$ 24,575	\$ 14,267	\$ 38,842	PATH Supervisor; Correct Salary \$38,842
Other (Describe in Comments)	\$ 28,163	0.63	\$ 17,743	\$ 10,301	\$ 28,044	PATH Worker; Correct Salary \$28,044
Other (Describe in Comments)	\$ 72,433	0.06	\$ 4,346	\$ 2,523	\$ 6,869	Program Director; Correct Salary \$68,688

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 12.65 % \$ 9,333 \$ 5,418 \$ 14,751

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 2,816 \$ 1,634 \$ 4,450

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 2,531	\$ 1,469	\$ 4,000	
Other (Describe in Comments)	\$ 285	\$ 165	\$ 450	Training

d. Equipment \$ 304 \$ 176 \$ 480

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 304	\$ 176	\$ 480	Cell phone expense (\$20 per month x 2 FTE)

e. Supplies \$ 32 \$ 18 \$ 50

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 32	\$ 18	\$ 50	

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 16,187 \$ 9,398 \$ 25,585

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	\$ 6,327	\$ 3,673	\$ 10,000	CPR - Eval/Management Visits with Psychiatrist
Client: Other (Describe in Comments)	\$ 5,694	\$ 3,306	\$ 9,000	CPR Psychosocial Rehab 15 min unit @\$2.94
Client: Other (Describe in Comments)	\$ 949	\$ 551	\$ 1,500	Direct client supplies - copays, etc.
Client: Other (Describe in Comments)	\$ 348	\$ 202	\$ 550	CPR - Group Counseling 15 minute unit @ \$4.58
Client: Other (Describe in Comments)	\$ 190	\$ 110	\$ 300	CPR - DLA 20 15 min unit @\$24.45
Office: Rent Expenses	\$ 2,657	\$ 1,543	\$ 4,200	
Staffing: Other (Describe in Comments)	\$ 22	\$ 13	\$ 35	Basic Needs Coalition Dues

i. Total Direct Charges (Sum of a-h) \$ 75,336 \$ 43,735 \$ 119,071

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 2,514 \$ 1,455 \$ 3,969

k. Grand Total (Sum of i and j) \$ 77,850 \$ 45,190 \$ 123,040

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	122	Estimated Number of Persons to be Enrolled:	99
Estimated Number of Persons to be Contacted who are Literally Homeless:	122		
Number Staff trained in SOAR in Grant year ended in 2014:	2	Number of PATH-funded consumers assisted through SOAR:	6

New Horizons Community Support Services, Inc.
1408 Hathman Place
Columbia, MO 65201

Fiscal Year 17 PATH Funds Application
Intended Use Plan

Local Provider Description:

New Horizons Community Support Services, Inc. (New Horizons) is a private, non-profit 501(C)3 agency certified by the Missouri Department of Mental Health (DMH) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). New Horizons provides psychiatric rehabilitation services to adults who have serious and persistent mental illnesses and who may also have co-occurring substance use 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 will receive \$123,040 (\$77,850 Federal and \$45,190 State Match) in PATH funding.

New Horizons has provided psychiatric rehabilitation services to disabled individuals with mental illnesses since 1977. 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 6-7 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 services if they meet eligibility criteria of diagnosis, disability, and duration. The Department of Mental Health has expanded eligibility for Community Psychiatric Rehabilitation Programs (CPRP) to also allow admission for consumers who have not yet been deemed disabled by a mental illness but who have an eligible diagnosis and a DLA-20 score of 40 or below. This has allowed for more PATH consumers to transition to CPRP and to do this more quickly than in the past. Within this program consumers are offered crisis intervention services twenty-four hours per day, seven days per week. Crisis intervention services are provided by our onsite staff, by staff working at a crisis hotline with which we contract, and by on call staff. These same crisis intervention services are available to PATH consumers.
- ***Psychosocial Rehabilitation Centers:*** This service is carried out in buildings adjacent to our offices and offers opportunities for socialization, recreation, education, and skill development. The center provides sanctuary, peer support, life and employment skills training, social activities, and meals for participating consumers. The center offers groups with Evidence Based curriculums. The center offers programming each weekday

and on occasional evenings and weekends. PATH enrolled consumers are eligible to participate in this service.

- ***Integrated Dual Disorder Treatment (IDDT):*** This service component adheres to the SAMHSA IDDT toolkit. Services include substance use screening and assessment, individual therapy, group therapy, psychoeducation, smoking cessation, etc. PATH enrolled consumers are eligible to attend IDDT groups, which occur twice per week at NYRA, the psychosocial rehabilitation center.
- ***Medication Services:*** A psychiatrist is on staff and available four days per week to oversee consumer treatment, provide medication services, and consult with staff. PATH enrolled consumers are eligible to participate in this service.
- ***Healthcare Home (HCH):*** This service is provided to CPRP 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 lifetimes to have their healthcare needs identified and to receive the medical, behavioral and related social services and supports they need, coordinated in a way that recognizes all of their needs as individuals.” PATH consumers are able to take advantage of this program if they transition into our CPRP. 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 assist 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. 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 Missouri Department of Mental Health to obtain other rental assistance vouchers for consumers. New Horizons owns and operates residential care facilities and independent apartments; however, only a small fraction of New Horizons consumers live in agency owned housing.
- ***Projects for Assistance in Transition from Homelessness:*** The PATH supervisor completes a screening for homelessness on all referred consumers. Further description of PATH services follows.

Amount of PATH Funds that New Horizons will receive:

Federal PATH funds:	\$77,850.00
State match:	<u>\$45,190.00</u>
Total allocation:	\$123,040.00

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. Over the years PATH staff have served as Secretary for the BCBNC and Chair of the Outreach Committee and Homeless Management Information System (HMIS) Committee. In 2015 our PATH supervisor served as President of the BCBNC. PATH staff are trained in the use of HMIS and enter demographic information into the HMIS for every client enrolled in PATH. The BCBNC meets at least once a month. The Balance of State Continuum meets or has a conference call at least quarterly. PATH staff attend all scheduled meetings of both groups.

The BCBNC is responsible for the county’s biannual homeless count, which is called Project Homeless Connect (PHC). PATH staff have participated in the count for many years. This past year our PATH supervisor served as Chair of the PHC planning committee. Our staff assists with searching homeless camps to find homeless individuals to be included in the count, providing supplies to be distributed to homeless individuals who show up for the Homeless Connect event on the days of the counts, and gathering and sharing data related to homeless individuals served in our CPRP.

This past year staff from various community agencies joined together to create the Functional Zero Task Force (FZTF). The purpose of FZTF is to reduce homelessness among veterans and chronically homeless individuals in Columbia by securing and maintaining permanent housing through the coordination of housing and supportive services. PATH staff have been active in helping to create and carry out the tasks of the FZTF. This has included participating in outreach activities, completing the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) 2.0 assessment tool with homeless individuals, and participating in planning and coordination meetings. PATH staff have also been active in a planning team for coordinated entry which is currently a separate group from FZTF. PATH staff have been participating in monthly planning meetings and we are identified as an access point for homeless individuals in our community.

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, providing Intensive Community Psychiatric Rehabilitation (CPR) services to disabled mentally ill consumers in Columbia, Missouri.
- Warren Scott Apartments: A 14-unit apartment complex, built in 2006, providing Intensive CPR services to disabled mentally ill consumers in Jefferson City, Missouri.

- Richard Walz Apartments: A 9-unit apartment complex, built in 2011, providing Intensive CPR services to disabled mentally ill consumers in Jefferson City, Missouri.
- McKee Street Apartments: A 12-unit apartment complex, scheduled to open in May 2016, providing Intensive CPR services to disabled mentally ill consumers in Columbia, 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 (BBHS)***: New Horizons is an affiliate program of Burrell Behavioral Health Services. BBHS provides after hours crisis intervention services to PATH consumers through the form of a crisis hotline. New Horizons staff respond to calls and intervene with PATH consumers as needed. This service is available twenty-four hours per day/seven days per week. 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. BBHS refers individuals to our PATH program when they are unable to serve the individual in their CPRP.
- ***McCambridge Center***: McCambridge Center is a program of Pathways Community Behavioral Healthcare which provides residential substance use treatment to women. New Horizons staff maintains contact with McCambridge staff through regular meetings and refers 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 Health Programs***: Phoenix Health is a program which provides outpatient substance use treatment to men, women, and youth, as well as residential treatment to 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 Health Programs, New Horizons staff participate in coordination and aftercare meetings with Phoenix staff.
- ***Immigration and Refugee Services***: Immigration and Refugee Services is an agency which provides some funding and resources to individuals 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):*** FHC is a Federally Qualified Health Center (FQHC) which provides primary health care and some limited psychiatry services. New Horizons staff assist consumers with remembering and attending appointments as well as 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:*** Salvation Army is an organization which provides numerous resources including vouchers for furniture, rent assistance, clothing, and emergency or seasonal food baskets. Staff at both agencies also interact through the Continuum of Care activities.
- ***Harbor House Shelter:*** Harbor House is a Salvation Army shelter for men, women, and children. Harbor House provides individuals 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, resume writing assistance, money management classes, parenting classes, and a recovery program featuring on-site AA and NA meetings. PATH staff has contact with Salvation Army staff at the Harbor House shelter at least once per week and assist the shelter by providing case management to numerous residents.
- ***St. Francis House and Lois Bryant House:*** St. Francis House and Louis Bryant House are private, temporary shelters for men and women respectively. These shelters are historically full, so PATH consumers are rarely able to access these resources. New Horizons staff provide mental health screening, crisis intervention, and other PATH services to shelter residents when requested
- ***Turning Point:*** Turning Point is a privately run center that offers a variety of services to the homeless including showers, laundry facilities, temporary storage of personal items, one daily meal, community resource information, connection to volunteers and professionals, and meeting space along with telephone and internet access. New Horizons staff provide outreach at Turning Point at least once per week and has received numerous consumer referrals from staff and volunteers there. New Horizons staff provide on-site screening and evaluations to better engage individuals.
- ***Room at the Inn Shelter:*** Room at the Inn is organized and run by faith communities. This 10-bed shelter is open through the winter months. New Horizons staff is in frequent contact with volunteers at Room at the Inn offering screening and crisis intervention services to individuals staying at the shelter. New Horizons staff have also volunteered their time to manage an evening shift at Room at the Inn.
- ***New Life Evangelistic Center:*** New Life Evangelistic Center is another shelter for men. New Life provides emergency shelter beds and opportunities for employment. New Horizons staff members maintain contact with agency staff through regular meetings and refer PATH consumers for services as appropriate.

- ***True North Women's Shelter:*** True North Women's Shelter is an organization which 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:*** Welcome Home is a temporary shelter for veterans. Welcome Home offers connection to full medical services at the local Veterans Affairs (VA) Hospital, as well as assistance finding employment and permanent housing. Generally, the individuals staying at the shelter are served through the homeless assistance programs at the VA. PATH staff coordinate with VA staff regarding any individuals who need their assistance.
- ***Rainbow House Teen Shelter:*** Rainbow House a temporary shelter for teens. While New Horizons staff does not have much contact with this agency because New Horizons serves adult consumers, staff have met with the coordinator of the teen shelter to offer suggestions for homeless outreach and to brainstorm options for several residents. New Horizons participates with the teen shelter coordinator at community meetings and shares information related to homeless camp locations and available resources. New Horizons staff accepts referrals from the shelter for individuals who have reached the age of seventeen years, nine months.
- ***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 (Housing Choice) and Shelter Plus Care programs. All PATH consumers are referred to the Housing Authority and assisted with applications as necessary.
- ***Regional Aids Interfaith Network (RAIN):*** RAIN is an agency which provides case management, education, and rent assistance to individuals 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:*** University Hospitals and Clinics is an organization which provides primary and behavioral healthcare. PATH consumers are able to receive primary healthcare 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 South Providence 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 referrals from MUPC and provides screening services at the hospital when a potential consumer is inpatient.
- ***Vocational Rehabilitation (VR):*** VR is an entity which provides employment and training services for individuals with disabilities. New Horizons staff refer PATH consumers as appropriate and coordinate services with VR staff.

- ***Voluntary Action Center (VAC):*** VAC a community agency which assists individuals with funding for some housing issues, medications, and transportation expenses. New Horizons staff refer consumers to VAC when needed. New Horizons staff participate with VAC staff in community meetings and events.

New Horizons staff will maintain collaborative relationships with all of the above listed agencies and will also participate in the ***Boone County Basic Needs Coalition***.

Service Provision:

During Fiscal Year 2015, 107 consumers were served through the New Horizons PATH program, which was an increase from 72 consumers served in Fiscal Year 2014. To date in Fiscal Year 2016, 76 consumers have been served through the program.

New Horizons PATH staff will provide the following services to enrolled consumers:

Outreach services: Staff will go to homeless camps, shelters, the streets downtown, and Turning Point 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, Turning Point at least once per week, and the downtown area at least once per week. This outreach will be followed by a variety of other services listed below. New Horizons and the PATH program are well known to other social service programs so 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 Missouri 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 and complete full screenings whenever appropriate. Individuals eligible for PATH will be enrolled immediately. Individuals who answer "Yes" to any of the CAGE-AID questions asked during the initial screening will also be offered the opportunity to participate in our IDDT groups. Individuals who also appear to be eligible for community support services will be enrolled in PATH but informed that they will have the option of transitioning to the community support program upon eligibility confirmation. New Horizons will offer psychiatric evaluation and ongoing medication services to consumers enrolled in PATH. Additional screening and diagnostic services, such as full neuropsychological evaluations, will be paid for 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 Sheriff 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 who 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 are eligible to participate in IDDT groups, which are provided on-site at New Horizons. An additional component of the IDDT program is family/natural support psychoeducation which is available to PATH consumers.

Case Management services: PATH staff will provide direct and ongoing 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 healthcare 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 (PSR), also known as Nyra Center. At the center, they can participate in structured educational and recreational groups (including Evidence Based Practice groups), engage in prevocational activities, take advantage of opportunities for volunteering, and receive a healthy meal. PSR staff and PATH staff will meet regularly to review PATH consumer participation at the PSR Center and to discuss and resolve any potential problems or concerns about participation at the center. They also 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 provided as a routine part of case management. New Horizons staff will work closely with the FQHC, Family Health Center, to provide primary care; with Vocational Rehabilitation and Job Point 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. PATH staff will assist all enrolled consumers with applying for rental assistance and housing programs for which they are eligible. PATH staff have developed a good working relationship with staff at the Housing Authority and with many local landlords. PATH staff will take an active role in coordinating information among the consumers, the Housing Authority, and potential landlords in order to diligently assist consumers with gaining safe, affordable, permanent housing. PATH staff will make referrals to and assist consumers with accessing community resources available to assist with move-in fees and start-up items. Security deposits will be offered as needed, paid out of the PATH budget. One-time payments to prevent eviction will be made for a limited number of persons who are unable to access other sources of assistance.

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 growing 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 rental assistance vouchers. For the past year the city's public housing sites have been undergoing major renovation so there was a halt to applications and move-ins. This will likely continue for another year. The number of affordable and adequate, one bedroom homes/apartments continues to decrease, making it difficult to house individuals even when there are rental assistance vouchers available. This growing problem is frequently addressed at Homelessness Focus Groups throughout the city, which PATH staff participate in.

Lack of state funding for non-Medicaid (MOHealthNet) eligible individuals: Cuts in general revenue allocation to the Missouri Department of Mental Health have required drastic program eligibility modifications. People who do not have Medicaid or who do not meet income criteria for Medicaid will no longer be enrolled in community behavioral health programs. There simply is no money to serve them. Homeless persons often fall into this group of uninsured individuals. 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.

Lack of Mental Health Professionals within shelters: The shelters in Columbia do not have trained mental health professionals available and equipped to assist mentally ill individuals who are staying in the shelters. The shelter staff's inability to comfortably and effectively intervene when an individual is increasingly symptomatic or in crisis has often led to these individuals being evicted from the shelters. Also, accommodations are rarely made to allow these individuals to successfully interact and manage their stay at the shelters. Once evicted these individuals are unable to return to the shelters and often end up staying in places not meant for habitation such as hospitals or jail.

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

New Horizons provides substance use treatment under the SAMHSA IDDT model. PATH consumers are eligible for these services in the form of treatment groups and staff coordination with the IDDT therapist. 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 use 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 psychoeducational groups, evidence based practice groups, and IDDT groups are available in this setting. PATH staff and PSR staff meet regularly 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, Solutions for Wellness and Life Skills Training groups offered at the PSR Center. PATH staff assists consumers with learning about medication management and oversees them filling their medication planners if this activity is deemed appropriate and necessary. As PATH consumers are able to transfer into the community support services offered at our agency, they are engaged in Person Centered Planning. PATH staff and 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; and participation in our Supported Housing program. All staff have access to these training materials and receive ongoing, in-house training and training through Relias Learning courses regarding various Evidence Based Practices.

Data:

In 2009, New Horizons began utilizing an Electronic Medical Record (EMR) system called Credible. All PATH consumer records and CPRP consumer records are contained within the same system. This allows for ease of coordination of information among staff in all programs and ease of transition into other programs as appropriate. PATH staff, PSR staff, CPRP staff, and psychiatrists are able to review documentation entered into the consumer record by other staff members and are able to share “coordination reports” in order to clarify and discuss information.

New Horizons fully utilizes a separate HMIS system for PATH services. The information gathered for HMIS is also available in the consumer record in Credible. At this time there are no further plans to incorporate Homeless Management Information System (HMIS) into our EMR. In the past year we have received onsite visits from representatives from the Missouri Association for Social Welfare and the Institute of Community Alliances to monitor our compliance with the HMIS program, and we have been found to be in compliance each time. New staff completes the online HMIS training and each staff member completes online trainings as provided and recommended by the HMIS staff. PATH staff enters information into the HMIS database upon enrollment of a consumer into the PATH program and the PATH supervisor enters information from PATH progress notes on a weekly basis.

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

We currently have two PATH staff members trained in SOAR. One just completed the online training in March 2016. The other had completed the online training in November 2014 and participated in the SOAR Leadership Academy in Denver, Colorado, in September 2015. We often find that once consumers enroll in our program, they are already in the appeals process for disability benefits and have an attorney hired to assist them with this. We have coordinated information with these attorneys and have completed Medical Summary Reports to assist with the appeals process. This past year PATH staff completed SOAR applications, including Medical Summary Reports, for six individuals. Two of those individuals were awarded benefits, two were denied benefits, and two are still under review. We have set a goal of completing at least one SOAR application per month for the coming year.

Housing:

The New Horizons PATH program provides the following housing services: technical assistance in applying for housing assistance; improving the coordination of housing services; paying for or finding resources to pay for security deposits; paying the 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. Typically the process starts with the PATH staff working with the consumer to obtain a shelter placement or other temporary placement with a family member or friend. At the same time the consumer is assisted with applying for other assistance programs such as food stamps and general relief. PATH staff assists consumers with completing applications for housing assistance available through the Columbia Housing Authority. This allows the consumer access to a number of government funded housing assistance programs including public housing, Section 8 (Housing Choice), and Shelter Plus Care vouchers.

PATH staff maintain a database of local landlords that includes notations of those who will forego criminal history checks, application fees and other barriers. PATH staff work to maintain fairly casual relationships with landlords who 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 the 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.

Staff Information:

New Horizons-Columbia employs 32 staff. 69% are female; 31% are male; 87% are White; 13% are African American. Two employees are mental health consumers who hold state certification as a Peer Support Specialist. They are seated at the PSR Center but can work with any of our agency consumers. They bring 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 (white female). The Program Director is a white female. Our psychiatrist is a white female.

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 will 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 who speak only Serbo-Croatian, deaf persons who speak American Sign Language, and Latino immigrants whose primary language is Spanish. No matter what the language or cultural background, New Horizons staff provides services in the consumer's primary language and are sensitive to cultural differences.

New Horizons contracts for 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.

New Horizons received Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation in 2013, 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 a part of the ongoing annual training for staff. Trainings have included: Deep Dark Secret: A Closer Look at Mental Illness in the African American Community (video); Sexual Harassment and Discrimination Prevention (a Relias Learning course); African American Community Mental Health (NAMI fact sheet); Cultural Diversity (a Relias Learning

course); Mental Health Issues for Gays and Lesbians (a Relias Learning course). Trainings specific to other ethnic and cultural groups are assigned to case managers as appropriate and needed. Staff have participated in Stepping Stones to Recovery/SOAR training. Since our CARF accreditation a Multicultural Competence Committee has been established and is working on developing further trainings and opportunities for cultural awareness among our staff. The PATH Supervisor serves on the Multicultural Competence Committee.

Consumer Information:

According to 2015 census data Boone County is comprised of 174,974 citizens. In 2014, the racial composition of the county was primarily Caucasian or White (79.6%), followed by African American or Black (9.6%), Asian (4.4%), Hispanic or Latino (3.2%), Persons of two or more races (2.8%), and American Indian or Alaskan Native (0.4%) ethnicity.

These are the demographics for Fiscal Year 2014 PATH enrollees:

Male: 46%

Female: 54%

Transgendered: 0

White: 61%

African American: 31%

Asian: 6%

American Indian: 1%

Two or More Races: 0%

Hispanic/Latino: 1%

Dually diagnosed with co-occurring substance use disorders: 55%

Veteran: 5%

We anticipate that we will provide outreach to approximately 140 individuals in the upcoming year and will enroll approximately 90 individuals in the PATH program. We anticipate that approximately 50% of these individuals will be literally homeless.

Consumer Involvement:

New Horizons' Mission Statement is as follows: We assist people with severe and persistent mental illnesses, who may also have co-occurring substance use disorders, by providing quality, integrated psychiatric rehabilitation services. We offer people hope, kindness, and respect for their process of recovery, while helping them effectively manage their lives.

New Horizons promotes and trains all staff in the concept of person centered care and treatment planning. Consumers guide the treatment, establishing their own treatment goals, and helping to identify steps that they can take and interventions that staff can provide to help them reach those

goals. Each consumer is involved in treatment planning and verifies involvement by signing the treatment plan. Any significant supports that the consumer identifies are welcome and invited to participate in the treatment planning process. New Horizons staff encourages consumers to sign Authorizations to Disclose Information for family members and other involved persons so that staff can coordinate care and information with these individuals. Upon enrollment in the PATH program all services and consumer rights are explained to the consumers and the consumers are offered copies of all paperwork related to this. Consumer Rights, including the numbers to call for the DMH Office of Constituent Services and Missouri Protection and Advocacy, and the Grievance Procedure are also posted in our office lobby and in a prominent location in the PSR Center.

PATH consumers are invited and encouraged to serve on our Consumer Advisory Council, which meets quarterly and provides feedback on all issues of programming at our agency. PATH consumers are also encouraged to participate in the open consumer forum which is held monthly at the PSR Center. Consumer Satisfaction Surveys are distributed to all enrolled PATH consumers and we encourage them to complete and return these to us so that we can gauge the need for changing any elements of our program. Satisfaction Surveys are also sent to agency stakeholders including guardians, local social service agencies, other community agencies and healthcare providers, etc. New Horizons employs two Peer Support Specialists at the Columbia site.

Engagement of family members and other supports is done on an individual basis. PATH staff explore all options for short and long term housing plans, including identification of both local and nonlocal family members who may be willing to assist. PATH staff offers education to family members about community resources, available services, and mental health. The IDDT therapist offers psychoeducation related to co-occurring disorders and recovery to identified family members and/or natural supports.

7. Places for People

4130 Lindell Blvd.
St. Louis, MO 63108

Contact:

Contact Phone #:

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID:

Geographical Area Served: Eastern

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 27,784	\$ 16,130	\$ 43,914	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 30,647	0.32	\$ 9,807	\$ 5,693	\$ 15,500	Correct Salary \$31,000
Outreach worker	\$ 32,968	0.19	\$ 6,264	\$ 3,636	\$ 9,900	Correct Salary \$33,000
Other (Describe in Comments)	\$ 33,258	0.19	\$ 6,319	\$ 3,669	\$ 9,988	Intake Specialist; Correct Salary \$33,293
Other (Describe in Comments)	\$ 59,933	0.09	\$ 5,394	\$ 3,132	\$ 8,526	Project Director; Correct Salary \$56,840

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	14.55 %	\$ 6,390	\$ 3,710	\$ 10,100	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 1,215	\$ 705	\$ 1,920	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 1,215	\$ 705	\$ 1,920	

d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
e. Supplies	\$ 178	\$ 72	\$ 250	
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 178	\$ 72	\$ 250	

f. Contractual	\$ 0	\$ 0	\$ 0	
No Data Available				

g. Construction (non-allowable)				
h. Other	\$ 1,839	\$ 1,096	\$ 2,935	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	\$ 772	\$ 395	\$ 1,167	Client assistance
Office: Utilities/Telephone/Internet	\$ 1,067	\$ 701	\$ 1,768	

i. Total Direct Charges (Sum of a-h)	\$ 37,406	\$ 21,713	\$ 59,119	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
j. Indirect Costs (Administrative Costs)	\$ 1,496	\$ 869	\$ 2,365	
k. Grand Total (Sum of i and j)	\$ 38,902	\$ 22,582	\$ 61,484	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 176 Estimated Number of Persons to be Enrolled: 169
 Estimated Number of Persons to be Contacted who are Literally Homeless: 176
 Number Staff trained in SOAR in Grant year ended in 2014: 1 Number of PATH-funded consumers assisted through SOAR: 0

Places for People

Intended Use Plan

Local Provider Description:

Places for People (PFP) is a not for profit Community Behavioral Health Center (CBHC) serving St. Louis City and County, Missouri. The agency receives \$38,902 Federal, \$22,582 State GR match for a total of \$61,484 in PATH funding.

Collaboration with HUD Continuum of Care (CoC) Program:

Places for People (PFP) 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's Intake Program Manager is an Executive Board Member of the St. Louis City Continuum of Care and is Chair of the COC Point-in-Time Committee. PFP is also a member of several network committees and focus groups such as; Affordable Housing Task Force Behavioral Health Network (BHN) Housing Collaborative Work Group, Hope Health and Housing Steering Committee, BHN Hospital Liaison Steering Committee and Policy Committee, and St. Louis Leadership to Ending Veteran Homelessness. Currently PFP implements a Shelter Plus Care housing program with 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, Adapt of Missouri, Independence Center, Hopewell, 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, Behavioral Health Response, Karen House, Room at the Inn, Loaves and Fishes, the Missouri Department of Health and Human Services, and St. Louis City and County Police Departments. Places for People's Outreach Program has contracts with the St. Louis Drug Court, the City of St. Louis Office of the Public Administrator, St. Louis City Probation and Parole, St. Louis Mental Health Board, St. Louis City Department of Human Resources, Behavioral Health Network, and the Missouri Department of Mental Health. The Outreach Team has been consistently recognized by area providers as being a quality collaborative partner.

Service Provision:

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 use disorders and links them to appropriate treatment services. Skilled outreach and engagement services are necessary to recognize, stabilize, and encourage individuals with mental illness and/or substance use/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 which employs engagement strategies to facilitate a trusting and 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 intensive outreach. 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 individual. 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 Community Psychiatric Rehabilitation Programs (CPRP) or 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.

For PFP participants who are eligible for ACT and CPRP services, Medicaid will be billed. For PFP participants who are receiving Outreach, Peer Mentoring, and Community Reinforcement Approach (CRA) and Assertive Comprehensive Case Management (ACCM) services, Medicaid will not be billed.

Based on past PATH experience PFP knows that incoming participants will include a fraction of people with Medicaid, people who do not have but are eligible for Medicaid, and people who have significant mental health issues but are not eligible for Medicaid. While people with any of these insurance statuses would be eligible for this project PATH deliberately prioritizes individuals who have serious and complex mental illness who are experiencing homelessness but do not receive Medicaid. They may be excluded from Medicaid services because their diagnosis is not approved for service by Medicaid or because the onset of their illness is recent and they do not have a diagnosis or a history of additional corroborating factors such as homelessness, substance use or interactions with the legal system. In the past this has led to individuals being excluded from services until their symptoms had worsened, which is clearly antithetical to any

sort of preventive care. PATH participants comprise a significant population of people who are not typically served by other behavioral health providers and who are caught in the paradox of being in need of services but ineligible for services. Serving this population will also help bridge the gap to broader Medicaid eligibility.

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 use, and behavioral healthcare providers have limited openings for the homeless who are without insurance. Referrals for inpatient substance use treatment can take up to 6 to 8 weeks. Nearly all outpatient behavioral healthcare agencies in the St. Louis City and County area will not accept patients without insurance or are at capacity. Places for People's Outreach psychiatry clinic is one of the few exceptions. 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 use treatment facilities which enable our clients to rapidly connect to treatment providers. Since 45% of the homeless population that we serve has both substance use 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:

Outreach and Engagement is a critical and fundamental step and best practice for engaging people with multiple service needs (e.g., SAMHSA 2003; Erickson & Page, 1999). Our own pioneering approach to Outreach and Engagement has been published (Morse et al., 1996), widely cited (Erickson & Page; SAMHSA, 2003), and recommended by SAMHSA (2001). It has been broadly used to engage African Americans and other racial and ethnic minorities. Given the success of Outreach and Engagement with diverse subpopulations it is a key means for reducing possible disparities. Outreach and Engagement is a critical first step in fostering hope and the possibility of the journey toward recovery.

Critical Time Intervention (CTI) is a time limited (8 to 9 month) intensive case management approach used to help people with behavioral health disorders transition out of homelessness into permanent housing. Research shows CTI to be an effective service for preventing recurrences of homelessness for people with severe mental illness during periods of transition (Valencia et al., 1997; Schutt et al., 2008). It was specifically developed for people who are homeless and is therefore sensitive to the cultures of people who are homeless and racial minorities. We currently use CTI because it facilitates the goal of stable housing and meets the specific needs of homeless subgroups who may exhibit co-occurring disorders.

Community Psychiatric Rehabilitation Program (CPRP) is designed for those individual who are experiencing acute psychiatric distress and need a level of support, treatment, and rehabilitative services to live and function independently, with family, or in congregate settings in the community. Treatment is focused towards age appropriate rehabilitation. Emphasis may be on

stabilization in the community. Community support services provide coordination of services, monitoring, and skill building interventions are a critical component in this level of care.

Assertive Comprehensive Case Management (ACCM) is an Evidence Based Practice (EBP) aimed at serving homeless people. It bears a close resemblance to other approaches called “assertive” or “intensive” case management within the literature on mental health and homelessness (Morse, 1999; SAMHSA, 2003). Comprehensive Case Management is identified by SAMHSA as an effective substance use treatment practice. This service approach is delineated in a Treatment Improvement Protocol (TIP 27), which deems it “especially appropriate for substance users with special treatment needs.” In an extensive review of empirical literature for HHS and HUD, Morse (1999) found that two of three experimental studies conducted on assertive case management concluded that the service was effective for helping homeless people with mental illness (positive outcomes included improved housing and reduced symptoms).

Healthcare Home (HCH): In January of 2012, a Healthcare Home Team was established at Places for People in order to improve health outcomes for persons served. Healthcare Home is an alternative approach to the delivery of healthcare services that promises better patient experience and better results than traditional care. The Healthcare Home model 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.

Psychosocial Rehabilitation (PSR) services are defined as a combination of goal oriented rehabilitative services provided in a group setting as outlined in the person’s Individual Treatment Plan (ITP). Services are designed to maintain and improve the ability of persons to function as independently as possible in their family and community.

Assertive Community Treatment/Integrated Dual Disorder Treatment (ACT/IDDT): ACT is a comprehensive and community based approach for providing needed treatment, rehabilitation, and support to people with severe mental illnesses. ACT is the most widely researched psychosocial treatment for severe mental illness and is supported by an extensive body of controlled research that supports its effectiveness (Bond et al., 2001) especially for homeless people (Morse, 1999), including veterans and other subpopulations. ACT has been found effective for a range of positive outcomes. Areas of positive outcomes for clients include improved housing, reduced hospitalization, reduced symptoms, improved medication adherence, improved functioning and quality of life, and positive consumer satisfaction. ACT is one of SAMHSA’s six evidence based toolkit practices and is well suited to reducing potential subpopulation disparities.

Illness Management and Recovery (IMR) is 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.

Integrated Dual Disorders Treatment (IDDT) is a philosophy of providing both mental health and substance use treatment concurrently and throughout all services and programs.

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

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

Community Reinforcement Approach (CRA) is an evidence based substance use treatment program that has been proven effective with a variety of populations and in a variety of settings (Miller et al., 1999). Three meta-analytic reviews have concluded that CRA is one of the most cost effective treatment programs for mental illness and co-occurring alcohol disorders (Finney & Monahan, 1996; Holder, Longbaugh, Miller & Rubonis, 1991; Miller et al., 1995); studies have also found that CRA is effective for treating homeless people with alcohol dependence (Smith, Meyers, & Delaney, 1998).

Motivational Interviewing (MI) is a critical technique of working with participants to gain the awareness and motivation necessary for positive behavior change. MI is widely recognized as an essential service for effectively engaging the challenging to serve populations with mental illness and co-occurring disorders (SAMHSA, 2003). MI has been applied effectively across a wide range of other needs including reducing risk behaviors and increasing mental health treatment participation (Miller & Rollnick, 2013). For participants with low readiness to engage in treatment 1 to 2 sessions of MI will be conducted in the PATH program to increase the participant's engagement prior to treatment. A brief course of MI prior to a standardized psychotherapy treatment has been shown to be associated with increased engagement in therapy, better attendance, better compliance with therapy homework, and better treatment outcomes as compared to psychotherapy without MI (Humfress et al., 2002; Westra & Dozois, 2006). Every staff member at PFP is trained extensively in MI.

Data:

Places for People's Intake Program Manager has been fully trained on HMIS system, has met with Municipal Information Systems, Inc. (MISI) staff on several occasions, and has been given an ID and password. PATH funded outreach staff are currently filling out HMIS hard copies for entry into Compass Rose when the system is ready. One outreach staff member and administrative staff member recently received Pathways/MISI training on March 15, 2016. Places for People is currently entering client information and services for Emergency Shelter Grant (ESG) clients in Compass Rose.

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

One PATH Outreach staff member has been fully trained in SOAR as of April 2015. This staff member has completed the practice application through <https://soarworks.prainc.com>. This outreach staff member has also attended several SOAR meetings lead by the Missouri Department of Mental Health.

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 can also 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, 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 are comprised of minorities and approximately two-thirds of our employees are female. The Intake and Outreach Teams, which provides PATH services, include 18 staff, 4 of whom are African American and 14 of whom are female. Two staff members are peer specialists.

All PFP staff 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 are able to provide sensitive services regardless of age, gender, or race. Places for People will have its first Culturally and Linguistically Appropriate Services (CLAS) training for outreach staff at the end of June 2016.

Client Information:

We project to engage and outreach 160 consumers for Fiscal Year 2017. 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, SOAR services, IDDT services, ACCM services, CTI services, ACT services, psychiatric services, or housing services. Of the 120 enrolled, we project 80% will be female and 20% will be male; 65% will be African American, 30% will be white, and 5% will be other race; 80% will have a significant mental health disorder and 35% will have a co-occurring disorder; 70% will be literally homeless and 30% 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. Outreach and Intake employs one peer mentor.

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 68,325	\$ 39,663	\$ 107,988	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Homeless Housing Counselor	\$ 31,080	0.25	\$ 7,770	\$ 4,510	\$ 12,280	Correct Salary \$30,700
Homeless Housing Counselor	\$ 31,638	0.16	\$ 5,062	\$ 2,938	\$ 8,000	Correct Salary \$32,000
Homeless Housing Counselor	\$ 21,356	0.16	\$ 3,417	\$ 1,983	\$ 5,400	Correct Salary \$21,600
Other (Describe in Comments)	\$ 28,472	0.32	\$ 9,111	\$ 5,289	\$ 14,400	Crisis Intervention Coordinator; Correct Salary \$28,800
Other (Describe in Comments)	\$ 64,631	0.13	\$ 8,402	\$ 4,878	\$ 13,280	Crisis Intervention Manager; Correct Salary \$66,400
Other (Describe in Comments)	\$ 41,158	0.19	\$ 7,820	\$ 4,540	\$ 12,360	Transitional Living Supervisor; Correct Salary \$41,200
Other (Describe in Comments)	\$ 51,356	0.09	\$ 4,622	\$ 2,683	\$ 7,305	Client Intake Manager; Correct Salary \$48,700
Other (Describe in Comments)	\$ 18,067	0.21	\$ 3,794	\$ 2,202	\$ 5,996	Night Staff; Correct Salary \$18,282
Other (Describe in Comments)	\$ 40,067	0.09	\$ 3,606	\$ 2,094	\$ 5,700	Client Intake Specialist; Correct Salary \$38,000
Other (Describe in Comments)	\$ 40,425	0.08	\$ 3,234	\$ 1,878	\$ 5,112	Transitional Living Manager; Correct Salary \$42,600
Other (Describe in Comments)	\$ 9,888	0.32	\$ 3,164	\$ 1,836	\$ 5,000	Night Staff; Correct Salary \$10,000
Other (Describe in Comments)	\$ 26,889	0.09	\$ 2,420	\$ 1,405	\$ 3,825	Client Intake Specialist; Correct Salary \$25,500
Other (Describe in Comments)	\$ 23,411	0.09	\$ 2,107	\$ 1,223	\$ 3,330	Client Intake Specialist; Correct Salary \$22,200
Other (Describe in Comments)	\$ 11,863	0.16	\$ 1,898	\$ 1,102	\$ 3,000	Night Assistant; Correct Salary \$12,000
Other (Describe in Comments)	\$ 11,863	0.16	\$ 1,898	\$ 1,102	\$ 3,000	Night Staff; Correct Salary \$12,000

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	15.82 %	\$ 17,081	\$ 9,916	\$ 26,997	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 0	\$ 0	\$ 0	
No Data Available				

d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 316	\$ 184	\$ 500	
Client: Other Supplies (Describe in Comments)	\$ 633	\$ 367	\$ 1,000	Program Supplies

f. Contractual	\$ 0	\$ 0	\$ 0	
No Data Available				

g. Construction (non-allowable)

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Transportation	\$ 1,851	\$ 1,074	\$ 2,925	Outreach van fuel, repairs, & maintenance
Office: Utilities/Telephone/Internet	\$ 1,265	\$ 735	\$ 2,000	
Staffing: Training/Education/Conference	\$ 2,278	\$ 1,322	\$ 3,600	

i. Total Direct Charges (Sum of a-h)					
	\$	91,749	\$	53,261	\$ 145,010
Category					
		Federal Dollars *		Matched Dollars *	Total Dollars
j. Indirect Costs (Administrative Costs)					
	\$	3,798	\$	2,202	\$ 6,000
k. Grand Total (Sum of i and j)					
	\$	95,547	\$	55,463	\$ 151,010

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted who are Literally Homeless:

3,159

Number Staff trained in SOAR in Grant year ended in 2014:

10 Number of PATH-funded consumers assisted through SOAR:

10

St. Patrick Center Local Area Provider Intended Use Plan

Local Provider Description:

The mission of St. Patrick Center is to provide opportunities for self-sufficiency and dignity to people who are homeless or at risk of becoming homeless. St. Patrick Center, which serves the St. Louis, Missouri metropolitan area, is a 501(c) (3) charitable organization that offers outreach, education, employment, mental health, substance use, and housing services that help approximately 6,000 individuals annually to achieve greater stability in their lives. St. Patrick Center will receive a total of \$151,010 in PATH funds for grant year 2016, including \$95,547 in federal funds and \$55,463 in state funds.

Collaboration with HUD Continuum of Care Program:

St. Patrick Center is an active member of the St. Louis City Continuum of Care (CoC). This includes attending and participating in CoC meetings, committees, and events and participating in the annual Point-in-Time (PIT) counts conducted by the St. Louis City CoC. St. Patrick Center is also a key part of the City of St. Louis' plan to end chronic homelessness among veterans. Beginning with the January 2014 PIT count, the St. Louis City CoC is rapidly rehousing chronically homeless veterans by providing them with HUD Veterans Affairs Supportive Housing (VASH) vouchers. St. Patrick Center has partnered with the City on this effort by providing payment for the security deposit on apartments for HUD VASH voucher recipients.

St. Patrick Center collaborates regularly with other CoC member programs to coordinate service delivery since many of the individuals served at St. Patrick Center are also receiving services elsewhere. St. Patrick Center shares and receives information on client treatment and services in accordance with HIPAA standards to ensure that it is not duplicating services with other providers in the community.

Collaboration with Local Community Organizations:

St. Patrick Center maintains a number of partnerships with other local community organizations to effectively coordinate activities and services for PATH eligible clients. St. Patrick Center works with these partners directly and indirectly to ensure that PATH eligible individuals have access to available services that best meet their needs. Current partners and a description of the services they provide include:

- Affinia Healthcare (formerly Grace Hill Health Centers) provides primary and preventative health services for medically underserved individuals and families;
- BJC Behavioral Health Services provides and coordinates behavioral health services for individuals in the St. Louis area;
- City of St. Louis, Homeless Services Division serves as the coordinator of the St. Louis City Continuum of Care and works with area homelessness service providers to ensure that services are meeting the needs of the city's homeless and at risk population;

- Legal Services of Eastern Missouri provides free civil legal assistance for low income individuals in the St. Louis area;
- Missouri Department of Mental Health ensures the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families that need public mental health services in Missouri;
- Missouri Department of Social Services, Children’s Division offers in-home services for families in crisis that help restore family functioning;
- Peter and Paul Community Services provides housing and supportive services for homeless individuals who experience mental illness;
- Places for People provides services that help people recover from mental illness and associated chronic illnesses;
- Preferred Family Healthcare provides counseling services and psychiatric assessment and treatment as well as substance use rehabilitation services;
- Queen of Peace Center provides family centered behavioral healthcare and treatment for women who struggle with addiction and their children and families;
- Salvation Army provides inpatient drug and alcohol addiction treatment and recovery services;
- Social Security Administration offers benefits for disabled adults and children who have limited income and resources;
- St. Francis Community Services (formerly the Housing Resource Center) helps homeless individuals connect to the area’s homeless shelters; and
- Vocational Rehabilitation specializes in providing employment and training services that help individuals who have disabilities that create barriers to attaining and maintaining employment.

In addition to these partnerships St. Patrick Center provides PATH eligible clients with referrals to its own internal programs that provide a comprehensive range of services. These services include:

- Assertive Community Treatment (ACT) and Intensive Case Management (ICM) programs;
- Employment and job readiness programs such as Begin Training and Education Center (BTEC), Building Employment Skills for Tomorrow (BEST), and McMurphy’s Culinary Training Program;
- Independent Living Skills and GED instruction provided in partnership with St. Louis Public Schools and St. Louis Community College;
- Shamrock Club day treatment program (mental health and/or substance use) and overnight shelter for women; and
- Assistance finding permanent housing.

Service Provision:

How services target street outreach and case management and maximize serving the most vulnerable adults: St. Patrick Center’s PATH funded services focus on providing comprehensive case management and services for individuals who are literally and chronically homeless. Services provided include: mobile outreach that encourages homeless individuals who are living

on the streets to seek services and support; mental health services and intensive case management for mentally ill homeless women; crisis intervention and case management for homeless individuals including mainstream entitlement support, financial stability planning and housing support; alcohol and drug treatment services; referrals for primary and preventative health services, job training, educational services and relevant housing services; and ongoing case management.

Existing gaps:

The primary gaps in services most frequently experienced by homeless and at-risk individuals in St. Louis and for which St. Patrick Center has no or limited resources include: psychiatric treatment; access to prescription medications and assistance with medication management; services for those with end stage alcoholism; health education; and basic health services (wound care), dental care, and medical testing. Larger systematic gaps in resources for homeless and low income individuals and families include: a lack of affordable permanent housing; a lack of affordable inpatient drug treatment and detoxification centers; a lack of treatment programs for women with children, particularly those with children ages 12 and older; a lack of services and supports for youth aging out of the foster care system; and lack of funding for Assertive Community Treatment that could offer supportive housing services for mentally ill homeless individuals.

Current services available to clients who have both a serious mental illness and substance use disorder:

St. Patrick Center's Shamrock Club day treatment program provides services for individuals who experience both mental health and substance use disorders. Through the day treatment program homeless individuals participate in the following: individual counseling and educational meetings that help them understand addiction and mental health conditions and their impact on health and functioning; receive assistance with setting and working toward personalized goals and applying for entitlement benefits, if qualified; receive referrals to other community mental health and substance use treatment programs as necessary; receive ongoing case management to help them address barriers to stability and self-sufficiency; and receive referrals to other programs that address needs related to education, employment, independent living skills and housing.

How St. Patrick Center supports evidence based practices, trainings for local PATH funded staff, and trainings and activities to support collection of PATH data in Homeless Management Information System (HMIS):

As a Catholic Charities organization, St. Patrick Center receives regular training from Catholic Charities on evidence based practices, such as Assertive Community Treatment and Intensive Case Management. St. Patrick Center also offers internal training and guidance on Motivational Interviewing and Cognitive Behavioral Therapy provided by staff members who have been trained in using these techniques. St. Patrick Center is a member of the Community Academic Partnership on Addiction (CAPA), an affiliation between Washington University's Brown School of Social Work and community agencies, which develops collaborative teaching, learning, and research activities throughout the St. Louis region. St. Patrick Center partners with the Anthropedia Foundation to promote healthy living among program participants through increased self-awareness and well-being.

Data:

St. Patrick Center uses a web based HMIS called CaseWorthy to track client level data, including demographic information, services received, assessments, and outcomes. St. Patrick Center's outcomes department, which is comprised of two full time staff members, manages the database, generates reports, and provides agency wide training on data entry and data quality efforts.

- Transition Plan: As of April 2016, the St. Louis City Continuum of Care is transitioning from Municipal Information Systems, Inc. (MISI) to Institute for Community Alliances (ICA) as the HMIS Lead. MISI, which also functions as the CoC HMIS Vendor, will discontinue support for the Compass Rose system in October of 2016.
- The St. Patrick Center outcomes department is actively participating in the CoC HMIS Subcommittee, which is currently conducting an HMIS selection process and transition plan. As of April 27, 2016, a final transition timeline has not been finalized.
- St. Patrick Center will begin PATH data entry into the new HMIS as the transition timeline permits and make all reasonable efforts to do so by the July 1, 2016 deadline. St. Patrick Center will continue PATH data entry in the CaseWorthy system as a method of data validation during the transition to the new system. St. Patrick Center is also exploring interoperability solutions that would allow the sharing of PATH data elements between Caseworthy and the new CoC HMIS system.

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

During the grant year ending in 2015, St. Patrick Center had ten staff members who had been trained in using the SOAR process. During the next funding cycle St. Patrick Center anticipates that three additional staff members will complete SOAR training.

St. Patrick Center assisted ten individuals with disability applications last year. Many other individuals requested assistance after they had sought help from a local attorney who specializes in disability cases. As a result, the assistance provided by St. Patrick Center is often in the form of providing those attorneys with diagnostic and service records.

During the previous grant year, St. Patrick Center began to provide additional direct assistance through the SOAR process. St. Patrick Center created 1.5 FTE positions that triage new clients and offer crisis intervention support. The SOAR process begins when clients go through the intake process and are identified as potentially having a disabling condition.

Access to Housing:

St. Patrick Center assists PATH eligible clients in attaining suitable housing through its network of housing providers and by developing relationships with rental property owners throughout the community. St. Patrick Center places individuals into housing that meets their individual needs as well as affordable and sustainable. St. Patrick Center utilizes other federal, state and local funding as well as income from general fundraising efforts to help meet clients' housing needs.

Staff Information:

St. Patrick Center values diversity and employs a diverse staff. The following are demographics of the current staff who serve PATH eligible clients:

Age Range	
Ages 21-35	28%
Ages 36-55	36%
Age 56 and older	36%
Sex	
Male	44%
Female	56%
Race	
Black/African American	44%
White/Caucasian	56%
Other/Unknown	0%

As a Catholic Charities organization, St. Patrick Center has access to trainings offered by Catholic Charities. This includes cultural diversity training that is offered biannually. St. Patrick Center is also accredited by the Council on Accreditation (COA) and accredited organizations are evaluated on the degree to which they modify or tailor the system of service delivery to the ethnic, racial, cultural, religious, and national diversity in its service population. Continual cultural competence and diversity training is a condition of accreditation through COA.

Client Information:

During the most recently completed fiscal year (July 1, 2014-June 30, 2015), St. Patrick Center served approximately 6,000 unique individuals. The following are demographics of those served, the projected number of adult clients to be contacted and enrolled, and the percentage of clients who are literally homeless:

Age Range	
Ages 17 or younger	< 1%
Ages 18-34	37%
Ages 35-49	33%
Ages 50-64	29%
Ages 65 and older	< 1%
Sex	
Male	41%
Female	59%
Race	
Black/African American	71%
White/Caucasian	25%
Other/Unknown	4%

Projected Numbers	
Unduplicated clients contacted	1,700
Unduplicated clients enrolled	900
Percent who are literally homeless	75%

Consumer Involvement:

St. Patrick Center engages clients in planning, implementation, and evaluation of PATH funded services through a Client Advisory Board and the annual Client Satisfaction Survey. The Client Advisory Board consists of 7-10 current and former clients who review comments from the client suggestion box and offer recommendations for program improvement based on those comments as well as on their own experiences and the experiences of their peers. The annual Client Satisfaction Survey, conducted in partnership with St. Louis University, asks current and former clients to rate their experiences with specific programs and services they received at St. Patrick Center. Results are reviewed by St. Patrick Center’s Board of Directors and senior leadership team which identify any areas of concern. St. Patrick Center makes program changes based on survey feedback to address any identified areas of concern.

Budget Narrative:

See St. Patrick Center Budget.

9. Swope Health Services

3801 Blue Parkway
 Kansas City, MO 64130

Contact:
 Contact Phone #:

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID:

Geographical Area Served: Northwest

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 15,208 \$ 8,828 \$ 24,036

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 37,424	0.25	\$ 9,356	\$ 5,431	\$ 14,787	<input type="text" value="Correct Salary \$37,915"/>
Other (Describe in Comments)	\$ 146,300	0.04	\$ 5,852	\$ 3,397	\$ 9,249	<input type="text" value="Correct Salary \$132,122"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 13.47 % \$ 3,237 \$ 1,880 \$ 5,117

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 0 \$ 0 \$ 0

d. Equipment \$ 0 \$ 0 \$ 0

e. Supplies \$ 0 \$ 0 \$ 0

f. Contractual \$ 0 \$ 0 \$ 0

g. Construction (non-allowable)

h. Other \$ 0 \$ 0 \$ 0

i. Total Direct Charges (Sum of a-h) \$ 18,445 \$ 10,708 \$ 29,153

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 903 \$ 524 \$ 1,427

k. Grand Total (Sum of i and j) \$ 19,348 \$ 11,232 \$ 30,580

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 1,262 Estimated Number of Persons to be Enrolled: 769

Estimated Number of Persons to be Contacted who are Literally Homeless: 1,262

Number Staff trained in SOAR in Grant year ended in 2014: 4 Number of PATH-funded consumers assisted through SOAR: 0

Swope Health Services Intended Use Plan

Local Provider:

Swope Health Services (SHS), 3801 Blue Parkway, Kansas City, MO, is a Federally Qualified Health Center founded in 1969 to improve the health of underserved Kansas City residents living in the urban core. SHS delivers comprehensive, accessible, and cost effective primary and preventive healthcare, 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 use treatment and prevention; Healthcare for the Homeless (HCH) services; nutrition; and WIC (Women, Infants & Children). SHS has satellite clinics scattered across the greater metropolitan area. Swope Health Services receives \$19,348 in Federal dollars and \$11,232 in State Match for a total of \$30,580 in PATH funds.

Collaboration with HUD Continuum of Care Program:

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 played a significant role in the Homeless Services Coalition by participating in sub-committees to develop a plan to end chronic homelessness. SHS is also a member of the leadership committee for the ZERO: 2016 Homes Campaign. This campaign houses the region's persons who are chronically homeless. SHS PATH staff also sit on the steering committee for Project Homeless Connect KC, an annual one day event connecting the homeless with service providers and resources where the mobile medical unit is utilized for medical and case management services.

Collaboration with Local Community Organizations:

SHS is a key and integral member of the healthcare network in Greater Kansas City. Our organization has developed collaborative and productive working relationships, via both formal and informal agreements, with numerous and varied healthcare 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 healthcare, specialty referrals and enabling services. SHS is able to provide continuity of care for our patients through the use of a strong, longstanding resource. The Mid America Assistance Coalition (MAACLINK) has a successful relationship established between SHS and local safety net clinics, hospitals, businesses, and community service organizations. SHS is a recipient of targeted funding for its Healthcare for the Homeless program via section 330 (h) funding. As such, SHS works collaboratively with numerous organizations to include, but not limited to the following:

- Homeless Services Coalition, a 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 presenting our accomplishments at the CY 2012 National Health Care for the Homeless Conference;
- Local Salvation Army, Honk ‘n Holler, a collaborative among the SHS Homeless Program, the Salvation Army, and Department of Housing and Urban Development;
- Kansas City Rescue Mission, through emergency shelter assistance to HCH clients. They also welcome HCH program’s mobile medical unit on its premises to deliver on-site medical care, medications, physical examinations, screenings, and more to homeless patients;
- City Union Mission through emergency shelter assistance to HCH clients. They also welcome HCH program’s mobile medical unit on its premises to deliver on-site medical care, medications, physical examinations, screenings, and more to homeless patients; and
- Various domestic violence agencies through providing on-site patient education such as diabetes management, informational screening programs. These agencies also welcome HCH’s mobile medical unit on its premises to deliver on-site medical care, medications, physical examinations, and screenings to women in domestic violence situations.

Service Provision:

Services 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 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. 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, licensed practical nurses, medical assistants and street outreach workers. Services include:

- outreach, engagement and crisis intervention to people who are homeless with mental illness and/or co-occurring substance use disorder;
- medical services;
- case management;
- drug and alcohol counseling;
- housing placement; and
- on-going behavior health services.

PATH funding is primarily used for the outreach to people who are homeless in urban Kansas City, Missouri. The Outreach Worker, funded by PATH, travels to shelters, treatment centers, jails, hospitals, feeding sites, drop-in centers, substance use treatment centers, abandoned buildings, bridges, and homeless camps to identify people to engage in services. The importance of the outreach workers role in helping to maximize PATH resources must be underscored. Through this associate's activities, numerous other services are made accessible to this vulnerable population. Access to our Medicaid Eligibility Specialist, transportation assistance, Shelter Plus Care program, optical services, dental, and referrals start with outreach. The agency is able to provide healthcare, case management, substance use services, and housing assistance 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 places people experiencing homelessness congregate. 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 Kansas City 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 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.

All clinics are located on bus lines. Therefore, bus passes and cab vouchers are provided to PATH clients as well as a shelter shuttle that runs on a daily basis to assist with reducing the barriers in client care.

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

- Decreased availability of housing resources and 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 regards to the chronic utilizers of hospital emergency rooms;
- Availability of specialty providers to address healthcare needs;
- Affordable prescription drugs and access to prescription assistance; and
- Insufficient funding to meet the growing demand for behavioral health services.

The Healthcare for the Homeless Program at SHS has access to the full array of mental health and substance use services available at the Swope Central location, including our outpatient substance use center, Imani House. SHS also collaborates with area community mental health and substance use 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.

SHS contributes \$2,000 annually to the Mid America Assistance Coalition in support of the Regionally established Homeless Management Information System (HMIS) network, known as MAACLINK. All Outreach Department staff, including the PATH Outreach Worker, participate 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 PATH began entering services delivered to patients experiencing homelessness 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 healthcare services. Therefore, SHS adopted numerous clinical evidenced based guidelines in the delivery of patient care. In the HCH program the outreach associates (to include the PATH worker) received evidenced based practice trainings to include: Motivational Interviewing and Daily Living Activities (DLA-20) Functional Assessment tool.

Data:

As a member of the Homeless Services Coalition and HUD funded program, the HCH program participates in a homeless management information system developed by 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 PATH, began entering services delivered to patients experiencing homelessness into MAACLINK regional HIMS system. SHS implemented an electronic medical record (EMR) system to improve and enhance the coordination of care across our system as well as with other healthcare 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 patients experiencing homelessness to other healthcare providers.

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

SHS trained the entire Outreach Services staff (4) in 2014 to complete SOAR applications.

Access to Housing:

HCH staff assists 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 assists in linking clients to available housing options. HCH staff have excellent relationships with these resources and are successful in housing clients. PATH clients are linked with group homes and other supportive housing arrangements when appropriate. HCH staff also assist clients who are eligible to receive bridge funds until other permanent housing needs are met, rapid rehousing until housing can be sustained, and refer clients to other permanent supportive housing programs as eligible.

Staff Information:

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.

The committee who developed the plan continues 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; and
- 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.

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%

Client Information:

The Healthcare for the Homeless/Outreach program (PATH) at SHS serves approximately 3,500 homeless individuals annually. The following client demographics are based on numbers reported for fiscal year 2015:

American Indian: <1%

Asian <1%

African American 68%

More than one race <1%

Pacific Island <1%

Unknown <1%

White 27%

Male: 66%

Female: 34%

The projected number of clients who will be enrolled and receive PATH funded services in FY 2016 is 1,000. 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 in the position of being evicted with no place to live.

Consumer Involvement:

As a recipient of 330 (h) federal resources, a consumer of the HCH program is appointed to serve on the SHS Board of Directors. As a volunteer member of the board this individual is able to influence the organization’s 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.

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 161,458	\$ 94,541	\$ 255,999	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 20,500	0.16	\$ 3,280	\$ 1,920	\$ 5,200	Correct Salary \$20,800
Case Manager	\$ 39,397	0.63	\$ 24,820	\$ 14,534	\$ 39,354	Correct Salary 39,354
Case Manager	\$ 37,168	0.63	\$ 23,416	\$ 13,712	\$ 37,128	Correct Salary \$37,128
Outreach worker	\$ 61,888	0.32	\$ 19,804	\$ 11,596	\$ 31,400	Correct Salary \$62,800
Outreach worker	\$ 24,598	0.47	\$ 11,561	\$ 6,769	\$ 18,330	Correct Salary \$24,440
Other (Describe in Comments)	\$ 65,057	0.44	\$ 28,625	\$ 16,761	\$ 45,386	Project Director; Correct Salary \$64,837
Other (Describe in Comments)	\$ 42,367	0.63	\$ 26,691	\$ 15,629	\$ 42,320	SOAR Coordinator; Correct Salary \$42,320
Other (Describe in Comments)	\$ 17,842	0.50	\$ 8,921	\$ 5,223	\$ 14,144	Social Center Staff; Correct Salary \$17,680
Other (Describe in Comments)	\$ 81,600	0.09	\$ 7,344	\$ 4,301	\$ 11,645	Program Director; Correct Salary \$77,640
Other (Describe in Comments)	\$ 43,725	0.16	\$ 6,996	\$ 4,096	\$ 11,092	Social Center Depo Admin; Correct Salary \$44,366

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	12.87 %	\$ 32,937	\$ 19,287	\$ 52,224	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 2,207	\$ 1,293	\$ 3,500	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 946	\$ 554	\$ 1,500	
Other (Describe in Comments)	\$ 1,261	\$ 739	\$ 2,000	Client travel

d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

e. Supplies	\$ 9,778	\$ 5,725	\$ 15,503	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Medication Supplies	\$ 2,523	\$ 1,477	\$ 4,000	
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 1,579	\$ 924	\$ 2,503	
Office: Supplies	\$ 3,784	\$ 2,216	\$ 6,000	
Client: Other Supplies (Describe in Comments)	\$ 1,892	\$ 1,108	\$ 3,000	Training supplies

f. Contractual	\$ 0	\$ 0	\$ 0	
No Data Available				

g. Construction (non-allowable)				
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h. Other	\$ 28,381	\$ 16,619	\$ 45,000	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Rent Expenses	\$ 19,867	\$ 11,633	\$ 31,500	
Office: Utilities/Telephone/Internet	\$ 8,514	\$ 4,986	\$ 13,500	

i. Total Direct Charges (Sum of a-h)	\$ 234,761	\$ 137,465	\$ 372,226	
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j. Indirect Costs (Administrative Costs)

\$ 0 \$ 0 \$ 0

k. Grand Total (Sum of i and j)

\$ 234,761 \$ 137,465 \$ 372,226

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:

215 Estimated Number of Persons to be Enrolled:

387

Estimated Number of Persons to be Contacted who are Literally Homeless:

215

Number Staff trained in SOAR in Grant year ended in 2014:

3 Number of PATH-funded consumers assisted through SOAR:

38

2016-2017 Truman Medical Center's PATH Intended Use Plan

Local Provider Description:

Truman Medical Centers (TMC) is a not for profit acute care hospital system in Kansas City, Missouri. The TMC system includes TMC Hospital Hill, TMC Lakewood, TMC Behavioral Health (TMC-BH), the Jackson County Health Department, and a number of primary care practices throughout eastern Jackson County, MO. TMC also operates two inpatient psychiatric units and a specialized geriatric-psychiatry unit.

TMC-BH is a Community Behavioral Health Center that holds Joint Commission and CARF (Commission on Accreditation of Rehabilitation Facilities) certifications. TMC-BH provides a comprehensive array of mental health and substance use treatment services.

Truman Medical Center's Behavioral Health will receive \$372,226 in PATH funds (\$234,761 Federal; \$137,465 State Match) to support the continuation of the Assertive Community Outreach program (ACO). The ACO program is sited separately from the other TMC-BH facilities in order to be in close proximity to the area's homeless population. The area in which ACO is located represents the highest concentration of homeless individuals in Kansas City, MO. The program borders the downtown area at 1800 East Truman Road, Kansas City, MO.

Collaboration with HUD Continuum of Care (CoC) Program:

Over the last two years the Jackson County, MO Continuum of Care and Kansas City's Homeless Task Force have been focused on the creation of a centralized coordinated homeless system. Following the lead of progressive cities Kansas City has continued the undertaking of creating a coordinated system. At its most basic level the system would involve the local shelters, service providers (e.g. hospitals and behavioral health providers), and all of the HUD funded housing projects in the Jackson County, MO Continuum of Care (For more details on Jackson County, MO's plan follow the link: <http://www.marc.org/Community/Homelessness-Task-Force/Assets/HTF-coordinated-intake-graphic-web.aspx>).

TMC-BH and ACO continue to actively participate in the planning and development of the coordinated homeless system. Much of this planning and development has come from the Permanent Housing subcommittee of the CoC and the Zero: 2016 campaign activities (See link for more details: <https://cmtysolutions.org/what-we-do/zero-2016>). Zero: 2016 is a rigorous national change effort designed to help a committed group of US communities end chronic and veteran homelessness outright by December 2016. The Director along with other TMC-BH staff serve on the Permanent Housing committee. The Project Director and two outreach case managers are heavily involved in the Zero: 2016 activities as well. Due to the significant presence of staff in these important areas ACO has positioned itself as a leader in the Kansas City, MO area with respect to outreach and engagement of its target population.

Other notable CoC collaborations include the Director's role as the co-chair of the Mainstream Benefits Committee and the SOAR coordinator's role as the chair of the SOAR Quality Application subcommittee.

Collaboration with Local Community Organizations:

The comprehensive services at TMC/TMC-BH makes it possible for PATH eligible clients to receive all of their care within its system. That care includes primary medical care, substance use treatment, mental health treatment, access to drop-in center activities, respite care, crisis services, connection to employment assistance, and numerous specialty medical clinics. Despite access to these services there are several noted collaborations with community partners.

One of the more exciting developments for Kansas City and ACO has been the formal coordination of homeless outreach. ACO, along with the local Veteran Affairs (VA) hospital and ReStart, Inc. (a local shelter), has developed a formal partnership to coordinate outreach efforts in the community. This formal partnership includes a standard outreach schedule (see appendix A), an agreed upon case manager to client ratio (see appendix B), and the formal use of the "by-name" registry created through the use of the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT). This partnership is designed to be the template that the entire community will use for outreach in the future.

ACO has continued to partner with several HUD funded housing project. Through ACO's participation in the local Zero: 2016 campaign and the use of the "by-name" registry, ACO outreach workers have consistently housed engaged clients within 90 days. This outcome is a direct result of ACO collaboration with other outreach agencies, TMC-BH's housing department, and other HUD funded housing projects (e.g. Shelter Plus Care).

ACO has also continued its formal agreement with the ReStart, Inc. shelter to provide mental health treatment for individuals residing in the emergency shelter. This agreement provides a licensed, master's level clinician to provide intake assessments, crisis services, and case management in the shelter. This collaboration has afforded numerous homeless individuals an easier route to services at ACO and TMC-BH.

Service Provision:

ACO's target population will continue to be homeless adults currently residing on the streets or in local shelters. With the adoption of the VI-SPDAT, ACO has also focused on the most vulnerable homeless individuals and this is expected to continue. Systematically both of these standards are accomplished by coordinating outreach with other community partners and maintaining a consistent presence with the Zero: 2016 campaign. While some of the PATH funds are used to pay for ancillary items such as

supplies, the bulk of the PATH grant is used on salaries that support the priorities mentioned above.

Due to ACO's connection to a larger medical and mental health system, PATH eligible clients are afforded quick access to services. Those services (substance use treatment, housing, medical care, emergency services, mental health, crisis services, etc.) all have various federal, state, and local funding sources. For example, while the majority of medical care is covered by Medicaid and Medicare, TMC offers discount services for individuals that do not have active insurance. This discount is also applicable for individuals receiving substance use and mental health treatment. Another example is the use of HUD funds for housing. Approximately, 90% of the HUD funds awarded to TMC-BH have been used on PATH eligible clients.

Describe any gaps that exist in the current service systems:

A study authored by Health Management Associates entitled "Behavioral Health Needs Assessment for Metropolitan Kansas City" noted numerous unmet needs. Many of the findings, listed below, continue to be very relevant in the Kansas City area.

- There are opportunities across the Kansas City region to increase consumer involvement and to support consumer run services.
- There is a shortage of safe, appropriate and affordable housing for low income individuals with behavioral health needs.
- There are insufficient residential services for individuals needing long term structured residential supports to meet demand.
- Funding for mental health services is not commensurate with need.
- The Kansas City region has inadequate capacity to meet the needs of consumers with serious mental illnesses who need acute care services.
- The lack of access to services outside normal business hours is a barrier to care for some consumers.
- Consumers, particularly adult consumers, with behavioral health issues need assistance in securing physical healthcare services.
- Some subpopulations were reported to face greater challenges in accessing services.
- There is a lack of available substance use treatment services in the Kansas City region.
- 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.
- The Kansas City Region does not currently collect key metrics to determine the effectiveness and availability of behavioral health services.
- There is a need to ensure that mental health and other services offered by safety net providers is coordinated.
- There is a high percentage of individuals in the criminal justice system that have

- behavioral health diagnoses and will need comprehensive services to be able to successfully re-enter the community.
- Transportation is a major barrier to care.
 - 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.
 - 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 accessing 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:

ACO is a program within a much larger and well connected Community Behavioral Health Center that has an entire program dedicated to substance use. This program, called Recovery Health Services (RHS), is an outpatient substance use treatment program that offers an array of services. All PATH clients that are enrolled in ACO are eligible to receive outpatient substance use services at RHS if they so choose.

ACO staff are also well trained in Motivational Interviewing techniques and harm reduction principles. Sobriety is not a requirement for treatment for ACO clients but staff members are well trained in assisting clients with making small steps toward recovery. ACO outreach also coordinates the majority of its housing through agencies that use housing first principles. This affords ACO clients the opportunity to recover at their own pace and level.

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 collection of PATH data in HMIS.

Funds from outside of the PATH grant are leveraged and used to provide the bulk of trainings that ACO staff complete. All staff are required to complete annual corporate compliance trainings. ACO staff are also afforded access to community trainings, trainings offered by TMC-BH, and online trainings through a program called “Relias”. Staff members have both mandatory hours and topics to remain credentialed to provide services as well as maintain compliance with the Missouri Department of Mental Health’s standards.

ACO’s supervisory and outreach staff members have completed training offered by the local Homeless Management Information System (HMIS) provider (MAACLink, Mid-America Assistance Coalition). In the fall of 2015, ACO began entering all PATH data into HMIS and has successfully used HMIS to report quarterly numbers in the PATH Data Exchange (PDX) system. Outside of PATH data, TMC-BH/ACO use HMIS for its permanent supportive housing grants, entering VI-SPDATs, and accessing information on its clients’ homelessness.

Data:

In the fall of 2015 ACO successfully transitioned all of its PATH data collection to HMIS. This is intended to be a permanent transition. All new staff are required by the HMIS vendor to receive introductory and specialized trainings on HMIS before being allowed to enter data. The Project Director played an important part in the development of the HMIS required training on PATH. Her expertise has continued to be valuable as the HMIS vendor has looked to her for feedback on several changes.

In regards to ongoing training for new staff, outside of the formal HMIS trainings the PATH Project Director has also developed a workflow document for ACO. This document will be updated as the local HMIS continues to comply with PATH reporting standards.

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

ACO currently has three SOAR trained staff including a full time SOAR coordinator and a SOAR Local Lead for Kansas City, MO area. The ACO program has been a leader in the SOAR effort in Missouri as well as locally. The PATH Director is the co-chair of the Mainstream Benefits Committee of the local CoC. One of the committee's primary goals is the implementation of SOAR across the continuum.

ACO's SOAR outcomes are below (October 1, 2014 – September 30, 2015):

SOAR Outcomes	
Total Decisions	38
Approvals	16
Denials	22
Percentage of Approvals	42%
Days to Decision (Average)	88 days

*It should be noted, in July of 2015 it was discovered that the local Disability Determination Services (DDS) office had not been reviewing the SOAR applications correctly. Since that discovery and the resulting corrective policy change ACO has seen its approval rate for applications climb to 69%.

Housing:

Over the last two years TMC-BH has created its own housing department, and it is currently the recipient of over 2 million dollars in housing funds through HUD and the Missouri Department of Mental Health. The housing provided by these funds primarily includes Permanent Supportive Housing and Residential Care Facilities. The development of the housing program has benefited PATH clients by providing increased access to housing funds as well as specific housing services. Roughly 90% of the HUD funded housing has gone to PATH eligible clients.

Aside from TMC-BH's housing department, ACO's partnerships with other HUD funded agencies have afforded clients increased access to housing. ACO clients receive a large number of the Shelter Plus Care vouchers that have all been prioritized through the use of the communities "by name" registry. The community's effort in prioritization has also provided increased connections with other HUD funded programs such as Metro Lutheran Ministries, and Project Hope and Mental Health of the Heartland's, Heartland Housing project.

Staff Information:

Characteristics of the ACO staff vary, as there is typically turnover in any given year. At present, ACO's PATH funded employees are 100% Non-Hispanic/Non-Latino. Racially, staff is 29% Black or African American and 71% White. In addition to race and ethnicity, ACO staff share diversity across age, gender, and sexual preference. Nearly all PATH staff have personal experience with mental illness. Also, at least two staff members have personal experience with homelessness.

A variety of strategies are in place to keep staff focused on the importance of cultural competency and health disparities. 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 corporate compliance training for all TMC/TMC-BH staff members. 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 they service. 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;
- Translating agency forms to multiple other languages;
- Ready access to translator services, available both onsite and by special telephone; and
- Rewriting informational and treatment materials for those with lower educational proficiency.

It should be noted that TMC/TMC-BH is accredited by The Joint Commission and CARF. This accreditation ensures that TMC/TMC-BH programs and clinics are held to the highest standards, including those surrounding cultural competence and health disparities.

Client Information:

Client demographics reported for the past year (October 1, 2014 – September 30, 2015) include:

	Contacted	Enrolled
Gender		
Male	68	116
Female	147	271
Age		
17 and Under	0	0
18 – 23	12	13
24 – 30	35	58
31 – 50	121	216
51- 61	44	96
62 and over	3	4
Race		
American Indian or Alaskan Native	0	0
Asian	2	3
Black or African American	110	196
Native Hawaiian or Pacific Islander	0	0
White	101	181
Two or More Races	2	7
Ethnicity		
Non-Hispanic/Non-Latino	202	372
Hispanic/Latino	13	15
Veteran Status		
Veteran	7	22
Non-Veteran	199	358
Unknown	9	7
Co-Occurring Disorders		
Co-Occurring Substance Use Disorder	134	240
No Co-Occurring Substance Use Disorder	68	137
Unknown	13	10
Residence Prior Night to Enrollment		
Emergency Shelter	148	262
Transitional Housing	1	1
PSH	1	1
Psychiatric Hospital or other psychiatric facility	7	16
Substance use treatment	0	3
Jail, prison, or juvenile detention facility	0	2
Staying or living in a family member's room,	2	5

apartment or house		
Staying or living in a friend's living room, apartment or house	10	16
Place not meant for habitation	42	77
Owned by client, with ongoing housing subsidy	1	0
Don't Know	3	4
Length of Time Living Outdoors or STS		
Less than 2 days	4	4
2 – 30 days	22	43
31 – 90 days	31	59
91 days to 1 year	31	56
Over 1 year	80	148
Unknown	22	29

The ACO program serves the adult homeless population almost exclusively. While some of the individuals enrolled would fall under the youth demographic (18 – 23), the bulk of the population was adults over the age of 23. This trend is anticipated to occur again during the next grant cycle.

The total number of clients enrolled in the last grant year was 378. This number is anticipated to shrink due to the focus on outreaching and enrolling the most vulnerable individuals and the increase in coordination with other outreach agencies (i.e. reducing overlapping of outreach services). With a focus on the highly vulnerable and a reduction in overlapping outreach it is anticipated that total enrollment will be closer to 330 clients.

The anticipated number of literally homeless (i.e. those living on the streets and in the local shelters) will continue to be a focus of ACO's outreach. It is anticipated that 100% of the individuals outreached in the next grant year will be considered literally homeless.

Consumer Involvement:

ACO has developed plans to change how it involves PATH eligible clients in decision making within the program. In the next grant year ACO will use its PATH funds to hire a Peer Social Center Staff Administrator. The role of this individual will be to oversee the development of drop-in center activities as well as the involvement of PATH eligible clients in decision making. More specifically this individual will focus on areas such as systematic involvement of individuals with personal experience in policy decisions, improvement of the practices of the ACO peer council, hiring of staff, treatment, and other areas of business operations.

Budget Narrative:

The PATH funds received by ACO will primarily be used to pay for the salaries and benefits of staff involved in outreach, engagement, and supportive service activities. Staff directly involved in these activities includes two Community Support Specialists (CSS), the Project Director, and both Social Center staff roles. Specifically, those individuals will continue to the duties of community (street) outreach, screenings, psycho-educational groups, and engagement with individuals in the drop-in center. Roles that support the outreach activities include the Administrative Assistant, the Program Director, and the SOAR coordinator.

The breakdown in time allotted to the each of the position is as follows:

Position	PATH Funded FTE
Program Director	0.15
Project Director	0.70
Community Support Specialist	1.00
Community Support Specialist	1.00
Social Center Staff Administrator	0.25
Social Center Staff @ \$8.50/hr	0.80
Peer Outreach Specialist @ \$11.75/hr	0.75
SOAR Coordinator	1.00
Admin Assist @ \$10/hr	0.25
Total PATH-funded FTEs	5.90

Also included in this budget is money for client and staff transportation, office/administrative supplies, and money for building rental as well as utilities. This budget also has money designated for therapy supplies and client engagement which will provide funds to assist with outreach of homeless individuals as well as provide resources for groups and drop-in center activities.

Appendix A

This is a copy of the standardized schedule used by ACO outreach case managers. This schedule was adopted as a best practice for the community. Notice the number of encounters based on acuity. Acuity is primarily based on the client’s VI-SPDAT score.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00-8:45	Office	Office	Office	Office	Office
9:00-12:00	Highest Acuity _____ Highest Acuity _____	High Acuity _____ High Acuity _____	Lower acuity _____ Lower Acuity _____	Highest Acuity _____ Highest Acuity _____	High acuity _____ High acuity _____
12:00-12:30	Lunch	Lunch	1130 - 1230 ALL STAFF MEETING	Lunch	Lunch
12:30-4:00	Higher Acuity _____ Higher Acuity _____	Lower Acuity _____ Lower Acuity _____	Lower Acuity _____ Lower Acuity _____ Lower Acuity _____	Housing Stability or New Outreach _____ _____ _____	Former client _____ _____
4:00-4:30	Documentation	Documentation	Documentation	Documentation	Documentation
INITIALS					

Appendix B

This is a copy of the “Letter of Agreement” between ACO, the VA hospital, and ReStart, Inc. for coordinated outreach. This agreement will serve as the template for further agreements for coordinated outreach in Kansas City. ACO’s outreach principles were the template for this document.

Letter of Agreement (“LOA”) among Outreach Service Providers of Greater Kansas City

Together, the housing outreach service providers and outreach workers signed below (“The Signatories”) enter into this reciprocal LOA to coordinate and prioritize housing focused outreach services. The Signatories recognize that housing is the strongest form of harm reduction and that outreach staff are primarily address changers. Our purpose is to house our neighbors experiencing homelessness according to their acuity (depth of need) including special emphases on veterans, persons experiencing chronic homelessness, and youth, with the ultimate mission of achieving and sustaining a functional end to homelessness in Greater Kansas City.

The Signatories agree to:

1. Maintain a coordinated client caseload of up to 15 clients experiencing homelessness (with the understanding that if a significant number of an outreach worker’s clients are stably housed and awaiting warm transfer to non-outreach case management, caseloads may go as high as 20 on a short term basis). “Coordinated caseload” refers to that part of an outreach staff person’s caseload conducted in accordance with this agreement, which may be their entire caseload or a part of it. (For example, part-time or volunteer outreach workers who have a total caseload of less than 15 or a Signatory reserving caseload space for internal referrals or other clients not from the community wide housing list, etc.)
2. Accept new clients onto coordinated caseloads based on the next most acute client from the community wide housing list who meets the Signatory’s disclosed eligibility and target population requirements.
3. Ensure that outreach workers’ weekly schedule provides time for workers to meet with each client on their coordinated caseload, spend more time with higher acuity clients, complete documentation, and participate in community case

conferencing meetings (see sample schedule below).

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Daily: Clock in at ACO Clinical record notes on clients you've seen PATH data entry Mileage entry Clock out at ACO Weekly: Submit mileage Chart on everyone you haven't seen Supervision Turn in activity log WIG meeting Semi-Monthly: Zero:2016 Outreach Meeting ACO team meeting Monthly: ACO all staff meeting Submit Bus passes Submit PATH Submit expense report						
	0800-0845	Office	Office	Office	Office	Office
	0900-1200	Highest Acuity	High Acuity	Lower acuity	Highest Acuity	High acuity
		_____	_____	_____	_____	_____
		Highest Acuity	High Acuity	Lower Acuity	Highest Acuity	High acuity
		_____	_____	_____	_____	_____
	1200-1230	Lunch	Lunch	Lunch	Lunch	Lunch
	1230-4:00	Higher Acuity	Lower Acuity	1230-1:00 WIG MEETING Lower Acuity	Housing Stability or New Outreach	
		_____	_____	_____	_____	Former client
		Higher Acuity	_____	Lower Acuity	_____	_____
	_____	3:00-4:00 TEAM MEETING	_____	_____	_____	
4:00-4:30	Documentation	Documentation	Documentation	Documentation	Documentation	
INITIALS						

4. Participate in weekly community case conferencing meetings, including updates and collaboration on each caseload client’s housing objectives and challenges. Signatories should expect to participate in at least three of the weekly meetings per month
5. Avoid duplication of outreach services (i.e. one client being on two or more caseloads). This is not intended to squash collaboration among service providers. Mutually agreed upon warm transfers from one outreach provider to another are encouraged when the second provider is better suited to the client’s needs or housing objectives.

No agency, agency employee, or agency volunteer that has a conflict of interest in this endeavor or could personally or financially profit from involvement in or referral to this project shall participate in the LOA. Furthermore, in order to avoid dual relationships, no agency shall involve in the LOA any person who is currently, or has been in the last two years, a recipient of services from any other participating agencies or in an intimate relationship with clients of those agencies.

The term of this LOA is ongoing from the effective date of the agreement per the signature below until either 1) the Signatory rescinds their signature, 2) the Signatory’s relationship (such as employee or volunteer) with their agency is ended, or 3) the Signatory is terminated from the LOA at the conclusion of a grievance process as described below.

Grievances should be submitted in writing to the Permanent Housing Committee of the Homelessness Task Force of Greater Kansas City for mediation. Signatories may terminate their participation in the LOA at their discretion; a simple majority of Signatories may terminate another Signatory’s participation in the LOA following the

failure to reach agreement on a mediated plan to address a grievance, or the failure of such a plan.

Signed:

Outreach project manager name	
Agency	
Signature	
Date	

Outreach worker	Coordinated client caseload (1-15)	Eligibility criteria and target populations

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	<p>Missouri defines an individual experiencing homelessness as an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> • An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; • An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or • An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Imminent Risk of Becoming Homeless:	<p>A person would be determined at “imminent risk of homelessness” if any of the following situations were identified:</p> <ul style="list-style-type: none"> •An individual or family who will imminently lose their primary nighttime residence, provided that: <ol style="list-style-type: none"> a) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; b) No subsequent residence has been identified; and c) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing. d) Someone in need of intensive supportive services to remain in their residence; or e) 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:	<p>SMI refers to persons age 18 and over who: (1) currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g., most recent editions of DSM, ICD, etc.), and (2) displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person’s role or functioning in family, school, employment, relationships, or community activities.</p> <p>1.Disability</p> <p>Individuals meet the disability and diagnostic requirements for admission to CPR and qualify for enrollment in PATH programming if they have a DLA-20© mGAF score of 40 or lower, in combination with one of the following DSM-IV-TR psychiatric diagnoses:</p> <p>Eligible Diagnoses</p> <ol style="list-style-type: none"> a) Bipolar Disorder, Most Recent Episode Unspecified b) Shared Psychiatric Disorder c) Conversion Disorder d) Dissociative Identity Disorder e) Dysthymic Disorder f) Depersonalization Disorder g) Body Dysmorphic Disorder h) Hypochondriasis i) Somatization Disorder j) Undifferentiated Somatoform Disorder k) Paranoid Personality Disorder l) Cyclothymic Disorder m) Schizoid Personality Disorder n) Schizotypal Personality Disorder o) Obsessive-Compulsive Personality Disorder p) Histrionic Personality Disorder q) Dependent Personality Disorder r) Antisocial Personality Disorder s) Narcissistic Personality Disorder t) Avoidant Personality Disorder u) Personality Disorder NOS v) Pain Disorder Associated with Psychological Factors w) Pain Disorder Associated with Both Psychological Factors and a General Medical Condition x) Intermittent Explosive Disorder

	<p>Duration: The individual exhibiting the disability specified in (1) above resulting from the DSM-IV -TR disorder specified in (2) above must meet at least one of the following criteria:</p> <ol style="list-style-type: none"> 1.Has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime; 2.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; or 3.Has exhibited the disability specified above for a period of no less than a year.
<p>Co-occurring Serious Mental Illness and Substance Abuse Disorders:</p>	<p>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 use, 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.</p>

Footnotes:

III. State Level Information

B. Veterans

Narrative Question:

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

Footnotes:

Veterans

The Missouri Department of Mental Health (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 VA services in their area. The State PATH contact encourages the PATH providers to (1) better track information concerning veterans for reporting purposes; (2) to network with the Veterans Administration facilities regarding outreach to this population; and (3) to network with Missouri Veteran's Commission and Service Veteran Organizations. 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.

In St. Louis the St. Patrick Center has several Veteran serving grants. Supportive Services for Veteran Families (SSVF) assists homeless veterans and their families to obtain permanent housing, with intense case management, and other supportive services to provide housing stability. Veteran must have active duty beyond training, and cannot have a dishonorable discharge. SSVF also assists Veterans and their families who are at imminent risk of losing housing, to obtain permanent housing.

The Homeless Veteran Reintegration Program (HVRP) is an employment program for homeless veterans. A five day training class is provided, that includes assistance with developing resumes, job placement, etc. Participants cannot have a dishonorable discharge.

Housing Employment Recovery Opportunities (HERO) is transitional housing for veterans with mental health and/or substance use issues.

The New Horizons' PATH program in Columbia, MO, works closely with the Harry S. Truman VA Hospital's homeless services department. They also partner with Welcome Home, a veterans homeless shelter and Phoenix Program, a residential addictions treatment program with SSVF grant dollars in Columbia. PATH staff help assure treatment and housing for local veterans and their families identified through outreach.

All Missouri PATH programs work with programs in their areas to provide reintegration, education, employment training, and housing for returning veterans and their families.

Missouri identified veterans as a disparate population for our PATH providers. Our data shows a low number of homeless veterans being served by PATH grant sites. DMH plans to track this and look for improvement. Missouri's PATH program directors attended a DMH sponsored training in September concerning Missouri's recent identification of disparity in service provision to veterans in PATH program populations. The DMH Veteran's Services Specialist, Jon Sabala, presented information on how to conduct outreach to veterans who are homeless or at risk of homelessness.

III. State Level Information

C. Recovery Support

Narrative Question:

Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.

Footnotes:

Recovery Support

Missouri Department of Mental Health (DMH) seeks to promote recovery across all programming. Contracted PATH providers either participate in or refer to some or all of these DMH initiatives.

- **Emergency Room Enhancement Projects:**

Emergency Room Enhancement (ERE) projects have been initiated in seven parts of the state in order to develop models of effective intervention for people in behavioral health crises, creating alternatives to unnecessary or extended hospitalizations. These project areas include: the Kansas City Metro area; the St. Louis region; Rolla/Central-Southeast region; Columbia/Central region; Springfield/Southwest region; Poplar Bluff/Southeast region; and, the Hannibal/Northeast region. Five of these are in PATH Program areas and are able to collaborate with the homeless program.

The collaboration of a variety of stakeholders in the seven regions has been vital to the initiative's success. These groups include over 60 hospitals, clinics and Federally Qualified Health Centers (FQHCs); 19 Community Behavioral Health Centers (CBHCs); 31 substance use disorder treatment providers; 32 local law enforcement agencies; 9 regional Developmental Disabilities (DD) offices; and 61 local service agencies.

The project goals are:

- Engage target individuals into ongoing treatment;
- Coordinate care for the whole person by addressing behavioral and physical health, as well as basic needs;
- Reduce the need for future ER visits or hospitalizations; and
- Reduce hospital stays that are unnecessarily extended due to non-health reasons.

- **Community Mental Health Liaisons:**

Starting in 2013, DMH funded Community Mental Health Liaisons (CMHLs). Every community mental health center in the state has at least one CMHL on staff. The primary function of the CMHL is to serve as a resource for law enforcement and local court systems by creating a diversion for individuals with mental illness and substance use disorders from jails. CMHLs assist individuals in receiving treatment versus incarceration. Since the program's inception in 2013, CMHLs have assisted their communities by handling over 13,000 requests for assistance.

- **Healthcare Homes:**

On January 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 collaborated with the Missouri Primary

Care Association (PCA), Missouri Coalition for Community Behavioral Healthcare, and various stakeholders to develop a Health Home model for Missouri.

CBHC Healthcare Homes assist individuals in accessing needed health, behavioral health, and social services and supports by: managing their mental illness and other chronic conditions; improving their general health; and developing and maintaining healthy lifestyles. Individuals covered by MO HealthNet are eligible to be served by a CBHC Healthcare Home if they have:

- A serious mental illness (including children and adults receiving psychiatric rehabilitation services under the Medicaid Rehabilitation Option);
- A mental health condition and a substance use disorder; or
- A mental health condition or a substance use disorder, and one of the following chronic conditions or risk factors:
 - Diabetes;
 - asthma/COPD;
 - Cardiovascular Disease;
 - Developmental Disability;
 - Overweight (BM >25); and
 - Use Tobacco.

Find more information about Missouri Healthcare Homes at <http://dmh.mo.gov/mentalillness/mohealthhomes.html>.

- **Housing Initiatives:**

Access to affordable housing for low income people with disabilities continues to be an issue in many areas of Missouri. Wait lists for Section 8/Housing Choice Vouchers and for project based public housing units are closed. Many Public Housing Authorities across the state have wait list that are five years and longer.

HUD Continuum of Care (CoC) programs such as the legacy Shelter Plus Care and Supportive Housing help to alleviate some of that need. Currently, the Department of Mental Health Housing Unit administers 43 Shelter Plus Care/CoC grants from HUD, serving over 2,500 households in seven of eight Missouri CoCs.

The DMH Housing Team helped a number of providers obtain Federal Grants to add housing projects to their array of services. Pathways, Preferred Family Health Care, Comtrea, Burrell Behavioral Health, and a number of other DMH provider agencies have been provided technical assistance to successfully apply for various federal, state and local funding. The Missouri Housing Development Commission, the state's Housing Finance Agency, continues to implement a 33% set aside for special needs housing in their qualified allocation plan. Awards announced in December 2014 will fund two 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 2014. Testimony was provided regarding need and a request made for The HOME Investment Partnerships Program (HOME) funds be allocated to provide Tenant Based Rental Assistance. Of continuing concern are changes to funding of the HUD Section 811 program and the discontinuation of the capital advance component which reduced the number of units produced for people who are low income and disabled. Missouri Housing Development Commission efforts to apply for the competitive 811 subsidy program have been unsuccessful.

- **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 use disorders, and mental illnesses. OCS initiatives include:

- **Respect Institute Initiative: Responsive, Encouraging, Sensitive, Perception , Empowering, Caring, and Thoughtful (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. Five state operated psychiatric hospitals and four private providers now host RESPECT Institutes. In 2015, RESPECT Institute members made presentations at 337 venues throughout the state. A total of 9,766 Missourians heard their stigma reducing messages;
- **Missouri Mental Health Executive Team:** The Director of the OCS has a seat on the DMH Executive Team and is available to the Missouri Mental Health Commission. Duties associated with this include sharing consumer's perspective regarding department policy and keeping team members informed of consumer initiatives; and
- **Homeless Connect Initiative:** Through participation in Homeless Connect events, OCS staff has become better informed regarding the needs of homeless individuals who have mental illness as well as ways to assist them in locating housing opportunities. Staff members use these events as a means to distribute information about the OCS and the services it offers as well.

- **Evidence Based Practices (EBP):**

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;
- Illness Management and Recovery;
- Assertive Community Treatment;
- Family Psycho-education; and
- Permanent Supportive Housing.

- **IPS Supported Employment:**

Missouri implemented Individual Placement and Support (IPS) in 2009. DMH, Division of Behavioral Health (DBH) and the Department of Elementary and Secondary Education - Office of Adult Learning and Rehabilitation Services (VR) collaborated to provide this EBP to people in the public mental health system. Missouri currently monitors and reviews the implementation of IPS in 13 community mental health center sites. The average employment rate for sites participating in the IPS Collaborative is 37% and the range is 20.9% - 76.9% (report from Dartmouth Community Mental Health Program, 2016). Missouri's DBH and Office of VR Services remain committed to sustaining and promoting IPS. Six new programs will be added during Fiscal Year 2017. Our goal is to expand the program to all people who qualify for either Community Psychiatric Rehabilitation (CPR) or Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs in the state.

- **Peer Specialists:**

DBH has adopted the Appalachian Consulting Group "Georgia Model" for Peer Specialist training and began training Peer Specialists in 2008. 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. 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 help consumers connect with other consumers and with their community at large. To date, 497 individuals have been trained and 331 have reached the goal of Certified Missouri Peer Specialist (CMPS) status. CMPSs are employed around the state providing services in community mental health centers, consumer operated service programs (Drop In Centers and Warm Lines), the Veteran's Administration, substance use residential and outpatient providers, as well as 5 of our state operated psychiatric facilities. In 2014 a small group of stakeholders including the peer trainers began a curriculum update and added the following sessions: Transitional Age Youth Brain Development and Decision Making; Transitional Age Youth, Why the Focus on trauma?; Guiding Principles of Recovery; Self-Care; Building Resources; The Strengths Model; Providing Support and Planning for Crisis Situations; and Peer Specialists in the Workplace: Skills for Effective Teams. Also in 2014, Ike Powell of the Appalachian Consulting Group provided a series of regional peer supervision trainings to Certified Missouri Peer Specialists and their supervisors. Five regional refresher trainings

were held in FY 2016 in addition to six Peer Specialist Basic trainings. DMH continues to contract with Wichita State University to provide the website support for the training and certification process. The website is www.peerspecialist.org.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

Footnotes:

Alignment with PATH Goals

Case Management is the heart of Missouri's PATH Program. PATH providers, without exception, provide case management to 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 and/or shelter outreach. 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 the most vulnerable adults 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 (CoC) agencies serving their area's homeless population. Participation in coordinated entry through the CoC also increases their knowledge of and exposure to these agencies.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

Footnotes:

Alignment with the State Comprehensive Mental Health Services Plan

Missouri's Behavioral Health State Plan recognizes people at risk of homelessness with mental illness as a target population within the context of the plan. Noted under the Recovery Supports section, the PATH grant is described as a support to adults (age 18 or older) with serious mental illness, as well as those with co-occurring substance use disorders, who are homeless or at risk of homelessness. The plan cites PATH activities to include community based outreach; support services such as case management and employment skills training. Core services for the Division of Behavioral Health's (DBH) Community Psychiatric Rehabilitation Program (CPR) (29 contracts), targeted case management (20 contracts), and supported community living (224 contracts) are provided in a community based and consumer centered manner. PATH services are aligned with these programs and also provide services in a community based and consumer centered manner.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing their emergency response plans.

Footnotes:

Alignment with State Plan to End Homelessness

Missouri Department of Mental Health (DMH) participates in the Governor's Committee to End Homelessness. The Governor's Committee to End Homelessness (GCEH) has begun work on a statewide plan to end homelessness. The GCEH in collaboration with Missouri's Continuum of Care has aligned with the Federal Plan to End Homelessness, Opening Doors. 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 consumer income.

Missouri PATH Programs receive basic information about the State of Missouri's Emergency Response System and how the Department of Mental Health takes part in the system. Currently PATH provider agencies have training and information sharing about disaster preparedness through the Missouri Coalition for Community Behavioral Healthcare, an organization made up of Community Mental Health Providers in the State. The DMH Office of Disaster Services provided guidance to PATH provider agencies in the areas of Emergency Management and Disaster Preparedness at the Missouri PATH training on September 3, 2015. PATH Programs will continue to develop their own continuity of care plan. In 2016 community mental health programs began to discuss networking among programs to cover vulnerable populations in each other's areas and test emergency response plans specific to their program, program participants and Continuum of Care. More information about MO Disaster Preparedness and Emergency Response can be found at:

<http://dmh.mo.gov/disaster/>.

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

Footnotes:

Process for Providing Public Notice

Currently the Missouri Department of Mental Health (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 (MHS) Block Grant. When DMH allocated MHS 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 MHS Block Grant was replaced by the PATH grant funds, the SAC approved continuing to fund MHS 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.

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., County agencies or regional behavioral health authorities), describe how these organizations monitor the use of PATH funds.

Footnotes:

Programmatic and Financial Oversight

PATH funds are allocated to each of the designated PATH providers through the Missouri Department of Mental Health's CIMOR (Consumer Information Management, Outcomes and Reporting) system. PATH providers are then able to enter PATH services for reimbursement. This allows the Missouri Department of Mental Health (DMH) Division of Behavioral Health (DBH) to provide fiscal oversight and monitoring.

The DMH provides monitoring to all Administrative Agent and Affiliate Agencies who are not Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA) accredited. PATH program oversight occurs annually, is conducted by the PATH State Contact and uses the PATH monitoring tool available in the Manual for State PATH Coordinators. 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.

The process for linking PATH clients to mainstream mental health and substance use services did slow considerably over the past six fiscal years. This was 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 serve their clients for a longer period of time to assure service provision. Many PATH providers developed transition programs to accommodate this situation. SOAR training and the use of the SOAR process helped speed the consumer's access to benefits and the Administrative Agent's mainstream programs. We are now beginning to see people spend less time in the PATH program before transitioning to mainstream mental health services.

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

Footnotes:

Selection of PATH Local-Area Providers

When Mental Health Services for the Homeless (MHS) Block Grant funds became available under the Stewart B. McKinney Homeless Assistance Act, the Missouri Department of Mental Health (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 according to number of people experiencing homelessness within the agency's catchment area and the abundance or lack of services available to homeless individuals in the area.

- **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 are allocated according to the areas of the State with the identified need seen below:

AREA	% of State's Homeless Population	% of Federal PATH Funds
Eastern Region	39.3%	36.04%
Western Region	24.8%	30.96%
Southwest Region	13.0%	11.37%
Southeast Region	9.6%	10.11%
Central Region	13.3%	11.52%

III. State Level Information

J. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Footnotes:

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

The population of Missouri from US Census Bureau (2015) is 6,083,672 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 and surrounding area is in the eastern area of the State with a population of 2,119,396. To the west is Kansas City and surrounding area with a population of 1,489,682.

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) contracted with the University of Missouri-St. Louis Public Policy Research Center to complete a statewide homelessness study in 2015. The study 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/2015%20Missouri_balanceofstate_digital.pdf.

Below is the winter 2015 Point-In-Time count as it relates to Missouri’s PATH geographic regions.

- **Distribution by Geographic Region**

Region	Point-in-Time Count for Winter 2015	Percent of State's Homeless Population	Estimated Point-in-Time Count of Homeless with SMI for Winter 2015 (25%)
Central	857	13.3%	314
Eastern	2,553	39.3%	638
West	1,610	24.8%	403
Southeast	620	9.6%	155
Southwest	842	13.0%	211
Total	6,482	100.0%	1,721

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: HUD Website 2014 Continuum of Care Homeless Assistance Programs.

III. State Level Information

K. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Footnotes:

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 2017 is \$513,084. These funds have been approved for the coming fiscal year and will be available at the beginning of the grant period. Of the total \$1,399,834 to be expended on PATH services, 37% or \$513,084 represents the State share. The State also contributes a portion of the State PATH Coordinator's salary as in-kind in the amount of \$37,575. This amount, in combination with the match for service providers, totals to a State match level of 39%.

III. State Level Information

L. Other Designated Funding

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

Footnotes:

Other Designated Funding

Neither the Mental Health Block Grant nor the Substance Abuse Block Grant designate funds specific to homelessness. Additionally, the Missouri Department of Mental Health (DMH) uses \$524,127 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 \$927,980 to the State's Rental Assistance Program for homeless individuals. \$255,000 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.

III. State Level Information

M. Data

Narrative Question:

Describe the state's and providers' status on the HMIS transition plan, with an accompanying timeline for collecting all PATH data in HMIS by FY 2017. If the state is fully utilizing HMIS for PATH services, please describe plans for continued training and how the state will support new local-area providers.

Footnotes:

Data

With a few exceptions the Missouri PATH programs are on track to meet the deadline of June 30, 2016 for data entry into the Homeless Management Information System (HMIS). There are two separate HMIS software providers for the eight Continuum of Care (CoC) in Missouri. The Department of Mental Health (DMH) developed relations with each CoC and software provider to meet the needs of data entry by 2016. Recently the Institute for Community Alliances (ICA) took over HMIS provision to the Balance of State and St. Louis area CoCs. ICA intends to change the HMIS platform from Compass Rose to ServicePoint. This change may cause a few additional delays, however ICA appears to be assisting PATH programs with HMIS in a timely way. The timeline to ensure PATH data entry by 2016 is as follows:

- 2014-2015: Ensured all PATH programs became actively involved in their local CoC.
- 2014-2015: Ensured all CoC HMIS providers were informed on details of PATH programs in their coverage area.
- 2014-2015: Began conversations to establish costs as related to HMIS data entry and reporting with each CoC.
- 2014-2015: Worked with each CoCs HMIS provider to identify training requirements for PATH programs.
- 2015: Request and receive Technical Assistance through SAMHSA/Center for Social Innovation for State PATH programs.
- 2015: Finalized HMIS costs allocation conversations with HMIS providers.
- 2015-2016: PATH provider agencies are trained on specific HMIS data platform used by their CoC and begin entering data.
- 2016: Will receive confirmation that PATH agencies have become enrolled and are entering data from each of the HMIS providers.
- 2016: Continue to work with agencies who are attempting to reach satisfactory contract language and assurances from HMIS providers giving assistance where necessary.

III. State Level Information

N. Training

Narrative Question:

Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.

Footnotes:

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 Missouri Department of Mental Health (DMH) website, <http://dmh.mo.gov/mentalillness/provider/training.html>.

Another page on the DMH 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.

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. State PATH provider meetings provide a training component as well. PATH providers may request on site technical assistance as they implement evidence based practices and recovery oriented approaches including trauma sensitive services.

III. State Level Information

O. SSI/SSDI Outreach, Access and Recovery (SOAR)

Narrative Question:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

Footnotes:

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

Missouri became a SOAR State late in 2010. PATH programs across the state use SOAR and work hard to assist clients who are homeless with obtaining their Social Security, Disability and Medicaid benefits. Nine of the ten PATH programs in Missouri have one or more SOAR trained case managers at this time. In 2015 Missouri's cumulative data showed a 48% approval rate with the average length of time to receive benefits as 86 days from the protected filing date. Training is now done exclusively online with follow up fundamentals training on-site occurring at the request of a Continuum of Care, PATH agency, or Community Behavioral Health Center with newly trained SOAR case managers. CoCs are partnered with PATH agencies in their area to expand and enhance the use of SOAR within each continuum. Missouri is building a SOAR network across the state with SOAR Leads working with their CoC and other local community agencies to assist with linkages between local Social Security Offices, local Disability Determinations staff and other key players in the SOAR process. Missouri developed a SOAR billing unit for use in the Missouri Department of Mental Health (DMH) Division of Behavioral Health (DBH) Community Behavioral Health Centers in 2014. Agencies bill Purchase of Service dollars for SOAR activities that are otherwise not billable as Community Support Services, Physician Services or Medication Services. Two billing event codes are available for DMH/DBH agencies who, a) initiate SOAR applications and b) successfully complete SOAR applications. Data on each case must be entered on the Online Application Tracking System to allow the agency to bill for SOAR services, thereby improving SOAR reporting and improving our overall SOAR data.

III. State Level Information

P. Coordinated Entry

Narrative Question:

Describe the state's coordinated entry program and role of key partners.

Footnotes:

Coordinated Entry

Missouri has eight continua of care (CoC) covering 114 counties and one independent city (St. Louis). PATH programs are located in five of the eight CoCs. Six PATH programs are in urban areas and located in the Kansas City, St. Louis or St. Louis County CoCs. Burrell Behavioral Health's program, located in Springfield, is active with the Springfield Continuum and Pathways, New Horizons, and Family Counseling Center all have programs in the Balance of State (BOS) CoC. All CoCs in the state are working towards coordinated entry. Kansas City and St. Louis use the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT). PATH agencies in both cities are very active with their continuum's effort and are considered anchor agencies for the assessment and entry into the system. The Balance of State BoS continuum is still struggling with covering such a large (107 counties) area. There are ten regions within the Balance of State CoC. Region 5 has two PATH programs who work with the local regional housing team to implement coordinated entry. New Horizons in Columbia, MO has been a leader in this area and heads the effort in Region 5. Family Counseling Center in BOS region six is also a leader in the coordinated entry effort for their area. They conduct regular meetings within the region to address continued start-up issues. The CoC participants in all these areas cite Coordinated Entry and the use of the VI-SPDAT (or other universal assessment tools) as catalysts for agencies in the CoC to improve their working relationships and streamline service provision. This, in turn, provides better customer care and coordination.

III. State Level Information

Q. Justice Involved

Narrative Question:

Describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history such as jail diversion and other state programs, policies and laws. Indicate the percent of PATH clients with a criminal history.

Footnotes:

Justice Involved

Missouri offers several types of specialized courts: adult drug court, juvenile drug court, family treatment court, mental health treatment court, DWI court, veteran's treatment court and re-entry treatment court. PATH outreach workers are available to the court in their area to provide assistance to people who are homeless at the time of their appearance in the court.

Missouri PATH programs report many to most outreach clients have police involvement, but typically low level charges consistent with living on the streets such as: drinking; riding bus/Metro link without fare; demonstrating; public urination; trespassing; etc. These are misdemeanor or city ordinance violations and are common for homeless individuals. In the more urban areas agencies work with city courts to address these charges and there is a fair amount of collaboration/advocacy with police and court systems in the cities. There are some PATH clients who have higher level charges as well and some are in and out of jail. PATH programs across the state do not formally collect or keep data concerning their clients' criminal history. This year there is no way to report what percentages of PATH clients have a criminal history other than to say that a high percentage have some level of justice involvement.